Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

January to March 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.

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 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

1.2 Service Delivery

Provincial Health and Nutrition Programme 202488 Grant 2012-18

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:

The IRMNCH Program reports that average number of deliveries per CMW in 24/7 area was 3.4 and non 24/7 areas was 4 in the 1st Quarter of 2017. There has been decline in quarter average of deliveries due to deployment of new batch of CMWs.

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

Sr No	Districts	Deliveries /CMW in Non 24/7 Area	Deliveries /CMW in 24/7 Area
30	Rawalpindi	4	3
31	Sahiwal	4	No CMW
32	Sargodha	4	No CMW
33	Sheikhupura	4	No CMW
34	Sialkot	3	No CMW
35	Toba Tek Singh	3	4
36	Vehari	4	No CMW
	TOTAL	**4**	**3.4**

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:

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	88	85
Anaesthetist	52	52
Paediatrician	66	85

Source: DHIS (Feb, 2017)

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

Indicators	DHQ (%)	THQ (%)
Gynaecologist	91	78
Anaesthetist	61	80
Paediatrician	39	55

Source: MEAs Secondary Dashboard (Feb, 2017)

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

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 been shared with department **(Attached as Annex-A)**. According to TPV, 81% of OTPs and 73% of SCs were found to be fully functional against the agreed DLI parameters (i.e. (i) all staff positions filled for SC and OTP services, (ii) no stock-outs of therapeutic nutritional supplements, (iii) availability of functional anthropometric equipment).

The provision of MMS to MAM children was validated through household survey. The following tables show the summary regarding validation of provision of MMS to MAM children at OTPs:

MAM children	Number (%)
MAM children to be assessed	3860
MAM Children actually assessed	3435 (89%)
MAM children verified for name	3337 (97%)
MAM children verified for age	3006 (88%)
MAM children verified for receiving MMS	3401 (99%)

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:
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

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:

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.

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:

The draft manual for the data validation system was shared with Director MIS, Director General Health Services Officer and IRMNCH & NP for review and inputs.

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. All Additional Secretaries, Deputy Secretaries, Divisional

Directors Health, Program Directors and CEOs (Health) attend the meeting. In the meetings held in this quarter, the Chair shared concern regarding improvement in service delivery. It was discussed that Government has provided sufficient funds under various ADP schemes, supplementary grants and Health Councils. It is the duty of Health Managers to utilize the services in best public interests. The Chair also informed that Government has created central pool of anaesthetist and pool for other specialities are also being planned in the same analogy. It was informed that meeting of District Coordinator IRMNCH & NP will also be organized on monthly basis. Chaired desired to put extra effort to eliminate corruption in the Health Sector. Detailed minutes of the meetings are attached as **Annex-B, C, D.**

Status of the Financial Management Cell (FMC):

1.6 Financing (20%)

Quarterly Utilization vs. Allocation of PHNP financial aid

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

Business Plan 1 (BP1) – A total of PKR 2,150.926 million was available as financial aid with the department of health during the fiscal year 2013-14 out of which PKR 2,125 was released by the FD for implementation of activities as agreed under the business plan. An additional PKR 900 million was released to fund activities of BP1. A summary of releases and expenditures as on 31st March, 2017 for BP1 are presented in the table below.

Table 1: Summary of programme/initiative wise releases and expenditures as on 31st March, 2017 (PKR) – BP1

Programme / Initiative	Allocation	Revised Allocation	Expenditure	Committed	Saving **
Rural Emergency Ambulance Service	74,300,000	0	0	-	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	0
Maternal and Neonatal Child Health Programme	44,520,800	1,614,000	1,614,000	-	42,906,800
National Programme for Family Planning and Primary Health Care	59,960,000	59,398,050	59,398,050	-	561,950
District Health Information System	33,552,326	0	0	-	33,552,326
Expanded Programme for Immunisation	126,935,000	125,008,350	125,008,350	-	1,926,650
Communicable Disease Control Programme	21,123,500	0	0	-	21,123,500
Provincial Environmental Health, Medical Waste and Infection Control Program	51,962,760	51,384,086	51,384,086	-	578,674
Provincial Health Development Centre	31,578,144	12,634,162	12,634,162	-	18,943,982
Essential Package of Health Services - Medicine Transportation	72,000,000	0	0	-	72,000,000
Monitoring and Evaluation Assistants (MEAs)	69,956,000	42,673,934	42,673,934	-	27,282,066
Essential Package of Health Services - District Government	345,242,000	345,242,000	345,242,000	-	0
	294,820,790	294,820,790	294,820,790	-	0
Total	**3,025,951,320**	**2,732,775,372**	**2,330,117,052**	**402,658,320**	**293,175,948**
Utilisation Rate			**85%**	**100%**	

Source: Release order from Finance Department and programme reports on expenditure.
****** Saving of Rs. 293.176 M from 1st Business Plan has been included in 2nd and 3rd Business Plans for reallocation.

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BP2 – Second business plan was approved by the health department on the 16th of July, 2015. The total cost of this business plan was PKR 1,762.65 million with the government share amounting to PKR 12,323 million. Table below provides the summary of allocation, releases and expenditures as of 31st March, 2017.

Table 2: Summary of programme/initiative wise releases and expenditures as on 31st March, 2017 (PKR) – BP2

Programme / Initiative	Allocation	Revised Allocation	* Expenditure to Date	* Committed Expenditure	Saving **
Rural Emergency Ambulance Service	203,560,000	203,560,000	180,533,500	23,026,500	-
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	523,648,430	22,848,370	-
Expanded Programme for Immunisation	147,395,000	147,395,000	139,026,000	8,369,000	-
Implementing EPHS	215,757,600	189,733,631	122,993,332	66,740,299	26,023,969
Improving Monitoring and Evaluation	96,017,850	76,008,582	70,814,582	5,194,000	20,009,268
Seminar/Symposium/Conferences/ Consultative Meetings on EPHS, PHC & Contracting Out	3,050,000	0	0	0	3,050,000
Financial Management Cell	2,000,900	2,000,900	0	2,000,900	-
Internal Audit Wing	2,005,000	2,005,000	1,148,490	856,510	-
IRMNCH	546,363,845	1,500,000,000	1,386,463,155	113,536,845	-
Total	**1,762,646,995**	**2,667,199,913**	**2,424,627,489**	**242,572,424**	**49,083,237**
Utilization Rate			**91%**	**100%**	

* The expenditure figures have been conveyed by the programmes.
** Saving of Rs. 49.08 M from 2nd Business Plan has been included in 3rd Business Plan for reallocation.

BP3 – Third business plan has been approved by the health department on the 21st October 2016. The total cost of this business plan is PKR 1,526.92 million with the government share amounting to PKR 2,503.40 million. Table below provides the summary of allocation, releases, expenditures and commitments as of 31st March, 2017.

Table 3: Summary of programme/initiative wise releases and expenditures as on 31st March, 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 Punjab[1]. 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.

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

[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.

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 consolidated[4] 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 3rd Quarter of the Fiscal Year 2016-17 (PKR) as on 31st March, 2017.

Object Classification	** Original Budget Estimates	Revised[5] Estimates	Released Amount	Expenditure to date	3rd Quarter Expenditure
A01-Employee Related Expenses	34,356,648,691	34,004,527,055	28,701,272,558	21,432,245,414	5,983,207,780
A02-Project Pre-Investment Analysis	8,222,471,921	6,775,500	6,775,500	-	-
A03-Operating Expenses	5,990,704,880	19,999,640,745	14,503,817,887	4,665,284,343	2,832,623,721
A04-Employee's Retirement Benefits	881,955,670	513,721,436	402,277,127	238,963,770	9,214,709
A05-Grants Subsidies and Write-off Loans	2,709,495,413	19,712,790,795	19,346,252,936	7,956,709,354	2,854,695,848
A06-Transfers	857,498,758	2,177,219,315	1,442,319,986	1,151,743,828	96,341,740
A09-Physical Assets	9,175,192,850	4,919,516,488	3,420,564,407	1,457,664,945	1,236,958,658
A12-Civil Works	3,221,711,000	2,998,690,390	2,838,403,021	1,261,866,655	311,232,216
A13-Repairs and Maintenance	604,254,465	742,378,546	440,645,731	187,314,567	65,014,972
Total	**66,019,933,648**	**85,075,260,270**	**71,102,329,153**	**38,351,792,876**	**13,389,289,644**

Source: Data from PIFRA

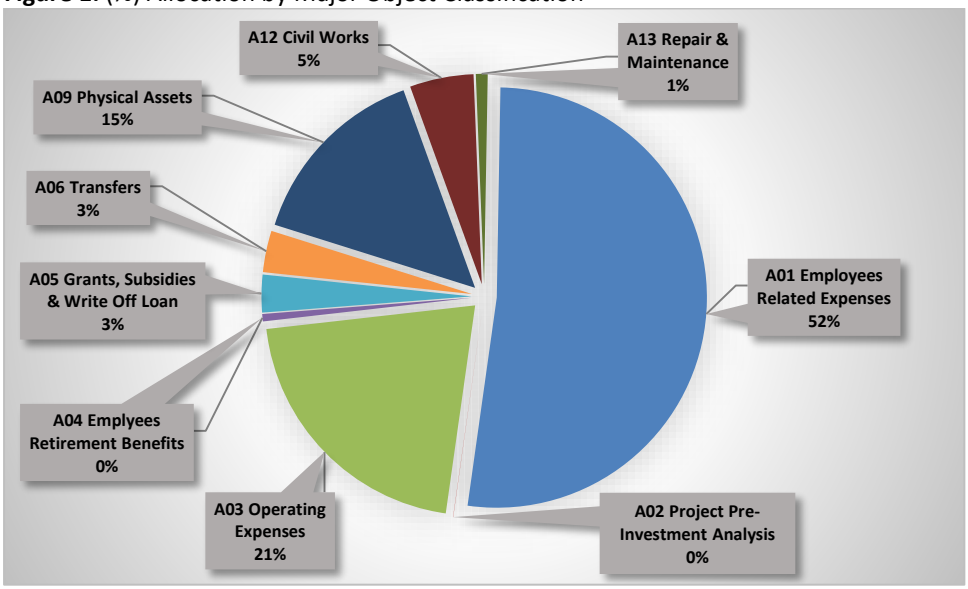
** Due to transition of district data from account IV to new account, district budget figures are updated upto Feb. 2017 due to the non-availability of relevant data on PIFRA.

Highest allocation (52%) was made for payment of salaries followed by operating expenses (21%) in Primary and secondary 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.

[4] Provincial + District + Development

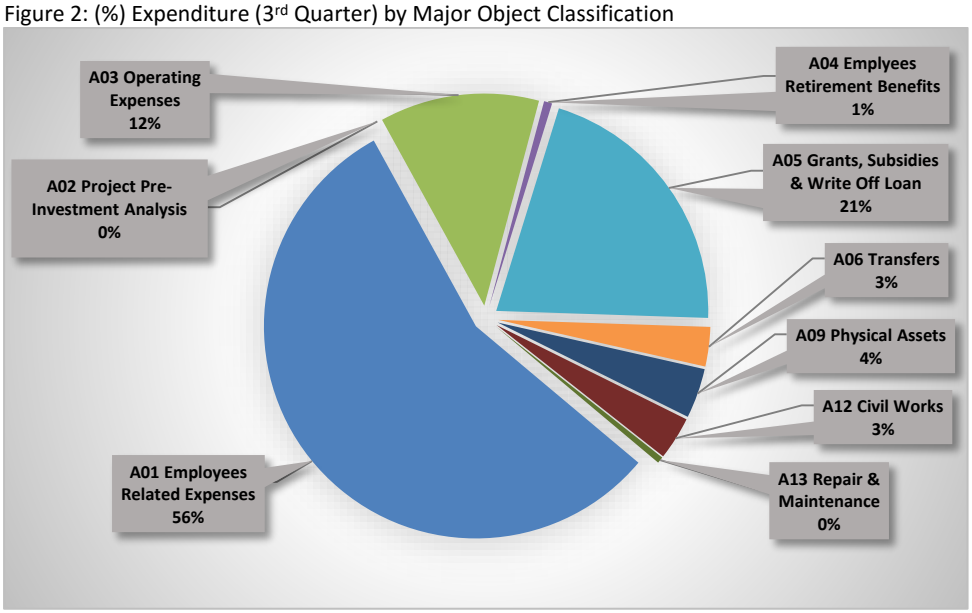
[5] Revised esitmates in this document refer to changes made during the year in the PIFRA system which maybe due to error during uploading the budget, omissions made or issuance of a supplementary grant or re-appropriations made.

Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the first six months of the fiscal year 2016-17 was for Salaries (56%) followed by Grants (21%).

Figure 2: (%) Expenditure (3rd 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: 31st October 2016

Status: DLI Achieved.

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

Means of verification:

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

Due Date: 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 is **annexed at E.**

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.

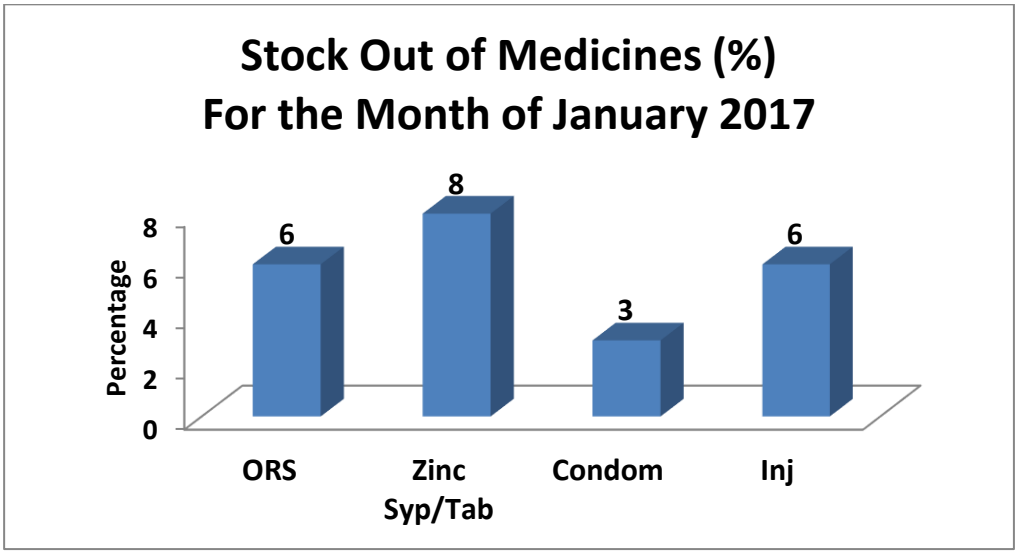
Means of Verification:

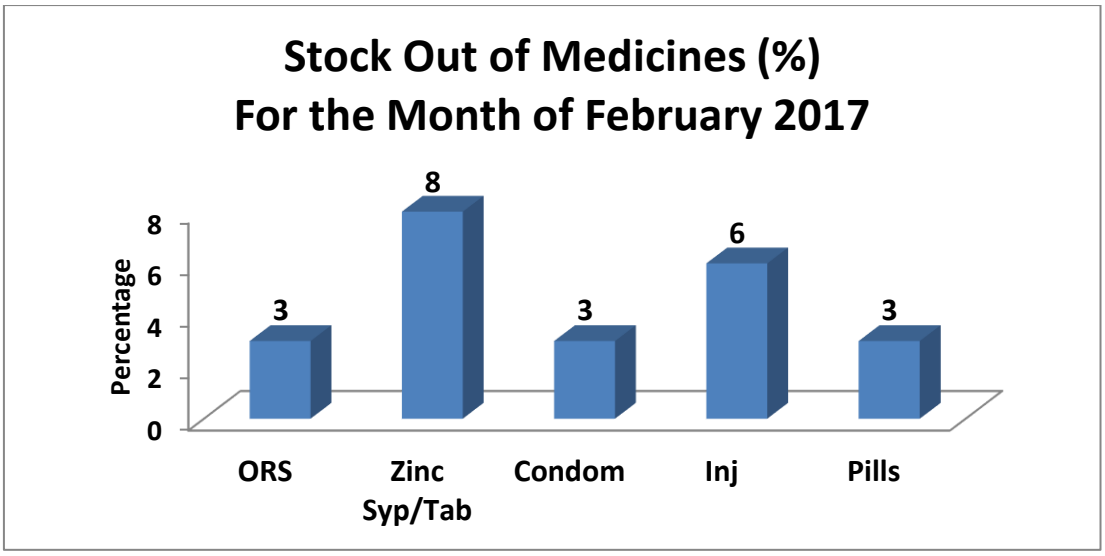
1. LHW MIS validated by third party

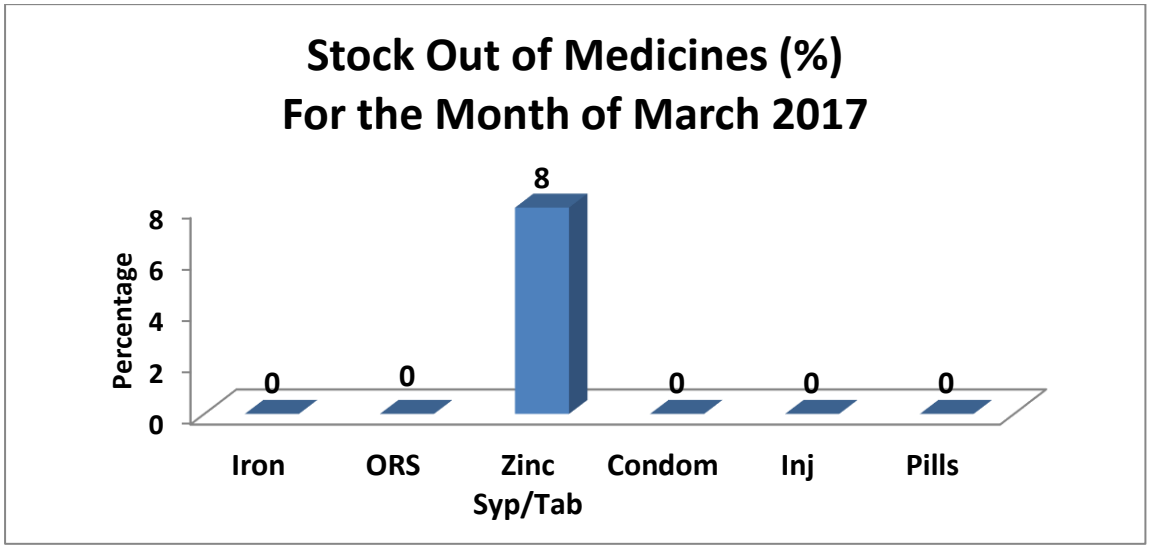
Status:

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 is attached as **Annexure F**.

According to reports provided by LHWs MIS, approximately there was 88% no stock outs of medicines in 1st Quarter of 2017. However, there has been stock out of ORS, Zinc Sulphate and Condoms in this quarter. Further details are shown in charts given below.







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 2017 : 100 FP users/month per LHW

Status: 95 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: 87 health care facilities providing complete package of CEmON care

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: 89% (Quarter Average)

Reporting Compliance	Jan	Feb	Mar
Total Reporting CMW's of the province	2587	2640	2864
Total Reports submitted in the province	2333	2345	2527
Percent Reporting Regularity	90.18	88.83	88.23

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: 28%

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 : 92% in targeted 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.
- FMC would be in the position to prepare quarterly / bi-annual reports shortly.

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= 98%, RHC= 97%
- Availability of essential supplies at BHU = 99%, RHC=99%
- Functionality of Utilities, BHU= 95%, RHC= 98%
- Sustained e-VACCS attendance and coverage by vaccinators= 93%

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: 474 out of 803 OTP sites have been established, equipped and fully functional.

2. Key Challenges and Lessons Learnt

i. There are stock outs of 6 essential medicines and contraceptives at the district, health facility and with LHWs especially at the end of the month.
ii. There is imbalance between supply and demand of the essential medicines.
iii. Supervisory lags by Lady Health Supervisors regarding medicine availability affecting the LHWs performance.
iv. Shortage of length scales have been observed at OTPs and SCs which is hindrance for achievement of this DLI.
v. There is shortage of Anaesthetist at DHQ and THQ Hospitals

3. Way Forward:

i) The stockout situation of 6 essential medicines and contraceptives can be effectively addressed if districts, health facilities and LHWs receive supplies as per the actual consumptions. This can be done by preparing a comprehensive procurement and supply chain management plan by looking into historical patterns of districts utilization. A robust system should be developed to distribute and monitor the supplies on need basis at the districts, health facilities and LHWs.
ii) Use of electronic systems such as DMIS, open source computer software's (real time) including mobile apps and linking it with stock of 6 essential items could be a way forward. However, it is also recommended that all the supplies (medicines and contraceptives) which are being given to the LHWs should be linked with electronic systems to get regular updates which will avoid stockouts.
iii) The role of LHS needs to be enhanced so that she can ensure that not a single LHW should have a stockout of medicines and contraceptives.
iv) Attention is required to align the current DLI "75% of LHWs report no stockouts for essential medicines and contraceptives (ORS, Iron tablets, Zinc Syrup, contraceptive injections, oral contraceptive pills, and condoms)" with other health key performance indicators for a districts.
v) Length scales are being procured by Government of Punjab to overcome the shortage of equipment at OTPs and SCs.
vi) Central pool of Anaesthetist has been created by Government of the Punjab to tackle their shortage. Special monthly incentives have also been announced for Anaesthetist.