

Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

July to September 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

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Table of Content

PROVINCIAL HEALTH AND NUTRITION PROGRAMME – PHNP	1
1. ASSESSMENT OF HEALTH SECTOR REFORM PROGRAMME AGAINST DISBURSEMENT LINKED INDICATORS (DLI'S)	4
1.1 BACKGROUND	4
1.2 SERVICE DELIVERY (50%)	5
1.3 INFORMATION MONITORING & EVALUATION (30%)	9
1.4 FINANCING (20%)	10
2. KEY CHALLENGES AND LESSONS LEARNT	17
3. WAY FORWARD:	17

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 DLIs were achieved whereas 11 out of 19 were achieved in second year. 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 were achieved. Thirteen DLIs for the fifth year (2017-18) have been finalized.

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 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

Provincial Health and Nutrition Programme 202488 Grant 2012-18

1.2 Service Delivery (50%)

DLI 1 –

75% of designated 24/7 BHUs meeting the functionality criteria

- a) Providing 24/7 delivery services
- b) Meeting all functionality requirements (having required staff, equipment and facilities)

Assessment Date: 15th October 2017

Means of verification:

- (i) Third Party assessment report by TRF+.

Note: ** Assessment Date is dependent on issuance of NoC by the Home Department.

Status:

According to IRMNCH & NP, about 92% of 24/7 facilities are meeting the functionality criteria (MEAs data, Sep 2017).

As the process of verification by TRF+ was delayed due to delay in NOC for field work. TRF+ is now going to use an alternate methodology as a backup. They are going for a verification exercise using MEAs' data. TRF+ have asked DFID for a formal approval for the alternate option.

DLI 2 –

70% of LHWs with no stock-out of modern contraceptives (condoms, pills and Injectable) in the last quarter of the year.

Assessment Date: 28th February 2018

Means of Verification:

- (i) LHW-MIS database.
- (ii) Third Party assessment report by TRF+

Status:

As per LHW-MIS of IRMNCH & NP, 93% of LHWs reported no Stock out of contraceptives (Inj, Pills and Condoms). District wise detail of no stock out is attached as **Annexure A**.

DLI 3-

70% of LHWs with no stock-out of ORS and Zinc in the last quarter of the year.

Assessment Date: 28th February 2018

Means of Verification:

- (i) LHW-MIS database.
- (ii) Third Party assessment report by TRF+

Status:

As per LHW-MIS of IRMNCH & NP, 70% of LHWS reported No Stock Out of ORS and Zinc. District wise detail of no stock out is attached as **Annexure A**.

DLI 4-

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Stage 1: 35 out of 87 designated secondary level health facilities providing CEmONC services verified through 24/7 C-sections and blood transfusions in the last month completed prior to assessment. (Assessment Month - Sep 17; 50% Finances Linked)

Stage 2: 44 out of 87 designated secondary level health facilities providing CEmONC services verified through 24/7 C-sections and blood transfusions in the last month completed prior to assessment.

Assessment Date: 15th October 2017 & 28th February 2018

Means of Verification:

- (i) DOH report
- (ii) DHIS data
- (iii) Third Party assessment report by TRF+

Status:

(i) IRMNCH & NP:

According to RMNCH & NP, 53 out of 87 designated secondary level health facilities providing CEmONC services including C-Sections and blood transfusions. Detail report is attached as **Annexure B**.

(ii) DHIS:

Following data shows C-sections were treated in designated DHQ & THQ hospitals in the third quarter of the year of 2017. Data of blood transfusion is not reported in DHIS.

DISTRICT HEAD QUARTER HOSPITALS			
Sr/No.	District	DHQ	C-Section
1	ATTOCK	DHQ HOSIPTAL ATTOCK	356
2	BAHAWALNAGAR	DHQ BAHAWALNAGAR	156
3	BHAKKAR	DHQ BHAKKAR	362
4	CHAKWAL	DHQ HOSPITAL CHAKWAL	278
5	HAFIZABAD	DHQ HOSPITAL HAFIZABAD	280
6	JHANG	DHQ JHANG	370
7	JHELUM	DHQ HOSPITAL JHELUM	628
8	KASUR	DHQ HOSPITAL KASUR	0
9	KHANEWAL	DHQ KAHNEWAL	243
10	KHUSHAB	DHQ KHUSHAB	227
11	LAYYAH	DHQ LAYYAH	224
12	LODHRAN	DHQ LODHRAN	129
13	MIANWALI	DHQ HOSPITAL MIANWALI	481
14	MUZAFFARGARH	DHQ MUZAFFARGARH	568
15	NAROWAL	DHQ HOSPITAL NAROWAL	303
16	OKARA	DHQ CITY	286
17	OKARA	DHQ SOUTH CITY	121
18	PAKPATAN	DHQ PAKPATTAN	512
19	RAJANPUR	DHQ RAJANPUR	168
20	SHEIKHUPURA	DHQ HOSPITAL SHEIKHUPURA	599
21	TOBA TEK SINGH	DHQ HOSPITAL TOBA TEK SINGH	766
22	VEHARI	DHQ VEHARI	672

Provincial Health and Nutrition Programme 202488 Grant 2012-18

TEHSIL HEAD QUARTER HOSPITALS			
Sr/No.	District	THQ	C-Section
1	ATTOCK	THQ HOSPITAL HASSAN ABDAL	13
2	ATTOCK	THQ HOSPITAL HAZRO	37
3	BAHAWALNAGAR	THQ HOSPITAL CHISHTIAN	142
4	BAHAWALNAGAR	THQ HOSIPTAL HAROONABAD	181
5	BAHAWALNAGAR	THQ HOSITAL MINCHINABAD	43
6	BAHAWALPUR	THQ YAZMAN	13
7	BAHAWALPUR	THQ AHMED PUR EAST	295
8	BHAKKAR	THQ DARYA KHAN	23
9	CHAKWAL	THQ HOSPITAL TALAGANG	52
10	CHAKWAL	CITY HOSIPTAL TALAGANG	79
11	D.G.KHAN	THQ HOSPITAL TAUNSA	0
12	FAISALABAD	THQ SAMJANABAD	88
13	FAISALABAD	THQ HCAK JHUMRA	14
14	FAISALABAD	THQ JARANWALA	67
15	FAISALABAD	THQ TANDIANWALA	12
16	FAISALABAD	THQ SUMMANDRI	76
17	GUJRANWALA	THQ HOSPITAL NOWSHERA VIRKAN	45
18	GUJRANWALA	THQ HOSPITAL KAMOKE	27
19	GUJRANWALA	THQ HOSPITAL WAZIRABAD	214
20	GUJRAT	THQ KHARIAN	110
21	HAFIZABAD	THQ HOSPITAL PINDI BHATTIAN	56
22	JHANG	THQ 18 HAZIR	4
23	KASUR	THQ HOSPITAL PATTOKI	44
24	KASUR	THQ HOSPITAL CHUNIAN	36
25	KHANWAL	THQ MIANHANNU	47
26	KHUSHAB	THQ HOSIPTAL KHUSHAB	28
27	LAYYAH	THQ KAROR	58
28	LAYYAH	THQ KOT SULTAN	26
29	LAYYAH	THQ CHOWK AZAM	48
30	LAYYAH	THQ FATEH PUR	37
31	LODHRAN	THQ DUNIYA PUR	27
32	LODHRAN	THQ KAHROR PAKKA	3
33	MULTAN	THQ FATIMA JINNAH WOMEN HOSPITAL	0
34	MULTAN	THQ HOSPITAL SHUJABAD	57
35	MUZAFFARGARH	THQ KOT ADU	519
36	MUZAFFARGARH	THQ ALI PUR	321
37	NANKANA SAHIB	THQ SHAH KOT	27
38	NANKANA SAHIB	THQ SANGILA HILL	71
39	OKARA	THQ DEPALPUR	177
40	OKARA	THQ HAVELI LAKHA	117
41	PAKPATAN	THQ HOSITAL ARIFWALA	25
42	RAHIM YAR KHAN	THQ HOSPITAL SADIQABAD	90
43	RAHIM YAR KHAN	THQ HOSPITAL KHAN PUR	23
44	RAJANPUR	THQ JAMPUR	66

Provincial Health and Nutrition Programme 202488 Grant 2012-18

45	RAWALPINDI	THQ GUJJAR KHAN	124
46	RAWALPINDI	THQ KALLER	12
47	RAWALPINDI	THQ KAHUTA	98
48	RAWALPINDI	THQ TAXILA	44
49	RAWALPINDI	THQ MURREE	95
50	SARGODHA	THQ BHALWAL	22
51	SARGODHA	THQ SHAHPUR	35
52	SHEIKHUPRA	THQ HOSPITAL MURIDKE	78
53	SHEIKHUPURA	THQ HOSPITAL FEROWZALA	6
54	SHEIKHUPURA	THQ HOSPITAL SAFDARABAD	0
55	SIALKOT	THQ PASRUR	63
56	SIALKOT	THQ SAMBRIAL	38
57	SIALKOT	THQ LEVEL KOTLI LOHARN	101
58	SIALKOT	DHQ DASKA	160
59	TOBA TEK SINGH	THQ HOSPITAL KAMALIA	105
60	VEHARI	THQ MAILSI	133
61	VEHARI	THQ BUREWAL	115

(Source: DHIS, 2017)

(iii) The field work for third part assessment is going on and data collection is planned to be completed in the last week of October 2017. TRF+ is anticipating to provide the findings by first week of November 2017.

DLI 5-

Stage 1: LHW recording and reporting tools revised for screening, referral and follow-up of SAM children (aged 6 months-5 years).

Stage 2: 70% of LHWs in 31 districts with OTPs have reported cases of SAM children (aged 6 months-5 years) who were screened, referred and followed-up by them in the last completed month prior to assessment.

Assessment Date: 15th October 2017 & 28th February 2018

Means of Verification:

- (i) Notification of introduction of revised recording and reporting tools (Stage 1)
- (ii) LHW-MIS reports (Stage 2)

Status:

Introduction of revised recording and reporting tools has been notified by IRMNCH & NP and is attached as **Annexure C**.

DLI 6-

36 BHUs and 20 RHCs attain MSDS status as verified by Punjab Healthcare Commission.

Assessment Date: 28th February 2018

Means of Verification:

- (i) Certificates issued by the Commission

Status:

IRMNCH & NP has requested to replace this DLI and formal request has been submitted to DFID.

DLI 7-

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Stage 1: Mapping of deployed CMWs working in areas more than three kilometres away from public health facilities completed. (Task Completed in support from TRF+ Month - Oct 17; 50% Finances Linked)

Stage 2: Identification factors agreed by IRMNCH programme and plan developed (agreed by DoH) to improve performance of CMWs in these areas.

Assessment Date: 15th October 2017 & 28th February 2018

Means of Verification:

- (i) Mapping report (Stage 1)
- (ii) Agreed Plan to improve performance (Stage 2)

Status:

Stage 1:

TRF+ is doing in house exercise for mapping of deployed CMWs working in areas more than three kilometres away from public health facilities. Data has been collected and it is now being analysed for report writing.

Stage II:

This plan will be prepared in the final quarter of this year by IRMNCH&N Programme with the assistance of TRF+, after the mapping exercise is completed. It is due on 28th February 2018.

DLI 8-

Stage 1: Monitoring tools of programme monitors revised and introduced to capture information from OTP records on provision of RUTF to SAM children as per protocols enforced at the time and notified by the programme.

Stage 2: At least two monthly monitoring reports for districts with OTPs available to show that RUTF was issued to SAM children as per protocols enforced at the time by the programme in the last three completed months prior to assessment.

Assessment Date: 15th October 2017 & 28th February 2018

Means of Verification:

- (i) Revised monitoring tools and notification of introduction by IRMNCH Programme (Stage 1)
- (ii) Nutrition Programme reports (Stage 2)

Status:

Notification of introduction of revised monitoring tools is attached as **Annexure C**.

1.3 Information Monitoring & Evaluation (30%)

DLI 9-

80% of all reported deliveries at primary health care facilities (24/7 BHUs and RHCs) in the last completed month prior to assessment are verified in a third-party validation exercise conducted by IRMNCH Programme.

Assessment Date: 15th October 2017

Means of Verification:

- (i) Third Party assessment report by TRF+

Status:

IRMNCH & NP verified all reported deliveries at primary health care facilities in the month of Sep 2017 and data is accuracy is 92%.

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Note: 1736 out of 1892 deliveries were reported correctly as verified by FPOs & SoS of IRMNCH & Nutrition Program in the month of Sep 2017.

TRF+ had selected a firm for this exercise. However, the verification exercise has been delayed due to non-issuance of NOC by the Home Department. TRF+ is now going to use an alternate methodology as a backup. They are going to use LHW SMS delivery data from which they will verify the deliveries via telephone. TRF+ have asked DFID for a formal approval for the alternate option.

DLI 10-

CMW recording and reporting tools revised based on requirements identified in CMW data validation study by TRF+.

Assessment Date: 15th October 2017

Means of Verification:

Revised CMW reporting and recording tools; developed and notified by IRMNCH&N Department.

Status:

Notification of revised CMW recording and reporting tools is attached as **Annexure D**.

DLI 11-

Internal data validation systems developed and approved by IRMNCH&N department for LHW-MIS, CMW-MIS and Nutrition-MIS in the light of internal data validation system developed by TRF+ and completed data validation for at least one of the three MIS with recommendations for improving data quality.

Assessment Date: 28th February 2018

Means of Verification:

Approved internal data validation system for LHW-MIS, CMW-MIS and Nutrition-MIS and data validation report for at least one MIS with recommendations for improving data quality

Status:

IRMNCH & NP has requested to replace this DLI and formal request has been submitted to DFID.

Status of the Financial Management Cell (FMC):

1.4 Financing (20%)

Overall financial progress (81%) against all programme components during the quarter is very encouraging. Detail of expenditures as on September 30, 2017 against four tranches released by DIFD is given below:

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

Tranche No.	Amount Disbursed GBP £	PKR Equivalent	PKR Expenditure	Commitments	%age Utilization
1	14,000,000	2,150,926,000	2,150,926,000	0	100%
2	15,835,000	2,377,511,000	2,377,511,000	0	100%
3	15,524,750	2,398,160,622	1,783,796,940	5,670,019	75%

Provincial Health and Nutrition Programme 202488 Grant 2012-18

4	11,840,000	1,548,583,738	0	560,000,000	36%
Total	£ 57,199,750	PKR 8,475,181,360	PKR 6,312,233,940	PKR 565,670,019	81%

Note: The expenditure figures have been conveyed by the programmes.

Funds released under first two tranches have been fully utilized by the programmes whereas 75% of third tranche has also been utilized. Overall utilization of funds against all tranches stands at 74% whereas after including commitment it reaches upto 81%.

Business Plan 4 – For the utilization of funds released to Punjab Govt. under tranche 4 by DFID (along with un-utilized funds from previous Business Plans), 4th Business Plan has been approved by Primary & Secondary Healthcare Department on September 26, 2017. The total cost of this business plan is PKR. 2,235.70 Million with Government share amounting to PKR. 5,237.49 Million. 4th Business Plan has been submitted to Finance Department – Punjab for release of funds. Programme wise detail of allocations and releases under 4th Business Plan is given below:

Table 2: Summary of programme/initiative wise allocations / releases under 4th Business Plan (PKR million)

Programme / Initiative	Allocation	Expenditure to Date	Committed Expenditure	Government share
Integrated Reproductive Maternal, Newborn and Child Health (IRMNCH) & Nutrition Program	1,960.90	78.14	550.00	1,649.00
Punjab Health Facility Management Company (PHFMC)	152.80	0	0	3,500.00
Revamping of School Health Nutrition Supervisor's (SH&NS)	113.50	0	10.00	88.49
Improving Monitoring and Evaluation (MEAs)	8.50	0	0	
Total	2,235.7	78.14	560.00	5,237.49
Utilization Rate		3%	29%	

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Government Funding in addition to DFID

During the fiscal year 2017-18, Government of Punjab has allocated a total of PKR 75,030 million for the Primary and Secondary Healthcare Sector in Punjab¹. This allocation is evenly distributed between Provincial and District Level by 50%² each. 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 2017-18 (PKR million)

Level	Current	Development	Total
Provincial	12,157	25,048 ³	37,205
District	37,825	0	37,825
Total	49,982	25,048	75,030

Source: Data from PIFRA

Budget Analysis

Table below presents a consolidated⁴ picture of Punjab Health Budget and expenditure for the fiscal year 2017-18 by major object classifications.

Table 4: Consolidated Budget and Expenditure for Primary and Secondary Health Care Sector for the 1st Quarter of the Fiscal Year 2017-18 (PKR) as on 30th September, 2017.

Object Classification	Original Budget Estimates	Revised ⁵ Estimates	Released Amount	Expenditure to date
A01-Employee Related Expenses	33,667,107,461	32,730,231,496	18,750,295,004	6,231,324,182
A02-Project Pre-Investment Analysis	31,551,000	4,139,000	4,139,000	0
A03-Operating Expenses	13,123,768,001	12,886,396,973	10,350,601,247	248,909,660
A04-Employee's Retirement Benefits	1,199,000,998	1,173,720,332	156,313,749	102,793,599
A05-Grants Subsidies and Write-off Loans	13,377,737,941	10,412,773,163	9,358,271,716	3,845,328,791
A06-Transfers	3,714,402,024	3,685,885,692	2,043,225,862	1,956,854,574
A09-Physical Assets	4,714,832,100	1,578,712,712	1,144,677,702	41,370,533
A12-Civil Works	4,719,929,000	1,767,919,784	1,583,091,784	186,380,050
A13-Repairs and Maintenance	481,935,490	354,629,394	59,345,209	8,158,002
Total	75,030,264,015	64,594,408,546	43,449,961,273	12,621,119,391

Source: Data from PIFRA

For the fiscal year 2017-18, Highest allocation (45%) was made for payment of salaries followed by Grants, Subsidies & Write Off Loan (18%) and operating expenses (17%) in Primary and Secondary Healthcare sector budget in Punjab. Figure below presents consolidated share of each head for the fiscal year 2017-18.

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.

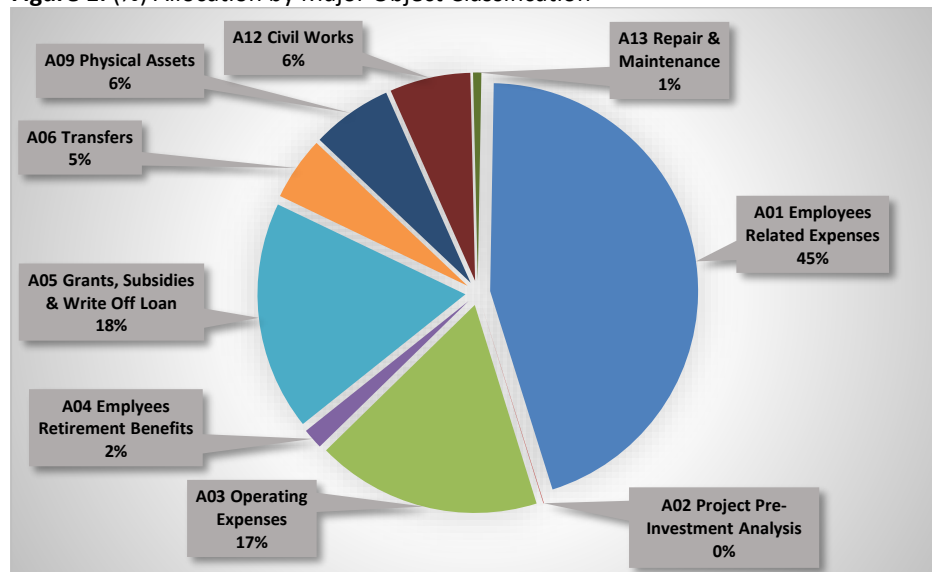
³ Includes capital and revenue.

⁴ Provincial + District + 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, omissions made or issuance of a supplementary grant or re-appropriations made.

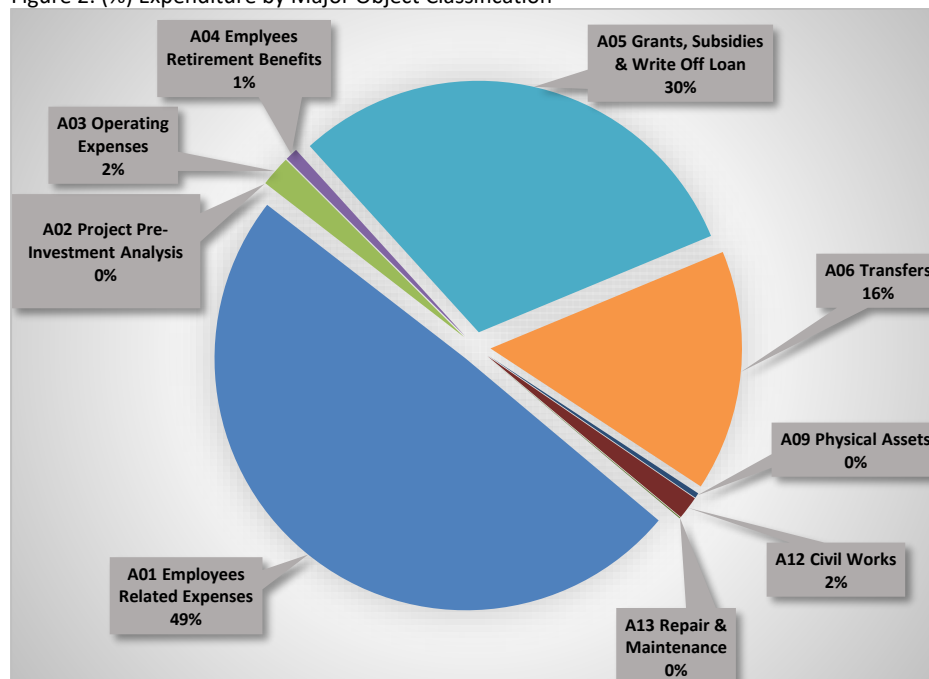
Provincial Health and Nutrition Programme 202488 Grant 2012-18

Figure 1: (%) Allocation by Major Object Classification



For the first quarter of the fiscal year 2017-18, the major share in actual expenditures was for Salaries (49%) followed by Grants, Subsidies & Write Off Loan (30%) and Transfers (16%).

Figure 2: (%) Expenditure by Major Object Classification



DLI 12 –

Development budget execution rate increased by 10% from FY 2015-16 to FY 2016-17 for P&SHD.

Means of verification:

Budget allocation & Expenditure Report by FMC.

Assessment Date: 15th October 2017

Status:

Provincial Health and Nutrition Programme 202488 Grant 2012-18

DLI is achieved and budget allocation & expenditure report from FMC will be shared along with evidences of all DLIs.

DLI 13 –

At least 20 DHA financial management teams trained in first phase on budget preparation as per DHA financial rules notified by Punjab Government and budgets prepared using the prescribed formats.

Means of verification:

Training report with list of trainees

Assessment Date: 28th February 2018

Status:

Consultants for training of 20 DHAs have been hired and placed with P&SHD. It is expected that trainings of financial management teams of DHAs will be started in November 2017.

Progress against agreed PHNP Log frame:

Output 1: Increased delivery of quality reproductive, maternal, new-born and child health and nutrition services.
Output 1.1: Percentage of LHWs with no stock out of modern contraceptives (condoms, pills and injectable) during the last quarter of the year. (Amended August 2018) Baseline: LHWs with no stock out of contraceptives (Condoms, Contraceptive pills and contraceptive injections): 41% (Jan 2017) Milestone for 2018: 50% LHWs with no stock out of contraceptives Status: 93% LHWs reported No Stock out of contraceptives (Condoms, Contraceptive pills and contraceptive injections)
Output 1.2: Secondary level healthcare facilities provided Comprehensive Emergency Obstetric and New-born Care (CEmONC) measured as follows: (a) Availability of staff: round the clock presence of one OT nurse & one laboratory technician and on-call availability of one gynaecologist, one paediatrician and one anaesthetist / anaesthesia technician in the last month of the year. (b) Functional equipment & supplies: functional OT for conducting C-Sections with required equipment and supplies at the time of assessment visit. (c) 24/7 provision of at least one of each of the following CEmONC services in the last month of the year. <ul style="list-style-type: none">• Performance of caesarean section• Performance of blood transfusion (Amended August 2018) Baseline: 90/132 health care facilities providing complete package of CEmONC care Milestone for 2018: Secondary Care Hospitals (DHQ & THQs) - 40 / 83. (Teaching hospitals not included). Status:

Provincial Health and Nutrition Programme 202488 Grant 2012-18

53 out of 87 designated secondary care health facilities are providing CEmONC care.

	THQ	DHQ	Total
Total Designated CEMONC Healthcare facilities.	60	22	82
Providing Comp. EMONC	32	21	53

(Note:THQ Fatima Memorial Multan is merged with DHQ)

Output 1.3: No. of Rural Health Centres provided Basic Emergency Obstetric and New-born Care (BEmONC) measured as follows:
 (a) Availability of staff: round the clock presence of one skilled birth attendant (WMO/ nurse/LHV) in the last month of the year.
 (b) functional equipment & supplies: functional delivery room with required equipment and supplies at the time of assessment visit.
 (c) 24/7 provision of all of the following services in the last month of the year.

- Manual removal of the placenta
- Remove retained products (e.g. manual vacuum extraction, dilation and curettage)
- Perform basic neonatal resuscitation (e.g., with bag and mask)

(Amended August 2018)
Milestone for 2018: 186/300 (62%) of designated RHCs providing Basic Emergency Obstetric and New-born Care (BEmONC).
Status: 266/305 (87%)

Output 1.4: Percentage of Outpatient Therapeutic Programme (OTP) sites that have met all the following functionality criteria.
 Availability of skilled staff: At least one OTP trained clinician and/or a medical officer have provided treatment to SAM children at least during five months of the last six months of the year;
 Availability of Ready to Use Therapeutic Food (RUTF): There was no more than one stock-out of RUTF longer than five working days, during the last three months of the year;
 Availability of equipment: At least one Mid-Upper Arm Circumference (MUAC) tape and functional weighing scale were available at the time of review;
 Reporting regularity: At least four monthly reports over the last six months of the year submitted including against SPHERE standard parameters;
 Implementation of treatment protocols: In the last three months of the year 80% of all children under treatment received RUTF according to the protocols notified and enforced by the programme.
Milestone for 2018: 353/588 (60%) existing OTPs meet the functionality criteria.
Status: 643/804 (80%)

Output 1.5: No. of BHUs:
 (a) providing 24/7 delivery services;
 (b) meeting all of the following functionality requirements:

- Staff (4 SBAs posted)
- Equipment (delivery light, delivery table, blood pressure apparatus, full emergency tray)
- Facilities (labour room toilet, electricity connection with backup power, water supply)

(c) able to access rural ambulance service (by requesting ambulances for pickups or

<p>drop-offs)</p> <p>Milestone for 2018:</p> <p>(a) 800 BHUs</p> <p>(b) 680 BHUs</p> <p>(c) 720 BHUs</p> <p>Status:</p> <p>(a) 803 BHUs</p> <p>(b) Functionality Requirements:</p> <ul style="list-style-type: none"> • 744 BHUs (4 SBAs Posted) • Equipment (delivery light=779, delivery table=782, blood pressure apparatus=782, full emergency tray=780) • Facilities (labour room toilet=768, electricity connection with backup power=778, water supply=773)
<p>Output 3: Increased capacity of health sector at provincial and district level for delivery of improved RMNCH and nutrition services</p>
<p>Output 3.1: Capacity for DOH PFM strengthened.</p> <p>Milestone 2018: FMC fully staffed in P&SHD, with two, bi-annual monthly RMP implementation plans prepared and at least 60% of the implementation plan activities completed.</p> <p>Status: FMC is functional and preparing monthly and quarterly expenditure reports.</p>
<p>Output 3.2: Health Sector Roadmaps developed, launched and operational with agreed priorities, targets and actions.</p> <p>Milestones 2018: Routine of stocktakes maintained (b) Sustained performance on BHU and RHC input indicators (availability of: essential medicines>90%; supplies>90%; functionality of basic utilities>90%); (c) Sustained electronic vaccination system (EVACCS) attendance and coverage by vaccinators>85%; (d) 800 24/7 BHUs are operational.</p> <p>Status:</p> <p>(a) Routine Stock take meetings are being conducted every two months under the Chair of Chief Minister, Punjab.</p> <p>(b) Sustained performance on BHU and RHC input indicators (availability of: essential medicines (BHU=96% & RHC=92%; supplies=99%; functionality of basic utilities=98%); (c) Sustained electronic vaccination system (EVACCS) attendance and coverage by vaccinators=85%; (d) 803 24/7 BHUs are operational.</p>
<p>Output 3.3: Capacity of province and districts to monitor own health sector programmes.</p> <p>Milestones 2018: (a) At least two quarterly reports generated based on standard analytical formats for DHIS and MIS for LHW, CMW and Nutrition, and reviewed by concerned management at provincial level with involvement of districts. (b) Second round of Punjab Health Survey conducted.</p> <p>Status: (a) IRMNCH Program has LHW, Nutrition and CMW MIS dashboards with standard analytical formats and indicators. Monthly Performance review meetings are being conducted with District Health Management (i.e. District Coordinators of IRMNCH & Nutrition Program). In monthly review meetings analysis is being presented through LHW, CMW and Nutrition MIS Dashboards.</p>

(b) This exercise is being done by Bureau of Statistics Punjab. The field work is completed and now the data is being cleaned and analysed.

Output 3.4: Enhanced capacity of the Programme to implement nutrition interventions across continuum of care.

Milestones 2018: Agreed comprehensive set of nutrition interventions for reference of service providers across continuum of care available and disseminated to service providers.

Status:

The training has been conducted for the staff of nutrition care provider on approved protocols being extracted from lancet series and the reporting and recording tools are being revised. At first the reporting to head office had many problems but then the reporting was switched to online MIS System and the district is submitting reports to Nutrition MIS. Further the recording and reporting will be switched to online data entry from facilities and the data would be uploaded real time. The staff would be provided android devices with installed application.

2. Key Challenges and Lessons Learnt

- I. Achievement of DLI related to MSDS is dependent on Healthcare Commission which may take time for inception and verification of compliance of MSDS requirements related to BHUs and RHCs before issuance of certificate. All due process shall exceed from time limit of DFID assessment.
- II. IRMNCH & NP is currently facing challenge regarding shortage of human resource at District Program Implementation Unit (DPIU) level which creates hurdles in timely data compilation.
- III. Assessment of some DLIs is dependent on TPVs of that DLIs. For this purpose, TRF+ goes through a process of getting NOC from Home Department for field related work. The process of NOC takes due time which results in delays of the TPV by TRF+ and ultimately delays the confirmation of the final results.

3. Way Forward:

- i. On the basis of lesson learnt, additional seats at DPIU level to be incorporated in next PC-1 of IRMNCH & NP for improving the data collection & compilation process at district level.
- ii. While discussing and agreeing a DLI which requires TPV, there is a need for developing some alternative mechanism for verification of DLIs which are subject to verification of TPVs.