

Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

October to December 2015

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	5
1.3 STEWARDSHIP AND GOVERNANCE (25%)	10
1.5 DATA AND INFORMATION (10%).....	12
1.6 FINANCING (20%)	18
1.7 MEDICAL PRODUCTS.....	19
2. KEY CHALLENGES AND LESSONS LEARNT	24
3. WAY FORWARD:	24

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 have been achieved. The total DLIs for the third year (2015-16) are 16. Out of these 9 DLIs were to be completely met by October 2015, and one was to be partially met (SBAs by the CMWs). Remaining 6 will be assessed in February 2016. In assessment of October 2015, eight DLIs have been fully achieved. DFID did not accept two DLIs, One is functionality of SC and OTP Centres because a TPV to assess the functionality of SC and OTP by the TRF+ is underway. It would be achieved during February/March assessment. Second DLI which was not achieved is that 70% LHWs report no stock outs for the essential medicines, previously LHWs were facing stock out but as LHWs Program has now procured medicine and this DLI would be completed till February/March assessment.

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 October to December 2015 quarter of the PHNP Program. The DLI's are

Provincial Health and Nutrition Programme 202488 Grant 2012-18

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 at least 4 deliveries per community midwife per month (achieved by 31 Oct 2015) and 5 deliveries per CMW per month (achieved by February 2016)

Means of verification:

- Revised PC-1 for IRMNCH approved by PDWP including revised retention package for CMWs.
- Reports from CMWs indicating increased average monthly deliveries.

Status:

In order to retain the CMWs with the program it was discussed and decided that there is need to develop a retention model of CMWs. IRMNCH program after having detailed discussion and inputs of all technical experts prepared a retention package on the basis of performance which was approved and notified by Special Secretary Health. Copy attached as **Annex-A**

The IRMNCH Program monthly reports show that average number of deliveries per CMW per month for third quarter was 4.3 and the target of this DLI under phase 1 was 4 Deliveries per month which has been completed. The target of Phase II is 5 deliveries per month per CMW which would be assessed during February/March 2016. Now, on average CMWs are reporting approximately 5 deliveries per month per CMW as the set target of this DLI is also 5 deliveries per month per CMW, so this DLI has also been achieved. All districts have been performing on an average more than 4 deliveries per CMW except Bhakkar and Hafizabad. More focus is being given to these districts CMWs to enhance their performance.

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

Sr No	Districts	Deliveries /CMW in October	Deliveries /CMW in November	Deliveries /CMW in December	Average of three months (Oct + Nov + December) deliveries/ CMW
1	Attock	3.39	4.07	5.13	4.20
2	Bahawalnagar	4.13	4.41	5.13	4.56
3	Bahawalpur	3.95	4.28	4.21	4.15
4	Bhakkar	2.50	3.17	3.43	3.04
5	Chakwal	3.81	5.25	3.93	4.33

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Sr No	Districts	Deliveries /CMW in October	Deliveries /CMW in November	Deliveries /CMW in December	Average of three months (Oct + Nov + December) deliveries/ CMW
6	Chiniot	4.94	5.21	5.41	5.19
7	D. G Khan	5.07	4.52	4.46	4.68
8	Faisalabad	3.16	4.32	5.09	4.19
9	Gujranwala	6.03	5.96	6.18	6.06
10	Gujrat	5.06	5.44	5.27	5.26
11	Hafizabad	3.18	3.03	4.10	3.43
12	Jhang	4.20	5.54	4.82	4.86
13	Jhelum	3.64	3.58	3.71	3.64
14	Kasur	4.14	4.18	5.37	4.56
15	Khanewal	4.11	4.02	4.15	4.10
16	Khushab	3.72	3.97	3.92	3.87
17	Lahore	4.17	4.77	5.36	4.77
18	Layyah	3.18	4.48	4.24	3.97
19	Lodhran	3.97	4.82	5.15	4.65
20	M.B.Din	4.28	4.97	4.82	4.69
21	Mianwali	4.71	4.88	4.33	4.64
22	Multan	4.46	4.94	5.59	5.00
23	Muzaffargarh	4.68	4.69	4.30	4.55
24	Nankana Sahib	3.29	3.84	4.18	3.77
25	Narowal	5.63	6.51	7.07	6.40
26	Okara	4.99	5.48	5.87	5.45
27	Pakpattan	5.27	5.85	6.38	5.83
28	Rahimyar Khan	4.80	5.00	4.85	4.88
29	Rajanpur	5.69	5.20	6.91	5.93
30	Rawalpindi	5.33	5.39	5.37	5.36
31	Sahiwal	5.16	5.54	5.82	5.51
32	Sargodha	6.48	6.13	5.65	6.08
33	Sheikhupura	6.95	6.24	6.78	6.66
34	Sialkot	4.73	4.42	4.76	4.63
35	Toba Tek Singh	3.97	3.46	3.47	3.63
36	Vehari	5.35	4.91	4.43	4.90
	TOTAL	4.50	4.79	4.99	4.76

Source: MNCH Program MIS

DLI – Implementation of Essential Package Health Service. (Achieved, by 31 October 2015)

Means of Verification:

- 55,500 healthcare providers in all districts receiving orientation on EPHS for Primary healthcare.
- EPHS for secondary care finalized and approved.

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Status:

EPHS for the primary and secondary level health care facilities have been approved and notified

District Level trainings of EPHS have been completed in all districts of Punjab except Multan. Training in district Multan is still pending and EDO health has been directed by health department to do the needful urgently.

S No	Staff Category	To be Trained	Trained till Today
1	CMWs	2918	2456
2	LHWs	45753	41768
3	LHS	1815	1730
4	LHVs	2800	2611
5	SH & NS	2479	2001
6	Charge Nurse	311	266
7	MO/In charge BHU	2479	2311
8	SMO (RHC)	311	184

DLI – 100% functional SC and OTP centres providing high quality nutritional support services. (Achieved by 31 October 2015)

Means of Verification:

- All SC/OTP centres fully staffed.
- Monthly reports for nutritional centres including the following :
 1. Necessary equipment and tools (height boards, weigh scales, MUAC tapes, equipment for clinical examination of children, anthropometric tables) in good working condition.
 2. Stock levels of supplies of RUTF and essential medicines.
 3. At least one assessment of performance of centres conducted in last 6 months with 80% staff having adequate skills for high quality services.

STATUS:

- In order to assess the functionality of SCs and OTPs a third party assessment was to be undertaken by TRF+. In this regards, Consultants were hired but keeping in view the current status of SCs and OTPs, TPV was withheld immediately to give adequate time to IRMNCH & N Program to fulfill all pre requisites agreed between DFID and IRMNCH & Nutrition Program. Availing the opportunity, IRMNCH & Nutrition Program will ensure availability of nutrition commodities to all SCs and OTPs and also hire staff and print nutrition related stationery to be provided to all centers. By first March assessment will be started again to verify the achievement of DLIs

Provincial Health and Nutrition Programme 202488 Grant 2012-18

- During 4th Quarter, IRMNCH & Nutrition Program planned CMAM training for 10 Low performing Districts i.e. Pakpattan, Multan, DG Khan, Rahim Yar Khan, Rajanpur, Layyah, Vehari, Rawalpindi, Lahore, Mianwali. Trainings in DG Khan and Rajanpur already carried out and completed.
- Monitoring visit of Health Department to CMAM sites in districts (Bahawalnagar, Rahim yar Khan, Rajanpur) was held in November. Visit Report is attached as Annex-B
- District CMAM Review meeting carried out in first week of October 2015 under the chair of Dr. Pervaiz Imtiaz, ADGHS IRMNCH. Meeting was attended by EDOs (Multan, Muzaffargarh, DG Khan, Rajanpur, RY Khan, Layyah, Bahwalnagar, Narowal, Jhang, Chiniot, Gujranwala, Hafizabad, Khushab Jhelum and Gujrat. Representatives of UNICEF, WFP also attended the meeting. During the meeting following decision were taken:
 - i. Monthly nutrition review meeting should be regularly organized at each district to review the monthly progress of nutrition program, minutes should be shared with Provincial IRMNCH with monthly nutrition report.
 - ii. ADC should compile the monthly nutrition report after verification form DC and signed by EDO (H), must be submitted to provincial office not later than 7th of each month.
 - iii. Monthly nutrition review meeting, should be chaired by EDO (H) and ensure participation of all other concerns like DC, ADC, SO, LHV, LHW and all staff of OTs and SCs staff.
 - iv. Monthly nutrition facility wise meeting should be held chaired by Medical Officer
 - v. Monitoring visits of nutrition sites should be the regular ensured by EDO (H), DOH, DDOH and DC to OTP and Nutrition sites and submit report to provincial office timely.
 - vi. Provincial office FP responsible for compiling the monthly data from field shall inform the respective districts if any issue/ discrepancy observed in monthly report at the earliest.
 - vii. All districts to renovate and establish warehouse for storage and maintenance of supply of commodities.
 - viii. UNICEF and WFP committed to support refresher training to all CMAM sites, Training Plan will be submitted by IRMNCH team in coordination with priority districts.
 - ix. It was decided to ensure to provide the refresher training to all LHVs present at 24/7/OTP sites.
 - x. It was discussed and agreed that EDO (H) to appoint nutrition/SC staff, which will be on the payroll of development partner through local selection committee, if needed take permission form this office.
 - xi. WFP agrees to provide support to strengthen the capacity of department in supply chain management, commodity handling and transportation of nutrition commodities at provincial and district level
 - xii. Districts are to timely inform provincial office for proper re-location, at least two months prior to expiry date of nutrition commodities.

Provincial Health and Nutrition Programme 202488 Grant 2012-18

- xiii. Each OTP site must mention the name & contact no of near SC and similarly SC must mention the name & contact no of OTP sites located in its vicinity, and both SC & OTP should display their 2 months progress report on the facility.
- xiv. EDO (H) and DC must ensure the community referral and follow up of the all SAM & MAM children.
- xv. Proper reporting, recording and representation of the data must be ensured and also screen the 0-6 months children in community and refer to OTP sites accordingly.
- xvi. Rotation of LHW has to be minimize until the all staff trained on nutrition.

Minutes of the meeting is attached as Annex-C.

- In order to target acute malnutrition, the standard guidelines / protocols developed in 2010 have been revised. In this regard dissemination ceremony of revised nutrition guidelines was held in Lahore in 4th week of December

DLI-Rollout of Vaccine Logistics Management Systems in additional 23 districts of Punjab (achieved by 15 Feb 2016)

Means of Verification:

1327 district and facility staff trained in the use of VLMIS and reporting

Status:

Monthly Expenditure Reporting Form

In Million (PKR)

Sr. No	Object Code	Allocation Budget	Revision		Revised Budget	Released to Date	Expenditure during the month	Expenditure to Date	Balance compared to	
			+	-					Budget	Releases
1	A09203	51,125,000	Nil	Nil	Nil	14,365,000	Nil	Nil	NA	NA
2	A03801	21,270,000	Nil	Nil	Nil	21,270,000	Nil	Nil	NA	NA
3	A09602	75,000,000	Nil	Nil	Nil	14,365,000	Nil	Nil	NA	NA
		147,395,000				50,000,000				

Physical Progress

- i. Tender for procurement of IT equipment under process, Technical Reports Displayed. Grievance committee meeting held on 29-01-2016. Financial bids opened on 2-2-2016 (Remaining Funds required to be released to conclude this procurement, Austerity minutes are still awaited).
- ii. Tender Procurement of ILRs under process, Technical Reports Displayed. Grievance committee meeting held on 29-01-2016. Financial bids were opened on 2-2-2016. (Remaining Funds required to be released to conclude this procurement because this item is based on Letter of credit basis and advance drawl of full amount is required to open LC).

Provincial Health and Nutrition Programme 202488 Grant 2012-18

- iii. Training for up gradation vLMIS. Summary is sent to Secretary Primary and Secondary Healthcare Department for approval of Direct Contracting with complete working paper and minutes of purchase committee meeting under the chair of DGHS Punjab and it has been approved by him.

1.3 Stewardship and Governance (25%)

DLI – Meetings of steering committee task force for Health Sector Strategy held. (Programme performance budget, TRF + and EVA discussion)

Means of verification:

1. At least two meetings of steering committee in a year which include progress report on previous recommendations and action plan for the next period. (one meeting by 31 October 2015)
2. Approved minutes of Steering committee circulated including the above circulated.

Status:

Fifth Steering Committee meeting of World Bank-DFID sponsored PHSRP was held on 3rd December 2015 at 11.00 AM under the chairmanship of Secretary Health in the Committee Room of Health Department.

Health Department, Representatives of DFID-WB, TRF+, EVA-BHN and all stake holders participated in the meeting. Status of DFID-WB DLIs discussed in detail during this meeting. Status of utilization of funds released under second business plan was also shared. In this meeting, Secretary Health directed the Programs to complete all the procurement of goods and services before February 2016 before DFID assessment of DLIs and Utilization of Funds under 2nd Business Plan. Minutes of the meeting is attached as **Annex-D**

DLI-District level contracts in 12 priority districts in Punjab including outreach services in at least 2 districts of Punjab (achieved by 15 February 2016)

Means of verification:

1. Signed contracts with organizations/firms/NGOs with the DoH, specifying the services, timing, assessment criteria and reporting requirements and MSDS prescribed for Primary Health facilities within regulation by PHC
2. Management unit established for contract management

Status:

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Contracting Put Phase-I: During the first phase of contracting out, Government of Punjab asked Expression of Interest (EOI) from private/ international non-governmental organization with their legal existence having hand on experience of working in health sector. A highly technical committee was nominated by The Secretary, Government of Punjab, Health Department to evaluate Expression of interest documents. Technical committee has shortlisted fourteen (14) firms out of twenty (20) firms that submitted their interests for ten (10) districts. RFP was issued to all shortlisted firms but only 4 firms submitted their RFP. Among them three (3) firms could not qualify required criteria and were dropped and only one firm, Fatima Memorial Hospital (FMH) got qualified. FMH submitted its bid for three (3) districts, Chinot, Hafizabad and Khushab. Financial bids FMH is now open and modalities are being finalized with FMH . The arrangements of transition plan are already final.

Contracting Put Phase-II: During second Phase of contracting out, result based contracting model has been designed according to the new realities that emerged after the restructuring of health department into two independent department ; Primary and Secondary healthcare department and specialized healthcare and medical education department. The second phase of contracting has basis on the Unit Value of Health Services Delivered (UVSD). If a firm increases the UVSD increased, the government would increase financing to that facility proportionately. This practice will increase an air of completion among private service provider that will increase efficiency of healthcare system.

Series of meetings were held between Health Department and all stakeholders to finalize the model of Contracting Out Phase-II, EOI and RFP. EOI was prepared and finalized in collaboration with the World Bank in Bhurban on Jan-2016 but there is delay due to change in leadership and parallel Roadmap Reforms/initiatives.

Main Scope of the Contracting out is mentioned below:

- i. Ensure provision of agreed actions of EPHS in districts.
- ii. Effective management of human resources and efficient service delivery.
- iii. Development of a robust monitoring and Evaluation Mechanism
- iv. Improve quality of service delivery.

Minutes of the meeting held in Bhurban is attached as **Annex-E**

DLI – Annual Procurement Plan of DoH (including DGHS) for FY 2015-2016 prepared and posted on PPRAs website (achieved by October 2015)

Means of verification:

Provincial Health and Nutrition Programme 202488 Grant 2012-18

1. Quarterly progress review mechanism to see whether funds are being released and procurements initiated as planned.
2. Annual procurement Plan and at least one quarterly progress review report by October and subsequent three more in the year.

Status:

Annual Procurement Plan has been prepared and uploaded on PPRA website. The Procurement Cell (PC) has devised mechanism of reviewing the procurement plan. Procurement cell has prepared the review mechanism and shared with PSPU during World Bank Mission in detail. As the funds were released late in the first quarter, the five review meeting are held on respectively on 02-10-2015, 08-10-2015, 26-11-2015, 30-11-2015 and 07-01-2016 by the development section of the health department.

DLI – Adoption of Standard Bidding Documents by DoH (achieved by 31 October 2015)

Means of verification:

- Notification by DoH

Status:

The bidding documents have been prepared and discussed with various stakeholders. Now it has been finalized and notified by the competent authority. Notifications of Standard Bidding Documents for the procurement of (i) Medical Equipment and Machinery and (ii) Drugs/Medicines, Surgical and Disposable Items is prepared and under process of approval by MD PPRA.

1.5 Data and Information (10%)

DLI – Improved Monitoring and Evaluation capacity of DoH (Achieved by 31 October 2015)

Means of Verification:

1. PC-I for health sector monitoring and evaluation approved.
2. Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.
3. Functional Knowledge Management Unit to be verified by the quarterly policy briefs and updated websites.

Status:

Provincial Health and Nutrition Programme 202488 Grant 2012-18

- i. PC-1 has been approved on 19th October 2015. In the meanwhile, Chief Minister directed to bifurcate the Department into two i.e. Primary & Secondary Health Care Department and Specialised Health Care & Medical Education Department. During steering committee meeting, Special Secretary Health Primary and Secondary briefed that there is need to realign it in the light of bifurcation of department.
- ii. **Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.**

Monthly meeting of EDOs held on 16.10.2015, 09.11.2015 and 12.12.2015 during 4th quarter in DGHS office under the chair of Advisor to Chief Minister on Health. Secretary Health, All Directors, All Executive District Officers (Health) in Punjab and Program Managers of Vertical Programs, Health Roadmap Team and SMU attended the meeting.

During the meetings, issues regarding DHQ THQ Reform Roadmap, Primary Health Care Roadmap and EPI/Polio discussed and decision taken accordingly. DGHS reiterated the necessary measures for the improved disease surveillance, mop up measures preventive actions and implementation of all instruction relating to Chief Minister Roadmap Team. Minutes of the meetings are attached as **Annex-F**, **Annex-G** and **Annex-H** respectively.

- iii. **Outputs of KMU during July-September.**

KMU has prepared one policy brief “Role of Monitoring and Supervision to Improve Health Service Delivery in Basic Health Units of Punjab, Pakistan” in the tenure October to December 2015.

Effective and efficient monitoring and evaluation system with a strong accountability mechanism have shown good results over the past few years in many countries of the world. Punjab has also successfully developed and implemented e-monitoring system by providing android phones to all district level health managers including Executive District Officer of Health (EDO), District Officer Health (DOH) and Deputy District Officer Health (DDOH). This e-monitoring system called as Health watch is being implemented successfully in all 36 districts of Punjab and real time data about availability of health facility staff, medicines and functional equipment and important service delivery indicators are being captured and reflected on a dashboard managed by Punjab Information Technology Board (PITB). In order to validate and verify the data collected by district level health managers, a second tier of monitoring and evaluation was introduced by hiring of 172 Monitoring Evaluation Assistants (MEAs) to monitor the primary health care facilities on the same dataset. The paper shows that field monitoring and validation of field monitoring through MEAs is bringing an improvement in service delivery indicators of Basic Health Units (BHUs). It also

Provincial Health and Nutrition Programme 202488 Grant 2012-18

describes the process of e-monitoring for the improvement in health service delivery at BHUs. A real time data of all BHUs of 36 districts of Punjab has been taken into account. A quantitative comparison of Healthwatch data and MEAs data has been made to assess the situation of stock position of medicine, availability of functional equipment, staff absenteeism, and service delivery indicators. Subsequently evidence generated through the Healthwatch and MEAs data are used to develop appropriate strategies to address the bottlenecks. It has been shown that there is positive relationship between the results achieved and the resources used. This paper aims to provide a future course of action to strengthen the MEAs and Healthwatch data to be used for planning and policy making.

This brief is published on www.iiste.org and attached as **Annex-I**

Status of the Financial Management Cell (FMC):

Financial Management is an important function of the Health Department. FMC was created with an objective to improve the financial management of the health department. Very recently, the FMC has now been fully staffed with permanent employees recruited through Punjab Public Service Commission (PPSC).

The cell is supervised by the Additional Secretary (Development) Health Department. TRF+ has provided support of three long-term consultants for strengthening of FMC and building FMC staff capacity. They are currently working on supporting health department on implementation of the risk mitigation plan and developing financial management systems. Health department has re-advertised the technical positions to start hiring on adhoc basis for FMC staff. FMC has been allocated physical space and now a full room is available to the FMC staff. Following is the vacancy position as on 20th of January, 2015.

Title	BPS	Sanctioned	Filled	Vacant	Remarks
Deputy Director	18	1	-	1	Appointed and working
Budget Officers	17	2	-	2	Appointed and working
Planning Officer	17	1	1	-	Appointed but working for development wing
Computer Operators	15	6	5	1	Appointed and working for FMC

Quarterly Utilization vs. Allocation of PHNP financial aid

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

Business Plan 1 (BP1) – A total of PKR 2,150.926 million was available as financial aid with the department of health during the fiscal year 2013-14 out of which PKR 2,125 was released by the FD for implementation of activities as agreed under the business plan. An additional PKR 900

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Million was released to fund activities of BP1. A summary of releases and expenditures as on 31st December, 2015 for BP1 are presented in the table below.

Table 1: Summary of programme/initiative wise releases and expenditures as on 31st December, 2015 (PKR) – BP1

Programme	Allocation	Revised Allocation	Expenditure	Committed
Rural Emergency Ambulance Service	74,300,000	-	-	-
Integrated Reproductive Maternal and Neonatal Child Health Programme	1,800,000,000	1,800,000,000	1,397,341,680	402,658,320
Maternal and Neonatal Child Health Programme	44,520,800	1,614,000	1,614,000	-
National Programme for Family Planning and Primary Health Care	59,960,000	59,398,050	59,398,050	-
District Health Information System	33,552,326	14,396,935	-	14,396,935
Expanded Programme for Immunisation	126,935,000	125,008,350	125,008,350	-
Communicable Disease Control Programme	21,123,500	300,000	-	300,000
Provincial Environmental Health, Medical Waste and Infection Control Program	51,962,760	51,384,086	51,384,086	-
Provincial Health Development Centre	31,578,144	31,578,144	12,634,162	18,943,982
Essential Package of Health Services - Medicine Transportation	72,000,000	-	-	-
Monitoring and Evaluation Assistants (MEAs)	69,956,000	41,895,534	41,895,534	813,093
Essential Package of Health Services - District Government	345,242,000	345,242,000	345,242,000	-
	294,820,790	294,820,790	37,850,548	256,970,242
Total	3,025,951,320	2,765,637,889	2,072,368,410	694,082,572
Utilization Rate			75%	100%

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

BP2 – Second business plan was approved by the health department on the 16th of July, 2015. The total cost of this business plan is PKR 1,762.65 million with the government share amounting to PKR 7,396.52 million. Table below provides the summary of allocation, releases and expenditures as of 20th January, 2016.

Table 2: Summary of programme/initiative wise releases and expenditures as on 20th January, 2016 (PKR) – BP2

Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Government share	
					Allocation	Expenditure
Rural Emergency Ambulance Service	203,560,000	203,560,000	40,035,000	63,525,000	150,750,000	-
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	233,951,000	260,545,800	5,665,000,000	5,543,496,000
Expanded Programme for Immunization	147,395,000	50,000,000	-	50,000,000	1,492,000,000	30,000,000
Implementing EPHS	215,757,600	100,000,000	7,000,000	93,000,000	-	-
Improving Monitoring and Evaluation	96,017,850	96,017,850	56,670,548	-	-	23,559,000
Seminar/Symposium/Conferences/ Consultative Meetings on EPHS, PHC & Contracting Out	3,050,000	3,050,000	-	-	50,000,000	-
Financial Management Cell	2,000,900	2,000,900	-	-	8,400,000	2,244,000
Internal Audit Wing	2,005,000	2,005,000	-	-	20,370,000	6,731,877
IRMNCH	546,363,845	400,000,000	400,000,000	-	-	-
Total	1,762,646,995	1,403,130,550	837,656,548	467,070,800	7,386,520,000	5,606,030,877
Utilization Rate			48%	74%		

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Government Funding in addition to DFID

During the fiscal year 2015-16 Government has allocated a total of PKR 132,697 million for the health sector in Punjab¹. This allocation is split between Provincial and District Level by 71% and 29%² respectively. Table below shows the allocation by Provincial and District level and also by current and development budget streams.

Table 3: Health Sector Budget Allocation for the Fiscal Year 2015-16 (PKR million)

Level	Current	Development	Total
Provincial	63,061	30,725 ³	93,786
District	38,911	0	38,911
Total	101,972	30,725	132,697

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

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

Budget Analysis

Table below presents a consolidated⁴ picture of Punjab Health Budget for the fiscal year 2015-16 by major object classifications.

Table 4: Consolidated Budget and Expenditure for Punjab for the 2nd Quarter of the Fiscal Year 2015-16 (PKR) as on 31st December, 2015

Object Classification	Original Budget Estimates	Revised ⁵ Estimates	Released Amount	Expenditure to date
A01-Employee Related Expenses	65,914,154,781	65,872,352,280	59,310,172,168	24,910,642,185
A02-Project Pre-Investment Analysis	15,603,000	15,032,000	7,803,000	-
A03-Operating Expenses	27,145,903,387	26,258,332,601	18,601,023,538	6,167,154,386
A04-Employee's Retirement Benefits	539,949,764	654,150,428	545,674,543	177,793,833
A05-Grants Subsidies and Write-off Loans	6,659,518,766	8,906,927,029	3,004,955,666	2,971,689,609
A06-Transfers	5,535,103,256	6,066,125,497	5,461,524,951	3,006,554,753
A09-Physical Assets	7,607,347,700	9,672,204,811	5,120,880,607	1,393,330,964
A12-Civil Works	111,245,000	172,734,000	197,561,000	60,075,411
A13-Repairs and Maintenance	1,237,308,723	1,282,542,073	836,784,447	227,387,973
Total	114,766,134,377	118,900,400,719	93,086,379,920	38,914,629,114

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

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

¹ Consolidated provincial and district, current and development.

² Note: development budget includes allocation for both provincial and district level, therefore actual district share will be more.

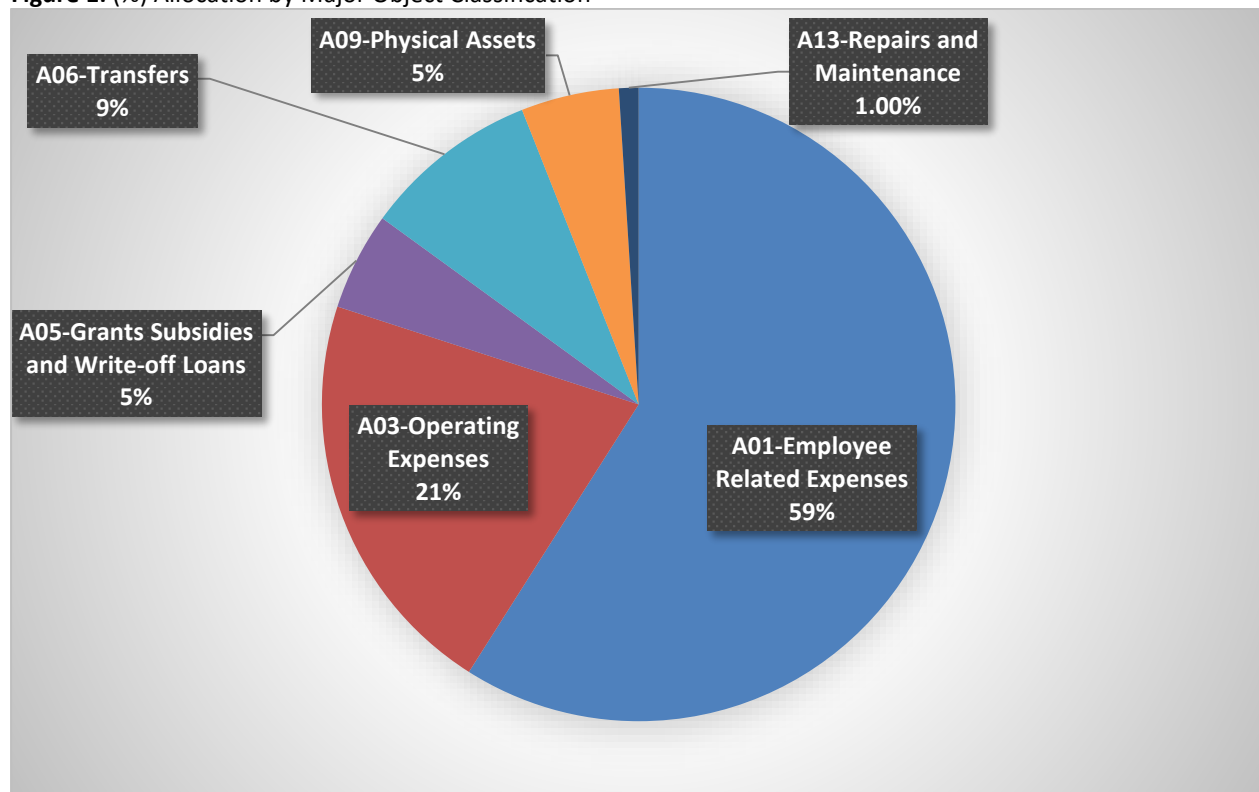
³ Includes capital and revenue

⁴ Provincial + District + Current + Development

⁵ Revised estimates in this document refer to changes made during the year in the PIFRA system which maybe due to error during uploading the budget or omissions made.

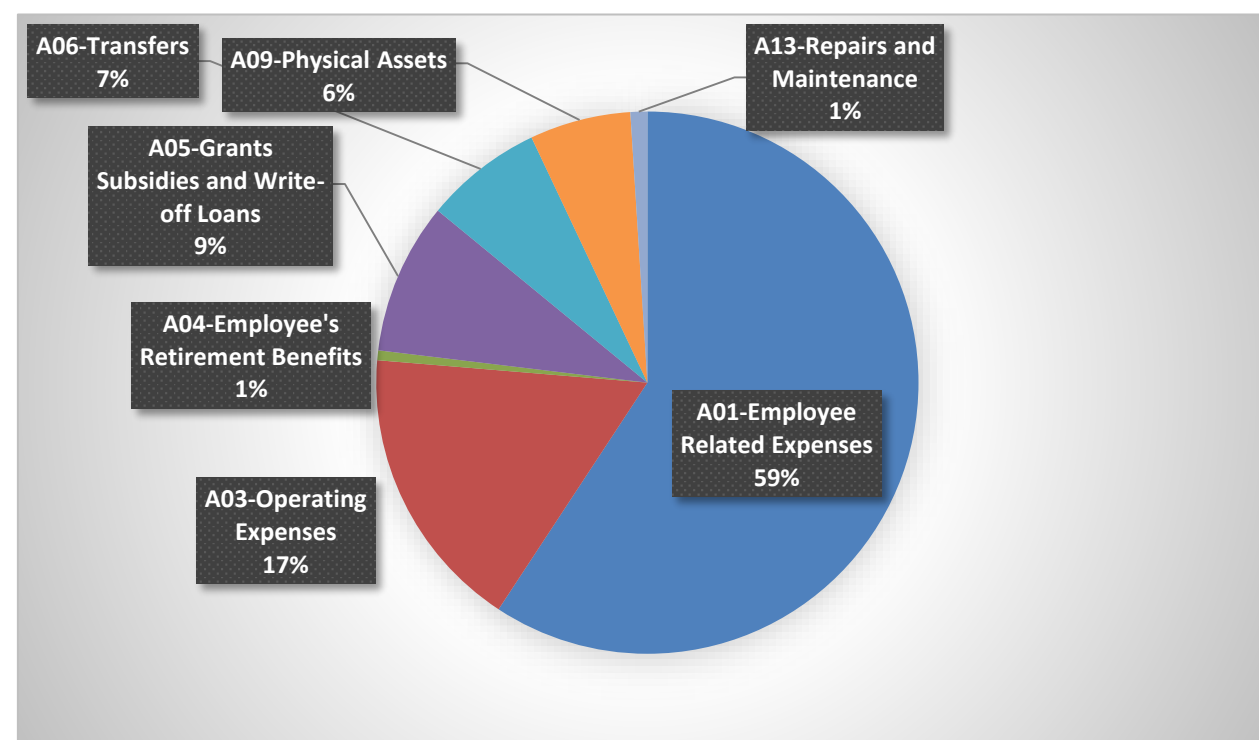
Provincial Health and Nutrition Programme 202488 Grant 2012-18

Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the 1st quarter of the fiscal year 2015-16 was for salaries (59%) followed by operating expenses (17%).

Figure 2: (%) Expenditure (1st Quarter) by Major Object Classification



Provincial Health and Nutrition Programme 202488 Grant 2012-18

Summary of Budget and Expenditure for the Quarter Ending 31st December, 2015 is attached as **Annex-I1**

1.6 Financing (20%)

DLI – Development Expenditure for Health Increases by 20% for FY 2014/15 compared to 2013/14.

Status

Based on the data extracted from the PIFRA as on 30th June, 2015, the DLI for 20% increase in development budget execution rate has been met. In order to meet this DLI the utilisation rate required was 52%⁶, whereas the utilisation rate for development budget for FY 2014/15 is recorded at 80%⁷ based on original budget estimates.

DLI – Quarterly budget execution report and review meetings

Status

FMC with support from the TRF+ consultants started preparing a budget review mechanism for both current and development budgets. For this an inception meeting was held with the AS (Dev) to present a basic framework. After discussions and a number of iterations a system to review current budget was agreed with the HD. This system in summary includes, preparation of detailed review reports on a monthly basis and a consolidated summarised report on a quarterly basis using PIFRA data. For this purpose trainings were arranged for the FMC staff on use of PIFRA and a request sent to PIFRA for allowing access to FMC on PIFRA terminals. This requested has been processed and access granted. First quarterly review meeting for current budget was held during this quarter which covered the months Jul-Sept 2015.

For the development budget focus is on two areas (i) developing a dashboard to review progress of development schemes implementation while tracking the process, (ii) automation of MPR preparation process. Work has been initiated on developing the dashboard with an initial interface available. Data entry is also being done by the FMC staff. The system will take time to review and further improve.

DLI – Quarterly report on implementation of RMP

Status

⁶ Utilisation rate for FY 2013-14 = 43.3%

⁷ Development allocation = PKR 26,280 million, Development expenditure = PKR 20,965 million (FY 2014-15).

Provincial Health and Nutrition Programme 202488 Grant 2012-18

FMC has been reporting on implementation of detailed RMP implementation plan on a monthly basis.

1.7 Medical products

DLI - 85% of basic health facilities and RHCs - PHC facilities reporting no stock outs for at 18 tracer drugs (including contraceptives) over last three months. (Achieved by 31 October 2015)

Means of Verification:

- i. Quarterly DHIS report prepared by DoH on stock level at facilities prepared by Provincial MIS cell.
- ii. MEA data verifies availability of contraceptives and no stock outs.

Status:

- i. This DLI has been achieved in assessment of October 2015. Currently, availability of essential medicines in BHUs still almost 99% in majority of districts. Information regarding overall availability of essential medicines as provided by DHIS cell for the fourth quarter was 95%. Detailed report is attached as **Annex-J**.
- ii. **MEAs data analysis**
According to MEAs data analysis, 96% medicines available in BHU, RHC and 24/7 BHUs are shown below:

Availability (BHU Morning)	
Oct-2015	99%
Nov-2015	99%
Dec-2015	99%
Average	99%
Availability (RHC Morning)	
Oct-2015	100%
Nov-2015	100%
Dec-2015	100%
Average	100%
Availability (24/7 BHUs Evening Shift)	
Oct-2015	88%
Nov-2015	90%
Dec-2015	92%
Average	90%
Overall	
Oct-2015	96%
Nov-2015	96%

Provincial Health and Nutrition Programme 202488 Grant 2012-18

Dec-2015	97%
Average	96%

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

Means of Verification:

1. Monthly report prepared by LHW programme on supplies available: trend monitored quarterly by LHW Programme.
2. Rapid external assessment report on status supply availability: to be done annually.

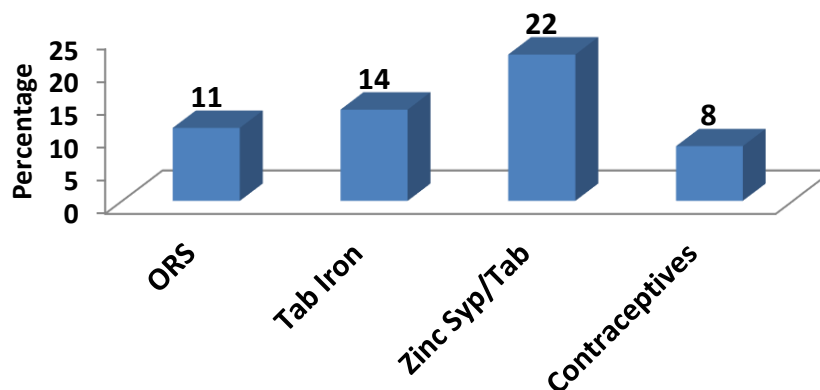
Status:

Third Party Validation (TPV) by TRF+ has revealed that there is stock out of six essential medicines during the month of September 2015 which evident in the table given below

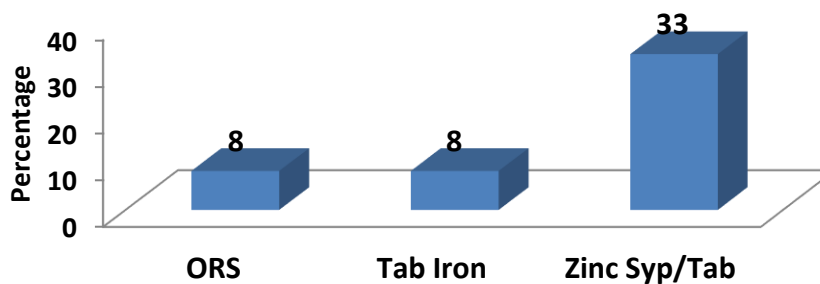
	Medicine / Contraceptive	LHWs having no stock outs in September 2015		Average No of stock out days
		Freq	Percentage	
1	ORS	90	22%	34
2	Iron	179	44%	23
3	Zinc	76	19%	51
4	Condoms	162	40%	6
5	Oral Contraceptive Pills	190	47%	8
6	Contraceptive injections	193	48%	12

- Detailed meeting with IRMNCH Program on this issue was held on 30th December 2015 and program was asked to provide justification for not achieving this DLI.
- IRMNCH & Nutrition Program told that the reason for stock outs, was delay in procurement process which was initiated by IRMNCH & Nutrition Program but Health Department could not complete it during FY 2014-15 due to centralized procurement by procurement cell of Health Department. Now IRMNCH briefed that they have started the process of procurement of medicine including Zinc Sulphate for FY 2015-16 which will be available with LHWs before March 2016.
- According to information in reports provided by LHWs MIS, approximately 70 no stock outs of medicines in 4th Quarter of 2015. Further details are shown in charts given below.

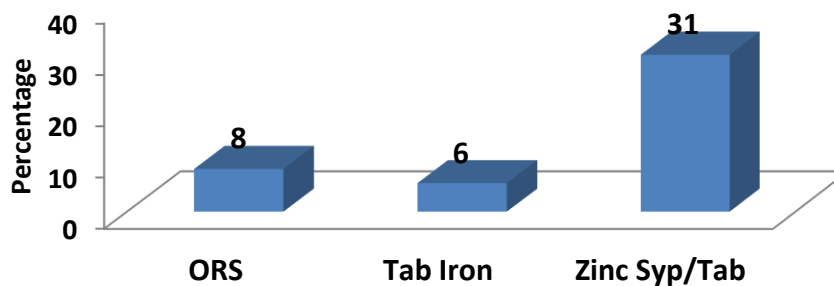
Percentage of Districts with Stock Out of Medicines for the Month of Oct 2015



Percentage of Districts with Stock Out of Medicines, November 2015



Percentage of Districts with Stock Out of Medicines for the Month of Dec 2015



Provincial Health and Nutrition Programme 202488 Grant 2012-18

DLI: Reduced vacancies in Public Health Facilities (achieved by 15 February 2016).

Means of Verification:

1. 75% Women/ Medical Officer Positions filled
 2. >80% Lady Health Visitor positions filled
 3. >90% Vaccinator positions filled
- (data source DHIS monthly reports verified by MEAs data)

Status:

According to MIS Cell (DHIS), 79% of Medical officer, 81% of Women Medical Officer, 91% of LHV and 92% of EPI Vaccinator positions have been filled. The targets for the respective indicators are mentioned above and have been achieved.

Posts	Sanctioned	Vacant	Percentage
Senior Medical Officer	372	104	78
Medical Officer	3029	790	79
Women/Lady Medical Officer	540	127	81
Dental Surgeon	308	47	87
Lady Health Visitor	4426	421	91
EPI Vaccinator	2279	197	92

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

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 2015-16 : 56 FP users/month per LHW				
Status: 96 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 2015-16: 85/140 health care facilities providing complete package of CEMONC care.				
Status:				
Comprehensive EmONC				
Health Facility	Providing	Not Providing	Total	

Provincial Health and Nutrition Programme 202488 Grant 2012-18

	Teaching Hospital	27	1	28
	DHQ	29	0	29
	THQ	65	39	104
	Total	121	40	161
<p>Output 1.3: Number of CMWs completing monthly reporting. Baseline: Milestone for 2015-16: TBC CMWs deployed (3199), TBC reporting monthly (2879) 90%. Status: Total Deployed = (2218+2190+2198)/3 = 2202 Total Reporting = (2015+1990+1917)/3 = 1974 89.65%</p>				
<p>Output 1.4: Percentage of deployed CMWs with an average of two or below deliveries per month (average over X months) Baseline: Milestone for 2015/2016: 31% 2015, Status: (485/1974)*100 %= 24.57%</p>				
<p>Output 1.5: Percentage of registered children with Severe Acute Malnutrition (SAM) who are being treated in target districts Baseline: Milestone 2015/2016: 55% 2015, Status : 97%</p>				
<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 Baseline: Provincial Health Departments are not using provincial financial reports to measure budget execution Milestone 2015: TA supports FM cell for preparation of quarterly financial management reporting (including budget execution rates) using customised PIFRA data for the province Status: FM reports being produced. System developed for preparation of quarterly FM reports and review mechanism. Two quarterly FM reports developed and budget review meetings held.</p>				
<p>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 2015: Training programmes (including minimum 1 M&E training workshop per province) to support implementation of M&E Status: DG M&E PC-I approved but not yet put into implementation due to bifurcation of the DOH into two. It will be taken up as part of implementation support to DG M&E PC-I. But TRF+ & RM teams have been assisting DOH with trainings on better collection, monitoring & evaluation of data.</p>				

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 2015: Systems developed and agreed with DOH for technical supervision of community (LHW, CMW) and facility based cadres (BHU, RHC)

Training modules and plan developed to strengthen nutrition therapeutic services, for health care providers at OTPs and SCs, and for LHWs on basic nutrition, IYCF and FP counselling

Status: Dialogue initiated for technical supervision of community and facility based staff. Training module developed and trainings completed

2. Key Challenges and Lessons Learnt

- i. Contracting out model phase-1 is under negotiation process while phase-2 mutually designed by WB and health department is being reviewed and redesigned under new administrative setup.
- ii. Improving skills of LHWs by Strengthening the Training Program with the support of PSDF
- iii. Ensuring completion of the recruitment of paramedical staff to address the shortage
- iv. Availability of all commodities at SC and OTP Centers
- v. After bifurcation of Health Department, allocation of all departments into the respective divisions.
- vi. Implementation of sectoral plans of relevant sector under Multi-sectoral Nutrition Strategy
- vii. Realigning the DFID and WBs program according to the bifurcated health department scenario

3. Way Forward:

- Revision of eligibility criteria for nurses to ensure all SC/OTP Centers are fully staffed
- To fill in the gap of inadequate LHWs training, IRMNCH & Nutrition Program is organizing immediate training Sessions in collaboration with Punjab Skill Development Fund (PSDF)
- IRMNCH & Nutrition Program has undergone retendering process of Rs. 52 million for Procurement of Missing Equipment and medicines and Procurement is under process.