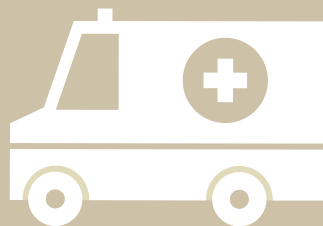


Chapter 3

Monitoring & Evaluation



Monitoring and Evaluation by third party is one of the important pillars of health system to ensure effective and efficient service delivery. It identifies deficiencies before it is too late. Quality data acquired through Third Party Validation (TPV) helps in developing appropriate policies, plans, and strategies. With the increase in international funding for Health we need statistics to track the record of health progress and performance accurately to evaluate impact and ensure accountability at institutional and country level.

There are two types of monitoring & evaluation mechanisms in place within the Health Department.

- Internal Monitoring & Evaluation Mechanism
 - Health Watch
- External Monitoring & Evaluation Mechanism
 - Primary Healthcare Monitoring & Evaluation Assistants
 - Secondary Healthcare Monitoring & Evaluation Assistants

Internal M&E Mechanism

For internal monitoring, Health Watch monitoring system is in place through District Health Managers. Detailed information of systems is given below

Health Watch

This technology based monitoring and evaluation initiative is spearheaded and coordinated by Policy and Strategic Planning Unit (PSPU) with collaboration of Punjab Information Technology Board (PITB).

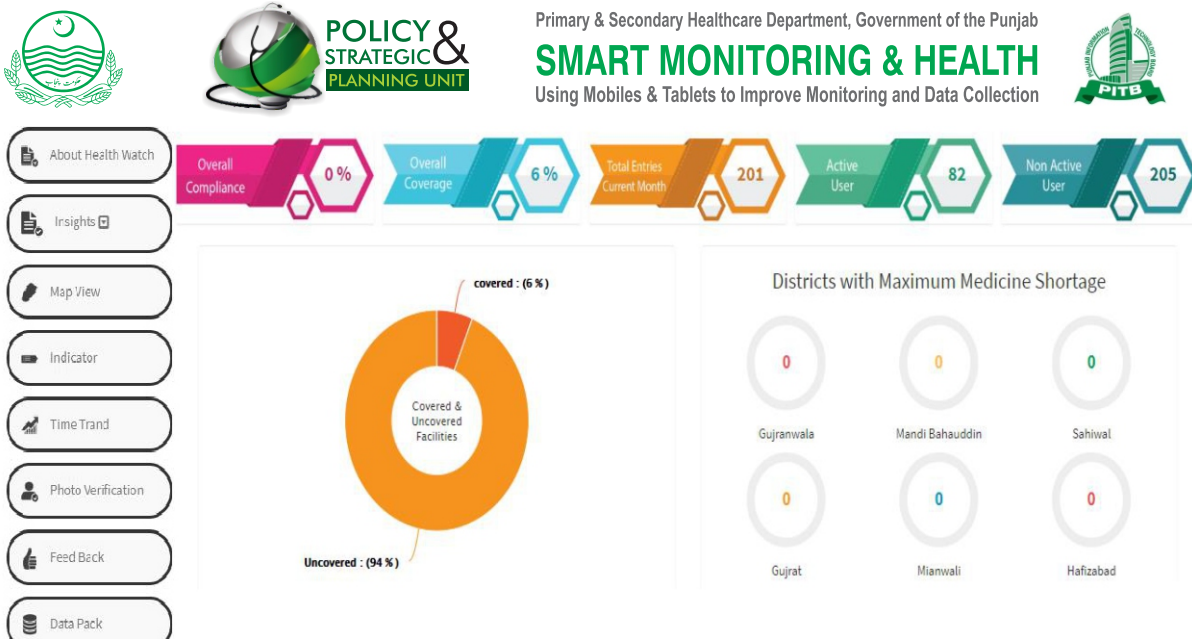
Initially the initiative was piloted at Khanewal district with the name 'Monitoring of the Monitors'. After piloting, it was scaled to 18 districts and later rolled out in all districts of Punjab under the new name of Health-Watch.

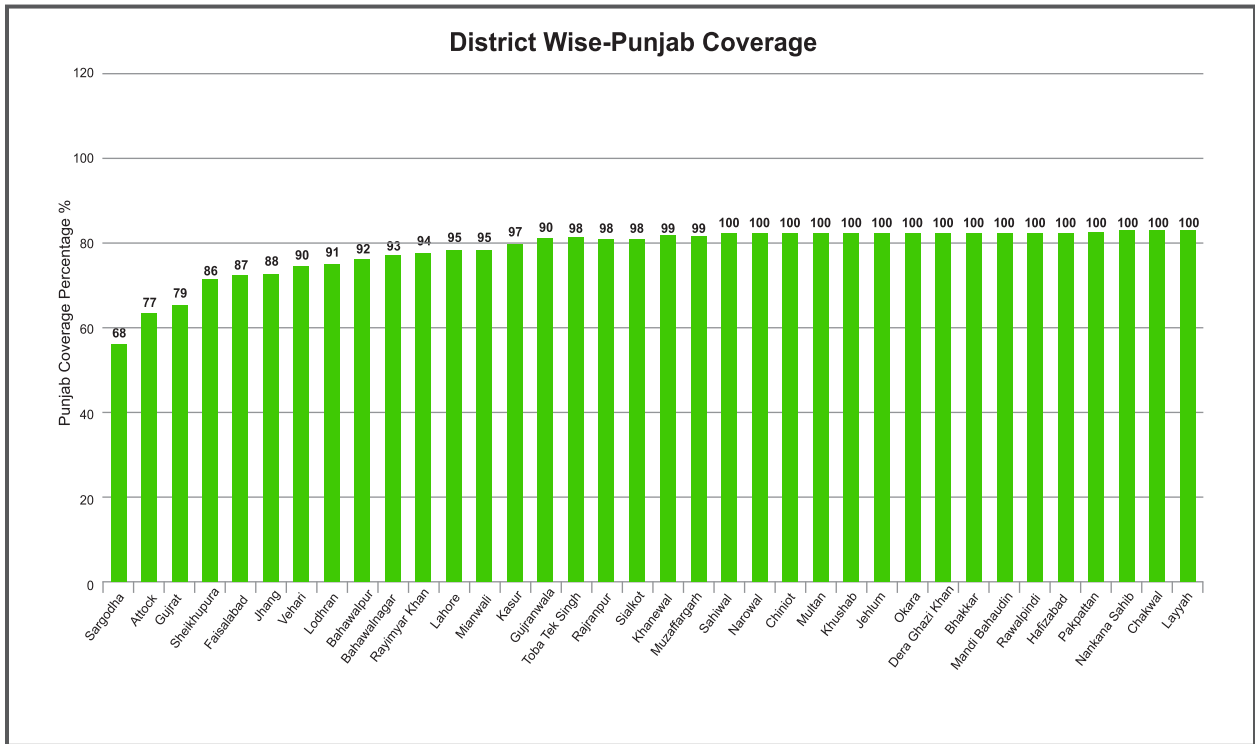
In Health Watch, Prime Users of Health Watch Application are CEO, DHO and DDHOs. For monitoring of purposes, android-based smart phones have been provided to them. Later on, who have been tasked with the collection of performance related data from Basic Health Units, DHO-MS, DHO-PS, DC-IRMNCH and DSM-PHFMC were also assigned targets to monitor District and Tehsil Headquarters, Rural Health Centres and Basic Health Units. The data submitted by these officers through the phones are being recorded on 'Dashboard' hosted at PITB.

According to the revised targets each CEOs makes at least 15 visits to health facilities in his district every month. DHO-MS & DHO-PS makes atleast 20 and 25 visits of health visits respectively. DDOHs of districts are required to visit minimum 25 visits of health facilities in their tehsils. Detail visit target is given below:

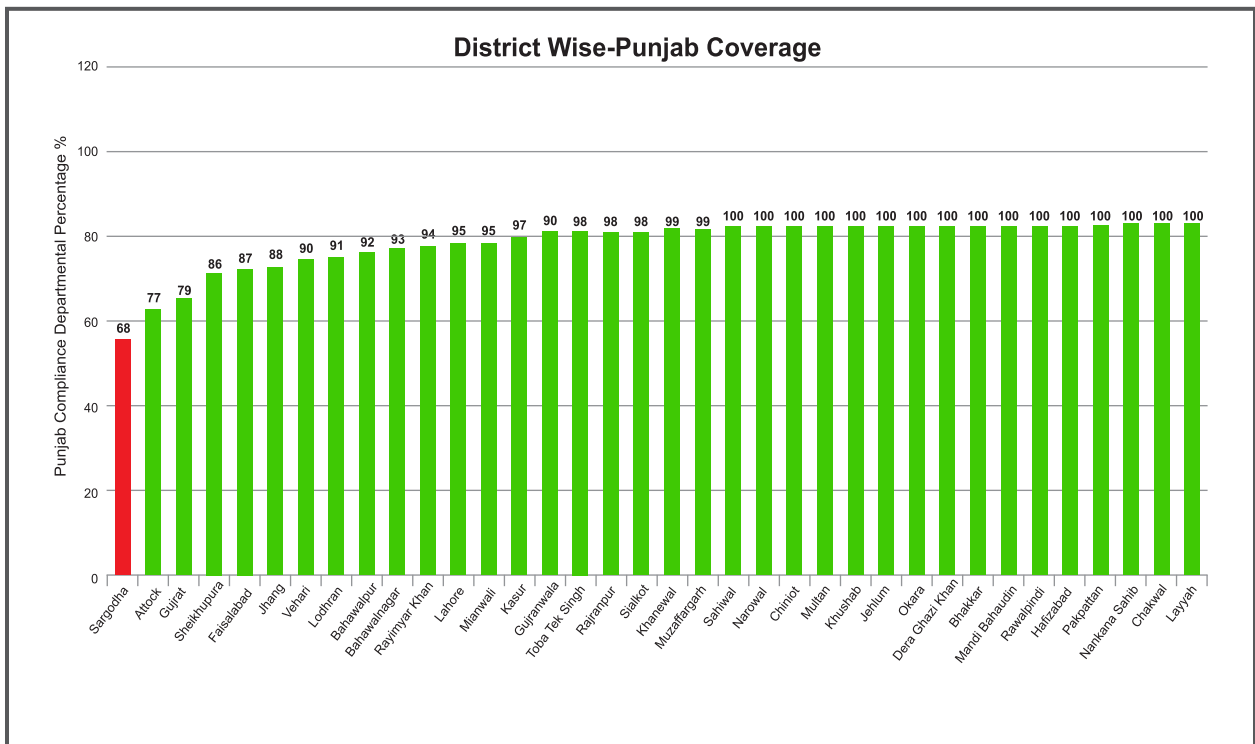
- **CEOs:** 15 monthly visits, ensuring all DHQs and THQs are visited once (with remaining visits to RHCs and BUUs)
- **DHO(MS):** 20 monthly visits, ensuring all DHQs and THQs are visited once (with remaining visits to RHCs and BHUs)
- **DHO(PS):** 25 monthly visits, ensuring all DHQs and THQs are visited once (with remaining visits to RHCs and BHUs)
- **DC-IRMNCH:** 20 monthly visits, prioritizing 24/7 BHUs and RHCs
- **DSM-PHFMC:** 20 monthly visits to BHUs and RHCs
- **DDHOs:** minimum 25 and maximum 35 monthly visits, ensuring one visit to THQs and DHQs, and rest to BHUs and RHCs (including some repeat visits)

The reports are geo-stamped and time-stamped and are a source timely, reliable and authentic information for monitoring and evaluation at the provincial level. In beginning Health Watch indicators have been mostly focused on input indicators including Human resource availability and posting, infrastructure of health facilities, medicine & supplies availability, vaccines availability, equipment functionality, deliveries conducted, family planning clients visited health facility is collected through android-based application. After Minimum Service Delivery Standards adoption by the health facilities which is vigorously under way as part of re-vamping program of health facilities it is evident that quality of care indicators are improving significantly. Due to hierarchical and continuous monitoring of health facilities by health managers many districts have been able to achieve Minimum Service Delivery Standards provisionally license by Punjab Healthcare Commission





District Wise Coverage Percentage Of Health Watch Visits (september 2017)



District Wise Compliance Percentage Of Health Watch Visits (september 2017)

Monitoring & Evaluation Mechanism Before Induction of Monitoring & Evaluation Assistants

In recent past, Health Department implemented Health Management System called DHIS. Monthly reports are generated at facility level which are consolidated in computerized form at district level. This data is available through online dashboard. District Health Management teams conduct their supervisory and monitoring visits of health facilities. Monthly/quarterly review meetings are also a regular feature of Health Department to monitor the performance of health indicators i.e CM Stock take meetings, CEOs meetings and district review meetings. In addition, Health Watch system was developed by Policy & Strategic Planning Unit and is being implemented across Punjab. Third party validation through MEAs is introduced to check the authenticity of data.

External Monitoring & Evaluation Mechanism

Monitoring & Evaluation Assistants were recruited for third party monitoring and evaluation for the first time in Education Department, Punjab. A similar monitoring workforce under Chief Minister's Health Reform Roadmap have been replicated for independent monitoring of Primary and Secondary healthcare facilities for improvement of service delivery.

The data is collected as per SOPs via android based tablets and uploaded on an online dashboard operated by PITB. The data collected by MEAs is analysed and presented in the Chief Minister's Stock take meetings. To drive improvement at district level, the same data is shared bimonthly by the roadmap team in the form of data-packs which includes problem areas and required actions for the districts. For cross verification of MEAs data, Provincial Monitoring Officers conduct verification visits for ascertaining the quality of inspections conducted by MEAs, coordination with district health managers and District Monitoring Officers done by them and necessary troubleshooting is carried out on day-to-day basis. Periodical and regular trainings of monitoring staff is carried out to keep them aligned with the SOPs and objectives of the monitoring regime.

Monitoring & Evaluation of Primary Healthcare Through MEAs

The primary goal of PHC MEA team is to ensure the provision of rigorous and reliable third party data of primary healthcare facilities. To serve the purpose, a team of 177 PHC MEAs has been formed and it has been pivotal in improving service delivery at the BHUs and RHCs in Punjab during the past 2 years.

Initially PHC MEAs were assigned to visit normal BHUs only. Later on monitoring regime was expanded to include RHCs and 24/7 BHUs evening shift visits.

MEAs collect reliable and surprise data on the following indicators:

- Attendance & Vacancy position of Staff
- Medicine & Supplies
- Medical & Non-Medical Equipment Functionality
- Facilities
 - Outlook of Facility and cleanliness
 - Displays
 - Utilities
 - Disposal of hospital waste

- Service Delivery
 - Deliveries at BHU/RHC in last month
 - OPD cases/Referrals
 - Number of family planning clients and referred by LHWs
- Health Council Data
- Data on Nutrition and Hepatitis indicators
- Biometrics Devices installation and functionality status
- Patient Exit Interview
 - Patient Exit Interview
 - Patient satisfaction
 - Patient-provider interaction
 - Medicine dispensation
 - Laboratory exams availability

On Chief Minister's instructions, data collection on Customer Experience Surveys and Patient Exit Interviews was also included.

To ensure unplanned surprise visits, PITB shares randomly generated lists of health facilities to be visited on MEAs' tablets directly.

Robust and reliable reporting resulted in tremendous improvement in many indicators at the Primary level department.. Glimpse of some improvement is given in the table given below

Indicators	Percentage in 2015	Percentage in 2018
Availability of Medicines	73	92
Availability of Supplies	69	97
Medical Officer Posting	63	85
Medical Officer Presence	57	85
Electricity Functionality	64	99
Water Supply	58	99
Sewerage Functionality	58	96
Functionality of Fan	32	84
Adequate Lighting	22	85
Good Whitewash at facilities	73	96
Clean Toilets	62	92
Average Outlook of facility	67	94

Source: CM Stocktake March 2018

Monitoring & Evaluation of Secondary Healthcare Through MEAs

A team of 44 SHC MEAs have been established to monitor service delivery in all Tehsil Head Quarter (THQs) and District Head Quarter Hospitals (DHQs). SHC MEAs monitor following broad health indicators including staff vacancy and presence, medicines & supplies and equipment functionality, cleanliness and maintenance, exit interviews of patients, hepatitis, hospital waste management, infection control, nutrition and health council

Efforts using MEAs data have resulted in tremendous improvement in many indicators at the Secondary Level, which are showed below:

Indicators	2015	2017
Medical Officers	1445	2995
Staff Presence	46%	84%
Medicine Dispensation	50%	86%
Hospital Cleanliness	4% Acceptable	76% Clean

Strong checks have been built into the system to ensure robust data collection and maintenance regime.

A team of five Provincial MEA Coordinators was hired in July 2015 to validate MEA data. They visit more than 100 facilities randomly every month to audit the data submitted by the Primary Healthcare and Secondary Health MEAs. Provincial MEAs coordinators the provide feedback to MEAs on their quality of monitoring and data validation. They also investigate any complaints by district health managers on the data submitted and take appropriate actions accordingly. Provincial MEA Coordinators guide and mentor MEAs by clarifying their ambiguities regarding SOPs and resolving their technological, logistical and data related issues on day-to-day basis. Furthermore, they monitor MEA coverage and ensure that MEAs are achieving their assigned targets.

EVACCS

The Expanded Program on Immunization (EPI) is a primary health program for disease prevention through immunization of the target children and pregnant mothers. It is a world-wide Program being carried out in all countries assisted by WHO, UNICEF and other donor agencies. This Program was started in Pakistan in 1978. Immunization is one of the most successful and cost-effective health interventions. It has eradicated small pox, lowered the global incidence of polio so far, by 99% and achieved dramatic reductions in illness, disability and deaths due to diphtheria, tetanus, whooping cough and measles.

Vision

All children and women are fully protected against vaccine preventable diseases and a polio free Punjab.

Goal

To reduce morbidity & mortality due to ten vaccine preventable diseases

Objectives

- Vaccination against vaccine preventable diseases
- To sustain Elimination of Neonatal Tetanus
- Elimination of Measles
- Eradication of Poliomyelitis

The program is currently providing vaccination against the following ten vaccine preventable diseases:

1. Poliomyelitis
2. Neonatal Tetanus
3. Measles
4. Diphtheria
5. Pertussis (Whooping Cough)
6. Hepatitis-B
7. Hib Pneumonia & Meningitis
8. Pneumococcal Pneumonia & Meningitis
9. Childhood Tuberculosis
10. Rota viral Diarrhea

Components of EPI

Routine Immunization

- Children 0-23 months – immunization with 10 EPI antigens
- Pregnant ladies by TT antigen.

Supplemental Immunization Activities

- Routine immunization does not ensure 100% coverage of the target population because nomads, NAs, migrants, mobile population & hard to reach areas are likely to be missed. So SIAs are scheduled to ensure coverage of this population / areas.
- NIDs / SNIDs: children < 5 years receive polio drops (3-days campaign)

Disease Surveillance

- For detection of the disease cases and, to direct for corrective action, the suspected cases of VPDs are reported by health facilities to the district health authorities for immediate launching of the control measures.

Mop up/Case Response Activity

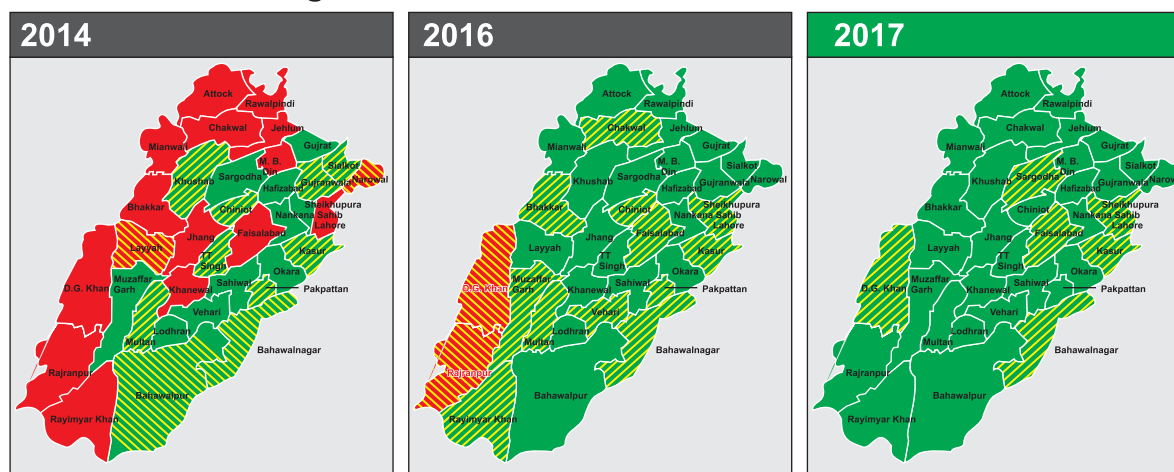
- Whenever, any outbreak occurs, special campaigns at & around the infected locality is carried out to localize the disease and stop its transmission.

To track progress on vaccination, Punjab IT Board (PITB) has developed a smart phone application that allows to monitor the daily progress of vaccinators engaged by the Health Department

Almost 3700 vaccinators are using E-Vaccs application across Punjab, enabling the authorities to monitor Vaccinators' attendance, area coverage, number of children vaccinated and number and type of vaccine administered. The newer version of upgraded and user-friendly mobile application enabled to register the images of the children with parents' name and address, jabs and frequency of vaccination.

This high tech solution has revolutionized the concept of real time monitoring and helped in improving the status of vaccination by pointing out deficiencies in coverage of areas which were very challenging to monitor effectively despite best physical checks.

Vaccination Coverage* %



*DPT 3 Coverage age 6 to 11 mo
Source: Nielson Wave 1 (2014), PHS-I (2016), and PHS-II (2017)

Biometric Attendance System

Presence of staff during duty hours and as per duty rosters has been as serious challenge for department of health as after education they are with heaviest strength of human resource spread from district level facilities to small villages and hamlets with Basic Health Units and Rural Dispensaries. The low presence factor has been thus a major issue for effective service delivery in health sector. With introduction of external monitoring mechanism through Monitoring and Evaluation Assistants who through surprise visits created deterrence against habitual absentees by reporting the defaulters to their concerned authorities. Although this regular and neutral monitoring brought about significant improvements, but yet to inspect such a large number of health facilities manually remained too demanding. In this context biometric attendance system at all public sector hospitals (i.e DHQs, THQs, RHCs and BHUs) has been big achievement for a fool proof system of monitoring which is more reliable as real time monitoring and very handy for facility managers as well as health department. It has improved the punctuality of staff at hospitals inculcating sense of discipline among the officials and resultantly there is efficient and better utilization of health facilities.

District Health Information System (DHIS)

The District Health Information System (DHIS) is an improved version of HMIS and is a 'routine health information system' for performance monitoring at district and provincial levels. The raw data on a prescribed format from public health care facilities is regularly received on monthly basis in MIS Cell of every district of the province where it is entered into DHIS Software. The Districts MIS Cells electronically transmit this data to the provincial MIS Cell where it is scrutinized and examined in detail. The DHIS has following features:

- Provides minimum set of indicators
- Supports evidence based decision making at local level and provincial levels
- Cater to the routine health information needs of the federal and provincial levels for monitoring policy implementation

Indicators and Content

The broad categories of indicators reported include;

- Inputs in terms of human and material resources
- Utilization of health facilities
- Data on 43 priority diseases (19 are communicable and 24 are non-communicable)
- Maternal, neonatal and Child Health

Linkages with Vertical Program Data

Key indicators from following programs are linked with the DHIS.

- EPI (from EPI Register)
- TB-DOTS (from TB Facility Card TB-01)
- Maternal and Newborn Health (from Maternal Health & Obstetric Registers)
- Community Based Data (from LHW Report)

Third Party Validation (TPV)

Globally, Third Party Validation approach is used to assess a program's effectiveness through an independent body to validate effectiveness through an unbiased assessment methodology. Following are TPVs conducted in the primary & secondary healthcare:

- Health Facility Assessment
- LHW Program Evaluation

Health Facility Assessment (HFA)

Health Facility Assessment (HFA) is used to confirm availability and functioning of the health services in public health facilities. HFA is third party validation of health system and a legal covenant of Punjab Health Sector Reform Program (PHSRP). PSPU is implementing HFA to identify gaps in the availability of health services, human resources, drug and supplies, equipment's and management of services and hence developing plans/projects to rectify them. The first round of HFA was conducted in 2011 covering all the Districts of Punjab while the second HFA was held in 2014.

The HFA 2014 was mainly focussed on MNCH and PHC. The assessment indicates that there is improvement at the primary level facilities but more effort is still required to upgrade facilities to meet the criteria of EPHS (based on Basic EmONC). Though budget allocations and expenditures have shown improvement but the primary care facilities are still poorly utilized. Gaps include non-availability of staff for extending EmONC services as well as non-availability of medicines and equipment with respect to the composite Key Performing Indicators (KPIs) of the Government of Punjab.

Policy & Strategic Planning Unit has initiated the third round of HFA through World Bank Technical Assistance (TA) and expected to be completed around November 2018. The objectives of this evaluation are to:

- To assess the availability and readiness of services in health care in context of set benchmarks in EPHS and MSDS
- Provide the major decision makers and stakeholders with the crucial data set for evidence based decision making
- It comprises of indicators pertaining to both preventive and curative healthcare services to set baseline data for future projections and for setting directions for future healthcare financing
- Explore innovations for improved referral links across the service delivery system

LHW Program Evaluation

The Lady Health Workers program has been big milestone for MNCH and family planning services through a widely spread community outreach workforce. It has contributed effectively in improving health indicators. However, with changing service delivery context it is imperative to assess their skill set levels, utilization and systems' review to add value to the program. In this context through Technical Assistance of World Bank, evaluation of LHW program is being initiated for evidence based decision-making. The purpose of LHWP evaluation is to explore whether the program had delivered since the last evaluation;

- Provided the level of services that were planned a) to desired quality standards b) to the agreed level of coverage including the uncovered populations and c) at a reasonable cost
- Implemented the organizational developments outlined in the EPHS-PHC

The objectives of the evaluation are to:

- Provide the P&SHD and other stakeholders with action oriented information on the LHWs program performance
- Conduct systems and management review with specific reference to LHW's induction in regular system and system re-structuring
- Conduct technical, economic and social sustainability analysis of the program
- Explore innovations for improved performance of the existing system
- Identify and assess feasibility of a non-public sector model for community health work in uncovered areas.

Chapter 4

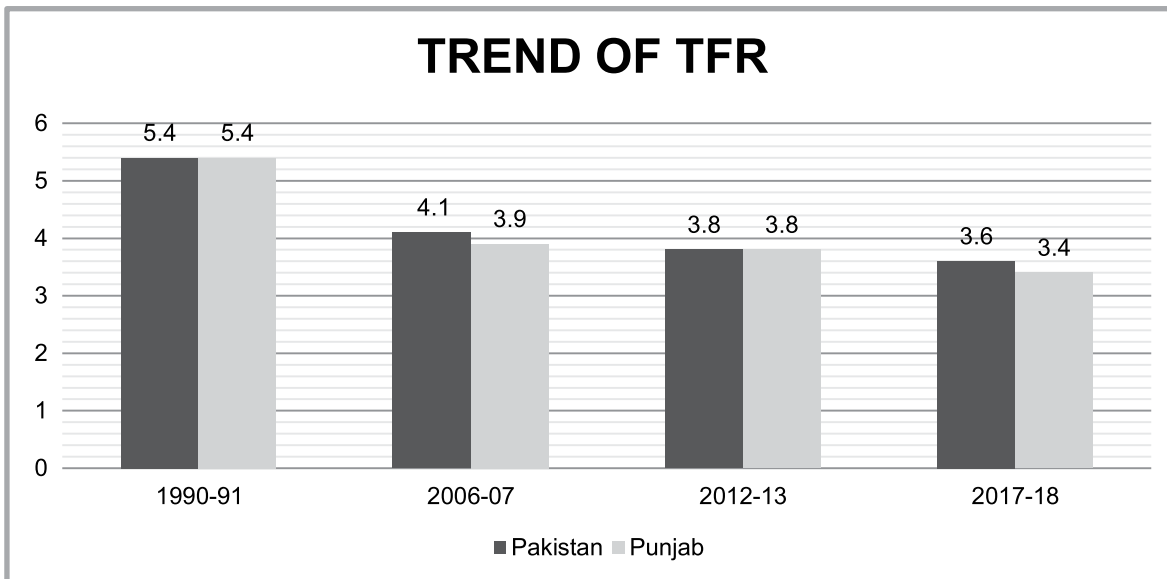
Profile of Health Indicators



This section provides an overview of trends of the main health indicators of Punjab. Over the past years, health sector aimed at improving the health impact indicators such as infant mortality rate (IMR), under five mortality rate, immunization coverage, contraceptive prevalence rate (CPR) and deliveries by skilled birth attendants (SBA). Approximately, all health indicators show improvement over the years but still need additional efforts to achieve targets of Sustainable Development Goals (SDGs). Comparison of indicators over years is given below using Pakistan Demographic Surveys (PDHS 1990-1991, 2006-07, 2012-13 & 2017-18).

Fertility Rate

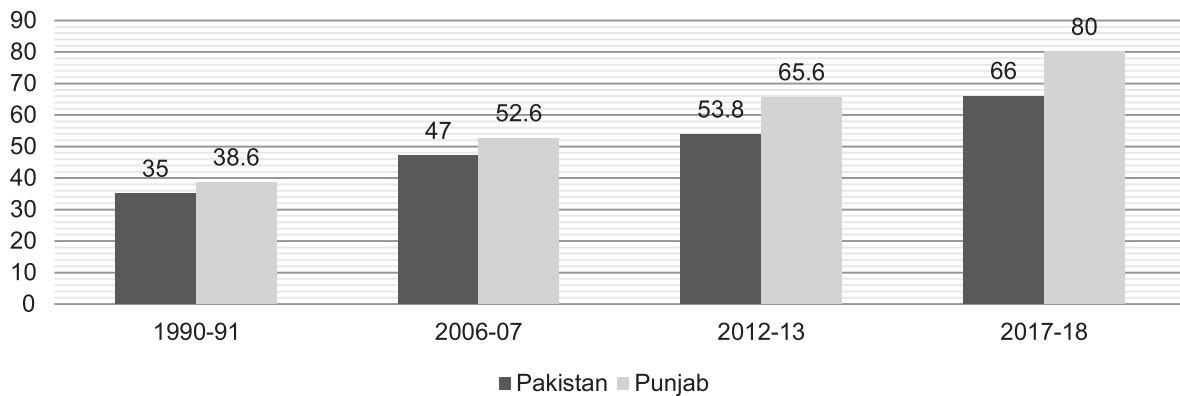
Trends in total fertility rate over the past 27 years can be seen by comparing data from the PDHS 1990 to 2017-18 as shown in figure below. There has been a steady decline in fertility rates over time (both in Pakistan and Punjab), from 5.4 births per woman as reported in the 1990-91 PDHS to 3.6 births per woman in the 2017-18 PDHS, a drop of about two births per woman in almost three decades. Decrease was more rapid between the first and second PDHS surveys than between the second and third surveys. However, the decline is minimal in the recent period.



Immunization Coverage

Immunization coverage has been gradually improving with an increase from 35% to 66% country wide and from 38.6% to 80% in Punjab.

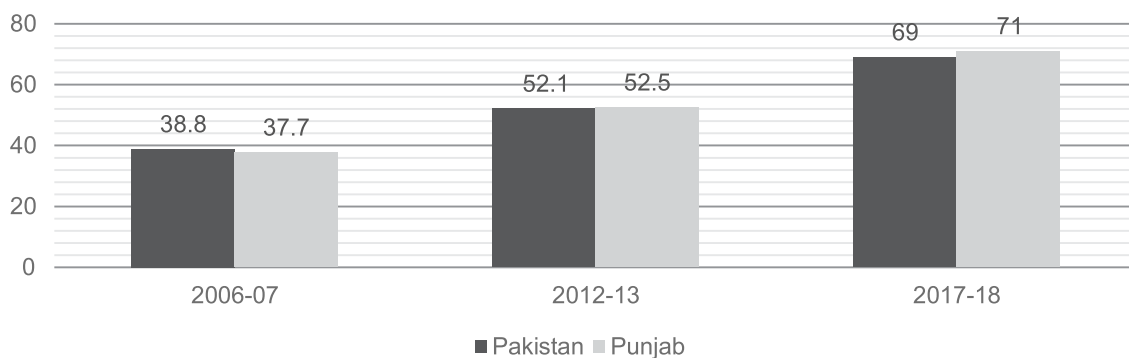
TREND OF IMMUNIZATION COVERAGE



Skilled Birth Attendance

Skilled Birth attendance has markedly improved as more deliveries and antenatal care are taking place in the hands of skilled providers like Community Midwives, Nurse Midwives, Lady Health Visitors and Doctors both in Public and Private Sector. The following bar chart illustrates the fact.

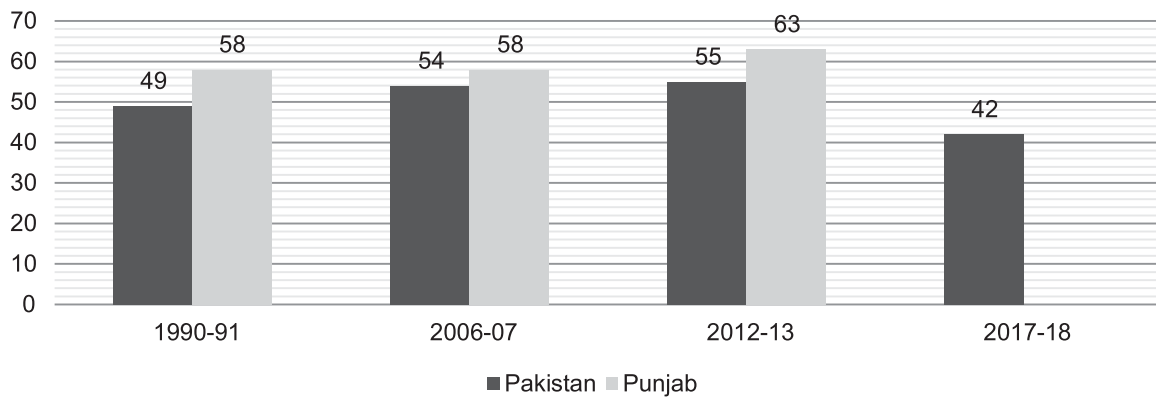
TREND OF SKILLED BIRTH ATTENDANCE



Neonatal Mortality

Neonatal mortality rate remained stagnant at 55 deaths per 1,000 live births for nearly a decade, as reported by 2006-07 PDHS and 2012-13 PDHS. According to PDHS 2017-18, there has been a decline to 42 neonatal deaths per 1,000 live births in Pakistan which can be projected to Punjab as well. But it has reduced at a much slower pace.

TREND OF NEONATAL MORTALITY RATE

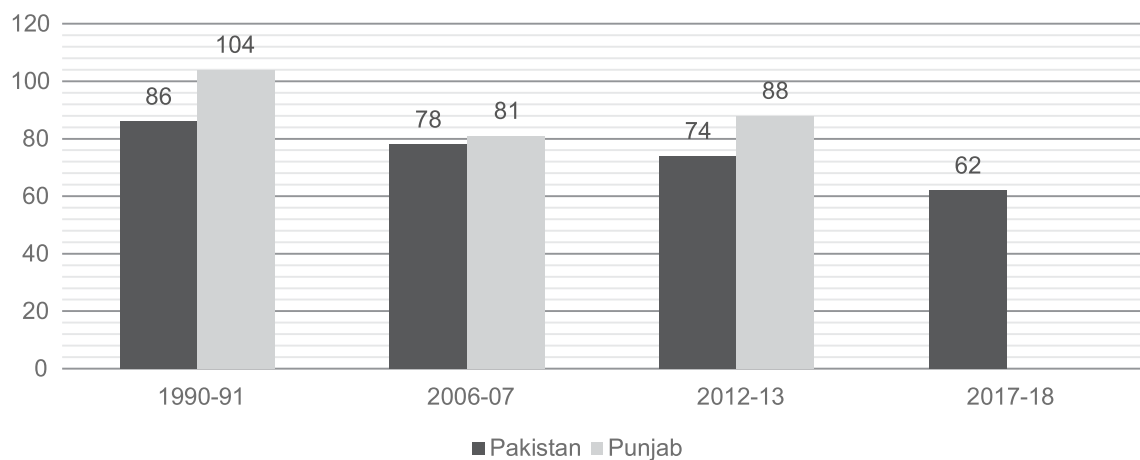


* Provincial rate is not available in PDHS 2017-18

Infant Mortality

Infant mortality rates kept on decreasing steadily over the past years which is obvious from the results given below.

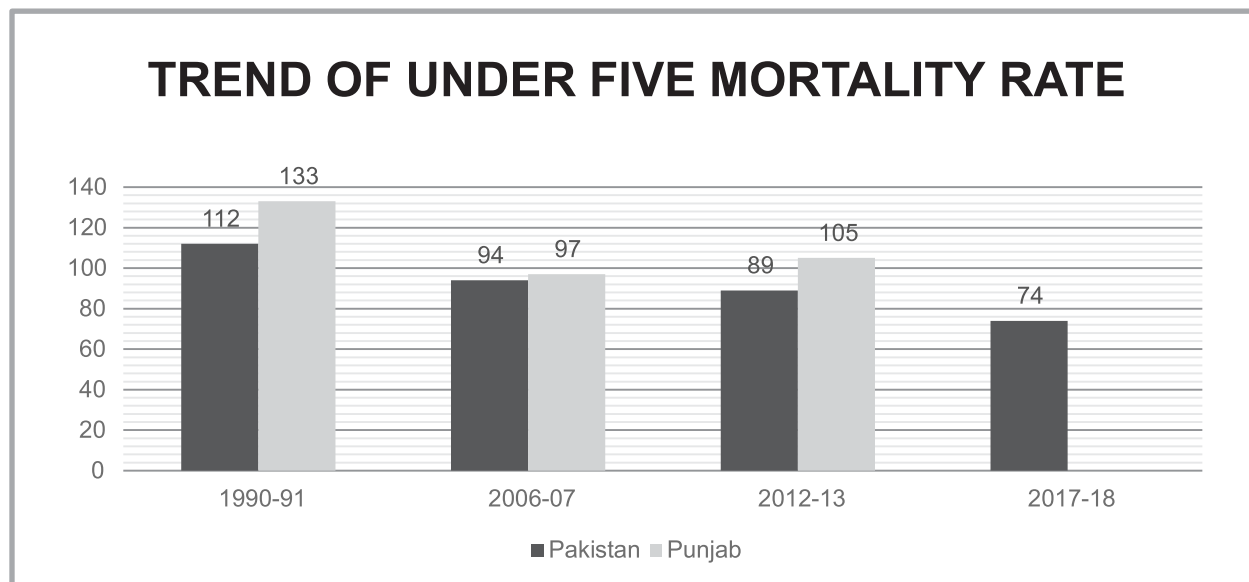
TREND OF INFANT MORTALITY RATE



* Provincial rate is not available in PDHS 2017-18

Under Five Mortality

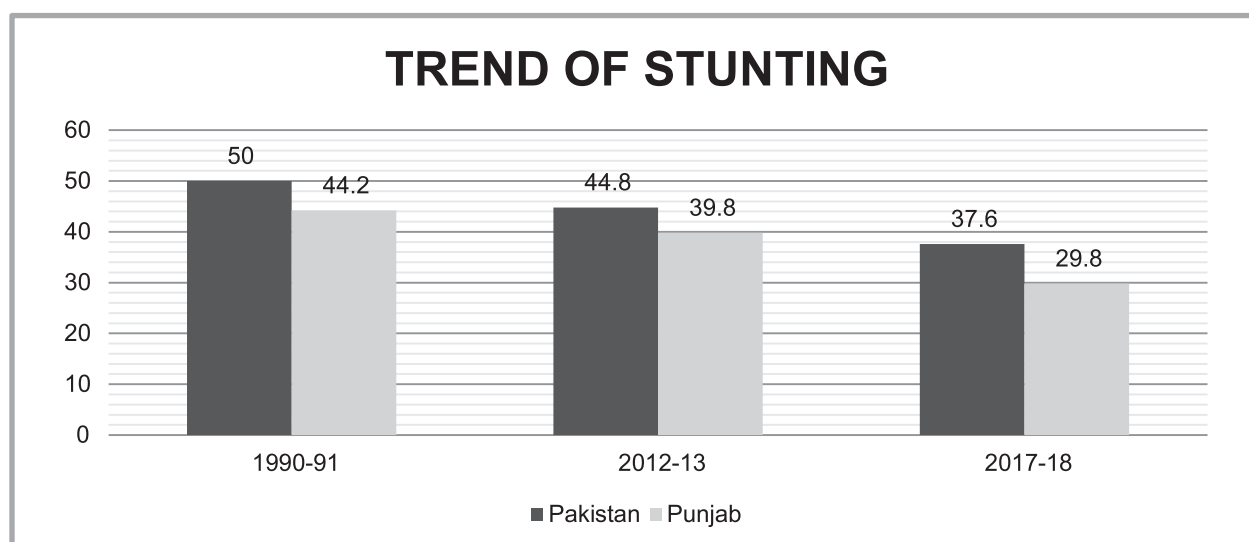
Under-5 mortality rate also declined in a steady way from 112 deaths per 1,000 live births in 1990-91 to 74 deaths per 1,000 live births in 2017-18.

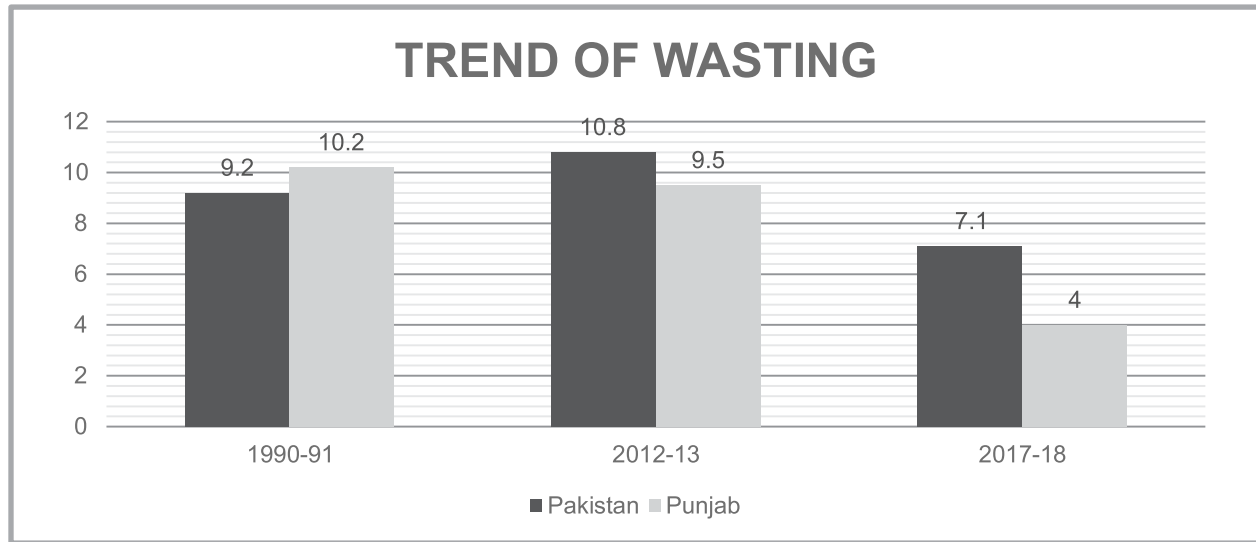


* Provincial rate is not available in PDHS 2017-18

Nutrition Indicators

Following results indicate that the nutritional status of children in Pakistan has improved over the last 5 years. The percentage of stunted children declined from 44.2% in 2012-13 to 29.8% in 2017-18. A similar downward trend, from 10.2% to 4%, is observed for wasted children over the same period of time.

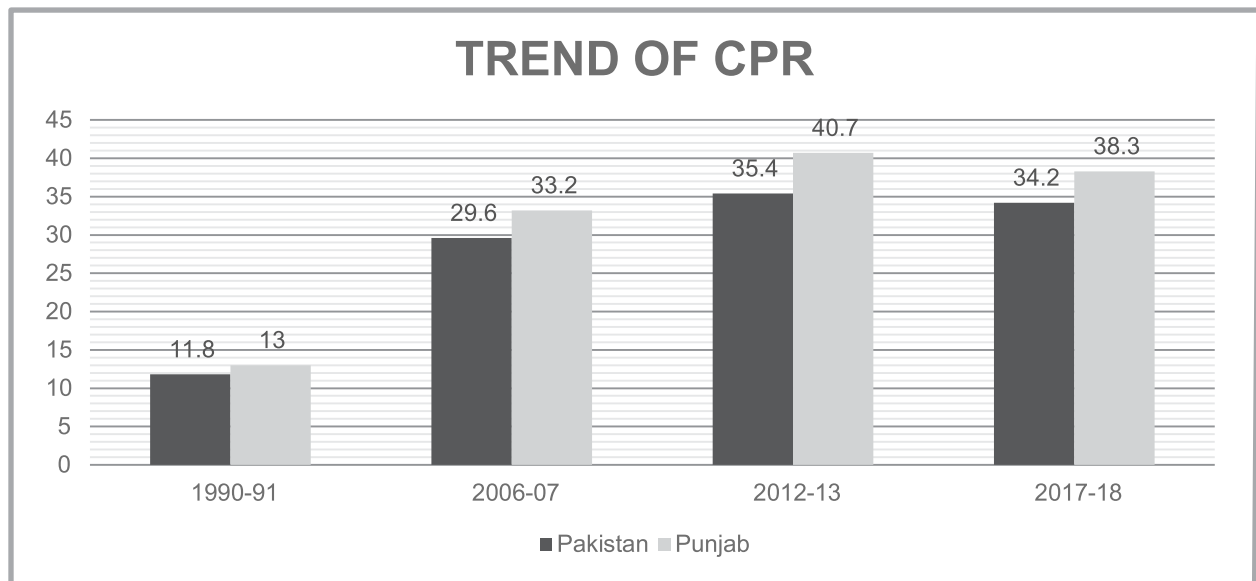




Contraception Indicators

Contraceptive prevalence rate and percentage of unmet needs directly tell upon the population dynamics of Punjab. Recent indicators show the worsening of the situation as CPR has gone down on one hand whereas the percentage of unmet need has also decreased on the other hand meaning there by that either the communities or not aware off the contraception or the number of unwanted and unattended pregnancies is on the rise.

Thirty-eight percent of married women are currently using a traditional contraceptive method.



Use of modern methods has remained largely unchanged in the last 5 years as shown below:

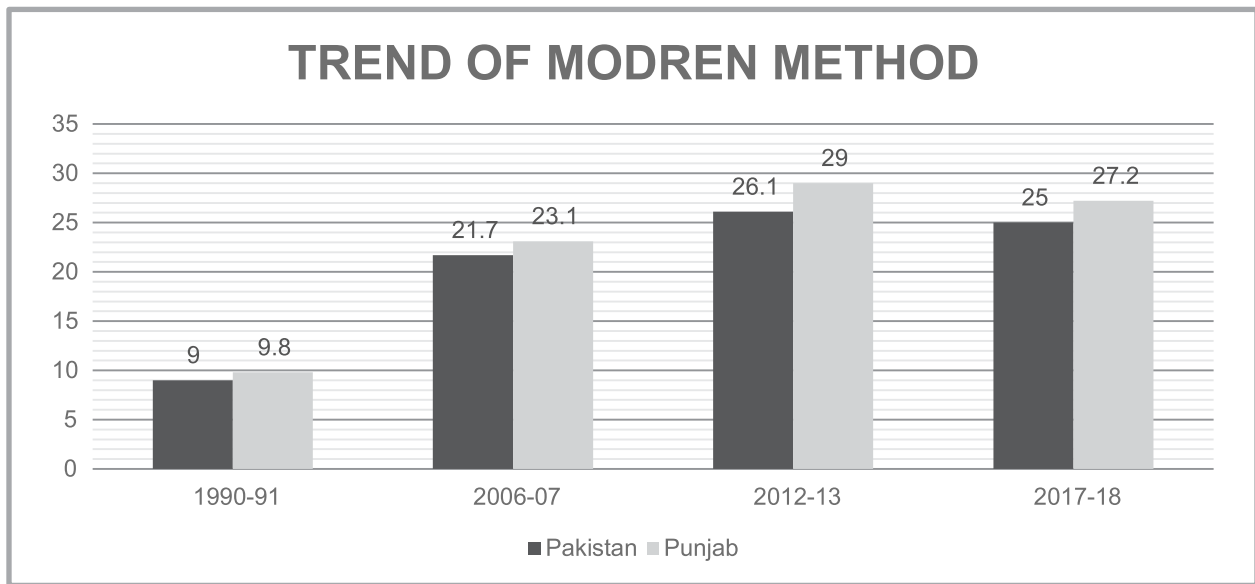
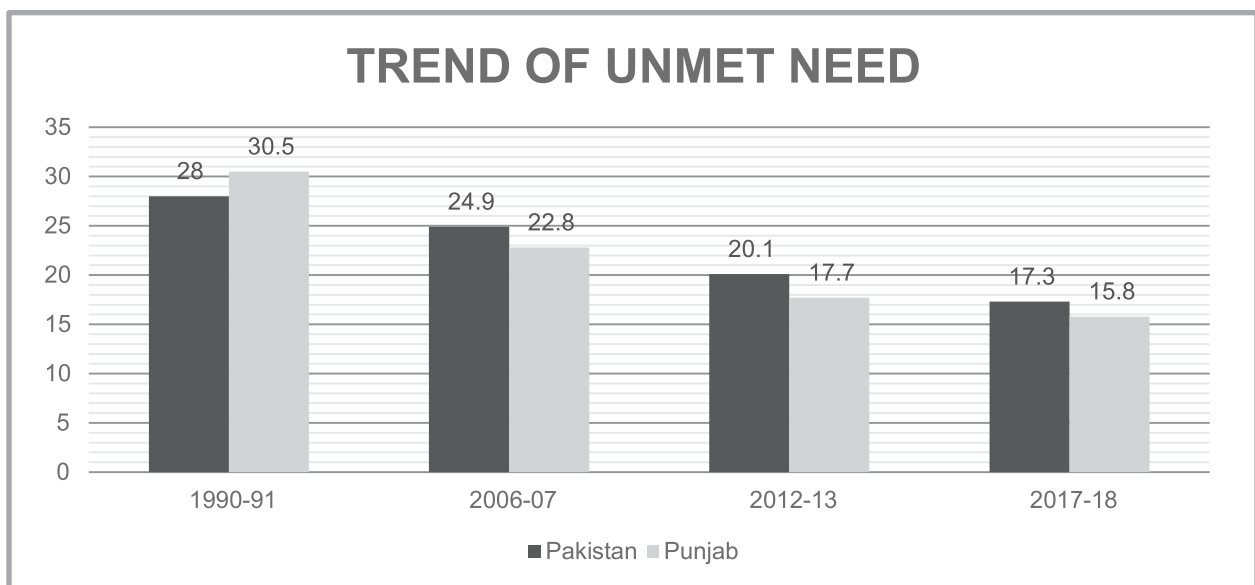


Figure below presents data on unmet need for family planning among currently married women. This indicator helps evaluate the extent to which family planning programs in Pakistan meet the demand for services. Seventeen percent of currently married women have an unmet need for family planning services. There has been a slight decline in unmet need for family planning, from 20% in 2012-13 to 17% in 2017-18.



Clinical Service Delivery Indicators

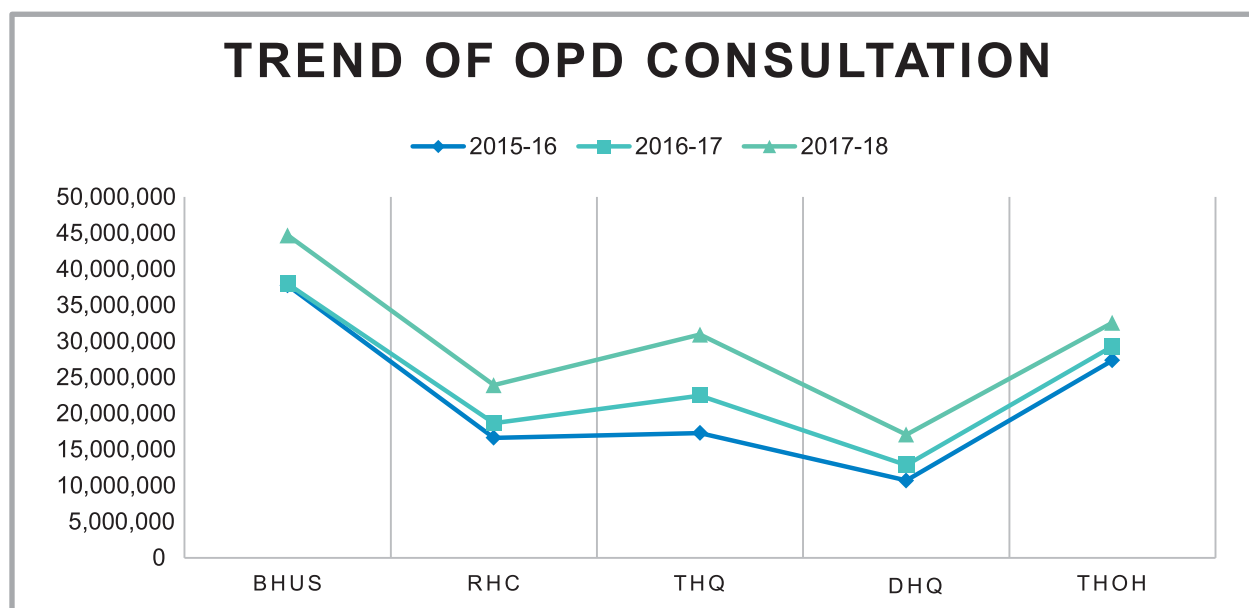
Data from the DHIS dashboard for the years 2015-16, 2016-17 & 2017-18 has been used to compare various indicators to evaluate performance of Basic Health Units, Rural Health Centres, Tehsil Headquarter Hospitals, District Headquarter Hospitals (DHQ, and Teaching Hospitals Levels.

OPD Consultations

DHIS data shows that approximately 14 million patients came to the OPDs of BHUs, RHCs, THQs and DHQs in 2017-2018 which is a 35.97% increase as compared to 2015-16. Maximum increase is observed at Tehsil Headquarter Hospitals i.e. 78.88%, and maximum OPD load is at Basic Health Units.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
BHUs	37,741,494	37,949,874	44,682,563	18.39
RHC	16,615,955	18,652,244	23,927,002	44
THQ	17,289,554	22,472,446	30,927,142	78.88
DHQ	10,698,545	12,852,309	17,058,369	59.45
THOH	27,360,292	29,315,578	32,568,099	19.03
Total	109,705,840	121,242,451	149,163,175	35.97

* (Increase/ Decrease comparison 2017-18 with 2015-16)

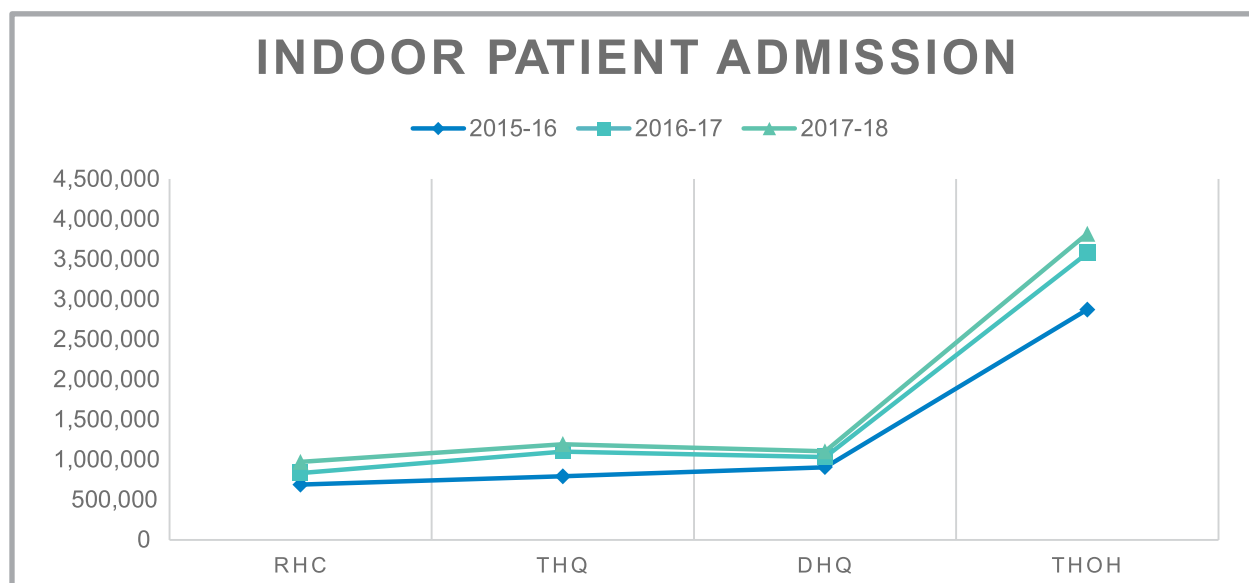


Indoor Patient Admission

This includes indoor admissions at RHCs, THQs, DHQs and Teaching Hospitals. Approximately 7,083,466 patients were admitted in 2017-18, which shows 34.8% increase as compared to 2015-16. Teaching hospitals had the largest number of indoor patients followed by District Headquarter Hospitals (DHQs) as shown in the table below.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
RHC	687,826	834,193	970,839	41.1
THQ	792,249	1,101,348	1,192,167	50.5
DHQ	904,645	1,032,278	1,103,532	22
THOH	2,871,343	3,575,227	3,816,928	32.9
Total	5,256,063	6,543,046	7,083,466	34.8

* (Increase/ Decrease comparison 2017-18 with 2015-16)

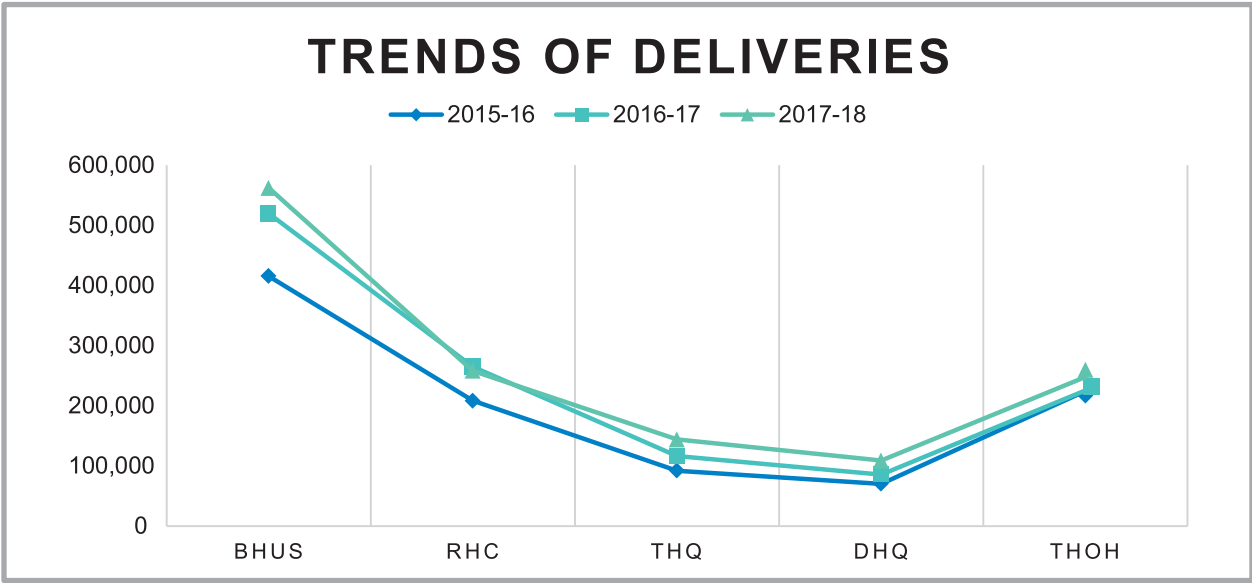


Deliveries

The highest number of deliveries in 2017-18 were at BHUs (562,298) followed by Rural Health Centres (209,240). Major increase in terms of percentage in deliveries is seen in secondary level health facilities i.e. DHQ & THQ

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
BHUs	415,623	519,549	562,298	35.29
RHC	208,358	265,008	257,953	23.8
THQ	91,839	116,110	143,748	56.52
DHQ	70,051	85,472	108,626	55.07
THOH	224,494	225,589	247,637	10.31
Total	1,010,365	1,211,728	1,320,262	30.67

* (Increase/ Decrease comparison 2017-18 with 2015-16)

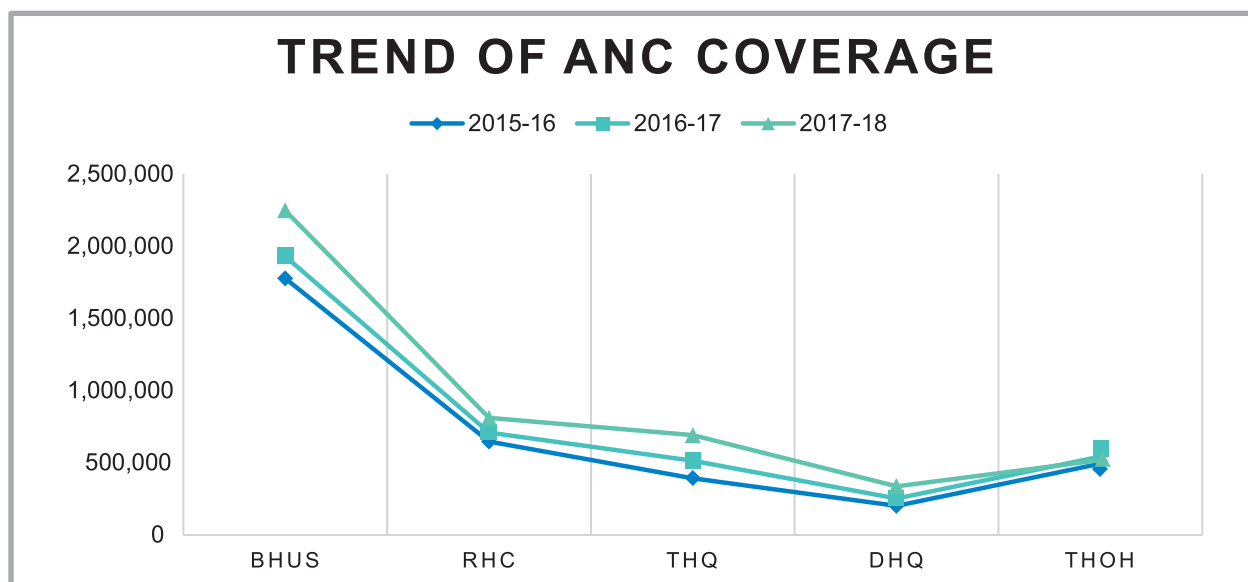


ANC-1 Coverage

The Antenatal coverage trend also exhibit a comparative increase at secondary healthcare facilities i.e DHQ & THQ Hospitals.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
BHUs	1,776,831	1,931,068	2,248,649	26.55
RHC	645,841	709,490	809,571	25.35
THQ	392,323	514,005	690,386	75.97
DHQ	200,068	251,669	336,640	68.26
THOH	494,512	541,846	518,393	4.829
Total	3,509,575	3,948,078	4,603,639	31.17

* (Increase/ Decrease comparison 2017-18 with 2015-16)

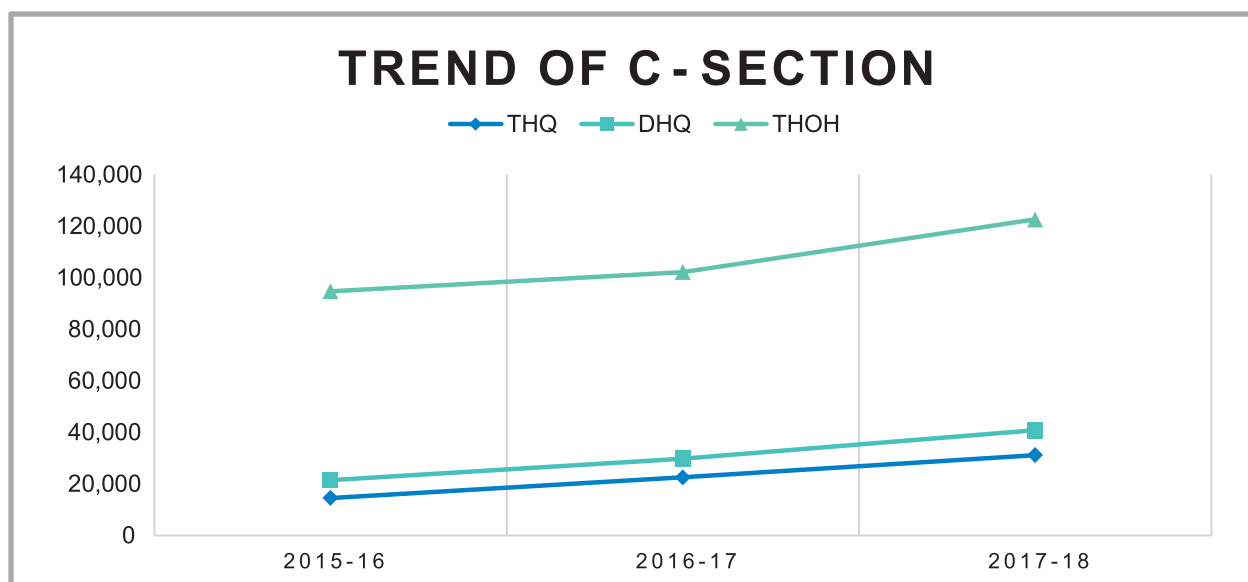


Caesarean Sections

The number of C-sections conducted at tertiary hospitals has always been markedly higher than DHQs and THQs and a similar trend was seen over the years.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
THQ	14,477	22,496	31,121	115
DHQ	21,460	29,782	40,754	89.91
THOH	94,716	102,180	122,598	29.44
Total	130,653	154,458	194,473	48.85

* (Increase/ Decrease comparison 2017-18 with 2015-16)

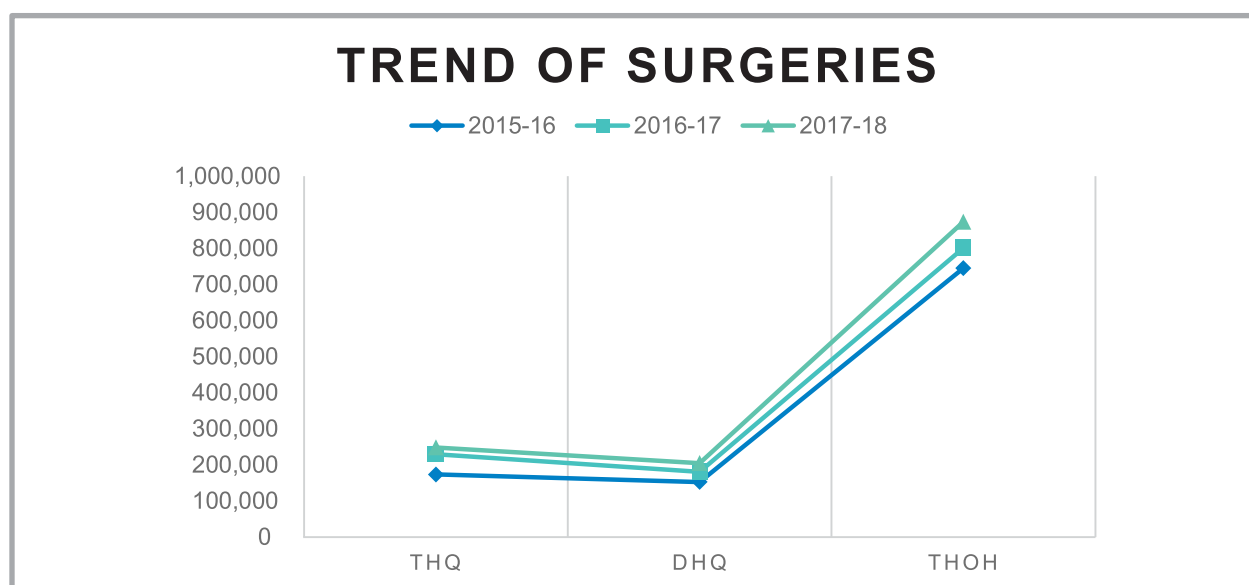


Surgeries

There has been a 43.49% increase in surgeries conducted at THQs respectively.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
THQ	173,046	229,285	248,300	43.49
DHQ	152,597	180,386	204,610	34.09
THOH	745,295	801,624	874,140	17.29
Total	1,070,938	1,211,295	1,327,050	24.9

* (Increase/ Decrease comparison 2017-18 with 2015-16)

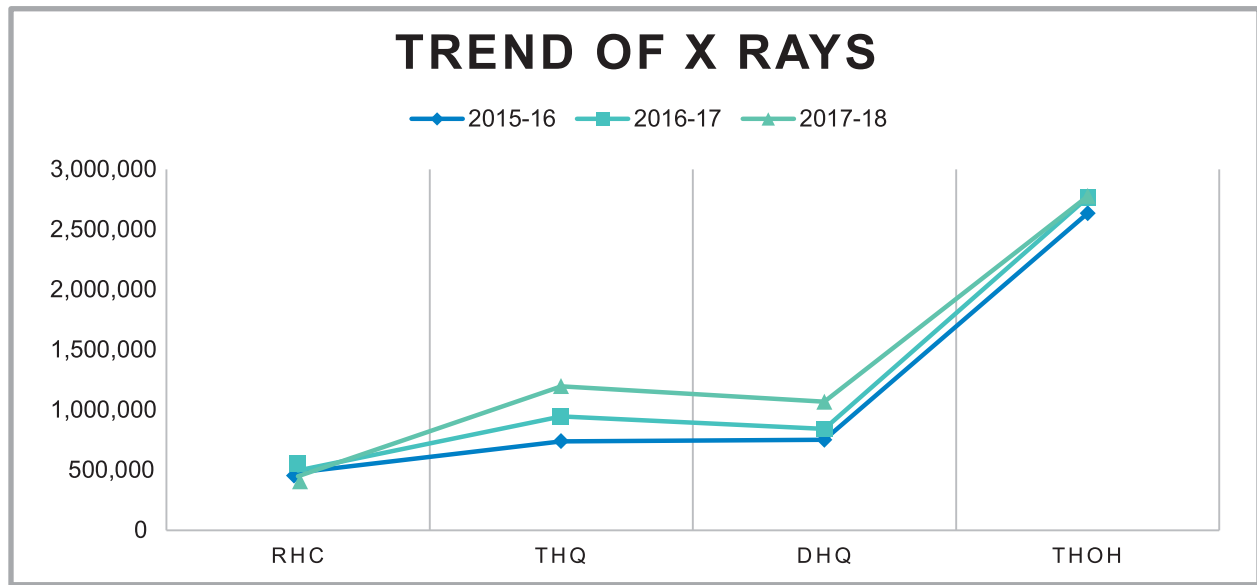


X-Rays

The highest number of X-Rays were carried out in Tertiary Hospitals (2,777,478) followed by THQs (1,196,457). Table below shows number of X-Rays performed at each category of health facilities from 2015-16 to 2017-18.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
RHC	481,066	496,298	448,880	-6.69
THQ	739,375	945,037	1,196,457	61.82
DHQ	750,936	843,671	1,067,530	42.16
THOH	2,635,341	2,766,131	2,777,478	5.393
Total	4,606,718	5,051,137	5,490,345	19.18

* (Increase/ Decrease comparison 2017-18 with 2015-16)

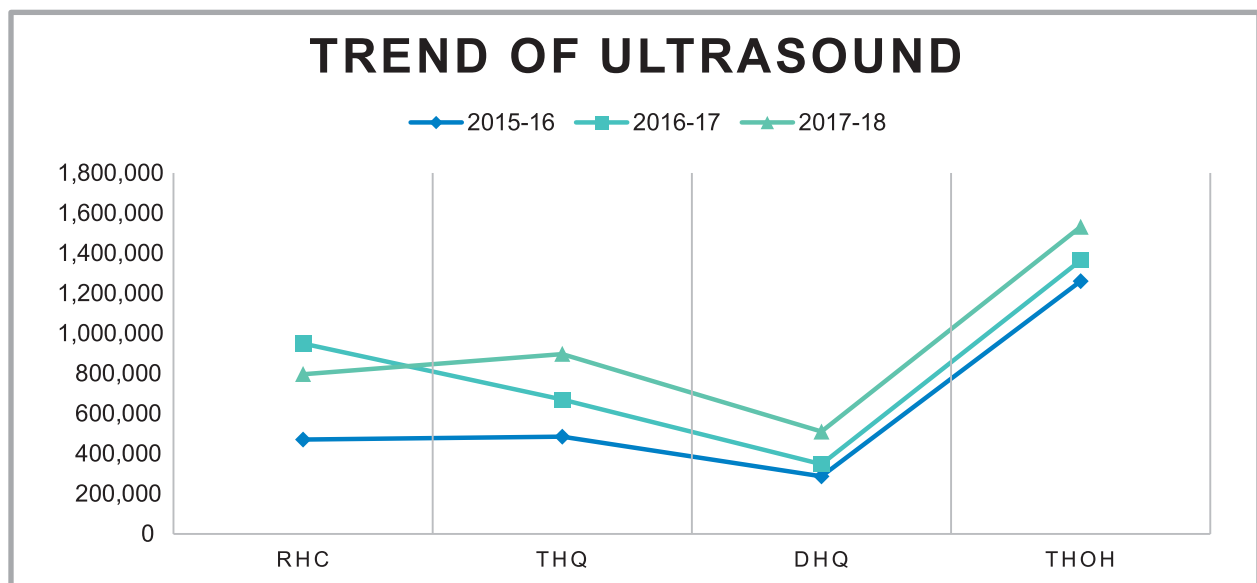


Ultrasounds

Trend of ultrasound scan in radio diagnostics has gone up during the recent years due to availability of more advance techniques related to ultrasounds as illustrated from the table below.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
RHC	469,590	949,679	796,174	70
THQ	484,027	669,355	896,796	85
DHQ	286,295	348,001	510,078	78
THOH	1,260,095	1,364,395	1,531,769	22
Total	2,500,007	3,331,430	3,734,817	49

* (Increase/ Decrease comparison 2017-18 with 2015-16)

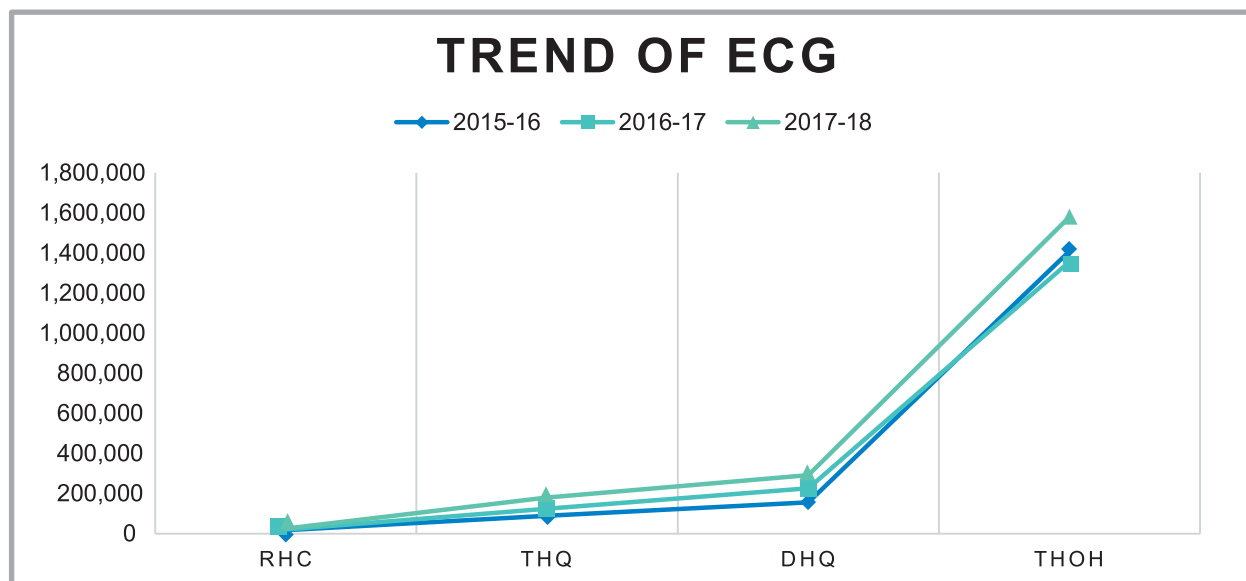


ECGS

The Table and Figure below show the trend of ECGs to diagnose cardiac problems which reflect a steady increase in use of ECG investigations.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
RHC	16,778	19,936	24,994	48.97
THQ	88,093	124,331	179,655	103.9
DHQ	156,158	225,386	291,324	86.56
THOH	1,409,210	1,357,119	1,580,710	12.17
Total	1,670,239	1,726,772	2,076,683	24.33

* (Increase/ Decrease comparison 2017-18 with 2015-16)

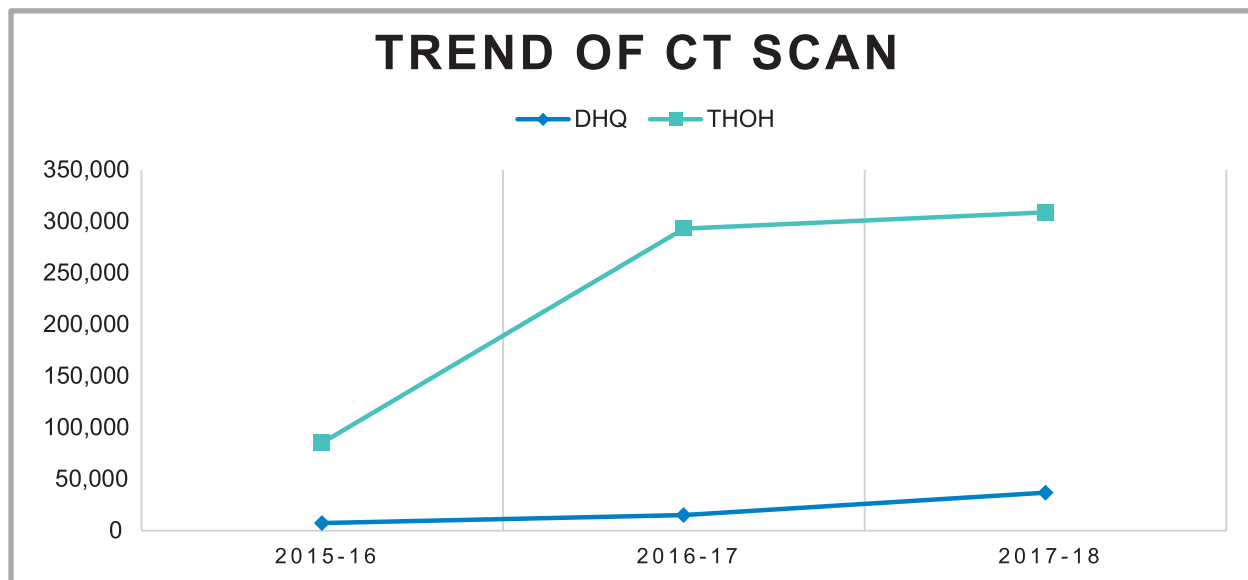


CT-Scans

The highest number of CT-Scans were done at teaching hospitals as CT Scan facility was not available at THQ and DHQ level with few exceptions before revamping which started in 2017 and is still ongoing. CT Scan machines are going to be installed in all the DHQ hospitals of Punjab.

Facility Type	2015-16	2016-17	2017-18	% Increase/ (Decrease)*
DHQ	7,164	14,943	36,727	413
THOH	85,109	293,077	308,708	263
Total	92,273	308,020	345,435	274

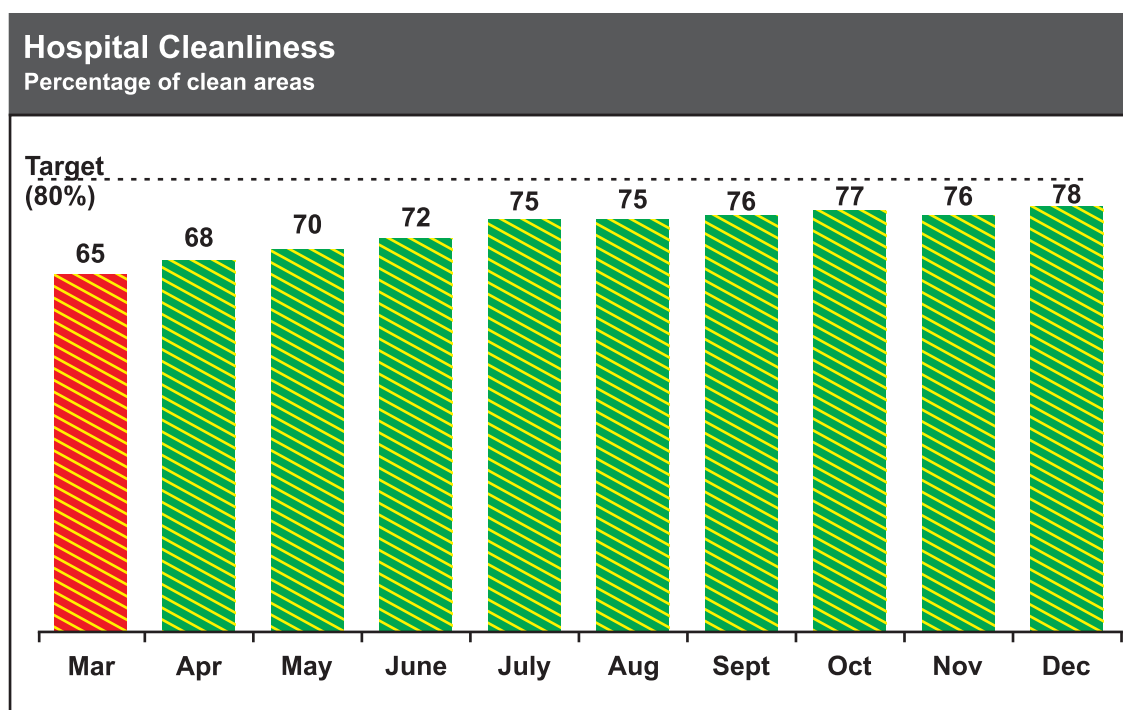
* (Increase/ Decrease comparison 2017-18 with 2015-16)















Overall Improvement in Health System of Punjab

As a result of robust mechanism of monitoring and governance, the service delivery indicators have remarkably improved in primary & secondary healthcare facilities with visible positive change in health system functionality. The focus remained on better staffing, provision of quality medicines, supplies, improvement of health facility infrastructure and its maintenance. The role of Policy & Strategic Planning Unit (PSPU) had always been vital and pivotal through implementation of monitoring regime of Monitoring Evaluation Assistants (MEAs) who provides real time data for analysis and futuristic interventions for improvement. A few glimpses of the work of MEAs can be found below:

Cleanliness Required Focused Efforts to Reach the Target of 80%



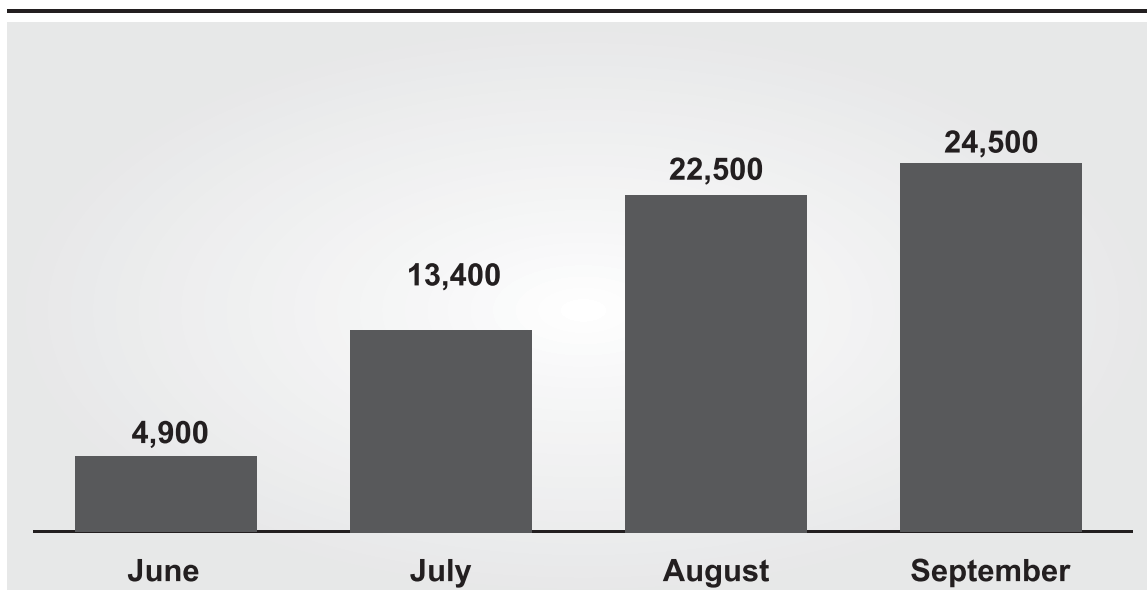
The Primary Health Roadmap is on Track to Achieve Targets Set for March 2018

	Target	Status
Vaccination 	Increase vaccination coverage to 85%	
	Introduce new vaccines (inc. Rotavirus)	
Safe delivery 	Increase skilled birth attendance to 85%	
	Ensure 100% of 24/7 facilities are functional	
	Improve the handling of complications	
Primary facilities 	Ensure 100% availability of medicines	
	Ensure staff posting in rural facilities	
	Improve the condition of facilities	
	Improve quality of care and patient satisfaction	

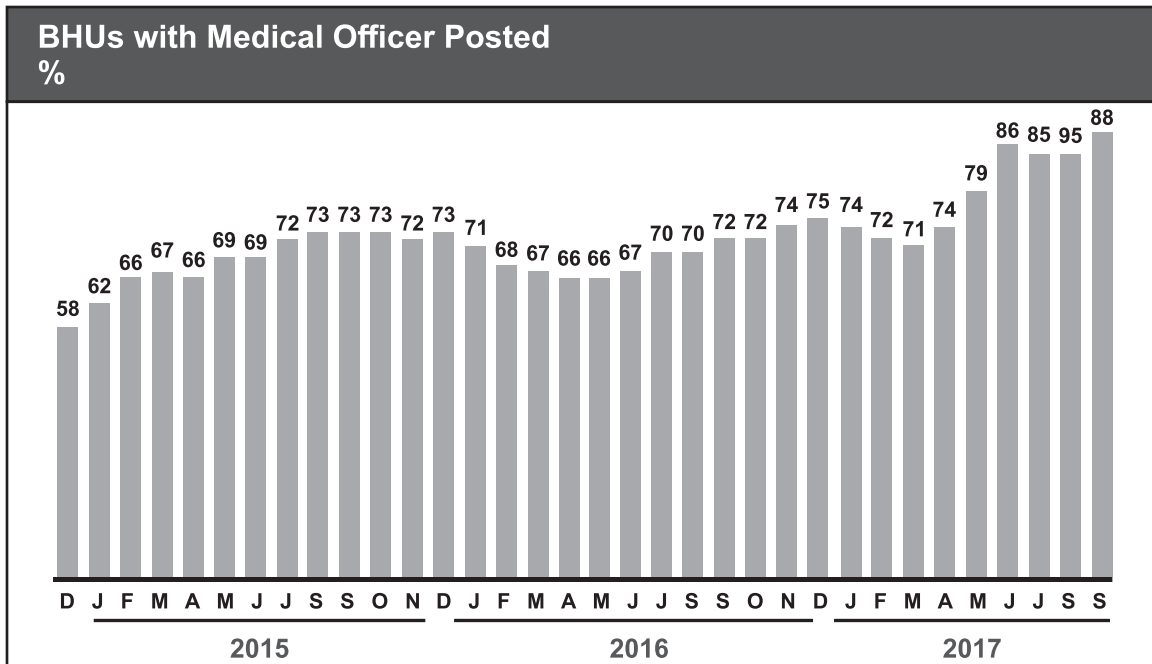
Mehfooz Maa Ambulance Service (Call 1034)

The ambulance service has grown rapidly since its launch in may, and is efficient at PKR 1,6660 per trip

Successful Ambulance Cases



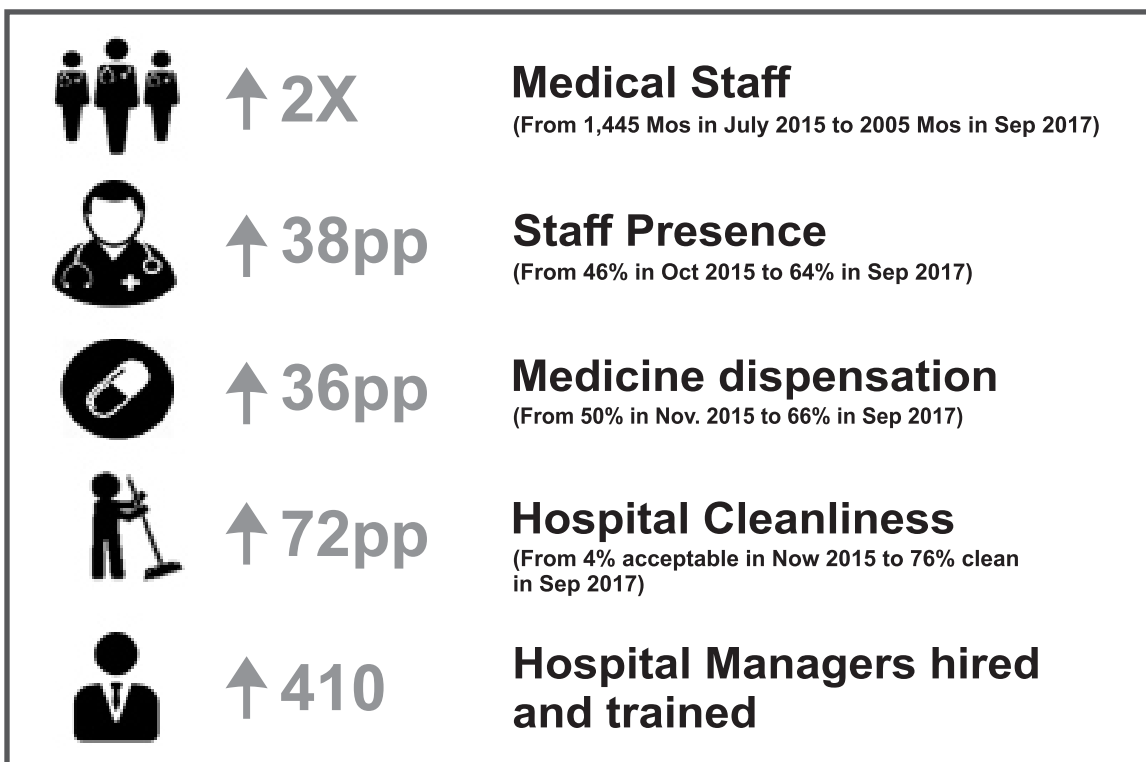
Medical Officer Posting at BHUs is Now 88%



MEAs Provide Data on Different Facility Indicators as Shown Below

MEA Indicator	Baseline Jan 2015	June ST May '17	Sep '17	Target	Change
BHU Supplies	58%	99%	99%	99%	-
BHU Medicines	67%	95%	96%	99%	+1 PP
RHC Medicines	71%	92%	92%	90%	-
RHC Utilities	94%	98%	98%	95%	-
BHU Utilities	89%	98%	98%	95%	-
BHC SMO/MO/WMO Presence	75%	81%	88% ¹	80%	+4 PP
BHU other staff presence	77%	87%	84%	90%	-3 PP
BHU MO presence	64%	82%	84%	90%	+2 PP
RHC SMO Posting	75%	74%	85%	99%	+11 PP
RHC MO/WMO Posting	74%	80%	87%	99%	+7 PP
BHU MO Posting	58%	75%	88%	99%	+13 PP

The Department has Achieved Significant Successes in These Areas Since 2015

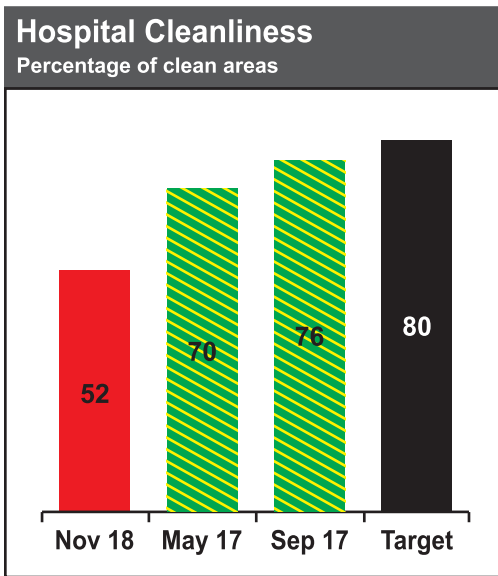


2 Medicine Dispensation Has Improved and is On Track to Achieve the Target



Indicators	Target	Sep'17	Change Since May'17
I. Medicine Dispensation			
I. Indoor	85%	87%	↑ 2 pp
ii Outdoor	80%	78%	↑ 8 pp
iii. Emergency	90%	94%	↑ 7 pp
II. Implementation of Prescription Management System (PMIS)*			Expansion to Indoor and Emergency delayed
III. Medicine Procurement			Centralization of procurement complete

Cleanliness Scores Have Seen a Gradual Increase, However Concerted Efforts are Required to Sustain These Levels



THQ Kamoke



THQ Daska

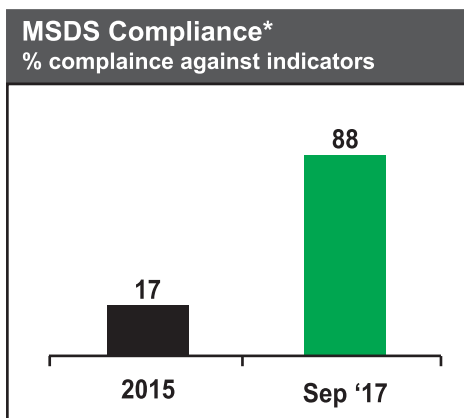


THQ Kamoke

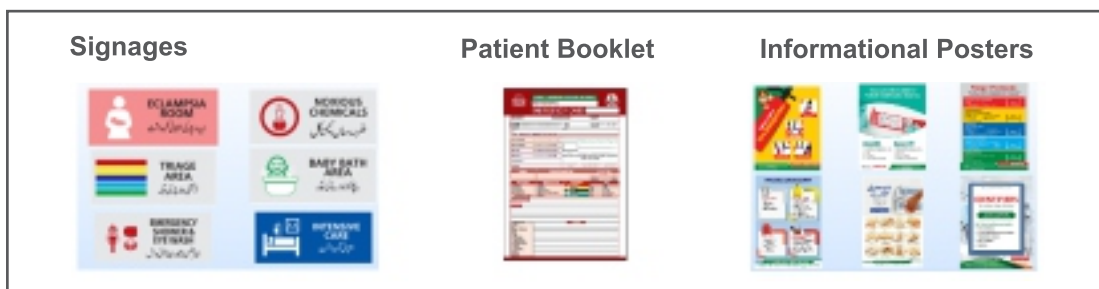


THQ Daska

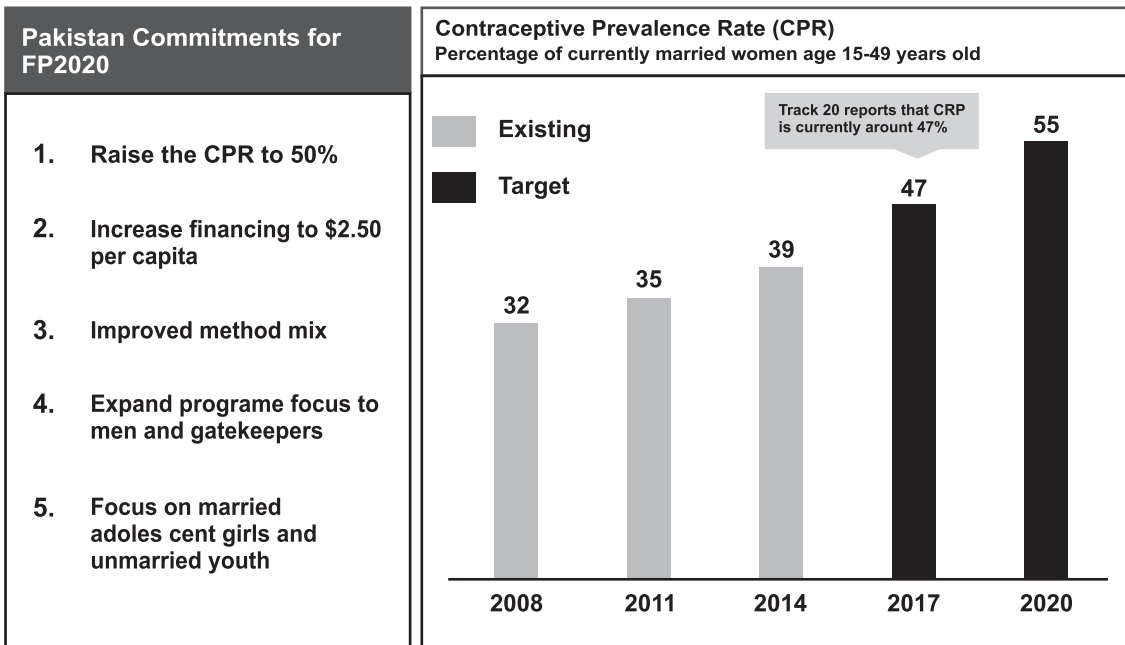
MSDS Compliance Has Improved as a Result of Focused Efforts by Department



- ✓ **Manuals on SOPs** developed and distributed
- ✓ **Training of ~6000 health care staff** on SOPs
- ✓ Distribution of **patient booklets** for effective information Management
- ✓ Distribution of **Signage** and informational posters



To Address FP Needs, Punjab is Committed to Increasing CPR to 55%



MSDS Compliance has Improved as a Result of Focused Efforts by Department




Hepatitis B Birth Dose



500,000 Hepatitis B Birth dose distribution has been done in all 36 districts of Punjab

KEY

 Implementation of Hepatitis B Birth dose started.



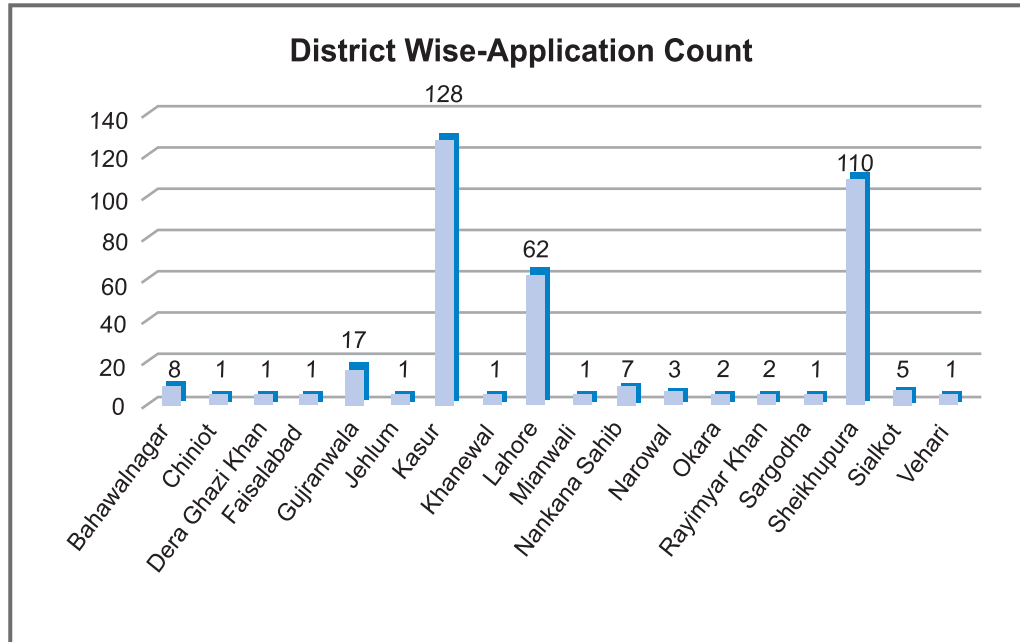
Indicator Added in the MEApp

Hepatitis B Birth Dose Utilization Report



CBSL Status

353 Registered in 18 Districts







Doctor Presence and Posting Improved in December; Medicines Availability Fell and Need Focus



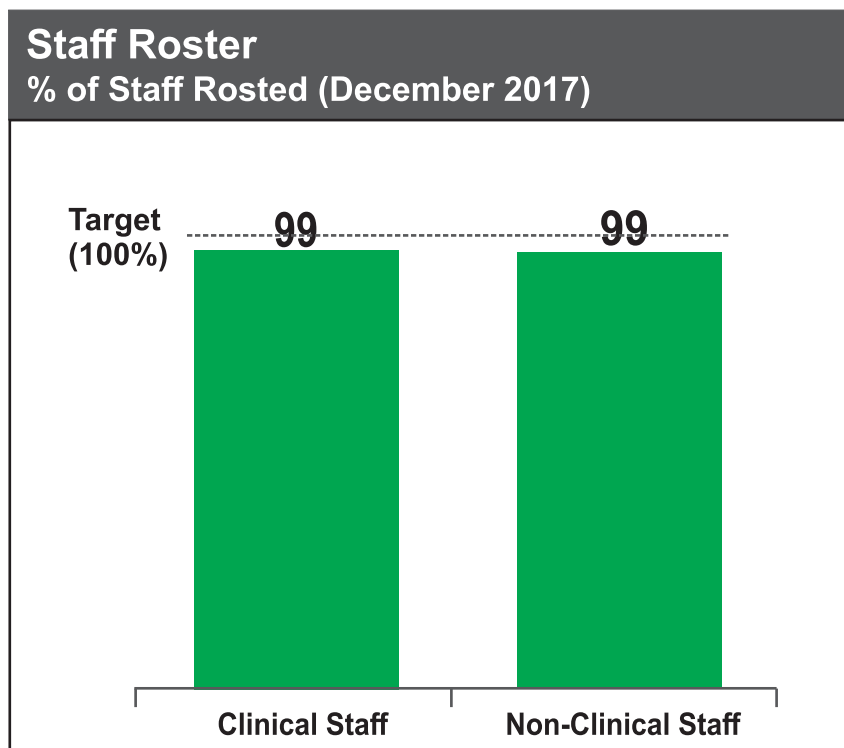
MEA Indicator	Baseline Jan 2015	Nov '17	Dec '17	Target	MOM Change
BHU Supplies	58%	98%	98%	99%	-
BHU Medicines	67%	95%	94%	99%	-1 PP
RHC Medicines	71%	91%	89%	90%	-2 PP
RHC Utilities	94%	99%	98%	95%	-1 PP
BHU Utilities	89%	98%	98%	95%	-
Doctor Presence	75%	82%	88%	90%	+4 PP
Staff Presence	77%	83%	84%	90%	+1 PP
RHC SMO Posting	75%	87%	88%	99%	+1 PP
RHC MO/WMO Posting	74%	90%	91%	99%	+1 PP
BHU MO Posting	58%	89%	90%	99%	+1 PP

Secondary Roadmap

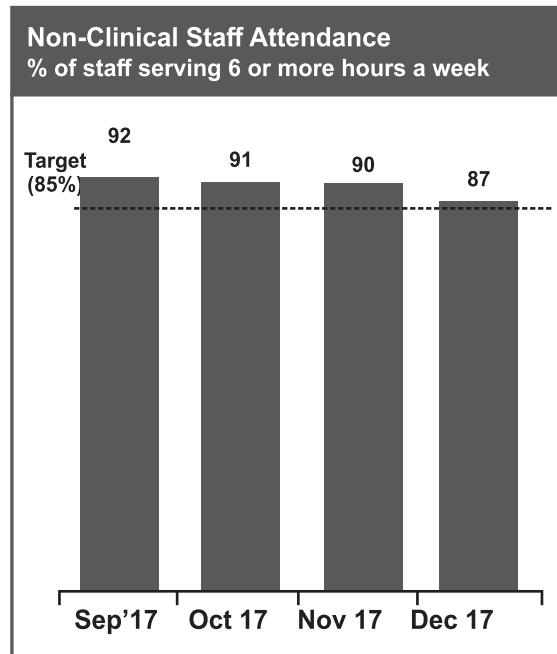
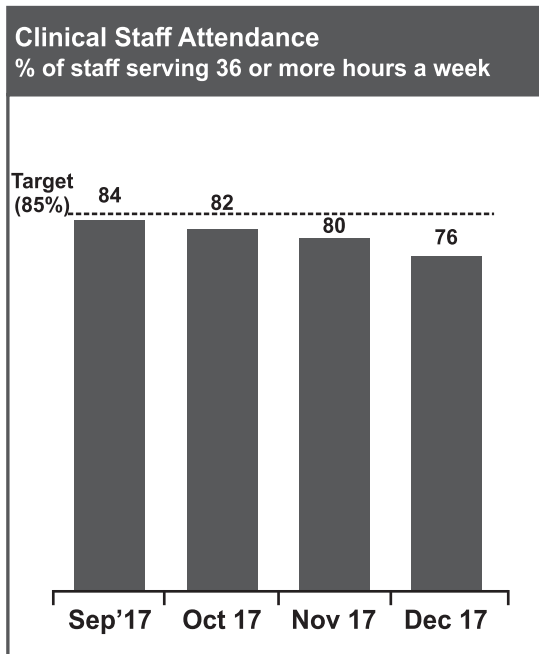
Indicators have Declined in December 2017 Over Previous Month. Clinical Staff Attendance and Cleanliness Need Push to Meet Target

Indicators	Oct '17	Nov '17	Dec '17	Target	Status
Clinical attendance	82%	80%	76%	85%	
Non Clinical Attendance	91%	90%	87%	85%	
Medicine Dispensation	88%	84%	85%	80%	
Cleanliness Score	77%	76%	78%	80%	

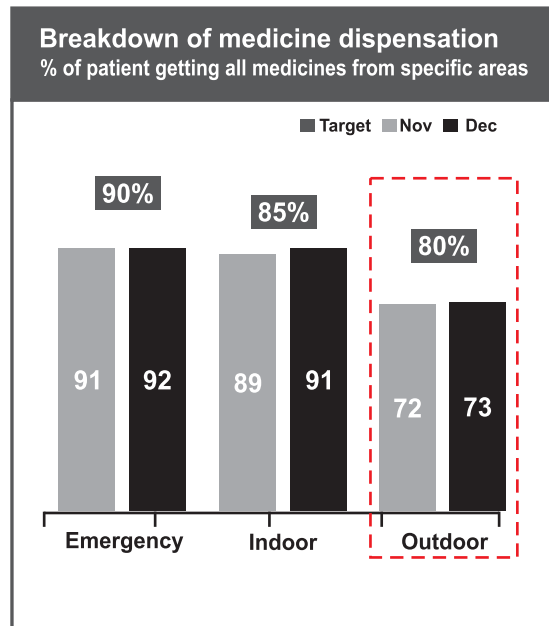
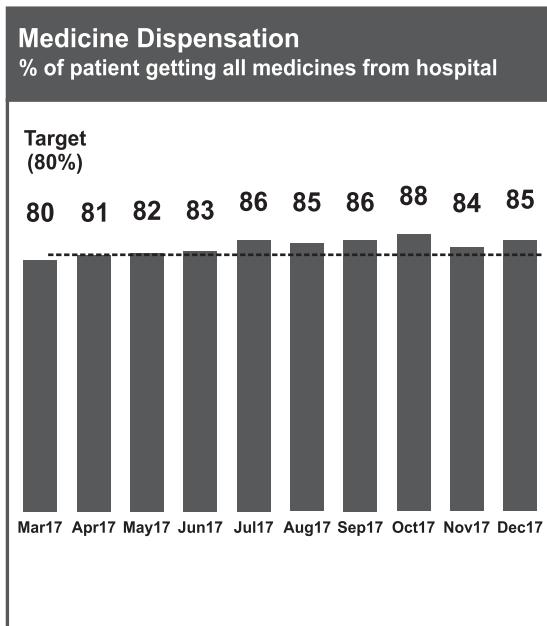
Implementation of Rosters For all Staff has Improved Significantly and Reached Very Close to Target



Non-Clinical Attendance is Well Above the Target; However Clinical Need Significant Pust to Meet the Target



Medicine Dispensation Has Significantly Improved in Emergency and Indoor; Outdoor Requires Further Efforts to Reach Target



Chapter 5

Healthcare Financing



Primary and Secondary Healthcare Department

The Primary and Secondary Healthcare Department consists of (i) Basic Health Units, (ii) Rural Health Centers, (iii) Tehsil Headquarter Hospitals, (iv) District Headquarter Hospitals, and (v) the preventive programs.

In the overall budget of the Punjab, share of Primary and Secondary Healthcare Sector has increased by 2% as compared to last year. The total budget of the Punjab Government for current FY is PKR 1,970.7 billion (bn). The share of Primary and Secondary Healthcare Sector in the current fiscal year is recorded at 6% of the total Punjab's budget. Per-capita allocation has increased from PKR 665 (\$6.4) to PKR 1,000 (\$8.2).

Overall Budget – PKR (Billion)

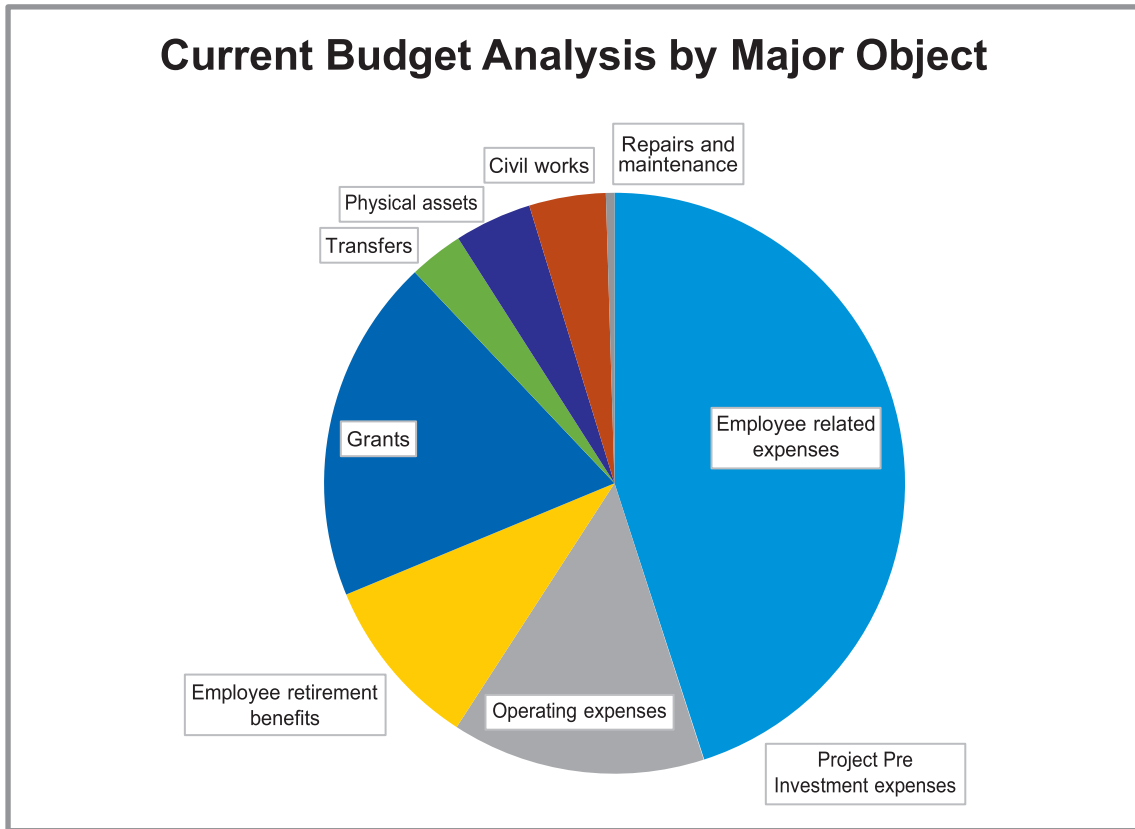
Details	Budget 2016-17	Budget 2017-18
Current	4.32	12.113
Development	18	25.048
Total - Provincial	22.32	37.161
Current	44.573	73.5
Development	-	0
Total - District	44.573	73.5
Current	48.893	85.613
Development	18	25.048
Consolidated	66.893	110.661

Overall budget for the Primary and Secondary Healthcare Sector has increased by 65% in fiscal year 2017-18 in comparison to the previous year. Allocation for the Primary and Secondary Healthcare Sector for the FY 2017-18 stands at PKR 110.66 bn as mentioned in the table above.

Consolidated Budget by major object code – PKR (Billion)

Major Object Description	FY 2016-17	FY 2017-18
Employee related expenses	34.35	49.80
Project Pre-Investment expenses	0.01	0.03
Operating expenses	14.66	15.62
Employee retirement benefits	0.43	10.62
Grants	1.69	21.24
Transfers	2.37	3.34
Physical assets	9.58	4.76
Civil works	3.22	4.72
Repairs and maintenance	0.57	0.53
Total	66.89	110.66

In the consolidated budget for Primary and Secondary Health Sector, 45% of the allocation is for paying salaries, followed by grants (19%) and operating expenses (14%) as compared to previous year. Operating cost includes allocation for drugs and medicines which has increased by 84% in comparison to previous year (revised medicine budget).



Current Budget

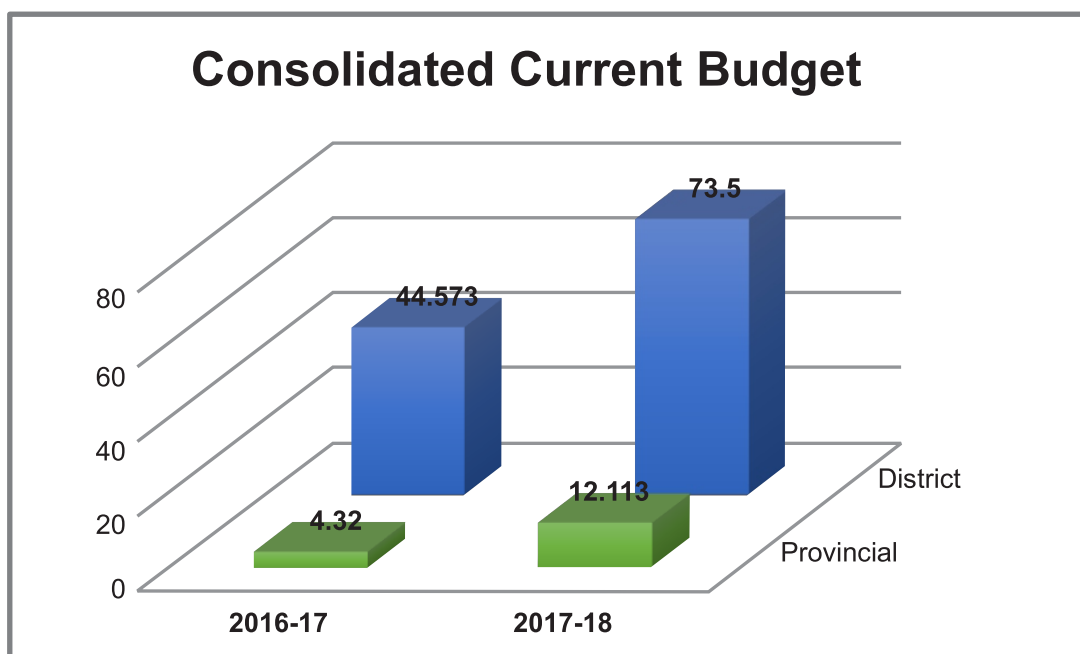
The overall current budget, as mentioned in table below, has increased by 75% in comparison to last year. Whereas the provincial current budget is increased by 180% and the district current budget is increased by only 65% in comparison of the last year.

Overall Current Budget – PKR (Billion)

Detail	Budget 2016-17	Budget 2017-18	%age
Provincial	4.320	12.113	180 %
District	44.573	73.5	65 %
Total	48.893	85.613	75 %

Allocation for medicine more than doubled in the FY 2016-17 in comparison to FY 2015-16 at the provincial level. The allocation for procuring medicine increased from PKR 0.67 bn to 1.02 billion in the current year's budget. This budget will be used to procure medicine for district and tehsil headquarter hospitals at the provincial level.

Consolidated Current Budget



Development Budget

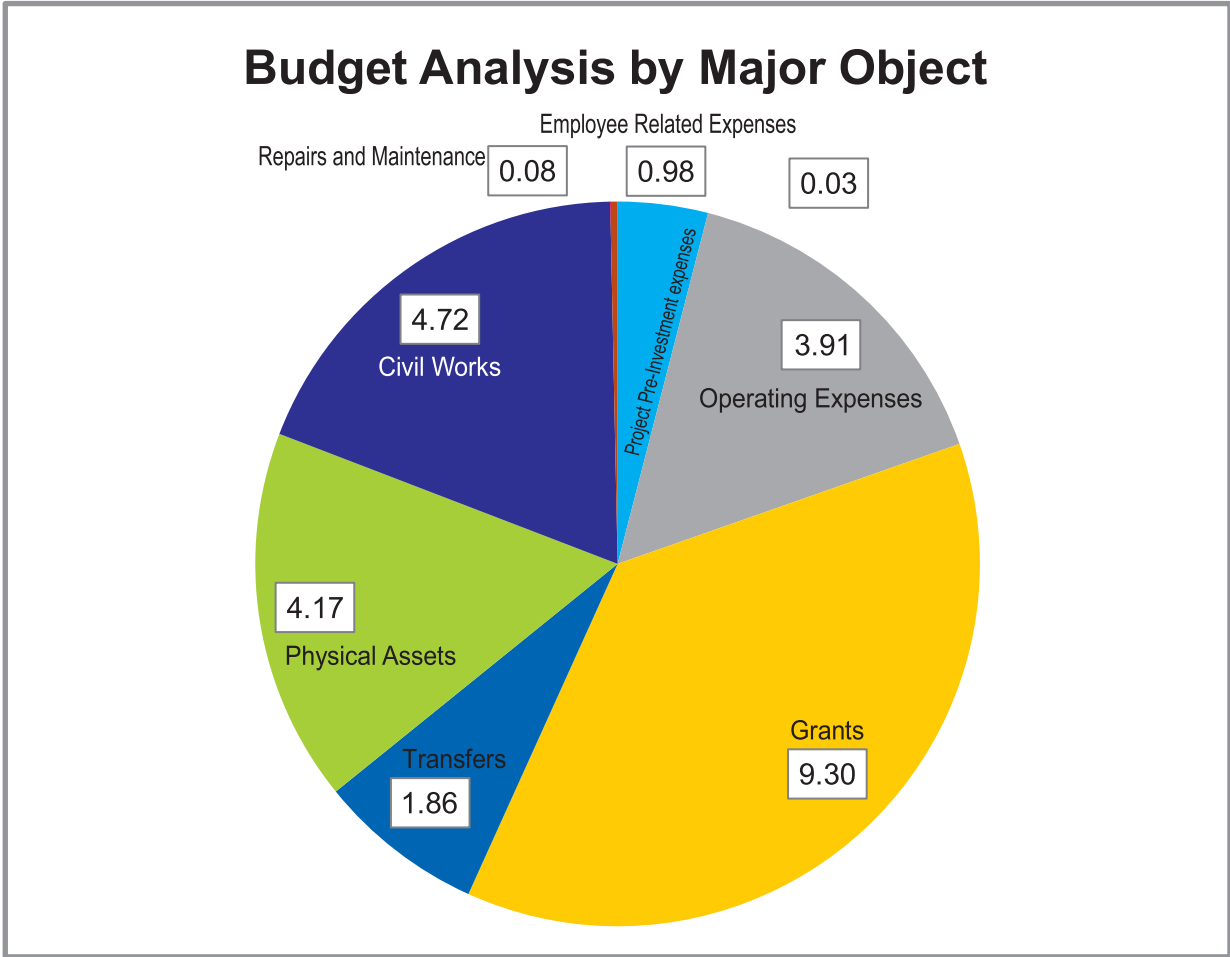
The size of the development budget has increased by 74% when it is compared with FY 2016-17. Additional PKR 7.05 billion has been allocated to the Primary and Secondary Healthcare Sector when it is compare with previous year development budget.

Allocation for Transfer has shown a huge growth trend of 432% which is highest growth rate attained in comparison to other category for FY 2016-17. Second highest increase has been noticed for allocations of Civil Works showing increase of more than 47% from previous year.

Development Budget by Major Object Code– PKR (Billion)

Major Object Description	FY 2016-17	FY 2017-18
Employee related expenses	1.66	0.98
Project Pre-Investment expenses	0	0.03
Operating expenses	3.39	3.91
Grants	0.20	9.30
Transfers	0.35	1.86
Physical assets	9.08	4.17
Civil works	3.22	4.72
Repairs and maintenance	0.09	0.08
Total	18.00	25.05

Remarkable increase has also been noticed in the allocation for procuring medicines under the development budget, which registered an increase of 19% in comparison to FY 2016-17. The share of medicines in the total development budget was 10% in FY 2016-17 which decreased to 8.5% in FY 2017-18.



Chapter 6

Development Partners



International Development Partners

In Punjab, various development partners are working hand in hand with government to tackle issues regarding health, education, agriculture etc. A brief resume of major partners is given below.

The World Bank

Punjab Health Sector Reform Program (PHSRP) of the World Bank and Provincial Health Nutrition Program (PHNP) of the DFID was designed mutually in collaboration with government counterparts in post devolution scenario for the implementation of Punjab Health Sector Strategy, by focusing on the improvement of the coverage and utilization of quality essential health services, particularly in the low performing districts of Punjab. To contribute to this objective, main focus was on building the capacity and systems to strengthen accountability and stewardship in Health Department.

Initially World Bank agreed to provide financial support of US\$ 121.5 Million for Punjab Health Sector Reform Project for the implementation of PHSS over a period of 4 years starting from FY 2013-14 to 2016-17. Out of this, US\$ 100 Million were from the IDA (soft loan) while remaining US\$ 21.5 Million grant was from the Health Results Innovation Trust Fund (HRITF). The project was approved on May 31, 2013 and became effective on January 17, 2014 whereas project closing date is December 31, 2017.

The project envisaged to support the Government of Punjab Health Sector Program under the following four components:

- i. Improving Health Service Delivery
- ii. Enhancing Efficiency and effectiveness of the Health System
- iii. Strengthening Provincial Department of Health management capacity
- iv. Improving the Capacities in Technical Areas for Equitable Health Services

However due to frequent administrative changes in department at leadership level and in context of changing priorities of the Health Department in context of new local government system evolution the priority areas were re-aligned. Another major factor which affected implementation of the PHSRP has been bi-furcation of Health Department in two units as Primary & Secondary Healthcare Department and Specialized Healthcare and Medical Education Department which proved to be good opportunities for focusing closely on service delivery matters, but along with that also posed serious challenges for on-going long term reforms undertaken. Resultantly, after prolonged negotiations among key partners the World Bank Health Sector Reforms Programme has been restructured with the major focus on nutrition component with a revised project closing date i.e. December 31, 2018.

Achievements

- Supported in establishment of Punjab Innovation Fund (PPIF)
- Supported in strengthening of Multisectoral Nutrition Cell (MSNC)
- Conducted Health Facility Assessment 2018 and Third Party validation of LHWs of IRMNCH & NP Program.
- Supported in establishment & strengthening of Complaint Management System in secondary healthcare facilities.

- Supported in Third Party Validation of CEmONC Services in DHQs to identify gaps.
- Supported trainings, awareness programs, printings & health weeks etc. during 2017-18
- Provided Technical Support for development of Annual Health Report.
- Supported in Integrated Management of Maternal Neonatal and Child Health (MNCH) and Lady Health Workers (LHWs) Programs.
- Supported in strengthening of Skill Birth Attendance.
- Supported in provision of HIV/AIDS preventive services in six districts of Punjab.
- Training of Community Midwives to improve SBA coverage.
- About 45000 LHWs trained to improve health service delivery.
- Strengthening of 700 BHUs providing 24/7 Basic EmONC and Comprehensive EmONC services.
- Supported in establishment and functioning of OTPs (591) and SCs (22) centres.
- Support for establishing Financial and Procurement cell in Health Department.
- Successful implementation of hospital waste management rules 2014 in secondary healthcare facilities.
- Supported in development and implementation of Primary & Secondary EPHS.
- Financial & Technical Support provided for Annual Health Report, Health Facility Assessment, LHWs Evaluation & third part validations.
- Technical Assistance provided to enhance the capacity of department.
- IRMNCH & NPs, additional PC-1 of Nutrition worth 9.8 billion Rupees funded by World Bank.
- Supported Donor Coordination Meeting annually.
- Technical Assistance provided in different departments i.e. P&D, Health Departments (SCH&ME, P&SHD), PWD, IRMNCH & NP etc.

Department For International Development (DFID)

Department for International Development (DFID) is supporting the Government of Punjab (GoPb) to strengthen health systems and improved health services through Punjab Health and Nutrition Programme (PHNP). The PHNP (2013- 2017) was rolled out in March 2013 to support the delivery of an Essential Package of Health Services. The objective is to bring about a reduction in the morbidity and mortality arising from common illnesses, especially among the vulnerable population. The program plans to achieve this by:

- Enhancing coverage, quality and access to essential health care especially for the poor and the vulnerable and in underdeveloped districts.
- Improving Health Department's ability and systems for accountability and stewardship functions.

DFID is monitoring the implementation of the PHNP through a set of Disbursement Linked Indicators (DLIs). These DLIs cover the following areas: Service delivery, Stewardship & Governance, Human Resource Information, Medical Products and Financing. DFID – Pakistan has proposed 21 months no-cost extension of financial aid up to December 31, 2018 from its current end date of March 31, 2017.

This Non-Budgetary grant has to be spent on Reproductive, Maternal, Newborn, Child Health & Nutrition Program and Essential Package of Health Services.

Achievements

- Capacity building of CMWs for provision of quality service delivery and development & implementation of Primary & Secondary EPHS.
- Nutritional support for establishment, functioning of OTPs (591) and SCs (22), provision of necessary equipment & tools and supplies of essential medicines.
- Supported in strengthening of Skill Birth Attendance.
- Provided support for improving CEmONC & BEmONC services in healthcare facilities.
- Support for establishing and implementing Financial Management Cell and Procurement Cell in Health Department.
- Hiring of Provincial MEAs to improve the monitoring mechanisms.
- Support for provision of 18 tracer drugs at PHC facilities, essential medicines & commodities provided to LHWs.
- Strengthening of 700 BHUs providing 24/7 Basic EmONC and Comprehensive EmONC services.
- Support in conducting monitoring & evaluation through third party validations.
- Solar panels, ambulances and ILRs provided to DoH through DFID business plans.

United Nations International Children's Emergency Fund (UNICEF)

It works for marginalized populations especially children and women with equity and gender perspective. It has been supporting the health sector in Punjab through strategic development and planning, capacity building, behaviour change communication and disaster risk reduction. Their activities are focused in the key areas of immunization, maternal & new-born health, nutrition, WASH & education. It is working across all districts of Punjab.

Home Based Newborn Care

UNICEF supported the Home Based Newborn Care Trainings for healthcare providers from districts Pakpattan, Layyah and Bahawalnagar, followed by health sessions for the mothers and families at the community level. Bothe baseline and end line assessment has also been done.

Quality of Care Consultative Workshop

Quality of care Workshop was organized by PSPU and UNICEF on 15th August 2018 at Faletti's hotel, Lahore. In this meeting an outline was developed through a group work for Quality of care Strategic Framework.

Possible Serious Bacterial Infection Initiative

UNICEF is supporting the implementation of Possible Serious Bacterial Infection initiative in sick young infants where referral is not possible in 2 districts of Punjab, District Sheikhpura and District Bahawalnagar. A baseline assessment has been conducted by Punjab Bureau of statistics with the support of UNICEF and IMNCI trainings are being planned.

Pneumonia and Diarrhea

The Pneumonia and Diarrhea Project is being implemented in 5 districts of Punjab, RahimYarKhan, Muzaffargarh, Bahawalnagar, Pakpattan and DG Khan.

UNICEF has supported in updating of Policies and Guidelines related to Management of Childhood Pneumonia and Diarrhea, Improving logistic System to track Pneumonia and Diarrhea Commodities through Revision of LMIS , updating of DHIS and its Linkage with LMIS

updating and printing of IMNCI Modules, advocacy cum orientation of pharmaceutical industry & private sector for production and use of new commodities for management of Pneumonia and Diarrhea and Advocacy of decision makers for allocation of appropriate resources for newly introduced commodities of Diarrhea in children

Immunisation

- UNICEF supported Department of P&SHD in the Launch of Rota vaccine.
- UNICEF Supported Department of P&SHD in the launch of DPT Booster dose.
- UNICEF is supporting the EPI Programme in deployment of ILRs for vaccine storage. Till date 1550 ILRs have been deployed.
- UNICEF is supporting the Department of Primary and Secondary Healthcare Department in conducting the Measles Campaign that is planned from 15th -27th October 2018. UNICEF is supporting all operational costs, along with social mobilization activities.

Achievements

Maternal Newborn Child Health (MNCH)

Kangaroo Mother Care Initiative for saving Premature/Low Birth weight newborns

Kangaroo Mothercare Initiative is being implemented in Services Hospital Lahore with the support of UNICEF. Till date 500 premature/low birth weight babies have received KMC services. UNICEF supported KMC trainings for doctors and nurses from tertiary care hospitals of Lahore and Districts Layyah, Bahawalnagar and Kasur. Till date more than 800 health care practitioners have been trained not only from Punjab but also from Sindh, KPK, GB and AJK. In addition, UNICEF provided logistics for setting up KMC units and Resource Centers in Bahawalnagar, Layyah, Kasur, Multan and Jinnah hospital Lahore. Services hospital Lahore has been developed as a center of excellence for new born care.

As a step towards generation of local evidence and identifying gaps and recommendations in KMC implementation for future scale up, UNICEF provided Technical Assistance in the form of consultants for conducting Kangaroo Mothercare Assessment in Services Hospital.

UNICEF provided Technical Assistance for developing Kangaroo Mother Care Training package. Material

Johns Hopkins Program for International Education in Gynaecology & Obstetrics (JHEPIGO)

Johns Hopkins Program for International Education in Gynaecology & Obstetrics (JHEPIGO) has been working in Pakistan since 1997 when it provided technical assistance under series of maternal & reproductive health projects funded by USAid. It is mainly supporting the health sector in the area of family planning with the aim to promote maternal & child health.

In the last 7 years (2011-2018), Jhpiego successfully implemented six projects pertaining to postpartum family planning services in Punjab province. In 2017-2018, Jhpiego successfully completed another project propagating the need of postpartum family planning services in Punjab.

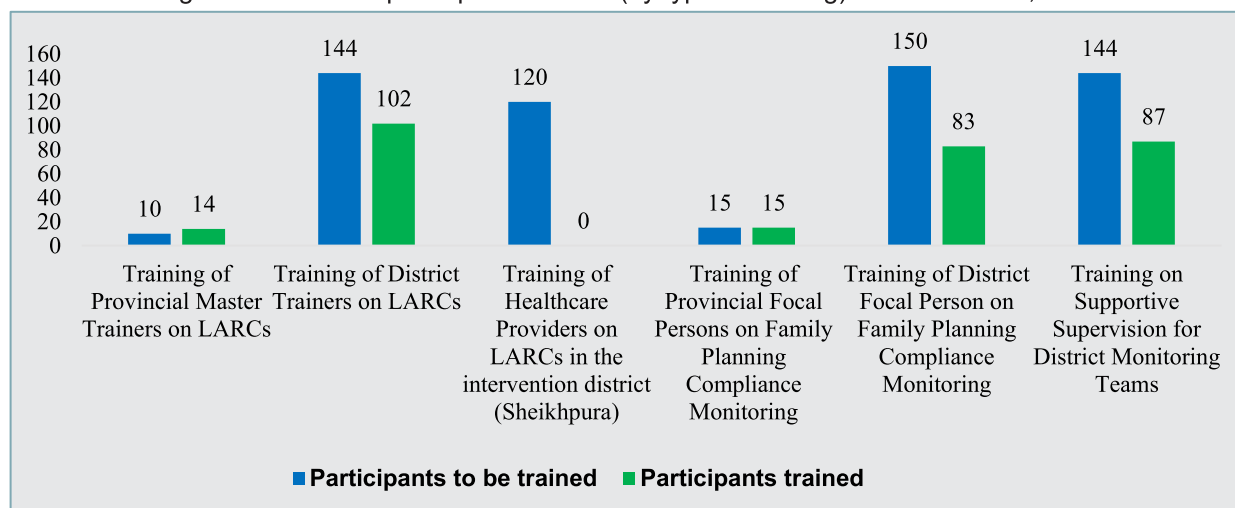
ACHIEVEMENTS

Some of the prominent achievements of Maternal & Child Survival Program (MCSP) in Punjab are as follows:

- Revised Manual of Family Planning Standards for Punjab. The manual incorporated latest Medical Eligibility Criteria of World Health Organization 2015. The manual was duly endorsed by the Departments of Population Welfare and Health, Government of Punjab
- Participated in Family Planning Working Groups at provincial level and provided judicious inputs in execution of new strategy developed by FP2020 entitled "FP2020 Accelerating Progress: Strategy for 2016-2020"
- Established a Family Planning Task Force at provincial level that meets once in every quarter to assess the key performance indicators to help evaluate the provincial level performance to achieve FP2020 goals. Task Force members include key officials/members from Health and Population Welfare Departments
- Developed an Android-based application to collect routine service delivery data from the facilities of Health and Population Welfare in the intervention district Sheikhpura, Punjab. A unique coding of schema has been assigned to more than 60 health facilities. Importantly, the offline data collection has a dynamic capacity to capture three months' data of each facility at any given time
- Signed a Letter of Collaboration (LOC) with Population Welfare Department and Policy & Strategic Planning Unit, Department of Health, Government of Punjab. The salient features of this LOC was to seek support of Population and Health Departments in facilitating of needful support at provincial and district levels, leading the technical consultations for ensuring sustainability of best practices in Family Planning, and ensuring voluntarism and informed choice in family planning service delivery.
- Provided technical assistance to Population Welfare Department in the development of Costed Implementation Plan (CIP) of Punjab to ensure that the resultant CIP could address and budget for all thematic areas of a successful family planning Program.
- Provided technical support to the Population Welfare Department, Punjab, in formulation of Punjab Population Policy 2017, especially ensuring that the policy adheres to four basic principles to achieve its goals: equity, efficiency, voluntarism, and sustainability.

- Pioneered in developing a comprehensive Postpartum Family Planning Strategy for national and provincial levels. Concluded Punjab Strategy on post-partum family planning (PPFP) in collaboration with Health and Population Welfare Departments.
- Established a Family Planning Training Unit (FPTU) at Sheikh Zayed Hospital Rahim Yar Khan. This training unit is equipped with an appropriate classroom, skills lab, labour room and counseling counters.
- Carried out an extensive sustainability assessment exercise of 12 FPTUs established by Jhpiego in Punjab from 2011-2017. Shared findings in consultative meeting with key stakeholders of Health and Population Welfare Departments to assist them formulate operational guidelines as to how best utilize these resources. These guidelines are in progress and will be adopted by the Planning and Training Divisions of these departments and subsequently monitored by the M&E teams of both departments.
- Obtained endorsement of Learning Resource Package (LRP) on LARCs and Family Planning developed by MCSP and has been duly approved by the Health and Population Welfare Departments, Punjab.
- Strengthening service delivery and training sites. This includes distribution of equipment, Information, Education and Communications (IEC) materials and models in 26 districts of Punjab. This activity is currently in progress.

Figure : Number of participants trained (by type of training) *As of June 30, 2018



MARIE STOPES SOCIETY

Marie Stopes Society (MSS) began service delivery in 1992. It has since played a vital role in advancing the overall family planning and reproductive health system of the country, particularly Punjab, where it has a widespread presence in a total of 31 districts. MSS' services aim to create a positive impact on reducing maternal mortality rates and averting unintended pregnancies in Pakistan.

MSS operates in tandem with strong partnerships with government bodies working towards common RH (reproductive health) goals. It is an integral part of the Government's FP2020 Task Force in Punjab which is committed to increasing the Contraceptive Prevalence Rate (CPR) to 50% by the year 2020.



Achievements

- In Punjab, MSS has a total of 31 Behtar Zindagi Centres, 332 Suraj Social Franchises, 332 Field Health Educators and 15 Outreach vans that cater to populations lacking access and/or affordability of quality FP and RH services. We also have a Helpline and website (srhmatters.org) with an online
- From 2017 to Aug 2018, MSS has averted 583,486 unintended pregnancies and 508 maternal deaths in Punjab while generating 1.4 million CYPs

Success Story

Dr. Afrah Hameed is passionate about helping women avoid unintended pregnancies. She is well-aware of the empirical evidence that spacing between two pregnancies is important for the health and wellbeing of mother and child. Working at the Family Health Clinic (FHC) of the Population Welfare Department, she received full support from the hospital staff, especially gynecologists, to promote postpartum family planning services. Before participating in a 4-day training workshop organized by MCSP Pakistan on Long Acting Reversible Contraceptives (LARCs), she had been inserting IUCDs and implants but only after the completion of the postpartum period. Due to a lack of awareness regarding maternal health in the rural communities, complications in the postpartum period are not prioritized by the community elders. Community members typically say "It's normal. Don't worry. You will get normal soon".

Women Medical Officer and In-charge Family Health Clinic, Tehsil Headquarter Hospital

Nutrition International

Nutrition International was established in 1992 as an International Secretariat with IDRC; incorporated as a not for profit organization in Canada in 2001. Nutrition International (NI) works in Asia, Africa, the Caribbean, Latin America and Middle East. NI reaches more than 500 million people in 75 countries. NI is governed by a board that has members from Global Affairs Canada (GAC), UNICEF and World Bank. Major donors are GAC and others. NI's country office is in Islamabad.

NI is dedicated to ensuring that the world's most vulnerable population, especially women and children in developing countries get the vitamins, minerals and other nutrition products they need to survive and thrive. NI has been working in Pakistan in collaboration with government since 2000. Following are major programmes in Punjab

- Universal Salt Iodization (USI)
- Vitamin A Supplementation (VAS)
- Control of diarrhoea with Zinc and LO-ORS
- Food Fortification Program (FFP) (Wheat Flour and Ghee/oil Fortification)
- The Right Start. (RS) Program.

Achievements

- Universal Salt Iodization (USI). This program was started in Punjab in 2006. NNS 2001 showed that only 17% household in Pakistan were using iodised salt. This program was successfully implemented with Government of Punjab. NNS 2011 showed that iodised salt usage increased up to 69% in Pakistan and 79% in Punjab. Currently USI program is successfully being implemented in Punjab.
- Vitamin A Supplementation (VAS). Under this program, children aged 6-59 months are given Vitamin supplementation twice a year. During Polio NIDs Vitamin A capsules are given to all children aged 6-59 months. For this purpose around 35 Million, Vitamin A capsules are to Punjab government annually.
- Control of diarrhoea with Zinc and LO-ORS. More than 80,000 children till the age of 5 treated by combipacks provided by Nutrition International in district Gujrat. These cases were treated at community level by LHWs and at health facilities (BHUs, RHCs, Civil hospitals, GMH, DHQ, THQ, etc.). Conducted KAP survey of 192 doctors/dispensers, 127 LHWs and 107 parents/caregivers at homes. Conducted refresher training of 790 LHSs and 613 MOs (male and female) and 19160 LHWs on the role of Zinc and Lo Osmolarity ORS on childhood diarrhoea management.
- Food Fortification Program (FFP). Under this program Wheat Flour is being fortified with Iron, Folic acid Vitamin B12 and Zinc and Ghee/oil with Vitamin A and D in phases by all mills in Punjab.
- The Right Start (RS) Program has 2 intervention areas, namely, a) pregnant women and newborns and b) of Infant and Young Child Nutrition (IYCN). Under the interventions for pregnant women and newborns, the package encompasses antenatal care, safe deliveries, postnatal care, optimal cord clamping, Kangaroo Mother Care and promotion of early initiation of breast feeding.
- The pregnant women are being provided Iron and Folic Acid supplements, procured through UNICEF, conforming to WHO standards and Government's recommendations.
- The Community Midwives are being supported by provision of Clean Delivery Kits, Delivery Tables and Delivery Lights for them to conduct safe deliveries in hygienic conditions in their setups in the communities.
- In Punjab, however, NI is supporting provision of services in areas not covered by lady health workers through Community Health Workers (CHWs).
- NI is also implementing another project in district Lodhran - Weekly Iron and Folic Acid Supplementation (WIFAS) pilot project for school-going adolescent girls to reduce the prevalence of anemia and supplement.

World Health Organization (WHO)

World Health Organization is the directing and coordinating authority on international health within in the United Nation's systems. The sectors in which it operates are communicable diseases, non-communicable diseases, health through life course, health systems and preparedness surveillance and response. It is working in all 36 districts of Punjab

Achievements

- Introduction of Injectable Polio Vaccination in Punjab.
- Training of health managers and field staff on vaccine preventable disease surveillance.
- Preparation of Maternal, Newborn, Child and Adolescent Health (MNCAH) action plan 2016-2020.
- Provision of nutrition SC kits in 4 district of Punjab.
- Technical support for preparation of contingency plan.
- Provision of emergency health kits, supplies and equipment in disaster affected districts.
- Assessment of provincial capacities for preparedness and response of Ebola and training of staff on Ebola case surveillance and control.
- Finalization of prevention strategy and establishment of task force for non-communicable diseases or mental health.
- Training of provincial & district rapid response teams in 36 districts on International health regulation (IHR) and advocacy workshops of provincial stakeholders.
- Training of LHWs on routine immunization.

United Nation Fund For Population Activities (UNFPA)

UNFPA is an international development agency that works on Population and Development and Reproductive Health and promotes the rights of every woman, man and child to enjoy a life of health and equal opportunity. In Punjab, major implementing partners are PSPU, Department of Population Welfare and IMNCH & Nutrition Program.

The prime focus of UNFPA work in Punjab is based on notion “Every pregnancy is wanted and every child birth is safe” along with population dynamics in all sectors of development. The scope of work is Policy Advocacy, Capacity Development and Knowledge Management. UNFPA in Punjab provided technical support in development of Population Policy and supporting development of cross sectoral implementation plan of policy.

Achievements

- Technical support for initiation of dialogue on the issue of Reproductive Health Commodities Security at Tertiary and Para-statal organizations.
- Mapping of family planning services provision by Public and Private Sector at district and Union Council level to increase the geographical spread of services.
- Support in creating awareness in masses about family planning through Media Forum and Round Table Conference.
- Support for development of IRMNCH community Based Maternal Neonatal Death Surveillance and Response system
- Bachelors Midwifery program introduced at Agha Khan University. In order to strengthen quality of midwifery training, Midwifery Tutors were trained.
- Training of insertion of Implants by mid-level providers is being started in one District Punjab on pilot basis.

- Department of Population Welfare under technical and financial support of UNFPA introduced Adolescents Reproductive Health counselling and Services project in one Health Facility and was upscale to 16 more centres in Punjab by the department.

World Food Program

World food program is an organization fighting hunger worldwide delivering food systems in emergencies and working with communities to improve nutrition and build resilience. It mainly provides technical assistance and participates in capacity strengthening. The focus areas are agriculture market support, disaster risk reduction, nutrition and social protection & safety nets.

Achievements

- Support to IRMNCH & NP through targeted supplementary feeding program (TSFP).
- Distribution of specialized nutrition food in seven district of Punjab and training of 235 health staff on TSFP-CMAM.
- Support in universal salt iodization with MI including capacity enhancement of the salt processors, training of food inspectors on quality control.
- Support to provincial fortification alliance.
- Local production of specialised nutritionist food (SNF) named Maamta for prevention & treatment of acute malnutrition.

Private Sector And International Development Partners

Private Health Sector In Punjab

Private sector is working parallel to the public sector to cater the health needs of the population of Punjab. It is providing primary, secondary & tertiary healthcare services through GP clinics and medium to large hospitals. The health workforce in private sector includes homeopath, tabeebs, general physicians and specialists. The rapidly increasing population is causing overcrowding in public health facilities, which at times compromises the quality of services delivered. Private health sector is sharing this burden of increased demand of services ensuring better health coverage. In contrast to public healthcare which is offered at low cost, private healthcare services are for communities who can afford out of pocket expenditures.

There are 19 public and 40 private recognized medical colleges in Punjab (PMDC website 2018). About, 28 public and 61 private teaching hospitals associated with these medical colleges (PMDC website 2018). According to MICS 2014, 43% of the deliveries 86% of the postnatal check-ups and 41% first PNCs occurred in private facilities.

This sector constitutes a diverse group of health professionals comprising, doctors, nurses, pharmacists, traditional healers, drug vendors, laboratory technicians, midwives, paramedics, shopkeepers and unqualified practitioners. This sector provides services through hospitals, nursing homes, maternity homes, diagnostic facilities, clinics run by doctors, nurses, midwives, paramedical workers and quacks.

However, in some cases, the distinction between public and private sectors is not very clear as many public sector practitioners also practice privately. The sector is fragmented and is characterized by a mixed ownership pattern, many types of providers and different systems of medicine. Majority of private sector hospitals in Punjab has sole proprietorship or a partnership model of organization and very few belong to the 'corporate public limited' category. Stand-alone clinics all across Punjab are the major providers of out-patient care, and except for a minute number, majority of these clinics falls in the sole proprietorship category.

Challenges and Health Department Response

- **Regulatory and accreditation mechanisms:** There were inadequate formal regulatory mechanisms for establishment of outlets and service delivery. The Govt. through Punjab Health Care Commission has developed regulatory and quality assurance mechanisms and are being implemented to improve quality of qualified health care providers both for diagnostic and clinical services. The level of standards ranges from minimum to that of accreditation, keeping in view the local context and the ground realities. All HCEs in Punjab, both in the public and private sectors, are required to obtain a license from the PHC.
- **System of Private Health Services:** There is no formal structure of private health sector within the broader framework of the Provincial Health System. The Health Strategy (2012-20) has identified strategies for involvement of private sector in almost all strategic dimensions.
- **Preventive Services:** There was inadequate involvement of private sector in preventive care. The P&SH department has taken initiative to involve the private sector in a) decision making through offering memberships of the committees and b) preventive care provision through participation in routine immunization and contribution in special preventive care activities.
- **Capacity Issues:** There is practically no formal mechanism for building the capacity of private sector providers. The government is providing opportunities for training of private care providers through its disease control programs. However, there is need to mainstream the private sector into public sector comprehensive continuous professional development (CPD) program.
- **Resource Issues:** There were inadequate mechanisms for supporting the beginners in the private health care. The government has responded it in two ways a) financial loans through Punjab Health Foundation to establish a new business or expand the existing services and b) arrangement of free of cost medicines (e.g. TB medicines).
- **Data Reporting and Research:** The government has started involving the private sector in reporting of at least notifiable disease. Further there has been good examples of conducting research through public-private partnerships on non-communicable disease (e.g. RCT on Hypertension-CVD in three districts)

