



## MEETING ON NATIONAL VISION/Framework FOR HEALTH

A preliminary meeting on National Vision/Framework for Health was held in July to discuss the emerging need of building a national consensus on health. PSPU Punjab will perform a proactive role vis-à-vis the strengthening of provincial coordination with the Federal Government. The rationale of National Vision document which is to be aligned to Vision 2025 has multiple implications:

Post devolution, a uniformity of standards is required to correct provincial disparities to jointly face public health challenges, control of outbreaks and natural disasters, exchange of health information and regulation of health sector. Polio eradication initiative through EOC is one such example of collective effort.

Pakistan has to report regularly at International level on 65 core set of indicators which were agreed upon by all member states. A national health vision is required for international forums where a national stance and commitment needs to be shared.

Due to competing interest amongst various sectors, there is a need for collective voice to advocate for allocation of resources, highlighting the priority areas to policy makers, donors and partners regarding health sector.

After provincial consensus and vetting through Law Division, summary would be moved to cabinet for approval. The National Vision document will then be taken up to CCI for final approval.

## WORLD BANK MID-TERM REVIEW FOR PUNJAB HEALTH SECTOR REFORM PROJECT

Project Development Objective (PDO) of the Punjab Health Sector Reform Program is to support implementation of the Punjab Health Sector Strategy and to enhance coverage, quality and access to essential health care to the poor and vulnerable especially in under developed districts. Improvement in Department of Health capacity and systems for enhanced accountability and stewardship functions is another major objective.

The World Bank team after conducting the review of progress and assessment of results of the program declared that the progress towards PDO and implementation status improved to “moderately satisfactory” from previously “unsatisfactory” since the last portfolio review. The project is making good progress in key health indicators especially in the low performing districts.



### Major Results Achieved According To MICS 2014

Sr. No.	Indicator	Target for July 2014 to June 2015 (Y2)	Target achieved	Sr. No.	Indicator	Target for July 2014 to June 2015 (Y2)	Target achieved
1	Fully immunized children 12-23 months of age	45	56.60%	5	Proportion of children 6-59 months of age receiving the basic package of nutrition services	40	91% in 18 SCs
	Average for 18 low performing districts	31	83%	6	Number of Category -1 Health Care Establishments issued with provisional licenses (certificate of registration) by Punjab Healthcare Commission	300	330
2	Births attended by skilled health Personnel	65	65%				
	Average for 18 low performing districts	49.9	76%	7	Percentage of Community satisfied members with government health care services	30	>90 %
3	Contraceptive prevalence rate (any modern methods)	31	CPR for modern method is 29% in Punjab and overall is 41% (PDHS 2012-13)				
4	Average for 18 low performing districts	24.4	41%				

## FUTURISTIC APPROACH FOR LHWs & CMWs, 24/7 BHUs

A consultative meeting was held under the helm of PSPU to deliberate for, a futuristic approach for LHWs & CMWs and round-the-clock services of BHUs, suggesting innovative mechanisms to improve CPR to achieve the target of 55% by 2020, and devising a uniform strategy to address moderately acute malnourished and severely acute malnourished children in the light of international guidelines.

All technical experts from PWD, Health department, IRMNCH and Nutrition Program POP Council and UNFPA including district EDOs participated actively in the brainstorming session which culminated into several suggestions which were subsequently shared with Secretary Health.

Some of the salient recommendations are highlighted below:

- Increase coverage of LHWs and revision of their curriculum.
- Focus on retention of CMWs, and hold interactive and practical training sessions for CMWs.
- Strengthen weak linkages between LHWs and CMWs at the grassroots level and enhance synergies between all relevant departments by having a unified direction.
- Operational research to identify reasons for low use of modern methods of CPR and devise mechanisms to address them.
- Improvement in monitoring and reporting in order to ensure protocols are being followed.
- Advocacy and social mobilization campaign at the district and union council needs to be undertaken concurrently.
- Implementation of multi-sectoral nutrition strategy on an emergency basis.



## ENVIRONMENTAL HEALTH AND MEDICAL WASTE MANAGEMENT PLAN IMPLEMENTATION

The Environmental and Medical Waste Management Plan (EMWMP) is declared one of the Disbursements Linked Indicators (DLI) and is crucial to the environment at large.

The cost of environmental degradation due to development projects is 6% of GDP and the monetary value of health impact is up to Rs. 365 billion per year in Pakistan which is significantly more than the investment required to engage in environmental healthy practices.

An experience sharing seminar was conducted by Policy and Strategic Planning Unit on 9 September 2015. There were two main agendas of the meeting:

1. Sharing of experiences of the implementation and post intervention benefits of Hospital Waste Management Plan(HWMP) at THQ hospital Wazirabad and THQ hospital Burewala.
2. Based on the policy feedback, finalize the scale up of the implementation of the HWMP in 15 districts of Punjab in the second Phase.

Mr. Javaid Afzal, Environmental Specialist World Bank,



emphasized the importance of overall behavioral change along with resource availability to solve the issues faced in the implementation of the plan.

Dr Zahid Pervaiz, Director General Health asserted that capacity building and human resource training will be at the core of scale up in the second Phase.

In the end, Mr. Khwaja Salman Rafique, Advisor to Chief Minister on Health desired to be presented instantly with a final Road map for future course of action so the EMWMP is implemented in the true letter and spirit in all districts.

## MULTISECTORAL NUTRITION STRATEGY 2015

Policy and Strategic Planning Unit provided a platform for the strategy with all stakeholders and devise a way forward for its implementation.

The participants were apprised of the current malnutrition status of Pakistan since it is a major public health problem, and is the most prevalent cause of morbidity and mortality among young official launch of the Punjab Multisectoral Nutrition Strategy



2015 prepared under guidance of P&D and health department with collaboration of UNICEF. The main purpose was to share the children in Pakistan. The main objectives of the strategy was

reducing prevalence of stunting from 39% to 20%, wasting from 14 % -10% and maternal anaemia from 50% to 20% by 2020.

This requires effective collaboration by all departments (health, food, education, agriculture, WASH, and social welfare & protection). The major challenges identified for implementation of the strategy were effective coordination amongst different sectors, sustainable funding from government and donors and a well-defined monitoring and evaluation system ensuring third party validation.

The officials of UNICEF, World Food Program, WHO and Health Department offered to enhance their financial and technical support for the successful implementation of the strategy and political will and commitment was extended by Ms Saira Iftikhar, MPA Punjab in lieu of support for the strategy.

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## OUTPUTS OF KNOWLEDGE MANAGEMENT UNIT (KMU)

### ◆ Website of Knowledge Management Unit

Knowledge Management Unit's website is live at [kmu.pspu.punjab.com](http://kmu.pspu.punjab.com). The website is digital archive and documents can be searched on different topics/ categories.

### ◆ Technical Briefs prepared by KMU

The website contains around 500 files alongwith their briefs based on the following categories and topics:

- Policies Plans and Strategies
- Health Economics and Financing
- Health Systems and Governance
- Human Resource for Health
- Information Management
- Maternal Neonatal and Child Health
- Monitoring and Evaluation
- Non Communicable Diseases
- Communication
- Nutrition
- Sexual and Reproductive Health
- Procurement
- T.B. Malaria and Non Communicable Diseases

### ◆ A Synthetic Review of contraceptive supplies in Punjab

An analysis of Family Planning service provision using the reports from PDHS 2013, Pakistan Bureau of Statistics, DHIS, LHWs program and MNCH shows a decrease in use of IUCD, injectable and surgeries in 2014 from 2011, thus the need to promote long acting FP methods.

This paper also provides information on existing supply chain mechanism of FP commodities. The issue of contraceptive supplies to teaching hospital is the biggest challenge and has been taken up by PSPU. To address the issue, several meetings were conducted with MSs of teaching and EDOs and involved all stakeholders namely IRMNCH, LHWs program, PWD, UNFPA, Mariestope society, Jhpiego and Population Council.

It was mutually decided that IRMNCH and Nutrition program will provide FP commodities to teaching hospitals for the interim period and later on, after cost estimation on the basis of client load, Health department may explore other options to address this issue.

### ◆ Unmet Needs for Family Planning

Women of reproductive age in Pakistan experience multiple adverse outcomes due to unintended pregnancy due to which the rate of maternal and neonatal morbidity and mortality is not falling significantly. The reasons for high unmet needs of FP and unintended pregnancy were discussed in a paper prepared by KMU.

According to MICS 2014, there are some districts of Punjab where use of contraceptive by any method fell from the previous year. The trend shows that public and private sectors are not performing up to the mark in these districts. It was concluded that non-usage of contraceptive methods and method failure were important reasons for unintended pregnancy.

In the light of this policy brief, PSPU in collaboration with IRMNCH program and Population Welfare department has been working on mapping of districts regarding FP service provision by health and PWD outlets to devise a future course of action to reduce the rate of unintended pregnancy.

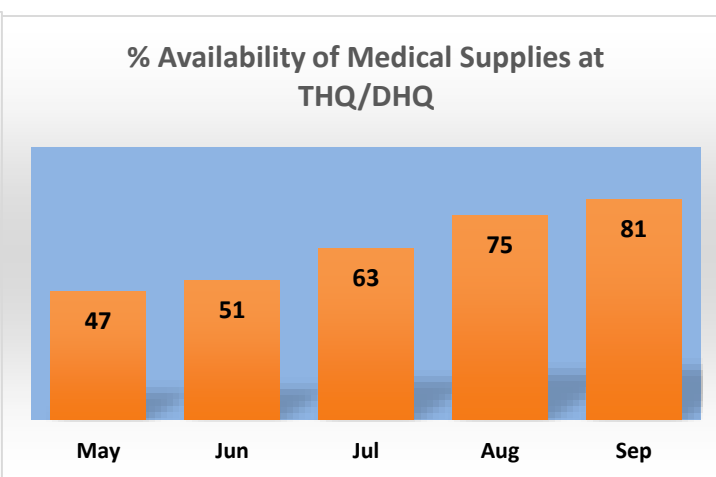
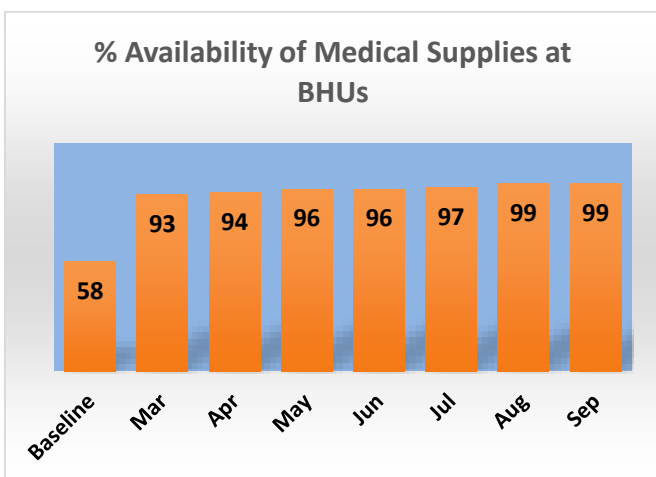
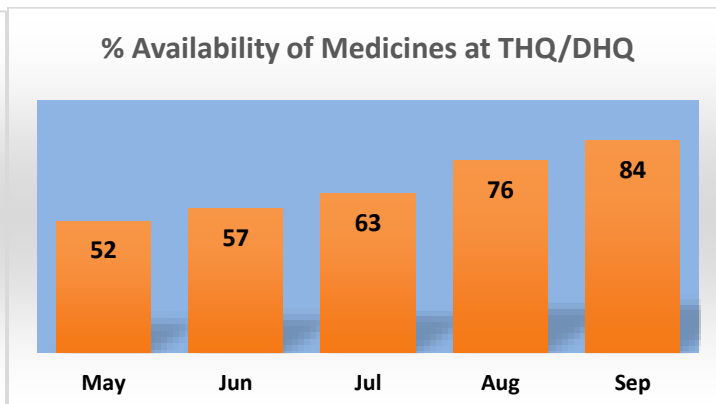
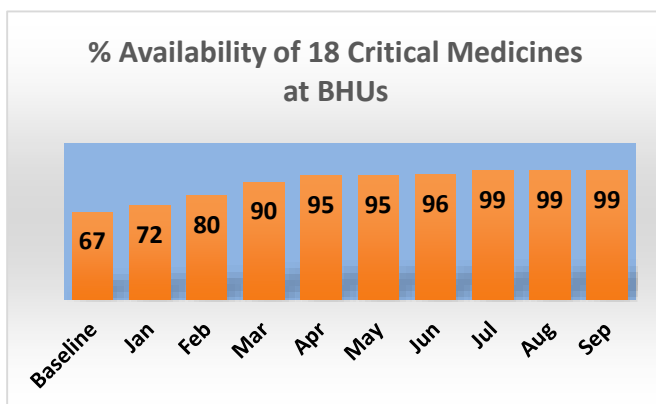
### ◆ Satisfaction with Healthcare Services provided in Public hospitals of Southern Punjab Pakistan

The objective of this study was to assess patient satisfaction regarding quality of service delivery at DHQ hospitals of districts of southern Punjab. The findings show that the satisfaction of patients was increasingly dependent on the attitude of doctors, lab-technicians, nurses and clerical staff and to some extent on availability of medicines. In the light of this study, more focus needs to be given to health care providers on attitude and behaviour improvement as this will contribute to substantial increase in use of public health facilities.

## MEDICINES AND MEDICAL SUPPLIES IMPROVED IN PRIMARY AND SECONDARY HEALTHCARE

Health Department is working hard to improve the status of health care facilities all over the Punjab. The Policy and Strategic Planning Unit Punjab has appointed Monitoring and Evaluation Assistants separately for monitoring of Primary and Secondary healthcare facilities. The data is updated on dashboards directly

and monitored by health managers to review the progress and take appropriate measures for their improvement. The following graphs are based on MEAs data which shows that medicines and medical supplies have improved both for primary and secondary health care.



## MEETING ON CONTRACEPTIVE SUPPLY CHAIN MECHANISM AT TERTIARY CARE/TEACHING HOSPITALS OF PUNJAB

A meeting to discuss the mechanism for the provision of family planning commodities at tertiary care/teaching hospitals of Punjab was conducted in September 2015. Mr Ali Bahadur Qazi pointed to the criticality of improving CPR by stating that over the past more than 10 year, there has been less than 1% increase per year in modern methods. There is 6.6% decrease in usage of IUCDs, contraceptive surgery and injections while condom and oral pill usage has increased by only 8%. He emphasized the need to improve CPR by addressing the issue of availability of FP commodities at all levels. The way forward as discussed in the meeting:

- District Coordinator IRMNCH and Nutrition Program will coordinate with all teaching hospitals through EDOs and share the requisite demand of all teaching hospitals to Provincial Coordinator IRMNCH and Nutrition Program.

- FP commodities will be supplied through EDOs to all teaching hospitals.
- There is need to establish a mechanism at teaching hospitals to maintain the record of FP commodities and they would submit monthly report to IRMNCH and Nutrition Program.
- All obstetrics and gynaecology units of teaching hospitals should actively participate for the provision of family planning services in their premises.
- Gynaecologist should arrange counselling and advocacy sessions of their staff on family planning services.
- As IRMNCH and Nutrition Program has procured the FP commodities from national and international suppliers through competitive bidding, private sectors and NGOs can take support from the IRMNCH and Nutrition program for the purchase of FP commodities.