PERFORMANCE AUDIT REPORT
OF
INTEGRATED REPRODUCTIVE MATERNAL NEWBORN & CHILD HEALTH AND NUTRITION PROGRAM DISTRICT MUZAFFARGARH

AUDIT YEAR 2019-20

AUDITOR GENERAL OF PAKISTAN

PREFACE

The Auditor-General conducts audit subject to Articles 169 and 170 of the Constitution of the Islamic Republic of Pakistan 1973, read with Sections 8 and 12 of the Auditor-General's (Functions, Powers and Terms and Conditions of Service) Ordinance, 2001 and Section 108 of the Punjab Local Government Act, 2013. The Performance Audit of Integrated Reproductive Maternal Newborn & Child Health and Nutrition Program, District Muzaffargarh was carried out accordingly.

The Directorate General Audit District Governments Punjab (South), Multan, conducted Performance Audit of the "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program" District Muzaffargarh during April, 2020 for the period July, 2007 to June, 2019, with a view to reporting significant findings to the stakeholders. Audit examined the economy, efficiency and effectiveness aspects of the "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program". In addition, Audit also assessed on test check basis whether the management complied with applicable laws, rules and regulations in managing the "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program". The Audit Report indicates specific actions that, if taken, will help the management to realize the objectives of the Program in future.

The report has been finalized in the light of written responses of the management concerned. The DAC meeting could not be convened till finalization of this report, despite repeated requests.

The Audit Report is submitted to the Governor of the Punjab in pursuance of the Article 171 of the Constitution of the Islamic Republic of Pakistan 1973, for causing it to be laid before the Provincial Assembly.

Islamabad
Dated:

(Javaid Jehangir)
Auditor General of Pakistan

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ABBREVIATIONS AND ACRONYMS

ADC	Assistant District Coordinator
ANC	Ante Natal Care
BHU	Basic Health Unit
CEO	Chief Executive Officer
CMW	Community Midwife
DAC	Departmental Accounts Committee
DC	District Coordinator
DDO	Drawing and Disbursing Officer
DHA	District Health Authority
DHIS	District Health Information System
DHQ	District Headquarters
EDO	Executive District Officer
EDO (H)	Executive District Officer Health
EmONC	Emergency Obstetric and Newborn Care
FPO	Field Program Officer
HF	Health Facility
IDAP	Infrastructure Development Authority of the Punjab
IMNCI	Integrated Management of Newborn & Childhood Illness
IMR	Infant Mortality Rate
INTOSAI	International Organization of Supreme Audit Institutions
IRMNCH	Integrated Reproductive Maternal Newborn & Child Health
ISSAI	International Standards of Supreme Audit Institutions
IYCF	Infant and young child Feeding
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Mother & Child Health
MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health

MoH	Ministry of Health
MS	Medical Superintendent
OTP	Outpatient Therapeutic Program
PC-1	Planning Commission – Proforma 1
PIU	Program Implementation Unit
PMIU	Program Monitoring & Implementation Unit
RHC	Rural Health Center
RUTF	Ready to Use Therapeutic Food
SAM	Severely Acute Malnourished
SBA	Skilled Birth Attendant
SC	Stabilization Centers
SO	Social Organizer
TBA	Traditional Birth Attendant
THQ	Tehsil Headquarters
UC	Union Council
WMO	Woman Medical Officer

EXECUTIVE SUMMARY

Directorate General of Audit, District Governments, Punjab (South), Multan conducted Performance Audit of "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program", District Muzaffargarh, in accordance with the INTOSAI Auditing Standards from 22.04.2020 to 04.05.2020 for the period July, 2007 to June, 2019. The main objectives of the audit were to examine whether activities of the program were performed according to the PC-I and verify the targets achieved, as laid down, with reference to efficiency, economy and effectiveness. This audit also focused on the effectiveness of the internal control system, management and procedures followed by the program management.

The Government of Pakistan launched a program for improvement of Health Sector called, "National MNCH Program" in 2007, executed by the District Government Muzaffargarh through Public Health Specialist and MNCH Cell under the supervision & administrative control (at district level) of Executive District Officer (Health) Muzaffargarh. Funds of Rs 252.631 million were released, out of which, expenditure of Rs 177.107 million was incurred and Rs 75.523 million remained unspent during the period of July, 2007 to June, 2019. The main objective of this program was to improve Emergency Obstetric and Newborn Care (EmONC) services for achievement of health related Millennium Development Goals (MDGs) 4 & 5 which are as under:

1. MDG 4: To reduce the Infant Mortality Rate (IMR)
2. MDG 5: To reduce the Maternal Mortality Ratio (MMR)

The MNCH Program was initiated to ensure progress towards achieving the Millennium Development Goals (MDGs) in maternal and child health. Focus of the program was mainly on deployment of Community Midwives (CMWs), refurbishing the labor wings in the DHQ and THQ hospitals, construction of new labor rooms and training of Community Midwives and Lady Health Supervisors (LHSs).

Audit did not find the performance satisfactory in terms of achievement of the desired results as envisaged in PC-I. Key audit findings of unsatisfactory performance are narrated below:

a. Selection of CMWs was not according to the laid down criteria.
b. Availability of the medicines and equipment at health facilities was not ensured.
c. Proper screening of malnourished children and lactating women was not conducted and seriously affected patients were not cured.
d. Public awareness campaign on National MNCH Program was not launched through media (preferably electronic media which is more in use these days) as a tool of creating awareness in the local population.
e. Different MNCH related activities were not integrated under one management structure and there were deviations from program objectives.
f. Civil works for provision of MNCH facilities were not completed.
g. The achievement of Millennium Development Goals to reduce the Infant Mortality Rate and Maternal Mortality Ratio was not ensured.
h. Program activities fell short of the principles of economy, efficiency and effectiveness as regard to time and cost overrun.

Recommendations

The report was concluded with the recommendations mentioned under each Para. Some of them are given below:

i. Deployment of CMWs in the remote/ underserved areas may be ensured. And provision of delivery kits for safe delivery must be provided.

ii. Proper Screening and Treatment of Severely Acute Malnourished children (SAM) and lactating women must be conducted to get benefit of stunting prevention i.e. better human capital.

iii. Sufficient quantity of Ready to Use Therapeutic Food (RUTF), and F100, F75 supplements must be provided to cure the malnourished children and women.

iv. All the MNCH related activities at district level should be integrated under District MNCH Cell.

v. The system for provision of medicines and safe delivery services to the patients should be strengthened.

vi. Public awareness campaigns should be launched to adopt skilled birth attendants instead of traditional birth attendants.

vii. The civil works, repair maintenance work, up gradation should be completed on priority.

viii. Strenuous efforts should be made at all levels to achieve the MDGs.

ix. System of internal controls should be strengthened.

1. Introduction

District Muzaffargarh is located in the south west of the Punjab Province. According to Population Census 2017, total population of District Muzaffargarh is 4.378 million.

The District Government, Muzaffargarh comprises 04 Tehsils namely Muzaffargarh, Kotaddu, Alipur and Jatoi. The District Health Authority Muzaffargarh is responsible to provide the health facilities to the general public of District Muzaffargarh. Total health facilities under District Health Authority Muzaffargarh are as under.

Name of Health Facility	No. of Health Facilities
DHQ Hospital Muzaffargarh	1
THQ Hospitals /(THQ Level Hospital)	4
Rural Health Centers	13
Basic Health Units	72
Mother Child Healthcare Centers	07
Government Dispensaries	33
Government Rural Dispensaries	41
Total	**171**

1.1 Program Objectives

According to Program Objective (Page-V) of PC-I and revised PC-1, the existing system of health facilities is not only inadequate but also insufficient to provide health services to the general public in Pakistan. Therefore, the National MNCH Program was initiated in 2007 to ensure progress towards achieving the Millennium Development Goals (MDGs). The specific targets of the program were:

Sr. No.	Description	Target (Base Line	Target 2014/2015 (as per original PC-1)	Target 2019 (as per revised PC-1)
1	To reduce maternal mortality ratio (MMR)	200 per 100,000 live births	180 per 100,000 live births	140 per 100,000 live births
2	Neonatal mortality rate (Up to 28 days)	58 per 1000 live births	50 per 1000 live births	42 per 1000 live births

Sr. No.	Description	Target (Base Line	Target 2014/2015 (as per original PC-1)	Target 2019 (as per revised PC-1)
3	To Reduce infant mortality rate (IMR)	82 per 1000 live births	75 per 1000 live births	55 per 1000 live births
4	To reduce the under five mortality rate (U5MR)	65 per 1000 live births	45 per 1000 live births	70 per 1000 live births
5	Deliveries by skilled birth Attendant	31%	90%	85%
6	Contraceptive Prevalence Rate (CPR)			
7	Prevalence of stunting	-	-	48%
8	Wasting	-	Upto 34%	Upto 28%
9	Iodized Salt Consumption	-	-	12%

Note: The objectives at Sr.6 to Sr.9 has been added in the revised PC-1.

Health Department's targets and the associated health service indicators for the IMR and MMR status is given in Table 1.

Table 1: Key Health MDGs and Associated Indicators for Punjab

TABLE 25: KEY HEALTH INDICATORS OF PUNJAB / PAKISTAN - SOURCE PDHS 2017-18 & MICS 2018

Key Indicators	Punjab (MICS 2018)	Punjab (PDHS 2017-18)	Pakistan (PDHS 2017-18)
Maternal Mortality Ratio (MMR)	180/100,000	155/100,000	170/100,000
Infant Mortality Rate (IMR)	60/1000	64/1000	62/1000
Under 5 Mortality Rate (U5MR)	69/1000	80/1000	74/1000
Fully Immunized Children	76.5%	80%	66%
Neonatal Mortality	41/1000	52/1000	42/1000
Antenatal Coverage (ANC)	87.3%	92.3%	36.6%
Skilled Birth Attendants (SBA)	76.4%	92%	86.2%
Total Fertility Rate (TFR)	3.7 (15-49 Years)	-	3.2 Birth per Women
Contraceptive Prevalence Rate (Any Method)	34.4%		
Modern Contraceptive Prevalence Rate (MCPR)	29.9%	27%	25%
Unmet Need of FP Commodities	17.8	16%	17%

** Source: Multiple Indicators Cluster Survey 2017-18*

Action Plan to achieve the Program Objectives

The program objectives were to be achieved in two phases. The first phase (January 2007 to June 2009) consisted of formation of a Federal Program Implementation Unit (PIU) and strengthening of the MNCH Cells / Directorates at the Provincial and District levels. It included refresher trainings of Midwifery Tutors, training of Community Midwives (CMWs) and Lady Health Supervisors (LHS) and the civil works in Government Hospitals.

In the 2nd Phase (June, 2009 to June, 2019), one CMW for every 5,000 population in her catchment area supported by an active transportation/ referral service and comprehensive EmONC (Emergency Obstetric and Newborn Care) facilities was to be deployed by the end of this phase. Needy malnourished children and lactating women were to be provided the nutrients and food supplement. A third party evaluation was to be conducted at the end of each phase to assess the achievements and cost effectiveness of the program.

1.2 Responsible authorities for

a. Sponsoring: Ministry of Health

b. Execution: Ministry of Health (MoH), Health Departments Punjab and District Governments

c. Operation and maintenance:

Ministry of Health (MoH), Health Department Punjab and District Governments/ District Health Authority

1.3 Completion Period of Program

Start date	01.07.2007
Completion date as per PC1	30.06.2016
Completion date as per Revised PC1	30.06.2019
Current status	Program is in process and extended upto June, 2020

1.4 Capital Cost

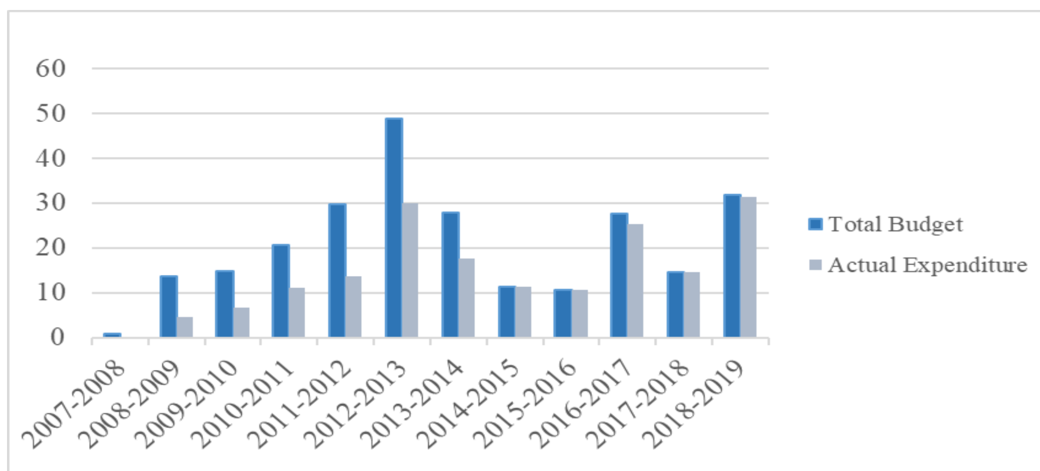
As per PC-1, no capital cost was involved but operating cost of the program for the Punjab Province was:

Total cost (Punjab Province)	Rs 9,882.56 million
Funds allocated for District Muzaffargarh	Rs 252.631 million
Expenditure incurred in District Muzaffargarh	Rs 177.107 million

1.5 Year wise breakup of funds released and actual expenditure in District Muzaffargarh

(Rupees in million)

Year	Budget			Expenditure			
	Salary	Non Salary	Total	Salary	Non Salary	Total	Balance
2007-08	0.814	-	0.814	0.152	-	0.152	0.662
2008-09	8.186	5.528	13.714	3.995	0.511	4.506	9.207
2009-10	8.079	6.726	14.805	5.131	1.554	6.685	8.120
2010-11	11.130	9.477	20.607	7.772	3.372	11.144	9.462
2011-12	20.887	8.952	29.839	9.612	4.119	13.731	16.108
2012-13	34.187	14.651	48.838	21.000	9.000	30.000	18.838
2013-14	19.572	8.388	27.960	12.285	5.265	17.550	10.409
2014-15	8.141	3.123	11.263	7.884	3.379	11.263	-
2015-16	7.686	3.000	10.686	7.480	3.206	10.686	-
2016-17	5.483	22.100	27.583	22.518	3.400	25.332	2.252
2017-18	2.721	11.959	14.680	2.730	11.848	14.578	0.101
2018-19	4.923	26.919	31.843	4.761	26.717	31.479	0.364
Total	**131.809**	**120.823**	**252.632**	**105.323**	**72.371**	**177.108**	**75.524**



Targets and Achievements

Activity	Expected output (Target)	Achievements	Remarks
Civil work for refurbishing the labor wings in DHQ, THQ hospitals and construction of new labor rooms	To facilitate the functioning of comprehensive, basic and preventive EmONC service in the hospitals	Only labor wings of some hospitals were renovated / refurbished during 2012-13. No new labor room constructed under this program.	New labor rooms were not constructed and existing were renovated after a delay of three years. Hence availability of quality of health services could not be insured, due to which MDGs remained unachieved
Construction of CMWs School and Hostel	To improve the quality of midwifery training by providing specialized training school and boarding facility	CMW School and Hostel was not constructed. And classes were started in the existing Nursing School. No practical training was provided.	The midwifery classes were started in Nursing School due to which quality of midwifery training could not be ensured.
Training of CMWs	To increase the availability of Skilled Birth Attendants by replacing Traditional Birth Attendants	Total 320 No. CMWs were trained (during 2007-19) and deployed in district.	Deployed CMWs attended some deliveries to replace the Traditional Birth Attendants for provision of health facility at grass roots level. However, still there were so many remote areas (36 UCs) where CMWs could not be trained/ deployed.
Deployment of one CMW for every 5,000 population in her catchment area supported by an active transportation/ referral service and comprehensive EmONC facilities	To reduce the IMR and MMR through early detection and timely referral of obstetric and newborn complications	From 2013 to 2019 number of Registered pregnancies were 92,421 and number of deliveries conducted were 17,865 (19.33% of total deliveries) while 350 number (0.3%) complicated deliveries were referred to the nearest health facilities	This ratio can be increased by providing all necessary medicines and equipment to health facilities. Referral system must be strengthened to encourage the people to trust CMWs services.
Skilled Birth Attendants	To provide trained/ skilled birth attendants in remote	CMWs are working on very low efficiency. Only	The output is very poor. It may be increased by strict monitoring in the

Activity	Expected output (Target)	Achievements	Remarks
	areas	17,865 deliveries were attended by the SBA out of total registered 92,421 number deliveries. during 2016-19.	field. And to motivate the CMW to continue work after completion of deployment bond period of two year in the area.
Third party evaluation	To assess the achievements and cost effectiveness of the program.	Not conducted as no proof	Due to non evaluation of program in District Muzaffargarh, it could not be proved with evidence whether the targets of IMR & MMR were achieved or not.
Establishment of 24/7 Health Facility / centers	To provide MNCH facility in rural areas at grass root level.	Target not achieved due to low efficiency and delay in establishment of 24/7 centers.	Efficiency may be increased by proper monitoring and timely supply of essential medicine and equipment.
Screening and Treatment of Severely Acute Malnourished children (SAM) at health facility. To get benefit of stunting prevention i.e better human capital.	To get benefit of stunting prevention i.e better human capital. To cure/ minimize the risk of stunting, Malnutrition of Children.	Total 25,792 SAM Child/ patients were Pointed out after screening, out of which 23,288 child were admitted for treatment and 885 seriously affected child were referred to next Higher facility SC. during 2016-19.	Due to inefficiency and negligence of the management, the pointed out SAM child/ serious patients 2,504 number remained unattended.
Treatment of SAM with complications at Stabilization Centers (SC). To provide Ready to Use Therapeutic Food (RUTF) etc F100, F75 supplements.	To cure/ minimize the risk of stunting, Malnutrition of Child	Only 3 SC were established and efficiency of work was very poor due inconsistent availability of food supplements and nutrients. As per data only 6 child were admitted at SC during 2016-19.	Due to non timely establishment of SC the treatment could not be provided. And SC has no authentic data regarding referred in/ received child from smaller health facility.

2. Audit Objectives

- To analyze the targets of the program and actual achievements and reasons for non-achievements of objectives.
- To assess the regularity, competency and transparency while incurring the expenditure and procurements.
- What improvement this program brought in provision of quality of health services to reduce the out-of-pocket expenditure of poor.
- To assess the authenticity of CMW admission, training and deployment process.
- To observe the economy, efficiency and effectiveness in implementation of Program and assess that there was no cost overrun.
- To assess whether the program was completed in time.
- To evaluate the output of MNCH centers.
- To point out major deficiencies and irregularities; and give recommendation for improvement in future.

3. Audit Scope and Methodology

The scope of audit was to examine performance of the executives during planning, execution and implementation of "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program" and to comment on activities performed to attain the program objectives in District Muzaffargarh. Audit of the "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program" was conducted for the period July, 2007 to June, 2019.

The audit was conducted in accordance with the ISSAI standards, keeping in view the rules and regulations framed by the Provincial Government from time to time. The following methodology was adopted during the performance audit.

1. Study of PC-I and other departmental guidelines
2. Review of financial record to check financial controls are in place to safeguard the public resources

3. Collection and analysis of relevant data, management information system, files, documents, reports, etc.
4. Interviews with the concerned officers/ staff of District Health Authority.
5. A field survey of health facilities on sample basis which included Government hospitals, 24/7 hospitals and clinics of field CMWs.

4. Audit findings and Recommendations

4.1 Organization and Management

Planning, organization and management play a key role in the success of a program, as they provide a structure that facilitates coordination and implementation of program activities. For the implementation of "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program", organizational structure was established. District Coordination Committee was constituted at District level for coordination and program implementation. Audit found lack of coordination between the responsible authorities and various instances of lapses in implementation of "Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program" district Muzaffargarh.

4.1.1 Deviation from Program objectives due to non-deployment of CMWs in rural areas

According to (Page 58) Component 2 of PC-I (MNCH), Training of Community Midwifes, CMWs were to be selected from and deployed in the villages where there was no public health facility (RHC, BHU & MCH Centre), to provide 24/7 coverage to the underserved areas on priority.

During performance audit of IRMNCH & Nutrition Program it was observed from data analysis of 62 rural UCs that the no CMW was deployed in 36 rural UCs and a population of 1.688 million remained unattended. In the remaining 9 UCs one CMW in each, in 11 UCs two CMWs in each and in 6 UCs three CMWs in each UC were deployed. The rural areas were far away from health facilities and maximum CMWs were required to be trained / deployed there. Whereas, urban areas were closed to health facilities and recruitment / deployment of CMWs in those area was unjustified. It showed that the selection of CMWs was not according to the provision of the Program. Due to deviation from selection criteria, 92% population of selected 62 Rural UCs remained unattended and program goals remained unachieved. **(Annexure-A)**

Audit is of the view that due to weak managerial controls, the CMWs from rural areas were not enrolled, trained and deployed in sufficient numbers.

Non deployment of CMWs in the rural areas resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that some UCs remained low for selection/ deployment due to non-availability of suitable candidate as per criteria. The reply was not justified because no efforts were made. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that responsibility be fixed on the person(s) at fault for non-compliance of PC-I regarding selection of CMWs and the matter be got regularized from the competent authority.

4.1.2 Non conducting of screening of malnourished children

According to Revised PC1 (page 23,24) of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program, LHWs and CMWs will be fully trained on the preventive package of nutrition (Nutrition Education Package) including IYCF and micronutrient deficiency. Additionally, in areas where the therapeutic component will be undertaken, LHWs and CMWs will be strengthening the Nutrition program through effective screening, referral and follow-up. LHWs/ CMWs will screen and refer the pregnant and lactating women, malnourished children to the OTPs (24/7 BHUs, RHC, THQs) and also will follow them.

During performance audit of IRMNCH & Nutrition Program, it was noticed that Outpatient Therapeutic Program (OTP) sites and LHWs failed to screen for malnourished children and lactating women. Data shows 22 Union Councils having huge number of population were attached with different health facilities but screening output is nil. It clearly shows no work is being done and program objective could not be achieved. (Annexure-B)

Audit is of the view that due to weak managerial controls and poor performance, the screening to point out malnourished children and women was not being conducted.

Non conducting of screening and work in the field resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that there is reasonable screening being recorded at field and facility in Nutrition MIS. However, OTP/SC app is real time has a bit operational issue like App functionality, Android Tab working and internet issues which resulted into low reporting. The reply was not justified because no screening was available as per MIS. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that responsibility be fixed on the person(s) at fault for non-compliance of PC-I regarding decreasing the stunting risk and creating best human capital.

4.1.3 Non/Delayed recruitment of staff against vacant post

According to Government of Punjab Health Department and endorsed by Finance Department vide letter No.SO(DEV-1)24-5/2005(P) dated 12.05.2007, the following posts had been sanctioned for MNCH program:

Designation	BPS	No. of Post	Description
Public Health Specialist/District Coordinator	18	1	District PMIU Cell
Social Organizer/Community Coordinator	17	1	
Training Coordinator	Fixed pay	1	
Accounts Assistant	11	1	
CMW Tutor	17	2	CMW Training School
Computer Operator	8	1	
Security Guard	2	2	
Driver	4	2	

During implementation of National MNCH Program, no serious efforts were made to recruit the staff as per PC-1 and it was noted that posts of necessary staff remained vacant for a long period. Resultantly, program implementation activities were delayed and the program objectives could not be achieved. The detail is given below:

Post description	Number of post	BS	Vacant period	Targets not achieved
CMW Tutor	1	17	01.07.2007 to date vacant	Improper training of CMWs
CMW Tutor	1	17	2007 to 2011 and 2012 to date vacant	

Post description	Number of post	BS	Vacant period	Targets not achieved
Computer Operator	1	8	01.07.2007 to 08.01.2010	Non availability of data for future planning
Social Organizer	1	17	01.07.2007 to 06.11.2008	Non conducting of social awareness
Accounts Assistant	1	11	01.07.2007 to 14.01.2010	Non utilization of funds

Audit is of the view that due to weak and inefficient managerial controls, the staff recruitment process was delayed.

Delayed recruitment of necessary staff resulted in non-achievement of program targets.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that selection process has been made at Provincial level but post remained vacant due to non-interest of different incumbents. The reply was not justified as the posts remained vacant for a long period. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that the matter should be inquired into and responsibility be fixed on the person(s) at fault.

4.1.4 Unjustified recruitment of staff without construction of midwifery training school / hostel

According to Annual Phasing Summary Table 2 of PC-I (Page XVI), Community Midwifery School was to be constructed in the district during the year 2007-08 and staff for the school was to be hired in the year 2008-09. Furthermore, according to Government of the Punjab, Health Department and endorsed by Finance Department vide letter No.SO(DEV-1)24-5/2005(P) dated 12.05.2007, the following posts had been sanctioned for MNCH program:

Designation	BPS	No. of Post
Security Guard	2	2

Contrary to the above, midwifery school and hostel, as given in PC-1, were not constructed. Rather, the classes were started in the nursing school. However, the security guards were recruited and salaries were paid accordingly.

Audit is of the view that due to weak managerial controls, the employees specified for midwifery school/hostel were recruited without construction of midwifery school/hostel.

The recruitment of staff relating to school / hostel was unjustified and resulted in wastage of financial resources.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that as stop gap arrangement, classes were started within the premises of General Nursing School Muzaffargarh and staff was recruited to cope with additional requirement till the construction of designated building. The reply was not tenable as the staff was recruited without construction of CMWs school and hostel. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for causing loss to Government.

4.1.5 Training of CMWs without hiring of midwifery tutors

According to Component 2 of PC-1 (Page 61), at least three tutors for each midwifery school would be hired to strengthen the capacity of midwifery schools to impart midwifery training. These tutors will receive recognition from the Pakistan Nursing Council (PNC) for midwifery tutors. The PNC recognized tutors shall conduct practical field training for WMOs and LHVs as well.

During 2007 to 2019, 320 number CMWs were trained without services of midwifery tutors. CMWs classes were conducted without professional tutors during the period. The management did not hire the services of CMWs tutors, rather the training was provided by nurses as additional charge duty. The non-availability of designated midwifery tutors and proper recognition from PNC as CMW tutor, it was impossible to implement the training program as per PC-1. Furthermore, the WMOs, LHVs and CMWs could not be fully trained as per the requirement of PC-1. The detail of trained CMW is given below:

Batch	Period	Enrolled CMWs	Drop out student CMWs	Total Trained CMWs	Total Deployed CMWs
Batch No.1	2007-08	55	1	54	54
Batch No.2	2008-10	39	9	30	25

Batch	Period	Enrolled CMWs	Drop out student CMWs	Total Trained CMWs	Total Deployed CMWs
Batch No.3	2010-11	40	9	31	31
Batch No.4	2011-13	40	2	38	36
Batch No.5	2013-14	40	6	34	33
Batch No.6	2014-15	37	5	32	32
Batch No.7	2015-16	31	2	29	29
Batch No.8	2016-17	39	0	39	39
Batch No.9	2017-18	34	1	33	33
Batch No.10	2018-19	30	0	0	0
Total		**385**	**35**	**320**	**312**

Audit is of the view that due to negligence of the management, the CMW tutors were not appointed.

Non appointment of CMWs tutors resulted in poor performance of the CMWs in the field and non-achievement of program targets.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. The DDO replied that matter of appointment of CMW tutor relates to PMU. However, Nursing Instructors were assigned additional duty as CMW Tutor and incentive was paid under the program. The reply was not justified as no demand/ documentation and efforts from the District Coordinator was on record to justify the reply. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that responsibility may be fixed on the person(s) at fault for non-hiring of the CMW tutors.

4.1.6 Non provision of MNCH Services at BHUs

According to clause 1.C Providing Preventive MNCH Services at RHC/BHU, Component 1 of PC-I (Page 40), it is assumed that BHUs are being strengthened under respective health sector reforms in the district which are already scaling up MNCH activities. BHUs are expected to be equipped to provide preventive obstetric care services. These BHUs can be linked with the CMWs and LHWs to promote institution based deliveries.

BHUs under MNCH Program were not equipped to provide preventive obstetric care services till 2013. Furthermore, as per record, it was observed that monitoring and evaluation reports regarding MNCH services at BHU level were

not available in the office, nor were the reports entered in MIS (Management Information System).

Audit is of the view that due to negligence of the management, MNCH services were not provided at BHU despite clear provision in the PC-1.

The health facilities could not be improved at these health units due to which program objectives could not be achieved.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that certain BHUs were upgraded under a project namely Chief Minister's Health Initiative for Attainment and Realization of MDGs 4 & 5 (CHARM) launched in 2010, and these HFs were taken as Phase-I, up-gradation of BHUs in IRMNCH Program. Later on BHU were upgraded and included into program in phased manner. The reply was not justified as no documentary evidence was provided in support of the reply. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault.

4.1.7 Lack of training programs

According to Component 1, Integrated Delivery of Comprehensive MNCH Services at District Level of PC-1 (Page 50-53), all health facility workers at MNCH centers, BHU, RHC, THQ and DHQ hospital will be trained in IMNCI (Integrated Management of Newborn & Childhood Illness). Training module of the CMWs was designed to promote knowledge and skills of the CMW to cater for normal deliveries. Similarly, EmONC and IMNCI trainings were essential for Women Medical Officers and Lady Health Visitors.

The training schedule for CMWs to enhance knowledge and skills of the CMWs to cater for normal deliveries was not planned and implemented. CMWs / LHWs were not provided books/ learning material, essential trainings / refresher courses regarding all components of program. The funds provided for trainings remained unutilized. It could not be ensured that the facility was providing “comprehensive EmONC”, “basic EmONC” or “preventive services”, nutrition.

Audit is of the view that due to weak managerial controls, essential trainings were not provided to the field staff.

Non provision of the prescribed trainings resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that training of HCPs on IMNCI, HTSP, PNC and PCPNC have been conducted in different batches under loop of master trainers and training modules are readily available. The reply was not tenable because it has been provided in the PC-1 but no proof of actual training and participants was on record. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides provision of necessary training to the field staff for achievement of program objectives.

4.2 Financial Management

Financial Management is a process that aims at managing financial resources properly and achieving the program's objectives, maintaining economy and efficiency. Proper financial management is necessary for successful completion of a Program. Audit noticed various instances of weak financial controls, overpayments and irregularities.

4.2.1 Non utilization of funds – Rs 75.523 million

According to Part-A (9) Demand and Supply Analysis of PC-I (Page XII), a major constraint in improving availability and quality of health services is inadequate financial space available for provision of these services. The proposed program will increase cost-effectiveness and efficiency of health services by increasing their quality and access and through synergistic action with the ongoing initiatives.

During the financial years 2007-08 to 2018-19, funds amounting to Rs 252.631 million were released to District Coordinator, MNCH Program, Muzaffargarh. An amount of Rs 177.107 million was utilized (up to June 2019) under this program and Rs 75.523 million remained un-utilized. CMW school was not constructed which compromised the quality of training. Non construction of CMW hostel resulted in non interest of candidates from the remote areas. The medicines were not purchased in time which affected the achievement of target of healthy society. The detail of non-utilized funds is given below:

(Rupees in million)

Year	Budget			Expenditure			
	Salary	Non Salary	Total	Salary	Non Salary	Total	Balance
2007-08	0.814	-	0.814	0.152	-	0.152	0.662
2008-09	8.186	5.528	13.714	3.995	0.511	4.506	9.207
2009-10	8.079	6.726	14.805	5.131	1.554	6.685	8.120
2010-11	11.130	9.477	20.607	7.772	3.372	11.144	9.462
2011-12	20.887	8.952	29.839	9.612	4.119	13.731	16.108
2012-13	34.187	14.651	48.838	21.000	9.000	30.000	18.838
2013-14	19.572	8.388	27.960	12.285	5.265	17.550	10.409
2014-15	8.141	3.123	11.263	7.884	3.379	11.263	-
2015-16	7.686	3.000	10.686	7.480	3.206	10.686	-
2016-17	5.483	22.100	27.583	22.518	3.400	25.332	2.252
2017-18	2.721	11.959	14.680	2.730	11.848	14.578	0.101

Year	Budget			Expenditure			
	Salary	Non Salary	Total	Salary	Non Salary	Total	Balance
2018-19	4.923	26.919	31.843	4.761	26.717	31.479	0.364
Total	**131.809**	**120.823**	**252.632**	**105.323**	**72.371**	**177.108**	**75.524**

Audit is of the view that due to weak financial management, the funds could not be utilized to the optimum level.

Non utilization of funds resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that budget were released under Account-IV or through SDA and laterally Account VI of DHA and balance amounts were re-authorized annually, hence no lapse of funds resulted. The reply was not tenable as no efforts were made by the District Coordinator IRMNCH Muzaffargarh for timely utilization of funds for success of project. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for non-utilization of funds.

4.2.2 Inadmissible payment of conveyance allowance – Rs 531,772

According to instruction issued by the Government of the Punjab Finance Department letter No.FD.PC-2-1/2008 dated 11-07-2008 a Government servant availing the facility of Government vehicle/pick & drop will not be allowed conveyance allowance. Further According to Government of the Punjab Finance Department letter No.FD.SR. 19-4(P)(PR) dated 21.04.14 Clarification issued that the officers who are availing Govt. Vehicles including Bikes (Sanctioned/Pool) are not entitled to the facility of Conveyance Allowance. This Department’s instructions, whereby conveyance allowance was allowed on a certificate of not using vehicle from house to office and vice a versa are withdrawn accordingly.

During performance audit IRMNCH & N Program, it was observed that the Conveyance Allowance Rs 531,772 was paid to the following officers. The

payment was inadmissible because Government maintained vehicles were also allotted to them and POL was paid.

(Amount in rupees)

Name	Designation	Vehicle Allotted	Period	CA Rate	Amount
Dr. Tariq Jamshed	Project Director	MHG-1005	01.07.13 to 01.02.14	5,000	35,000
		MHG-1005	01.03.14 to 30.07.16	5,000	145,000
Usman Rashid	Social Organizer	GH 786	17.11.14 to 30.07.16	5,000	102,500
Dr. Tariq Jamshed	District Coordinator	MHG-1005	01.07.16 to 06.03.17	5,000	40,000
Dr. Rafiq Bhatti		MHG-1005	07.03.17 to 13.06.17	5,000	17,500
Dr. Shahid Riaz		MHG-1005	14.06.17 to 30.06.17	5,000	2,500
Usman Rashid	Social Organizer	GH 786	01.07.16 to 30.06.17	5,000	60,000
Dr. Shahid Riaz	District Coordinator	MHG-1005	July 17- Sep 17, Jan.18	5,000	20,000
Usman Rashid	Social Organizer	GH 786	01.07.17 to 30.09.17	5,000	15,000
Muhammad Ahsan		GH-786	2018-19	5,000	60,000
Abida Nasreen	LHV (BPS-14) posted as Asstt. District Coordinator	GH-564	2018-19	2,856	34,272
Total					**531,772**

Audit is of the view that due to weak financial management, conveyance allowance was paid to the officers even though they were provided with Government vehicles and POL.

Withdrawal of conveyance allowance by the officers availing the Government vehicle resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that vehicles are utilized as per tour program for performance of field duty and not for pick and drop of Officers/ Official from residences. Guidance from PMU IRMNCH Program has been sought for the purpose and Officers have been instructed to deposit recovery upon clarification. The reply was not tenable as Govt. has already issued clarification and no efforts were made by the DDO for recovery.

No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of Rs 531,772 from the concerned.

4.2.3 Unauthorized payment of pay and allowances without performing duties / during absent period - Rs 293,456

According to Rule 2.31 of the PFR Vol-1, a drawer of bill for pay, allowances, contingent and other expenses will be held responsible for any overcharges, frauds and misappropriation. Further Every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part according to rule 2.33 of the PFR, Vol-I.

During course of audit District Coordinator IRMNCH & N Program Muzaffargarh, it was observed that the detailed below LHWs were permanent absent from duty since long and later on the notices were issued by the competent authority for final enquiry / removal from services. But also drawn pay and allowances during absent period and without performing duties. Due to non performing of duties the program objectives remained unachieved.

(Amount in rupees)

Personal No.	Name	Designation	Absent w.e.f	Notice order No.	Pay Drawn upto	Rate	Recovery
32002736	Zahida Parveen	LHW	October, 2018	3614/ 22.11.18	Nov, 2018	18,591	37,182
31979863	Sajida Parveen	LHW	March, 2018	606/ 14.04.18	July, 2018	18,591	92,955
32019422	Kausar Ismail	LHW	April, 18	856/ 30.05.18	April, 18	18,091	18,591
32011438	Qubra Bibi	LHW	Jan, 18	525/ 3.4.18	March, 18	18,091	54,273
31978845	Shubana Koser	LHW	Dec, 17	386/ 8.3.18	Feb, 18	18,091	54,273
31984800	Nuzhat Rubab	LHW	March, 2018	565/ 9.4.18	April, 18	18,091	36,182
Total							**293,456**

Audit is of the view that due to weak financial management, inadmissible pay and allowances were paid.

The payment of Inadmissible salaries of Rs 293,456 resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that instructions have been passed to concerned LHWs and needful would be done under the rules. The reply was not tenable as no efforts were made by the DDO for recovery. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of Rs 293,456 from the concerned.

4.2.4 Un-Authorized drawl of Health Professional Allowance during training period - Rs 860,400

According to the Government of Punjab Health Department Letter No. SO. (WMO)MISC-/Allowance/10 dated 17.08.2010, all the PPSC MOs/WMOs who are undergoing their post grade training and have been adjusted for pay purpose only should be given Basic Salary and Regular Allowances (HRA, CA, MA, NPA and ARA) permissible to a BPS-17 Medical Officer/WMO.

District Coordinator / EDO Health Muzaffargarh allowed Health Professional Allowance amounting Rs 860,400 to the named below post graduate trainee Medical Officer posted at MNCH out of cost center MF-6053 during training period in violation of above mentioned instructions. The said allowance was not inadmissible without working.

(Amount in rupees)

<table>
<tr><th>P. No.</th><th>Name</th><th>Designation</th><th>Allowance</th><th>Period</th><th>Rate</th><th>Amount</th></tr>
<tr><td rowspan="2">31016647</td><td rowspan="2">Dr. Sumera Altaf</td><td rowspan="2">WMO -17</td><td>HPA</td><td>16.1.12 to 30.12.12</td><td>15,000</td><td>180,000</td></tr>
<tr><td>HPA</td><td>1.1.13 to 30.6.16</td><td>16,200</td><td>680,400</td></tr>
<tr><td colspan="5">Total</td><td></td><td>860,400</td></tr>
</table>

Audit is of the view that due to weak financial management, inadmissible allowance was paid.

The payment of inadmissible allowance of Rs 860,400 resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that letter has been written to concerned doctor. Needful would be done under the rules. The reply was not tenable as no efforts were made by the DDO for recovery. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of Rs 860,400 from the concerned.

4.2.5 Non recovery of stipend from a student who left the training course of CMW – Rs 928,000

According to terms & condition of the affidavit clause which was mandatory at the time of admission that an applicant will return all the dues received in the form of stipend in case of leave the course without completion of training period of 18 months, 02 years deployment period and 01 year free services in the area.

DDO made payment of Rs 928,000 to Community Mid Wife candidates / students as stipend but the students left the course without completion. The District Coordinator did not make any effort to recover the stipend amount from the CMW/students. **(Annexure-C)**

Audit is of the view that due to weak financial management, stipend amount was not recovered from the student.

Non recovery of overpayment resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that letter issued to concerned and needful would be done against defaulter under the rules. The reply was not tenable as no efforts were made by the DDO for recovery. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends recovery of the overpayment amount and its deposit into Government treasury without any delay.

4.2.6 Unauthorized expenditure on POL-Rs 281,318

According to Program Director (IRMNCH) Lahore letter No. pb/PPIU-2017/61/IRMNCH dated 24.01.2017, to strengthen the district monitoring activities by the district monitors of the program, POL limit is hereby fixed as below:

DC IRMNCH	250- Liter Per Month
ADC IRMNCH	150- Liter Per Month
SO/FPO	170- Liter Per Month

District Coordinator and Social Organizer consumed POL in excess of the prescribed ceiling during 2016-17. The detail is given below:

(Amount in rupees)

Sr. No.	Vehicle No.	Allotted To	Name	POL Drawn Ltr	Amount	POL Ceiling Ltr per month	Excess POL qty	Rate	Recoverable Amount
1	MHG 1005	DC	Jan, 17	944	63,781	250	694	67.5	46,845
			Feb, 17	555	37,481	250	305	67.5	20,588
			Mar, 17	576	44,348	250	326	75.2	24,515
			Apri, 17	809	60,888	250	559	75.2	42,037
			May, 17	629	47,311	250	379	75.2	28,501
Sub-Total				**3,513**	**253,809**	**1,250**	**2,263**	**361**	**162,485**
2	GH 786	SO/FPO	Dec, 16	405	27,333	170	235	67.5	15,858
			Jan, 17	364	24,550	170	194	67.5	13,075
			Feb, 17	544	36,692	170	374	67.5	25,217
			Mar, 17	512	38,531	170	342	75.2	25,747
			Apri, 17	420	31,605	170	250	75.2	18,821
			May, 17	301	22,636	170	131	75.2	9,852
Sub-Total				**2,546**	**181,347**	**1,020**	**1,526**	**428**	**108,570**
3	GH 564	ADC	Jan, 17	204	13,770	150	54	67.5	3,645
			Mar, 17	238	17,898	150	88	75.2	6,618
Sub-Total				**442**	**31,668**	**300**	**142**	**142.7**	**10,263**
Grand Total									**281,318**

Audit is of the view that due to weak financial management, the ceiling as prescribed by the Department was not observed.

Non observance of POL ceiling resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that Muzaffargarh is widely spread District having more than 300 KM belt and

current ceiling is quite insufficient to cover required visits. The additional activities like enquires, court attendance, collection of store at Lahore etc. results into over utilization. The reply was not justified because, if there was any such need, was required to be approved by the competent authority. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of over drawal from the concerned.

4.3 Health Related Issues

4.3.1 Deliveries conducted by CMWs without safe delivery kits

According to Component 2, a.3 Working Setup in the Field and table 29 of PC-I (Page 60,141), once qualified and registered with the Nursing Examination Boards, midwives shall be facilitated to establish safe delivery practices in the community to provide antenatal and post natal checkups, birth preparedness counseling, Family Planning Advice, and providing safe delivery.

During performance audit of National MNCH Program, it was noticed from the monthly reports (on sample basis) of CMWs that Safe Delivery Kits were not delivered to CMWs as per requirement. The table given below shows that 17,092 deliveries were conducted by CMWs during January 2014 to June 2019. But as per stock / issuance register, only 6,811 delivery kits were issued to CMWs. It depicts that either data showing deliveries conducted was fake or most of the deliveries were conducted without use of safe delivery kit. In both cases, quality services were not provided by the CMWs. The detail is given below:

Year	Period	No. of ANC/ registered Pregnancies/ANC	Deliveries Conducted by CMWs	Delivery Kits issued to CMWs	Kits Short / (excess)
2014	Jan - Dec 2014	6,681	2,365	917	1,448
2015	Jan - Dec 2015	10,956	3,347	183	3,164
2016	Jan - Dec 2016	16,221	3,344	1,218	2,126
2017	Jan - June 2017	20,778	4,648	4,167	481
2018	Jan-Dec 2018	14,288	1,950	326	1,624
2019	Jan-Dec 2019	20,753	1,438	0	1,438
	Total	**89,677**	**17,092**	**6,811**	**10,281**

Audit is of the view that due to weak managerial controls, the deliveries were conducted without safe delivery kit.

Conducting deliveries without safe delivery kit resulted in non-achievement of Program objectives as well as putting lives of the new born and the mother at risk.

Audit recommends the use of safe delivery kit must be ensured and responsibility be fixed on the person(s) at fault.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2020. It was replied that against SDKs, alternative supplies like Cotton Roll, gauze piece, Gloves, Chlorhexidine, sterilizer were provided to conduct clean and hygienic deliveries by the program. The reply was not tenable as no kits were provided as per instructions of PC-1 and no documentary evidence was available that the delivery kits were provided to CMWs. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends the use of safe delivery kit must be ensured and responsibility be fixed on the person(s) at fault.

4.3.2 Non achievement of millennium development goals

According to PC-1 (Page 22,41)(Revised PC1, page 8) of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program, to improve maternal, new-born and child health in Punjab especially of the poor thereby making progress towards achieving health related MDGs by reducing the IMR and MMR by Provision of 24/7 EmONC Services in DHQ and THQ Hospital and selected RHC/BHU. (Component-1) improving basic and comprehensive EmONC services at primary and secondary level health care facilities. Availability of logistics, Ambulances, equipment, medicines and supplies for all HF designated for provision of 24/7 Basic and Comprehensive EmONC services.

Key indicators of health sector to achieve the millennium development goals (MDGs) could not be followed and the goals remained unachieved. The year wise progress is given below:

Sr. No.	Subject	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019
1	Number of RHCs Upgraded / Renovated	0	0	0	0	0	0	0
2	%age of BHUs where LHV / Midwife Residences were renovated	0	0	0	0	0	0	0
3	No. of Health Facilities (BHUs) strengthened (adequate, regular supply of medicine and	0	0	0	0	0	36	36

Sr. No.	Subject	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019
	equipment) to provide basic EmONC Services							
5	No. of Health Facilities (BHUs) with well baby clinic established	0	0	0	0	0	0	0
6	No. of Health Facilities (RHCs) with well baby clinic established	0	0	0	0	0	0	0
7	No of health facilities (THQs) with well baby clinic established	0	0	0	0	0	0	3
8	No. of Ambulances provided to 24/7 Health Facility	0	0	0	0		18	22
9	No. of Ultrasound Machines	0	0	0	0		6	6
10	No. of Stabilization Centers Established under Nutrition component (SC).	0	0	0	0		3	3

It shows that Health facilities were not providing comprehensive EmONC, basic EmONC or preventive services.

The percentage and number of deliveries conducted by the CMWs per year and per month were decreased during 2018 to 2019 onward as compared to previous years. The detail is given below:

Year	Registered Pregnancies (ANC Cases)	Total Deliveries by CMW	Efficiency % of deliveries by CMW	Deliveries referred	Total No. of working CMWs	No. of Deliveries per CMW per year	No. of Deliveries per CMW per Month
2013	4,377	1,643	37.54	3	78	21	1.8
2014	6,694	2,365	35.33	44	89	27	2.2
2015	11,327	3,347	29.55	107	95	35	2.9
2016	16,891	3,344	19.80	66	99	34	2.8
2017	22,077	3,778	17.11	108	127	30	2.5
2018	14,843	1,950	13.14	6	132	15	1.2
2019	16,212	1,438	8.87	16	133	11	0.9
Total	**92,421**	**17,865**	**19.33**	**350**	**753**		

Furthermore, during performance audit of National MNCH Program (2009-17) it was noticed from scrutiny of record that the program objectives were

not achieved as the program indicators depicted poor picture at the provincial level as detailed below.

Unachieved objectives

Sr. No.	Description	Target (Base Line	Target 2014/2015	Target in 2019	As per MICS 2014	Achieved as per MICS 2018 (Punjab)	Achieved as per MICS 2018 (M. Garh)	Remarks
1	To reduce Maternal Mortality ratio (MMR)	200 per 100,000 live births	180 per 100,000 live births	140 per 100,000 live births	N/A	180 per 100,000 live births	NA	Target Not achieved
2	Neonatal Mortality Rate (NMR)	58 per 1000 live births	50 per 1000 live births	42 per 1000 live births	N/A	41 per 1000 live births	49 per 1000 live births	-do-
3	Infant mortality rate (IMR)	82 per 1000 live births	75 per 1000 live births	55 per 1000 live births	75 per 1000 live births	60 per 1000 live births	77 per 1000 live births	-do-
4	To reduce the Under Five Mortality Rate (U5MR)	97 per 1000 live births	98 per 1000 live births	70 per 1000 live births	93 per 1000 live births	69 per 1000 live births	86 per 1000 live birth	-do-
5	Skilled birth Attendant			85%	61%	76.4%	30%	-do-
6	Total fertility rate (child per women) TFR		3.4	3.1		3.7%	NA	-do-
7	Prevalence of stunting		Upto 34%	Upto 28%	Upto 28%	31.5%	39.2%	-do-
8	To increase Contraceptive Prevalence Rate (CPR)		55%		39%	29.9%	23.2%	-do-
9	Wasting			Upto 12%			NA (6.1%)	-do-
10	Iodized Salt Consumption			95%		94.55%	94%	-do-

Audit is of the view that due to weak managerial controls, the deliveries conducted by SBA decreased.

Decreased deliveries conducted by SBA resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that due to program

interventions, tangible improvement in indicators have been observed reflected through independent surveys like PDHS, MICS. The reply was not justified as goals were not achieved as per PC-1. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for non-achievement of millennium development goals.

4.3.3 High default rate and unattended/uncured Severely Acute Malnourished children (SAM)

According to PC1 Component 3, (Page 58 to 61) and Revised PC1 (page 23,24) of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program, a comprehensive nutrition strategy will be implemented to address malnutrition through preventive and curative services. To get benefit of stunting prevention i.e. better human capital. LHWS will be fully trained on the Nutrition Education Package including IYCF and micronutrient deficiency. This preventive Nutrition Education Package will be used for awareness raising and promoting healthy behaviors among the population, especially, women, children and adolescent girls. Additionally, in areas where the Therapeutic component will be undertaken, LHWs will be strengthening the Nutrition program through effective screening, referral and follow-up. Treatment of Severely Acute Malnourished children (SAM) with Ready to Use Therapeutic Food (RUTF), F100, F75 nutrients etc. Treatment of SAM with complications at Stabilization Centers (SC) in all 36 districts of Punjab (start in 2013 in District Muzaffargarh).

During performance audit of IRMNCH & Nutrition Program, it was noticed that the Outpatient Therapeutic Program (OTP) sites centers pointed out confirm "Severely Acute Malnourished children (SAM)" cases but remained unattended and not provided treatment during the year. Leaving total 21% severe patients unattended on detailed below Health Facilities is serious negligence. Furthermore, the sufficient stock was not provided and due to inconsistent supply of nutritional commodities particularly Ready to use Therapeutic Food (RUTF) and F-75 and F-100 Milk etc. the patients could not be cured. **(Annexure-D)**

Non treatment of the confirmed affected patients/ malnourished children resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that default rate is resultant of low socio economic condition of people, illiteracy and inconsistent supply of therapeutic food items at OTP/SC sites. The reply was not justified as PC-1 was not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for non-achievement of targets and non-treatment of needy children.

4.3.4 Non implementation of Public private partnership

According to Component 5, Public Private Partnership of PC-1 (Page 89), district governments will be encouraged to involve the private sector for improving access and availability of services. Efforts will be made by the District Government authorities to ensure that people get value for their money. Private clinics will be franchised under national MNCH Program.

For developing Public-Private partnership in order to improve / ensure MNCH services, local NGOs and private sectors were not selected. There was no involvement of the private sector to impart training to CMWs as it required special agreement (a formal Service Agreement) between the selected private hospitals and the District Government. Similarly, no advocacy committee was formed. The MNCH clinics were not franchised to get the services of private sector for betterment of rural community.

Audit is of the view that due to negligence of the program management, private sector was not got involved.

Non-involvement of private sector for improving access and availability of services resulted in non-observance of PC-I instructions and non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. No reply was submitted and no documentary evidence was provided in support of observation. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that the MNCH Program should be made accessible to private sector so that maximum targets of the program could be achieved.

4.3.5 Delay in integration of different MNCH related activities

According to Program Objectives and its Relationship with Sectoral Objectives of PC-I (Page II, III), overarching program goal is to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program at all levels of the health care delivery system”. Furthermore, according to Provincial MNCH Coordination Committee Para 2 of PC-I (Page 103), MNCH Cell will be directly responsible for integration and implementation of all the MNCH related activities including National MNCH Program.

All the MNCH related activities & vertical programs were not integrated at the district level under the management of MNCH Cell during the period 2007-08 to 2014-15. During 2015, Integrated Reproductive Maternal and Newborn Child Health & Nutrition Program (IRMNCH) was initiated. The delay of 07 years was violation of above quoted PC-I clause.

Audit if of the view that due to weak managerial controls, the MNCH related activities were not integrated.

Non integration of MNCH related activities resulted in non-achievement of program objective.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. No reply was submitted and no documentary evidence was provided in support of observation. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that responsibility be fixed on the management for non compliance of PC-I about integration of MNCH services.

4.3.6 Delay/Non Construction of CMW school and hostel

According to Component 2, (C) Establishment of Midwifery School of PC-I (Page 65), as institutional training will be residential in nature, the school will be provided funds of Rs 6.200 million for constructions of hostel for 35 students. As per Annual Phasing Summary (Table 2) of PC-I (Page XVI),

Community Midwifery School was to be constructed in the district during the year 2007-08 and staff for the school was to be hired in the year 2008-09.

During the course of performance audit, it was noticed that an amount of Rs 2.746 million was provided by the Government of Punjab Finance Department for construction of Community Midwifery (CMW) School / Hostel during 2011-12. However, the same was not utilized for construction of CMW School/Hostel. Rather it was re-appropriated by the District Government and Provincial Program Coordinator MNCH Lahore and utilized for salary and operating expenditure of the school. Eight batches of CMWs were trained in the existing nursing school. Nursing school has very limited building only available for 4 classes (1st, 2nd, 3rd and 4th year) of nurses. Due to additional burden of two classes of CMWs, those were accommodated. In such situation, it was very difficult to conduct training of CMWs. Due to non availability of CMW School / hostel, CMWs could not be trained as per direction / desire of the program. There was a compromise on skills of CMWs and it was a major reason that program could not achieve its objectives. The detail is given below:

Batch	Period	Enrolled CMW	Drop out students	Total Trained CMW
Batch No.1	2007-08	55	1	54
Batch No.2	2008-10	39	9	30
Batch No.3	2010-11	40	9	31
Batch No.4	2011-13	40	2	38
Batch No.5	2013-14	40	6	34
Batch No.6	2014-15	37	5	32
Batch No.7	2015-16	31	2	29
Batch No.8	2016-17	39	0	39
Batch No.9	2017-18	34	1	33
Batch No.10	2018-19	30	0	0
Total		**385**	**35**	**320**

Audit is of the view that due to weak administrative controls, CMW school and hostel were not constructed.

Non construction of CMW school and hostel resulted in poor training of CMWs and non achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that school building

was constructed in year 2013. The reply is not tenable as PC-1 was not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that matter may be brought to appropriate level for fixing of responsibility on the person at fault for non-construction of CMW School and Hostel in time.

4.4 Procurement and Contract Management

Procurement and contract management are associated with increasing public scrutiny and a need for assurance of value from public expenditure. Audit found many instances of deviation by management, from approved rules of procurement for IRMNCH & Nutrition Program, district Muzaffargarh.

4.4.1 Delay in up gradation of labour rooms of DHQ/THQ

According to Component 1 (1.A.1) Strengthening DHQ Hospitals of PC-I (Page 37), all the DHQ hospitals will be provided with funds for repair and maintenance. The amount has been estimated at an average cost of Rs 1.2 million per DHQ Rs 1 million per THQ providing comprehensive EmONC services.

It was observed that an amount of Rs 2.200 million were released by the Finance Department Lahore during financial year 2009-10 for up gradation of Hospitals; but these hospitals were not upgraded or renovated. Neither well baby clinics were established nor were labor rooms repaired till June 2011. Program objectives / targets to be achieved by the end of 2nd and 3rd year, could not be achieved in spite of availability of funds for repair.

Audit is of the view that due to weak managerial controls, the labour rooms of DHQ and THQ hospitals were not upgraded in time.

Delay in renovation of labour rooms in DHQ and THQ hospitals resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that renovation of buildings of DHQ/THQ were taken up by Provincial Government under Women Health Project, Health Sector Reforms Program and Revamping through IDAP. The reply was not tenable as PC-1 was not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault.

4.4.2 Cost overrun in procurement of vehicles – Rs 2.120 million

According to Logical Framework Table 3 of PC-I (Page 30), funds amounting to Rs 2.150 million were allocated for purchase of two vehicles for CMW School.

The approved cost of two vehicles was Rs 2.150 million which were purchased at the cost of Rs 4.270 million. It resulted in cost overrun of Rs 2.120 million. Delayed procurement along with change in specification of vehicles was also violation of PC-1. The detail is given below:

(Rupees in million)

Date of Purchase	Description of Vehicle As per PC-1	Vehicle Actually Purchased	Approved Cost	Purchase Rate	Cost Over Run
30.06.2009	1000 cc Van	Suzuki Jimny 1328 cc	0.750	1.620	0.870
30.06.2009	12 seater van	Hiace Commuter Dual A/C 3.01	1.400	2.650	1.250
Total			**2.150**	**4.270**	**2.120**

Audit is of the view that due to weak financial management, the vehicles were purchased on exaggerated cost and specification was changed without approval of authority.

Delay in procurement of vehicles resulted in cost overrun and loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied vehicles were procured at provincial level and relates to PMU. The reply was not justified because no documentary evidence was provided. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault, besides regularization of the matter from the PC-I approving authority.

4.5 Assets Management

Asset management is a systematic process of developing, operating, maintaining, upgrading, and disposing of assets cost-effectively. Various lapses have been found regarding asset management in IRMNCH & Nutrition Program, district Muzaffargarh.

4.5.1 Non supply of equipment and medicines to CMWs.

According to Component 5, Essential Drugs and Non-Drugs Items of PC-I (Page 90), to ensure sustainability of the inputs, the procurement of essential drugs for IMNCI will be made at the district level from the regular health budget, and at provincial level.

As per record it was observed that the medicines and supplies including small equipment were not supplied to CMWs during the period 2009 to 2015. After 2015, 50% of 48 essential medicines were supplied to CMWs (as per the proforma filled by CMWs). Similarly, the following important equipment was also not provided to CMWs.

List of Equipment not Provided to CMWs	
Office Table	Nail Brush
Office Chair	Screen
Client Stool	Baby Bulb Sucker
Examination Couch	Fetoscope
Delivery Table	BP Apparatus
Examination Lamp	Thermometer

Audit is of the view that due to non-availability of medicines / equipment, free EmONC for the poorest segment of population was not ensured.

Non provision of medicines and equipment resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that persistent supplies for CMW have been received upto 2016-17. The reply was not tenable as no documentary evidence of issuance and receiving of items was provided. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that all the necessary medicines and equipment be provided to the CMWs for safe deliveries.

4.5.2 Poor service delivery at Rural Health Centers/BHUs

According to Component 1, Linkage with LHW Program for Improving Family and Community Practices of PC-I (Page 48), Maternal care would focus on strengthening ante-natal care, Tetanus toxoid vaccination, promoting birth preparedness by families, improving recognition of danger signs, adequate nutrition and rest during pregnancy, provision of clean delivery kits, and promotion of births by skilled birth attendants, postnatal care and optimal birth spacing. Furthermore, the required services at the basic EmONC level include management of neonatal infection.

During the field visit of various health facilities, it was observed that the health facility was declared 24/7 service delivery. But the Electric generators were not provided to them to cope with load shedding problem, whereas the said RHCs were working without electricity substitute since their establishment due to which sterilization of the instruments used in the deliveries could not be carried out during load shedding time. The laboratories of the hospitals were also not functional due to non-availability of electricity required for their operations. Deliveries were being conducted in unsafe and infectious environment.

Name of Health Facility	Start period of MNCH Services	Period	Generator Facility Provided
BHU 24/7 &GRD	2007	2007 to 2019	Nil

Audit is of the view that due to weak managerial controls, the generators were not provided in time to ensure proper sterilization of the instruments.

Non sterilization of instruments resulted in unsafe deliveries and non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that 24/7 BHU, for back up electric supplies, either UPS with batteries or Solar Panel have been provided. The reply is not tenable as UPS in not sufficient for continuous support. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that responsibility be fixed on the management for non-compliance of PC-I regarding provision of basic facilities at rural health centers.

4.6 Monitoring and Evaluation

Monitoring and evaluation plays integral role to improve performance and achieve results. Audit found lack of proper monitoring and evaluation by the management of IRMNCH) & Nutrition Program, district Muzaffargarh that resulted in non-achievement of targets.

4.6.1 Non constitution of certification committee

According to Component 1, Certification Committee of PC-I (Page 44), the certification that the facility is providing “comprehensive EmONC”, “basic EmONC” or “preventive services” shall be done by a committee. An external firm which is accredited with the ISO shall be given the task to undertake evaluation of the management and environmental standards of the health facilities. The committee would visit the concerned health facility and record their observations in a meeting register, copies of which shall be kept at the district health office and the concerned facility, information will also be sent to the Provincial MNCH Cells/Directorates and Federal MNCH PIU. The certification would automatically expire at the end of one year and will have to be renewed by the committee in order to disburse the incentives. The certification could be revoked at any time upon non-performance.

The certification committee was not constituted for certification and it was not ascertained whether the facility was providing “comprehensive EmONC”, “basic EmONC” or “preventive services”.

Audit if of the view that due to management negligence, the certification committee was not constituted.

Non constitution of certification committee resulted in improper monitoring of program implementation.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that constitution of committee relates to PMU IRMNCH. The reply is not tenable as PC-1 was not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for non-constitution of certification committee.

4.6.2 Poor service delivery on stabilization centers and outpatient therapeutic program site

According to PC-1, Component 3, (Page 58, to 61) and Revised PC-1 (page 23,24) of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program, a comprehensive nutrition strategy will be implemented to address malnutrition through preventive and curative services. To get benefit of stunting prevention i.e. better human capital. LHWS will be fully trained on the Nutrition Education Package including IYCF and micronutrient deficiency. This preventive Nutrition Education Package will be used for awareness raising and promoting healthy behaviors among the population, especially, women, children and adolescent girls. Additionally, in areas where the Therapeutic component will be undertaken, LHWs will be strengthening the Nutrition program through effective screening, referral and follow-up. Treatment of Severely Acute Malnourished children (SAM) with Ready to Use Therapeutic Food (RUTF), F100, F75 nutrients etc. Treatment of SAM with complications at Stabilization Centers (SC) in all 36 districts of Punjab (start in 2013 in District Muzaffargarh).

A: During comparison of Severely Acute Malnourished children (SAM) complicated cases referred from to Stabilization Centers (SC) for treatment. It was noticed that only 6 cases were treated out of total 421 cases referred from detailed below Health Facilities which shows the poorest efficiency. **(Annexure-E)**

B: During comparison of Severely Acute Malnourished children cases screened and pointed out at Outpatient Therapeutic Program (OTP) site, but the same were not referred to next above center for cure and treatment nor admitted at OTP itself and goals of the nutrition program were not achieved. **(Annexure-E)**

Audit is of the view that due to weak internal controls, malnourished children were not admitted at OTP health facility.

Non admission of patients resulted in un cured.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that matter has been

noted for rectification. The reply is not tenable as PC-1 was not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault and non-developing the system to cure all the patients.

4.6.3 Loss due to payment of remuneration to non-reporting CMWs

As per job description of CMW, CMWs deployed in their catchment areas will have to provide antenatal, natal, postnatal services, and keep record of all activities. CMW will submit monthly report to District MCH Cell duly verified by LHS of her area. CMW will mark attendance on every Monday of every weak in the health facility and will be paid Rs 2,000 per month as remuneration.

During performance audit of National MNCH Program (2013-19) it was noticed from the record including monthly reports, daily registers of CMWs, correspondence files etc., the following 12 number of CMWs did not submit their monthly reports. It clearly showed that the concerned CMWs did not work during the specified period. Overall, out of deployed CMWs, 12 CMWs were not reporting as detailed in Table-2. In spite of this, they were paid monthly remuneration due to which Government sustained loss and program objectives remained unachieved. **(Annexure-F)**

Audit is of the view that due to weak administrative controls, the non-reporting CMWs were also paid remuneration.

Payment of remuneration to non-reporting CMWs resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that action would be taken against defaulter under the rules. The reply is not tenable as no serious efforts were made by the DDO. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommended that responsibility be fixed on the person(s) concerned for negligence.

4.6.4 Unjustified low performance of CMWs

According to Program Description, Summary of Policy Environment of PC-1 (Page 3), this program has introduced a new cadre of Skilled Birth Attendants (SBA) called Community-Midwives (CMWs) for skilled deliveries at community level. CMWs are potentially a very valuable resource when seeking to make safe motherhood available to the poor and marginalized women in Pakistan and the concept of them as independent practitioners, who are linked closely to the District Health System, is both potentially sustainable and efficient.

From the monthly reports of CMWs (as per MIS), it was observed that CMWs were not performing their duties as per requirement of the program. Table given below shows that number of deliveries conducted by the CMWs was also very low i.e 19% and each CMW was conducting an average less than 2 deliveries per month as in Table-1. It was quite astonishing that instead of increase in deliveries conducted by deployed CMWs with the passage of time, decline was noticed in the performance of CMWs in 2017-19. The objectives of the program in replacement if traditional birth attendant could not be achieved. It clearly shows that those deployed CMWs were not being monitored regularly and program objectives could not be achieved. **(Annexure-G)**

CMWs were performing very poor as evident from data they conducted nil delivery or one delivery in a month. Further the CMW after completing bond period deployment in the field were not actually working in the area/ field. **(Annexure-G)**

Audit is of the view that due to weak administrative controls, proper monitoring of field CMWs was not made.

Without proper monitoring of the program activities, the targets could not be achieved.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that CMWs rendered social mobilization services, field work in campaigns, vaccination, family planning and referral services as well. The reply is not tenable as PC-1 not followed and no proof provided. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for poor monitoring of the program.

4.6.5 Unrealistic reporting by field staff & poor monitoring of the program activities

According to Component 1, Monitoring and Evaluation of the PC-1 (Page 45), a district monitoring and reporting mechanism will be developed which will generate monthly reports. This mechanism will be based on Key Performance Indicators (KPI) and will be the responsibility of district coordinators.

WMOs, LHVs and CMWs deployed in the field submitted the reports without any authenticity. There was a huge difference of number of deliveries conducted as per three software systems (i.e LHW MIS, IRMNCH MIS and DHIS). As per DHIS reports of various months, the actual deliveries were shown in excess of registered pregnancies. **(Annexure-H)**

Audit is of the view that due to weak internal controls, unrealistic reports were accepted by the District Monitoring Cell.

Lack of proper monitoring resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that matter has been noted for rectification of disparity in data collected through different sources/ MISs. The reply is not tenable as PC-1 not followed and no serious efforts were made. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for poor monitoring of the program.

4.6.6 Poor performance of 24/7 Health Facility WMOs and LHVs

According to Component 1, Hospitals of PC-1 (Page 46), The MS with CEO (DHA) /EDO (H) shall prepare plans for provision of EmoNC services for comprehensive or basic services.

During the course of Performance audit, it was noticed from scrutiny of record consisting of monthly reports, correspondence files etc. that performance of WMOs and LHVs at various 24/7 BHUs/ RHCs was very poor. As per MIS

the number of deliveries conducted by SBA remained below 30%. Health authorities could not monitor the poor service deliveries at RHCs. It shows poor performance of the WMOs and LHVs posted at the said RHCs/BHUs. Due to poor performance / poor monitoring, programs objectives could not be achieved. **(Annexure-I)**

Audit is of the view that due to weak internal controls, proper monitoring was not ensured.

Lack of proper monitoring resulted in non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that deliveries at 24/7 BHUs contributes in deliveries through SBAs but there are alternative places like DHQ/THQ Hospitals, RHCs, CMWs and private hospital/ clinics as well. Observation noted for improvement in service delivery of low performance 24/7 BHUs. The reply is not tenable as PC-1 not followed and no serious efforts were made. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for poor performance as well as poor monitoring of the program.

4.6.7 Disparity/ Variation in data between referral cases and admitted at Stabilization Centers

According to PC-1, Component 3, (Page 58,to61) and Revised PC-1 (page 23,24) of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program, a comprehensive nutrition strategy will be implemented to address malnutrition through preventive and curative services. To get benefit of stunting prevention i.e. better human capital. LHWS will be fully trained on the Nutrition Education Package including IYCF and micronutrient deficiency. This preventive Nutrition Education Package will be used for awareness raising and promoting healthy behaviors among the population, especially, women, children and adolescent girls. Additionally, in areas where the Therapeutic component will be undertaken, LHWs will be strengthening the Nutrition program through effective screening, referral and follow-up. Treatment

of Severely Acute Malnourished children (SAM) with Ready to Use Therapeutic Food (RUTF), F100, F75 nutrients etc. Treatment of SAM with complications at Stabilization Centers (SC) in all 36 districts of Punjab (start in 2013 in District Muzaffargarh).

Comparison of DHMIS Android based direct online data and hard copy submitted by the LHW/OTP and entered in IRMNCH MIS, screening of malnourished children/women is done and referral of complicated cases to the next higher center. Disparity found in number of cases referred to SC by DHMIS and IRMNCH MIS. It shows fictitious reporting. **(Annexure-J)**

Audit is of the view that due to weak internal controls and poor monitoring, the authenticity of work and data cannot be ensured.

Lack of proper monitoring resulted in non-reliable data and non-achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that matter has noted for rectification in disparity of data. The reply is not tenable as PC-1 is not followed. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for poor performance as well as poor monitoring of the program and disparity in data and necessary correction thereof.

4.6.8 Non-launching of public awareness campaign

According to letter No. 5082/MNCH & 2269-2303/budget-2009-10/MNCH, 2466/MNCH dated 17.03.2009, 07.09.2009 and 14.10.2010 respectively, budget for awareness campaign, amongst the beneficiaries and healthcare providers, was provided to MNCH program District Muzaffargarh.

It was observed that during the years 2007-19, funds were allocated for launching of public awareness campaign on MNCH and trainings. In spite of the availability of funds, no campaign for public awareness about the MNCH services was launched. Further no campaign was launched to use of contraceptive

services, utilization of iodized salt etc. as no documentary proof regarding achievement of targets was available on record.

Audit is of the view that due to management’s negligence, the public awareness campaign was not launched despite availability of funds.

Non provision of public awareness resulted in dependency on traditional birth attendants and non-achievement of program targets.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2020. It was replied that social mobilization and health education is major component of program and same is done at Provincial level using electronic and print media. The reply is not tenable as PC-1 not followed and no serious efforts were made. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends that proper awareness campaign may be launched for providing knowledge and facilities to the public, besides fixing responsibility on the person(s) at fault for negligence.

4.7 Environment

Although the program had a minimal environmental impact, no attention was paid towards provision of incinerators at hospital levels for disposal of delivery wastes. Furthermore, the CMWs/ LHVs were also not properly equipped for wastes of home based deliveries and medical wastes. So the environmental factor had been neglected in the program.

4.8 Sustainability

Overall it was a good initiative of the Government of Pakistan for delivery of MNCH services through District Government to poor masses in remote areas of District Muzaffargarh. The activities include batches of trained CMWs to replace TBAs (Traditional Birth Attendants). Utilization of Safe Delivery Kits will provide safer delivery services to the pregnant women of remote areas. However, the program must be made sustainable by ensuring consistency in program activities, availability of medicines and better delivery of health services to patients.

4.9 Feasibility Report

Government of the Punjab did not carry out feasibility study before commencement of this Program which is necessary to minimize the possibility of deviation of activities during execution. It was necessary to access correct estimation of cost, determination of quantified objectives, observance of time schedule and effective utilization of the Program funds.

4.10 Vertical Programs

Various vertical programs were in progress since 2007. Thereafter, all the programs were integrated to IRMNCH & NP in 2015.

4.11 Overall Assessment

It was a good initiative by the Government for provision of health facilities at grass roots level. However, program could not perform as per the envisaged objectives.

(i) Relevance

Better health facilities were provided, by the deployed CMWs, to the people, who could not travel long distance to the Hospital. However, the presence of various vertical programs, resulted in inefficient use of resources. With the help of focused approach and efforts, the program could have been a tremendous success in achieving the MDGs.

(ii) Economy

Vehicles were procured on higher cost. Civil works could not be completed within the stipulated time period. Cost of civil work was increased. Staff was hired for the CMW School even long before the start of its construction.

(iii) Efficiency

Efficiency is basically an input-output relationship of a program. In this context, a major portion of program activities like construction of school & hostel for CMW students, availability of the infrastructure, New Born Care Unit, repair of Labor room, handing over of equipment & delivery tables to CMWs, utilization of vehicles & human resource for program activities, MNCH awareness campaigns etc. remained incomplete due to which the efficiency of the program was affected.

(iv) Effectiveness

As far as the effectiveness of the program is concerned, it can be safely stated that the program could not achieve its stated goals. The poor statistics of program did not support the ascertainment regarding achievement of ultimate goals up to 2019, reduce the Maternal Mortality Ratio per 100,000 Live Births up to 140, reduce Infant Mortality less than 55 per 1,000 live births, reduce the Under Five Mortality Rate (U5MR) up to 70 per 1,000 live births and increase the proportion of deliveries attended by Skilled Birth Attendants to 85%.

(v) Ethics

The program aimed to reduce out of pocket expenditure of the poor but due to inconsistency in program activities, i.e. non-availability of

medicine, non-awareness about CMWs and poor environment of 24/7 health facilities, public prefer to get medication from private hospitals or practitioners. Poor monitoring of deployed CMWs, lack of coordination between MNCH cell & deployed CMWs affected the program objectives. Late payment of stipend and retention fee also caused poor performance of CMWs. Lack of cooperation by hospital staff during training also affected the objectives.

(vi) Compliance with Rules

Various cases of overpayments were noticed on account of pay and allowances. Stipend to students/ CMW was paid without proper check and working in the field. POL was used in excess of authorized limit. Criteria for admission and deployment of CMWs were not observed. Proper screening of malnourished children and lactating women was not conducted and seriously affected patients were not cured.

(vii) Performance Rating of the Program

Unsatisfactory

(viii) Risk Rating of the Program

Substantial

(ix) Impact Analysis

An amount of Rs 177.107 million was expended to achieve the envisaged objectives of "IRMNCH & Nutrition Program" in district Muzaffargarh with a target to reduced IMR from 82/1,000 live birth to 55/1,000 live birth and MMR from 200/100,000 to 140/100,000 by providing skilled birth attendants and prevention of prevalence of stunting. However, the objective could not be achieved due to non-deployment of CMWs in the rural areas, poor performance of 24/7 Health Facility and poor performance of Stabilization Centers.

(x) Field Visits and Interviews of Community

Field visits were conducted at sites where MNCH centers were established and CMW community / beneficiaries were interviewed to

evaluate performance of program at grass roots level. Resultantly, the following shortcomings were noticed:

i. Hostel facility was not provided to CMW trainees coming from remote areas.
ii. Basic medicines were not provided to the CMWs deployed in the rural areas.
iii. Delivery kits and basic equipment were not provided to the CMWs deployed in the field.
iv. Refresher courses were not conducted for updating the CMWs about epidemic or some other mother and child health related problems.
v. People do not consider the services of CMWs as an alternative of regular health facilities.
vi. Stipend was not disbursed to the CMWs which affected their performance.
vii. Improper monitoring of field CMWs.
viii. Some CMWs were unaware of utilization of MVA kit.

5. Conclusion

This program was launched in 2007 to reduce the IMR and MMR and to decrease Prevalence of stunting of child to develop better human capital in the districts as envisaged in the PC-I. Audit observed that objectives of the program were not achieved in true spirit due to poor planning, lack of vigilance, non-adoption of economy measures, and inconsistency in provision of equipment, nutrition food supplement for malnourished children and lactating women, inadequate monitoring system, administrative lapses and financial indiscipline.

5.1 Key Issues for the Future

Launching of program with inadequate monitoring measures was wastage of time and public resources. Unless proper vigilance is exercised before launching such programs based on ground realities, demands and expectations of end user/ beneficiary and authenticated survey reports, envisaged objectives cannot be achieved.

5.2 Lessons Identified

Audit suggests to consider the following aspects for better outcomes:

i. Deployment of CMWs in the remote/ underserved areas may be ensured.
ii. The system for provision of medicines and safe delivery services to the patients should be strengthened.
iii. Public awareness campaigns should be launched.
iv. The civil works may be completed on priority.
v. Strenuous efforts should be made at all levels to achieve the MDGs.
vi. System of internal controls should be strengthened.
vii. All the MNCH related activities at district level should be integrated under District MNCH Cell.

Acknowledgement

We wish to express our appreciation to the District Health Authority Management and staff of the program titled “Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program” District Muzaffargarh for their assistance and cooperation extended to the auditors during this assignment.

Annexure

Annexure-A

[Para 4.1.1]

Deviation from Program objectives due to non-deployment of CMWs in rural areas

Sr. No.	Name of Tehsil	Name of Union Council (Rural)	Total Population of UC	No. of CMW under Training	Number of CMW required as per 5000 Population	CMW working / Deployed	Vacant seats	Population attended by CMW	Unattended population	%age of unattended population
1	Ali Pur	Bait Mulan Wali	52,212	-	10	-	10	-	52,212	100
2	Ali Pur	Khanqah Doma	46,569	-	9	-	9	-	46,569	100
3	Jatoi	Jhalarain	43,200	-	9	-	9	-	43,200	100
4	Kot Addu	565/TDA- Kot Adu	42,528	-	9	-	9	-	42,528	100
5	Muzaffargarh	Ghazanfar Garh	56,614		8		8	-	56,614	100
6	Ali Pur	Mud Wala-Ali Pur	41,538	-	8	-	8	-	41,538	100
7	Ali Pur	Ali Wali	39,967	-	8	-	8	-	39,967	100
8	Kot Addu	Pattal Munda	38,100	-	8	-	8	-	38,100	100
9	Jatoi	Bakaini	38,057	-	8	-	8	-	38,057	100
10	Jatoi	Jatoi Shumali	52,114		7		7	-	52,114	100
11	Jatoi	Beelay Wala	56,229	1	7		7	-	56,229	100
12	Kot Addu	Shadi Khan Munda	48,792		7		7	-	48,792	100
13	Muzaffargarh	Mahara	48,268		7		7	-	48,268	100
14	Kot Addu	City-3 Kot Adu	47,512		7		7	-	47,512	100
15	Muzaffa	Manka		1	6		6	-		

Sr. No.	Name of Tehsil	Name of Union Council (Rural)	Total Population of UC	No. of CMW under Training	Number of CMW required as per 5000 Population	CMW working / Deployed	Vacant seats	Population attended by CMW	Unattended population	%age of unattended population
	rgarh	Bhutta	51,697						51,697	100
16	Muzaffargarh	Ibrahim Wali	45,038		6		6	-	45,038	100
17	Muzaffargarh	Khan Garh	44,009		6		6	-	44,009	100
18	Ali Pur	Langar Wal	43,900		6		6	-	43,900	100
19	Kot Addu	Alurid	47,402		5		5	-	47,402	100
20	Muzaffargarh	Murad Abad	52,327	1	5		5	-	52,327	100
21	Muzaffargarh	City-3 Muzaffargarh	46,886		5		5	-	46,886	100
22	Muzaffargarh	Gull Wala	46,595	1	5		5	-	46,595	100
23	Muzaffargarh	Rohillan Wali	41,465		5		5	-	41,465	100
24	Muzaffargarh	Jaggat Pur	56,441	1	5		5	-	56,441	100
25	Ali PUr	Ghalwaan	41,365		5		5	-	41,365	100
26	Ali Pur	Murad Pur Jonobi	41,063		5		5	-	41,063	100
27	Kot Addu	Gujrat	45,923	1	5		5	-	45,923	100
28	Kot Addu	Hinjrai	45,902	1	5		5	-	45,902	100
29	Kot Addu	Ghazi Ghatt	50,719	1	5		5	-	50,719	100
30	Muzaffargarh	Taleeri	50,522	1	5		5	-	50,522	100
31	Kot Addu	Ehsan Pur	49,977	1	5		5	-	49,977	100
32	Muzaffargarh	Thatha Qureshi	49,459	1	5		5	-	49,459	100
33	Jatoi	Beer Band	49,029	1	5		5	-	49,029	100
34	Jatoi	Damar Wala Shumali	41,829	1	4		4	-	41,829	100

Sr. No.	Name of Tehsil	Name of Union Council (Rural)	Total Population of UC	No. of CMW under Training	Number of CMW required as per 5000 Population	CMW working / Deployed	Vacant seats	Population attended by CMW	Unattended population	%age of unattended population
35	Muzaffargarh	Ganga	40,176	1	4		4	-	40,176	100
36	Jatoi	Binda Ishaq	54,514		1		1	-	54,514	100
37	Ali Pur	Fateh Pur	72,624	-	14	1	13	5,000	67,624	93
38	Muzaffargarh	Darian	50,197	-	9	1	8	5,000	45,197	90
39	Muzaffargarh	Usman Koria	47,417	-	8	1	7	5,000	42,417	89
40	Jatoi	Bait Meer Hazar	45,943	1	8	1	7	5,000	40,943	89
41	Kot Addu	City-1 Kot Adu	45,332	-	8	1	7	5,000	40,332	89
42	Jatoi	Basti Vaince	42,514	1	8	1	7	5,000	37,514	88
43	Jatoi	Kotla Gamoon	42,171	-	7	1	6	5,000	37,171	88
44	Jatoi	Urban Jatoi	41,829	-	7	1	6	5,000	36,829	88
45	Ali Pur	Baz Wala	39,584	-	7	1	6	5,000	34,584	87
46	Ali Pur	Seet Pur	54,463	-	9	2	7	10,000	44,463	82
47	Kot Addu	Meer Pur Bhagal	51,252	1	8	2	6	10,000	41,252	80
48	Jatoi	Shahbaz Pur	51,086	-	8	2	6	10,000	41,086	80
49	Muzaffargarh	Ahmad Mohana	48,147	-	8	2	6	10,000	38,147	79
50	Ali Pur	Sultan Pur	48,080	1	8	2	6	10,000	38,080	79
51	Kot Addu	Bait Qaim Wala	47,000	1	7	2	5	10,000	37,000	79
52	Ali Pur	Urban Ali Pur	45,853	-	7	2	5	10,000	35,853	78
53	Muzaffargarh	Utra Sandeela	41,983	1	6	2	4	10,000	31,983	76
54	Jatoi	Saba-i-		-	6	2	4	10,000		

Sr. No.	Name of Tehsil	Name of Union Council (Rural)	Total Population of UC	No. of CMW under Training	Number of CMW required as per 5000 Population	CMW working / Deployed	Vacant seats	Population attended by CMW	Unattended population	%age of unattended population
		Wala	41,486						31,486	76
55	Jatoi	Jhuggi Wala	40,800	1	6	2	4	10,000	30,800	75
56	Muzaffargarh	Umer Pur Jonobi	39,821	1	6	2	4	10,000	29,821	75
57	Muzaffargarh	City-4 (Bhutta pur) M.Garh	54,028	1	8	3	5	15,000	39,028	72
58	Kot Addu	547-TDA	52,263	1	7	3	4	15,000	37,263	71
59	Kot Addu	Urban Daira Din Panah	49,684	1	7	3	4	15,000	34,684	70
60	Kot Addu	632-TDA	45,230	1	6	3	3	15,000	30,230	67
61	Kot Addu	Wandhar	45,138	1	6	3	3	15,000	30,138	67
62	Ali Pur	Yaki Wali	43,715	1	6	3	3	15,000	28,715	66
Total			**2,915,578**	**28**	**419**	**49**	**370**	**245,000**	**2,670,578**	**92**

Annexure-B

[Para 4.1.2]

Non conducting of screening of malnourished children

Sr. No.	Year	Tehsil	Union Council	Facility Code	Facility Name	Total Screening of Malnutrition By OTP
1	2017-18	Muzaffargarh	Utra Sandeela	123059	BHU Utra Sandilla	0
2	2017-18	Kot Adu	City-2 Kot Adu	123129	THQ Hospital Kot Adu	0
3	2017-18	Kot Adu	Hanjrai	123088	RHC Daira Deen Panah	0
4	2017-18	Kot Adu	Ehsan Pur	123029	BHU Ehsan Pur	0
5	2017-18	Jatoi	Beer Band	123012	BHU Kotla Lal Shah	0
6	2017-18	Muzaffargarh	Karam Dad Qureshi	123050	BHU KD Qureshi	0
7	2017-18	Muzaffargarh	Shah Jamal	123095	RHC Shah Jamal	0
8	2017-18	Jatoi	Jhalarian	123020	BHU Hamzay Wali	0
9	2017-18	Alipur	Seet Pur	123084	RHC Seet Pur	0
10	2017-18	Kot Adu	Wandhar	123038	BHU Wandhar	0
11	2017-18	Jatoi	Ram Pur	123064	BHU Lundi Pitafi	0
12	2017-18	Alipur	Khair Pur Saddat	123083	RHC Khair Pur Saddat	0
13	2017-18	Jatoi	Vaince	123005	BHU Basti Vaince	0
14	2017-18	Kot Adu	632-TDA	123028	BHU 632-TDA	0
15	2017-18	Muzaffargarh	Nohan Wali	123039	BHU Ali Wala	0
16	2017-18	Alipur	Bait Mulan Wali	123003	BHU Basti Chunjan	0
17	2017-18	Jatoi	Jhuggi Wala	123127	BHU Jhuggi Wala	0
18	2017-18	Alipur	Fateh Pur	123007	BHU Fateh Pur Jonobi	0
19	2017-18	Alipur	Sultan Pur	123018	BHU Sultan Pur	0
20	2017-18	Muzaffargarh	Lutkaran	123130	DHQ Hospital Muzaffargarh	0
21	2018-19	Alipur	Fateh Pur	123007	BHU Fateh Pur Jonobi	0
22	2018-19	Jatoi	Ram Pur	123064	BHU Lundi Pitafi	0
Total						**0**

Annexure-C

[Para 4.2.5]

Non recovery of stipend from a student who left the training course of CMW – Rs 928,000

(Amount in rupees)

Sr. No.	CMW Code	CMW Name	Union Council	Deployment Status	Stipend Rate	Period	Amount	Stipend Rate during deployment	Period	Amount	Total Recovery
1	12319487	Aroosa Gul	Sheikh Umar	Left After Deployment	3500	18	63,000	2000	12	24,000	87,000
2	12344779	Farzana Kousar	Rohillan Wali	Left before Deployment	3500	18	63,000			-	63,000
3	12319523	Shahneela Naeem	Urban Chowck Sarwar Shaheed	Left After Deployment	3500	18	63,000	2000	9	18,000	81,000
4	12344805	Bushra Mukhtiar	Murad Abad	Left After Deployment	3500	18	63,000	2000	21	42,000	105,000
5	12344737	Nimra Akbar	Alurid	Left After Deployment	3500	18	63,000	2000	21	42,000	105,000
6	12344730	Sadia Sagheer	Dogar Classra	Left After Deployment	3500	18	63,000	2000	23	46,000	109,000
7	12358582	Haseena Bibi	Sheher Sultan	Left before Deployment	3500	18	63,000			-	63,000
8	12343557	Uzma Naz	Ghazanfar Garh	Not Deployed	3500	6	21,000			-	21,000
9	12344851	Aroosa Shahzadi	Rang Pur	Not Deployed	3500	6	21,000			-	21,000
10	12344849	Kousar Parveen	Taleeri	Not Deployed	3500	6	21,000			-	21,000
11	12343589	Saira Nazar	Jaggat Pur	Not Deployed	3500	6	21,000			-	21,000
12	12344853	Sumaira Khushi	Seet Pur	Not Deployed	3500	6	21,000			-	21,000
13	12344855	Tehmina Hameed	Wandhar	Not Deployed	3500	6	21,000			-	21,000
14	12347889	Hajira Bibi	Murad Pur Jonobi	Not Deployed	3500	6	21,000			-	21,000
15	12347905	Nadia Batool	Budh	Not Deployed	3500	6	21,000			-	21,000
16	12347911	Qurat ul Ain	Urban Daira Din Panah	Not Deployed	3500	6	21,000			-	21,000
17	12347915	Rukhsana Malik	Shahbaz Pur	Not Deployed	3500	6	21,000			-	21,000
18	12347913	Shahana Parveen	Baz Wala	Not Deployed	3500	6	21,000			-	21,000
19	12358582	Haseena Bibi	Sheher Sultan	Left before Deployment	3500	18	63,000			-	63,000
20	12358570	Maria Yasmin	Sharif Chajra	Not Deployed	3500	6	21,000			-	21,000
Total							**756,000**			**172,000**	**928,000**

Annexure-D

[Para 4.3.3]

High default rate and unattended/uncured Severely Acute Malnourished children (SAM)

Year	Facility Code	Health Facility Name	SAM children (Total) (OTP)	Referred to SC after Screening (Total) (OTP)	Unattended SAM children (Defaulters) in the Year	%age of Unattended Children
2018-19	123046	BHU Chack Farazi	258	41	135	52.3
2018-19	123041	BHU Doaaba	203	12	16	7.9
2018-19	123048	BHU Jaggat Pur	183	4	48	26.2
2018-19	123028	BHU 632-TDA	91	-	9	9.9
2018-19	123013	BHU Kotla Gamoon	187	1	58	31.0
2018-19	123012	BHU Kotla Lal Shah	80	3	11	13.8
2018-19	123053	BHU Mochi Wali	233	-	28	12.0
2018-19	123120	BHU Mondka	253	7	24	9.5
2018-19	123057	BHU Thatha Qureshi	153	4	60	39.2
2018-19	123038	BHU Wandhar	150	9	21	14.0
2018-19	123089	RHC Gujrat	290	9	37	12.8
2018-19	123083	RHC Khair Pur Saddat	115	5	28	24.3
2018-19	123092	RHC Khan Garh	207	2	36	17.4
2018-19	123054	RHC Murad Abad	183	2	24	13.1
2018-19	123093	RHC Rang Pur	238	5	56	23.5
2018-19	123094	RHC Rohillan Wali	240	1	23	9.6
2018-19	123085	RHC Sheher Sultan	167	4	28	16.8
2018-19	123090	RHC Sinawan	180	6	35	19.4
2018-19	123086	THQ Jatoi	243	11	59	24.3
2018-19	**Total**		**3,654**	**126**	**736**	**20.1**
2017-18	123046	BHU Chack Farazi	220	27	86	39.1
2017-18	123041	BHU Doaaba	176	18	17	9.7
2017-18	123048	BHU Jaggat Pur	165	6	34	20.6
2017-18	123031	BHU Khar Gharbi	221	2	57	25.8
2017-18	123023	BHU Mehmood Kot	168	2	11	6.5
2017-18	123057	BHU Thatha Qureshi	161	14	29	18.0
2017-18	123089	RHC Gujrat	262	9	48	18.3
2017-18	123092	RHC Khan Garh	221	-	61	27.6
2017-18	123093	RHC Rang Pur	201	4	46	22.9
2017-18	123085	RHC Sheher Sultan	177	8	19	10.7
2017-18	123090	RHC Sinawan	178	10	25	14.0

Year	Facility Code	Health Facility Name	SAM children (Total) (OTP)	Referred to SC after Screening (Total) (OTP)	Unattended SAM children (Defaulters) in the Year	%age of Unattended Children
2017-18	123086	THQ Jatoi	189	17	44	23.3
2017-18	**Total**		**2,339**	**117**	**477**	**20.4**
2016-17	123046	BHU Chack Farazi	223	-	40	17.9
2016-17	123041	BHU Doaaba	220	-	29	13.2
2016-17	123121	BHU Ghazi Ghatt	139	2	31	22.3
2016-17	123031	BHU Khar Gharbi	136	-	43	31.6
2016-17	123120	BHU Mondka	148	-	9	6.1
2016-17	123057	BHU Thatha Qureshi	153	-	28	18.3
2016-17	123091	RHC Basira	161	-	11	6.8
2016-17	123089	RHC Gujrat	231	3	30	13.0
2016-17	123092	RHC Khan Garh	154	1	54	35.1
2016-17	123093	RHC Rang Pur	275	-	82	29.8
2016-17	123094	RHC Rohillan Wali	165	1	17	10.3
2016-17	123085	RHC Sheher Sultan	115	-	27	23.5
2016-17	123090	RHC Sinawan	180	13	17	9.4
2016-17	123086	THQ Jatoi	191	-	81	42.4
2016-17	**Total**		**2,491**	**20**	**499**	**20.0**
2015-16	123026	BHU 518-TDA	48	-	31	64.6
2015-16	123121	BHU Ghazi Ghatt	70	8	9	12.9
2015-16	123031	BHU Khar Gharbi	79	-	47	59.5
2015-16	123013	BHU Kotla Gamoon	54	-	13	24.1
2015-16	123120	BHU Mondka	49	-	5	10.2
2015-16	123057	BHU Thatha Qureshi	68	-	12	17.6
2015-16	123067	BHU Tousa Baridge HOSP	72	2	15	20.8
2015-16	123092	RHC Khan Garh	94	3	7	7.4
2015-16	123085	RHC Sheher Sultan	23	-	37	160.9
2015-16	123090	RHC Sinawan	72	4	24	33.3
2015-16	**Total**		**629**	**17**	**200**	**31.8**
Grand Total			**9,113**	**280**	**1,912**	**21.0**

Annexure-E

[Para 4.6.2]

Poor service delivery on stabilization centers and outpatient therapeutic program site

Table-1

Year	Facility Name	Facility Code	Data as per Direct online Android	Data as per MIS	Received in Stabilization Center
			SAM Refer to SC (Direct online)	SAM Ref to SC as Mis	
2017-18	RHC Khan Garh	123092	7	-	0
2017-18	BHU BAIT MEER HAZAR	123021	0	1	0
2017-18	THQ Hospital Kot Adu	123129	-	17	0
2017-18	RHC Baseera	123091	2	-	0
2017-18	BHU MONCHI WALI	123053	-	4	0
2017-18	RHC Rang Pur	123093	13	4	0
2017-18	RHC Shah Jamal	123095	-	-	0
2017-18	BHU DAYA CHOKHA	123126	-	7	0
2017-18	RHC Khair Pur Saddat	123083	-	5	0
2017-18	THQ Chowk Sarawar Shaheed	123113	9	4	0
2017-18	BHU JADAY WALA	123117	3	3	0
2017-18	BHU Jaggat Pur	123048	1	6	0
2017-18	BHU KOTLA GAMOON	123013	0	6	0
2017-18	THQ Hospital Alipur	123128	12	63	0
2017-18	BHU ALUDAY WALI	123040	-	9	0
2017-18	BHU TOUNSA BARRAGE	123067	-	6	0
2017-18	DHQ Hospital Muzaffargarh	123130	-	37	0
2018-19	BHU BAIT MEER HAZAR	123021	3	8	0
2018-19	RHC Rang Pur	123093	11	5	0
2018-19	BHU SHAIKH UMAR	123036	3	29	0
2018-19	BHU Chack Farazi	123046	34	41	0
2018-19	RHC Khair Pur Saddat	123083	5	5	0
2018-19	BHU MAHARA	123052	-	38	0
2018-19	THQ Hospital Kot Adu	123129	72	7	1
2018-19	BHU Basti Chunjan	123003	6	1	0
2018-19	BHU KOTLA GAMOON	123013	0	1	0
2018-19	THQ Hospital Alipur	123128	10	15	0
2018-19	BHU Fateh Pur Jonobi	123007	-	-	0
2018-19	BHU ALUDAY WALI	123040	1	12	0
2018-19	BHU TOUNSA BARRAGE	123067	10	9	0

Year	Facility Name	Facility Code	Data as per Direct online Android	Data as per MIS	Received in Stabilization Center
			SAM Refer to SC (Direct online)	SAM Ref to SC as Mis	
2018-19	DHQ Hospital Muzaffargarh	123130	100	69	5
2018-19	BHU Lundi Pitafi	123064	-	-	0
2018-19	RHC Baseera	123091	6	9	0
Total			308	421	6

Table-2

Year	Facility Code	Facility	SAM (Total) (OTP)	Referred to SC after Screening (Total) (OTP)	SAM To be Admitted (Total-Referred)	Total Admission (D) (Children 6-59 Months) (OTP)	Not Admitted at OTP	% TAGE
2016-17	123026	BHU 518-TDA	143	-	143	128	15	10.49
2016-17	123040	BHU Aluday Wali	181	-	181	161	20	11.05
2016-17	123021	BHU Bait Meer Hazar	222	2	220	197	23	10.45
2016-17	123126	BHU Daya Chokha	149	-	149	134	15	10.07
2016-17	123015	BHU Marian	221	-	221	191	30	13.57
2016-17	123036	BHU Shaikh Umar	201	3	198	161	37	18.69
2016-17	123130	DHQ Hospital Muzaffargarh	359	6	353	308	45	12.75
2016-17	123091	RHC Basira	161	-	161	150	11	6.83
2016-17	123089	RHC Gujrat	231	3	228	210	18	7.89
2016-17	123092	RHC Khan Garh	154	1	153	143	10	6.54
2016-17	123095	RHC Shah Jamal	213	-	213	140	73	34.27
2016-17	123128	THQ Hospital Alipur	256	44	212	190	22	10.38
2016-17	123129	THQ Hospital Kot Adu	415	19	396	289	107	27.02
2016-17	**Total**		**2,906**	**78**	**2,828**	**2,402**	**426**	15.06
2017-18	123026	BHU 518-TDA	159	6	153	138	15	9.80
2017-18	123040	BHU Aluday Wali	199	9	190	158	32	16.84
2017-18	123021	BHU Bait Meer Hazar	210	1	209	172	37	17.70

Year	Facility Code	Facility	SAM (Total) (OTP)	Referred to SC after Screening (Total) (OTP)	SAM To be Admitted (Total-Referred)	Total Admission (D) (Children 6-59 Months) (OTP)	Not Admitted at OTP	% TAGE
2017-18	123046	BHU Chack Farazi	220	27	193	165	28	14.51
2017-18	123126	BHU Daya Chokha	254	7	247	166	81	32.79
2017-18	123041	BHU Doaaba	176	18	158	137	21	13.29
2017-18	123121	BHU Ghazi Ghatt	177	15	162	136	26	16.05
2017-18	123048	BHU Jaggat Pur	165	6	159	148	11	6.92
2017-18	123051	BHU Khan Pur Bagga Sher	252	11	241	207	34	14.11
2017-18	123013	BHU Kotla Gamoon	151	6	145	110	35	24.14
2017-18	123052	BHU Mahra	233	10	223	169	54	24.22
2017-18	123015	BHU Marian	178	7	171	148	23	13.45
2017-18	123023	BHU Mehmood Kot	168	2	166	147	19	11.45
2017-18	123043	BHU Miran Pur	156	-	156	129	27	17.31
2017-18	123053	BHU Mochi Wali	179	4	175	147	28	16.00
2017-18	123120	BHU Mondka	206	4	202	159	43	21.29
2017-18	123036	BHU Shaikh Umar	274	10	264	227	37	14.02
2017-18	123056	BHU Sharif Chajhra	167	2	165	138	27	16.36
2017-18	123057	BHU Thatha Qureshi	161	14	147	132	15	10.20
2017-18	123067	BHU Tousa Baridge HOSP	219	6	213	202	11	5.16
2017-18	123038	BHU Wandhar	153	6	147	125	22	14.97
2017-18	123130	DHQ Hospital Muzaffargarh	323	37	286	225	61	21.33
2017-18	123091	RHC Basira	195	7	188	140	48	25.53
2017-18	123087	RHC Chowck Sarwar Shaheed	96	-	96	66	30	31.25
2017-18	123089	RHC Gujrat	262	9	253	209	44	17.39

Year	Facility Code	Facility	SAM (Total) (OTP)	Referred to SC after Screening (Total) (OTP)	SAM To be Admitted (Total-Referred)	Total Admission (D) (Children 6-59 Months) (OTP)	Not Admitted at OTP	% TAGE
2017-18	123092	RHC Khan Garh	221	-	221	190	31	14.03
2017-18	123054	RHC Murad Abad	212	-	212	165	47	22.17
2017-18	123093	RHC Rang Pur	201	4	197	185	12	6.09
2017-18	123094	RHC Rohillan Wali	190	6	184	170	14	7.61
2017-18	123095	RHC Shah Jamal	179	-	179	156	23	12.85
2017-18	123085	RHC Sheher Sultan	177	8	169	148	21	12.43
2017-18	123090	RHC Sinawan	178	10	168	138	30	17.86
2017-18	123113	THQ Chowk Sarawar Shaheed	123	4	119	146	(27)	(22.69)
2017-18	123128	THQ Hospital Alipur	268	63	205	137	68	33.17
2017-18	123129	THQ Hospital Kot Adu	399	17	382	281	101	26.44
2017-18	123086	THQ Jatoi	189	17	172	146	26	15.12
2017-18	**Total**		**7,270**	**353**	**6,917**	**5,762**	**1,155**	16.70
2018-19	123053	BHU Mochi Wali	233	-	233	224	9	3.86
2018-19	123201	Recep Tayyib Erodgan Indus Hospital	86	-	86	77	9	10.47
2018-19	123089	RHC Gujrat	290	9	281	266	15	5.34
2018-19	**Total**		**609**	**9**	**600**	**567**	**33**	**5.50**
Grand Total			10,785	440	10,345	8,731	1,614	15.60

Annexure-F

[Para 4.6.3]

Loss due to payment of remuneration to non reporting CMWs

Table-1

Year	Total Non reporting CMWS	Monthly reports not submitted
2019	2	16
2018	1	6
2017	2	24
2016	2	24
2014	2	24
2013	3	36
Total	**12**	

Table-2

Year	CMW Id	CMW Name	Father/Husband Name	Deployment Date
2019	12362691	Saima Naseer	W/O Abdul Rasheed	2/15/2018
2019	12365440	Najma Saeed	Hafiz Saeed	8/7/2019
2018	12362691	Saima Naseer	W/O Abdul Rasheed	2/15/2018
2017	12343884	Nazia Hafeez	Hafiz Muhammad Hafeez	4/8/2014
2017	12344737	Nimra Akbar	Ghulam Akbar Ali	4/1/2015
2016	12344737	Nimra Akbar	Ghulam Akbar Ali	4/1/2015
2016	12344805	Bushra Mukhtiar	Mukhtiar Ahmed	4/1/2015
2014	12319487	Aroosa Gul	M.Saleem Khan	10/7/2013
2014	12319523	Shahneela Naeem	M.Naeem	4/8/2014
2013	12319487	Aroosa Gul	M.Saleem Khan	10/7/2013
2013	12320013	asifa Siraaj	Siraaj	12/1/2012
2013	12320031	Rafia Parveen	M.Rafiq	12/1/2012

Annexure-G

[Para 4.6.4]

Unjustified low performance of CMWs

Table-1

Year	Registered Pregnancies (ANC Cases)	Total Deliveries by CMW	Efficiency % of delivery by CMW out of total ANC	Total No. of working CMWs	No. of Deliveries per CMW per year	No. of Deliveries per CMW per Month
2013	4,377	1,643	37.54	78	21	1.8
2014	6,694	2,365	35.33	89	27	2.2
2015	11,327	3,347	29.55	95	35	2.9
2016	16,891	3,344	19.80	99	34	2.8
2017	22,077	3,778	17.11	127	30	2.5
2018	14,843	1,950	13.14	132	15	1.2
2019	16,212	1,438	8.87	133	11	0.9
Total	**92,421**	**17,865**	19.33	**753**		

Table-2

Year	CMW Name	Total Registered Deliveries	Number Delivered by CMW	%tage of working by CMW	Avg No of deliveries per month
2013	12320031-Rafia Parveen	0	0	0	0
2013	12319531-Khalida Bibi	0	0	0	0
2013	12343882-Aroosa Bibi	0	0	0	0
2013	12320013-asifa Siraaj	0	0	0	0
2013	12319548-Sobia Irum	0	0	0	0
2013	12319576-Khadija Tul Zahira	0	0	0	0
2013	12319487-Aroosa Gul	0	0	0	0
2013	12319971-Saima Irum	0	0	0	0
2014	12319598-Shakila Aslam	0	0	0	0
2014	12319523-Shahneela Naeem	0	0	0	0
2014	12319652-Shahida Parveen	0	0	0	0
2014	12343882-Aroosa Bibi	0	0	0	0
2014	12320005-Seema Kousar	0	0	0	0
2014	12319487-Aroosa Gul	0	0	0	0
2014	12319588-Shazia Parveen	0	0	0	0
2015	12344837-Bilqees Bibi	0	0	0	0
2016	12343537-Shazia Malik	0	0	0	0
2017	12319467-Sumaira Shabeer	0	0	0	0
2017	12344737-Nimra Akbar	0	0	0	0
2017	12319531-Khalida Bibi	0	0	0	0
2017	12343884-Nazia Hafeez	0	0	0	0
2017	12343529-Farzana Iqbal	0	0	0	0

Year	CMW Name	Total Registered Deliveries	Number Delivered by CMW	%tage of working by CMW	Avg No of deliveries per month
2019	12347883-Pervaiz Shams	0	0	0	0
2017	12350268-Shaista Bibi	11	1	9.1	0.1
2018	12344018-Mansab Bibi	2	1	50.0	0.1
2019	12362673-Rukhsana Bibi	2	1	50.0	0.1
2019	12365472-Farhana Fida	3	1	33.3	0.1
2013	12343529-Farzana Iqbal	28	2	7.1	0.2
2014	12319981-Zulaikha Gull	3	2	66.7	0.2
2019	12362661-Maimoona Bibi	3	2	66.7	0.2
2019	12365402-Rabia Umar	11	2	18.2	0.2
2017	12344018-Mansab Bibi	10	3	30.0	0.3
2017	12347891-Tahira Majeed	5	3	60.0	0.3
2018	12362709-Asia Noreen	33	3	9.1	0.3
2018	12362655-Shaista Bibi Manka Bhutta	4	3	75.0	0.3
2019	12362669-Asia Malik	5	3	60.0	0.3
2019	12365444-Samina Bibi	4	3	75.0	0.3
2019	12365434-Bushra Bashir Mondka	5	3	60.0	0.3
2019	12362699-Noshaba Gul	7	3	42.9	0.3
2015	12344805-Bushra Mukhtiar	6	4	66.7	0.3
2018	12344837-Bilqees Bibi	7	4	57.1	0.3
2018	12347903-Abida Khan	7	4	57.1	0.3
2019	12350264-Fouzia Shamim	33	4	12.1	0.3
2019	12358558-Misbah Mushtaq	7	4	57.1	0.3
2013	12319459-Shumaila Kanwal	30	5	16.7	0.4
2013	12343533-Asia Bashir	28	5	17.9	0.4
2013	12343886-Rafia Bibi	27	5	18.5	0.4
2018	12362649-Anila Rani	10	5	50.0	0.4
2018	12362711-Shakila Bibi	10	5	50.0	0.4
2018	12347891-Tahira Majeed	9	5	55.6	0.4
2018	12344815-Nasreen Bibi	15	5	33.3	0.4
2018	12347867-Noshaba Allah Bux	7	5	71.4	0.4
2019	12362709-Asia Noreen	45	5	11.1	0.4
2013	12319477-Amna Akram	27	6	22.2	0.5
2019	12362653-Sadaf Shahzadi	16	6	37.5	0.5
2019	12362713-Bushra Malik	9	6	66.7	0.5
2019	12347901-Shagufta Noreen	42	6	14.3	0.5
2013	12319441-Zarghona Akbar	27	7	25.9	0.6
2016	12344018-Mansab Bibi	13	7	53.8	0.6
2017	12358536-Samina Haider	14	7	50.0	0.6
2017	12358540-Saima Nawaz	11	7	63.6	0.6
2019	12362693-Sughra Fareed	9	7	77.8	0.6
2013	12319652-Shahida Parveen	11	8	72.7	0.7
2017	12344837-Bilqees Bibi	18	8	44.4	0.7
2018	12362653-Sadaf Shahzadi	11	8	72.7	0.7
2018	12362645-Ameer Fatima	14	8	57.1	0.7
2019	12362685-Bushra Bibi	17	8	47.1	0.7
2018	12344028-Samina Khalid	13	9	69.2	0.8
2018	12362693-Sughra Fareed	30	9	30.0	0.8

Year	CMW Name	Total Registered Deliveries	Number Delivered by CMW	%tage of working by CMW	Avg No of deliveries per month
2019	12358566-Bushra Bashir	19	9	47.4	0.8
2018	12362685-Bushra Bibi	22	10	45.5	0.8
2017	12344845-Kalsoom Bibi	15	11	73.3	0.9
2018	12362719-Kousar Perveen	20	11	55.0	0.9
2018	12363648-Samina Raheem	16	11	68.8	0.9
2019	12362721-Ulfat Bibi	28	11	39.3	0.9
2018	12350268-Shaista Bibi	18	12	66.7	1.0
2014	12319515-Tahira Inayat	20	13	65.0	1.1
2014	12319606-Hina Iqbal	17	13	76.5	1.1
2015	12344823-Shazia Qureshi	22	13	59.1	1.1
2017	12347855-Sonia Akbar	20	13	65.0	1.1
2014	12319983-Khalida nawaz	26	14	53.8	1.2
2015	12320019-Bushra Khadim	22	14	63.6	1.2
2015	12320041-Shazia Naz	38	14	36.8	1.2
2016	12350264-Fouzia Shamim	18	14	77.8	1.2
2018	12344797-Shazia Iqbal	28	14	50.0	1.2
2014	12343886-Rafia Bibi	48	15	31.3	1.3
2019	12362675-Saira Batool	19	15	78.9	1.3
2013	12320041-Shazia Naz	41	16	39.0	1.3
2019	12358524-Kiran Fida	22	16	72.7	1.3
2017	12358514-Humaira Bano	27	17	63.0	1.4
2018	12362715-Nazia Kanwal	33	17	51.5	1.4
2019	12362707-Mairaj Bibi	24	17	70.8	1.4
2016	12344739-Najma Shaheen	25	18	72.0	1.5
2018	12362705-Noreen Iqbal	29	18	62.1	1.5
2018	12358536-Samina Haider	28	18	64.3	1.5
2013	12320067-kausar bibi	119	19	16.0	1.6
2017	12358526-Bushra Fareed	25	19	76.0	1.6
2018	12358566-Bushra Bashir	28	19	67.9	1.6
2019	12358576-Aisha Akbar	33	19	57.6	1.6
2014	12319459-Shumaila Kanwal	38	20	52.6	1.7
2014	12319661-Razia Parveen	30	20	66.7	1.7
2017	12358566-Bushra Bashir	33	20	60.6	1.7
2018	12362707-Mairaj Bibi	47	20	42.6	1.7
2013	12320033-Umm.e.hani	70	21	30.0	1.8
2017	12358532-Farzana Zulfiqar	35	21	60.0	1.8
2017	12358556-Sadia Rafiq	30	21	70.0	1.8
2018	12347901-Shagufta Noreen	103	21	20.4	1.8
2019	12362645-Ameer Fatima	39	21	53.8	1.8
2015	12320067-kausar bibi	49	22	44.9	1.8
2017	12319459-Shumaila Kanwal	58	22	37.9	1.8
2019	12362717-Rabia Basri	89	23	25.8	1.9
2013	12320025-Nasreen Bano	46	24	52.2	2.0
2014	12319632-Zamrood Shaheen	32	24	75.0	2.0
2014	12319965-Naseem Akhtar	32	24	75.0	2.0
2014	12319989-Shagufta Mueen	33	24	72.7	2.0
2017	12319570-Sania Riaz	95	24	25.3	2.0

Year	CMW Name	Total Registered Deliveries	Number Delivered by CMW	%tage of working by CMW	Avg No of deliveries per month
2019	12358544-Shakeela Nasreen	33	24	72.7	2.0
2019	12358514-Humaira Bano	37	24	64.9	2.0
2013	12320049-Parveen Akhtar	78	26	33.3	2.2
2013	12320035-shagufta lateef	52	26	50.0	2.2
2014	12320067-kausar bibi	105	26	24.8	2.2
2015	12320017-Safia Norin	72	26	36.1	2.2
2016	12344823-Shazia Qureshi	36	26	72.2	2.2
2014	12343533-Asia Bashir	42	27	64.3	2.3
2017	12344805-Bushra Mukhtiar	39	27	69.2	2.3
2018	12362717-Rabia Basri	66	27	40.9	2.3
2019	12358536-Samina Haider	49	27	55.1	2.3
2014	12320017-Safia Norin	63	28	44.4	2.3
2014	12320041-Shazia Naz	63	28	44.4	2.3
2014	12319477-Amna Akram	137	28	20.4	2.3
2013	12320037-Sajida Majeed	37	29	78.4	2.4
2015	12344028-Samina Khalid	52	29	55.8	2.4
2013	12319965-Naseem Akhtar	42	30	71.4	2.5
2016	12347901-Shagufta Noreen	64	30	46.9	2.5
2017	12319477-Amna Akram	186	31	16.7	2.6
2018	12358542-Sakina Bibi	48	32	66.7	2.7
2014	12335922-Sumera Bano	61	33	54.1	2.8
2016	12347909-Aleena Mai	59	33	55.9	2.8
2013	12320019-Bushra Khadim	70	34	48.6	2.8
2014	12319441-Zarghona Akbar	441	34	7.7	2.8
2016	12344028-Samina Khalid	56	34	60.7	2.8
2016	12319473-Rukhsana Kousar	46	34	73.9	2.8
2013	12319658-Tahira kalsoom	57	35	61.4	2.9
2016	12344730-Sadia Sagheer	44	35	79.5	2.9
Total		**4,503.0**	**1,853.0**		

Annexure-H

[Para 4.6.5]

Unrealistic reporting by field staff & poor monitoring of the program activities

Health Facility	Period	Population	Expected Pregnancies (3.4%)	Expected Deliveries (2.9 %)	Total Expected Deliveries LHW-MIS	Delivery conducted as per IRMNCH-MIS	Deliveries conducted LHW-MIS	Delivery in DHIS	Diff. in Deliveries conducted (IRMNCH MIS& LHW MIS) (Excess) / Less
BHU 518-TDA	2016-17 to 2018-19	51,252	5116	4364	13,733	3,405	2,519	2,379	886
BHU 632-TDA	2016-17 to 2018-19	45,230	4515	3851	29,796	1,129	4,010	773	(2,881)
BHU Ali Wala	2016-17 to 2018-19	45,298	4522	3857	17,457	430	2,671	680	(2,241)
BHU ALUDAY WALI	2016-17 to 2018-19	40,682	4061	3464	23,014	3,479	3,557	2,901	(78)
BHU BAIT MEER HAZAR	2016-17 to 2018-19	45,943	4586	3912	17,049	3,021	2,875	3,384	146
BHU Chack Farazi	2016-17 to 2018-19	52,212	5212	4446	11,256	819	1,645	974	(826)
BHU Basti Chunjan	2016-17 to 2018-19	42,514	4244	3620	9,782	1,693	1,952	1,416	(259)
BHU Basti Vaince	2016-17 to 2018-19	42,432	4236	3613	23,765	905	2,391	1,054	(1,486)
BHU DAYA CHOKHA	2016-17 to 2018-19	51,897	5181	4419	16,781	2,275	2,948	1,618	(673)
BHU DOAABA	2016-17 to 2018-19	50,522	5043	4302	18,763	3,286	3,269	2,318	17
BHU Ehsan Pur	2016-17 to 2018-19	49,977	4989	4255	17,355	1,390	3,357	863	(1,967)
BHU Fateh Pur Jonobi	2016-17 to 2018-19	72,624	7250	6184	17,497	219	1,573	1,060	(1,354)
BHU GHAZI GHATT	2016-17 to 2018-19	50,719	5063	4319	18,207	3,670	2,928	2,467	742
BHU Hamzay Wali	2016-17 to 2018-19	41,486	4141	3532	17,009	1,542	2,635	1,297	(1,093)
BHU JADAY WALA	2016-17 to 2018-19	46,595	4651	3967	16,770	2,384	3,071	1,698	(687)
BHU Jhuggi Wala	2016-17 to 2018-19	40,800	4073	3474	7,610	764	853	804	(89)
BHU Jaggat Pur	2016-17 to 2018-19	56,441	5634	4806	13,063	409	2,015	624	(1,606)
BHU KHAN PUR BSHER	2016-17 to 2018-19	41,019	4095	3493	16,473	2,820	3,001	2,086	(181)
BHU KHAR GHARBI	2016-17 to 2018-19	50,867	5078	4331	21,139	3,718	4,025	2,731	(307)
BHU KOTLA GAMOON	2016-17 to 2018-19	42,171	4210	3591	15,283	2,684	2,612	1,777	72
BHU Kotla Lal Shah	2016-17 to 2018-19	49,029	4894	4175	33,334	1,810	4,938	1,192	(3,128)
	2016-17 to	47,090	4701	4010	-	149	-	839	149

Health Facility	Period	Population	Expected Pregnancies (3.4%)	Expected Deliveries (2.9 %)	Total Expected Deliveries LHW-MIS	Delivery conducted as per IRMNCH-MIS	Deliveries conducted LHW-MIS	Delivery in DHIS	Diff. in Deliveries conducted (IRMNCH MIS& LHW MIS) (Excess) / Less
123064_BHU Lundi Pitafi	2018-19								
BHU LASOORI	2016-17 to 2018-19	47,402	4732	4036	15,225	2,377	2,529	1,614	(152)
BHU MAHARA	2016-17 to 2018-19	48,268	4818	4110	16,445	3,131	2,553	2,213	578
BHU MARIAN	2016-17 to 2018-19	39,584	3952	3370	15,116	2,676	2,628	2,218	48
BHU MEHMOOD KOT	2016-17 to 2018-19	46,234	4615	3937	19,097	2,513	2,925	1,720	(412)
BHU Miran Pur	2016-17 to 2018-19	47,417	4733	4037	20,824	738	2,803	1,048	(2,065)
BHU MONCHI WALI	2016-17 to 2018-19	45,038	4496	3835	19,628	2,983	2,540	2,212	443
BHU MONDKA	2016-17 to 2018-19	53,137	5304	4524	15,864	2,524	2,625	1,926	(101)
BHU Garey Wain	2016-17 to 2018-19	48,588	4850	4137	22,427	500	2,129	504	(1,629)
BHU Phullan	2016-17 to 2018-19	41,486	4141	3532	17,755	598	2,175	571	(1,577)
BHU Qadir Pur Chajhra	2016-17 to 2018-19	41,829	4176	3562	12,088	696	1,893	837	(1,197)
BHU Shadi Khan Munda	2016-17 to 2018-19	48,792	4871	4154	11,184	459	1,779	399	(1,320)
BHU SHAIKH UMAR	2016-17 to 2018-19	41,835	4176	3562	27,795	2,966	4,767	2,092	(1,801)
BHU SHARIF CHAJHRA	2016-17 to 2018-19	43,425	4335	3697	15,166	3,374	2,585	2,648	789
BHU Sultan Pur	2016-17 to 2018-19	48,080	4800	4094	14,003	886	2,457	877	(1,571)
BHU Thatha Gurmani	2016-17 to 2018-19	49,894	4981	4248	10,935	576	1,979	470	(1,403)
BHU THATHA QURESHI	2016-17 to 2018-19	49,459	4937	4211	18,479	1,912	2,972	1,428	(1,060)
BHU TOUNSA BARRAGE	2016-17 to 2018-19	47,000	4692	4002	13,390	2,694	1,373	1,945	1,321
BHU Utra Sandilla	2016-17 to 2018-19	41,983	4191	3575	10,390	874	1,339	673	(465)
BHU WANDHAR	2016-17 to 2018-19	45,138	4506	3843	8,478	1,821	1,333	1,276	488
RHC Baseera	2016-17 to 2018-19	51,207	5112	4360	37,954	4,066	5,665	2,584	(1,599)
RHC Chowck SShaheed	2016-17 to 2018-19	48,201	4812	4104	22,310	1,182	3,174	236	(1,992)
RHC Daira Deen Panah	2016-17 to 2018-19	49,684	4960	4230	15,154	3,979	2,691	2,635	1,288
RHC Gujrat	2016-17 to 2018-19	45,923	4584	3910	6,995	3,758	1,374	2,377	2,384
BHU Karam Dad Qureshi	2016-17 to 2018-19	50,369	5028	4289	18,899	424	2,656	706	(2,232)
RHC Khair	2016-17 to	43,488	4341	3703	7,641	3,262	1,211	2,107	2,051

Health Facility	Period	Population	Expected Pregnancies (3.4%)	Expected Deliveries (2.9 %)	Total Expected Deliveries LHW-MIS	Delivery conducted as per IRMNCH-MIS	Deliveries conducted LHW-MIS	Delivery in DHIS	Diff. in Deliveries conducted (IRMNCH MIS& LHW MIS) (Excess) / Less
Pur Saddat	2018-19								
RHC Khan Garh	2016-17 to 2018-19	44,009	4393	3747	24,615	3,369	3,814	2,145	(445)
RHC Murad Abad	2016-17 to 2018-19	52,327	5224	4455	25,085	3,250	4,509	2,491	(1,259)
RHC Rang Pur	2016-17 to 2018-19	48,717	4863	4148	15,903	2,528	2,519	1,889	9
RHC Rohillan Wali	2016-17 to 2018-19	41,465	4139	3531	20,320	4,697	2,723	6,475	1,974
RHC Seet Pur	2016-17 to 2018-19	54,463	5437	4637	26,369	3,557	4,343	2,381	(786)
RHC Shah Jamal	2016-17 to 2018-19	49,045	4896	4176	29,044	3,797	4,411	2,874	(614)
RHC Sheher Sultan	2016-17 to 2018-19	51,771	5168	4408	15,126	4,340	2,573	2,827	1,767
RHC Sinawan	2016-17 to 2018-19	46,432	4635	3953	34,230	3,520	5,536	2,204	(2,016)
Total		2,608,490	260,395	222,101	979,070	122,028	151,428	95,537	(29,400)

Annexure-I

[Para 4.6.6]

Poor performance of 24/7 Health Facility WMOs and LHVs

Health Facility	Period	Population	Expected Pregnancies (3.4%)	Expected Deliveries (2.9%)	Delivery conducted (IRMNCH-MIS)	%age of delivery by SBA
BHU Fateh Pur Jonobi	2016-17 to 2018-19	72,624	7,250	6,184	219	3.54
123064_BHU Lundi Pitafi	2016-17 to 2018-19	47,090	4,701	4,010	149	3.72
BHU Jaggat Pur	2016-17 to 2018-19	56,441	5,634	4,806	409	8.51
BHU Karam Dad Qureshi	2016-17 to 2018-19	50,369	5,028	4,289	424	9.89
BHU Shadi Khan Munda	2016-17 to 2018-19	48,792	4,871	4,154	459	11.05
BHU Ali Wala	2016-17 to 2018-19	45,298	4,522	3,857	430	11.15
BHU Garey Wain	2016-17 to 2018-19	48,588	4,850	4,137	500	12.09
BHU Thatha Gurmani	2016-17 to 2018-19	49,894	4,981	4,248	576	13.56
BHU Phullan	2016-17 to 2018-19	41,486	4,141	3,532	598	16.93
BHU Miran Pur	2016-17 to 2018-19	47,417	4,733	4,037	738	18.28
BHU Chack Farazi	2016-17 to 2018-19	52,212	5,212	4,446	819	18.42
BHU Qadir Pur Chajhra	2016-17 to 2018-19	41,829	4,176	3,562	696	19.54
BHU Sultan Pur	2016-17 to 2018-19	48,080	4,800	4,094	886	21.64
BHU Jhuggi Wala	2016-17 to 2018-19	40,800	4,073	3,474	764	21.99
BHU Utra Sandilla	2016-17 to 2018-19	41,983	4,191	3,575	874	24.45
BHU Basti Vaince	2016-17 to 2018-19	42,432	4,236	3,613	905	25.05
RHC Chowck Sarwar Shaheed	2016-17 to 2018-19	48,201	4,812	4,104	1,182	28.80
BHU 632-TDA	2016-17 to 2018-19	45,230	4,515	3,851	1,129	29.32

Annexure-J

[Para 4.6.7]

Disparity/ Variation in data between referral cases and admitted at Stabilization Centers

year	Facility Name	Facility Code	Data as per Direct online Android			Data as per MIS			Difference		
			Screening By OTP (Direct online)	SAM Child (Direct Online)	SAM Refer to SC (Direct online)	Screening as in MIS	SAM Child as MIS	SAM Ref to SC as MIS	Screening Excess /(Less)	SAM Child Excess /(Less)	SAM Refer Excess /(Less)
2017-18	RHC Khan Garh	123092	432	14	7	2,987	221	-	2,555	207	(7)
2017-18	BHU Bait Meer Hazar	123021	42	2	0	1826	210	1	1,784	208	1
2017-18	THQ Hospital Kot Adu	123129	-	-	-	2,967	399	17	2,967	399	17
2017-18	RHC Baseera	123091	109	25	2	2,291	195	-	2,182	170	(2)
2017-18	BHU MONCHI WALI	123053	305	25	-	1,135	179	4	830	154	4
2017-18	RHC Rang Pur	123093	508	19	13	2,062	201	4	1,554	182	(9)
2017-18	RHC Shah Jamal	123095	-	-	-	877	179	-	877	179	-
2017-18	BHU DAYA CHOKHA	123126	214	15	-	1,675	254	7	1,461	239	7
2017-18	RHC Khair Pur Saddat	123083	-	-	-	1,068	115	5	1,068	115	5
2017-18	THQ Chowk Sarawar Shaheed	123113	41	2	9	948	123	4	907	121	(5)
2017-18	BHU JADAY WALA	123117	3	-	3	1,562	170	3	1,559	170	-
2017-18	BHU Jaggat Pur	123048	251	14	1	1,906	165	6	1,655	151	5
2017-18	Bhu Kotla Gamoon	123013	73	15	0	2009	151	6	1,936	136	6
2017-18	THQ Hospital Alipur	123128	258	13	12	3,323	268	63	3,065	255	51
2017-18	BHU ALUDAY WALI	123040	102	19	-	1,719	199	9	1,617	180	9
2017-18	BHU Tounsa Barrage	123067	100	35	-	883	219	6	783	184	6
2017-18	DHQ Hospital Muzaffargarh	123130	-	-	-	2,403	323	37	2,403	323	37
2018-19	BHU Bait Meer Hazar	123021	1109	86	3	1976	226	8	867	140	5
2018-19	RHC Rang Pur	123093	1,381	263	11	2,593	238	5	1,212	(25)	(6)
2018-19	BHU SHAIKH UMAR	123036	741	49	3	3,003	417	29	2,262	368	26
2018-19	BHU Chack Farazi	123046	3,382	191	34	1,946	258	41	(1,436)	67	7
2018-19	RHC Khair Pur Saddat	123083	2,102	103	5	1,068	115	5	(1,034)	12	-
2018-19	BHU MAHARA	123052	208	66	-	2,376	269	38	2,168	203	38
2018-19	THQ Hospital Kot Adu	123129	1,736	181	72	2,696	322	7	960	141	(65)
2018-19	BHU Basti Chunjan	123003	519	72	6	480	71	1	(39)	(1)	(5)
2018-19	BHU Kotla Gamoon	123013	1348	154	0	2321	187	1	973	33	1
2018-19	THQ Hospital Alipur	123128	4,577	237	10	4,038	285	15	(539)	48	5
2018-19	BHU Fateh Pur Jonobi	123007	-	-	-	455	60	-	455	60	-
2018-19	BHU ALUDAY WALI	123040	693	86	1	1,945	203	12	1,252	117	11
2018-19	BHU Tounsa Barrage	123067	1,386	205	10	1,542	371	9	156	166	(1)
2018-19	DHQ Hospital Muzaffargarh	123130	3,125	161	100	3,624	278	69	499	117	(31)
2018-19	BHU Lundi Pitafi	123064	-	-	-	-	-	-	-	-	-
2018-19	RHC Baseera	123091	1,561	212	6	2,261	297	9	700	85	3
Total			**26,306**	**2,264**	**308**	**63,965**	**7,168**	**421**	**37,659**	**4,904**	**113**