



**PERFORMANCE AUDIT REPORT  
ON  
NATIONAL MATERNAL NEWBORN AND  
CHILD HEALTH PROGRAM  
(HEALTH SECTOR)  
DISTRICT LAYYAH  
AUDIT YEAR 2017 -18**

**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 Directorate General Audit District Governments Punjab (South), Multan, conducted Performance Audit of the "National Maternal Newborn and Child Health Program" District Layyah during April, 2018 for the period July, 2007 to June, 2017, with a view to reporting significant findings to the stakeholders. Audit examined the economy, efficiency and effectiveness aspects of the "National Maternal Newborn and Child Health Program". In addition, Audit also assessed on test check basis whether the management complied with applicable laws, rules and regulations in managing the "National Maternal Newborn and Child Health Program". The Audit Report indicates specific actions that, if taken, will help the management to realize the objectives of the National Maternal Newborn and Child Health 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 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
CMW	-	Community Midwife
DDO	-	Drawing and Disbursing Officer
DHQ	-	District Headquarters
DPIU	-	District Program Implementation Unit
EDO	-	Executive District Officer
EDO (H)	-	Executive District Officer Health
EmONC	-	Emergency Obstetric and Newborn Care
FPO	-	Field Program Officer
IMNCI	-	Integrated Management of Newborn & Childhood Illness
INTOSAI	-	International Organization of Supreme Audit Institutions
IMR	-	Infant Mortality Rate
ISSAI	-	International Standards of Supreme Audit Institutions
LHS	-	Lady Health Supervisor
LHV	-	Lady Health Visitor
LHW	-	Lady Health Worker
MCH	-	Mother & Child Health
MDG	-	Millennium Development Goal
MMR	-	Maternal Mortality Ratio
MNCH	-	Maternal, Newborn and Child Health
MoH	-	Ministry of Health
MS	-	Medical Superintendent
PC-1	-	Planning Commission – Proforma 1
PMIU	-	Program Monitoring & Implementation Unit
PIU	-	Program Implementation Unit
RHC	-	Rural Health Center
SBA	-	Skilled Birth Attendant
SO	-	Social Organizer
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 “National Maternal Newborn and Child Health Program”, District Layyah, in accordance with the INTOSAI Auditing Standards from 03.04.2018 to 19.04.2018. 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.

Government of Pakistan launched a program for improvement of Health Sector called, “National MNCH Program” in 2007, executed by the District Government Layyah through Public Health Specialist and MNCH Cell under the supervision & administrative control (at district level) of Executive District Officer (Health) Layyah. Funds of Rs 123.601 million were released, out of which, expenditure of Rs 60.597 million was incurred and Rs 63.004 million remained unspent. 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)

Through improved access, quality and equity in health services, the program had to achieve the above stated goals by:

- i. Improving the availability and quality of primary and secondary health services.
- ii. Better management of health services at community level.

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).

The main objectives of the performance audit were:

- i. To ascertain that program was executed with due regard to economy, efficiency and effectiveness
- ii. To see that human and financial resources were utilized properly and goals / targets and objectives were achieved as given in PC-I.
- iii. To ensure that internal controls were operative and functioning effectively.
- iv. To review compliance with the applicable rules, regulations and procedures.

Performance Audit of the program 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. Different MNCH related activities were not integrated under one management structure and there were deviations from program objectives.
- c. Availability of the medicines and equipment at health facilities was not ensured.
- 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. Civil works for provision of MNCH facilities were not completed.
- f. The achievement of Millennium Development Goals to reduce the Infant Mortality Rate and Maternal Mortality Ratio was not ensured.
- g. 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.
- ii. All the MNCH related activities at district level should be integrated under District MNCH Cell.
- iii. The system for provision of medicines and safe delivery services to the patients should be strengthened.
- iv. Public awareness campaigns should be launched.
- v. The civil works should be completed on priority.
- vi. Strenuous efforts should be made at all levels to achieve the MDGs.
- vii. System of internal controls should be strengthened.

## 1. INTRODUCTION

District Layyah is located in the south west of the Punjab Province. According to Population Census 2017, total population of District Layyah is 1.824 million.

District Layyah comprises three Tehsils namely Layyah, Karor and Chowbara. The District Health Authority Layyah is responsible to provide the health facilities to the general public of District Layyah. Total health facilities under District Health Authority Layyah are as under:

Name of health facility	No. of health facilities
DHQ Hospital	1
THQ Hospital	2
THQ Level Hospital (upgraded RHCs)	3
Civil Hospital	1
Rural Health Center	4
Basic Health Unit	38
Mother and Child Healthcare Center	2
Civil Dispensary	9
Government Rural Dispensary	23
<b>Total</b>	<b>83</b>

### 1.1 Program Objectives

According to Program Objective (Page-V) of PC-I, 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 program were:

Sr. No.	Description	Target 2011	Target 2015
1	To reduce the Under Five Mortality Rate	65 per 1000 live births	45 per 1000 live births
2	To reduce the Newborn Mortality Rate	40 per 1000 live births	25 per 1000 live births
3	To reduce the Infant Mortality Rate	55 per 1000 live births	40 per 1000 live births
4	To reduce Maternal Mortality ratio	200 per 100,000 live births	140 per 100,000 live births



Sr. No.	Description	Target 2011	Target 2015
5	To increase the proportion of deliveries attended by skilled birth attendants at home or at health facilities	90%	More than 90%

**Table 1: Key Health Indicators for Pakistan and Punjab in Comparison with Selected Countries**

Country	IMR (a)	Under-Five MR (b)	MMR (c)
Bhutan	65	75	420
Bangladesh	54	57	380
India	56	74	540
Nepal	56	74	740
Sri Lanka	12	14	92
<b>Pakistan</b>	<b>80</b>	<b>99</b>	<b>500</b>
<b>Punjab</b>	<b>77</b>	<b>112</b>	<b>300</b>

<sup>a</sup> United Nations Population Fund. 2007. *State of the World's Population*. New York.

<sup>b</sup> United Nations Children's Fund. 2006. *State of the World's Children*. New York.

<sup>c</sup> Government of the Punjab. 2004. *District-Based Multiple Indicators Cluster Survey 2003–2004*. Lahore.

Health Department's targets and the associated health service indicators for the IMR and MMR are in Table 2.

**Table 2: Key Health MDGs and Associated Indicators for Punjab**

Targeting Indicators	2004 <sup>a</sup>	2007 <sup>b</sup>	Targets 2015
Infant Mortality Rate per 1,000 Live Births	77	71	40
Under-Five Mortality Rate per 1,000 Live Births	112	102	45
Maternal Mortality Ratio per 100,000 Live Births	300	300	140
Percentage of Births Attended by Skilled Birth Attendants	32	38	100
Percentage of Fully Immunized Children (12–23 months old)	50	79	80

<sup>a</sup> Government of the Punjab. 2004. *District-Based Multiple Indicators Cluster Survey 2003–04*. Lahore.

<sup>b</sup> Health Department, Government of the Punjab data

## **Program Objectives**

The program objectives were to be achieved in two Phases as detailed below.

**Phase - I:** January 2007 to June 2009.

The first phase of the program had further two sub segments. The activities planned to be performed in these segments are given below:

### **First Segment**

The first segment was the preparation to launch this program. It consisted of formation of a Federal Program Implementation Unit (PIU) and strengthening of the MNCH Cells / Directorates at the Provincial and District levels. The planning process in the district for different components was to be completed by June 2007.

### **Second Segment**

The second segment was to start from July, 2007. It included refresher trainings of Midwifery Tutors, training of Community Midwives (CMWs) and Lady Health Supervisors (LHS) and the civil works in Government Hospitals.

**Phase - II:** June, 2009 to June, 2017

The objectives of Phase-II are as under:

1. One CMW for every 10,000 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.
2. 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	30.06.2017
Current status	Programme in process

**1.4 Capital Cost**

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

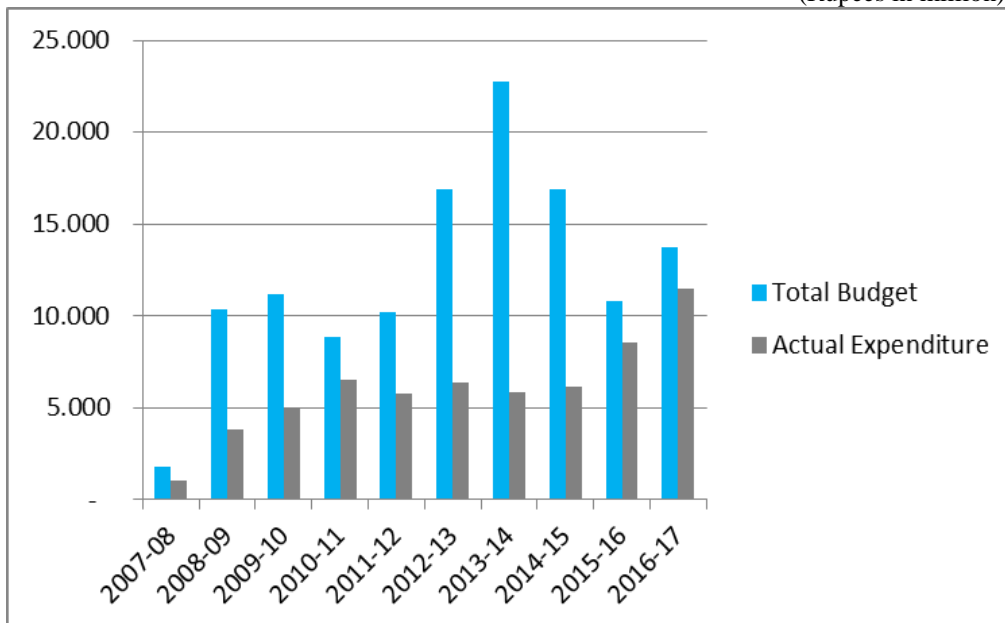
Original cost (Punjab Province)	Rs 2,332.796 million
Revised cost	Rs 2,639.190 million
Funds allocated for District Layyah	Rs 123.601 million
Expenditure incurred in District Layyah	Rs 60.597 million

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

(Rupees in million)

Financial Year	Budget Allocation	Actual Expenditure	Savings
2007-08	1.833	1.032	(0.801)
2008-09	10.393	3.850	(6.543)
2009-10	11.182	5.016	(6.166)
2010-11	8.889	6.528	(2.361)
2011-12	10.179	5.764	(4.415)
2012-13	16.896	6.404	(10.492)
2013-14	22.778	5.860	(16.918)
2014-15	16.917	6.124	(10.793)
2015-16	10.794	8.551	(2.243)
2016-17	13.740	11.468	(2.272)
<b>Total</b>	<b>123.601</b>	<b>60.597</b>	<b>(63.004)</b>

(Rupees in million)



## Targets and Achievements

Activity	Expected output	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 in DHQ, THQ hospital were renovated / refurbished during 2011-12.	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. Rather funds were re-appropriated for some other purposes and classes were started in the existing Nursing School	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	120 CMWs were trained	Deployed CMWs replaced the Traditional Birth Attendants for provision of health facility at grass roots level. However, still there were so many remote areas where CMWs could not be deployed.
Deployment of one CMW for every 10,000 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 2012 to 2017 number of antenatal cases were 52,192 and number of deliveries conducted were 12,826 (24.57% of total deliveries) while only 387 (3.02%) 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.
Third party evaluation	To assess the achievements and cost effectiveness of the program.	Not conducted	Due to non evaluation of program in District Layyah, it could not be proved whether the targets of IMR & MMR were achieved or not.

## **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.
- 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 “National Maternal Newborn and Child Health Program” and to comment on activities performed to attain the program objectives in District Layyah. Audit of the National Maternal Newborn and Child Health Program, Layyah was conducted for the period July, 2007 to June, 2017.

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

## **4. AUDIT FINDINGS AND RECOMMENDATIONS**

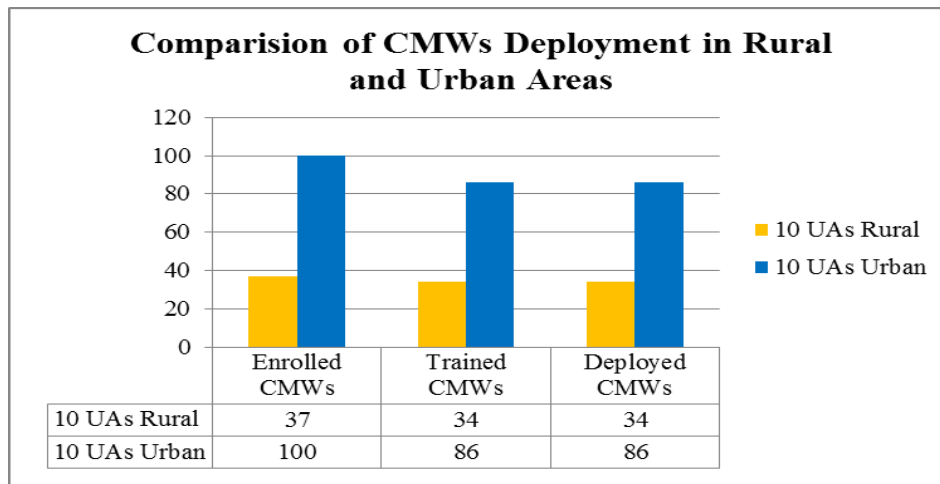
### **4.1 Organization and Management**

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 National Maternal Newborn and Child Health 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 National Maternal Newborn and Child Health Program district Layyah.

#### **4.1.1 Deviation from Program objectives due to deployment of CMWs in the areas adjacent to health facilities**

According to Training of Community Midwives, Component 2 (Page 58) of PC-I, 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.

Contrary to the above, it was observed from the office record (selection of CMWs) as well as monthly reports of CMWs, that most of them were selected from and deployed in the areas adjacent to the health facilities, despite the fact that the program was initiated with the objective of major focus on the rural / remote areas to provide MCH related services to the population, for which it was not easy to reach a health provider / skilled birth attendant. Comparison of 10 rural Union Councils with 10 urban Union Councils revealed that more CMWs were deployed in urban UCs than rural UCs. Resultantly, each CMW in the urban area served less population as compared to CMW working in rural area. Furthermore, 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. The rural areas were neglected and due to deviation from selection criteria, program goals remained unachieved. (Annex-A)



Audit is of the view that due to weak managerial controls, the CMWs from rural areas were not enrolled, trained and deployed there 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, 2018. It was replied that CMWs were trained on the basis of applications received by the office. Furthermore, UCs as pointed out by audit as urban are situated in rural areas. The reply was not justified as those UCs were either adjacent to the city or already have health facilities i.e. RHC/BHUs. 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 recruitment of staff against vacant posts**

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:



<b>Designation</b>	<b>BPS</b>	<b>No. of Post</b>	<b>Description</b>
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 10 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:

<b>Post description</b>	<b>Number of post</b>	<b>BS</b>	<b>Vacant period</b>
Public Health Specialist/District Coordinator	1	18	01.07.2007 to 12.09.2009
CMW Tutor	1	17	01.07.2007 to 18.01.2016
CMW Tutor	1	17	01.07.2007 to date
Computer Operator	1	8	01.07.2007 to date
Social Organizer	1	17	01.07.2007 to 07.01.2008
Accounts Assistant	1	11	01.07.2007 to 30.10.2008
Driver	1	4	01.07.2007 to 12.11.2009
	1	4	01.07.2007 to 18.08.2015
Security Guard	2	2	01.07.2007 to 22.12.2015

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 the DDO concerned in May, 2018. It was replied that the recruitment was made according to the policy of the Government after proper advertisements by the Head Office Lahore. District Office had not delayed the

process. The reply was not justified as the posts remained vacant for a long period. No DAC meeting was convened despite repeated efforts made till finalization of this Report.

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

#### **4.1.3 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:

<b>Designation</b>	<b>BPS</b>	<b>No. of Post</b>
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, 2018. It was replied that midwifery training classes were conducted regularly in School of Nursing DHQ Hospital Layyah and staff performed their duties at School of Nursing Layyah. 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.

#### **4.1.4 Training of CMWs without hiring of midwifery tutors**

According to Midwife Tutors, 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 2015, 227 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 nursing tutors. The absence of designated midwifery tutors made it quite difficult to implement this training program. Certificates awarded to the CMWs are not justified as tutors were not available. Furthermore, the WMOs, LHVs and CMWs could not be trained as per the requirement of PC-1. The detail is given below:

<b>Batch</b>	<b>Start date</b>	<b>CMWs enrolled</b>	<b>CMWs qualified</b>	<b>CMWs deployed</b>
1	01.10.2007	70	66	64
2	30.09.2008	27	27	25
3	29.07.2009	16	16	16
4	01.05.2010	21	21	21
5	10.12.2011	20	18	18
6	11.04.2013	27	27	27
7	01.05.2014	31	30	30
8	27.04.2015	23	22	22
<b>Total</b>		<b>235</b>	<b>227</b>	<b>223</b>

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, 2018. The DDO replied that CMW tutors were to be recruited by the PIU (Head office) Lahore which was not done. The reply was not justified as no demand/ documentation 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.

#### **4.1.5 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 2015. 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, 2018. It was replied that MNCH services were provided at BHU level and reports were entered in MIS. 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.

#### **4.1.6 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 essential trainings / refresher courses. The funds provided for trainings remained unutilized. It could not be ensured that the facility was providing “comprehensive EmONC”, “basic EmONC” or “preventive services”.

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, 2018. It was replied that no training plan was provided by PIU (Head Office Lahore). The reply was not tenable because it has been provided in the 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 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 found various instances of weak financial controls and irregularities.

### 4.2.1 Delay in releases of funds by the District Government – Rs 58.539 million

According to Component 5, Finance Management of National MNCH Programme of PC-I (Page 94), funds for construction of community midwifery school, renovation at DHQ / THQ Hospitals and payment of stipend were being regularly released by the Provincial Program Coordinator National MNCH Program Punjab, Lahore as tied grant to the District Government Layyah.

The Provincial Government provided funds amounting to Rs 65.069 million to District Government Layyah for further release to the DDO for execution of the Program. Out of this, an amount of Rs 58.539 million was not released well in time by the District Government, due to which the program activities were badly affected. Payment of stipend and other monitoring activities could not be made in time. The detail is given below:

(Rupees in million)

Date of fund released by Finance Department	Date of fund released by District Government	Amount	Date of fund released by Finance Department	Date of fund released by District Government	Amount
24.07.2007	19.03.2008	0.370	31.10.2011	19.01.2012	1.000
12.12.2007	19.03.2008	1.463	07.03.2012	9.04.2012	1.600
27.08.2008	22.05.2009	3.574	03.05.2012	18.06.2012	2.250
20.04.2009	22.05.2009	6.401	20.10.2012	29.11.2012	10.530
27.08.2009	25.09.2009	3.669	16.01.2013	27.02.2013	4.150
16.03.2010	13.05.2010	0.970	28.08.2013	28.11.2013	6.443
17.08.2010	06.09.2010	1.340	30.05.2014	21.06.2014	3.065
28.01.2011	08.03.2011	1.000	30.05.2014	21.06.2014	2.778
08.08.2011	14.09.2001	0.419	15.08.2016	23.12.2016	2.000
08.08.2011	14.09.2001	2.550	22.12.2016	27.12.2016	2.967
<b>Sub Total-1</b>		<b>21.756</b>	<b>Sub Total-2</b>		<b>36.783</b>
<b>Grand Total</b>					<b>58.539</b>

Audit is of the view that due to weak financial management, funds were not released in time.

Delay in release of funds by the District Government resulted in non achievement of program targets.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2018. It was replied that delay in release of funds were due to negligence of District Government. The reply was not tenable because funds were released in shape of tied grant by the Provincial Government and it was to be released without any delay. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for delay in the release of funds.

#### **4.2.2 Non utilization of funds – Rs 63.004 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 2016-17, funds amounting to Rs 123.601 million were released to District Coordinator, MNCH Program, Layyah. An amount of Rs 60.597 million was utilized (up to June 2017) under this program and Rs 63.004 million remained un-utilized. The detail is given below:

(Rupees in million)

Year	Budget			Expenditure			Savings
	Salary	Non Salary	Total	Salary	Non Salary	Total	
2007-08	0.185	1.648	1.833	0.173	0.859	1.032	-0.800
2008-09	3.603	6.790	10.393	1.223	2.626	3.850	-6.543
2009-10	3.547	7.635	11.182	2.644	2.372	5.016	-6.166
2010-11	3.564	5.325	8.889	2.837	3.691	6.528	-2.361
2011-12	5.296	4.883	10.180	3.861	1.903	5.764	(4.416)
2012-13	5.756	11.140	16.896	3.106	3.298	6.404	(10.492)

Year	Budget			Expenditure			Savings
	Salary	Non Salary	Total	Salary	Non Salary	Total	
2013-14	8.000	14.778	22.778	2.704	3.156	5.860	(16.917)
2014-15	4.200	12.717	16.917	2.461	3.663	6.124	(10.794)
2015-16	6.024	4.770	10.794	5.009	3.542	8.551	(2.243)
2016-17	2.971	10.769	13.740	4.288	7.180	11.468	(2.272)
<b>Total</b>	<b>43.146</b>	<b>80.455</b>	<b>123.601</b>	<b>28.307</b>	<b>32.290</b>	<b>60.597</b>	<b>(63.004)</b>

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, 2018. It was replied that the para pertained to District Government authorities and District Coordinator is not at fault. The reply was not tenable as no efforts were made by the District Coordinator IRMNCH Layyah for in time release and utilization of funds. 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.

#### **4.2.3 Non recovery of stipend from a student who left the training course of CMW – Rs 24,968**

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 leaving the course without completion of training period of 18 months, 02 years deployment period and 01 year free services in the area.

District Coordinator (MNCH) Layyah made payment of Rs 24,968 as stipend to Sadia Gul D/o Muhammad Bukhsh, a CMW student for the period 27.04.2015 to 30.11.2015 @ Rs 3,500/ month. She left the course on 01.12.2015 without completion. The District Coordinator did not make any effort to recover the stipend amount from the student.

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, 2018. It was replied that the notice to recover the overpaid amount has been sent to the concerned. The amount would be deposited as recovered. The reply was not tenable as no efforts were made by the DDO. 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.

#### **4.2.4 Irregular payment of conveyance allowance – Rs 191,452**

According to 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. Furthermore, according to clarification by the Finance Department letter No.FD.SR. 19-4(P)(PR) dated 21.04.2014, the officers who are availing Government vehicles including bikes (sanctioned/pool) are not entitled to the facility of conveyance allowance.

EDO Health / District Coordinator allowed conveyance allowance amounting to Rs 191,452 to the following officers of MNCH Program who were not entitled to conveyance allowance, as the Government vehicle were allotted to them.

(Amount in rupees)

Name	Designation	Vehicle No.	Period	CA rate /month	Amount
Dr. Bashir Ahmed	District Coordinator	LYG1001	01.09.2015 to 09.03.2017	5,000	91,452
Ghulam Yasin	Social Organizer	GH568	01.09.2015 to 30.06.2017	5,000	110,000
<b>Total</b>					<b>191,452</b>

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, 2018. It was replied that the vehicles provided by the Government were not used for pick and drop. The vehicles have been used for official duty only. The reply was not tenable because a Government servant who has been provided with Government vehicles cannot draw the conveyance allowance. 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 and its deposit into Government treasury.

#### **4.2.5 Overpayment on account of dress/uniform and mess allowance – Rs 150,084**

According to the Government of Punjab Health Department letter No.SO(ND)2-26/2004 (Vol-II) dated 19.01.2012, Governor of the Punjab accorded approval to increase the rate of dress allowance and mess allowance in respect of the following categories w.e.f. 01.01.2012.

(Amount in rupees)

<b>Basic scale</b>	<b>Head</b>	<b>Present rate /month</b>	<b>Proposed rate /month</b>
Nurses in BS-17 & above	Dress Allowance	600	2,100
	Mess Allowance	500	6,500

Mrs. Fouzia Zaidi was appointed as CMW tutor and was not entitled to dress and mess allowances (which is allowed to the nurses only) amounting to Rs 150,084 during 18.01.2016 to 30.06.2017.

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

Payment of in admissible allowance resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2018. It was replied that the mess/uniform/dress allowances are admissible to all categories of nursing cadre

including Deputy Secretary (Nursing) and Director (Nursing) according to the Health Department letter NO.SO(III-MCW)9-17/84-IV dated 2.10.1986 and No.SO(ND)2-26/2004 (Vol-II) dated 19.1.2012. The reply was not tenable, because the said allowances were admissible to the nurses, not CMW tutors. 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 overpaid amount from the concerned.

#### **4.2.6 Overpayment on account of pay and allowances – Rs 90,000**

According to Rule 2.33 of PFR Vol-I, every government servant should realize fully and clearly that he would be held personally responsible for any loss sustained by the government through fraud or negligence on his part.

District Coordinator (IRMNCH) Layyah, unauthorizedly allowed Fouzia Zaidi Community Midwife Tutor to withdraw an amount of Rs 90,000 against incentive allowance during the month of February, 2017. The said allowance was not admissible to her.

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

The payment of Inadmissible Allowance of Rs 90,000 resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2018. It was replied that the amount has been recovered. The reply was not tenable as complete recovery was not made till finalization of this report. 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 90,000 from the concerned.

#### **4.2.7 Unjustified payment of project allowance – Rs 3.262 million**

According to Government of the Punjab Finance Department letter No.FD.SR-1/9-20/2006 dated 21.11.2014, further clarified vide letter No. FD.SR-1/9-20/2006 dated 14.06.2017, the project allowance is admissible to the civil

servants, already in service, and or appointed in the project through competitive process. Furthermore, the project allowance is not admissible to the employees who are recruited on contract basis directly against the project posts.

The District Coordinator and his staff working for the program withdrew Project Allowance amounting to Rs 3.262 million upto June 2017. District Coordinator was appointed in the project, not through competitive process, but through transfer. Furthermore, the staff was recruited directly against the project posts. So, the project allowance was not admissible in both cases. The detail of withdrawal of project allowance is given below:

(Amount in rupees)

P.No.	Name	Designation	BPS	Period	Rate Per Month	Total Amount
30581885	Fouzia Zaidi	Mid Wife Tutor	Grade 17	01.09.2016 to 28.02.2017	40,000	240,000
				Arrear drawn during Nov.2016		296,000
30934391	Ghulam Yasin	Social Organizer	Grade 17	1.4.2016 to 28.02.2017	40,000	440,000
				Arrear drawn during April 2016		652,000
30967482	Dr. Bashir Ahmad	District Coordinator	Grade 18	1.4.2016 to 28.02.2017	50,000	550,000
				Arrear drawn during April 2016		815,000
30980738	Allah Ditta	Account Assistant	Grade 11	1.4.2016 to 28.02.2017	8,000	88,000
				Arrear drawn during June 2016		72,000
31476889	Mazhar Hussain	Driver	Grade 04	1.5.2016 to 28.02.2017	2,000	22,000
				Arrear drawn during June 2016		20,000
31749825	Waqas Ahmad	Security Guard	Grade 01	1.12.2015 to 28.2.2017	2,000	30,000
				Arrear drawn during Dec. 2015		6065
31749836	Sajad Ahmad	Driver	Grade 04	1.12.2015 to 28.2.2017	2,000	24,000
				Arrear drawn during Dec. 2015		6,839
<b>Total</b>						<b>3,261,904</b>

Audit is of the view that due to weak financial management, the project allowance was drawn without being admissible.

Withdrawal of project allowance without admissibility resulted in loss to the Government.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2018. It was replied that according to

Government of the Punjab Finance Department letter No.FD.SR-1/9-20/2006 dated 21.11.2014 endorsed by D.G. Health Services, the allowance is admissible to the officers/officials of the program. The reply was not tenable because the conditions as given in the above quoted letter were not fulfilled. 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 overpayment from the concerned.

#### 4.2.8 Unauthorized expenditure on POL – Rs 117,720.

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)

Name	Designation	Month	POL Drawn (liter)	POL Limit (liter)	Over drawl (liter)	Rate/ Liter	Amount
Dr. Bashir Ahmed	District Coordinator	Jul-16	276	250	26	90	2,340
		August,2016	280	250	30	90	2,700
		September,2016	357	250	107	90	9,630
		October,2016	261	250	11	90	990
		November,2016	460	250	210	90	18,900
		December,2016	331	250	81	90	7,290
		January,2017	420	250	170	90	15,300
		March,2017	260	250	10	90	900
Ghulam Yasin	Social Organizer	December,2016	251	170	81	90	7,290
		January,2017	253	170	83	90	7,470
		February,2017	232	170	62	90	5,580
		March,2017	283	170	113	90	10,170
		April,2017	301	170	131	90	11,790
		May,2017	293	170	123	90	11,070
		June,2017	240	170	70	90	6,300
<b>Total</b>							<b>117,720</b>

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, 2018. It was replied that no separate vehicle was allotted to ADC IRMNCH and NP due to shortage of vehicle. Hence the ADC was using the vehicle of District Coordinator and Social Organizer according to her tour Program. 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.

#### **4.2.9 Unauthorized re-appropriation of funds – Rs 6.395 million**

According to para 4 of the Government of Punjab Finance Department Lahore letter No.W&M-1-31/2007-08 dated 24.07.2007, the funds shall be utilized only for the purpose specified and shall not be re appropriated by the District Government.

District Coordinator MNCH did not observe the classification of funds released by the Finance Department. Funds were not utilized against the heads specified by Finance Department and mentioned in PC-I. Rather, funds amounting to Rs 6.395 million were got re-appropriated from the District Government for using for their own benefits. (Annex-B)

Audit is of the view that due to weak financial management, funds were re-appropriated unauthorizedly.

Unauthorized re-appropriation of funds resulted in violation of rules.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2018. It was replied that funds were re-appropriated by the competent authority i.e PIU (Head Office) Lahore. The reply was not justified as development funds could not be re-appropriated without approval of Planning & Development Department and Finance Department. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends regularization of the matter from the competent authority besides fixing responsibility on the person(s) at fault.

### 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 (2009 to 2017), it was noticed from the monthly reports of CMWs (selected) that Safe Delivery Kits were not delivered to CMWs as per requirement. The table given below shows that 11,582 deliveries were conducted by CMWs during January 2012 to June 2017. But as per stock / issuance register, only 4,147 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	Deliveries Conducted by CMWs	Delivery Kits issued to CMWs	Short / (excess)
2012	Jan - Dec 2012	8,623	1,307	1,548	(241)
2103	Jan - Dec 2013	8,907	2,551	1,180	1,371
2014	Jan - Dec 2014	9,263	2,187	-	2,187
2015	Jan - Dec 2015	9,261	1,996	821	1,175
2016	Jan - Dec 2016	9,979	2,370	598	1,772
2017	Jan - June 2017	5,875	1,171	-	1,171
	<b>Total</b>	<b>51,908</b>	<b>11,582</b>	<b>4,147</b>	<b>7,435</b>

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.

The matter was reported to the Chief Executive Officer (District Health Authority) and the DDO concerned in May, 2018. It was replied that the safe delivery kits were always made available to CMWs. The reply was not tenable as

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 Component 1, 1.A Provision of 24/7 EmONC Services in DHQ and THQ Hospital of PC-I (Page 36), the program will achieve the millennium development goals by reducing the IMR and MMR.

Key indicators of health sector to achieve the millennium development goals could not be followed and the goals remained unachieved. The progress of last five years is given below:

Sr. No.	Subject	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017
1	Number of RHCs Upgraded / Renovated	0	3	0	0	2
2	%age of BHUs where LHV / Midwife Residences were renovated	0	0	0	12	21
3	No. of Health Facilities (BHUs) strengthened (adequate, regular supply of medicine and equipment) to provide basic EmONC Services	0	0	12	12	21
5	No. of Health Facilities (BHUs) with well baby clinic established	0	0	0	0	0
6	No. of Health Facilities (RHCs) with well baby clinic established	0	0	0	0	0
7	No of health facilities (THQs) with well baby clinic established	0	0	0	0	0

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

The percentage of deliveries conducted by the CMWs was decreased during 2014 onward as compared to previous years. The detail is given below:



Year	Period	No. of ANC	ANC refer	Delivery	Delivery Refer	%age of deliveries conducted by CMWs
2012	Jan - Dec 2012	8,623	188	1,307	200	15.16
2103	Jan - Dec 2013	8,907	124	2,551	70	28.64
2014	Jan - Dec 2014	9,263	263	2,187	62	23.61
2015	Jan - Dec 2015	9,261	204	1,996	70	21.55
2016	Jan - Dec 2016	9,979	299	2,370	85	23.75
2017	Jan - June 2017	5,875	227	1,171	30	19.93
<b>Total</b>		<b>51,908</b>	<b>1305</b>	<b>11,582</b>	<b>517</b>	<b>22.31</b>

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

Area	At the time of PC-I	Target 2015	As per MICS 2014
Under 5 mortality rate	105/1000 Live Births	65/1000 Live Births	93/1000 Live Births
New born mortality rate	77/1000 Live Births	40/1000 Live Births	Not Available
Infant Mortality Rate (*RAF)	81/1000	55/1000 Live Births	75/1000 Live Births
Maternal Mortality Rate	300/100000 Live Births	200/100000 Live Births	Not Available
To increase Contraceptive Prevalence Rate	36%	55%	39%
Attendance at home by SBA	30%	90%	61%

\*RAF (Research & Advocacy Fund)

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, 2018. It was replied that delay in upgradation RHCs was on the part of PIU. The RHCs were upgraded when guidelines were issued by the PIU. 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 millennium development goals.

#### **4.3.3 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, 2018. It was replied that partnership with different NGOs like Marie Stopes, Awami International Organization regarding advocacy and community session at community level for the achievement and strengthen of the Program has been made. The reply was not justified as no documentary evidence, such as an agreement was provided to show partnership with NGOs. 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.

#### **4.3.4 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 the DDO concerned in May, 2018. It was replied that the Reproductive Maternal & Newborn Child Health & NP (IRMNCH) has been integrated w.e.f 2015 as per policy. The reply was not plausible because the integration took place too late. 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.

#### **4.3.5 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. From physical verification of nursing school as well as discussion with the Principal Nursing school, it was observed that there were only two class rooms available for 4 classes (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year) of nurses. Due to additional burden of two classes of CMWs, those were accommodated in the TV Lounge / Gallery etc. While in each room of hostel, 05 nursing students 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:

<b>Batch</b>	<b>Batch Start Date</b>	<b>CMW Enrolled</b>	<b>CMW Graduated</b>
1	01.10.2007	70	66
2	30.09.2008	27	27
3	29.07.2009	16	16
4	01.05.2010	21	21
5	10.12.2011	20	18
6	11.04.2013	27	27
7	01.05.2014	31	30
8	27.04.2015	23	22
<b>Total</b>		<b>235</b>	<b>227</b>

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, 2018. It was replied that no proper place was available for construction of School and Hostel. Therefore, the required school and hostel were not constructed. The reply was not plausible because management did not take interest in construction of the required school and hostel. 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.

## **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 National MNCH program, district Layyah.

### **4.4.1 Delay in upgradation 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 for upgradation of DHQ Hospital Layyah and THQ Hospital Karor, during the year 2010-11; 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 2<sup>nd</sup> and 3<sup>rd</sup> 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, 2018. It was replied that funds were transferred to EDO (F&P) Layyah and the work was to be carried out by him. The reply was not tenable as the District Coordinator had overall responsibility of implementation of PC-1 of the Program. 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
<b>Total</b>			<b>2.150</b>	<b>4.270</b>	<b>2.120</b>

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, 2018. It was replied that matter has been referred to PC-1 approving authority for necessary action. The reply was not justified because no documentary evidence was provided for such correspondence. 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 National MNCH program district Layyah.

### **4.5.1 Non repair of damaged van provided for field training of CMWs**

According to table 3 of PC-I, there will be two vans of 12 seating capacity for CMW school. The Community midwives will be given practical training at the hospital as well as at designated THQ/RHCs. The CMW tutor will also be responsible for providing supervisory support in the field to the CMWs.

The vehicle provided for CMWs visit to practical training sites and monitoring / supervisory purpose, faced a major accident during 2010 and remained out of use till January 2016. Neither any inquiry report regarding fixing of responsibility was available nor was Government loss recovered from the person responsible. Furthermore, during that period, CMWs were trained without any practical institutional training.

Audit is of the view that due to weak managerial controls, the Government vehicle essential for field training remained out of order for six years.

Non repair of vehicle resulted in poor practical training and non achievement of program objectives.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2018. It was replied that the vehicle had accident during journey from Layyah to Multan along with student for performing of examination. As no fund for repairing of vehicle at time of accident was available, the vehicle was repaired later on, as funds received. The reply was not plausible as the delay in repair of vehicle was not justified. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommended fixing responsibility on the person(s) at fault for negligence.



#### **4.5.2 Misuse of Government vehicle**

According to Rule 64(1)(iv) of the Punjab District Government and TMA(Budget) Rules 2003, each local Government authority shall efficiently and effectively manage the resources made available to him.

It was observed that vehicle Suzuki Jimny No. YG 1001 was provided for program activities during 2009. During physical verification the said vehicle was not available in the office. It was informed that the vehicle was being used by Additional Deputy Commissioner since August 2016. Program vehicle was being misused and no efforts were made to get back the vehicle.

Audit is of the view that due to slackness of the department, asset of the Government was being misused.

Misuse of Government vehicle resulted in loss to the Government as well as non achievement of program targets.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2018. It was replied that the vehicle was in use of office of Deputy Commissioner on his verbal order. The reply was not plausible because the vehicle specified for monitoring of program activities could not be utilized for any other purpose. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommended fixing responsibility on the person(s) at fault, besides taking back of vehicle and its utilization for the program activities.

#### **4.5.3 Poor service delivery at Rural Health Centers**

According to Component 1, Linkage with LHW Programme 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 generators were provided to the following RHCs during 2017 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.

<b>Name of Health Facility</b>	<b>Start period of MNCH Services</b>	<b>Generator Facility Provided</b>
RHC Fateh Pur (Upgraded THQ 2103)	2009	2017
RHC Mirhan	2009	2017
RHC Jaman Shah	2010	2017
RHC Pahar Pur	2014	2017

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, 2018. It was replied that the THQ and RHCs were upgraded as per Government policy. The reply was not tenable because non provision of equipment as per PC-1 affected the program implementation and achievement of the targets. 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.

#### **4.5.4 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.

<b>List of Equipment not Provided to CMWs</b>	
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, 2018. It was replied that the purchase of equipment and medicine was made by PMIU (Head Office Lahore). The equipment and medicine have been provided to CMW as received to this office as per distribution plan. The reply was not tenable because, non provision of medicines as per PC-1 affected the program implementation and achievement of targets. 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.

## **4.6 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 National MNCH program district Layyah 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 is 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, 2018. It was replied that certification committee has been constituted on pointation of audit. The reply was not tenable because it was to be constituted from start of the program. 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 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 week in the health facility and will be paid Rs 2,000 per month as remuneration.

During performance audit of National MNCH Program (2009-17) it was noticed from the record including monthly reports, daily registers of CMWs, correspondence files etc., the following number of CMWs did not submit their monthly reports. It clearly showed that the concerned CMWs did not work during the specified period. Over all, out of 4,393 deployed CMWs, 525 CMWs were not reporting which was 12 % of the total. In spite of this, they were paid monthly remuneration due to which Government sustained loss. Year wise break up of non reporting CMWs is as under.

Year	No. of ANC	Deliveries Conducted	Reporting CMWs	Non-Reporting CMWs	%age of Non Reporting CMWs
2012	8,623	1,307	928	251	21
2103	8,907	2,551	646	89	12
2014	9,263	2,187	600	41	6
2015	9,261	1,996	557	79	12
2016	9,979	2,370	706	46	6
Jan - Jun 2017	5,875	1,171	431	19	4
<b>Total</b>	<b>52,192</b>	<b>12,826</b>	<b>3,868</b>	<b>525</b>	<b>12</b>

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 the DDO concerned in May, 2018. It was replied that there was no guidance regarding payment to non reporting deployed CMWs. The reply was

not tenable because payment without performance had no justification. 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.

#### **4.6.3 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 overall %age of deliveries conducted by the CMW was under 30%. Furthermore, number of deliveries conducted by the CMWs was also very low and each CMW was conducting an average 30 deliveries per year. 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. During 2012 and 2013, 28.64% of the total ANC (Pregnancies) deliveries were conducted by the SBA. While this %age was decreased during 2014, 2015, 2016 and 2017. 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.

<b>Year</b>	<b>No. of ANC</b>	<b>Deliveries Conducted</b>	<b>Reporting CMWs</b>	<b>Non-Reporting</b>	<b>%age of deliveries conducted out of total ANC</b>	<b>Average deliveries conducted by Each CMW/ month</b>
2012	8,623	1,307	928	251	15.16	1
2103	8,907	2,551	646	89	28.64	4
2014	9,263	2,187	600	41	23.61	4
2015	9,261	1,996	557	79	21.55	4

Year	No. of ANC	Deliveries Conducted	Reporting CMWs	Non-Reporting	%age of deliveries conducted out of total ANC	Average deliveries conducted by Each CMW/ month
2016	9,979	2,370	706	46	23.75	3
Jan - June 2017	5,875	1,171	431	19	19.93	3
<b>Total</b>	<b>51,908</b>	<b>11,582</b>	<b>3868</b>	<b>525</b>	<b>22.31</b>	<b>3</b>

Moreover, as per MIS, performance of various CMWs was very poor. Average deliveries conducted by each CMW per year were below 30% of ANC. (Annex-C)

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, 2018. It was replied that twenty seven BHUs is providing 24/7 services for basic EmNOC. The reply was not tenable because the declining performance of CMWs was not being observed. 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.

#### **4.6.4 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. As per DHIS reports of various months, the actual deliveries were shown in excess of registered pregnancies (Annex-D). Moreover, random checking of the hard copies of monthly reports showed that a lot of

cutting / overwriting was made by the CMWs, in which various program activities were enhanced (Annex-E). Data for the month of December, 2013 showed that number of pregnancies and deliveries conducted at RHC were increased to thousands to achieve the targets. Average deliveries conducted at each RHC were more than 100 per day. (Annex-F)

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, 2018. It was replied that reports were genuine and duly verified by the LHS and monitoring staff. The reply was not justified because there was too much variation in data. 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 Poor performance of WMOs and LHVs**

According to Component 1, Hospitals of PC-1 (Page 46), The MS with 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 RHCs was very poor. As per MIS the number of deliveries conducted by SBA remained below 25%. 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. Due to poor performance / poor monitoring, programs objectives could not be achieved. (Annex-G)

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, 2018. It was replied that BHU Jaman Shah, Paharpur and Mirhan were upgraded to RHC level in 2010 and the staff was appointed thereafter. The reply was not plausible because the data pertain after upgradation of the BHU. 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.

#### **4.6.6 Variation between referral cases and delivery fee payment to CMWs**

According to Component 2, Referral and Transportation of Obstetric Patients of PC-I (Page 71-72), once CMWs are in field and providing services, one of the main hurdles is to transport the complicated patient to the appropriate level of care. In order to encourage the CMWs for referrals of complicated cases, MS / DMS of the hospital shall certify the CMW referral slip and these will then be submitted to the EDO (Health) for payment of the delivery fees of the CMWs i-e Rs 150.

Comparison of DHIS data and hard copy submitted by the CMW about referral of complicated cases to the next higher center during 2012 to 2016 showed a great difference of figures. The referral figures in the MIS were exaggerated to meet the targets, whereas in the hard copy these figures were different. The detail is given below:

Month	No. of ANC Cases		No. of deliveries conducted		No. of complicated cases referred	
	As per Signed report	As per MIS	As per Signed report	As per MIS	As per Signed report	As per MIS
Feb-2012	317	718	374	229	-	6
Mar-2012	720	762	293	221	-	3
Aug-2012	930	680	270	241	-	10
<b>Total</b>	<b>1,967</b>	<b>2,160</b>	<b>937</b>	<b>691</b>	<b>-</b>	<b>19</b>

It shows that fictitious reports were prepared without any authenticity. Furthermore, scrutiny of record revealed that no payment was made against referred cases. It proves that the data regarding number of referred cases was

fictitious and complicated cases were not actually referred by the CMWs. These anomalies indicate that figures have been manipulated to show performance.

**Consolidate CMW report from 2012 to 2016**

<b>Year</b>	<b>No. of ANC</b>	<b>ANC Referred</b>	<b>No. of Deliveries</b>	<b>Deliveries Referred</b>	<b>% of deliveries conducted by CMWs</b>
2012	8,907	124	2,551	70	28.64
2103	8,907	124	2,551	70	28.64
2014	9,263	263	2,187	62	23.61
2015	9,261	204	1,996	70	21.55
2016	9,979	299	2,370	85	23.75
Jan - June 2017	5,875	227	1,171	30	19.93
<b>Total</b>	<b>52,192</b>	<b>1,241</b>	<b>12,826</b>	<b>387</b>	<b>24.57</b>

Audit is of the view that due to weak internal controls, fake data was maintained.

Analyses on the basis of fake data resulted in fake monitoring and progress of the field staff.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2018. It was replied that the referral cases as reported are genuine. The payment against these cases were neither requested by the CMWs nor made. The reply was not plausible because it was not supported with documents. No DAC meeting was convened despite efforts made till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault for fictitious reporting and non developing the system for payment of delivery fee.

**4.6.7 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 Layyah.

It was observed that during the years 2007-08 to 2016-17, funds to the tune of Rs 19.490 million 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. Detail of the funds is given below:

(Amount in Rupees)

Year	Seminars	Trainings	Total
2009-10	60,000	-	60,000
2010-11	80,000	-	80,000
2011-12	80,000	-	80,000
2012-13	-	6,600,000	6,600,000
2013-14	-	6,600,000	6,600,000
2014-15	-	6,050,000	6,050,000
2015-16	-	20,000	20,000
<b>Total</b>	<b>220,000</b>	<b>19,270,000</b>	<b>19,490,000</b>

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, 2018. It was replied that figures do not relate to District Layyah. The reply was not tenable as figures had been taken from annual reconciled expenditure statement of MNCH Layyah. 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.

#### **4.6.8 Selection of CMWs without complete particulars**

According to Component 1, Competency Based Training of the PC-1 (Page 51), a comprehensive integrated information system will aim to monitor the resources invested, the activities implemented, services delivered and evaluate the outcomes achieved. Mechanism will be put in place to improve data collection and information flow mechanisms to ensure quality, valid, and accurate data.

It was observed that CMWs were selected and shown as trained, whereas their particulars such as CNIC number, dated of birth, residential address, etc.

were not available in the record, due to which authenticity of the selection as per criteria could not be proved. (Annex-H)

Audit is of the view that due to weak internal controls, defective data were maintained. Unit field i.e. CNIC was not entered properly, perhaps to shadow some facts.

Without proper maintenance of data, proper monitoring could not be ensured and program objective could not be achieved.

The matter was reported to the Chief Executive Officer (District Health Authority) and DDO concerned in May, 2018. It was replied that it was MIS error and all the CNICs were available in the office. The reply was not tenable because CNICs of some CMW were not entered properly, whereas the others were entered. Hence it was a deliberate effort to befool the MIS. 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 selection of CMWs.

## **4.6 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. So the environmental factor had been neglected in the program.

## **4.7 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 Layyah. 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.

## **4.8 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.

## **4.9 Vertical Programs**

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

## **4.10 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 2011-reduce the rate of Under-Five Mortality Rate up to 65 per 1,000 Live Births, reduce the IMR by <55 per 1000 live births, increase the proportion of deliveries attended by Skilled Birth Attendants to 90% and reduce the Maternal Mortality Ratio per 100,000 Live Births up to 200.

**(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. Budget under various heads was re-appropriated unauthorizedly. POL was used in excess of authorized limit. Criteria for admission and deployment of CMWs were not observed.

**(vii) Performance Rating of the Program**

Unsatisfactory

**(viii) Risk Rating of the Program**

Substantial

**(ix) Impact Analysis**

An amount of Rs 60.597 million was expended to achieve the envisaged objectives of “National MNCH Program” in district Layyah with a target to reduced IMR from 55/1,000 live birth to 40/1,000 live birth and MMR from 200/100,000 to 140/100,000 by providing skilled birth attendants. However, the objective could not be achieved due to non deployment of CMWs in the rural areas.

**(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 considered 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 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, 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 on the basis of ground realities 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. All the MNCH related activities at district level should be integrated under District MNCH Cell.
- iii. The system for provision of medicines and safe delivery services to the patients should be strengthened.
- iv. Public awareness campaigns should be launched.
- v. The civil works may be completed on priority.
- vi. Strenuous efforts should be made at all levels to achieve the MDGs.
- vii. System of internal controls should be strengthened.

## **ACKNOWLEDGEMENT**

We wish to express our appreciation to the District Health Authority Management and staff of the program titled “National MNCH Program”, District Layyah for their assistance and cooperation extended to the auditors during this assignment.

## **ANNEX**

**Deviation from Program objectives due to deployment of CMWs in the areas adjacent to health facilities**

**A- CMWs enrolled, trained and deployed from rural areas**

Sr. No.	UC name	Total UC population	Enrolled CMWs	Trained CMWs	Deployed CMWs	Population covered by each CMW
1	Kheray Wala	40,318	1	1	1	40,318
2	Nawan Kot	40,187	1	1	1	40,187
3	Baseera	29,527	3	2	2	14,764
4	Aulah Thal Klan	40,088	4	4	4	10,022
5	Jamal Chapri	27,419	4	3	3	9,140
6	Samtia	41,354	4	4	4	10,339
7	164/TDA	40,888	5	5	5	8,178
8	98/ML	46,043	5	5	5	9,209
9	Bakhri Ahmad Khan	40,156	5	4	4	10,039
10	Jakhar Pacca	40,088	5	5	5	8,018
<b>Total</b>		<b>386,068</b>	<b>37</b>	<b>34</b>	<b>34</b>	

**B- CMWs enrolled, trained and deployed from urban area**

Sr. No.	UC name	Total UC population	Enrolled CMWs	Trained CMWs	Deployed CMWs	Population covered by each CMW
1	Kot Sultan	42,869	8	5	5	8,574
2	Layyah Thal Kalan	40,652	9	8	8	5,082
3	Kotla Haji Shah	40,250	10	9	9	4,472
4	Layyah Thal Jandi	40,905	10	8	8	5,113
5	Layyah Urban	35,023	10	10	10	3,502
6	Mandi Town	25,862	10	9	9	2,874
7	Shah Pur	38,570	10	8	8	4,821
8	Sheer Garh	40,675	10	8	8	5,084
9	Jaman Shah	43,134	11	11	11	3,921
10	Noshehra Thal Kalan	45,021	12	10	10	4,502
<b>Total</b>		<b>392,961</b>	<b>100</b>	<b>86</b>	<b>86</b>	

**Annex-B**

**[Para 4.2.9]**

**Unauthorized re-appropriation of funds**

(Amount in rupees)

<b>Letter reference</b>	<b>Original head of account</b>	<b>Amount</b>	<b>Re-appropriated head of account</b>	<b>Amount</b>
MNCH Lahore Letter No.9548 dated 19.5.2010	A01106-Pay of Contract Staff	650,000	A03959-Stipend	600,000
			A03807-POL	50,000
MNCH Lahore Letter No.484 dated 21.4.2011	A12401- Construction of CMW School/Hostel	2,746,000	A01101-Pay of Officer	190,000
			A01151- Pay of other staff	30,000
			A01156-Pay of Contract Staff	241,000
			A01202-HRA	140,000
			A01205-DA	10,000
			A01217-MA	120,000
			A0120x-ARA	240,000
			A01250-Incentive Allowance	210,000
			A01244-ARA	205,000
			A01252-NPA	100,000
			A01262-SRA	10,000
			A04115-SSB	100,000
A03807-POL	100,000			
A03959-Stipend	1,050,000			
MNCH Lahore Letter No.484 dated 21.4.2011	A01106- Pay of Contract Officer	455,000	A03959- Stipend	550,000
	A03807-POL	95,000		
MNCH Lahore Letter No.4547 dated 16.11.2011	A01101-Pay of officer	150,000	A01106- Pay of Contract Officer	150,000
	A01151- Pay of other staff	900,000	A01156-Pay of Contract Staff	250,000
	A03202- Telephone	60,000	A01202-HRA	70,000
	A03201- Communication	40,000	A01203-CA	130,000
			A01232-HPA	180,000
			A01250-Incentive Allowance	100,000
			A01252-NPA	100,000
			A0120A-ARA 2011	70,000
			A03807-POL	60,000
			A03959-Stipend	40,000
MNCH Lahore Letter No.4324 dated 1.9.2012	A01151-Basic Pay of Other Staff	400,000	A03959- stipend	584,159
	A01226-Comuter Allowance	20,000	A03807-POL	30,000
	A01250-Incentive allowance	29,454	A03959- stipend	135,119
	A03201-Postage	20,000		
	A03202- Telecommunication	20,000		
	A03205-Courier	40,000		
	A03901-Stationary	20,000		
	A03903-Conference/Seminar	44,705		
	A03970-Others	20,000		
	A03201-Communication	6,000		
	A03807-POL	39,119		

Letter reference	Original head of account	Amount	Re-appropriated head of account	Amount
	A03901-Stationary	40,000		
	A03970-Others	50,000		
MNCH Lahore Letter No.4233 dated 12.6.2015	A03801 – Training	550,000	A03807-POL	400,000
			A03901-Stationary	50,000
			A03805-TA/DA	100,000
<b>Total</b>		<b>6,395,278</b>		<b>6,395,278</b>

**Annex-C**  
**[Para 4.6.3]**

**Unjustified low performance of CMWs**

<b>Reporting period</b>	<b>CMW name</b>	<b>Registered pregnancies</b>	<b>Deliveries conducted</b>	<b>% age of deliveries conducted</b>
2012	12225682-Imrana Kousar	4	0	-
2013	12225800-Munnzah Saleem	17	0	-
2013	12225806-Sajida Parveen	4	0	-
2013	12225820-Surriya Mumtaz	18	2	11.11
2017	12256396-Ismat Tahira	99	11	11.11
2014	12225768-Haseena Kousar	16	2	12.50
2016	12247215-Shahmeem Sardar	46	6	13.04
2016	12247197-Themina Akbar	45	6	13.33
2017	12256376-Shazia Sumreen	29	4	13.79
2013	12225792-Farzana Afzal	40	6	15.00
2016	12234756-Shaista Jabeen	232	38	16.38
2013	12225838-Zakia Bibi	18	3	16.67
2017	12256344-Shamim Fatima	36	6	16.67
2015	12225854-Sajida Noor	47	8	17.02
2015	12234756-Shaista Jabeen	137	24	17.52
2017	12247217-Mehvish Imtiaz	62	11	17.74
2017	12234772-Bibi Khadija	213	38	17.84
2017	12234756-Shaista Jabeen	166	30	18.07
2016	12247171-Tanweer Aslam	33	6	18.18
2016	12247167-Zatoon Bibi	63	12	19.05
2014	12225800-Munnzah Saleem	51	10	19.61
2013	12225781-Shazia Mughal	20	4	20.00
2013	12225784-Salma Kanwal	24	5	20.83
2017	12247167-Zatoon Bibi	71	15	21.13
2014	12225838-Zakia Bibi	136	29	21.32
2016	12247190-Asma Bibi	40	9	22.50
2013	12225576-Farzana Ameer	188	45	23.94
2013	12225866-Farzana Kousar	25	6	24.00
2017	12247190-Asma Bibi	127	31	24.41
2013	12225850-Zainab Rasool	16	4	25.00
2013	12225834-Jameela Bibi	8	2	25.00
2015	12225648-Salma Parveen	20	5	25.00
2016	12247163-Yasmin Akhtar	48	12	25.00

<b>Reporting period</b>	<b>CMW name</b>	<b>Registered pregnancies</b>	<b>Deliveries conducted</b>	<b>% age of deliveries conducted</b>
2016	12225840-Nazia Parveen	4	1	25.00
2014	12225802-Gulzar Bibi	31	8	25.81
2016	12247193-Zainab Bibi	27	7	25.93
2016	12247173-Sajida Parveen	30	8	26.67
2015	12225838-Zakia Bibi	183	49	26.78
2014	12225648-Salma Parveen	83	23	27.71
2015	12234695-Azra Parveen	72	20	27.78
2012	12225626-Shazia Tabsum	61	17	27.87
2017	12256324-Tahmina Bibi	61	17	27.87
2014	12225806-Sajida Parveen	89	25	28.09
2014	12225854-Sajida Noor	96	27	28.13
2016	12247213-Aqeela Aslam	53	15	28.30
2017	12247182-Samina Bibi	66	19	28.79
2015	12234454-Samina Kousar	100	29	29.00
2014	12225792-Farzana Afzal	186	54	29.03
2017	12247165-Parveen Kousar	134	39	29.10
2015	12234657-Razia Bibi	79	23	29.11
2012	12225634-Sajida Parveen	17	5	29.41



**Annex-D**

**[Para 4.6.4]**

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

Reporting period	CMW name	Batch No.	Registered pregnancies	Deliveries conducted	Excessive deliveries shown
2013	12224894-Samina Ahmad	2	19	71	-52
2013	12225538-Tahira Parveen	3	16	53	-37
2013	12225516-Samreena Bibi	3	30	63	-33
2014	12225702-Fouzia Hassan	4	23	55	-32
2013	12224904-Shaheen Musrat	2	32	60	-28
2016	12234663-Azra Shafi	6	37	63	-26
2013	12225194-Nighat Parveen	2	34	60	-26
2014	12225646-Kalsoom Akhtar	4	26	52	-26
2012	12224904-Shaheen Musrat	2	15	39	-24
2013	12225534-Shgufta Noureen	3	21	44	-23
2013	12225004-Amna Bibi	2	22	43	-21
2013	12225702-Fouzia Hassan	4	33	51	-18
2013	12225064-Shuzera Ghafoor	2	26	44	-18
2013	12224928-Aqeela Zaffar	2	51	68	-17
2012	12225516-Samreena Bibi	3	3	20	-17
2012	12225779-Zareena Batool	1	47	63	-16
2014	12225556-Tayyba Rani	3	28	44	-16
2016	12247175-Shazia Bibi	7	45	60	-15
2013	12225518-Kirn Parveen	3	32	46	-14
2016	12247180-Rabia Qasim	7	17	31	-14
2012	12225773-Azra Nazeer	1	16	30	-14
2013	12225372-Sana Tabita	2	64	77	-13
2013	12225670-Ameer Bibi	4	37	50	-13
2013	12225344-Rizwana Shaheen	2	28	41	-13
2013	12225584-Rouqia Bano	3	35	47	-12
2013	12225020-Kousar Parveen	2	14	26	-12
2013	12225773-Azra Nazeer	1	14	26	-12
2016	12234618-Reehana Ahamad	6	36	47	-11
2013	12225172-Abida Hussain	2	17	28	-11
2012	12225496-Kousar Parveen	2	13	24	-11
2012	12225130-Parveen Akhtar	2	11	22	-11
2014	12225538-Tahira Parveen	3	7	18	-11
2014	12225568-Rouqia Kousar	3	23	33	-10
2014	12224904-Shaheen Musrat	2	6	16	-10
2012	12225534-Shgufta Noureen	3	6	16	-10
2014	12225518-Kirn Parveen	3	29	38	-9
2012	12225840-Nazia Parveen	1	9	18	-9
2012	12225846-Khursheeda Manzoor	1	4	13	-9

Reporting period	CMW name	Batch No.	Registered pregnancies	Deliveries conducted	Excessive deliveries shown
2015	12225702-Fouzia Hassan	4	36	44	-8
2014	12225676-Musrat Shaheen	4	30	38	-8
2012	12225004-Amna Bibi	2	14	22	-8
2012	12225726-Aneela Batool	1	8	16	-8
1-2018 to 3-2018	12247188-Farina Kanwal	7	3	11	-8
2017	12234695-Azra Parveen	6	39	46	-7
2012	12225584-Rouqia Bano	3	17	24	-7
2016	12247199-Aqleem Bibi	7	13	20	-7
2014	12225004-Amna Bibi	2	5	12	-7
2012	12225762-Misbah Bashir	1	0	7	-7
2016	12225792-Farzana Afzal	5	25	31	-6
2012	12225564-Yasmeen Kousar	3	24	30	-6
2012	12225064-Shuzera Ghafoor	2	14	20	-6
2012	12225956-Musart Parveen	1	14	20	-6
2012	12225538-Tahira Parveen	3	10	16	-6
2012	12225528-Wazir Bibi	3	10	16	-6
2013	12225896-Rouqia Kousar	1	9	15	-6
2012	12225578-Shamim Afzal	3	7	13	-6
2012	12222970-Asia Bibi	1	7	13	-6
2014	12225670-Ameer Bibi	4	44	49	-5
2013	12225676-Musrat Shaheen	4	26	31	-5
2015	12234699-Musarat Shaheen	6	9	14	-5
2012	12225568-Rouqia Kousar	3	8	13	-5
2016	12234669-Rahila Yasmin	6	7	12	-5
2012	12225896-Rouqia Kousar	1	5	10	-5
2014	12224894-Samina Ahmad	2	4	9	-5
2012	12225918-Kousar Shaheen	1	1	6	-5
2012	12225768-Haseena Kousar	1	0	5	-5
2012	12225812-Mussarat Naseem	1	0	5	-5
2012	12225870-Najma Kalsoom	1	0	5	-5
2012	12225984-Parveen Akhtar	1	0	5	-5
2013	12225578-Shamim Afzal	3	36	40	-4
2014	12225344-Rizwana Shaheen	2	23	27	-4
2012	12224894-Samina Ahmad	2	20	24	-4
2012	12225614-Asma Molai	4	12	16	-4
2014	12225584-Rouqia Bano	3	11	15	-4
2012	12225242-Sadia Batool	2	8	12	-4
2013	12225730-Kalsoom Bibi	1	6	10	-4
2014	12225194-Nighat Parveen	2	5	9	-4
2012	12222960-Safina Ahmad	1	0	4	-4
2012	12225710-Farzana Parveen	1	0	4	-4
2012	12225936-Farzana Bibi	1	0	4	-4
2017	12234663-Azra Shafi	6	49	52	-3
2017	12234669-Rahila Yasmin	6	19	22	-3

Reporting period	CMW name	Batch No.	Registered pregnancies	Deliveries conducted	Excessive deliveries shown
2015	12225614-Asma Molai	4	18	21	-3
2012	12225020-Kousar Parveen	2	13	16	-3
2012	12225790-Reehana Parveen	1	10	13	-3
2012	12225676-Musrat Shaheen	4	8	11	-3
2012	12225612-Sadia Parveen	4	5	8	-3
2016	12234612-Barjees Akhtar	6	42	44	-2
2014	12225544-Mussart Shaheen	3	39	41	-2
2015	12225634-Sajida Parveen	4	10	12	-2
2012	12225730-Kalsoom Bibi	1	7	9	-2
2014	12225534-Shgufta Noureen	3	6	8	-2
2012	12225694-Shumaila Fateh	4	5	7	-2
2016	12225932-Samina Parveen	1	4	6	-2
2013	12225130-Parveen Akhtar	2	3	5	-2
2013	12225922-Mussarat Shaheen	1	2	4	-2
2012	12225992-Shamim Akhtar	1	1	3	-2
2012	12225858-Nussarat Bibi	1	0	2	-2
2013	12225528-Wazir Bibi	3	42	43	-1
2015	12234663-Azra Shafi	6	36	37	-1
2014	12225504-Fatima Jabeen	2	32	33	-1
2012	12225576-Farzana Ameer	3	25	26	-1
2012	12225560-Irum Nazir	3	18	19	-1
2012	12225832-Reehana Manzoor	1	12	13	-1
2012	12225544-Mussart Shaheen	3	12	13	-1
2013	12225984-Parveen Akhtar	1	11	12	-1
2016	12225668-Shamim Akhtar	4	8	9	-1
2012	12225910-Sayyeda Ammina Bibi	1	7	8	-1
2013	12225882-Sajida Parveen	1	5	6	-1
2012	12222934-Musrat Naz	1	4	5	-1
2016	12225662-Tahira Parveen	4	4	5	-1
2015	12225560-Irum Nazir	3	4	5	-1
2014	12225882-Sajida Parveen	1	3	4	-1
2012	12225742-Sehrish Abbas	1	0	1	-1
2012	12225754-Asma Rani	1	0	1	-1
<b>Total</b>			<b>1,900</b>	<b>2,867</b>	<b>(967)</b>

### Unrealistic reporting by WMOs and LHVs posted at RHCs

RHC	Month	Population	Expected pregnancies (3.4%)	Expected births (2.9%)	Deliveries conducted at health facilities	Excessive deliveries shown
RHC Jaman Shah	Jun-16	31,415	89	76	105	29
RHC Jaman Shah	Nov-16	31,415	89	76	99	23
RHC Jaman Shah	Jul-16	31,415	89	76	98	22
RHC Jaman Shah	Dec-16	31,415	89	76	97	21
RHC Jaman Shah	May-17	31,415	89	76	95	19
RHC Ladhana	Aug-15	31,637	90	76	95	19
RHC Jaman Shah	Jul-17	31,415	89	76	92	16
RHC Jaman Shah	Feb-17	31,415	89	76	91	15
RHC Ladhana	Jan-18	31,637	90	76	91	15
RHC Ladhana	Jul-15	31,637	90	76	91	15
RHC Jaman Shah	Mar-17	31,415	89	76	90	14
RHC Ladhana	Jul-17	31,415	90	76	90	14
RHC Ladhana	Oct-16	31,637	90	76	90	14
RHC Ladhana	Aug-16	31,637	90	76	90	14
RHC Jaman Shah	Sep-17	31,415	89	76	88	12
RHC Jaman Shah	Jan-17	31,415	89	76	87	11
RHC Ladhana	Aug-17	31,637	90	76	86	10
RHC Ladhana	Sep-16	31,637	90	76	86	10
RHC Jaman Shah	Jun-17	31,415	89	76	84	8
RHC Ladhana	Dec-17	31,637	90	76	84	8
RHC Ladhana	Dec-16	31,637	90	76	84	8
RHC Ladhana	Oct-15	31,637	90	76	84	8
RHC Ladhana	Nov-16	31,637	90	76	83	7
RHC Jaman Shah	Oct-16	31,415	89	76	82	6
RHC Ladhana	Feb-16	31,415	90	76	82	6
RHC Ladhana	Nov-15	31,637	90	76	82	6
RHC Ladhana	Nov-17	31,637	90	76	81	5
RHC Ladhana	Jun-17	31,637	90	76	81	5
RHC Ladhana	Aug-12	31,637	90	76	81	5
RHC Jaman Shah	Sep-16	31,415	89	76	78	2
RHC Jaman Shah	Jan-16	31,415	89	76	78	2
RHC Ladhana	May-15	31,637	90	76	78	2
RHC Jaman Shah	May-17	31,415	89	76	77	1
RHC Jaman Shah	Apr-17	31,415	89	76	77	1
RHC Jaman Shah	Aug-16	31,415	89	76	77	1
RHC Ladhana	Jul-16	31,415	90	76	77	1
RHC Merhan (Dhori Adda)	Jul-16	44,677	127	108	109	1

رہکار کیلئے

مہینہ ستمبر سال 2015

کیونٹی ڈوائف کی ماہانہ رپورٹ



بنیادی معلومات:  
 کیونٹی ڈوائف کا نام: Sumaira Nawaz  
 PNC رجسٹریشن نمبر: 10000  
 محل آبادی: 3  
 آبادی میں کام کرنے والی کل لیزڈ ایبلتھ ورکرز کی تعداد: 3  
 علاقے میں کام کرنے والی وائیو کی تعداد: 3

رپورٹ جمع کروانے کی تاریخ: 2015-01-05  
 مرکز صحت کا نام: مرکز صحت کاٹوا انہر  
 LHS کا نام: جنرل مخور یونین نامل: خورد در اعظم  
 تحصیل: ملیر ضلع: ملیر سیکشن: بٹیا

سیکشن 1 - حاملہ زچہ اور نوزائیدہ کی معلومات۔

نمبر شمار	محل کے دوران کی چیزیں	میلے	نمبر	دنگل کے دورانیہ کی چیزیں	کل تعداد
1	تعداد کل رجسٹرڈ حاملہ خواتین (دی وورڈ اپ)	10	3	کل حاملہ خواتین	3
1.1	کل حاملہ خواتین کی پیدائش	9	3.1	تعداد حاملہ خواتین کی پیدائش	3
1.2	کل حاملہ خواتین کا ویرا سٹوٹ	B	3.2	کل حاملہ خواتین	3
1.3	کل حاملہ خواتین کا ویرا سٹوٹ	6	3.3	کل حاملہ خواتین	0
1.4	کل حاملہ خواتین کا ویرا سٹوٹ	0	3.4	کل حاملہ خواتین	0
1.5	کل حاملہ خواتین کا ویرا سٹوٹ	0	4	کل حاملہ خواتین	0
2	کل حاملہ خواتین میں جن کی پیدائش سے پہلے کا ویرا سٹوٹ				
5	کل حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6	کل حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.1	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.1	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.2	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.2	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.3	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.3	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.4	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.4	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.5	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں (APH) کی چیزیں		6.5	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	
5.6	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.6	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.7	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.7	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.8	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.8	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.9	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	6.9	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
5.10	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0	7	تعداد حاملہ خواتین کی پیدائش سے پہلے کی چیزیں	0
					2



کیونٹی ڈاٹف کی ماہانہ رپورٹ

مرکز صحت کیلئے

بہارن صحت کیمپ سال 2016

بیماری معلومات: کیونٹی ڈاٹف کا نام کھلیا پیر وین PNC رجسٹریشن نمبر 10,000 کل آبادی 0 آبادی میں کام کرنے والی کل لیڈی ایلیٹہ اور گریڈی تعداد 0 علاقے میں کام کرنے والی دائروں کی تعداد 0

رہارن صحت کیمپ کی تاریخ 2016-1-1 مرکز صحت کا نام B.H.C مرکز صحت کا کوڈ نمبر 0 LHS کا نام 0 یونین کونسل وارن پورواں تحصیل کروڑ ضلع پنجاب

سیکشن 1 - حاملہ لڑکیوں اور نوزائیدہ کی معلومات -

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0	757	758	759	760	761
0	762	763	764	765	766
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0	772	773	774	775	776
0	777	778	779	780	781
0	782	783	784	785	786
0	787	788	789	790	791
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0	822	823	824	825	826
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0	847	848	849	850	851
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0	857	858	859	860	861
0	862	863	864	865	866
0	867	868	869	870	871
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0	877	878	879	880	881
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0	887	888	889	890	891
0	892	893	894	895	896
0	897	898	899	900	901
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0	917	918	919	920	921
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0	937	938	939	940	941
0	942	943	944	945	946
0	947	948	949	950	951
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0	962	963	964	965	966
0	967	968	969	970	971
0	972	973	974	975	976
0	977	978	979	980	981
0	982	983	984	985	986
0	987	988	989	990	991
0	992	993	994	995	996
0	997	998	999	1000</	

**Annex-F**  
**[Para 4.6.4]**

**Unrealistic reporting by field staff**

<b>RHC</b>	<b>Month</b>	<b>Population</b>	<b>Expected Pregnancies</b>	<b>Deliveries Conducted at Health Facilities</b>	<b>Average deliveries per day</b>
RHC Chak No.110/TDA	December 2013	20,500	4,240	275	8.87
RHC Merhan (Dhori Adda)		44,677	9,241	3,283	105.90
RHC Pahar Pur		43,566	9,011	3,340	107.74
RHC Jaman Shah		31,415	6,498	3,358	108.32
RHC Ladhana		31,637	6,544	3,931	126.81
<b>Total</b>		<b>171,795</b>	<b>35,534</b>	<b>14,187</b>	



**Annex-G**

**[Para 4.6.5]**

**Poor performance of WMOs and LHVs**

<b>Month</b>	<b>RHC</b>	<b>Expected pregnancies (3.4%)</b>	<b>Expected births (2.9%)</b>	<b>Deliveries conducted at health facilities</b>	<b>%age</b>
Dec-10	RHC Pahar Pur	123	105	0	0
Mar-11	RHC Merhan(Dhori Adda)	127	108	1	0.93
Feb-11	RHC Merhan(Dhori Adda)	127	108	1	0.93
Jan-11	RHC Merhan(Dhori Adda)	127	108	1	0.93
Jun-11	RHC Merhan(Dhori Adda)	127	108	2	1.85
Dec-10	RHC Merhan(Dhori Adda)	127	108	2	1.85
Jul-11	RHC Merhan(Dhori Adda)	127	108	3	2.78
Jan-11	RHC Pahar Pur	123	105	3	2.86
Apr-11	RHC Merhan(Dhori Adda)	127	108	4	3.7
May-11	RHC Merhan(Dhori Adda)	127	108	5	4.63
Apr-11	RHC Pahar Pur	123	105	8	7.62
Feb-11	RHC Pahar Pur	123	105	10	9.52
May-11	RHC Pahar Pur	123	105	11	10.48
May-14	RHC Ladhana	90	76	8	10.53
Feb-11	RHC Ladhana	90	76	9	11.84
Jul-14	RHC Ladhana	90	76	10	13.16
Jan-11	RHC Ladhana	90	76	10	13.16
Dec-10	RHC Ladhana	90	76	10	13.16
Apr-14	RHC Pahar Pur	123	105	14	13.33
Apr-14	RHC Merhan(Dhori Adda)	127	108	15	13.89
Apr-11	RHC Jaman Shah	89	76	11	14.47
Aug-11	RHC Merhan(Dhori Adda)	127	108	16	14.81
Mar-15	RHC Pahar Pur	123	105	18	17.14
Apr-12	RHC Merhan(Dhori Adda)	127	108	19	17.59
Sep-11	RHC Merhan(Dhori Adda)	127	108	19	17.59
May-12	RHC Pahar Pur	123	105	19	18.1
Mar-12	RHC Jaman Shah	89	76	14	18.42
Mar-15	RHC Merhan(Dhori Adda)	127	108	20	18.52
Mar-14	RHC Merhan(Dhori Adda)	127	108	20	18.52
Feb-14	RHC Merhan(Dhori Adda)	127	108	20	18.52
Dec-13	RHC Merhan(Dhori Adda)	127	108	21	19.44
Nov-12	RHC Jaman Shah	89	76	15	19.74
Feb-11	RHC Jaman Shah	89	76	15	19.74
Feb-15	RHC Merhan(Dhori Adda)	127	108	22	20.37
Dec-14	RHC Merhan(Dhori Adda)	127	108	22	20.37
Mar-15	RHC Pahar Pur	123	105	22	20.95

Month	RHC	Expected pregnancies (3.4%)	Expected births (2.9%)	Deliveries conducted at health facilities	%age
Jun-12	RHC Pahar Pur	123	105	22	20.95
Apr-13	RHC Jaman Shah	89	76	16	21.05
Aug-12	RHC Jaman Shah	89	76	16	21.05
Apr-12	RHC Jaman Shah	89	76	16	21.05
May-15	RHC Merhan(Dhori Adda)	127	108	23	21.3
Mar-15	RHC Merhan(Dhori Adda)	127	108	23	21.3
Nov-11	RHC Merhan(Dhori Adda)	127	108	23	21.3
May-14	RHC PAHAR PUR	123	105	23	21.9
Sep-14	Rhc Merhan(Dhori Adda)	127	108	24	22.22
Oct-13	RHC Merhan(Dhori Adda)	127	108	24	22.22
Dec-14	RHC Pahar Pur	123	105	24	22.86
Jan-14	RHC Merhan(Dhori Adda)	127	108	25	23.15
Apr-14	RHC Jaman Shah	89	76	18	23.68
Nov-14	RHC Pahar Pur	123	105	25	23.81
Mar-12	RHC Pahar Pur	123	105	25	23.81
Nov-14	RHC Merhan(Dhori Adda)	127	108	26	24.07
Aug-14	RHC Merhan(Dhori Adda)	127	108	26	24.07
Mar-12	RHC Merhan(Dhori Adda)	127	108	26	24.07
Jul-12	RHC Pahar Pur	123	105	26	24.76
Jun-11	RHC Pahar Pur	123	105	26	24.76

**Annex-H**

**[Para 4.6.8]**

**Selection of CMWs without CNIC, Deviation from Selection Criteria**

<b>Batch</b>	<b>CMW code</b>	<b>CMW name</b>	<b>CNIC #</b>	<b>Address</b>	<b>Date of birth</b>
6	12234669	Rahila Yasmin	000000000000000	Chak No. 165/TDA	1994-03-30
1	12225996	Zakia Bassra	11111-1111	320/TDA UC Olukh Thal Kalan Choubara	1111-11-11
1	12225956	Musart Parveen	1111111111	Chack No.125-B/TDA UC Mandi Town	1111-11-11
1	12225832	Reehana Manzoor	1111111111	Chack No.275/TDA/TDA UC Layyah Thal Kalan	1111-11-11
1	12225874	SOMARA AMIR	1111111111	Choubara	1111-11-11
1	12225978	Tehseen Kanwal	1111111111	Ward No. 3 Chowk Azam City	1111-11-11
1	12225896	Rouqia Kousar	1111111111	97/TDA UC 98/ML Karor	1111-11-11
1	12225910	SayyedaAmminaBibi	1111111111	Chak No.230/TDA Fateh Pur	1111-11-11
1	12225870	Najma Kalsoum	111111111111-1	369/TDA UC Rafique Abad, Choubara	1111-11-11
1	12225926	ReehanYasin	111111111111-1	150/TDA UC Jamman Shah	1111-11-11
1	12225882	Sajida Parveen	111111111111-1	330/TDA UC Jamal Chaupri Choubara	1111-11-11
1	12225902	Nadia Sagheer	11111-1111111-1	Ch No 434/TDA	1111-11-11
1	12225972	Nadia Sanam	11111-1111111-1	Chah Gardy Wala	1111-11-11
1	12225962	Naveeda Aslam	11111-1111111-1	Ward No 5 Fateh Pur	1111-11-11
1	12225984	Parveen Akhtar	11111-1111111-1	Imran Town	1111-11-11
1	12225952	Rizwana Kousar	11111-1111111-1	Ch No 125/B TDA	1111-11-11
1	12225912	RUBY ASLAM	11111-1111111-1	Ch No 85/ML	1111-11-11
1	12225900	Rukhsana Kousar	11111-1111111-1	Ch No 235,TDA	1111-11-11
1	12225894	Rukhsana Kousar	11111-1111111-1	Chk No 120/TDA	1111-11-11
1	12225898	Safina Kousar	11111-1111111-1	Ch No 271/TDA	1111-11-11
1	12225966	Sahila Begum	11111-1111111-1	Chack No.149/TDA Layyah Thal Jandi	1111-11-11
1	12225986	Saima Kiran	11111-1111111-1	Batti Trader Near Noori Masjid	1111-11-11
1	12225968	Saira Ramzan	11111-1111111-1	Chah Gardy Wala	1111-11-11
1	12225932	Samina Parveen	11111-1111111-1	Baag Wala	1111-11-11
1	12225992	Shamim Akhtar	11111-1111111-1	Ward No 10	1111-11-11
1	12225948	Sumer Hameed	11111-1111111-1	Ch No 270/TDA	1111-11-11
1	12225980	Sundes Akram	11111-1111111-1	Ward No 6	1111-11-11
1	12225940	Zareena Bibi	11111-1111111-1	5 Marla Scheme	1111-11-11

<b>Batch</b>	<b>CMW code</b>	<b>CMW name</b>	<b>CNIC #</b>	<b>Address</b>	<b>Date of birth</b>
5	12225800	Munnzah Saleem	11111-1111111-1	Chk No 298/TDA	1991-03-15
5	12225826	Sumaira Muneer	11111-1111111-1	Moza Wara Sehran	1992-02-20
1	12225812	Mussarat Naseem	111111111111111	Chak No.109/TDA Shah Pur	1111-11-11
1	12225840	Nazia Parveen	111111111111111	Chack No.141/TDA Layyah Thal Janidi	1111-11-11
4	12225682	Imrana Kousar	32028-7209898-	Chak No.221/TDA	1989-01-01
9	12262881	Misbah Parveen	32201-	Chak No.440/TDA P/O Rafiq Abbad Tehsil Choubara	1996-09-28