PERFORMANCE AUDIT REPORT
ON
THE PUNJAB MILLENNIUM DEVELOPMENT GOALS PROGRAM (HEALTH SECTOR) DISTRICT GOVERNMENT BAHAWALPUR

Audit Year 2012-13

15th May, 2013

AUDITOR GENERAL OF PAKISTAN

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
BHU	Basic Health Unit
CMW	Community Midwife
CSA	Conrol Self Assessment
DHDC	District Health Development Center
DHIS	District Health Informaion Center
DHQ	District Headquarter
EmONC	Emergency Obstertic and Newborn Care
H.D	Health Department
EDO	Executive District Officer
FLHF	First Level Health Facility
FP &PHC	Family Planning & Primary Health Center
GoPb	Government of Punjab
IMR	Infant Mortality Rate
INTOSAI	International Supreme Audit Institution
LHV	Lady Health Visitor
LHW	Lady Health Worker
LHWP	Lady Health Workers Program
MDG	Millennium Development Goals
MICS	Multi-indicator Cluster Survey
MIS	Management Informatgion System
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MOU	Memorandum of Understanding
MSDS	Minimum Service Delivery Standards
NGO	Non Government Orginazation
PAIMAN	Pakistan Initiative for Mothers and Newborn Project
PC-1	Planning Commission- Proforma 1
PDHS	Punjab Demographic and Health Survey
PGR	Post Graduate Registrar
PHC	Public Health Commission
PHSRP	Punjab Health Secotr Reforms Program
PHIS	Punjab Health Information System

PMDGP	Punjab Millennium Development Goals Program
RHC	Rural Health Centere
SLHF	Second Level Health Facility
SMPs	Standard Medical Proocols
S.O	Statistical Officer
SOPs	Standard Operating Porcedures

PREFACE

The Auditor General conducts audits as per 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 115 of the Punjab Local Government Ordinance 2001.

The Directorate General Audit; District Governments, Punjab (South), Multan, a field office of the Auditor General of Pakistan, conducted the performance audit of Punjab Millennium Development Goals Program (PMDGP) Health Sector Bahawalpur for the period 2009-12. The audit was carried out during April and May 2013 with a view to reporting significant findings to the stakeholders. Audit examined the economy, efficiency and effectiveness aspects of the Program. In addition to this, Audit assessed, on test check basis, whether the management complied with applicable laws, rules and regulations in managing the Program. The Audit Report indicates specific actions that, if taken, will help the management to successfully implement the Punjab Millennium Development Goals Program (PMDGP). Most of the observations included in this Report have been finalized in the light of written responses of the management. However, no DAC meeting was convened.

The Audit Report is submitted to the Governor of the Punjab in pursuance of Article 171 of Constitution of the Islamic Republic of Pakistan, 1973, read with Section 115 of the Punjab Local Government Ordinance, 2001 to cause it to be laid before the Provincial PAC.

Islamabad **(Muhammad Akhtar Buland Rana)**
Dated: **Auditor General of Pakistan**

EXECUTIVE SUMMARY

The Directorate General of Audit, District Governments, Punjab (South), Multan, carried out the Performance Audit of Punjab Millennium Development Goals Program (PMDGP), District Government Bahawalpur for the period 2009-10 to 2011-12. The audit was carried out during 16.04.2013 to 15.05.2013 and in accordance with INTOSAI Auditing Standards.

The main objectives of the audit were to:

a. Ascertain that the Program was being implemented as planned and there was no deviation from the approved utilization plans of the Program.
b. Ascertain that to which extent the MDGs and objectives of PMDGP had been achieved.
c. Ascertain that the resources were acquired at lowest possible costs and there was no leakage of financial resources.
d. Ascertain that the resources were utilized in the most efficient/optimum manner.
e. Ascertain that community was getting desired benefits from the Program.
f. Ascertain that expenditure was duly incurred where required and unnecessary expenditure was avoided.
g. Analyze strengths and weaknesses of the Program
h. Analyze the Program in detail from technical, institutional, and financial perspectives
i. Develop observations and make recommendations regarding all major economic, institutional, social, environmental, and governance issues

The Government of the Punjab launched the PMDGP in the District Government Bahawalpur through the Executive District Officer (Health). Funds of Rs424.618 million were allocated during 2009-10 to 2011-12, out of which expenditure of Rs60.518 million was incurred till June 2012.

The targeted impact of the PMDGP was the attainment of Millennium Development Goals (MDGs) of reducing the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) in the Punjab with targeted outcomes of improved access, quality and equity of health services. The delivery of minimum package of services stipulated in the Minimum Service Delivery Standards (MSDS), especially in Maternal Newborn and Child Health (MNCH), was the core strategy for attaining the MDGs. Therefore, the Program focused on reforms required for effective implementation of the MSDS. The Program was designed

to help the Government of the Punjab in undertaking health sector reforms pertaining to:

- Improving the availability and quality of primary and secondary health services,
- Management of health service delivery,
- Developing a sustainable and pro-poor health care financing system.

The key audit findings include following important observations:

1. Accute shortage and non recruitement of MNCH related staff
2. Non utilization of funds
3. Inefficient and slow procurement and payment process
4. Loss due to purchase of medicines at higher rates
5. Preparing utilization plans and incurring of expenditure without coordination with the management of parallel Programs.
6. Unauthorized expenditure on purchase of medicines
7. Unauthorized expenditure on purchase of machinery and equipments

Audit would suggest focusing on the following institutional, technical, financial and legal recommendations to improve overall performance of the Program:

i. Management of parallel Programs should be coordinated properly in order to save resources and time.
ii. Government funds should be utilized for the purposes which are approved and included in the utilization plans of the Program.
iii. Purchases should be made in accordance with PMDGP Guidelines with observance of principles of economy, efficiency and effectiveness.
iv. The activities of strengthening the internal controls and financial management should be implemented in letter and spirit vis-à-vis observance of government rules, ancillary instructions while incurring the expenditure.
v. Related government functionaries should be made clear about details of the Projects / Programs and their roles, responsibilities and accountability mechanism. Commitment of the concerned authoritities / staff is essential for successful implementation of the Program. Enviornment of Control Self Assessment (CSA) may be developed at each level of the management.

vi. Responsibilty for delays, lossess and overpayments; as reported through different audit paras of the Report; be fixed on the person(s) at fault and efforts be made to avoid recurrance of such irregularities / losses in future.

1. INTRODUCTION

1.1 Name of the Program

The Punjab Millennium Development Goals Program (PMDGP) in District Bahawalpur

1.2 Background Information

1.2.1 United Nation's Millennium Development Goals

In September 2000, the largest-ever gathering of Heads of States ushered in the new millennium by adopting the UN Millennium Declaration. The declaration, endorsed by 189 countries, was then translated into roadmap settingout goals to be achieved by 2015. The Millennium Development Goals (MDGs) are as under:

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. **Reduce Child Mortality**
5. **Improve Maternal Health**
6. Combat with HIV/AIDs, Malaria & T.B
7. Ensure Environmental Sustainability
8. Developing a Global Partnership for Development

1.2.2 Government of the Punjab and Need for Health Related MDGs

Punjab is the most populous province of Pakistan, with 56 % of total population. The Government of Punjab has placed high priority on the attainment of MDGs, and has recently increased budget allocations to social sectors. The government aims at achieving all MDGs including reduction of the **Infant Mortality Rate (MDG4) from 77 to 40** per 1,000 live births, and the **Maternal Mortality Ratio (MDG5) from 300 to 140 per 100,000 live births**. If these two essential health MDGs are achieved, Punjab can potentially save lives of at least 11,000 women and 235,000 children by 2015.

Health Indicators	Status (FY 2004)	Status (FY 2007)	Target (FY 2015)
Infant Mortality Rate per 1000 live births	77	71	40
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	79.7	Above 80

Source: Multiple Indicators Cluster Surveys (MICS) carried out by Government of the Punjab and report and recommendations of the president Asian Development Bank regarding proposed program cluster and loan for subprogram 1 of PMDGP.

1.2.3 Planned Activities

The Program activities were divided into three phases i.e. subprogram-1, subprogram-2 and subprogram-3. The subprograms were plannced to be completed by the end of Ocotber 2008, December 2009 and December 2010 respectively. The detail of activities to be performed in each phase is given as Annex-I and briefly described below.

Sub-program-1	Sub-Program-2	Sub-Program- 3
1. Implementation of MSDS 1.1 Immunization 1.2 Awareness Campaign 1.3Antenatal and post natal care 1.4 Purchase and repair of equipments 1.5 Health Education 1.6 Blood Transfusion Services 2. Prourement of Medicines 3. Capacity Building 3.1 Training of Staff related to MNCH care services 3.2 Up-gradation of DHDC 3.3Up-gradaton of nursing schools 4. Any othr activity to improve IMR and MMR 5. Operationalization of RHCs 5.1 Pruchase and repair of Laboratory equipment	1. Provision of HR support through PGRs in DHQ / THQ Hospitals 2. Provision of emergency ambulance service for MNCH patients 3. Strengthenning of Blood Transfusion Services in DHQ / THQ Hospitals 4. Provison of MHCH related mediciens 5. Capacity development of service delivery staff with regard to implementation of MSDS at District level and for improving MNCH related service delivery 6. Strengthening of DHIS in the district 7. Provisoin of MNCH related equipments 8.Allocation for strengthening of community MNCH worker	1. All non-MNCH related workers in primary and sceondary health care be trained in SMPs, SOPs and referral protocols. 2. Regularity framework for private health care providers be adopted. 3. MSDS be intorudced in private sector 4. 90% of private health care providers be registered with designated authority. 5. Citizen satsifaction surveys be conducted on MSDS implementaion. 6. At third party assessment be got made on implentation and attainment of MSDS.

1.2.4 Criteria for Audit

The performance audit activity was based on the guidelines / projects dtails avaiable in the "Report and Recommendations of the President, Asian Development Bank (ADB) regarding Proposed Program Cluster and Loan for Subprogram-1(PMDGP)", approved utilization plans and other guidelines circulated by the Government of the Punjab.

1.2.5 Sources of Financing

Recognizing the critical needs, the Government of the Punjab has developed a Health Sector Reforms Framework, and sought support from the Asian Development Bank (ADB) through Government of Pakistan for Punjab Millennium Development Program (PMDGP) to accelerate attainment of the two health related Millennium Development Goals (MDGs).

Full implementation of Minimum Service Delivery Standards (MSDS) is projected to cost government of the Punjab about Rs 34 billion ($ 425 million) over 2008-11. The first phase of MSDS implementation, with focus on maternal,

neonatal and child health will cost about Rs 7 billion ($ 88 million) apart from expenditure for capacity building and enhancement of information systems. Loan of $ 100 million for subprogram-1 was arranged from the Asia Development Bank. For subsequent programs $ 200 million-$ 300 was envisaged, depending on reforms progress, expenditure requirement and availability of resources.

The loan from ADB will have an interest rate of 1% per annum during the grace period and 1.5% per annum thereafter, a term of 24 years, including a grace period of 8 years, and such other terms and conditions as set forth in the loan agreement.

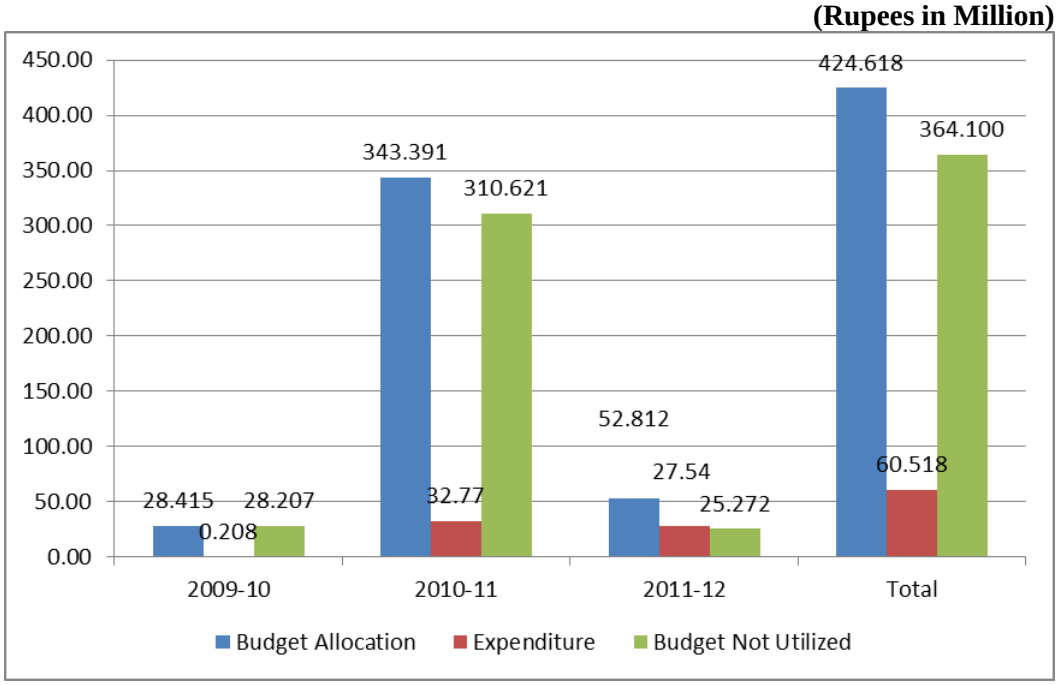
The District Government Bahawalpur received funds of Rs424.618 million during 2009-12 as allocations under PMDGP and incurred expenditure of Rs60.518 million during that period.

Note: *Foreign exchenage rates of November 11, 2008 were used in the calculations when $ 1 was equal to PK Rs 80.75*

1.2.6 Financial Analysis

The EDO (Health) Bahawalpur received budget allocations of Rs28.415 million, Rs343.391 million and Rs52.812 million (Rs424.618 million in total) during 2009-10, 2010-11 and 2011-12; out of which expenditure of Rs0.208 million, Rs32.770 million and Rs27.540 million (Rs60.518 million in total) respectively was incurred, which indicated that financial resources of 99.3 %, 90.5 % and 47.9 % (85.8 % of total budget allocations) were not utilized as pointed out in para 4.2.1 of this Report. The detail is given as Annex – A.

(Rupees in Million)



1.3 Responsible Authorities

Health Department, Government of the Punjab, is executing agency at provincial level. In District Government Bahawalpur, District Coordination Officer and Executive District Officer (Health) are the responsible authorities for implementation of the Program. The District Officer Health (Head Quarter) was declared as focal person for the Division and Director District Health Development Center (DHDC) was declared as focal person for the District vide Government of the Punjab Health Department's Notification No. PO (P&E-I) 19-113/2004 dated 14.02.2009.

1.4 Project Description

In September 2000, the largest-ever gathering of Heads of States ushered in the new millennium by adopting the United Nation's Millennium Declaration. The declaration, endorsed by 189 countries, was then translated into roadmap settingout goals to be achieved by 2015. Out of the eight Millennium Development Goals (MDGs), three are health related goals. Goals 4 and 5 as mentioned in para 1.2.1 of this Report, particularly focus on maternal and child health .The improvement in the maternal and child health status is crucial to obtain. Health indicators regarding maternal, newborn and children health (MNCH) illustrate that an immense effort is needed to improve the status of these health indicators. Table below shows a comparison between MNCH indicators of different countries drawing attention of government of Pakistan and all development partners to work vigorously to improve them.

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

Country	Infant Mortality Rate	Under-Five Mortality Rate	Maternal Mortality Ratio
Bhutan	65	75	420
Bangladesh	54	57	380
India	56	74	540
Nepal	56	74	740
Sri Lanka	12	14	92
Pakistan	**80**	**99**	**500**
Punjab	**77**	**112**	**300**

A United Nation's Population Fund. 2007. *State of the World's Population*. New York.
B United Nation's Childrens Fund. 2006. *State of the World's Children*. New York.
C Government of the Punjab, *District-Based Multiple Indicators Cluster Survey 2003–2004*.

1.5 Objectives and Planned Targets

The Program was initiated during 2008-09. The PMDGP marks a major priority shift by the Punjab Health Department from quantity to quality of health care,

from fragmented to consolidated health service, and from tertiary to primary and secondary health care. The impact of the PMDGP is the attainment of MDGs relating to the reduction of the Infant Mortality Rate and Maternal Mortality Ratio in the Punjab. Following are the key health service indicators and targets set in PMDGP.

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

Health Indicators	Target (2015)	Punjab			Bahawalpur	
		2003-04	2007-08	2011-12	2007-08	2011-12
Infant Mortality Rate (per 1,000 births)	40	77	77	82	110	100
Under Five Mortality Rate (per 1,000 births)	47	112	111	-	170	170
Maternal Mortality Ratio (per 100,000 births)	140	300	300	-	-	-
Percentage of Births Attended by Skilled Birth Attendants	100	32	38	-	27	56

***Source**: Asian Development Bank's proposed program cluster and loan for sub-program 1 of Islamic Republic of Pakistan, MICS 2007-08, PDHS 2006-07, Government of the Punjab, District-Based Multiple Indicators Cluster Survey 2003–04. Health Department, Government of the Punjab data & others*

Table 3: Comparision of Infant Mortality Rate (IMR) in Bahawalpur and Nearby Districts

Name of District	Target (2015)	Infant Mortality Rate (per 1,000 births)	
		2007-08	2011-12
Bahawalpur	40	110	100
Bahawalnagar	40	84	96
Rahim Yar Khan	40	98	98
Dera Ghazi Khan	40	78	96
Muzafar Garh	40	86	97
Multan	40	54	80
Lodhran	40	108	78
Vehari	40	82	97

***Source**: Government of the Punjab, District-Based Multiple Indicators Cluster Survey 2007–08 and 2011-12*

The Program also planed to focus on;

i. Strengthening of Basic and Comprehensive Emergency Obstetric and Newborn Care (EmONC) services at facility level including round the clock functioning of selected strategically located BHUs and RHCs.

ii. Provision of HR support through Post Graduate Registrars (PGRs) at DHQ/THQ levels, in collaboration with MNCH program;

iii. Strengthening the role of Community Outreach staff and Community Reproductive Health Staff including LHWs and CMWs; Special emphasis to be laid on family planning services as a major Reproductive Health (RH) strategy;

iv. Strengthening referral linkages between the community outreach workers with Primary and, in turn, Secondary Health Care facilities;

v. Provision of Emergency Ambulance Services for maternal emergencies at selected BHUs and all RHCs, THQ/DHQ Hospitals; a district ambulance service, pooling all resources at a district level call centre;

vi. Strengthening of Blood Transfusion Services at DHQ/THQ levels to support comprehensive EmONC service;

vii. Purchase of MNCH related medicines;

viii. Capacity Development of service delivery staff with regard to implementation of MSDS at district level and for improving MNCH related service delivery;

ix. Strengthening DHIS system at district level;

x. Up-gradation of Nursing and paramedical schools;

xi. Reducing vacancies of crucially important MNCH related medical staff including Nurses, LHVs, WMOs, gynecologists, anesthetists etc., at least by half.

1.6 Implementation of Minimum Service Delivery Standards (MSDS)

Implementation of Minimum Service Delivery Standards (MSDS), Standard Operating Procedures (SOPs), Standard Medical Protocols (SMPs) and Referral Protocols has been the basic strategy to attain the health related MDGs. Health Department (H.D) developed and notified in 2007 the MSDS. Extensive trainings were held under PMDGP at all DHDCs of districts regarding MSDS, SOPs, SMPs and Referral Protocols. The MSDS are defined as a minimum level of services, which the patients and service users have a right to expect.

1.7 Procedures and Protocols

SOPs for primary and secondary health care facilities had already been devised by PDSSP long before the initiation of PMDGP. These are very comprehensive instructions related to menu of services, overall patient flow, accident and emergency, immunization, mother and child health (MCH) care services, investigation of epidemics, referral, waste management, disaster management, conduct of medico-legal examination, etc. in addition, Standard Medical Protocols (SMPs) are steps that should be taken at any health facility by health care providers during medical or surgical management of a patient. Referral system is a process which ensures accessibility to a higher medical care to the patients of first level care.

1.8 Time Period of the Project

The PMDGP was expected to be completed by 30 June 2011; however the Program is still in progress.

1.9 Planned Outcomes of the Program

The Program's outcome will be improved access, quality and equity of health services. The delivery of the minimum package of services stipulated in the Minimum Service Delivery Standards (MSDS) especially in Maternal, Neonatal and Child Health (MNCH) is the core strategy for attaining the MDGs. The Program focuses on reforms required for the effective implementation of the MSDS. The Program will assist government of the Punjab in undertaking health sector reforms in the following areas:

(i) **Improving the Availability and Quality of Primary and Secondary Health Services**

PMDGP will help Government of the Punjab to ensure the implementation of certain Minimum Service Delivery Standards (MSDS) for primary and secondary health services, through incorporation of the MSDS in provincial and district health sector plans, and by increasing the quality and quantity of human resources in the health sector.

(ii) **Strengthening the Management of Health Service Delivery**

PMDGP will help the Government of the Punjab to improve the daily management of health service delivery by reducing delays in the procurement of essential drugs, institutionalizing the contracting of health services to non government organizations, and improving the existing performance monitoring and evaluation systems.

(iii) **Establishing a Sustainable Pro-Poor Health Financing System**

PMDGP will assist the Government of the Punjab in substantially increasing the health care budget and improving planning and management of the budget, introducing a targeted program for reducing out-of-pocket health care expenditure among the poor, and developing a sustainable health care financing and payment system.

(iv) **Poverty Reduction**

The Program will reduce health care burden and risks of falling seriously ill through timely health care interventions, by making quality care available and affordable at public facilities through a targeted Program. The Program will help in reducing poverty as ill health results in lower productivity of workers, loss of daily wages and increase in health care expenditure.

2. AUDIT OBJECTIVES

The objectives of the performance audit were to:

a. Ascertain that the Program was being implemented as planned and there was no deviation from the approved utilization plans of the Program.
b. Ascertain that to which extent the MDGs and objectives of PMDGP had been achieved.
c. Ascertain that the resources were acquired at lowest possible costs and there was no leakage of financial resources.
d. Ascertain that the resources were utilized in the most efficient/optimum manner.
e. Ascertain that community was getting desired benefits from the Program.
f. Ascertain that expenditure was duly incurred where required and unnecessary expenditure was avoided.
g. Analyze strengths and weaknesses of the Program
h. Analyze the Program in detail from technical, institutional, and financial perspectives
i. Develop observations and make recommendations regarding all major economic, institutional, social, environmental, and governance issues.

3. AUDIT SCOPE AND METHODOLOGY

3.1 Audit Scope

The scope of audit was restricted to the expenditure incurred and activities performed by the District Government, Bahawalpur during 2009-12.

3.2 Audit Methodology

The performance audit was conducted in accordance with the INTOSAI Auditing Standards keeping in view the rules and regulations framed by the government from time to time. The following audit methodology was adopted during performance audit:

- Collection and scrutiny of relevant data i.e. files, reports, newspapers, vouched accounts and stock registers etc.
- Interviews with concerned staff of Health department and general public.
- Scrutiny of vouched accounts to assess whether the financial resources were spent with economy and for the purpose for which they were allocated.
- Visits of different health institutions to judge the effectiveness of the Program and efficiency of service delivery.
- Scrutiny of goals planned and achievements from the statistical data provided to audit.

4. AUDIT FINDINGS AND RECOMMENDATIONS

In execution, we assessed the achievements of planned objectives in terms of economy, efficiency and effectiveness of the services provided. Performance was also observed on the basis of achievement of targets set at the time of planning phase, through scrutiny of allied record, reports and visits to certain health institutions. Shortcomings; during implementation of the Program; and need for improvement in the following areas were observed;

4.1 Organization and Management

4.1.1 Inefficient Planning and Coordination

The provincial government's agencies like; Director General (Health Services), PHSRP, Health Department (H.D) had the role of policy setters for successful start and implementation of the three years Program of PMDG (2009-2012). The district health authorities and District Coordination Officer (DCO) were responsible for execution and implementation.

The Program was started / implemented without preparation of detailed action / utilization plans despite the fact that huge amount of Rs7 billion; apart from expenditure for capacity building and enhancement of information systems; was involved in its implementation /execution through out the Punjab (see detail at para 1.2.5). Moreover,

i. The sectoral/utilization plans failed to envisage a coordination mechanism between EDO (Health), DO (Health) and Program Director (DHDC) at district level. Even; there has been lack of coordination between District Government and provincial government. It was also observed that some functionaries of the Program were not fully aware of their roles, responsibilities and details of the Program as evident from the record indicating that medicine i.e. Inj. Rabies Vaccine (used for curing patients of dog bitting) was purchased from the funds received under PMDGP. Moreover, the utilization plans were required to be prepared and approved on yearly basis and till the date of audit (April 2013); only one utilization plan for the year 2011 was prepared /approved.

ii. The Program was designed under devolution framework of strong and independent District Governments. The management of the Punjab Health Sector Reforms Program (PHSRP), Health Department (H.D), and even the Finance Department (F.D) had no real control over the expenditures; and the districts incurred expenditure according to their needs and

priorities, after ignoring most of the directions and instructions issued by the departments of the provincial government. Moreover, the management of the Punjab Health Sector Reforms Program (PHSRP), the main coordinating agency, had no administrative control over District Governments' health management and could not do much other than issuing guidelines and instructions on behalf of the Health Department and it failed to liaise with the PMDGP coordinators at district and divisional levels e.g. most of the budget was spent on procurement of machinery and medicines that were not relevant to the MNCH related activities and the higher authorities did nothing to avoid the situation.

Inefficiency at planning stage has resulted into defective implementation of the Program.

Recommendations

- A detailed utilization plan should be prepared and remaining activities be performed accordingly. Critical paths should be delineated to guide the Program activities/ monitor progress of the Program.
- Roles and responsibilities of relevant staff should be clearly defined enabling them to perform their responsibilities in the most efficient manner.

4.1.2 Overlaping of Parallel Programs

Various parallel Programs; financed by the Federal and Provincial Governments, NGOs and donor agencies are being executed in the Punjab. Despite the fact that all Programs had almost the same objectives, there was lack of coordination among the management of parallel programs; as a result chances of duplicity of expenditures could not be ruled out. Moreover, the efforts to achieve health related goals remain fragmented. Ample resources were available, but funds were not utilized prudently and efficiently. Details of some parallel programs are given below:

i. Maternal, Newborn and Child Health (MNCH) Program aims at reducing maternal, newborn and child morbidity and mortality. The Program was started in 2007; having stipulated date of completion in 2015 and estimated cost of $ 320 million which is being funded jointly by the Federal Government and the Department for International Development of the United Kingdom. The Program activities are being looked after by the Provincial Program Coordinator (at provincial level) and a Public Health Specialist (at district level).

ii. The Pakistan Initiative for Mothers and Newborn Project (PAIMAN) is a 5-years project of $ 50 million funded by United States Agency for International Development (USAID). PAIMAN's goal is to reduce maternal, newborn and child mortality through viable initiatives, and capacity building of existing Programs and structures within health systems. The project has completed civil works in selected health facilities. They have also been provided facilities i.e. MNCH related equipments and ambulances.

iii. The National Program for Family Planning and Primary Health Care (FP& PHC), also known as the Lady Health Workers Program (LHWP) was launched in 1994 by the Government of Pakistan. Stipulated date of completion of the program is the year 2017. The Program aims at contributing to the overall health sector goals of improvement in maternal, newborn & child health, provision of family planning services, and integration of other vertical health promotion Programs. The Program contributes directly to MDGs No. 1, 4, 5 & 6 and indirectly to goals at Sr. No. 3 & 7. The National Program for Family Planning and Public Health Care (FP&PHC) is funded by the Government of Pakistan. International partners offer support in selected domains in the form of technical assistance, trainings or emergency relief. A Coordinator looks after the activities of this Program.

Recommendations

- There is a need for functional integration of primary and secondary health care services at district level. Inspite of the fact that each parallel program has separate management and reporting mechanism, at least the EDO (Health) is in the loop and /or remains well informed about every related Program. The office of Director General (Health Services) can play central role for policy setting. Besides, the post of EDO (Health) is very important to centralize the district health system. There is a need that EDO should stay in his office for at least 3 years, as frequent transfers of EDO keeps him ill-informed as in the short time which he spends in office he remains busy in handling emergency issues like spread of dengue, measles or other epidemics. Long term programs suffer and achievement of their goals is compromised. At Bahawalpur, during the period 2008 to 2013, three EDOs were changed. Furthermore, post of EDO should be spared from political interventions. It is suggested that EDO be well versed in

policies and made completely responsible for MNCH indicators with no room for interference from outside.

- In order to streamline the efforts for attainment of PMDGP goals, a Program Coordinator at district level may also be appointed, as the EDO (Health) is too overburdened and can not properly implement and monitor the Program activities.

4.1.3 Late Preparation and Approval of Utilization Plans

The Program was launched without preparation / approval of detailed utilization plans, even the conditional grant mechanism was devised in December 2008 which was very late as stipulated date of completion of subprogram-1 was October 2008 and subsequent subprograms were required to be completed by the end of December 2009 and December 2010. The District Governments prepared their detailed utilization plans, which were approved in December, 2011. The utilization plans were no doubt comprehensive and if they were prepared/ approved timely and implemented in true spirit, they could improve the implementation of MSDS.

Recommendations

Audit recommends that; in future; no Project / Program be executed without preparation / approval of detailed utilization plans.

4.1.4 Acute Shortage and Non Recruitment of MNCH related Staff

As per para 58, Policy Objective 1-2 of the proposed program of PMDGP, 80% of all primary and secondary health facilities will be fully equipped and staffed by the end of subprogram-2.

Implementation of Minimum Service Delivery Standards (MSDS) regarding provision of MNCH related staff was not observed in most of the THQ Hsopitals and RHCs as described below.

(No. of Persons)

Sr. No.	Post	Standard as per MSDS	THQ Hospital Khair Pur Tamewali	THQ Hospital Yazman	THQ Hospital Ahmed Pur East
1	Gynecologist	2	0	2	2
2	Pediatrician	2	1	1	1
3	Anesthesist	3	0	1	1
4	Lady Health Visitors	8	1	1	1
5	Nurses	24	13	11	15

The EDO (Health) Bahawalpur identified that there were 815 sanctioned posts of MNCH related staff out of which only 488 posts of different cadre were filled and 327 posts (40 %) were vacant in July 2010. The entity; vide its utilization plan 2011; decided to get the posts filled with appropriate staff, but efforts were not made to recruit / post the desired staff, as a result the pace of attaining the goals was extremely slow. Furthermore, the available staff was not fully trained and required trainings in different areas of MNCH related activities (see detail in para 4.1.5). The detail of sanctioned, filled and vacant posts is given as Annex – B.

Source: *Detail of MNCH related staff was taken from approved utilization plan for the year 2011 of District Bahawalpur.*

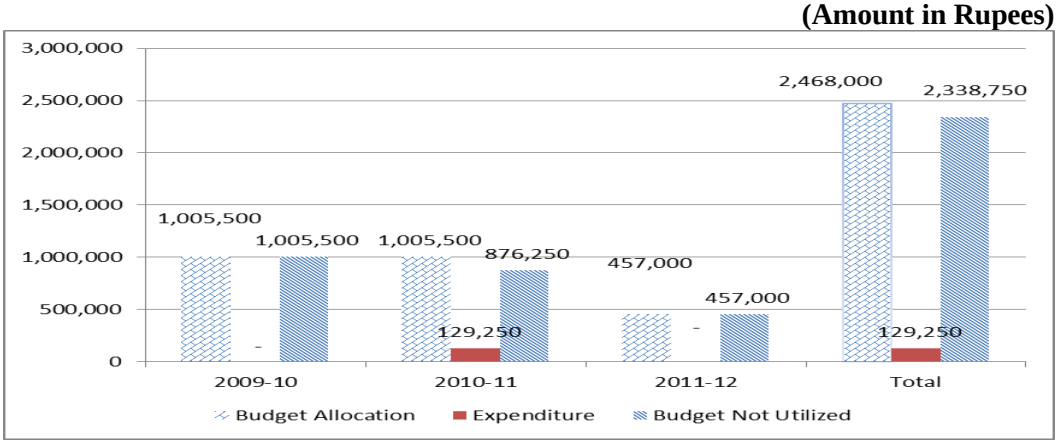
Recommendations:

Audit recommends that the matter be brought to the notice of the higher authorities and due efforts be made for recruitment of suitable personnel essential for achievements of the goals.

4.1.5 Training Requirements and Capacity Development of Staff

In order to achieve the goals of PMDGP, the EDO (Health) Bahawalpur identified different training requirements of MNCH related staff. Funds of Rs1.005 million, Rs1.005 million and Rs0.457 million were received during 2009-10, 2010-11 and 2011-12 respectively for capacity building of MNCH related staff but training workshops regarding MSDS, SOPs, SMPs and Referral Protocols were held during January 2010 to March 2010. No any other capacity building program was initiated. Funds of Rs129,250 were utilized during 2010-11 (bills of 2009-10 were passed in 2010-11) and remaining funds of Rs2.34 million (95% of total allocation) allocated for this purpose remained un-utilized; as a result the pace of attaining the goals was not upto satisfactory level. The detail of training requirements, funds allocated and expenditure incurred on capacity building is given as Annex – C.

(Amount in Rupees)



Recommendation:

Audit recommends that the matter be brought to the notice of the higher authorities and due efforts be made for imparting trainings to the staff concerned.

4.1.6 Improper Maintenance of Record of PMDGP

The Health Department, Government of the Punjab, Project Management Unit (PMU) and PHSRP issued various guidelines for monitoring of stores supplied under PMDGP. Finance Department vide letter No. SOX (H-I) 6 – 91 / 2008 dated 03.04.2009 also issued instructions for maintaining separate cash books, stock registers and other accounting record for conditional grants received under PMDGP. Moreover, the word "Under PMDGP" was required to be embossed / printed on the stores / equipment supplied under PMDGP funds.

The Executive District Officer (Health) Bahawalpur did not follow the instructions in letter & spirit. No separate stock registers and cash books were maintained, the word "PMDGP" was not embossed / printed on the stores and equipment supplied under PMDGP funds as a result chances of misappropriation of stock / funds could not be minimized as transactions of different projects / programs were recorded in the same set of books.

Recommendation:

Audit recommends that separate cash book, stock registers and other accounting recored be maintained and the word "PMDGP" is required to be embossed / printed on the machinery and equipments procured under the Program.

4.2 Financial Managent

4.2.1 Non Utilization of Funds – Rs364.100 million

As per letter No. PMU / PHSRP / M&E / 1-8 / 9079 dated 24.12.2008, funds of PMDGP shall be utilized on implementation and monitoring of MNCH related Minimum Service Delivery Standards (MSDS) in health sector.

Budget allocations of Rs28.415 million, Rs343.391 million and Rs52.812 million were provided to the EDO (Health) Bahawalpur during 2009-10, 2010-11 and 2011-12 respectively for performing the activities planned under PMDGP. The DDO incurred expenditure of Rs0.208 million, Rs32.769 million and Rs27.539 million during said years, which indicated that financial resources of 99.3%, 90.5% and 47.9% were not utilized. The main reason for non utilization of funds was inefficient planning and late preparation of action/utilization plans. Moreover, some functionaries of the Program were not fully aware of their roles, responsibilities and details of the Program as a result desired activities could not be performed which adversely effected implementation of the Program and utilization of funds for the desired benefits. The detail is given as Annex – D.

Recommendation:

Audit recommends that the matter be brought to the notice of the higher authorities for removal of problems occurring in utilization of the resources, funds for related account heads be obtained and utilized accordingly for achievements of the goals.

[Para No.4]

4.2.2 Inefficient and Slow Procurement and Payment Process

As per rule 43 of the PPRA 2009, all procuring agencies shall make prompt payments to suppliers and contractors against their invoices or running bills within the time given in the conditions of the contract, which shall not exceed thirty days.

The procurement process of EDO (Health) Bahawalpur took about 74-171 days from the date of opening of tender to the date of receiving of stock; and the payment process took about 194-806 days from the date of receipt of stock to the date of cheque, which indicated that the procurement and payment processes of EDO (Health) Bahawalpur were extremely slow and inefficient. Efforts were not shown made to improve the pace of work. The detail is given as Annex – E.

Recommendation:

Audit recommends that the matter be brought to the notice of the higher authorities for removal of problems in procurement and payment process and

efforts be made to improve the pace of work in future which could result in bringing healthy competition among the suppliers.

[Para No.12]

4.2.3 Overpayment due to Non Deduction of Discount on Short Shelf Life of Medicines - Rs110,913

As per terms of supply order, medicines having shelf life of at least 80 % should be supplied otherwise payment will not be made in full and discount equal to the percentage of shelf life below 80 % will be recovered.

The EDO (Health) Bahawalpur purchased medicines of Rs631,970 during 2009-10. The medicines did not have shelf life of 80% but payment was made to the supplier in full i.e. without deduction of discount for short shelf life, which resulted in over payment (loss) of Rs110,913. The detail is given as Annex – F.

Recommendations:

Audit recommends that amount of Rs110,913 be recovered and deposited into relevant head of account besides taking appropriate measures to avoid recurrence of similar irregularities in future.

[Para No.13]

4.3 Procurement and Contract Management

4.3.1 Preparing Utilization Plans and Incurring of Expenditure without Coordination with the Management of Parallel Programs

As per condition 2 of the letter No. PMU/PHSRP/M&E/1-9/9852 dated 04.04.2009, Public Health Specialist of National MNCH Program would be continuously consulted and no overlapping will be done with National MNCH Program in procurement of equipments and other activities.

The Government of Pakistan is executing a "National MNCH Program" which has almost the same objectives pertaining to reduction in IMR and MMR. No documentary evidence was available to confirm that the management of PMDGP coordinated with the management of parallel programs in order to avoid incurrence of expenditure on similar items / activities in violation of above referred rule. As a result, chances of duplicacy / overlapping of expenditure could not be ruled out.

Recommendation:

Audit recommends that management of parallel programs be coordinated for efficient utilization of resources and avoiding incurrence of expenditure on similar items.

[Para No.17]

4.3.2 Unauthorized Expenditure on Purchase of Medicine – Rs 11.160 million

As per letter No.PMU/PHSRP/M&E/1-8/9079 dated 24.12.2008, funds of PMDGP shall be utilized on implementation and monitoring of MNCH related Minimum Service Delivery Standards in health sector. Moreover, conditional grant mechanism for transfer of funds to district governments will ensure that money is used effectively to achieve MNCH related MSDS and is not diverted to alternative uses. Furthermore, pages No.11-12 of approved action plan of district Bahawalpur specified MNCH related equipments to be procured by the department.

The EDO (Health) Bahawalpur incurred expenditure of Rs11.160 million on purchase of drugs and medicines during 2010-11 and 2011-12. The expenditure was not justified as procured medicines neither related to MNCH related activities nor was specified in the approved utilization plan of the PMDGP. The detail is given as Annex – G.

The EDO (Health) replied that such medicines were purchased in pursuance of Government of Punjab, Health Department's letter No. SO (B&A) 28-16 / 2006

(Free Medicines) dated 17.11.2009 and 08.12.2009 for reserving 20% of released funds under PDSSP & PMDGP for purchase of medicines in order to provide 100% medicines for indoor / wards of DHQ / THQ Hospitals. Reply of the management was not tenable as no such letter was produced to Audit that could justify purchase of medicine for the purposes other than MNCH related activities.

Recommendation:

Audit recommends that appropriate measures be taken to avoid recurrence of such irregularities and disciplinary action be initiated against the person(s) held responsible for making unauthorized expenditure, under intimation to Audit

[Para No.6]

4.4 Asset Management

4.4.1 Unauthorized Expenditure on Purchase of Machinery and Equipment – Rs10.606 million

As per letter No. PMU/PHSRP/M&E/1-8/9079 dated 24.12.2008, funds of PMDGP shall be utilized on implementation and monitoring of MNCH related Minimum Service Delivery Standards (MSDS) in health sector. Moreover, conditional grant mechanism for transfer of funds to district governments will ensure that money is used effectively to achieve MNCH related MSDS and is not diverted to alternative uses. Furthermore, pages No. 19-22 of approved action plan of district Bahawalpur specified MNCH related equipments to be procured by the department.

The EDO (Health) Bahawalpur purchased machinery and equipments amounting to Rs10.606 million during 2009-10 and 2010-11. The expenditure was not justified as procured machinery / equipments neither related to MNCH related activities nor were specified in the approved utilization plan of distrcit Bahawalpur. The detail is given below:

(Amount in Rupees)

Sr. No.	Description of Item Purchased	Invoice No./Date	Usage	Name of Supplier	User Department	Amount
1	Haemodialysis Unit	120-2011/ --06-2011	Dialysis of Kidneys	M/S Frensenius Medical Care Pakistan (Pvt) Ltd	THQ Hospitals at Khair Pur Tamewali & Yazman	7,616,000
2	Photometer or Sectro photometer system	237/ 12.05.2010	Chemistry Analyzer for blood	M/S Lahore Hospital Supplies	THQ Hospitals at Khair Pur Tamewali & Yazman	2,990,000
Total						**10,606,000**

The EDO (Health) replied that procurement of such equipments was planned by the Committee constituted by the DCO Bahawalpur who prepared detailed action plan for utilization of PMDGP funds undr the advice of Health Department. Reply of the management was not tenable as above mentioned equipments were neither related to MNCH related activities nor were specified in the approved utilization plan.

Recommendations:

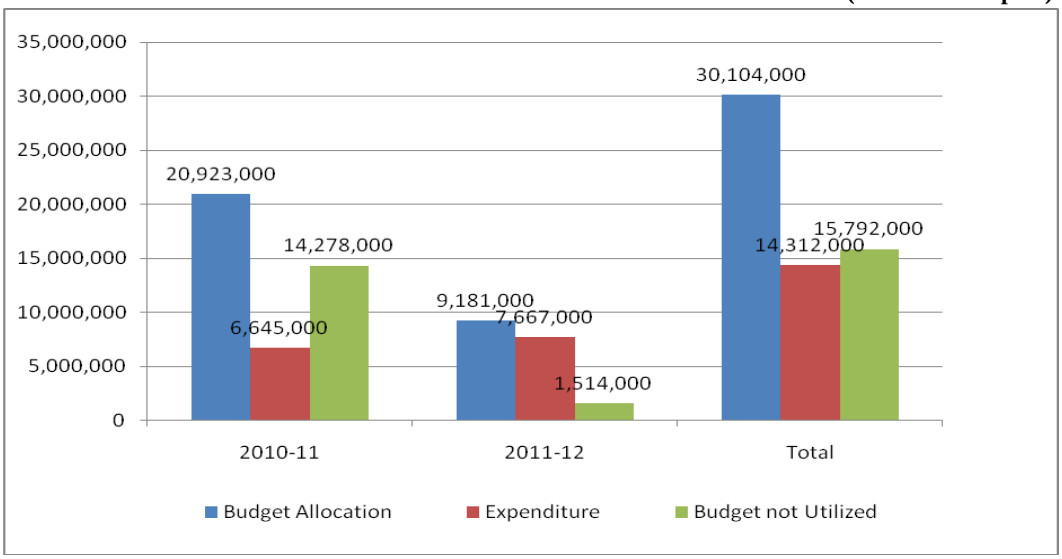
Audit recommends that appropriate measures be taken to avoid recurrence of similar irregularities in future and disciplinary action be initiated against the person(s) at fault, under intimation to Audit.

[Para No.1]

4.4.2 Non Utilization of Funds for Procurement of Machinery & Equipment Required for Achievement of PMDGs – Rs15.792 million

The EDO (Health) Bahawalpur prepared lists of machinery and equipments essential for MNCH related activities and procurement of those items was got approved through the utilization plan for the year 2011, but efforts were not made to purchase those items. As a result, funds of Rs14,278,000 (68.2 % of available funds) and Rs1,514,000 (16.5 % of available funds) lapsed during 2010-11 and 2011-12 respectively and public was deprived of the desired benefits.

(Amount in Rupees)



Recommendations:

Audit recommends that the matter be brought to the notice of the higher authorities for removal of problems occurring in utilization of the resources and MNCH related machinery and equipments be procured and incurring expenditure on unauthorized pruposes be avoided.

[Para No.11]

4.4.3 Improper Asset Management due to Late Installation / Non Usage of Machinery and Equipments – Rs14.261 million

According to rule 16.10 (xii) (b) of the Punjab Budget Manual, purchase without requirement is not only financial irregularity but also wastage of Government money. Similarly, according to rule 15.18 of PFR Vol-1, balances of stores must not be held in excess of requirement of a reasonable period or in excess of any prescribed limit.

The EDO (Health) Bahawalpur purchased Operation Table Lights, Chemistry Analyzers and Haemo Dialysis Units during March to June 2010 by utilizing funds available for the PMDGP. The procured machinery and equipments were distributed to different THQ Hospitals and RHCs in March and June 2010. The Haemo Dialysis Units and Operation Table Lights were installed after 12-18 months of receipt of machinery and equipments whereas a Haemo Dialysis Unit and four Chemistry Analyzers were not installed / utilized till the date of audit (April 2013) by the management of hospitals concerned, which indicated that, either the items were not required at those hospitals and/or the staff concerned was not capable of using that machinery / equipment. The detail is given as Annex – H.

Recommendation:

Audit recommends improving the asset management by providing essential training to relevant staff, under intimation to Audit.

[Para No.14]

4.5 Monitoring and Evaluation

4.5.1 Non Monitoring by Internal Audit Wing

According to the minutes of the meeting held on 19.08.2010 regarding policy actions of PMDGP, the Internal Audit Wing of Health Department was desired to immediately start internal audit and complete the activity as envisaged in internal audit plan. Government of the Punjab, Health Department, vide letter dated 28.05.2012 directed that a Committee comprising Director (Budget), Director General Health Services (DGHS), Director (Internal Audit), Health Department and a representative of PHSRP shall carry out special audit of the expenditure incurred under PMDGP, as and when directed by the Director General Health Services or the Project Director (PHSRP) with approval of the Secretary Health, Government of the Punjab.

The Internal Audit Wing of the Health Department did not carry out Internal Audit of the expenditure incurred under PMDGP. However, internal audit activity of some components of HSRP and MNCH etc. was carried out. No special (detailed) audit of PMDGP has ever been planned or conducted by the Wing despite the fact that this control mechanism was very much essential for successful implementation of the Program.

Recommendations:

Audit recommends that Internal Audit Wing of the Health Department should be made functional / vigilant by providing appropriate resources. Professionally qualified auditors should be appointed on regular basis and concrete efforts be made for recruitment and retaining such staff. In addition to this, an adequate Management Information System (MIS) should be developed to effectively coordinate different components of Provincial Health Information System (PHIS) and District Health Information System (DHIS) in order to strengthen the internal controls.

4.5.2 Late Constitution of Monitoring Committee

Health Department, Government of the Punjab vide its Notification dated 28.05.2012, constituted a Monitoring Committee for overseeing effective and efficient implementation of the PMDGP in accordance with the strategic framework developed by PHSRP and district utilization plans prepared by EDOs (Health), approved by DGHS and endorsed by PHSRP. The said Committee was constituted very late and the Program went un-monitored till then. Even after the lapse of one year of constitution of Committee, not a single meeting was convened to oversee the effective implementation of the Program.

Recommendations

Audit recommends that a detailed monitoring mechanism should be developed and implemented in order to avoid irregularities during implementation of remaining activities of the Program.

5. IMPACT ANALYSIS

5.1 Discouraging Results

5.1.1 Impact on Improved Access and Quality of Primary and Secondary Health Services

The government of the Punjab aimed at achieving all MDGs including reduction of the **Infant Mortality Rate (MDG4) from 77 to 40** per 1,000 live births, and the **Maternal Mortality Ratio (MDG5) from 300 to 140 per 100,000 live births** and planned to save at least 11,000 women's lives and 235,000 infants' lives by 2015. Instead of showing improvement, Infant Mortality Rate (IMR) in Punjab has increased from 77 per 1,000 live births in 2007-08 to 82 per 1,000 live births in 2011-12, whereas the IMR in Bahawalpur has decreased from 110 per 1,000 live births in 2007-08 to 100 per 1,000 live births in 2011-12. The data regarding MMR was not available to reflect the situation regarding MDG 4. The proposed Program also expected to improve the capacity of the Health Department and district governments to plan their human resource needs, and more importantly support continued education of medical staff. By ensuring quality of primary and secondary health services to meet MSDS, the Program also expected to have a positive impact on MDG 6 (Combat HIV/AIDS, Malaria and T.B) as the Minimum Service Delivery Standards (MSDS) also encompass services packages regarding prevention of HIV/AIDS, Malaria and T.B. Above mentioned planned impact could not be achieved due to laxity of the management and non utilization / misuse of funds available for MNCH related activities.

5.1.2 Impact on Management of Health Services.

Timely availability of drugs and medicines in all health facilities was an essential aspect of health services delivery. The Program planned to streamline the drugs procurement process and to help the Government institutionalize alternative mechanisms for service delivery. Improvement in management of health services was not witnessed due to inefficient and slow procurement process and incurring of expenditure on purchase of drugs, medicines and equipments that were not related to the goals of the Program.

5.1.3 Economic Impact

Improved public financial management and better strategic planning skills in the Health Department were essential for increased value for money of public spending. Provision of conditional grants to district governments for MDGs related interventions aimed at easing the district governments' resource

constraints and ensuring that essential service delivery priorities are protected from expenditure cuts. The increased access and quality of public health services was expected to have a direct poverty reducing impact by lowering the burden of health expenditures on the poor. This goal was not attained due to poor execution and implementation of the Program and non utilization / misuse of available resources.

5.1.4 Impact on Institutional Reforms

The health sector in Punjab was in dire need of institutional reforms. Revitalization of the Internal Audit Wing and Departmental Accounts Committees in the Health Department, and appointment of Internal Auditors at district governments was necessary to enhance the effectiveness of internal controls and increase accountability for the use of public funds. Above mentioned planned impact was not achieved as accountability mechanism did not exist within the department.

5.1.5 Impact on Teaching Facilites

One of the objectives of the Program was to upgrade Nursing and Paramedical schools as properly trained nurses and para medical staff could play vital role in improving MNCH service delivery. The management of the Program did not make efforts to improve/provide missing facilities at the Nursing and Paramedical schools; as a result the schools were still in bad condition. The schools lacked even the basic training / teaching facilities i.e. white boards, multimedia and models to display. The furniture was in bad shape. Most of the books available in the library were in English despite the fact that the users were not capable of reading / understanding that material.

5.1.6 Impact on Provision of Improved EmONC Services

The EDO (Health) prepared plan for utilization of funds for improvement of Emergency Obstetric and Newborn Care (EmONC) services so that such emergency facilities may be provided at facility levels including round the clock functioning of selected strategically located BHUs and RHCs.

The management of the Program did not make efforts to improve EmONC services. It was observed that ceasarian cases were only being handled at hospitals located at District Level. At THQ hospitals, due to unavailability of anesthetists the complicated cases were denied right in the beginning. Even at THQ hospitals, no Neonatal ICU facility was available. If the babies were premature or had some complications, they were refered to the Bahawal Victoria Hospital Bahawalpur. In addition to this, the blood bank facility was not

satisfactory. Another hurdle in providing improved EmONC services was load shedding. Electricity was not available for up to 16 hours daily in most of the remote areas. Electric Generators were available but they were being used for limited areas and for limited time. Various electromedical equipments could not be operated without electricity. In some hospitals, various high-tech machines were lying un-utilized. The Medical Superintendents of those hospitals informed that the available employees were not competent enough to install and use that equipment.

5.1.7 Impact on Strengthening of DHIS

Keeping in view the requirements of the Program, a District Health Information System (DHIS) cell was established in Bahawalpur but the services of Statistical Officer (S.O) were not utilized in conducting different surveys i.e. MICS, PDHS etc. Instead, they were required to perform the tasks that were not relevant to their job. In addition to this; appropriate arrangements were not made for provision of computers, printers, scanners, stationery etc. and repair of available machinery and equipments.

5.1.8 Impact on Poverty Reduction.

The PMDGP was designed to reduce the health care expenditure burden and the risks of falling seriously ill; that could help the poor people in reducing poverty. Planned benefits of the Program could not be achieved due to poor planning, inefficient management and delay in implementation of Program.

5.1.9 Time Over-Run

Planned activities of PMDGP were divided in three subprograms for successful implementation and timely completion of the Project. Completion date of subprogram-3 was scheduled as December 2010 and upon completion of all subprograms, the PMDGP was expected to be closed by 30th June 2011. It was observed that completion of the Program was abnormally delayed and planned activites under subprograms 2 & 3 were not completed. Details of planned activities of each subprogram are given at Annex – I.

Program Title	Starting Date	Completion Date
Subprogram-1	January 2008	October 2008
Subprogram-2	November 2008	November 2009
Subprogram-3	January 2010	December 2010

5.2 Encouraging Outcomes

5.2.1 Constitution of the Punjab Health Care Commission for Introduction of MSDS to the Privae Sector

Private Healthcare Service Providers (PHSP) in Pakistan are little regulated. PHSRP, PMU cand other agencies onducted surveyes of private practitioners and found that a large number of private practitioners were not qualified, and that many of the qualified doctors were from public sector who were also doing private practice. Quality of service provided by most of the practitioners was not satisfactory. After implementation of the PMDGP efforts are being made to register and regulate Healthcare Service Providers besides ensureing quality of their services.

The constitution of Punjab Healthcare Commission (PHC) is an achievement of the PMDGP. The PHC is an independent regulatory authority, established under the PHC Act 2010, which was passed in the Punjab Assembly. The Commission aims to improve health outcomes and ban quackery through developing and implementing MSDS at all healthcare establishments at the primary, secondary and tertiary levels. Key functions of the PHC as per the PHC Act 2010 include:

- Maintaining register / record of all Healthcare Service Providers
- Issuing and revoking licenses to provide health care services
- Monitoring and regulating quality of health care services

5.3 Overall Assessment

For evaluation of the objectives of the Program, the overall assessment is necessary for improvement and removal of deficiencies.

5.3.1 Relevance and Need of the Program

The PMDGP is an essential Program and relevant to the priorities of government of the Punjab that is working hard for attainment of MDGs. However, the lack of coordination among parallel programs has resulted into inefficient use of resources. With the help of focused approach and efforts, the Program could have been a tremendous success in achieving the MDGs.

5.3.2 Efficiency

The Goals of the Program could not be achieved efficiently due to poor planning, inefficient execution and monitoring and lack of coordination among the management of parallel programs. Moreover, funds were not utilized in timely and judicious manner.

5.3.3 Economy

Available funds were not utilized timely and economically that resulted into cost over run. In addition to this, efforts were not made to save government from losses as already pointed out through different audit observations.

5.3.4 Effectiveness

The effectiveness of the expenditure incurred under PMDGP was not witnessed as the resources were utilized on purchase of drugs and medicines, machinery and equipment that were not relevant to MNCH related activities. Furthermore, efforts were not made to fill the vacant posts, training / capacity building of relevant staff etc. As a result, objectives of the Program could not be achieved. However, the Program could have been more effective, if the activities were planned in the professional way and executed accordingly.

5.3.5 Enviornment

According the the Hospital Waste Management Rules, 2005, and SOPs for Primary and Secondary Health Care Facilities devised by PDSSP, every hospital shall be responsible for the proper management of the waste generated by it till its final disposal. The Medical Superintendent shall constitute a waste management team whose members shall be informed in writing about their duties and responsibilities. The rules clearly define the procedures for waste collection, segregation, storage, transportation, and disposal. SOPs described how waste is classified and segregated into risk and non-risk waste and placed into color coded bags or specific boxes.

Hospital waste management and cleanliness situation in most of the entities under the control of the EDO (Health) Bahawalpur was pathetic. There were piles of garbage lying in different hospitals, no segregation of waste was being done and ordinary waste bins were being used instead of coloured waste bins.

5.3.6 Ethics

Pakistan Medical and Dental Council (PMDC) has developed a Code of Ethics of practice for Medical and Dental practitioners. The EDO (Health) Bahawalpur was making efforts for ensuring compliance of the Code that was essential for implementation of MSDS in public / private sector.

5.3.7 Performance Rating of the Program

Unsatisfactory

5.3.8 Risk Rating of the Program

High

6. CONCLUSION

According to business dictionary, there are seven stages (also called project life cycle) through which practically every major project goes through: (1) **Identification:** Stage where one project idea out of several alternatives was chosen and deifned. (2) **Preparation:** defined idea is carefully developed to the appraisal stage. (3) **Appraisal:** every aspect of the project idea is subjected to systematic and comprehensive evaluation, and a project paln is prepared. (4) **Presentation:** detailed plan is submitted for approval and financiang to the appropriate entities. (5) **Implementation:** with necessary approvals and financing in place the project plan is implemented. (6) **Monitoring:** at every stage the progress of the project is assessed against the plan. (7) **Evaluation:** upon completion the project is reassessed in terms of its efficiency and performance. If we measure the performance of PMDGP against the above mentioned stages, we can see that this Program did not go through first four phases. As the management of PHSRP told that ADB had shown interest to provide funding in health sector. Health Department conceived this Program to fulfill the requirements of loan. There was no appraisal on behalf of Health Department. The Program was implemented in haste without any detailed planning. There was no proper monitoring on behalf of Health Department. Director General Healt Services (DGHS) did not even conduct the final progress review of the Program. The Program was bound to fail and it failed as only SP-I was completed whose targets were not achieved fully. It can be said that PMDGP was an experiment by health department. Though it was a failed experiment but the department has learnt a lot of lessons from it. It has generated a thought process among the health department management. The lessons learnt are surely going to improve the results of upcoming programs of Health Department.

Lessons Identified:

i. The Projects / Programs may not be implemented in haste and without preparation and approval of detailed utilization plans.

ii. Related government functionaries should be made clear about details of the Projects / Programs and their role, responsibilities and accountability mechanism.

iii. Management of parallel Programs should be coordinated properly in order to save resources and time.

iv. Commitment of the concerned authoritities / staff is essential for successful implementation of the Programs. Enviornment of Control Self Assessment (CSA) may be developed at each level of the management.

v. Only integrated planning and complete system produce desired and sustainable results.

vi. Merit based selection and capacity building of staff is crucial for implementation of a plan.

vii. Sustainability and smooth running of PMDGP is not possible without training, proper supervision, strengthening of internal controls and awareness of the community.

ACKNOWLEDGEMENT

We wish to express our appreciation to the Management {Executive District Officer (Health) and District Officer Health (HQ) and staff of the office of Executive District Officer (Health) of District Government Bahawalpur for the assistance and cooperation extended to the auditors during this assignment.

ANNEXES

Annex – A
[Para 1.2.6]

Financial Analysis

(Amount in Rupees)

Sr. No.	Account Head	Budget Allocation	Expenditure	Budget not Utilized	Percentage of Budget not Utilized
	Financial Year 2009-10				
1	A03801- Training	1,005,500	-	1,005,500	100%
2	A03902– Printing and Publication	300,000	208,800	91,200	30%
3	A03927- Purchase of drug and medicine	27,010,000	-	27,010,000	100%
4	A03970- Others	100,000	-	100,000	100%
	Sub Total	**28,415,500**	**208,800**	**28,206,700**	**99%**
	Financial Year 2010-11				
1	A03801- Training	1,005,500	129,250	876,250	87 %
2	A03902– Printing and Publication	91,200	-	91,200	100 %
3	A03905- Library books and models	297,867	-	297,867	100 %
4	A03927- Purchase of drug and medicine	27,010,000	25,993,199	1,016,801	3.7 %
5	A03970- Misc	294,063,633	2,450	294,061,183	99.9 %
6	A09601- Purchase of Machinery and equipment	20,923,000	6,645,000	14,278,000	68.2 %
	Sub – Total	**343,391,200**	**32,769,899**	**310,621,301**	**90.4 %**
	Financial Year 2011-12				
1	A03805- TA/DA	184,000	-	184,000	100 %
2	A03806- Transportation of goods	46,000	-	46,000	100 %
3	A03807- POL	46,000	-	46,000	100 %
4	A03821- Training Allowance	184,000	-	184,000	100 %
5	A03901- Stationery	92,000	-	92,000	100 %
6	A03902– Printing and Publication	2,016,000	1,695,061	320939	16 %
7	A03907- Advertisement and Publicity	92,000	-	92,000	100 %
8	A03927- Purchase of drug and medicine	37,484,000	18,177,928	19,306,072	51.5 %
9	A03982- Capacity Building	457,000	-	457,000	100 %
10	A09203- Purchase of I.T equipment	92,000	-	92,000	100 %
11	A09404- Purchase of Medical and laboratory equipment	9,181,000	7,667,000	1,514,000	16.5 %
12	A09501- Purchase of Transport	2,754,000	-	2,754,000	100 %
13	A09701- Purchase of Furniture	92,000	-	92,000	100 %
14	A13101- Repair of M/E	46,000	-	46,000	100 %
15	A13201- Repair of furniture and fixture	46,000	-	46,000	100 %
	Sub – Total	**52,812,000**	**27,539,989**	**25,272,011**	**47.8 %**
	Grand Total	**424,618,700**	**60,518,688**	**364,100,012**	**85.8%**

Annex – B
[Para 4.1.4]

Acute Shortage and Non Recruitment of MNCH related Staff

Sr. No.	Category of Post	Category of the Health Facility	No. of Sanctioned Post	No. of Filled Posts	No. of Vacant Posts
1	Gynecologists	THQ Hospitals	8	3	5
2	Anesthetists	THQ Hospitals	5	1	4
3	Additional Principal Medical Officer (APMO)	THQ Hospitals	8	0	8
4	Additional Principal Women Medical Officer (APWMO)	THQ Hospitals	4	1	3
5	Senior Medical Officer (SMO)	THQ Hospitals	16	4	12
6	Senior Women Medical Officer	THQ Hospitals	12	0	12
7	Medical Officers (MO)	THQ Hospitals	46	18	28
8	Women Medical Officers (WMO)	THQ Hospitals	8	8	0
9	Nurses	THQ Hospitals	75	30	45
10	Senior Medical Officer	RHCs	10	9	1
11	Medical Officer	RHCs	10	6	4
12	Women Medical Officer	RHCs	10	7	3
13	Nurses	RHCs	60	22	38
14	MOs/WMOs	BHUs	75	54	21
15	LHVs at THQs, RHCs, BHUs & MCH Centers	FLHF/ SLFHF	116	96	20
16	Midwife at THQs, RHCs, BHUs and MCH Centers	FLHF/ SLFHF	194	103	91
17	Vaccinators	Rural / Urban	117	116	1
18	WMO (MNCH)	RHCs	10	2	8
19	LHVs (MNCH)	RHCs	10	8	2
20	LHVs (MNCH)	BHUs	21	0	21
	Total		**815**	**488**	**327**

Source: Detail of MNCH related staff was taken from page No.7 of approved utilization plan for the year 2011 of District Bahawalpur.

Annex – C
[Para 4.1.5]

Training Requirements and Capacity Building Plan of District Bahawalpur

Sr. No.	Training	No. of Days	No. of Participants	Estimated Cost / Person (Rs)	Total Estimated Cost (Rs)	Year / Period
1	TOT on CIMNCI	4	40	5,000	200,000	Year 1
2	Training of LHW's / CMW's on CIMNCI	6	1,847	2,500	4,617,500	Year 1
3	Training on Supportive Supervision of Supervisory Staff	5	66	5,000	330,000	Year 1
4	TOT on Formation of female Support Groups, use of IEC Material & use of FP Supplies	3	40	4,000	160,000	Year 2
5	Training of LHW's on formation of female Support Group, use of IEC material & Use of FP Supplies	4	1,750	2,200	3,850,000	Year 2
6	Hands on training of Female HCP's on IUCD Insertion & Infection Prevention	4	200	5,000	1,000,000	Year 2
Total		**26**	**3,943**	**-**	**10,157,500**	
Total Cost for Year 1					5,147,500	
Total Cost for Year 2					5,010,000	

Detail of Funds Received and Expenditure Incurred on Capacity Building of Staff

Sr. No.	Account Head	Financial Year	Budget Allocation (Rs)	Expenditure Incurred (Rs)	Budget not Utilized (Rs)	Percentage of Budget not Utilized
1	A03801-Training	2009-10	1,005,500	0	1,005,500	100 %
2	A03801-Training	2010-11	1,005,500	129,250	876,250	87 %
3	A03982-Capacity Building	2011-12	457,000	0	457,000	100 %
	Grand Total		**2,468,000**	**129,250**	**2,338,750**	**95 %**

Annex – D
[Para 4.2.1]

Non Utilization of Funds

(Amount in Rupees)

Sr. No.	Account Head	Budget Allocation	Expenditure	Budget not Utilized	Percentage of Budget not Utilized
	Financial Year 2009-10				
1	A03801- Training	1,005,500	-	1,005,500	100%
2	A03902– Printing and Publication	300,000	208,800	91,200	30%
3	A03927- Purchase of drug and medicine	27,010,000	-	27,010,000	100%
4	A03970- Others	100,000	-	100,000	100%
	Sub Total	**28,415,500**	**208,800**	**28,206,700**	**99%**
	Financial Year 2010-11				
1	A03801- Training	1,005,500	129,250	876,250	87 %
2	A03902– Printing and Publication	91,200	-	91,200	100 %
3	A03905- Library books and models	297,867	-	297,867	100 %
4	A03927- Purchase of drug and medicine	27,010,000	25,993,199	1,016,801	3.7 %
5	A03970- Misc	294,063,633	2,450	294,061,183	99.9 %
6	A09601- Purchase of Machinery and equipment	20,923,000	6,645,000	14,278,000	68.2 %
	Sub – Total	**343,391,200**	**32,769,899**	**310,621,301**	**90.4 %**
	Financial Year 2011-12				
1	A03805- TA/DA	184,000	-	184,000	100 %
2	A03806- Transportation of goods	46,000	-	46,000	100 %
3	A03807- POL	46,000	-	46,000	100 %
4	A03821- Training Allowance	184,000	-	184,000	100 %
5	A03901- Stationery	92,000	-	92,000	100 %
6	A03902– Printing and Publication	2,016,000	1,695,061	320939	16 %
7	A03907- Advertisement and Publicity	92,000	-	92,000	100 %
8	A03927- Purchase of drug and medicine	37,484,000	18,177,928	19,306,072	51.5 %
9	A03982- Capacity Building	457,000	-	457,000	100 %
10	A09203- Purchase of I.T equipment	92,000	-	92,000	100 %
11	A09404- Purchase of Medical and laboratory equipment	9,181,000	7,667,000	1,514,000	16.5 %
12	A09501- Purchase of Transport	2,754,000	-	2,754,000	100 %
13	A09701- Purchase of Furniture	92,000	-	92,000	100 %
14	A13101- Repair of M/E	46,000	-	46,000	100 %
15	A13201- Repair of furniture and fixture	46,000	-	46,000	100 %
	Sub – Total	**52,812,000**	**27,539,989**	**25,272,011**	**47.8 %**
	Grand Total	**424,618,700**	**60,518,688**	**364,100,012**	**85.8%**

Annex – E
[Para 4.2.2]

Inefficient and Slow Procurement and Payment Process

Date of Advertisement: 26.12.2009 and 30.12.2009

Date of Bid Opening: 07.01.2010

Sr. No.	Description of Machinery	Date of Issuance of Purchase Order	Date of Stock Entry (Main Store)	Invoice No./ Date	Cheque No./ date	Name of Supplier	Time Used for Procurement (Date of Bid Opening – Date of Stock)	Time Used for Making Payment (Date of Cheque – Date of Stock)	Amount
1	Photometer	12.05.10	28.06.10	237/ 12.05.10	1508069/ 12.01.11	Lahore Hospital Supplies	5 months 21 days **(171 days)**	6 months 14 days **(194 days)**	2,990,000
2	Operation Theatre Lights	06.05.10	09.06.10	989/ 04.06.10	1511126/ 22.03.11	Radiant Medical (Pvt) Ltd	5 months 2 days (152 days)	9 months 13 days (283 days)	3,655,000
3	Haemodialysis Unit	25.01.10	20.03.10	120-011/ --.06.10	266902/ 16.06.12	Frensenius Medical Care	2 months 14 days **(74 days)**	26 months 26 days **(806 days)**	6,928,000
4	Water Treatment System	25.01.10	20.03.10	120-011/ --.06.10	266902/ 16.06.12	Frensenius Medical Care	2 months 14 days (74 days)	26 months 26 days (806 days)	688,000
Total									**14,261,000**

Annex – F
[Para 4.2.3]

Overpayment due to Non Deduction of Discount on Short Shelf Life of Medicines

Sr. No.	Name of Medicine	Supplier Name	Cheque No./ Date of Cheque	Gross Amount (Rs.)	Invoice No. / Date of Invoice	Date of Manufacturing	Date of Expiry	Date of Receiving of Medicine	Shelf Life %	Discount (Rs.)
1	Inj. Streptokinase	Hakim Sons	1625933	274,920	002/ 10.05.2010	01.06.09	01.05.12	14.04.10	72	21,994
2	Inj. Dobutamine 250 mg	Hoffmann Human Health Pak.	1625796	117,640	1031/ 19.05.2010	24.06.09	23.06.11	04.05.10	58.33	25,493
3	Inj. Dobutamine 250 mg	Hoffmann Human Health Pak.	1625796	100,810	842/ 08.05.2010	08.07.09	07.07.11	14.04.10	58.33	21,846
4	Inj. Epokine 10,000 IU vial	R.G Pharma	1625825	138,600	138/ 31.05.2010	20.05.09	19.05.11	04.05.10	50	41,580
	Total			**631,970**						**110,913**

Annex – G
[Para 4.3.2]

Unauthorized Expenditure on Purchase of Medicine

(Amount in Rupees)

Cheque No.	Date	Invoice No.	Date	Name of Supplier	Name of Medicine	Qty	Rate	Gross Amount
1625779	14.06.11	37	20-05-10	English Pharma	Tab. Omeprazole 40 mg	3,955	79	312,445
1625787	14.06.11	2306	20-05-10	Gray's Pharma	Cap. Clindamycn 150 mg	39,549	3	118,251
1625933	15.06.11	EDO-037	10/5/2010	Hakim Sons	Inj. Rabies Vaccine	198	580	114,840
1625933	14.06.11	EDO-002	10/5/2010	Hakim Sons	Inj. Streptokinase	79	3,480	274,920
1625789	14.06.11	3660	07.06.2010	Hansel Pharma	Tab. Fexofenadine 120 mg	3,955	2	8,542
1625790	14.06.11	K-03413-10	25-05-10	Helix Pharma	Tab. Atorvastatin	7,910	4	31,640
1625796	14.06.11	958	19-05-10	Hoffmen	Inj. Vancomycin HCI 1gm	593	480	284,640
1625796	14.06.11	922	19-05-10	Humen Health Pak.	Inj. Vancomycin HCI 500 mg	659	280	184,520
1625796	14.06.11	879	8/5/2010	Humen Health Pak.	Inj. Dopamine 40 ml	989	15	14,835
1625796	14.06.11	995	19-05-10	Humen Health Pak.	Inj. Isosorbide Dinatrate 0.1 %	297	72	21,384
1625796	14.06.11	1,031	19-05-10	Humen Health Pak.	Inj. Dobutamine 250 mg	1,384	85	117,640
1625796	14.06.11	1083	4/6/2010	Humen Health Pak.	Inj. Dopamine 40 ml	395	15	5,925
1625796	14.06.11	842	8/5/2010	Hoffmen	Inj. Dobutamine 250 mg	1,186	85	100,810
1625796	14.06.11	809	8/5/2010	Hoffmen	Inj. Isosorbide Dinedinitrate 0.1 %	1,977	72	142,344
1625797	14.06.11	3537	25-05-10	Lahore Pharma	Sol. Chlorhexdine gluconate 4 % bottle of 500 ml	1,384	88	121,792
1625798	14.06.11	BWP-2-210	22-06-10	Lahore Chemical & Pharma	Inj. Protamine sulphate 10 mg	40	47	1,880
1625800	14.06.11	02519-A	30-06-2010	Linkers Asia	Inj. Dobutamine Hydrochloride 250 mg	1,384	85	117,640
1625771	14.06.11	535902	22.05.2010	Abbot Laboratories	Inj. Vancomycin Hydrochloride 10 ml	659	280	184,520
1625771	14.06.11	540502	24.05.2010	Abbot Laboratories	Inj. Vancomycin Hydrochloride 15 ml	593	480	284,640
1625777	14.06.11	10020313B	6/2/2010	Bosch Pharma	Inj.piperacillin tazobactam 100cc	989	500	494,500
1625777	14.06.11	10020313B	2/3/2010	Bosch Pharma	Inj.vancomycin 1gm	593	480	284,640
1625777	14.06.11	10020194B	4/2/2010	Bosch Pharma	Inj.vancomycin 500mg	659	280	184,520
1625780	14.06.11	MSD(0034)	19-05-10	Caylex Pharma	tab-glimepiride 4mg	197,746	0.88	174,016
1625780	14.06.11	MSD(0029)	19-05-10	Caylex Pharma	tab-enalipril 5mg	15,820	0.38	6,011
1625780	14.06.11	MSD(0035)	19-05-10	Caylex Pharma	tab-enalipril 10mg	98,873	0.48	47,459
1625780	14.06.11	MSD(0032)	19-05-10	Caylex Pharma	tab-doxazocin 2mg	79,098	5.75	454,813

1625780	14.06.11	MSD(0031)	19-05-10	Caylex Pharma	tab-enalipril 10mg	98,873	0.48	47,459
1625780	14.06.11	MSD(0030)	19-05-10	Caylex Pharma	tab-enalipril 5mg	197,746	0.38	75,143
1625781	14.06.11	MSD(0028)	19-05-10	Caylex Pharma	tab-glimepiride 4mg	98,873	0.88	87,008
1625925	15-06-11	MSD(0025)	19-05-10	Caylex Pharma	tab-doxazocin mesylat 2mg	39,549	5.75	227,406
1625782	14.06.11	03-00002	07.5.2010	CSH Pharma	tab-cefuroxime 250mg	19,775	19	375,725
1625823	14.06.11	10-5280-A	07.06.2010	CIZA International	infusion pefloxacin	1,384	63	87,192
1625823	14.06.11	10-5140-A	07.06.2010	CIZA International	tab-lorazepam	39,549	0.21	8,305
1625823	14.06.11	10-5035-A	07.06.2010	CIZA International	Inj. Nalaxone Hcl	79	79	6,241
1625826	14.06.11	N 501	23.05.2010	Star Lab (Pvt) Ltd	Syp. Aminophylline	1,977	26	51,402
1625830	14.06.11	4322-1	15.02.2010	Pvalor Pharma	Tab. Levofloxacin 500 mg	19,775	2.8	55,370
1625830	14.06.11	4240-1	25.01.2010	Pvalor Pharma	Tab. Captopril 50 mg	39,549	0.75	29,661
1625830	14.06.11	4141-1	16.06.2010	Pvalor Pharma	Tab. Glyceryl trinitrate 2.6 mg	19,775	1.6	31,640
1625830	14.06.11	4291-1	06.02.2010	Pvalor Pharma	Tab. Isosorpide mononitrate 20 mg	79,098	0.65	51,413
1625802	14.06.11	IBM-05-10	1/6/2010	MASS Pharma PVT. Ltd	tab-metoprolol tartrate 100mg	7,910	0.7	5,537
1625807	14.06.11	MSD(457)	22-05-10	Mediceena Pharma Pvt.	inj-piperacillin tazobactam 4.5gm	989	500	494,500
1625807	14.06.11	MSD(02)	07.5.2010	Mediceena Pharma Pvt.	tab-ketoprofen 200mg	47,459	7.4	351,196
1625807	14.06.11	MSD(493)	22-05-10	Mediceena Pharma Pvt.	inj-piroxicam 20mg	19,775	9.5	187,862
1625807	14.06.11	MSD(107)	07.5.2010	Mediceena Pharma Pvt.	tab-iburofen 600mg	39,549	1.6	63,278
1625807	14.06.11	MSD(352)	07.5.2010	Mediceena Pharma Pvt.	inj-flucoxacillin 500mg	7,910	55	435,050
1625807	14.06.11	MSD(247)	07.5.2010	Mediceena Pharma Pvt.	inj-cloxacillin 500mg	11,865	27	320,355
1625807	14.06.11	MSD(529)	07.5.2010	Mediceena Pharma Pvt.	tab-theophyllinne 300mg	98,873	3	296,619
1625807	14.06.11	MSD(317)	07.5.2010	Mediceena Pharma Pvt.	inj-ketoprofen 100mg	19,775	19	375,725
1625807	14.06.11	MSD(422)	07.5.2010	Mediceena Pharma Pvt.	inj-tervutaline sulphate .5mg	7,910	7.8	61,698
1625808	14.06.11	MSD(565)	22-05-10	Mediceena Pharma Pvt.	tab-tinidazone 500mg	79,098	4	316,392
1625808	14.06.11	MSD(177)	07.5.2010	Mediceena Pharma Pvt.	inj-clindamycin 300mg	3,955	61	241,255
1625808	14.06.11	MSD(212)	07.5.2010	Mediceena Pharma Pvt.	tab-baclofen 10mg	98,873	3.633	359,205
1625808	14.06.11	MSD(37)	07.5.2010	Mediceena Pharma Pvt.	tab-theophyllinne 300mg	79,098	3	237,294
1625808	14.06.11	MSD(142)	07.5.2010	Mediceena Pharma Pvt.	inj-clindamycin 600mg	3,955	115	454,825
1626018	17-06-11	MSD(282)	07.5.2010	Mediceena Pharma Pvt.	tab-ketoprofen 200mg	79,098	7.4	585,325
1625804	14.06.11	4104	21-05-10	mega Pharma	tab-cardiovastin 20mg	7,910	1.3	10,283
1625804	14.06.11	4103	21-05-10	mega Pharma	tab-megaphenic 50mg	790,983	0.17	134,467
1625805	14.06.11	81/2010	22-05-10	Munawar Pharma	tab-doxycycline 100mg	197,746	0.78	154,241

1625805	14.06.11	0011/2010	22-05-10	Munawar Pharma	tab-aminophyline 100mg	3,955	0.19	751
1625809	14.06.11	1748-16	3/10/2010	Novamed Pharma	cap-omeprazole 40mg	69,211	1.7	117,658
1625813	14.06.11	G-556	29-06-10	Pharmadic Laboratories Pvt.	tab-zynol 300mg	3,955	2.5	9,887
1625818	14.06.11	2	2/6/2010	Pharmawise Labs Pvt.	tab-aspirin 300mg	118,647	0.364	43,187
1625819	14.06.11	9-02771	20-05-10	REKO Pharma Pvt.	tab-benil	197,746	0.15	29,662
1625825	14.06.11	138	31-05-10	R.G Pharma	inj-epokine 10000 IU vial	198	700	138,600
1625823	14.06.11	136	31-05-10	R.G Pharma	inj-epokine 4000 IUPFS	395	350	138,250
1625825	14.06.11	137	d	R.G Pharma	inj-epokine 2000 IUPFS	1,384	225	311,400
1625822	14.06.11	SL448-2010	23-02-10	Shifa Lab. Pvt.	Triplon DM Cough syrup	3,955	16	63,280
Total								**11,160,914**

Annex – H
[Para 4.4.3]

Improper Asset Management due to Late Installation / Non Usage of Machinery and Equipments

Sr. No	Name of Equipment	Date of Purchase	Date of Stock Entry	Name of Hospital	Date of Installation	No. of Patients Treated				
						2010	2011	2012	2013	Total
1	O.T Light	4/6/2010	9/6/2010	THQ Ahmed Pur	17/8/2011	-	131	253	118	502
2	O.T Light	4/6/2010	9/6/2010	RHC Dara Bakha	1/6/2011	-	312	582	277	1,171
3	O.T Light	4/6/2010	9/6/2010	RHC Mubarik Pur	6/8/2011	777	898	697	290	2,662
4	O.T Light	4/6/2010	9/6/2010	RHC Head Rajkan	2/11/2011	-	710	660	190	1,560
5	O.T Light	4/6/2010	9/6/2010	RHC Lal Sohran	14/01/2013	-	-	-	237	237
6	Chemistry Analyzer	12/5/2010	28/6/2010	THQ Hasil Pur	**Not Yet Installed**	-	-	-	-	-
7	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Lal Sohran	26/9/2011	-	233	612	258	1,103
8	Chemistry Analyzer	12/5/2010	28/6/2010	THQ K.P.T	26/9/2011	-	283	195	-	478
9	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Qaim Pur	**Not Yet Installed**	-	-	-	-	-
10	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Khanqa Sharif	Oct-11	-	53	1,508	311	1,872
11	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Choona Wala	18/01/2012	-	-	434	85	519
12	Chemistry Analyzer	12/5/2010	28/6/2010	THQ Yazman	15/8/2011	-	190	2,344	-	2,534
13	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Dara Bakha		-	-	126	79	205
14	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Chani Goth	**Not Yet Installed**	-	-	-	-	-
15	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Khutri Bangla	6/8/2011	-	-	511	322	833
16	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Mubarik Pur	1/10/2011	-	82	1,261	121	1,464
17	Chemistry Analyzer	12/5/2010	28/6/2010	RHC Head Rajkan	2/6/2011	-	710	560	190	1,460
18	Chemistry Analyzer	12/5/2010	28/6/2010	RHC UCH Sharif	**Not Yet Installed**	-	-	-	-	-
19	Haemodialysis Unit	-	20.03.2010	THQ Yazman	16.05.2011	-	-	-	182	182
20	Haemodialysis Unit	-	20.03.2010	THQ K.P.T	17.05.2011	-	-	-	-	-
21	Chemistry Analyzer	-		THQ Ahmed Pur	7/8/2009	164	980	62	81	1,287

Annex – I
[Para 5.1.9]

Time Over-Run

Outputs	Subprogram 1 By October 2008	Subprogram 2 Tentative By the end of 2009	Subprogram 3 Tentative By the end of 2010
1. Improved Availability and Quality of Primary and Secondary Health Services			
1.1. The MSDS introduced for primary and secondary health services	• MSDS implementation guidelines developed and disseminated to all district governments; and MOUs on achieving MSDS by no later than 2012 signed and 3-year rolling plans for implementing MNCH-related MSDS adopted by at least 30 district governments.	• MSDS information campaign rolled out by the Health Department, for beneficiaries, all health facilities and health workers. • 3-year rolling plans for MNCH implementation updated by all district governments, and minimum levels of MNCH-related MSDS achieved by at least seven district governments.	3-year rolling plans updated, and minimum acceptance levels for MNCH-related MSDS standards achieved by at least 15 district governments. Citizen satisfaction survey conducted on MSDS implementation. [a] A third party assessment of MSDS implementation and attainment conducted.
1.2. Primary and secondary health facilities staffed and equipped according to MSDS	• At least one additional midwife position per BHU (about 2500 in total) and about 150 additional gynecologist positions for THQs and DHQs sanctioned and budgeted; and at least 90% of the vacant lady health visitor positions (about 400) filled.	• 80% of BHUs, RHCs, and MNCH related departments of THQs and DHQs are fully equipped and staffed according MSDS, and 95% of BHUs have adequate female staff for MNCH.	• 100% of BHUs, RHCs, and MNCH-related departments of THQs and DHQs are fully equipped and staffed according to MSDS.
1.3. Measures adopted to improve quality of health workers and their	• Conceptual framework adopted and financial needs	• At least 50% of training institutions for nurses and	• All training institutions for nurses and paramedics

practices	for strengthening pre- and inservice training, estimated with focus on upgrading of training institutions. • SMPs, SOPs, and patient referral protocols adopted; and training plan for all health staff	paramedics upgraded. • All MNCH-related workers trained in relevant part of SMPs, SOPs, and the referral protocols. Improved examination system, service structure for paramedics and a regulatory body are in place. • Continuing education system for medical doctors and paramedics with respect to doctors' promotion and relicensing established. • The comprehensive Health Human Resources Plan approved proposing rationalization of service structures and staff, and census and computerized registration of all health workers completed.	upgraded. • All non-MNCH-related health workers in primary and secondary health care trained in SMPs, the referral protocols, and SOPs.
1.4. The MSDS introduced to the private sector	• Stock-take of private Practitioners, covering, among others, categories of services, qualifications (with or without a license), and location, published.	• A designated authority established for registration of all private practitioners. • Policy paper on regulating private sector provision of health care published and widely	• 90% of private health care providers have been registered with the designated authority. • Regulatory framework for private healthcare providers

		disseminated.	adopted. • MSDS introduced to private practitioners.
2. Better Management of Health Service Delivery			
2.1. Improved district health management and monitoring	• ODGHS has been reorganized and strengthened to monitor health system performance, including the implementation of MSDS. • A capacity development plan for district health teams and managers developed and implementation started, including the establishment of a district support team at ODGHS. • DHIS operational at least in10 districts, and district health situation and service performance reported by the 10 district governments to ODGHS.	• District governments' capacity for planning and implementing MSDS improved through ODGHS' technical assistance. • The capacity development plan is implemented and 50% of district health teams and managers trained. • DHIS rolled out in all 35 district governments and district health situation and progress in MSDS implementation regularly reported by district governments to ODGHS. • District governments' progress in MSDS implementation monitored by ODGHS and the technical assistance plan for each district government adjusted.	• All 35 districts implementing and regularly utilizing DHIS. • District governments' progress in MSDS implementation monitored by ODGHS and the technical assistance plan for each district government adjusted. • 90% of district health teams and managers trained.
2.2. Improved efficiency of procurement of drugs and equipment	• Drug and equipment procurement and supply management system reviewed and strategic options and recommendations for their improvement prepared.	• Sector-specific procurement guidelines for purchase of drugs, equipment, and supplies developed to ensure timely and	• Health Technology Assessment tools rolled out and used by the Health Department and district governments evaluating and purchasing drugs and technology.

		cost effective provision of drugs at health facilities. • EDOs, Health to have developed a monitoring system of drug and medicine availability at each primary and secondary health facility. Necessary drugs available at primary and secondary health facilities	
2.3. Alternative models of health service delivery institutionalized	• Third-party evaluation commissioned on impact of contracting health services (to PRSP, and NCHD) on health outcomes and outputs, and to compare them with the outcomes and outputs of those districts that did not contract health services. Conceptual framework on functional integration of various primary health programs and	• Based on the evaluation, GoPb to have institutionalized contracting of health services and/or management. • Integration of primary health programs and services to have been piloted in 5 districts and the experiences evaluated.	• District governments to have contracted entire or part of health services, according to their needs. • Primary health services and programs to have been functionally integrated in all district governments
3. Sustainable Pro-Poor Health Care Financing			
3-1. Increased and better allocated budget for the health sector, in particular for primary and secondary health care	• Revised Budget Manual published and disseminated by the Finance Department to all provincial departments. • SPU in the Health Department fully staffed to improve templates designed for planning and budgeting of	• A consolidated MTEF developed (including provincial and district level information) with focus on MDG attainment. • Health sector allocation increased by 15% for FY2010 according to MTEF	• PFC Award for FY2011- FY2012 to include a conditional grant allocation to district governments. Third party validation of district specific action plans submitted to PFC. • The conditional grants for FY 2011 to have been

	MNCH-related MSDS, and consolidate medium-term financing plan for implementation of MNCH- related MSDS. • Conditional grant mechanism established and PRs.3.5 billion in counterpart funds set aside by the Finance Department for allocation in FY2009 as conditional grants to all district governments (in addition to their regular budget) for implementation of the MNCH-related MSDS.	projections. • Utilization of conditional grants disbursed in FY2009 by district governments evaluated by the Health Department to ensure conformity with sector plans. • The conditional grants for FY 2010 to have been disbursed to district governments based on agreed minimum conditions and performance. • Regular reporting system between district governments and GoPb on utilization of the conditional grants and implementation of plans established. • Health expenditure in all district governments to have increased, in real terms, through the regular budgets of district governments, and the conditional grants given to district governments as additional to the increased regular health budget.	disbursed to district governments based on agreed minimum conditions and performance. • Health expenditure in district governments to have been increased, in real terms, through the regular budgets of district governments, and the conditional grants given to district governments as additional to the increased. • Health expenditure in district governments increased, in real terms, through the regular budgets of district governments, and the conditional grants given to district governments as additional to the increased regular health budget.
3-2. Improved financial management and reporting in the	• The Budget Wing and the Development Wing within the	• A financial reporting system adopted for the health sector in Punjab	

health sector	Health Department merged into a FMC tasked to prepare the recurrent and development budgets for the health sector and to monitor their execution. • Financial reporting mechanism to consolidate financial information on the health sector including districts and all primary and secondary health care facilities instituted by FMC, and PIFRA interface established.	based on classification codes of accounts that reflect the functional attributions of each tier of health services.	
3-3. Improved internal control and audit in the health sector	• Through regular DAC meetings, the Health Department to have cleared at least 1000 of outstanding audit observations for major cases. • Conceptual framework prepared by the Health Department for improving internal controls based on an assessment of past audit issues.	• A comprehensive assessment undertaken by the Health Department and district governments of the fiduciary risk in the health sector and mitigation measures finalized. • DAC to have cleared outstanding audit observations up to June 2005. District governments to have appointed internal auditors to strengthen internal controls, based on the detailed job descriptions and terms of services	• Mitigation measures to contain fiduciary risks implemented. • DAC to have cleared outstanding audit observations up to June 2008.

		prepared and approved by the Finance Department. The Health Department to have restructured the internal control system. • Internal Audit Wing of the Health Department fully staffed and an audit plan prepared for FY2010.	
3-4. Pro-poor health care financing and provider system developed	• A steering committee and working group on health financing constituted and the work plan for such working group developed. • The Health Department to have identified studies required for designing pro-poor health financing system, including an out of pocket expenditure study, and developed terms of reference for such studies. • A conceptual framework prepared for reducing health care expenditure burden on the poor.	• Options determined for Punjab's health financing and provider payment reforms, their implications for the poor assessed and resources identified. • New health financing programs to have been piloted and evaluated in two. • Districts by the Planning and Development Department. • User charges rationalized and retained by the health facilities.	Necessary regulations for implementing the reforms identified in subprogram 2 adopted. • Pro-poor health care financing and provider system, (in particular, for pregnant women and children) to have been expanded to the entire province.