



**COMPARATIVE STUDY OF  
PRIMARY HEALTH CARE (RHCs & BHUs) OF  
CITY DISTRICT GOVERNMENT, FAISALABAD  
AND DISTRICT GOVERNMENT, JHANG**

**Audit Year 2012-13**

**15th May, 2013**

**AUDITOR GENERAL OF PAKISTAN**

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## **ABBREVIATIONS AND ACRONYMS**

|       |   |
|-------|---|
| ARI   | Acute Respiratory Infections                |
| BHU   | Basic Health Unit                           |
| BoD   | Burden of Disease                           |
| CDC   | Communicable Disease Control                |
| CDD   | Communicable Diarrheal Diseases             |
| CDR   | Case Detection Rate                         |
| CPR   | Contraceptive Prevalence Rate               |
| DHIS  | District Health Information System          |
| DHQ   | District Headquarter Hospital               |
| EDO   | Executive District Officer                  |
| EPI   | Expanded Program on Immunization            |
| HD    | Health Department                           |
| IMR   | Infant Mortality Rate                       |
| MCH   | Maternal Child Health                       |
| MMR   | Maternal Mortality Ratio                    |
| MNCH  | Maternal Newborn and Child Health           |
| ODGHS | Office of Director General, Health Services |
| PLGO  | Punjab Local Government Ordinance           |
| PPP   | Public–Private Partnership                  |

|      |                                |
|------|--------------------------------|
| PRSP | Punjab Rural Support Program   |
| RHC  | Rural Health Center            |
| SCR  | Sputum Conversion Rate         |
| SOP  | Standard Operating Procedure   |
| TB   | Tuberculosis                   |
| TT2  | Tetanus Toxoid 2 (Second Dose) |
| WMO  | Woman Medical Officer          |

## **PREFACE**

The Auditor General conducts audit subject to Articles 169 and 170 (2) 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 of Pakistan and section 115 of the Punjab Local Government Ordinance 2001, require the Auditor General of Pakistan to conduct the audit of receipt and expenditure of the District Fund and Public Account of the District Government. The comparative study of Primary Health Care (RHCs & BHUs) of City District Government, Faisalabad and District Government, Jhang was carried out accordingly.

The Directorate General Audit District Governments Punjab (South), Multan, conducted comparative study of Primary Health Care (RHCs & BHUs) of City District Government, Faisalabad and District Government, Jhang during April & May 2013 for the period July 2009 to June 2012 with a view to reporting significant findings to the stakeholders. Audit examined the economy, efficiency and effectiveness of Primary Health Care Centers (RHCs & BHUs) of City District Government, Faisalabad and District Government, Jhang.

The comparative study report is submitted to the Governor of the Punjab in pursuance of Article 171 of the 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 Assembly.

Islamabad  
Dated:

**(Muhammad Akhtar Buland Rana)**  
**Auditor General of Pakistan**

## EXECUTIVE SUMMARY

Directorate General of Audit, District Governments, Punjab (South), Multan conducted comparative study of Primary Health Care (RHCs & BHUs) of City District Government, Faisalabad and District Government, Jhang during April & May, 2013. The objective of the comparative study was to evaluate the performance of Primary Health Care Facilities (PHC) in City District, Faisalabad and District Jhang in provision of health services, making intra and inter District comparison, pointing out weak areas and making recommendations.

Twelve Rural Health Centers (RHCs), One Hundred and Sixty Eight Basic Health Units (BHUs) in District Faisalabad and nine Rural Health Centers (RHCs), Fifty Eight Basic Health Units (BHUs), in District Jhang are working under the administrative control of Executive District Officer and District Health Officer respectively. BHUs in District Faisalabad are, administratively, under the control of Punjab Rural Support Program (PRSP) during the time period covered in comparative study.

During the comparative study, following areas of health services were focused:

- Average per patient expenditure
- Average per Day OPD Attendance
- New and Follow-up proportion
- Coverage of population of catchment area in providing health services.
- Diagnostic (X-Ray, Lab) service utilization
- Immunization Services to infant and mother
- Maternal and newborn health services
- Malnutrition

As the objective of the comparative study was to evaluate the performance in provision of health services, make comparison, point out weak areas and makes recommendations, evaluation team offered following major recommendations.



- District Health Information System (DHIS), currently restricted to Government Health Facilities, should be extended to private hospital / clinics.
- EPI staff may be used for determination of more reliable figure of population of catchment area, for setting target of different health services, currently determined by addition of fix percentage in previous year figure.
- Mechanism should be determined to record patient feedback. Service of Toll Free Number / Web site complaint portal may be introduced for lodging of complaints, suggestions from general public.
- Monthly analytical reports may be made available through DHIS to the administrator i.e. EDO, DO, for further appropriate prompt action.
- Detailed analysis at each RHC and BHU level should be made to point out less effective health facility and appropriate action may be taken to overcome weak areas / ineffective health facilities.
- Efforts should be made to build the confidence of population of catchment area to visit the health facilities near to their home, by good behavior of staff, availability of medicine and equipment.
- Disease diagnostic services, Lab Service and X-Ray service needs special attention by ensuring availability of necessary equipment and availability of X-Ray films.
- Steps should be taken to increase immunization coverage at RHCs and BHUs in both districts to reduce work load on EPI Staff.
- ANC Re-visits proportion and deliveries conducted at RHCs and BHUs required special attention to resume the confidence of population of catchment area on services in Government health facilities.
- Arrangement should be made to educate general public for healthy nutrition habits and to reduce prevalence of anemia among first ANC attendance, OPD Malnourished Children Ratio and Low Birth Weight rate.

## 1 INTRODUCTION

Faisalabad City is located in the North East of Pakistan in the Punjab province and situated at about 128 kilometers from Lahore. District Faisalabad consists of 8 towns namely; Jinnah, Lyallpur, Iqbal, Madina, Jaranwala, Samundari, Tandlianwala and Jhumra Towns. The CDGF is responsible to provide the health facilities to the general public of District Faisalabad. Total health facilities under CDGF health department are 5 Tehsil Head quarter Hospitals (THQs), 12 Rural Health Centers (RHCs), 168 Basic Health Units (BHUs).

Proportionate population of District Faisalabad is as below:

### *Area-wise population*

| Area  | Population | Percentage |
|-------|------------|------------|
| Rural | 4437547    | 61%        |
| Urban | 2873144    | 39%        |

*Source: Standard Demographic population groups based on DHIS*

### *Gender-wise population*

| Gender | Population | Percentage |
|--------|------------|------------|
| Male   | 3582239    | 49%        |
| Female | 3728452    | 51%        |

*Source: Standard Demographic population groups based on DHIS*

Jhang is a district of the Punjab province of Pakistan. The city of Jhang is the district's capital. According to the 1998 census of Pakistan, the district's population was 2.8 million, out of which 23 percent lived in urban areas. By 2008, according to estimates, the population had risen to 3.5 million.

District Jhang is located in the North East of Pakistan in the Punjab province and situated at about 220 kilometers from Lahore. District Jhang consists of four Tehsils namely Jhang, Shorkot, Ahmed Pur Sail and 18 Hazari. The District Government, Jhang is responsible to provide the health facilities to the general public of District Jhang. Total health facilities under District Government, Jhang health department are one DHQ, three Tehsil Head quarter Hospitals (THQs), 9 Rural Health Centers (RHCs), and 58 Basic Health Units (BHUs).

Proportionate population of District Jhang is as below:

***Area-wise population***

| <b>Area</b> | <b>Population</b> | <b>Percentage</b> |
|-------------|-------------------|-------------------|
| Rural       | 1885235           | 78                |
| Urban       | 531733            | 22                |

*Source: Standard Demographic population groups based on DHIS*

***Gender-wise population***

| <b>Gender</b> | <b>Population</b> | <b>Percentage</b> |
|---------------|-------------------|-------------------|
| Male          | 1232653           | 51                |
| Female        | 1184315           | 49                |

*Source: Standard Demographic population groups based on DHIS*

## **2 PRIMARY HEALTH CARE**

According to Training Manual for Health and Nutrition Supervisor page No.31, it is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

### **2.1 Essential Components of Primary Health Care**

There are eight essential components of Primary Health Care (PHC) approach. These are given below:-

1. Education concerning prevailing health problems and the methods of preventing and controlling them.
2. Promotion of safe food supply and proper nutrition.
3. An adequate supply of safe water and basic sanitation.
4. Maternal and child health care, including Family Planning.
5. Immunization against major infectious diseases.
6. Prevention and control of locally endemic diseases.
7. Appropriate treatment of common diseases and injuries.
8. Provision of essential drugs.

Following health facilities are mainly working to provide Primary Health Care (PHC)

#### **2.1.1 Basic Health Unit (BHU)**

The BHU is located at a Union Council and serves a catchment population of up to 25,000. Services provided at BHU are promotive, preventive, curative and referral. Outreach/community based services are part of package provided by the BHU. BHU provides all PHC services along with integral services that include basic medical and surgical care, CDD, CDC, ARI, malaria and TB control. BHU provides first level referral to patients referred by LHWs. BHU refers patients to higher level facilities as and when necessary.

The BHU also provides clinical, logistical and managerial support to the LHWs. It also serves as a focal point, where community and the public sector health functionaries may come together to resolve issues concerning health.

### **Main Functions / Services at BHUs**

1. Provision of services under the Integrated PHC programs / activities relating to:
  - Mother and Child Health & Growth Monitoring
  - Family Planning Services
  - Immunization.( EPI and Polio Eradication)
  - Services relating to Communicable Disease Control( CDC)
2. Treatment of common ailments
3. Health education/awareness about common health problems and campaign for improved sanitation
4. Management protocol for ARI , Malaria and Diarrhea
5. TB DOTS program
6. Surveillance of diseases especially those likely to cause the epidemics (Disease Early Warning System – DEWS).
7. Nutritional support

#### **2.1.2 Rural Health Centre (RHC)**

The RHCs have 10-20 inpatient beds and each serves a catchment population of up to 100,000 people. The RHC provides promotive, preventive, curative, diagnostics and referral services along with inpatient services. The RHC also provides clinical, logistical and managerial support to the BHUs, LHWs, MCH Centers, and Dispensaries that fall within its geographical limits. RHC also provides medico-legal, basic surgical, dental and ambulance services.

### **3. OBJECTIVES OF COMPARATIVE STUDY**

The objective of the comparative study was to evaluate the performance of Primary Health Care Facilities (PHC) in City District, Faisalabad and District Jhang in provision of health services, making intra and inter District comparison, pointing out weak areas and making recommendations. During the comparative study, following areas of health services were focused:

- Average per patient expenditure
- Average per Day OPD Attendance
- New and Follow-up proportion
- Coverage of population of catchment area in providing health services.
- Diagnostic (X-Ray, Lab) service utilization
- Immunization Services to infant and mother
- Maternal and newborn health services
- Malnutrition

### **4. SCOPE AND METHODOLOGY OF COMPARATIVE STUDY**

#### **4.1 Scope**

The scope of comparative study was to examine the activities of RHCs and BHUs, of City District Government Faisalabad and District Jhang, making inter District comparison.

Audit party planned to make analysis and comparison for five years, 2007-08 to 2011-12 but thereafter restricted to 3 years, 2009-10 to 2011-12, due to change in mode of record maintenance after introduction of District Health Information System, posting transfer of relevant staff and weak handing taking over of record.

Further, BHUs in District Faisalabad are under administrative control of Punjab Rural Support Program (PRSP). Audit Team arranged meeting with District Support Manager, PRSP, Faisalabad and submitted requisition at the start of Program through Executive District Officer (Health), Faisalabad but District Support Manager, PRSP, Faisalabad did not cooperate, inspite of

repeated requisitions, and, finally, denied to produce record / information on last day of Audit Work Program i.e. 16.05.2013.

It is to be noted that comparative analysis of BHUs is based on information obtained from DHIS. Due to non-cooperation of District Support Manager, PRSP, Faisalabad report on comparative analysis of BHUs could not be discussed resultantly replies have not been incorporated in the report.

#### **4.2 Methodology**

The following methodology was adopted during comparative study.

1. Collection and scrutiny of relevant data, files, documents, reports etc.
2. Meetings with concerned officers / staff of District Health Department.
3. Field visits of health facilities on sample basis.
4. Calculation and analysis of ratios, inter and intra district performance comparison.

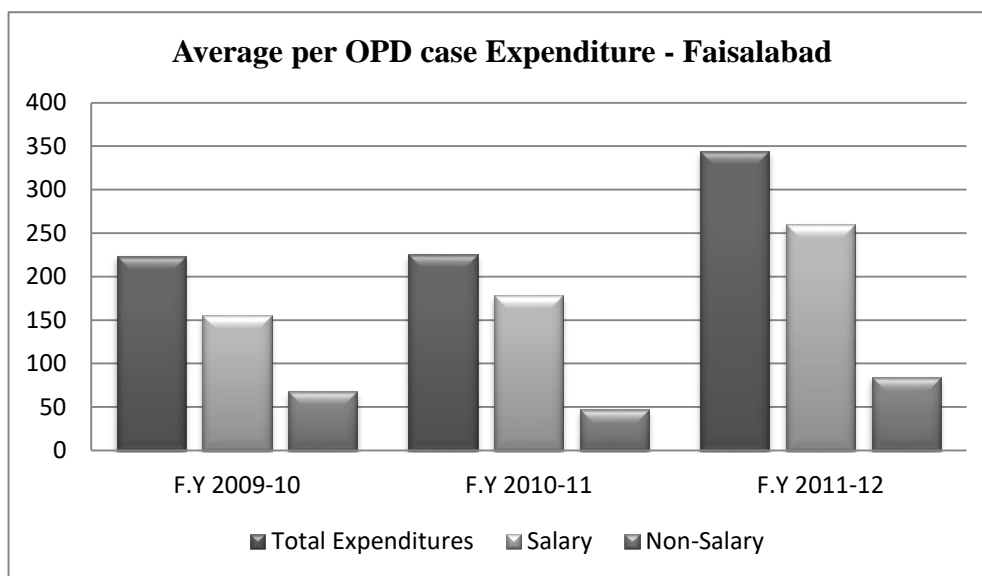
## 5. Comparative Study Findings (RHCs)

### 5.1 Financial Management:

#### 5.1.1 Average per OPD Case Expenditure:

It was observed while making analysis of average per OPD case expenditure in RHCs of District Faisalabad that expenditure under the head of Salary increased from Rs.155/- to Rs.178/-14.84% from 2009-10 to 2010-11 and to Rs.260/- 46.07% in 2011-12. While Non-Salary expenditure decreased from Rs.68/- to Rs.47/- 30.88% in 2010-11 and thereafter increased to Rs.84/- 78.72% in 2011-12.

Further, total expenditure was increased from Rs.223/- to 225/- 4.46% in 2010-11 and thereafter a major increase of Rs.344/-, 52.89% in F.Y. 2011-12 was noted (**Table-1**).



**Audit Finding:** Major increase of 46.07% in salary expenditure, 78.72% in non-salary expenditure in F.Y. 2011-12 needs justification.



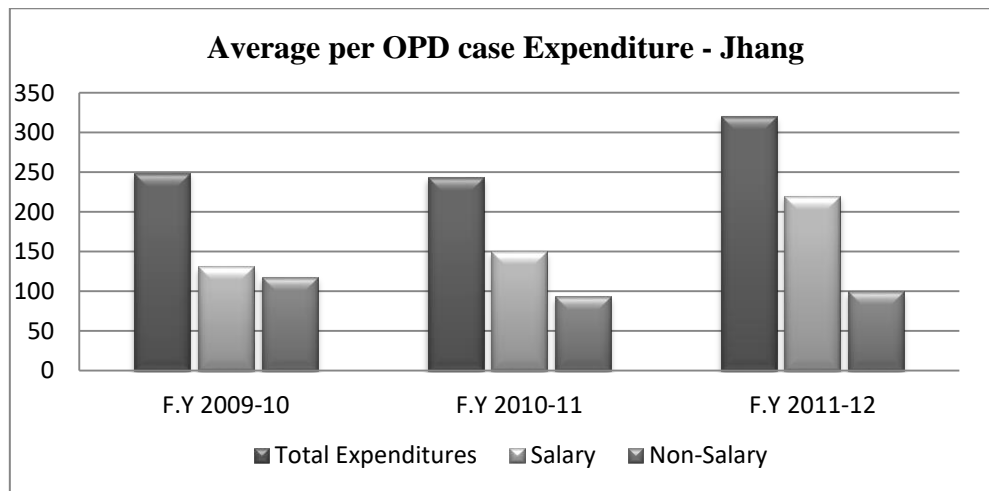
**Departmental Reply:** Executive District Officer (Health), Faisalabad replied that major increase of average per OPD case expenditure in Financial Year 2011-12 was due to increase in Pay and Allowances, announced by the Government.

**Further Audit Comments:** Audit is of the view that major increase in average per OPD case expenditure in Financial Year 2011-12, was due to decrease in OPD cases.

**Recommendation:** Audit recommends that effort should be made to increase the number of OPD cases to maintain the economy and efficiency level.

It was observed while making analysis of average per OPD cases expenditure in RHCs of District Jhang that expenditure under the head of Salary increased from Rs.131/- to Rs.150/- 14.50% in 2010-11 and Rs.220 58.33% in 2011-12. While Non-Salary expenditure decreased from Rs.118/- to Rs.93/- 21.19% in 2010-11 and thereafter increased to Rs.100/- 7.53% in 2011-12.

Further, total expenditure was decreased from Rs.249/- to 243/- 2.41% in 2010-11 and thereafter a major increase up to Rs.320/-, 31.69% in F.Y. 2011-12 was noted (**Table-1**).



**Audit Finding:** Major increase of 58.33% in Salary expenditure and 31.69% in total expenditure during F.Y. 2011-12 needs justification.

**Departmental Reply:** Executive District Officer (Health), Jhang replied that major increase of average per OPD case expenditure in Financial Year 2011-12 was due to increase in Pay and Allowances, announced by the Government.

**Further Audit Comments:** Audit is of the view that major increase in average per OPD case expenditure in Financial Year 2011-12, was due to decrease in OPD cases.

**Recommendation:** Audit recommends that efforts should be made to increase the number of OPD cases to maintain the economy and efficiency level.

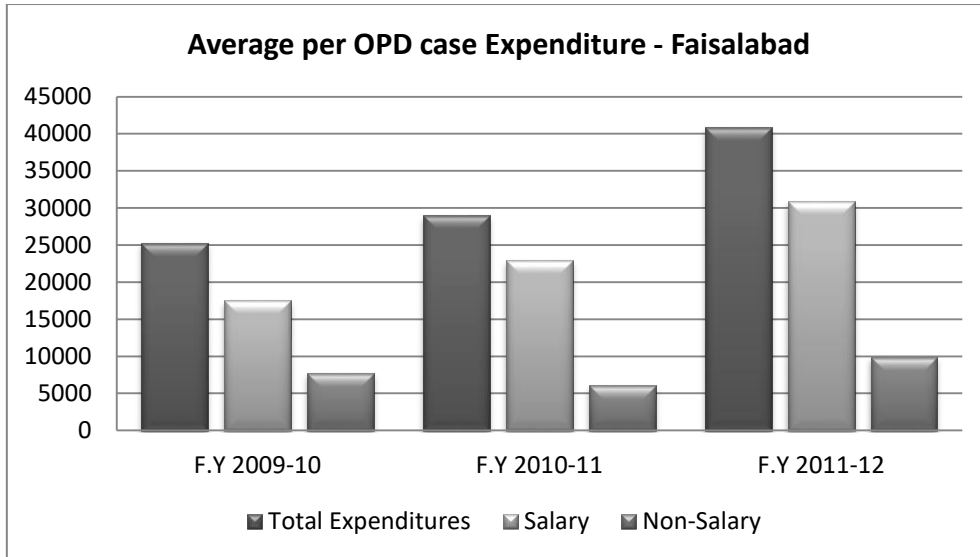
While making inter district comparison it was observed that during the financial year 2009-10 and 2010-11 Average per OPD case expenditure (Salary + Non-Salary) remained low in District Faisalabad while in 2011-12 average per OPD case expenditure (Salary + Non-Salary) remained low in District Jhang.

**Recommendation:** Audit recommends that Executive District Officers (Health) of both districts should make efforts to curtail per OPD case expenditure by increasing the number of patients at OPD and by providing medicines and lab test facilities to the patients.

#### **5.1.2 Average per Day per RHC Expenditure:**

It was observed on making analysis of average per day per RHC expenditure at RHCs of District Faisalabad that expenditure under the head of Salary increased from Rs.17,517/- to Rs.22,951/- 31.02% from 2009-10 to 2010-11 and to Rs.30,882/-34.56% in 2011-12. While Non-Salary expenditure decreased from Rs.7,726/- to Rs.6,059/- 21.58% in 2010-11 and thereafter increased to Rs.9,934/- 63.95% in2011-12.

Further, Average per day per RHC expenditure in total was increased from Rs.25,243 to 29,010i.e 14.92% in 201-11 and to 40,816 i.e40.70% in 2011-12 (**Table-2**).



**Audit Finding:** Major increase in per day per RHC salary expenditure i.e. 34.56%, non-salary expenditure 63.95% and total 40.70% in F.Y. 2011-12 needs justification.

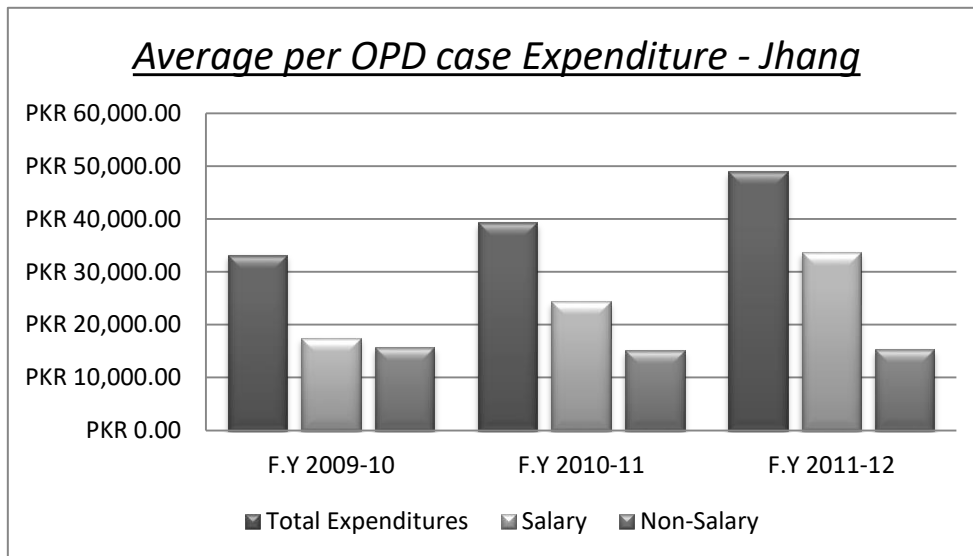
**Departmental Reply:** Executive District Officer (Health), Faisalabad replied that major increase in average per OPD case expenditure in Financial Year 2011-12 was due to increase in Pay and Allowances.

**Further Audit Comments:** Audit is of the view that major increase in average per OPD case expenditure in Financial Year 2011-12 was due to increase in Pay and Allowances as well as increase in non-salary expenditure.

**Recommendation:** Audit recommends that detailed analysis should be made at individual RHC level and appropriate action be taken to eliminate unnecessary expenditure.

It was observed while making analysis of average per day per RHC expenditure at RHCs of District Jhang that expenditure under the head of Salary increased from Rs.17,473/- to Rs.24,342/- 39.31% from 2009-10 to 2010-11 and to Rs.33,689/- 38.40% in 2011-12. While Non-Salary expenditure decreased from Rs.15,735/- to Rs.15,068/- 4.239% in 2010-11 and thereafter increased to Rs.15,374/- 2.03% in 2011-12.

Further, Average per day per RHC expenditure in total increased from Rs.33,208/- to Rs.39,410/- 16.68% in 201-11 and to Rs.49,063/- 24.49% in 2011-12 (**Table-2**).



**Audit Finding:** Major increase in per day per RHC salary expenditure, 39.31% in 2010-11 and 38.40% in 2011-12, and total (Salary + Non-Salary) 18.68% in 2010-11 and 24.49% in F.Y. 2011-12 needs justification.

**Departmental Reply:** Executive District Officer (Health), Jhang replied that the increase in average per day OPD attendance in the year 2010-11 was due to floods which displaced more than 0.3 Million population of Jhang. Two RHCs were directly affected by flood i.e. RHC Kot Shakir and RHC Haveli Sheikh Raju. Patients were attended in medical camps. Secondly, excess availability of medicine in the year 2011-12 increased the number of patients in District Jhang as compared to year 2009-10.

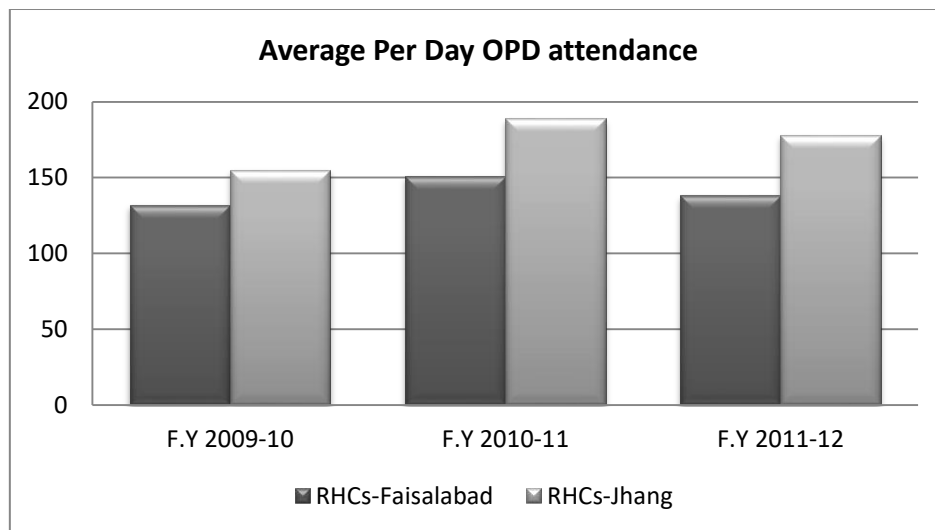
**Further Audit Comments:** Audit is of the view that major increase in average per OPD case expenditure in Financial Year 2010-11 and 2011-12 was due to increase in Pay and Allowances.

**Recommendation:** Audit recommends that detailed analysis should be made at individual RHC level and find out uneconomical RHCs and take appropriate action to eliminate unnecessary expenditure.

## 5.2 OUTPATIENT DEPARTMENT

### 5.2.1 Average per Day OPD Attendance:

It was observed while making comparison of Average number of patients who visited OPD per day per RHCs of District Faisalabad that average number of patients in OPD increased from 132 to 151, 14.39% in financial year 2010-11 and thereafter decreased to 138, 8.61% in the financial year 2011-12 (Table-3).



In District Jhang, average daily patients in OPD increased from 155 to 189, 21.94% during the financial year 2010-11 and thereafter decreased to 178 patients, 5.82% in the financial year 2011-12 (Table-3).

While making inter district comparison, RHCs of District Jhang entertained more patients in OPD than District Faisalabad.

**Audit Finding:** Decrease in average per day OPD attendance in districts, 8.61% in District Faisalabad and 5.82% in District Jhang, during the financial year 2011-12 needs justification.

**Departmental Reply:** Executive District Officer (Health), Faisalabad replied that most of the population of District Faisalabad is in urban areas and most of the patients visits THQ Hospital, DHQ Hospital and Allied Hospital, Faisalabad instead of Rural Health Centers.

**Further Audit Comments:** Audit is of the view that the rationale of incurring such a huge expenditure on RHCs may be justified if the patients are not treated at these health facilities.

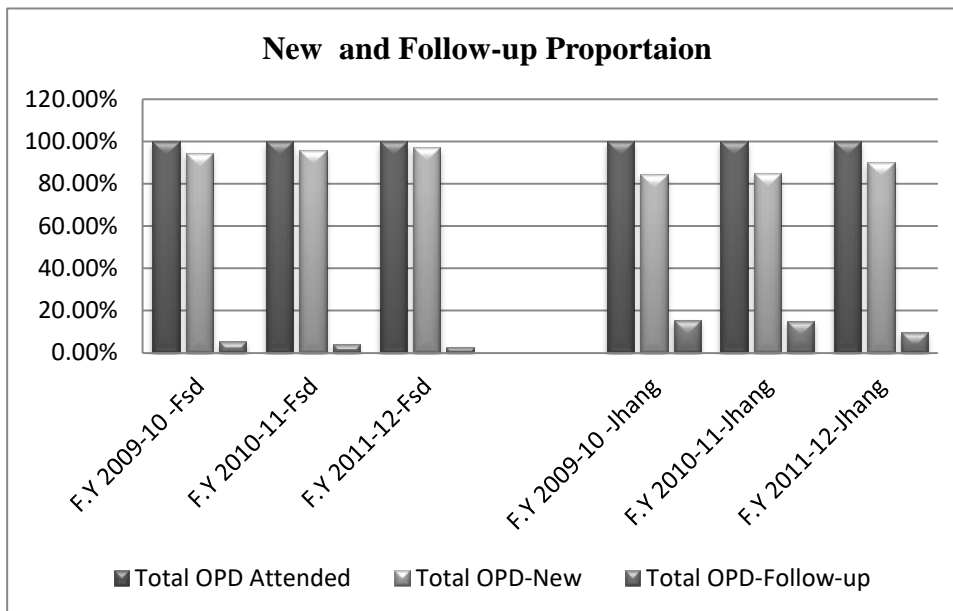
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**Further Audit Comments:** Reply was not tenable because Audit pointed out decrease in average per day OPD attendance during F.Y 2011-12 and flood hit in the year 2010-11.

**Recommendation:** Audit recommends that efforts should be made to increase the number of patients by ensuring availability of medicines, equipment and better attitude of staff.

### 5.2.2 New and Follow-up Proportion of Total OPD Attendance:

In both districts there was declining trend in percentage of follow-up OPD attendance. In district Faisalabad percentage of follow-up cases was 5.42% in 2009-10 which decreased to 4.16% and 2.87% in financial years 2010-11 and 2011-12 respectively. While in district Jhang percentage of follow-up cases was 15.48% in 2009-10 which decreased to 15.01% and 9.83% in financial years 2010-11 and 2011-12 respectively, which was better than ratio in district Faisalabad, but with declining trend. (Table-4).



**Audit Finding:** Declining trend observed in percentages of follow-up OPD attendance in both districts showed less interest of the patients for revisit at health facility, reasons need to be investigated.

**Departmental Reply:** DO (Health), Faisalabad replied that it is due to poor reporting. Steps will be taken to improve the reporting system.

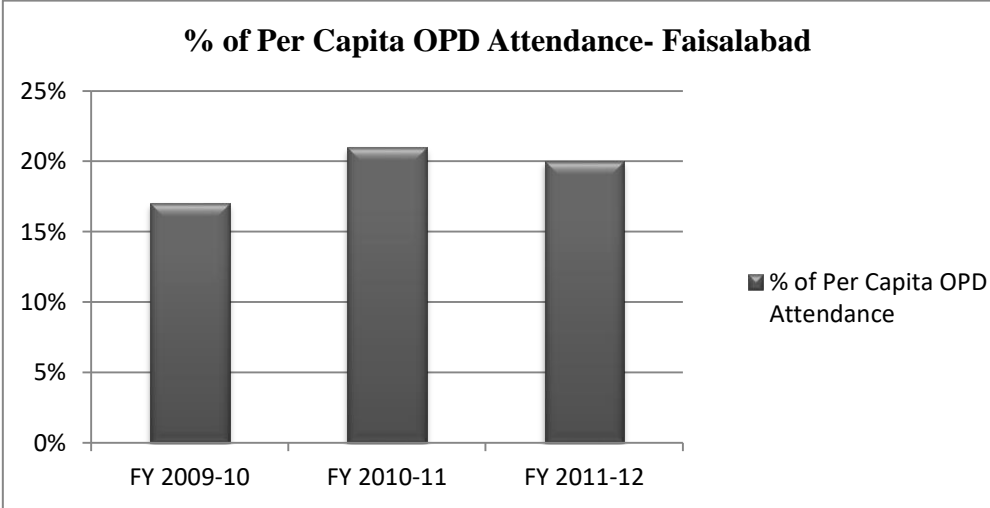
EDO (Health), Jhang replied that the low follow up visits in Faisalabad may be due to poor training and non-recording of follow up visits in the OPD register. Non-compliance of standard definitions of new and follow up patients might also be one of the causes. Re-fresher trainings of DHIS tools shall be arranged to improve reporting systems and to rectify the problems.

**Further Audit Comments:** Reply of EDO (Health), Jhang is irrelevant as it is a commentary on poor reporting system of Faisalabad. EDO (Health), Faisalabad should take steps to improve reporting system along with educating patients about importance of re-visits for proper follow-up in treatment of diseases.

**Recommendation:** Audit recommends for proper arrangements to improve reporting and training of staff and to educate patients.

**5.2.3 Per Capita OPD Attendance:**

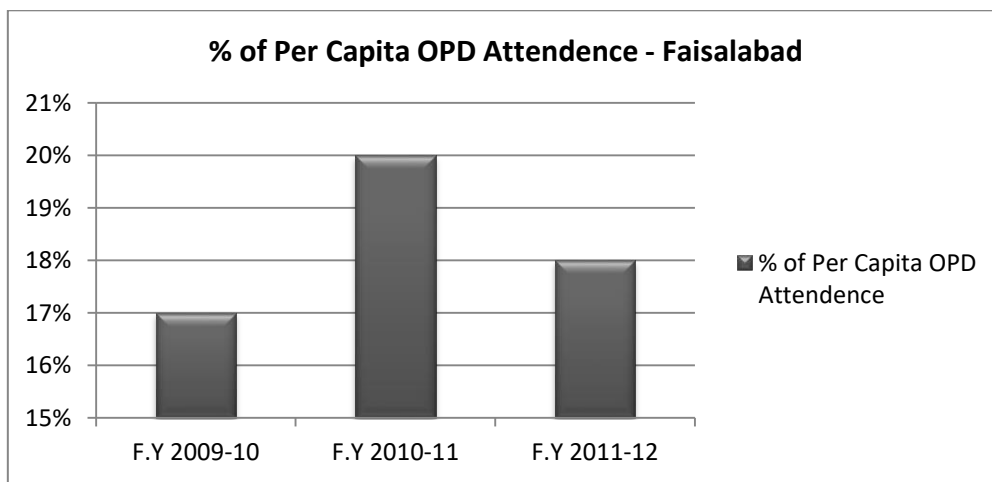
While making comparison of results of calculation of per capita OPD attendance of RHCs with previous year results in District Faisalabad, it was observed that it increased in the financial year 2010-11 from 17% to 21% but thereafter decreased to 20% in 2011-12 (Table-5-1).



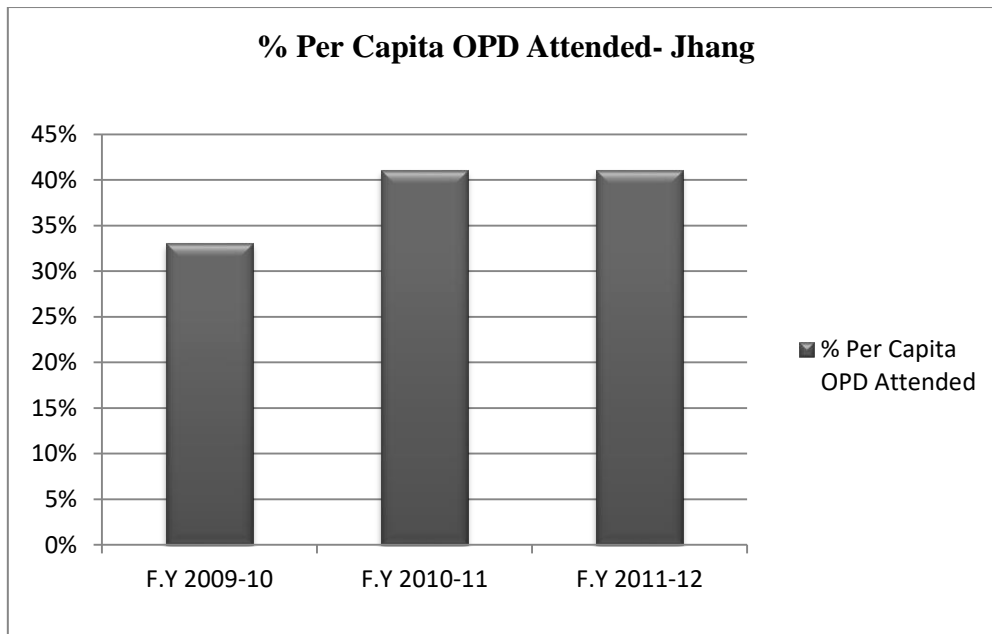


With consideration of unrealistic decrease in denominator, population of catchment area, horizontal analysis was made and it was observed that there was 4% increase in financial year 2010-11 (17% to 21%) due to 14% increase in OPD cases during the year 2010-11 and 4% decrease in denominator, population of catchment area. While increase in 2011-12 of 3% (17% to 20%) was due to 5% increase in OPD cases attended and 8% decrease in denominator, population of catchment area. Further, in reality there was only 14% increase in 2010-11 and 5% in 2011-12 as compared to 2009-10 (**Table-5-2**).

If we ignore unrealistic decrease in population of catchment area and consider the same in all three years, then calculation shows increase from 17% to 20%, only 3% increase in financial year 2010-11 and thereafter, 2% decrease in financial year 2011-12 (**Table-5-3**).

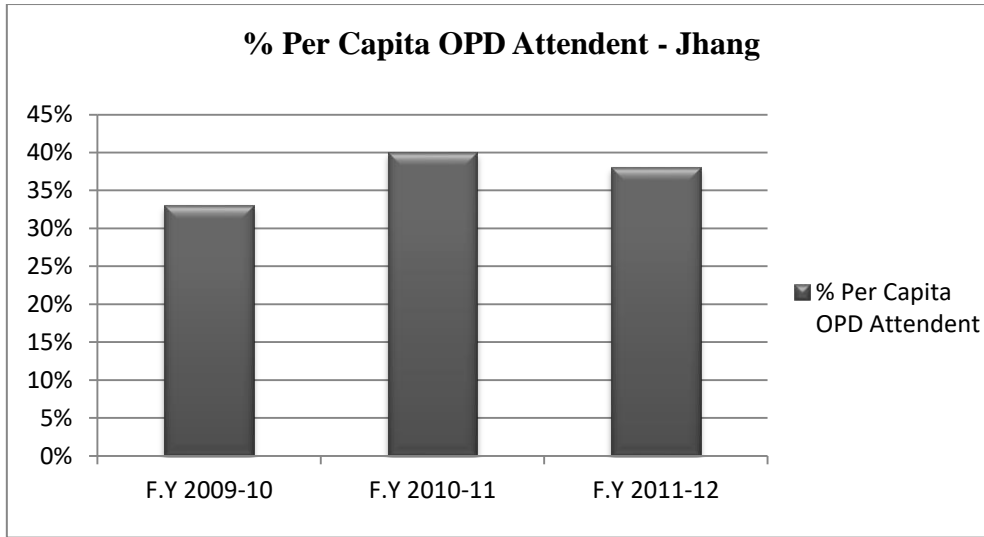


While making comparison of results of calculation of per capita OPD attendance of RHCs with previous year's results in District Jhang, it becomes clear that it increased in the financial year 2010-11 from 33% to 41% and remained same in 2011-12 (**Table-5-4**).

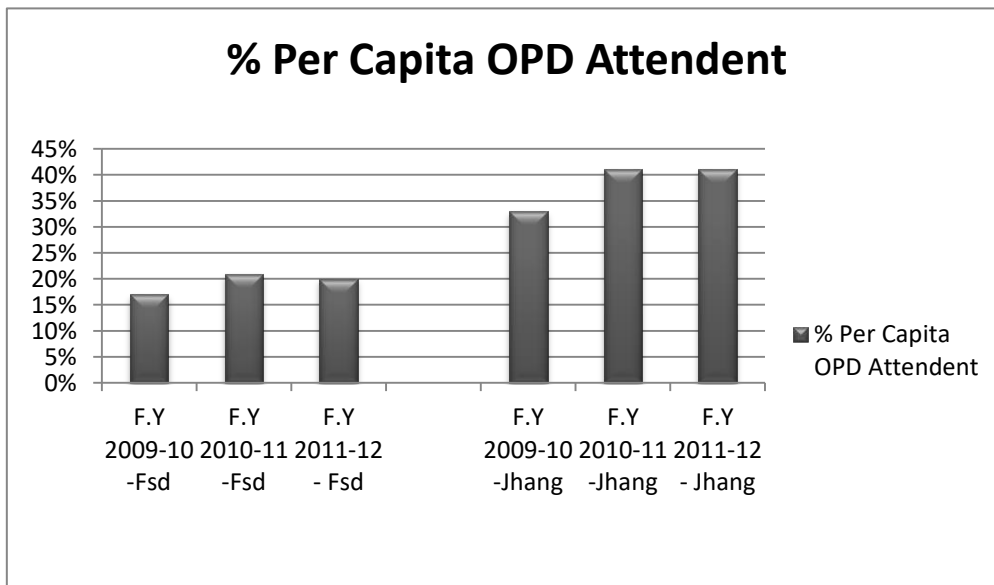


With consideration of unrealistic decrease in denominator, Population of catchment area, horizontal analysis was made and it was observed that there was 8% increase in financial year 2010-11 (33% to 41%) due to 22% increase in OPD cases attended during the year and 3% decrease in denominator, population of catchment area. While in 2011-12, 15% increase in OPD cases and 7% decrease in denominator was noticed. Further, in reality, there was only 22% increase in 2010-11 and 15% in 2011-12 as compared to results of 2009-10 (**Table-5-5**).

If we ignore unrealistic decrease in population of catchment area and consider the same in all three years, then calculation shows 7% increase in financial year 2010-11 and 2% decrease in financial year 2011-12 (**Table-5-6**).



While making inter district comparison, performance of RHCs of District Jhang remained better than that in District Faisalabad.



**Audit Findings:** Decrease in population of catchment area during each year needs justification. Further, per capita OPD Attendance remained low in District Faisalabad than District Jhang which needs justification.

**Departmental Reply:** EDOs replied that figures of population of catchment areas were adjusted as per instructions of Director Health Services (EPI) Punjab, Lahore.

EDO (Health), Faisalabad replied that most of the population of District Faisalabad is in urban areas and most of the patients visit THQ Hospital, DHQ Hospital and Allied Hospital, Faisalabad instead of Rural Health Centers.

EDO (Health), Jhang replied that decrease in per capita OPD attendance in 2011-12 was due to engagement of the staff in repeated preventive programs like Polio Campaigns in the year 2011-12. Decrease in per capita OPD attendance in District Jhang is due to more rural population as compared to Faisalabad and non-availability of teaching hospital. Medicine availability also plays a major role in patient attendance at health facility.

**Further Audit Comments:** As EPI (Expanded Program on Immunization) staff, already visits door to door for immunization, they should also be instructed to collect data about the population of catchment area to determine health services targets, instead of addition of fix percentage in previous year figure, as directed by Director Health Services (EPI) Punjab, Lahore.

**Recommendation:** Audit recommends for collection of more reliable information of population of catchment area through EPI staff and, further, steps should be taken to increase the number of patients at health facility for utilization of public resources and reduce work load at THQs and DHQs.

## 5.2.4 Referred in Case Proportion:

One of the functions of the district health system is to establish and improve referral lineage among the various tiers of service delivery. Referral system at RHC level in both districts was found inefficient. As ratio of referred in total new OPD cases remained 0.15% in financial year 2009-10, 0.39% in 2010-11 and 0.42% in 2011-12 in Faisalabad. While in Jhang it was 0.27% in financial year 2009-10, 0.26% in 2010-11 and 0.26% in 2011-12.

| Faisalabad  | 2009-10    |              | 2010-11      |              | 2011-12      |              |
|---|------------|--------------|--------------|--------------|--------------|--------------|
|   | Amount     | %            | Amount       | %            | Amount       | %            |
| Total cases attended, other than referred, at facility's OPD for the year | 468,373    | 99.85%       | 539,791      | 99.61%       | 503,050      | 99.58%       |
| <b>Total referred cases attended at facility's OPD for the year</b>       | <b>696</b> | <b>0.15%</b> | <b>2,134</b> | <b>0.39%</b> | <b>2,125</b> | <b>0.42%</b> |
| Total New OPD attendance for the Year                                     | 469,069    | 100.00%      | 541,925      | 100.00%      | 505,175      | 100.00%      |

| Jhang   | 2009-10    |              | 2010-11      |              | 2011-12      |              |
|---|------------|--------------|--------------|--------------|--------------|--------------|
|   | Amount     | %            | Amount       | %            | Amount       | %            |
| Total cases attended, other than referred, at facility's OPD for the year | 369,091    | 99.73%       | 452,163      | 99.74%       | 452,217      | 99.74%       |
| <b>Total referred cases attended at facility's OPD for the year</b>       | <b>989</b> | <b>0.27%</b> | <b>1,195</b> | <b>0.26%</b> | <b>1,167</b> | <b>0.26%</b> |
| Total New OPD attendance for the Year                                     | 370,080    | 100.00%      | 453,358      | 100%         | 453,384      | 100%         |

**Audit Finding:** Referral system at RHC level in both districts was found inefficient as referred-in case proportion attended was even less than 1% which needs justification.

**Departmental Reply:** DO (Health), Faisalabad replied that the referral system is improving and efforts will be made to make it better.

EDO (Health), Jhang replied that lower ratio of referral is due to verbal referrals by the health facilities. Referral trend is almost horizontal in District Jhang. It

shows that the health facility staff is either not entering the referred patients properly in the OPD register or is unaware of its importance. Capacity building can improve this situation.

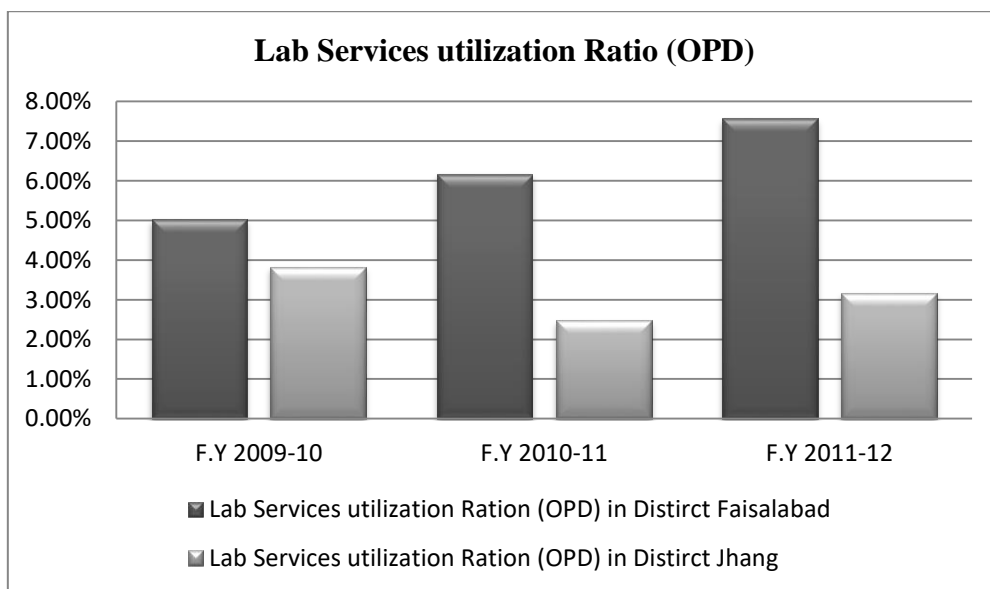
**Further Audit Comments:** Low referred-in case proportion admitted by EDO (Health), Faisalabad and EDO (Health), Jhang needs to be addressed and appropriate action should be taken to increase the proportion.

**Recommendation:** Audit recommends for issuance of strict instructions to RHCs' staff for proper recording of referred cases.

### 5.3 LAB SERVICE UTILIZATION

#### 5.3.1 Lab Service Utilization (OPD):

In District Faisalabad Lab Service Utilization ratio remained progressive as 5.03% in the year 2009-10 and 6.18% and 7.57% in 2010-11 and 2011-12 respectively. But in District Jhang it was 3.83% in 2009-10 and thereafter decreased to 2.48% in 2010-11 and increased to 3.17% in 2011-12. Lab Service Utilization in OPD remained better in Faisalabad as compared to District Jhang (Table-6).



**Audit Findings:** Lab Service Utilization in OPD remained low in District Jhang as compared to Faisalabad which needs justification. Further, Lab Service Utilization in OPD needs to be improved in both districts.

**Departmental Reply:** DO (Health), Faisalabad replied that efforts were being made for further improvement.

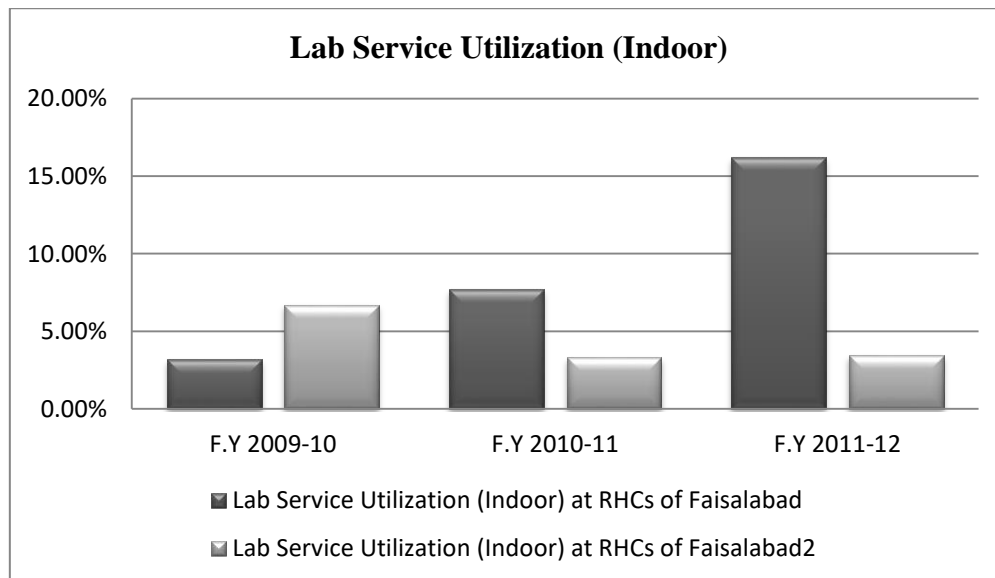
EDO (Health), Jhang replied that low lab services utilization trend in district Jhang than district Faisalabad shows that the tests range in Jhang is low or staff is not competent to perform major tests which can be easily arranged by minor inputs. Doctors, paramedical and lab staff working at RHCs need capacity building.

**Further Audit Comments:** Matter may be probed in for pointing out the reasons for low Lab Services Utilization in OPD for further appropriate action.

**Recommendation:** Capacity building of staff may be ensured along with provision of necessary equipment to the health facilities.

### 5.3.2 Lab Service Utilization (Indoor):

In District Faisalabad Lab Service Utilization ratio remained progressive as 3.18% of total patients admitted in financial year 2009-10 and 7.72% and 16.22% in 2010-11 and 2011-12 respectively got benefit of the indoor Lab Services facility. But in District Jhang it was 6.71% in 2009-10 and thereafter decreased to 3.34% in 2010-11 and then again increased in 2011-12 to 3.45%. Lab Service Utilization (indoor) remained better in District Faisalabad as compared to District Jhang(**Table-7**).





**Audit Findings:** Lab Service Utilization (Indoor) also remained low in District Jhang as compared to Faisalabad which needs justification. Further, Lab Service Utilization (Indoor) needs to be improved in both districts.

**Departmental Reply:** EDO (Health), Faisalabad replied that efforts were being made for further improvement.

EDO (Health), Jhang replied that low lab services utilization trend in district Jhang than district Faisalabad shows that the tests range in Jhang is low or staff is not competent to perform major tests which can be easily arranged by minor inputs. Doctors, paramedical and lab staff working at RHCs need capacity building.

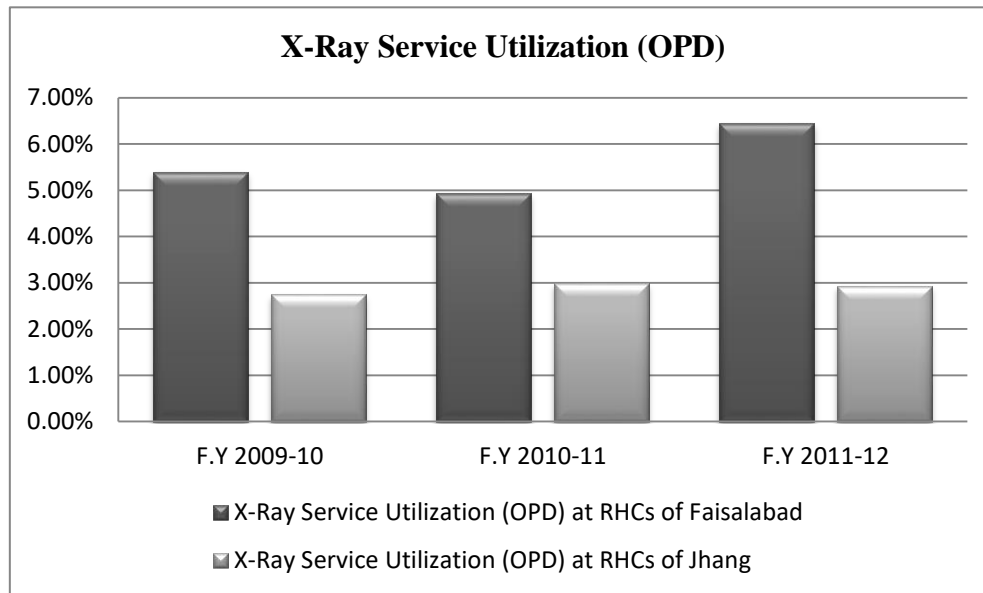
**Further Audit Comments:** Matter may be probed in for pointing out the reasons for low Lab Services Utilization for further appropriate action.

**Recommendation:** Capacity building of staff may be ensured along with provision of necessary equipment to the health facilities.

## 5.4 X-RAY SERVICE UTILIZATION

### 5.4.1 X-Ray Service Utilization (OPD):

In District Faisalabad X-Ray Service Utilization ratio remained fluctuating as it was 5.39% in financial year 2009-10 and 4.93% and 6.44% in 2010-11 and 2011-12 respectively. In district Jhang it was 2.75% in 2009-10 2.98% and 2.93% in 2010-11 and 2011-12 (**Table-8**).



**Audit Findings:** X-Ray Service Utilization in OPD remained low in District Jhang as compared to Faisalabad which needs justification. Further, X-Ray Service Utilization in OPD needs to be improved in both districts.

**Departmental Reply:** EDO (Health), Faisalabad replied that efforts were being made for further improvement.

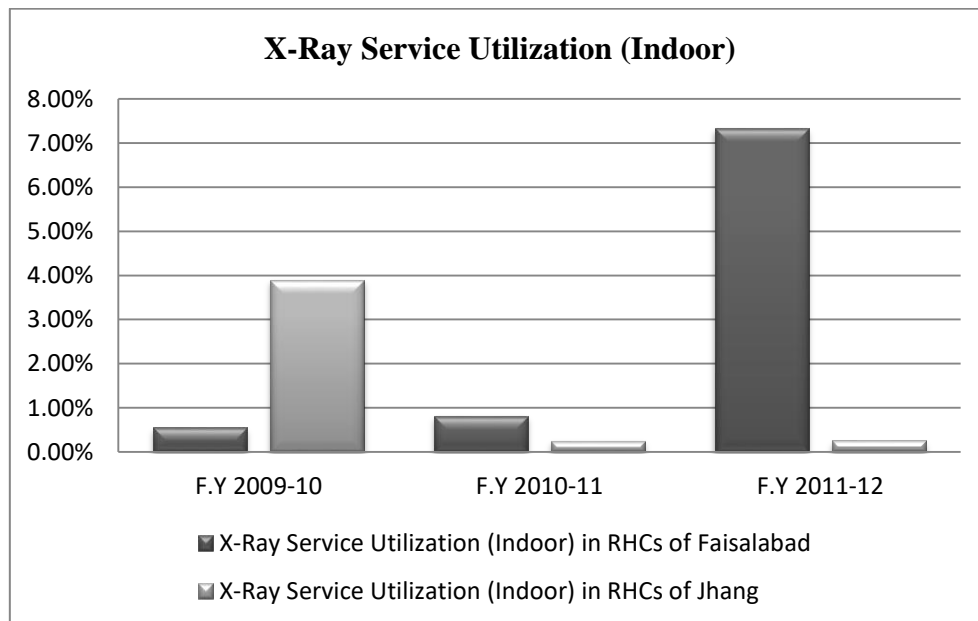
EDO (Health), Jhang replied that poor socio-economic status of patients as compared to Faisalabad is one cause. X-Ray Services Utilization in OPD in District Jhang remained on increasing side except a very nominal decrease in the year 2011-12. Another reason of decreased utilization in District Jhang is due to non-availability of X-Ray plant at RHC Mukhiana. Timely availability of X-Ray films also plays a major role.

**Further Audit Comments:** Matter may be investigated individually and efforts made for further improvement.

**Recommendation:** Capacity building of staff may be ensured along with provision of X-Ray plants and X-Ray films at missing facilities.

#### 5.4.2 X-Ray Service Utilization (Indoor):

X-Ray Services Utilization by indoor patients in RHCs of District Faisalabad remained very low. It remained less than 1% in 2009-10 and 2010-11 while increased from 0.82% to 7.34% in financial year 2011-12. In district Jhang this ratio remained 3.90% in 2009-10 but thereafter decreased to 0.25% and 0.26% in 2011-12 and 2011-12 respectively. (Table-9).



**Audit Findings:** X-Ray Service Utilization (Indoor) remained low in District Jhang and, comparatively, high in District Faisalabad. Both Districts need to take serious action for improvement.

**Departmental Reply:** EDO (Health), Faisalabad replied that efforts were being made for improvement.

EDO (Health), Jhang replied that the drastic decrease in utilization of X-Ray services by indoor patients need thorough investigations. Quality of reporting/recording and pilferage of receipt may be the causes.

**Further Audit Comments:** Matter may be investigated for low X-Ray Service Utilization (Indoor).

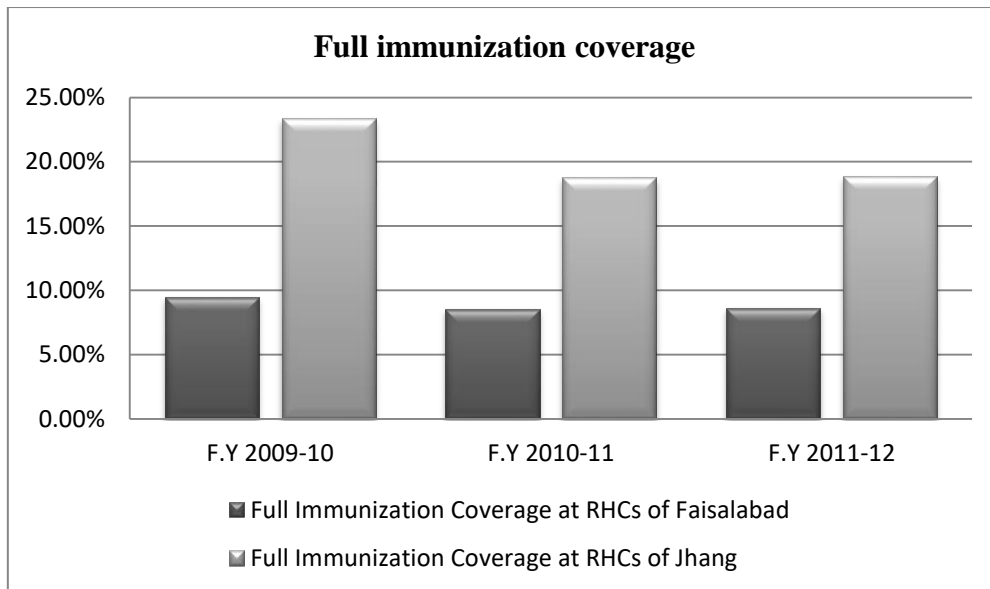
**Recommendation:** Capacity building of staff may be ensured along with provision of X-Ray plant at missing facilities and appropriate action for availability of X-Rays films.

## **5.6 IMMUNIZATION:**

### **5.6.1 Full Immunization Coverage:**

Full immunization coverage ratio remained very low in District Faisalabad i.e. 9.49% in financial year 2009-10 and thereafter decreased to 8.56% in 2010-11 and increased to 8.63% in 2011-12.

In District Jhang this ratio was better than District Faisalabad as 23.36% in 2009-10 and thereafter decreased to 18.79% and 18.85% in 2010-11 and 2011-12 respectively (**Table-10**).



**Audit Finding:** Full immunization coverage was found low in both districts. Decrease in 2010-11 & 2011-12 need to be justified.

**Departmental Reply:** EDO (Health), Faisalabad replied that most of the children visited THQ Hospital, DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers. Further EPI staff is also providing immunization at their door step.

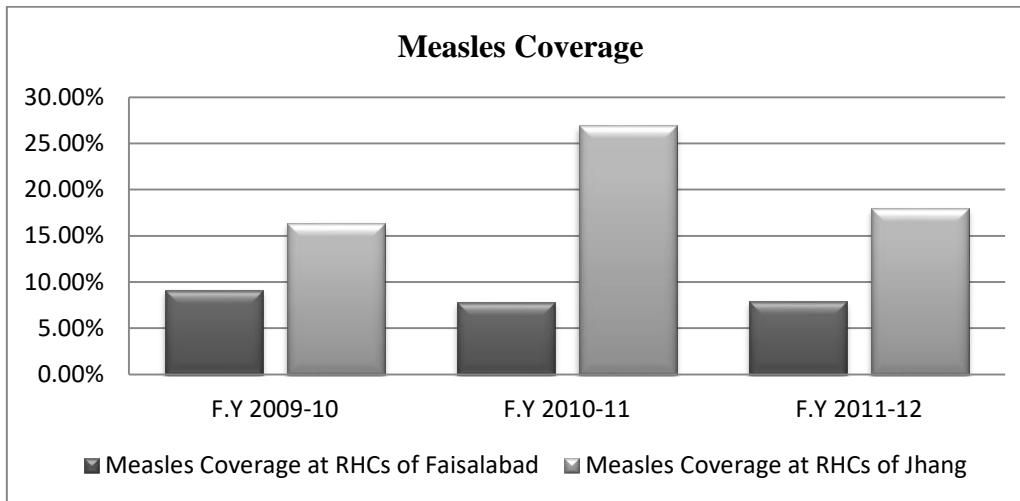
EDO (Health), Jhang replied that full immunization coverage ratio at RHCs is high in Jhang than Faisalabad. This service is also being provided by the field staff throughout the District. Decreasing trend in 2010-11 and 2011-12 was due to involvement of staff in flood activities in the year 2010-11, especially in flood affected areas and repeated preventive activities in the year 2011-12. Better supervision in the field also played a role because RHC's EPI centers mainly act as Centre for Missed Opportunities i.e. to vaccinate children who fail to get vaccination at their door step. Comparison of Jhang and Faisalabad shows better immunization service delivery at Jhang that is due to fully functional EPI static centers at Jhang.

**Further Audit Comments:** Reply of EDO (Health), Faisalabad was not tenable, because visits of children to THQs, DHQs show that immunization services are not being provided satisfactorily at RHC level.

**Recommendation:** Matter of low immunization coverage at RHCs of Faisalabad may be investigated and appropriate action may be taken to further increase immunization coverage at RHCs in both districts and to reduce work load on EPI Staff.

### 5.6.2 Measles Coverage:

Measles coverage ratio also remained low in District Faisalabad. It was 9.13% in 2009-10 which decreased to 7.84% in 2010-11 followed by minor increase of 7.94% in 2011-12. While in District Jhang it remained 16.36% in 2009-10 26.92% in 2010-11 and 17.94% in 2011-12 respectively (**Table-11**).



**Audit Findings:** Measles coverage was found low in district Faisalabad as compared to District Jhang. Decrease in 2010-11 & 2011-12 in District Faisalabad and decrease in 2011-12 in District Jhang needs justification.

**Departmental Reply:** EDO (Health), Faisalabad replied that most of the children visited THQ Hospital DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers. Further EPI staff is also providing immunization at their door step.

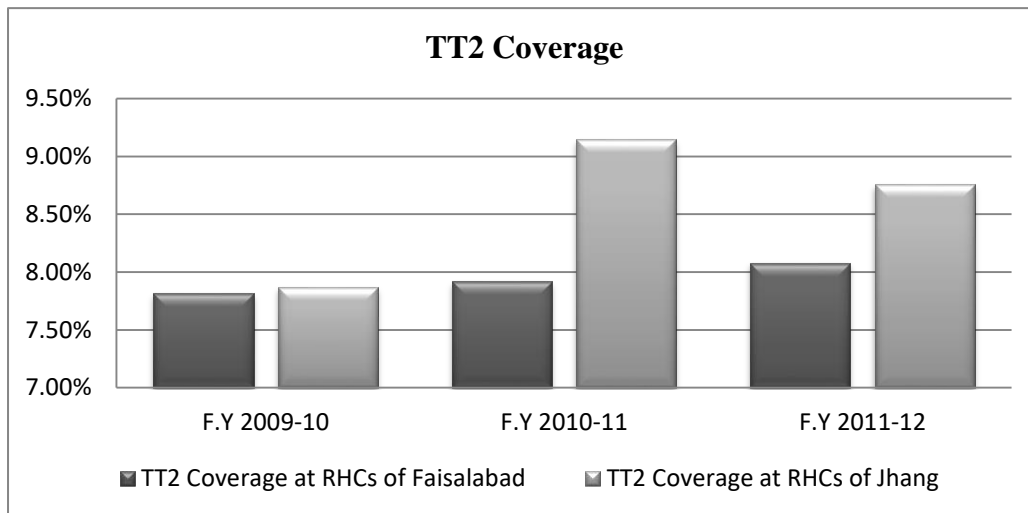
EDO (Health), Jhang replied that this showed better immunization services at RHCs of Jhang.

**Further Audit Comments:** Reply of EDO (H), Faisalabad was not tenable, because visits of children to THQs, DHQs show that immunization services are not being provided satisfactorily at RHC level.

**Recommendation:** Matter of low Measles coverage at RHCs of Faisalabad may be investigated and appropriate action may be taken to further increase immunization coverage at RHCs in both districts and to reduce work load on EPI Staff.

### **5.6.3 TT2 Coverage:**

In District Faisalabad TT2 coverage ratio remained 7.82% in 2009-10 and with minor increase 7.92% and 8.08% in 2010-11 and 2011-12. While in District Jhang TT2 coverage ratio remained 7.87% in 2009-10, 9.15% in 2010-11 and decreased to 8.76% in 2011-12. TT2 Coverage remained better in District Jhang than District Faisalabad (**Table-12**).



**Audit Finding:** TT2 Coverage remained low in both districts which needs justification.

**Departmental Reply:** EDO (Health), Faisalabad replied that most of the children visit THQ Hospital, DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers. Further EPI staff is also providing immunization at their door step.

EDO (Health), Jhang replied that TT2 coverage at RHCs of District Jhang remained satisfactory. A minor decrease in TT2 coverage in the year 2011-12 was due to involvement of field staff in repeated Polio campaigns in that year.

**Further Audit Comments:** Visits of women to THQs and DHQs show that services of TT2 vaccination were not being provided satisfactorily at RHC level.

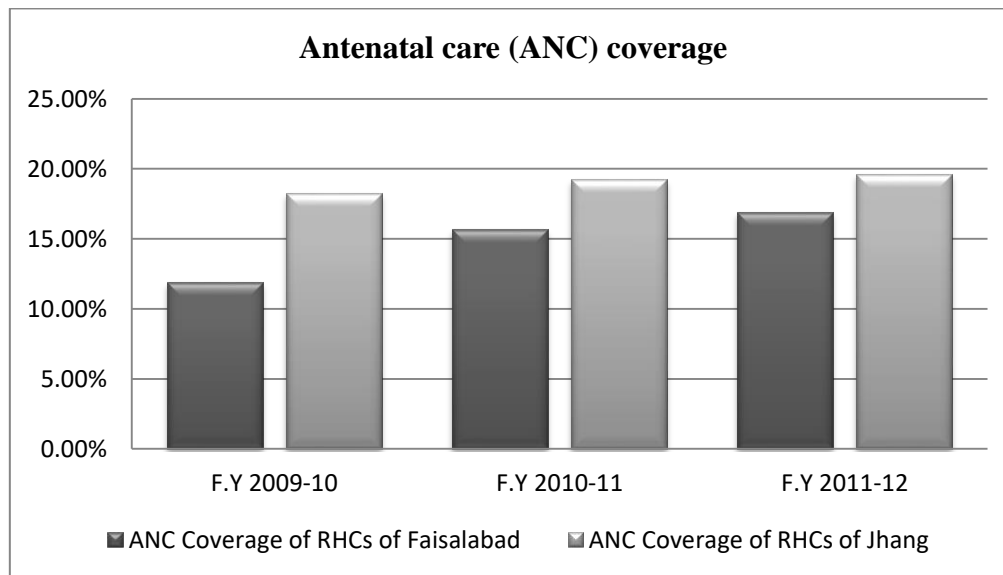
**Recommendation:** Low TT2 coverage at RHC level needs to be investigated and appropriate action may be taken to further increase coverage of TT2.



## 5.7 MATERNAL AND NEWBORN HEALTH:

### 5.7.1 Antenatal Care (ANC) Coverage:

Antenatal care coverage in District Faisalabad remained 11.90% in 2009-10, 15.70% and 16.92% in 2010-11 and 2011-12. While in District Jhang position remained better than District Faisalabad. Antenatal care coverage was 18.26% in 2009-10, which increased to 19.23% and 19.59% in 2010-11 and 2011-12 respectively (**Table-13**).



**Audit Findings:** Antenatal care coverage remained low in both districts which needed justification.

**Departmental Reply:** EDO (Health), Faisalabad replied that ANC coverage is improving and efforts will be made for further improvement. Most of the pregnant women visit THQ Hospital, DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers.

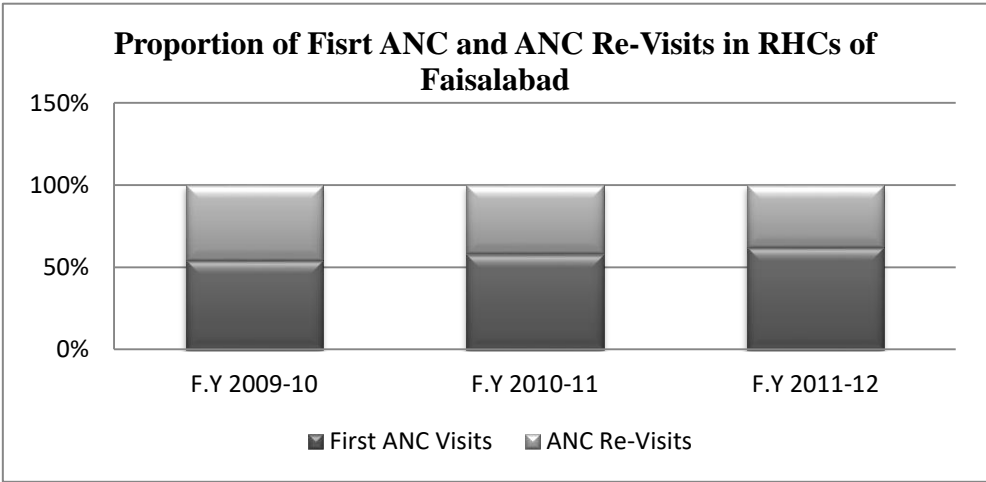
EDO (Health), Jhang replied that ANC coverage at RHCs of District Jhang show higher trend which is due to better provision of services at Jhang.

**Further Audit Comments:** Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education of self-care during pregnancy and identification of condition detrimental to health during pregnancy, which seems most important for the health of new born and mother health, so special attention should be given to increase ANC coverage and to motivate women for regular visit at health facility.

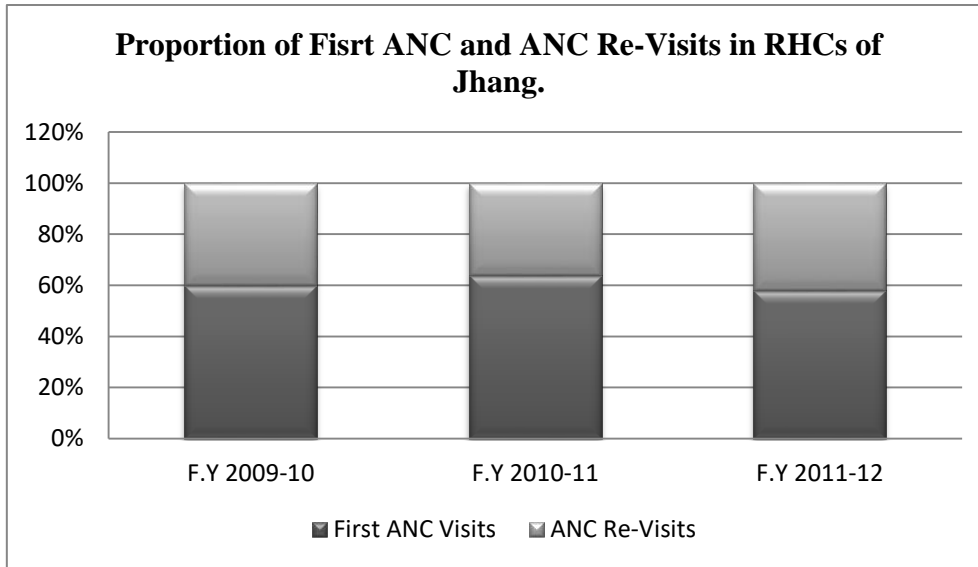
**Recommendation:** Low ANC coverage at RHCs needs to be investigated and appropriate action may be taken to further increase the ANC coverage and reduce work load on THQs and DHQs.

**5.7.2 First ANC, Re-Visit ANC to Total ANC**

In District Faisalabad first ANC visits to total ANC visit ratio increased from 54% to 58% in 2010-11 and to 62% in 2011-12 while ANC re-visits decreased from 46% in 2009-10 to 42% and 38% in 2011-12 and 2012-13 respectively (**Table-14**).



In District Jhang first ANC visit to total ANC visit ratio increased from 60% to 64% in financial year 2010-11 but thereafter decreased to 58% in 2011-12. ANC re-visit to total ANC visit ratio decreased from 40% to 36% in 2010-11 and thereafter increased to 42% in 2011-12 (**Table-14**).



**Audit Findings:** Decrease in ANC re-visit to total ANC visit ratio needs justification as it shows that pregnant women who visited health facility were not satisfied with services and went to other hospitals / private doctors for Antenatal Care. ANC re-visit to total ANC visit ratio remained better in District Jhang than District Faisalabad.

**Departmental Reply:** EDO (Health), Faisalabad replied that the directions are being issued to the concerned staff for improvement of re-visit system.

EDO (Health), Jhang replied that minor decrease in trend in first ANC visit in RHCs of Jhang 64% to 58% is due to repeated preventive programs like celebration of National Immunization Days (NIDs) in the year 2011-12.

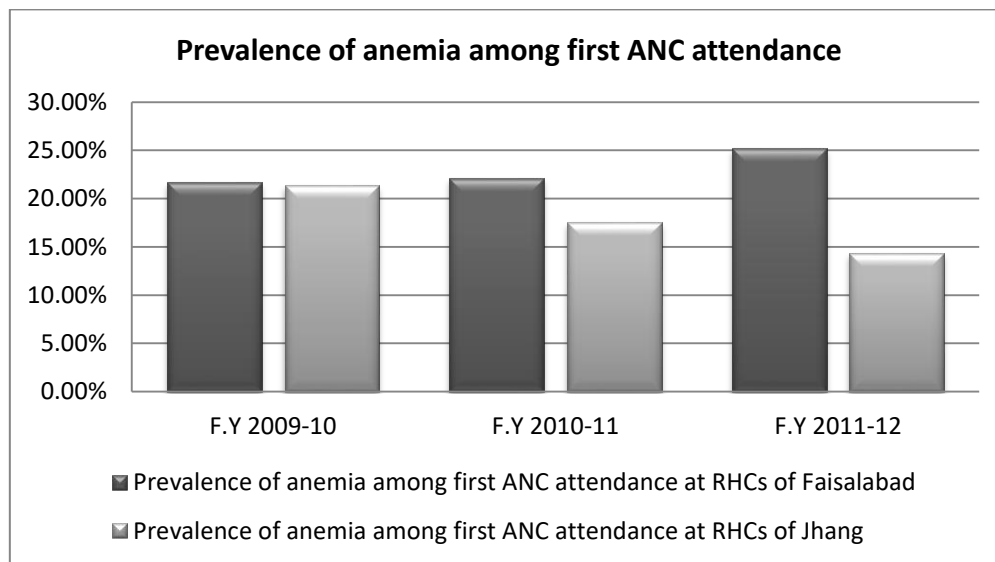
**Further Audit Comments:** Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education of self-care during pregnancy, identification of condition detrimental to health during pregnancy. It is important for the health of

new born and mother health so, special attention should be given to increase first ANC and ANC re-visit.

**Recommendation:** Matter of low ANC coverage at RHCs needs to be investigated and appropriate action may be taken to further increase coverage and to reduce work load on THQs, DHQs.

### 5.7.3 Prevalence of Anemia among First ANC Attendance

Prevalence of anemia among first ANC attendance increased in District Faisalabad from 21.70% to 22.11% in 2010-11 and 25.19% in 2011-12. While in District Jhang it decreased from 21.34% to 17.56% in 2010-11 and thereafter to 14.35% in 2011-12. Prevalence of anemia among first ANC attendance remained better in District Jhang than District Faisalabad (**Table-15**).



**Audit Findings:** Prevalence of anemia among first ANC attendance was found increasing in RHCs of District Faisalabad.

**Departmental Reply:** EDO (Health), Faisalabad replied that directions were being issued to the concerned staff for improvement of re-visit system. Further in district Jhang, Nutrition Supervisors have been working but no appointment has been made in District Faisalabad.

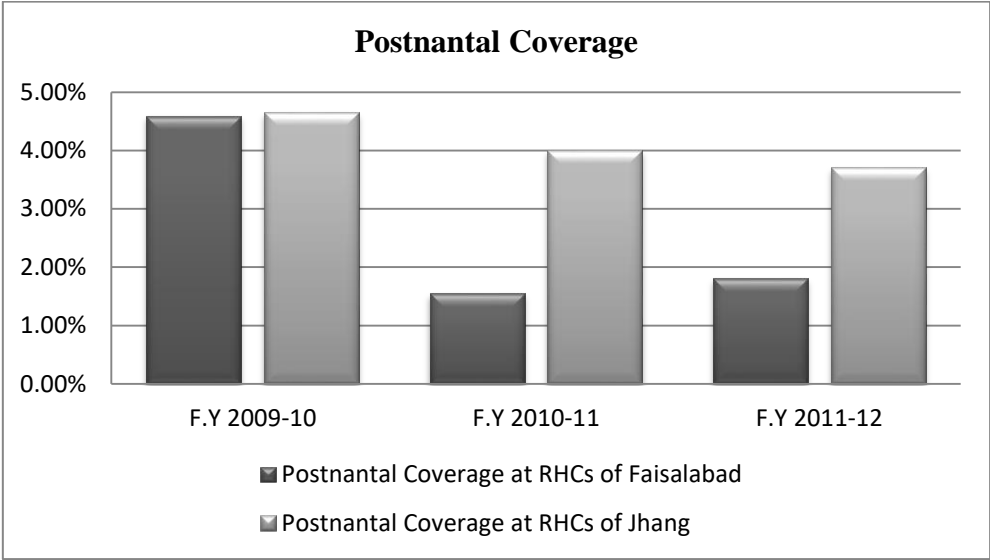
EDO (Health), Jhang replied that the prevalence of anemia among first ANC attendance is on decreasing trend in District Jhang while the reverse trend in Faisalabad is alarming. Cause needs to be investigated either it is reporting error or poor mother nutrition.

**Further Audit Comments:** Antenatal care includes recording of medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education of self-care during pregnancy, identification of condition detrimental to health during pregnancy. It is important for the health of new born and mother health so, special attention should be given to increase first ANC as well as ANC re-visits and decrease anemia.

**Recommendation:** Appropriate action should be taken to educate the women about healthy nutrition habits.

**5.7.4 Postnatal Coverage**

Postnatal coverage in District Faisalabad remained 4.59% in 2009-10 which decreased to 1.55% in 2010-11 and thereafter increased to 1.80% in 2011-12. While position in District Jhang remained better than District Faisalabad as 4.65% in 2009-10 and 4.00% in 2010-11 and 3.71% in 2011-12 (Table-16).



**Audit Finding:** Audit observed low and declining trends in postnatal coverage in both Districts which needs justification.

**Departmental Reply:** EDO (Health), Faisalabad replied that the directions were being issued to the concerned staff for improvement of postnatal coverage.

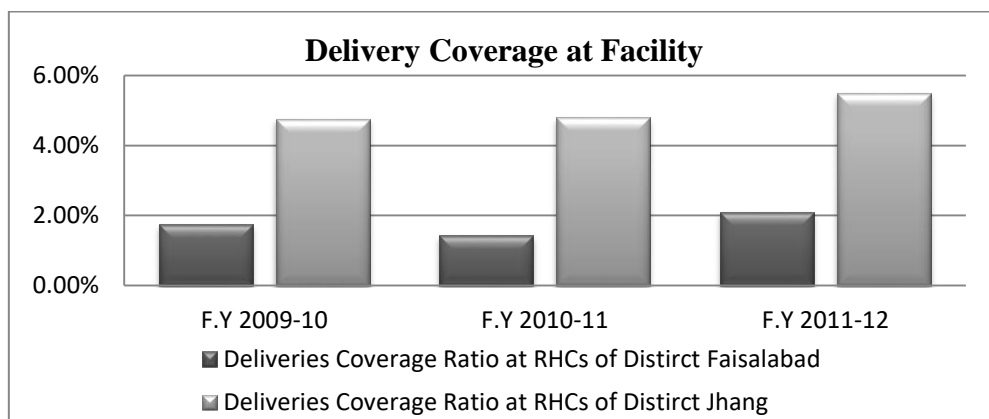
EDO (Health), Jhang replied that the postnatal coverage has decreased in both districts. This may be due to better postnatal services at door step through LHWs or through MNCH midwives. Increasing education trend in females also play a vital role in self-care especially after delivery and by avoiding repeated conceptions.

**Further Audit Comments:** Special attention is required for the sake of health of mother and infant to increase postnatal coverage.

**Recommendation:** Appropriate action should be taken to educate the women about importance of postnatal care.

### 5.7.5 Delivery Coverage at Facility

Percentage of deliveries conducted at Health Facility ratio in District Faisalabad was 1.74% in 2009-10 which shows minor increase from 1.42% and 2.10% in 2010-11 and 2011-12 respectively. While in District Jhang it was 4.76% in 2009-10 and, with minor increase, 4.80% and 5.50% in 2010-11 and 2011-12 respectively (**Table-17**).



**Audit Findings:** Percentage of deliveries conducted at Health Facility ratio remained very low in both districts which needed justification. However, District Jhang remained better than District Faisalabad.

**Departmental Reply:** EDO (Health), Faisalabad replied that the directions were being issued to the concerned staff for improvement of delivery coverage at Health Facility. Further most of the pregnant women visit THQ Hospital, DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers.

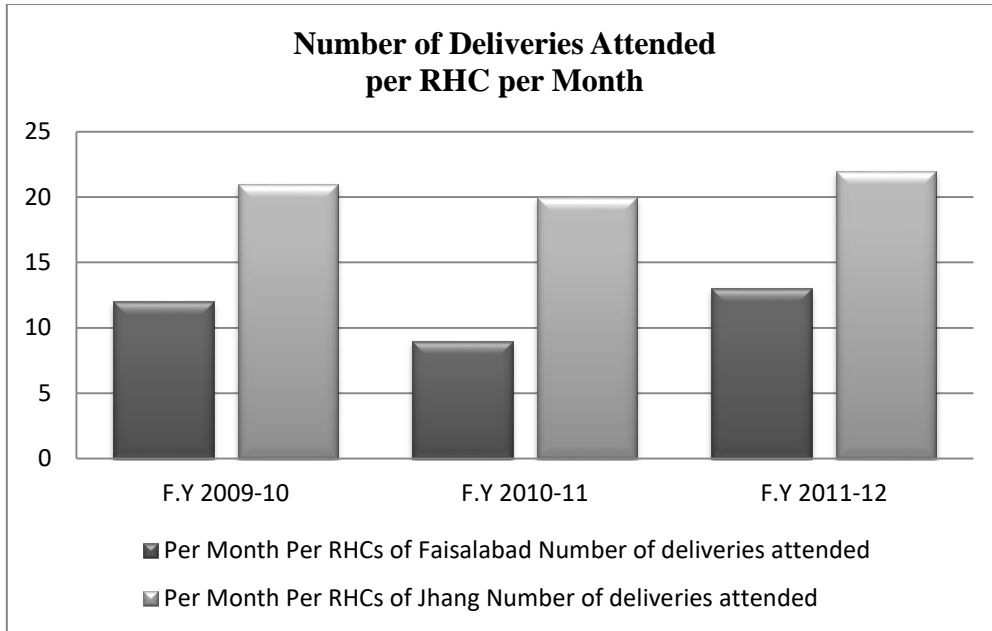
EDO (Health), Jhang replied that percentage of deliveries at RHCs is increasing day by day. This will improve maternal health and will decrease MMR of Pakistan.

**Further Audit Comments:** Percentage of deliveries conducted at RHCs need special attention so that population of the catchment area may rely on the Doctors/Staff of RHCs.

**Recommendation:** Low percentage of deliveries at RHCs may be investigated and reasons pointed out for poor performance of RHCs.

#### **5.7.6 Number of Deliveries Attended per RHC per Month**

Average number of deliveries attended per month per RHC in District Faisalabad was 12 in 2009-10 which decreased to 9 in 2010-11 and then increased to 13 in 2011-12. While in District Jhang it was 21 in 2009-10, 20 in 2010-11 and 22 in 2011-12. Performance of RHCs in District Jhang remained better than District Faisalabad (**Table-18**).



**Audit Finding:** Average number of deliveries attended per month per RHC remained low in District Faisalabad.

**Departmental Reply:** EDO (Health), Faisalabad replied that most of the pregnant women visit THQ Hospital, DHQ Hospital and Allied Hospital Faisalabad instead of Rural Health Centers. Further, directions were being issued to the concerned staff for improvement.

EDO (Health), Jhang replied that per month deliveries at RHCs are though satisfactory but not up to the mark. It needs further improvement. Efforts are being made to improve it by ensuring 24/7 services at all RHCs.

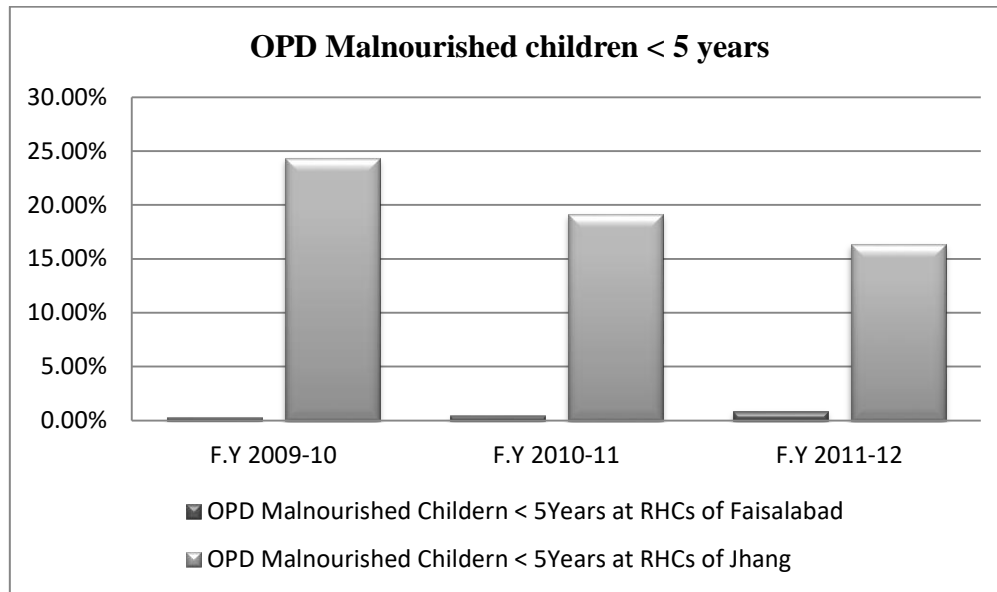
**Further Audit Comments:** Percentage of deliveries attended at RHCs need special attention to increase the reliance of population of the catchment area on RHCs Doctors/Staff.

**Recommendation:** Reasons of low percentage of deliveries at RHCs may be investigated and appropriate action may be taken.



### 5.7.7 OPD Malnourished Children < 5 Years

OPD Malnourished children ratio in District Faisalabad remained 0.31% in 2009-10, with minor increase, 0.45% and 0.88% in 2010-11 and 2011-12 respectively. While in District Jhang this ratio decreased gradually from 24.35% in 2009-10 and 19.13% and 16.37% in 2010-11 and 2011-12 respectively (Table-19).



**Audit Finding:** OPD Malnourished children ratio in RHCs of District Jhang has been declining but, inspite of appointment of nutrition supervisors, it did not improve significantly if we compare it with RHCs of District Faisalabad.

**Departmental Reply:** EDO (Health), Faisalabad replied that efforts will be made for further improvement.

EDO (Health), Jhang replied that higher ratio of Malnourished child at District Jhang is due to more poverty in rural population of District Jhang, although the trend is decreasing. School education programs are being arranged through Health and Nutrition Supervisors. Moreover data quality of both districts regarding this indicator needs re-validation through LOT QUALITY ASSUARANCE SAMPLING by Director MIS or District Coordinators DHIS.

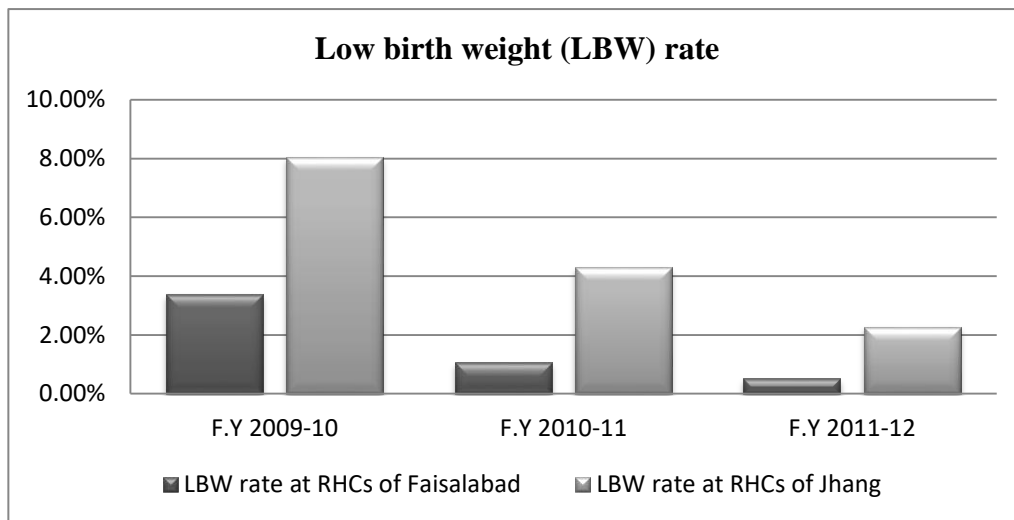
**Further Audit Comments:** Working of Nutrition Supervisors is questionable in District Jhang.

**Recommendation:** Matter may be investigated and efforts should be made to control OPD Malnourished children ratio.

### 5.7.8 Low Birth Weight (LBW) Rate

Low birth weight rate in District Faisalabad remained 3.38% in 2009-10 which decreased to 1.05% and 0.52% in 2010-11 and 2011-12 respectively.

While in District Jhang rate remained 8.04% in 2009-10 which decreased to 4.30% and 2.27% in 2010-11 and 2011-12 respectively. Low birth weight rate remained better in District Faisalabad than District Jhang (**Table-20**).



**Audit Finding:** LBW rate at RHCs of both districts is found declining which is appreciable.

**Departmental Reply:** EDO (Health), Faisalabad replied that efforts will be made for further improvement.

EDO (Health), Jhang replied that Low Birth Weight (LBW) rate in district Jhang is an indicator of poor socio-economic status. Poverty is more prevalent in rural population of District Jhang. School and community nutrition education programmes through School and Nutrition Supervisors will hopefully improve the situation in future.

**Further Audit Comments:** Declining LBW rate at RHCs is appreciable.

**Recommendation:** Further efforts should be made to keep LBW rate at acceptable level.

**COMPARISON OF PERFORMANCE OF BHUS  
OF CITY DISTRICT GOVERNMENT, FAISALABAD  
AND DISTRICT GOVERNMENT, JHANG**

## 6. Comparative Study Findings (BHUs)

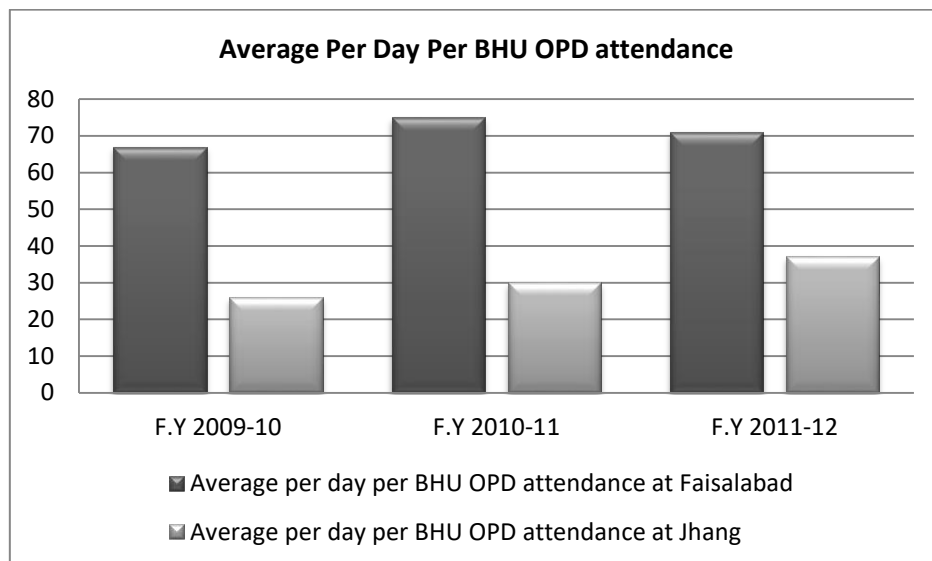
### 6.1 OUT PATIENT DEPARTMENT:

#### 6.1.1 Average per Day OPD Attendance:

It was observed, in District Faisalabad, that average daily patients, who attended OPD, increased from 67 to 75, 11.94% in financial year 2010-11 and thereafter decreased to 71 i.e 5.33% in the financial year 2011-12 (Table-21).

In District Jhang average daily patients attended in OPD increased from 26 to 30, i.e. 15.38% during the financial year 2010-11 and 23.33% in the financial year 2011-12 (Table-21).

While making inter district comparison in District Faisalabad BHUs entertained more patients in OPD than District Jhang.



**Audit Finding:** Decrease in Average per day OPD attendance in District Faisalabad in FY 2011-12 and low Average per day OPD attendance in BHUs of District Jhang as compared to District Faisalabad need justification.

**Departmental Reply:** District Officer (Health), Jhang replied that the increase in average per day OPD attendance in the year 2010-11 was due to floods which displaced more than 0.3 Million population of Jhang. 10 BHUs were directly affected by flood. Patients were attended in medical camps. Moreover excess availability of medicine in the year 2011-12 increased the number of patients in District Jhang as compared to year 2009-10. E-monitoring of BHUs by DDOH, DOH, EDO (H) has also contributed in gradual increase in no. of patients. Moreover, 04 newly established GRDs have started functioning since 2011-12.

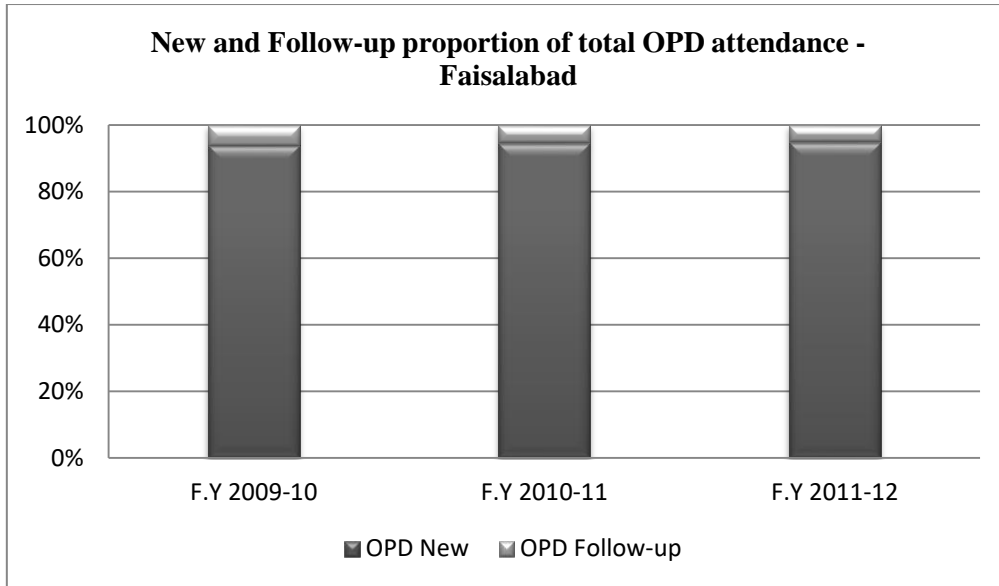
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Efforts should be made to increase Average per Day OPD attendance.

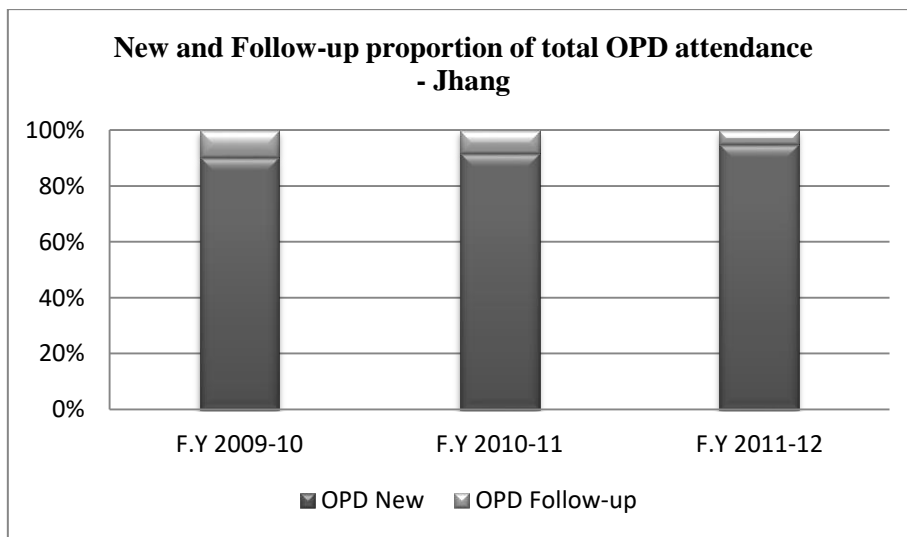
**Recommendation:** Audit recommends that efforts should be made to increase the number of patients by ensuring availability of medicines, equipment and better attitude of staff.

#### **6.2.1 New and Follow-up Proportion of Total OPD Attendance:**

In both districts there was declining trend in percentage of follow-up of OPD attendance. In district Faisalabad percentage of follow-up cases were 6.17% in 2009-10 which decreased to 5.41% and 5.00% in financial year 2010-11 and 2011-12 respectively (**Table-22**).



While in district Jhang percentage of follow-up cases were 9.69% in 2009-10 which decreased to 8.18% and 5.06% in financial year 2010-11 and 2011-12 respectively, which was better than ratio in district Faisalabad (**Table-22**).



This ratio reveals that in both district patients were not interested to revisit the health facility.

**Audit Findings:** Declining trend has been observed in percentage of follow-up OPD attendance in both districts, which shows less interest of the patients for revisit at health facility, reasons need to be investigated.

**Departmental Reply:** District Officer (Health), Jhang replied that low rate of follow-up visits in Jhang may be due to poor training and non-recording of follow-up visits in the OPD register. Non-compliance of standard definitions of new and follow-up patients might also be one cause. Refresher trainings of DHIS tools be arranged to improve reporting systems and to rectify the problems.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

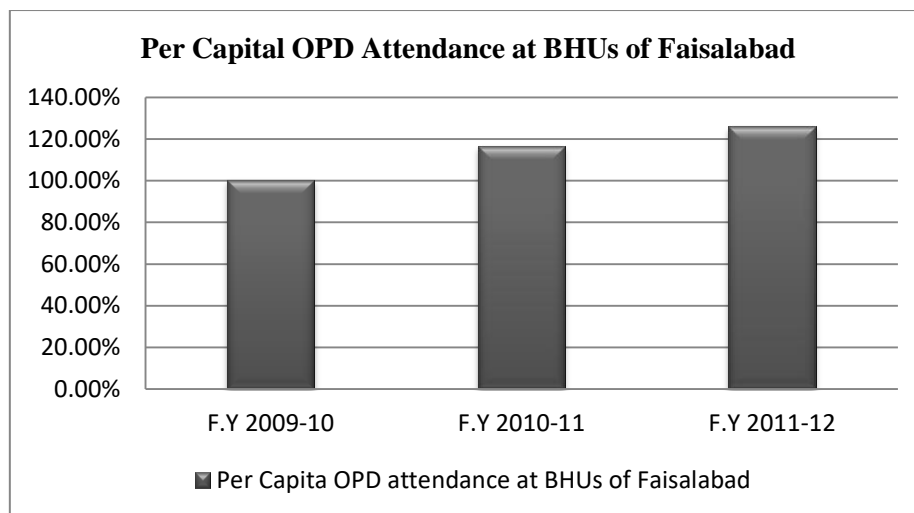
**Further Audit Comments:** Reporting problems need to be addressed to improve availability of reliable information for further decision making along with educating patients about importance of re-visits for proper follow-up in treatment of diseases.

**Recommendation:** Audit recommends for proper arrangements to improve reporting and training of staff and to educate patients.

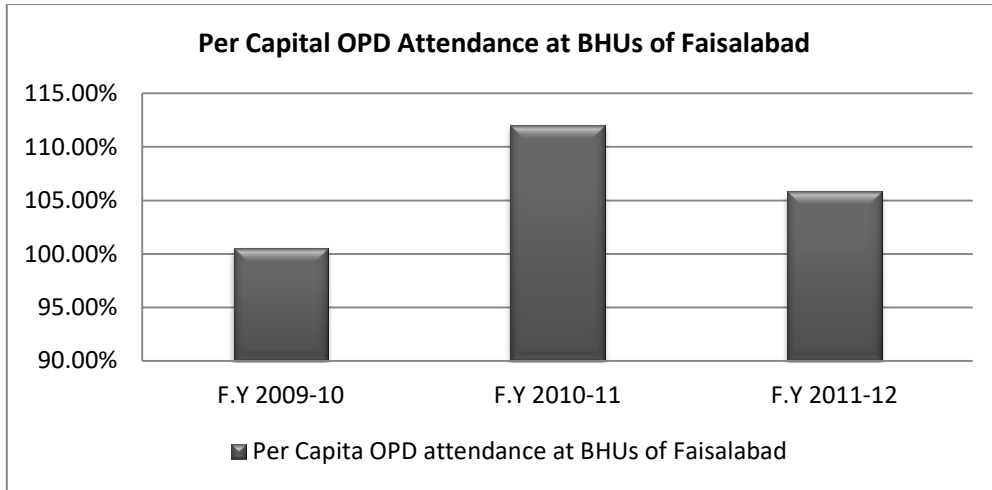


### 6.1.3 Per Capita OPD Attendance:

While making comparison of results, it was revealed that in district Faisalabad it increased in the financial year 2010-11 from 100.49% to 116.73% and to 126.04% in 2011-12 (**Table 23-1**).

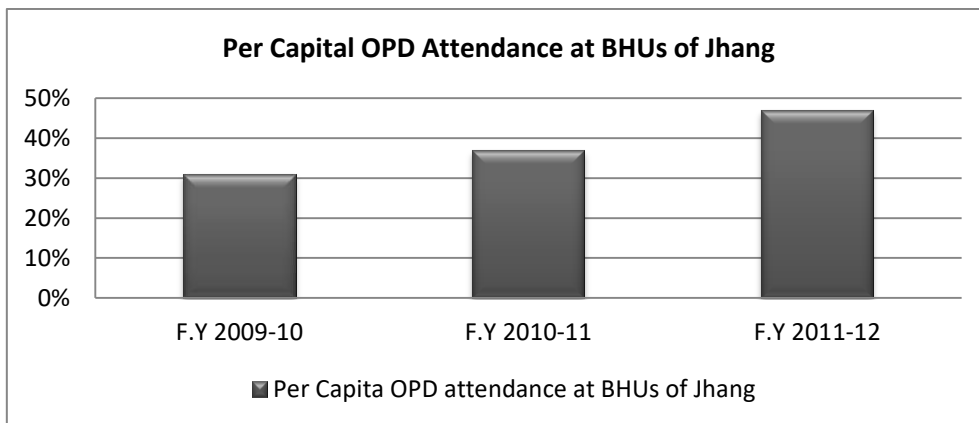


It was observed while making horizontal analysis, that there was increase in financial year 2010-11 of 16.24% (100.49% to 116.73%) due to 11% increase in OPD cases attended during the year and 4% decrease in denominator, population of catchment area. While increase in 2011-12 of 26.04% (17% to 20%) due to only 5% increase in OPD cases attended and 16% decrease in denominator, population of catchment area. Further, in reality there was only 11% increase in 2010-11 and 5% in 2011-12 as compare to 2009-10(**Table 23-2**).

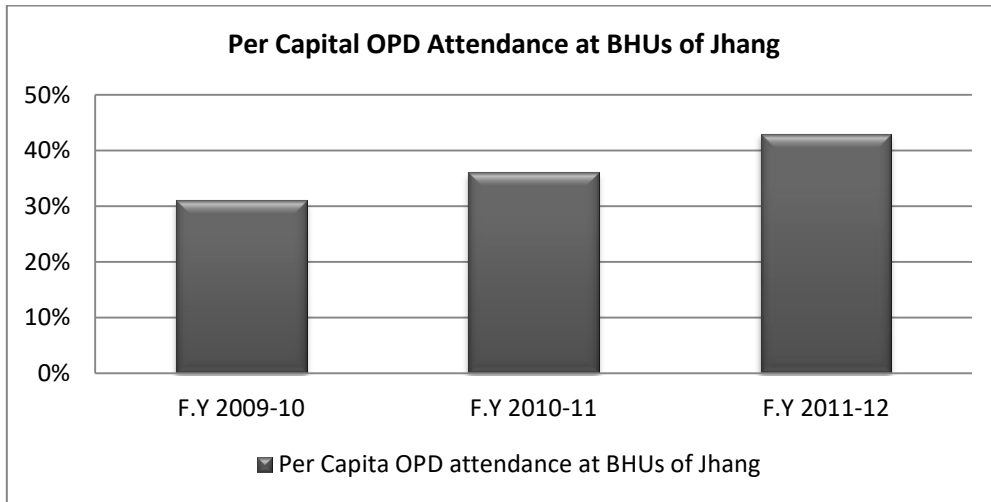


If we ignore unrealistic decrease in population of catchment area and consider the same in all three years, then calculation shows increase from 100.49% to 112.05% i.e. 11.56% increase in financial year 2010-11 and thereafter decrease from 112.005% to 105.83% i.e. 6.22% decrease in financial year 2011-12 (**Table 23-3**).

While making comparison of results of calculation of per capita OPD attendance of BHUs with previous year results in District Jhang, it was revealed that it increased in the financial year 2010-11 from 31% to 37% and 47% in 2011-12 (**Table 23-4**).



It was observed while making horizontal analysis, that there was increase in financial year 2010-11 of 6% (31% to 37%) due to 15% increase in OPD cases attended during the year and 4% decrease in denominator, population of catchment area. While in 2011-12 it increased 16% due to 39% increase in OPD cases attended and 9% decrease in denominator, population of catchment area. Further, in reality there was only 15% increase in 2010-11 and 39% in 2011-12 as compared to 2009-10 (Table 23-5).



If we ignore unrealistic decrease in population of catchment area and consider the same in all three years, then calculation shows increase from 31% to 36%, only 5% increase in financial year 2010-11 and 36% to 43%, 7% in financial year 2011-12 (Table 23-6).

While making inter District comparison BHUs of District Faisalabad performed better than District Jhang.

**Audit Findings:** Decrease in population of catchment area in each year need to be justified. Further, Per capita OPD attendance was found more than 100% which may be due to error in data entry or misreporting which needs justification. Per Capita OPD Attendance in District Faisalabad decreased in 2011-12.

**Departmental Reply:** District Officer (Health), Jhang replied that Per Capita OPD attendance increased (15%) in 2011-12 as compared to (22%) in the year

2010-11 from 2009-2010 which was due to engagement of the staff in repeated preventive programs like Polio / Dengue campaigns in the year 2011-12. Per capita OPD attendance in District Jhang is low due to more rural population as compared to Faisalabad and non- availability of teaching hospital. Medicine and staff availability also plays a major role in patient attendance at health facility.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** As EPI (Expanded Program on Immunization) Staff, already visit door to door for immunization, they should also be instructed for collection of data about the population of catchment area for further utilization to determine health services targets, instead of adding fix percentage in previous year figure, as directed by Director Health Services (EPI) Punjab, Lahore.

**Recommendation:** Audit recommends for collection of more reliable information of population of catchment area through EPI staff and, further, steps should be taken to increase the number of patients visit at health facility for utilization of public resources and reduce work load at THQs and DHQs.

#### 6.1.4 Referred in Case Proportion:

One of the functions of the district health system is to establish and improve referral linkage among the various tiers of service delivery. Referral system at BHUs level in each district is found inefficient. As ratio of referred in total OPD attended in Faisalabad was 0.11% in financial year 2009-10, 0.27% in 2010-11 and 0.61% in 2011-12.

| Faisalabad  | 2009-10      |              | 2010-11      |              | 2011-12       |              |
|---|--------------|--------------|--------------|--------------|---------------|--------------|
|   | Amount       | %            | Amount       | %            | Amount        | %            |
| Total cases attended, other than referred, at facility's OPD for the year | 3,308,672    | 99.89%       | 3,712,134    | 99.73%       | 3,508,868     | 99.39%       |
| <b>Total referred cases attended at facility's OPD for the year</b>       | <b>3,721</b> | <b>0.11%</b> | <b>9,953</b> | <b>0.27%</b> | <b>21,694</b> | <b>0.61%</b> |
| Total New OPD attendance for the Year                                     | 3,312,393    | 100%         | 3,722,087    | 100%         | 3,530,562     | 100%         |

While in Jhang it was 3.76% in financial year 2009-10, 3.51% in 2010-11 and 2.70% in 2011-12. Referral system in district Jhang is better than in District Faisalabad. Serious attention is required for improvement of referral system in both districts.

| Jhang   | 2009-10 |        | 2010-11 |        | 2011-12 |        |
|---|---------|--------|---------|--------|---------|--------|
|   | Amount  | %      | Amount  | %      | Amount  | %      |
| Total cases attended, other than referred, at facility's OPD for the year | 415,378 | 96.24% | 488,881 | 96.49% | 614,189 | 97.30% |
| Total referred cases attended at facility's OPD for the year              | 16,228  | 3.76%  | 17,798  | 3.51%  | 17,021  | 2.70%  |
| Total New OPD attendance for the Year                                     | 431,606 | 100%   | 506,679 | 100%   | 631,210 | 100%   |

**Audit Finding:** Referral system at RHC level in both districts was found inefficient as referred-in case proportion attended was even less than 1% in District Faisalabad and declined from 3.76% to 2.7% in District Jhang, which needs justification.

**Departmental Reply:** District Officer (Health), Jhang replied that lower ratio of referral is due to verbal referrals / non-following of referral protocols by the health facilities. Referral trend is almost horizontal in District Jhang. It shows that the health facility staff is either not entering the referred patients properly in the OPD register or is unaware of its importance. Capacity building of all concerned can improve this situation.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

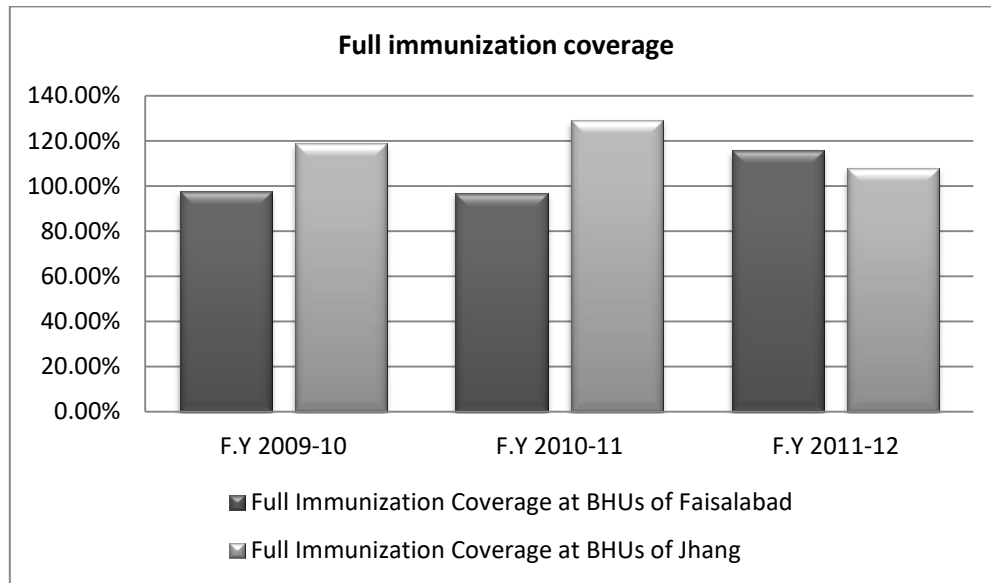
**Further Audit Comments:** Verbal referral by the health facilities and no entry in OPD register needs justification.

**Recommendation:** Audit recommends for issuance of strict instruction to Lady Health Visitors (LHVs), Community Mid-Wives, BHUs' and RHCs' staff for proper recording of referred cases.

## 6.2 IMMUNIZATION:

### 6.2.1 Full Immunization Coverage:

Full immunization coverage ratio remained 97.47% in financial year 2009-10 and thereafter decreased to 96.95% in 2010-11 and then increased to 116.03% in 2011-12. While in District Jhang this ratio was better than in District Faisalabad as 118.73% in 2009-10, 128.97% in 2010-11 and then decreased to 107.94% in 2011-12 respectively (**Table-24**).



**Audit Findings:** Ratio more than hundred percent might be due to unrealistic determination of targeted number of under one year age children in the catchment population by EPI.

**Departmental Reply:** District Officer (Health), Jhang replied that full immunization coverage ratio at BHUs is high in Jhang than Faisalabad. This service is also provided by the field staff throughout the District. Increasing trend in 2010-11 was special immunization campaigns in flood-affected areas. Comparatively low coverage in 2011-12 was due to involvement of staff in repeated Polio campaigns having less time spared for routine immunization.

Comparison of Jhang and Faisalabad shows better immunization service delivery at Jhang that is due to fully functional EPI static centers in District Jhang.

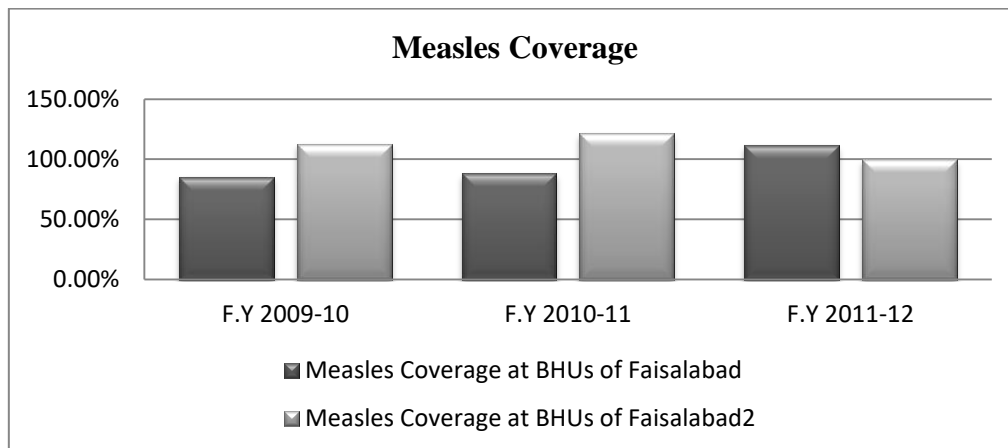
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Reply was not tenable because audit objected unrealistic determination of targets.

**Recommendation:** Matter may be investigated and appropriate action may be taken for determination of realistic basis for setting targets. More reliable figure of population of catchment area may be collected through EPI Staff, already visiting door to door for immunization.

### 6.2.2 Measles Coverage:

Measles coverage ratio also remained low in District Faisalabad. It was 85.21% in 2009-10 which increased to 88.28% in 2010-11 and 111.48% in 2011-12. While in District Jhang it remained 112.72% in 2009-10 which increased to 121.57% in 2010-11 and then decreased to 99.51% in 2011-12 (**Table-25**).





**Audit Findings:** Measles coverage found low in district Faisalabad in FY 2009-10 and 2010-11 as compared to District Jhang. Further, more than 100% results show unrealistic determination of targeted number of under one year age children in the catchment population by EPI.

**Departmental Reply:** District Officer (Health), Jhang replied that Immunization services at BHUs of Jhang are better than Faisalabad except 2011-2012 meaning thereby that every child visiting BHU receives his / her due dose. In 2011-12, there was a downward trend due to shortage of doctors at BHUs and involvement of staff in repeated Polio campaigns having less time spared for routine immunization.

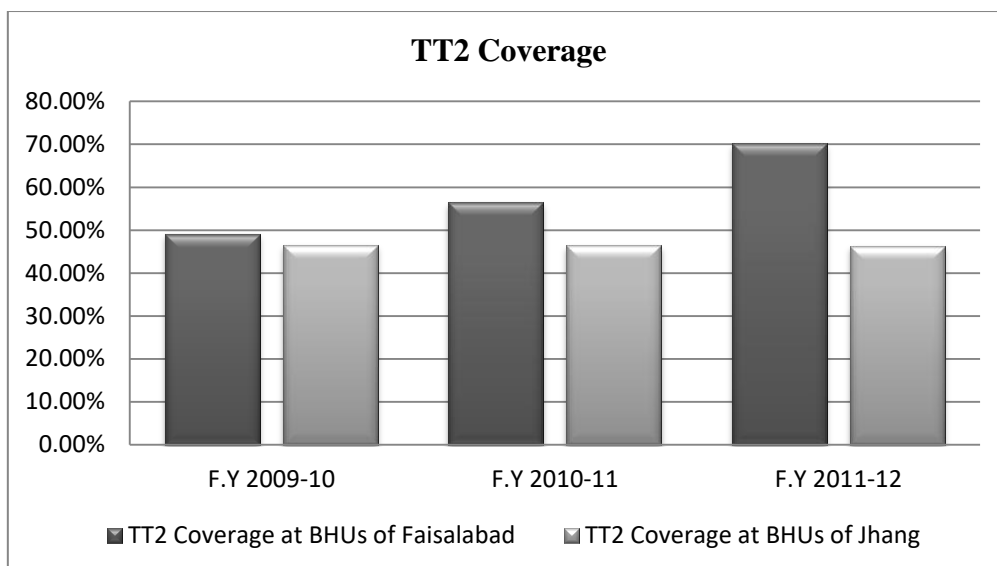
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Proper posting of doctors may be ensured along with determination of reliable data about targeted number of fewer than one year age children in the catchment population.

**Recommendation:** Matter may be investigated and appropriate action may be taken for determination of realistic basis for setting targets. More reliable figure of population of catchment area may be collected through EPI Staff, already visiting door to door for immunization.

### **6.2.3 TT2 Coverage:**

In District Faisalabad TT2 coverage ratio remained better than District Jhang and remained 49.06% in 2009-10 which increased to 56.49% and 70.12% in 2010-11 and 2011-12. While in district Jhang TT2 coverage ratio remained 46.6% in 2009-10, 46.44% in 2010-11 and 46.34% in 2011-12(**Table-26**).



**Audit Findings:** TT2 Coverage was found improving in District Faisalabad as compared to District Jhang.

**Departmental Reply:** District Officer (Health), Jhang replied that Faisalabad had more urban MCH centers and more Lady Health Workers as compared to Jhang. MCH services at Faisalabad were much better and advanced as compared to Jhang due to tertiary care / teaching health facilities. Faisalabad had a major component of urban population where literacy rate was higher than Jhang having more rural population; hence service utilization was better than Jhang.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

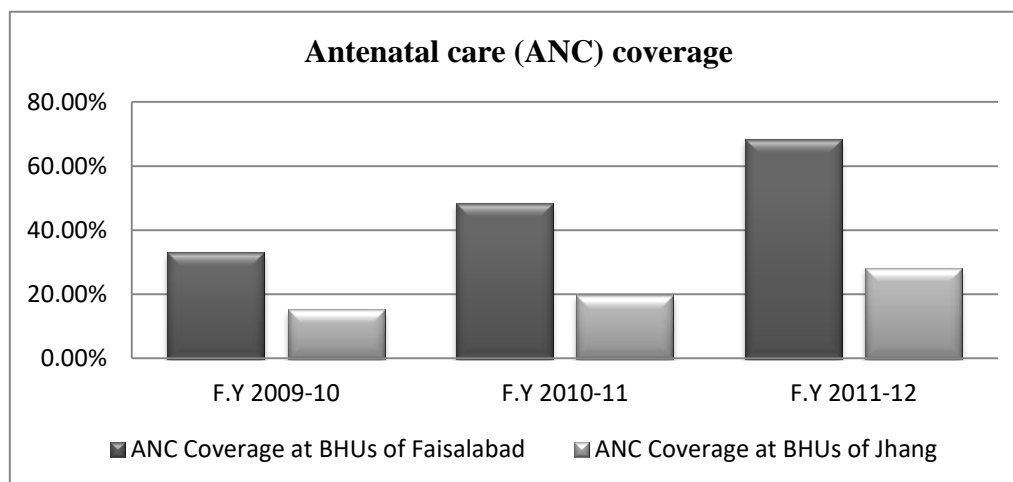
**Further Audit Comments:** Efforts should be made to improve TT2 Coverage.

**Recommendation:** Efforts should be made to improve TT2 coverage by proper training of Lady Health Workers and confidence building of population of catchment area.

### 6.3 MATERNAL AND NEWBORN HEALTH:

#### 6.3.1 Antenatal Care (ANC) Coverage:

Antenatal care coverage in District Faisalabad remained better as 32.96% in 2009-10 and then increased to 48.46% and 68.32% in 2010-11 and 2011-12. While in District Jhang Antenatal care coverage remained 15.25% in 2009-10, which increased to 19.74% and 28.24% in 2010-11 and 2011-12 respectively (**Table-27**).



**Audit Findings:** Antenatal care coverage remained increasing in both districts but low in district Jhang as compared to District Faisalabad, which needs justification.

**Departmental Reply:** District Officer (Health), Jhang replied that Faisalabad had more urban MCH centers and more Lady Health Workers as compared to Jhang. MCH services at Faisalabad were much better and advanced as compared to Jhang due to tertiary care / teaching health facilities. Faisalabad had a major component of urban population where literacy rate is higher than Jhang having more rural population; hence service utilization was better than Jhang. However, the indicator was showing a significant upward trend / improvement in District Jhang.

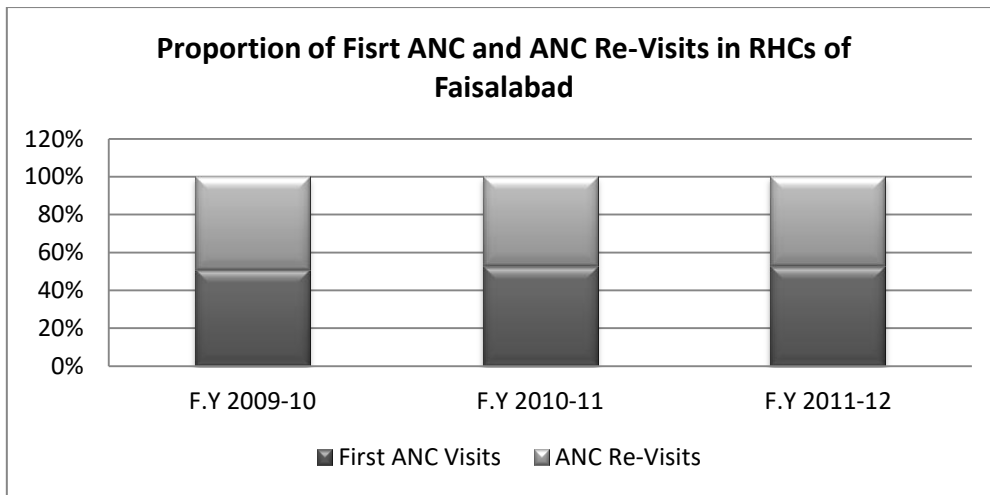
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Reply was not tenable because analysis was made on performance of BHUs of both districts. Efforts should be made to improve ANC coverage.

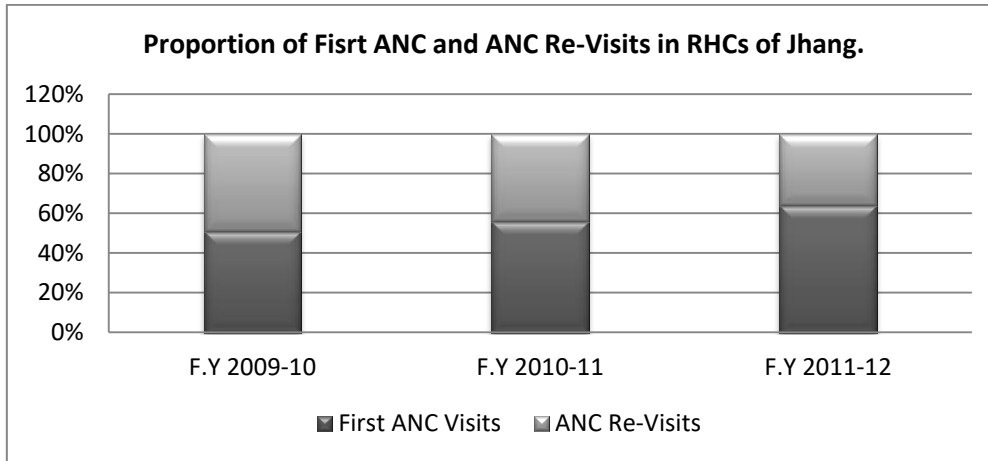
**Recommendation:** Low ANC coverage at BHUs in District Jhang needs investigation; and appropriate action may be taken to increase ANC coverage and reduce work load on THQs, DHQs.

### 6.3.2 First ANC, Re-Visit ANC to Total ANC

In District Faisalabad first ANC visits to total ANC visit ratio increased from 51% to 53% in 2010-11 and remained 53% in 2011-12. While ANC re-visit to total ANC visit ratio decreased from 49% to 47% in 2010-11 and remained 47% in 2011-12 (**Table-28**).



In District Jhang first ANC visit to total ANC visit ratio increased from 51% to 56% in financial year 2010-11 which increased to 64% in 2011-12. ANC re-visit to total ANC visit ratio decreased from 49% to 44% in 2010-11 and thereafter decreased to 36% in 2011-12 (**Table-29**).



ANC re-visit to total ANC visit ratio remained better in District Faisalabad than District Jhang.

**Audit Findings:** Decrease in ANC re-visit to total ANC visit ratio in District Jhang needs justification as it shows that pregnant women who visited health facility were not satisfied with services and went to other hospitals / private doctors for Antenatal care. ANC re-visit to total ANC visit ratio remained better in District Faisalabad than District Jhang.

**Departmental Reply:** District Officer (Health), Jhang replied that Faisalabad had more urban MCH centers and more Lady Health Workers as compared to Jhang. MCH services at Faisalabad were much better and advanced as compared to Jhang due to tertiary care / teaching health facilities. Faisalabad had a major component of urban population where literacy rate was higher than Jhang having more rural population; hence service utilization is better than Jhang. However, the indicator is showing a significant upward trend / improvement in District Jhang.

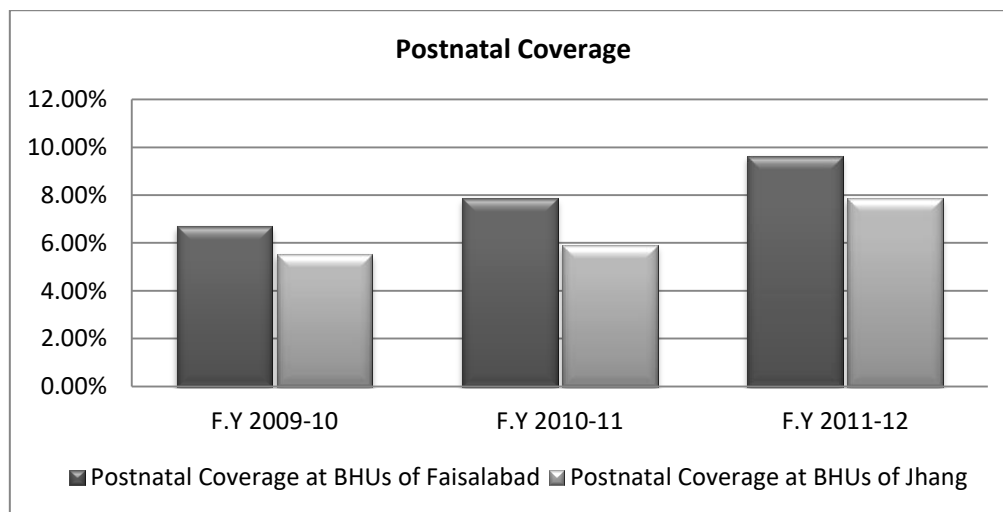
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Reply was not tenable because analysis related to BHUs in both districts. Decrease in ANC re-visits to total ANC visit ratio in District Jhang needs justification.

**Recommendation:** As Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education of self-care during pregnancy, identification of condition detrimental to health during pregnancy. Special attention should be given to increase ANC coverage and to motivate women for regular visits at health facility. Matter of low ANC coverage at BHUs needs to be investigated and appropriate action may be taken to further increase coverage and to reduce work load on THQs, DHQs.

### 6.3.4 Postnatal Coverage

Postnatal coverage in District Faisalabad is better than District Jhang which is 6.71% in 2009-10 and 7.86% and 9.64% in 2010-11 and 2011-12 respectively. While in District Jhang it remained 5.53% in 2009-10 5.90% and 7.87% in 2010-11 and 2011-12 respectively (**Table-29**).



**Audit Finding:** Audit observed slight increase in postnatal coverage in both Districts which needs justification.

**Departmental Reply:** District Officer (Health), Jhang replied that the indicators of Jhang and Faisalabad are comparable. Both districts are improving. In Jhang availability of LHV at almost every health facility has played a positive role.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

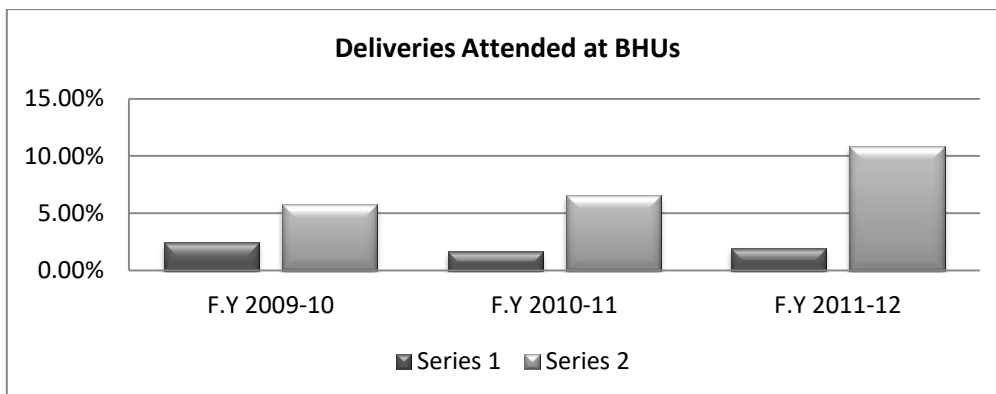
**Further Audit Comments:** Special attention still required for the sake of health of mother and infant to increase postnatal coverage.

**Recommendation:** Appropriate action should be taken to educate the women about importance of postnatal care.

### 6.3.5 Delivery Coverage at Facility

Percentage of deliveries conducted at Health Facility ratio in District Faisalabad was 2.39% in 2009-10 which decreased to 1.63% in 2010-11 and increased to 1.94% 2011-12. While in District Jhang it was 5.74% in 2009-10, 6.53% in 2010-11 and again increased to 10.87% 2011-12 (**Table-30**).

Percentage of deliveries conducted at health facility ratio remained low in both districts. District Jhang remained better than District Faisalabad.



**Audit Findings:** Percentage of deliveries attended at health facility ratio remained very low in both districts which need justification. District Jhang remained better than District Faisalabad.

**Departmental Reply:** District Officer (Health), Jhang replied that District Jhang has been improving significantly. The initiation of 24/7 MCH services at 30 % (i.e. 19) BHUs of Jhang has contributed a lot. Availability of LHVs and essential medicines at almost every health facility has also played a positive role.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

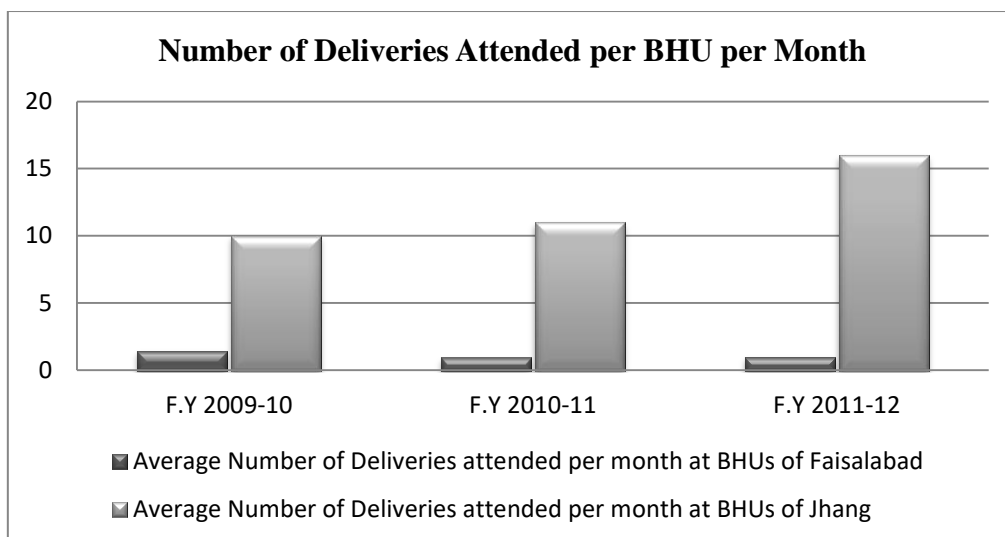
**Further Audit Comments:** Percentage of deliveries attended at BHUs was disappointing and needs special attention to increase the reliance of population of the catchment area on RHCs doctors/staff.

**Recommendation:** Low percentage of deliveries at BHUs may be investigated, BHUs with low performance may be highlighted and measures be taken accordingly.

### **6.3.6 Number of Deliveries Attended Per BHU Per Month**

Average number of deliveries attended per month per BHU in District Faisalabad remained only 1 in 2009-10, 2010-11 and 2011-12. While in District Jhang it was 10 in 2009-10 and 11 in 2010-11 and 16 in 2011-12. Performance of BHUs in District Jhang remained better than District Faisalabad (**Table-31**).





**Audit Findings:** Average number of deliveries attended per month per RHC remained low in District Faisalabad which needs justification.

**Departmental Reply:** District Officer (Health), Jhang replied that District Jhang has been improving significantly. The initiation of 24/7 MCH services at 30 % (i.e. 19) BHUs of Jhang has contributed a lot. Availability of LHVs and essential medicines at almost every health facility has also played a positive role.

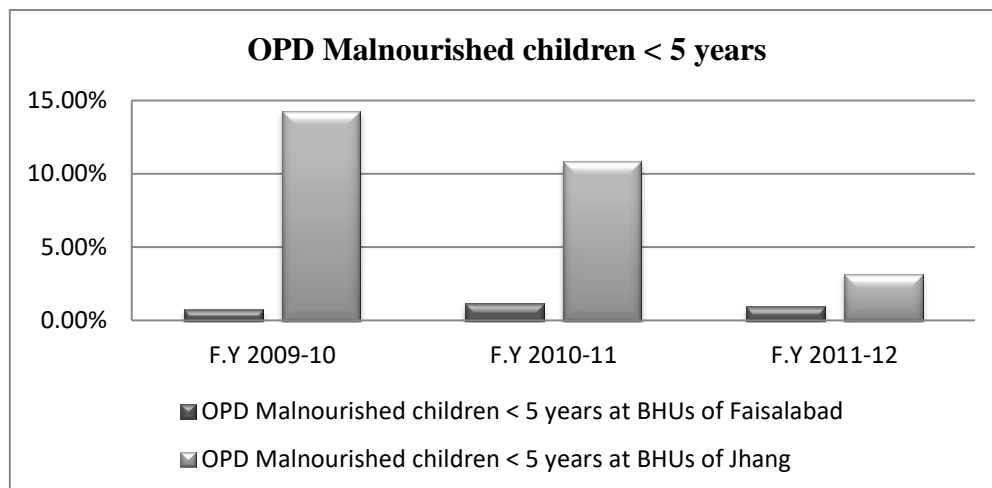
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Percentage of deliveries attended at BHUs was disappointing especially in District Faisalabad and needed special attention to increase the reliance of population of the catchment area on BHUs' doctors/staff.

**Recommendation:** Low percentage of deliveries at BHUs may be investigated, BHUs with low performance may be highlighted and measures taken accordingly.

### 6.3.7 OPD Malnourished children < 5 years

OPD malnourished children ratio in District Faisalabad remained 0.74% in 2009-10, 1.18% in 2010-11 and remained 0.93% in 2011-12. While in District Jhang this ratio decreased gradually as 14.28% in 2009-10 which decreased to 10.85% and 3.14% in 2010-11 and 2011-12 respectively (**Table-32**).



**Audit Findings:** OPD malnourished children ratio in BHUs of both Districts was found declining but it remained better in District Faisalabad than District Jhang.

**Departmental Reply:** District Officer (Health), Jhang replied that the prevalence of malnourished children is decreasing significantly in Jhang. To improve this indicator, availability of Iron / Folic Tab., deworming medicines and vitamin A capsules at health facilities of Jhang is being ensured round the year.

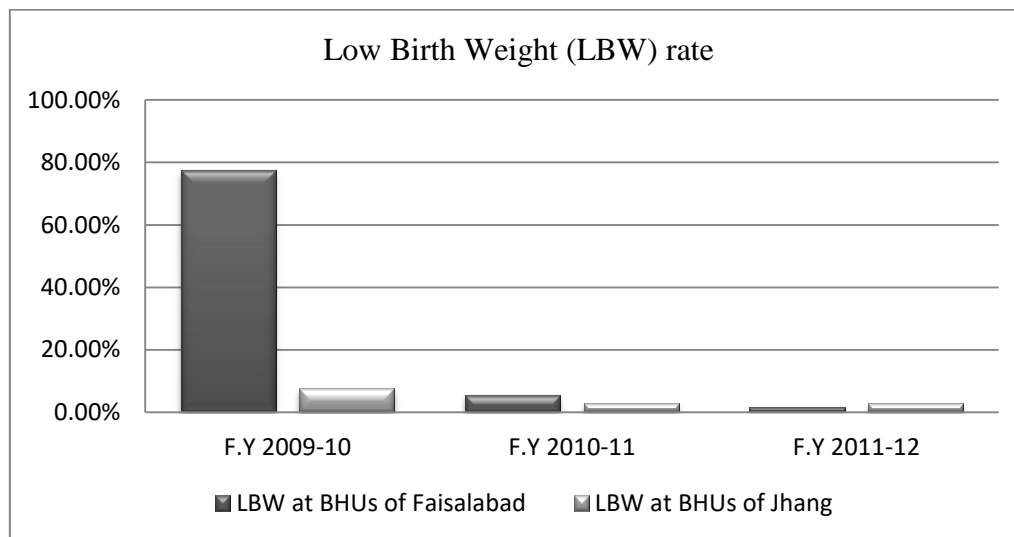
BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Working of Nutrition Supervisors should be continuously watched to get better results.

**Recommendation:** Continuous efforts should be made to keep the ratio at reasonable level.

### 6.3.8 Low birth weight (LBW) rate

Low birth weight rate in District Faisalabad remained very high 77.51% in 2009-10 which decreased to 5.52% and 1.56% in 2010-11 and 2011-12 respectively. While in District Jhang the rate remained 7.47% in 2009-10 which decreased to 2.85% and 2.74% in 2010-11 and 2011-12 respectively. Low birth weight rate remained better in District Jhang than District Faisalabad (Table-33).



**Audit Findings:** LBW rate at BHUs of both districts has been found declining which is appreciable. LWB rate in District Faisalabad during 2009-10 was very high which needs to be investigated.

**Departmental Reply:** District Officer (Health), Jhang replied that the prevalence of LBW children is decreasing significantly in Jhang. To improve this indicator, availability of Iron / Folic Tab. to expectant mothers at health facilities of Jhang

is ensured round the year. Public awareness through LHWs has also improved the situation.

BHUs in District Faisalabad are under administrative control of Project Manager, Punjab Rural Support Program who did not provide information for comparative study. Analysis was made on the basis of information obtained from DHIS system through EDO (Health) office, Faisalabad.

**Further Audit Comments:** Decreasing trend in LBW rate at BHUs of both districts is appreciable.

**Recommendation:** Further efforts should be made to keep LBW rate at acceptable level.

## 5. RECOMMENDATIONS:

1. District Health Information System (DHIS), currently restricted to Government Health Facilities, should be extended to private hospitals / clinics. So that comparison of Government hospitals may also be made with private hospitals for further decision making.
2. Currently, target for different health services are set on the basis of population of catchment area by adding fixed percentage in previous year figure. Proper arrangement should be made for determination of reasonable basis for setting targets. EPI staff, already visiting door to door for immunization, may be used for determination of more reliable figure of population of catchment area.
3. Proper mechanism should be established to record patient feedback to improve the performance of health facility. Service of Toll Free Number / Web site complaint portal may be introduced for lodging of complaints, suggestions from general public.
4. Monthly analytical reports available in DHIS, were not being generated and implemented. These should be made available for decision makers / controlling authority. So that further appropriate action for improvement may be taken.
5. As current comparative study was conducted on consolidated data of all RHCs and BHUs of District Jhang and District Faisalabad, detailed analysis at each RHC and BHU level should be made to point out less effective health facilities and appropriate action may be taken to overcome weak areas / ineffective health facilities.
6. It was observed that total expenditure, specifically under the head of Pay and Allowances increases year to year but number of patients did not increase by reasonable proportion. So efforts should be made to build the confidence of population of catchment area to visit the health facilities near to their home, by good behavior of staff, availability of medicine and equipment, so that work load at THQs and DHQs may be reduced.
7. As proportion of follow-up cases has been found inappreciable, matter may be investigated and efforts should be made to educate population of catchment area about the importance of re-visit. Further, staff should be strictly instructed for proper recording of new and follow-up cases.
8. As referred-in proportion has been found low, strict instructions may be given for proper recording of referred cases and steps should be taken to improve facilities at RHC level to avoid direct referral to higher tiers i.e. THQs and DHQs.

9. Lab services have been found unsatisfactory in both districts, especially in District Jhang, appropriate steps should be taken for capacity building of staff and to ensure availability of necessary equipment.
10. Proper arrangement should be made to improve X-Ray service utilization by proper repair and maintenance of X-Ray machine, ensure availability of X-Ray films and training of relevant technical staff.
11. Appropriate action may be taken to increase immunization coverage at RHCs and BHUs in both districts to reduce work load on EPI Staff.
12. ANC re-visits proportion and deliveries conducted at RHCs and BHUs were not found satisfactory, matter may be investigated and appropriate action may be taken to build the confidence of population of catchment area on services in Government health facilities.
13. Arrangement should be made to educate general public for healthy nutrition habits to reduce prevalence of anemia among first ANC attendance, OPD malnourished children ratio and low birth weight rate.

## **8. CONCLUSION**

Overall assessment of the Comparative Study does not reveal any significant difference between the working and results of the formations of both the districts. It may be due to the reason that, administratively working pattern, funding, supply of medicine etc. are being controlled by provincial government which is same for both the districts. However, though insignificant, overall performance of district Faisalabad remained better than District Jhang. District Faisalabad needs improvement in diagnostic services, malnutrition, follow-up cases, referral system, child and mother health care. On the other hand District Jhang needs to improve number of OPD visits, follow-up cases, Per Capita OPD attendance, hospital admissions, immunization, antenatal care coverage, malnutrition and percentage of deliveries at health facility.

## **9. ACKNOWLEDGEMENT**

We wish to express our appreciation to the Management and staff of Executive District Officer (Health) and District Officer (Health) of City District Government Faisalabad and District Jhang for the assistance and cooperation extended to the Comparative Study team.



# **ANNEXURES**

## **Annexure-1: TABLES**

**Table-1: Average per OPD Case Expenditure:**

Salary / Non-Salary / Total Expenditures during the year  
Total (New + Follow up) OPD attendance

| <b>Faisalabad</b>                                     | 2009-10     |   | 2010-11     |  | 2011-12     |   |
|---|-------------|---|-------------|--|-------------|---|
|   | Amount      | Avg Per<br>OPD<br>case<br>expendi<br>ture | Amount      | Avg<br>Per<br>OPD<br>case<br>expendi<br>ture | Amount      | Avg Per<br>OPD<br>case<br>expendi<br>ture |
| Total Salary Expenditures for the year                | 76,723,905  | Rs.155                                    | 100,526,487 | Rs.178                                       | 135,262,225 | Rs.260                                    |
| Total Non-Salary Expenditures for the year            | 33,840,785  | Rs.68                                     | 26,537,620  | Rs.47  | 43,512,082  | Rs.84                                     |
| Total (Salary + Non-Salary) Expenditures for the year | 110,564,690 | Rs.223                                    | 127,064,107 | Rs.225                                       | 178,774,307 | Rs.344                                    |
| Total OPD (New + Follow-up) Cases                     | 495,966     |   | 565,421     |  | 520,103     |   |

| <b>Jhang</b>  | 2009-10     |   | 2010-11     |  | 2011-12     |   |
|---|-------------|---|-------------|--|-------------|---|
|   | Amount      | Avg Per<br>OPD<br>case<br>expendi<br>ture | Amount      | Avg<br>Per<br>OPD<br>case<br>expendi<br>ture | Amount      | Avg Per<br>OPD<br>case<br>expendi<br>ture |
| Total Salary Expenditures for the year                | 57,399,411  | Rs.131                                    | 79,964,262  | Rs.150                                       | 110,666,727 | Rs.220                                    |
| Total Non-Salary Expenditures for the year            | 51,688,990  | Rs.118                                    | 49,498,955  | Rs.93  | 50,503,493  | Rs.100                                    |
| Total (Salary + Non-Salary) Expenditures for the year | 109,088,401 | Rs.249                                    | 129,463,217 | Rs.243                                       | 161,170,220 | Rs.320                                    |
| Total OPD (New + Follow-up) Cases                     | 437,867     |   | 533,453     |  | 502,812     |   |

**Table-2: Average per Day per RHC Expenditure:**

((Salary / Non-Salary / Total Expenditures during the year ) / Number of RHCs) / 365

| <b>Faisalabad</b>                                     | 2009-10    |                              | 2010-11     |                              | 2011-12     |                              |
|---|------------|------------------------------|-------------|------------------------------|-------------|------------------------------|
|   | Amount     | Avg. Per Day Per RHC Expense | Amount      | Avg. Per Day Per RHC Expense | Amount      | Avg. Per Day Per RHC Expense |
| Total Salary Expenditures for the year                | 76,723,905 | 17,517                       | 100,526,487 | 22,951                       | 135,262,225 | 30,882                       |
| Total Non-Salary Expenditures for the year            | 33,840,785 | 7,726                        | 26,537,620  | 6,059                        | 43,512,082  | 9,934                        |
| Total (Salary + Non-Salary) Expenditures for the year | 10,564,690 | 25,243                       | 127,064,107 | 29,010                       | 178,774,307 | 40,816                       |
| Number of RHCs  | 12         |                              | 12          |                              | 12          |                              |

| <b>Jhang</b>  | 2009-10     |                              | 2010-11     |                              | 2011-12     |                              |
|---|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|
|   | Amount      | Avg. Per Day Per RHC Expense | Amount      | Avg. Per Day Per RHC Expense | Amount      | Avg. Per Day Per RHC Expense |
| Total Salary Expenditures for the year                | 57,399,411  | 17,473                       | 79,964,262  | 24,342                       | 110,666,727 | 33,689                       |
| Total Non-Salary Expenditures for the year            | 51,688,990  | 15,735                       | 49,498,955  | 15,068                       | 50,503,493  | 15,374                       |
| Total (Salary + Non-Salary) Expenditures for the year | 109,088,401 | 33,208                       | 129,463,217 | 39,410                       | 161,170,220 | 49,063                       |
| Number of RHCs  | 9           |                              | 9           |                              | 9           |                              |

**Table-3: Average per Day OPD Attendance:**

((Total OPD attendance for the year / Total working days for the year) / Number of RHCs)

| RHCs-Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total No. of (New + Follow up) OPD Cases for the year         | 495,966 | 565,421 | 520,103 |
| Number of RHC   | 12      | 12      | 12      |
| Number of working days in a year                              | 313     | 313     | 313     |
| <b>Average No of OPD visited per day per RHC - Faisalabad</b> | 132     | 151     | 138     |

| RHCs-Jhang   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Total No. of (New +Follow up) OPD Cases for the year     | 437,867 | 533,453 | 502,812 |
| Number of RHC  | 9       | 9       | 9       |
| Number of working days in a year                         | 313     | 313     | 313     |
| <b>Average No of OPD visited per day per RHC - Jhang</b> | 155     | 189     | 178     |

**Table-4: New and Follow-up Proportion of Total OPD Attendance:**

Total OPD-New  


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Total (New + Follow up) OPD attendance

Total OPD-Follow-up  


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Total (New + Follow up) OPD attendance

| <b>Faisalabad</b>                      | 2009-10 |        | 2010-11 |        | 2011-12 |        |
|--|---------|--------|---------|--------|---------|--------|
|  | Amount  | %      | Amount  | %      | Amount  | %      |
| Total OPD-New                          | 469,069 | 94.58% | 541,925 | 95.84% | 505,175 | 97.13% |
| Total OPD-Follow-up                    | 26,897  | 5.42%  | 23,496  | 4.16%  | 14,928  | 2.87%  |
| Total (New + Follow up) OPD attendance | 495,966 | 100%   | 565,421 | 100%   | 520,103 | 100%   |

| <b>Jhang</b>                           | 2008-09 |        | 2010-11 |        | 2011-12 |        |
|--|---------|--------|---------|--------|---------|--------|
|  | Amount  | %      | Amount  | %      | Amount  | %      |
| Total OPD-New                          | 370,080 | 84.52% | 453,358 | 84.99% | 453,384 | 90.17% |
| Total OPD-Follow-up                    | 67,787  | 15.48% | 80,095  | 15.01% | 49,428  | 9.83%  |
| Total (New + Follow up) OPD attendance | 437,867 | 100%   | 533,453 | 100%   | 502,812 | 100%   |

**Table-5-1 to 5-6: Per Capita OPD Attendance:**

$$\frac{\text{Total OPD (New + Follow up) cases for the year}}{\text{Population of catchment area}}$$

**Table 5-1: Per Capita OPD Attendance:**

| <b>Faisalabad</b>                                     | <b>2009-10</b> | <b>2010-11</b> | <b>2011-12</b> |
|---|----------------|----------------|----------------|
| Total No. of OPD (New + Follow up) Cases for the year | 495,966        | 565,421        | 520,103        |
| Population of Catchment Area                          | 2,851,029      | 2,737,939      | 2,619,502      |
| <b>Per Capita OPD Attendance</b>                      | 17%            | 21%            | 20%            |

**Table 5-2: Horizontal Analysis – Per Capita OPD Attendance:**

| <b>Horizontal Analysis - RHCs, Faisalabad</b>         | 2009-10   |     | 2010-11   |       | 2011-12   |       |
|---|-----------|-----|-----------|-------|-----------|-------|
| Total No. of OPD (New + Follow up) Cases for the year | 495,966   | 100 | 565,421   | 114 % | 520,103   | 105 % |
| Population of Catchment Area                          | 2,851,029 | 100 | 2,737,939 | 96%   | 2,619,502 | 92%   |
|   | 17%       |     | 21%       |       | 20%       |       |

**Table 5-3: Per Capita OPD Attendance while keeping value of Population of Catchment Area constant**

| <b>Faisalabad</b>                                     | <b>2009-10</b> | <b>2010-11</b> | <b>2011-12</b> |
|---|----------------|----------------|----------------|
| Total No. of OPD (New + Follow up) Cases for the year | 495,966        | 565,421        | 520,103        |
| Population of Catchment Area                          | 2,851,029      | 2,851,029      | 2,851,029      |
|   | 17%            | 20%            | 18%            |

**Table 5-4: Per Capita OPD Attendance:**

| Jhang   | 2009-10   | 2010-11   | 2011-12   |
|---|-----------|-----------|-----------|
| Total No. of OPD (New + Follow up) Cases for the year | 437,867   | 533,453   | 502,812   |
| Population of Catchment Area                          | 1,333,675 | 1,290,283 | 1,233,899 |
| <b>Per Capita OPD Attendance</b>                      | 33%       | 41%       | 41%       |

**Table 5-5: Horizontal Analysis – Per Capita OPD Attendance:**

| Horizontal Analysis - RHCs, Jhang                     | 2009-10   |       | 2010-11   |       | 2011-12   |       |
|---|-----------|-------|-----------|-------|-----------|-------|
| Total No. of OPD (New + Follow up) Cases for the year | 437,867   | 100 % | 533,453   | 122 % | 502,812   | 115 % |
| Population of Catchment Area                          | 1,333,675 | 100%  | 1,290,283 | 97%   | 1,233,899 | 93%   |
|   | 33%       |       | 41%       |       | 41%       |       |

**Table 5-6: Per Capita OPD Attendance while keeping value of Population of Catchment Area constant**

| Jhang   | 2009-10   | 2010-11   | 2011-12   |
|---|-----------|-----------|-----------|
| Total No. of OPD (New + Follow up) Cases for the year | 437,867   | 533,453   | 502,812   |
| Population of Catchment Area                          | 1,333,675 | 1,333,675 | 1,333,675 |
|   | 33%       | 40%       | 38%       |

**Table-6: Lab Service Utilization (OPD):**

$$\frac{\text{Total OPD patients provided lab services from the facility during the year}}{\text{Total OPD (New + Follow-up) cases for the year}}$$

| <b>Faisalabad</b>                        | 2009-10      | 2010-11      | 2011-12      |
|--|--------------|--------------|--------------|
| Total OPD patients provided lab services | 24,951       | 34,967       | 39,394       |
| Total OPD (New + Follow-up) cases        | 495,966      | 565,421      | 520,103      |
| % of Lab service utilization             | <b>5.03%</b> | <b>6.18%</b> | <b>7.57%</b> |

| <b>Jhang</b>                             | 2009-10      | 2010-11      | 2011-12      |
|--|--------------|--------------|--------------|
| Total OPD patients provided lab services | 16,767       | 13,250       | 15,963       |
| Total OPD (New + Follow-up) cases        | 437,867      | 533,453      | 502,812      |
| % of Lab service utilization             | <b>3.83%</b> | <b>2.48%</b> | <b>3.17%</b> |

**Table-7: Lab Service Utilization (Indoor):**

$$\frac{\text{Total indoor patients provided lab services from the facility during the year}}{\text{Total admissions for the year}}$$

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total indoor patients provided lab services from the facility during the year | 383     | 1,530   | 2,695   |
| Total admissions for the year   | 12,027  | 19,818  | 16,611  |
| % of Lab service utilization  | 3.18%   | 7.72%   | 16.22%  |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total indoor patients provided lab services from the facility during the year | 795     | 555     | 548     |
| Total admissions for the year   | 11,843  | 16,632  | 15,889  |
| % of Lab service utilization  | 6.71%   | 3.34%   | 3.45%   |



**Table-8: X-Ray Service Utilization (OPD):**

$$\frac{\text{Total OPD patients provided X-Ray services from the facility during the year}}{\text{Total OPD (New + Follow-up) cases for the year}}$$

| <b>Faisalabad</b>                              | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Total OPD patients provided X-Ray services     | 26,732  | 27,899  | 33,479  |
| Total OPD (New + Follow-up) cases for the year | 495,966 | 565,421 | 520,103 |
| % of X-Ray service utilization                 | 5.39%   | 4.93%   | 6.44%   |

| <b>Jhang</b>                                   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Total OPD patients provided X-Ray services     | 12,027  | 15,909  | 14,713  |
| Total OPD (New + Follow-up) cases for the year | 437,867 | 533,453 | 502,812 |
| % of X-Ray service utilization                 | 2.75%   | 2.98%   | 2.93%   |

**Table-9: X-Ray Service Utilization (Indoor):**

$$\frac{\text{Total indoor patients provided X-Ray services from the facility during the year}}{\text{Total admissions for the year}}$$

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total indoor patients provided X-Ray services from the facility during the year | 66      | 163     | 1,219   |
| Total admissions for the year   | 12,027  | 19,818  | 16,611  |
| % of X-Ray service utilization  | 0.55%   | 0.82%   | 7.34%   |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total indoor patients provided X-Ray services from the facility during the year | 462     | 41      | 41      |
| Total admissions for the year   | 11,843  | 16,632  | 15,889  |
| % of X-Ray service utilization  | 3.90%   | 0.25%   | 0.26%   |

**Table-10: Full Immunization Coverage:**

$$\frac{\text{Number of children under one-year age who have been fully immunized}}{\text{Target number of under one year age children in the catchment population}}$$

| Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who have been fully immunized      | 9,466   | 8,204   | 7,913   |
| Target number of under one year age children in the catchment population | 99,786  | 95,828  | 91,683  |
| Full immunization coverage   | 9.49%   | 8.56%   | 8.63%   |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who have been fully immunized      | 10,906  | 8,485   | 8,139   |
| Target number of under one year age children in the catchment population | 46,679  | 45,160  | 43,186  |
| Full immunization coverage   | 23.36%  | 18.79%  | 18.85%  |

**Table-11: Measles Coverage:**

$$\frac{\text{Number of children under one-year age who immunized with measles vaccine}}{\text{Target number of under one year age children in the catchment population}}$$

| Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who immunized with measles vaccine | 9,114   | 7,514   | 7,280   |
| Target number of under one year age children in the catchment population | 99,786  | 95,828  | 91,683  |
| Measles coverage   | 9.13%   | 7.84%   | 7.94%   |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who immunized with measles vaccine | 7,639   | 12,156  | 7,746   |
| Target number of under one year age children in the catchment population | 46,679  | 45,160  | 43,186  |
| Measles coverage   | 16.36%  | 26.92%  | 17.94%  |

**Table-12: TT2 Coverage:**

$$\frac{\text{Number of pregnant women who have received TT2}}{\text{Number of expected pregnancies in the catchment population}}$$

| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women who have received TT2             | 7,960   | 7,743   | 7,555   |
| Number of expected pregnancies in the catchment population | 101,782 | 97,744  | 93,516  |
| TT2 coverage   | 7.82%   | 7.92%   | 8.08%   |

| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women who have received TT2             | 3,745   | 4,215   | 3,858   |
| Number of expected pregnancies in the catchment population | 47,612  | 46,063  | 44,050  |
| TT2 coverage   | 7.87%   | 9.15%   | 8.76%   |

**Table-13: Antenatal Care (ANC) Coverage:**

$$\frac{\text{Number of pregnant women receiving first ANC service from the facility}}{\text{Number of expected pregnancies in Catchment Population}} \times 100$$

| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women receiving first ANC service from the facility | 12,113  | 15,348  | 15,824  |
| Number of expected pregnancies in Catchment Population                 | 101,782 | 97,744  | 93,516  |
| Antenatal care coverage  | 11.90%  | 15.70%  | 16.92%  |

| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women receiving first ANC service from the facility | 8,696   | 8,857   | 8,629   |
| Number of expected pregnancies in Catchment Population                 | 47,612  | 46,063  | 44,050  |
| Antenatal care coverage  | 18.26%  | 19.23%  | 19.59%  |

**Table-14: First ANC, Re-Visit ANC to Total ANC**

|   |
|---|
| First antenatal care visits at the facility           |
| Total number of antenatal care visits at the facility |
| Antenatal care Re-visits at the facility              |
| Total number of antenatal care visits at the facility |

| Faisalabad        | 2009-10 |     | 2010-11 |     | 2011-12 |     |
|-------------------|---------|-----|---------|-----|---------|-----|
| ANC re-visited    | 10,152  | 46% | 11,281  | 42% | 9,588   | 38% |
| First ANC visited | 12,113  | 54% | 15,348  | 58% | 15,824  | 62% |
| Total ANC visits  | 22,265  |     | 26,629  |     | 25,412  |     |

| Jhang             | 2009-10 |     | 2010-11 |     | 2011-12 |     |
|-------------------|---------|-----|---------|-----|---------|-----|
| ANC re-visited    | 5,782   | 40% | 4,980   | 36% | 6,195   | 42% |
| First ANC visited | 8,696   | 60% | 8,857   | 64% | 8,629   | 58% |
| Total ANC visits  | 14,478  |     | 13,837  |     | 14,824  |     |

**Table-15: Prevalence of Anemia among First ANC Attendance**

Number of pregnant women receiving first antenatal service (ANC1) at the facility with Hb level <10g

Total number of pregnant women receiving first antenatal service (ANC1) at the facility

| <b>Faisalabad</b>  | 2009-10       | 2010-11       | 2011-12       |
|--|---------------|---------------|---------------|
| Number of pregnant women receiving first antenatal service (ANC1) at the facility with Hb level <10g | 2,628         | 3,393         | 3,986         |
| Total number of pregnant women receiving first antenatal service (ANC1) at the facility              | 12,113        | 15,348        | 15,824        |
| Prevalence of anemia among first ANC attendance  | <b>21.70%</b> | <b>22.11%</b> | <b>25.19%</b> |

| <b>Jhang</b>   | 2009-10       | 2010-11       | 2011-12       |
|--|---------------|---------------|---------------|
| Number of pregnant women receiving first antenatal service (ANC1) at the facility with Hb level <10g | 1,856         | 1,555         | 1,238         |
| Total number of pregnant women receiving first antenatal service (ANC1) at the facility              | 8,696         | 8,857         | 8,629         |
| Prevalence of anemia among first ANC attendance  | <b>21.34%</b> | <b>17.56%</b> | <b>14.35%</b> |

**Table-16: Postnatal Coverage**

$$\frac{\text{Number of women receiving first postnatal care at the health facility within 42 days after delivery}}{\text{Expected number of deliveries in the catchment population}} \times 100$$

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of women receiving first postnatal care at the health facility within 42 days after delivery | 4,583   | 1,486   | 1,651   |
| Expected number of deliveries in the catchment population   | 99,786  | 95,828  | 91,683  |
| Postnatal Coverage  | 4.59%   | 1.55%   | 1.80%   |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of women receiving first postnatal care at the health facility within 42 days after delivery | 2,169   | 1,808   | 1,602   |
| Expected number of deliveries in the catchment population   | 46,679  | 45,160  | 43,186  |
| Postnatal Coverage  | 4.65%   | 4.00%   | 3.71%   |

**Table-17: Delivery Coverage at Facility**

$$\frac{\text{Number of deliveries attended/ conducted at the facility}}{\text{Number of expected deliveries in the catchment population}}$$

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility   | 1,732   | 1,356   | 1,925   |
| Number of expected deliveries in the catchment population   | 99,786  | 95,828  | 91,683  |
| Percentage of Deliveries Conducted at Health Facility (RHC) | 1.74%   | 1.42%   | 2.10%   |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility   | 2,220   | 2,167   | 2,377   |
| Number of expected deliveries in the catchment population   | 46,679  | 45,160  | 43,186  |
| Percentage of Deliveries Conducted at Health Facility (RHC) | 4.76%   | 4.80%   | 5.50%   |

**Table-18: Number of Deliveries Attended Per RHC Per Month**

((Number of total deliveries at facility/ number of RHCs) / 12)

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility | 1,732   | 1,356   | 1,925   |
| Number of RHC   | 12      | 12      | 12      |
| Average number of deliveries conducted per month per RHC  | 12      | 9       | 13      |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility | 2,220   | 2,167   | 2,377   |
| Number of RHC   | 9       | 9       | 9       |
| Average number of deliveries conducted per month per RHC  | 21      | 20      | 22      |

**Table-19: OPD Malnourished Children < 5 Years**

Total malnourished children < 5 years attending OPD

-----  
Total < 5 years children attended OPD

| <b>Faisalabad</b>                                   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total malnourished children < 5 years attending OPD | 209     | 366     | 637     |
| Total < 5 years children attended OPD               | 68,181  | 82,125  | 72,039  |
| OPD Malnourished children < 5 years                 | 0.31%   | 0.45%   | 0.88%   |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Total malnourished children < 5 years attending OPD | 13,656  | 12,519  | 9,766   |
| Total < 5 years children attended OPD               | 56,073  | 65,446  | 59,653  |
| OPD Malnourished children < 5 years                 | 24.35%  | 19.13%  | 16.37%  |

**Table-20:Low Birth Weight (LBW) Rate**

| Number of live births in the facility with LBW (<2.5 kg) |         |         |         |
|--|---------|---------|---------|
| Total live births in the facility                        |         |         |         |
| Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
| Number of live births in the facility with LBW (<2.5 kg) | 45      | 14      | 10      |
| Total live births in the facility                        | 1,331   | 1,335   | 1,921   |
| Low birth weight (LBW) rate                              | 3.38%   | 1.05%   | 0.52%   |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of live births in the facility with LBW (<2.5 kg) | 159     | 86      | 53      |
| Total live births in the facility                        | 1,977   | 1,999   | 2,339   |
| Low birth weight (LBW) rate                              | 8.04%   | 4.30%   | 2.27%   |

**Table-21: Average per Day OPD Attendance:**

((Total OPD (New + Follow up) attendance for the year / Total working days for the year) / Number of BHUs)

| Faisalabad   | 2009-10   | 2010-11   | 2011-12   |
|--|-----------|-----------|-----------|
| Total No. of (New + Follow up) OPD Cases for the year  | 3,530,046 | 3,935,134 | 3,716,545 |
| Number of BHU  | 168       | 168       | 168       |
| Number of working days in a year                       | 313       | 313       | 313       |
| Average No of OPD visited per day per BHU - Faisalabad | 67        | 75        | 71        |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Total No. of (New + Follow up) OPD Cases for the year  | 477,903 | 551,828 | 664,880 |
| Number of BHU  | 58      | 58      | 58      |
| Number of working days in a year                       | 313     | 313     | 313     |
| Average No of OPD visited per day per BHU - Faisalabad | 26      | 30      | 37      |



**Table-22: New and Follow-up Proportion of Total OPD Attendance:**

Total OPD-New  
-----  
Total (New + Follow up) OPD attendance

Total OPD-Follow-up  
-----  
Total (New + Follow up) OPD attendance

| <b>Faisalabad</b>                      | 2009-10   |        | 2010-11   |        | 2011-12   |        |
|--|-----------|--------|-----------|--------|-----------|--------|
|  | Amount    | %      | Amount    | %      | Amount    | %      |
| Total OPD-New                          | 3,312,393 | 93.83% | 3,722,087 | 94.59% | 3,530,562 | 95.00% |
| Total OPD-Follow-up                    | 217,653   | 6.17%  | 213,047   | 5.41%  | 185,983   | 5.00%  |
| Total (New + Follow up) OPD attendance | 3,530,046 | 100%   | 3,935,134 | 100%   | 3,716,545 | 100%   |

| <b>Jhang</b>                           | 2008-09 |        | 2010-11 |        | 2011-12 |        |
|--|---------|--------|---------|--------|---------|--------|
|  | Amount  | %      | Amount  | %      | Amount  | %      |
| Total OPD-New                          | 431,606 | 90.31% | 506,679 | 91.82% | 631,210 | 94.94% |
| Total OPD-Follow-up                    | 46,297  | 9.69%  | 45,149  | 8.18%  | 33,670  | 5.06%  |
| Total (New + Follow up) OPD attendance | 477,903 | 100%   | 551,828 | 100%   | 664,880 | 100%   |

**Table-23-1 to 23-6: Per Capita OPD Attendance:**

$$\frac{\text{Total OPD (New + Follow up) cases for the year}}{\text{Population of catchment area}}$$

**Table-23-1: Per Capita OPD Attendance:**

| <b>Faisalabad</b>                                     | <b>2009-10</b> | <b>2010-11</b> | <b>2011-12</b> |
|---|----------------|----------------|----------------|
| Total No. of OPD (New + Follow up) Cases for the year | 3,530,046      | 3,935,134      | 3,716,545      |
| Population of Catchment Area                          | 3,512,858      | 3,371,182      | 2,948,739      |
| <b>Per Capita OPD Attendance</b>                      | 100.49%        | 116.73%        | 126.04%        |

**Table-23-2: Horizontal Analysis - Per Capita OPD Attendance:**

| <b>Horizontal Analysis - RHCs, Faisalabad</b>         | <b>2009-10</b> |       | <b>2010-11</b> |      | <b>2011-12</b> |      |
|---|----------------|-------|----------------|------|----------------|------|
| Total No. of OPD (New + Follow up) Cases for the year | 3,530,046      | 100%  | 3,935,134      | 111% | 3,716,545      | 105% |
| Population of Catchment Area                          | 3,512,858      | 100 % | 3,371,182      | 96%  | 2,948,739      | 84%  |
| <b>Per Capita OPD Attendance</b>                      | 100.49%        |       | 116.73%        |      | 126.04%        |      |

**Table-23-3: Per Capita OPD Attendance while keeping value of Population of Catchment Area constant**

| <b>Faisalabad</b>                                     | <b>2009-10</b> | <b>2010-11</b> | <b>2011-12</b> |
|---|----------------|----------------|----------------|
| Total No. of OPD (New + Follow up) Cases for the year | 3,530,046      | 3,935,134      | 3,716,545      |
| Population of Catchment Area                          | 3,511,858      | 3,511,858      | 3,511,858      |
|   | 100.49%        | 112.05%        | 105.83%        |

**Table-23-4: Per Capita OPD Attendance:**

| Jhang   | 2009-10   | 2010-11   | 2011-12   |
|---|-----------|-----------|-----------|
| Total No. of OPD (New + Follow up) Cases for the year | 477,903   | 551,828   | 664,880   |
| Population of Catchment Area                          | 1,544,562 | 1,477,976 | 1,408,678 |
| <b>Per Capita OPD Attendance</b>                      | 31%       | 37%       | 47%       |

**Table-23-5: Horizontal Analysis - Per Capita OPD Attendance:**

| Horizontal Analysis - RHCs, Jhang                     | 2009-10   |     | 2010-11   |      | 2011-12   |      |
|---|-----------|-----|-----------|------|-----------|------|
| Total No. of OPD (New + Follow up) Cases for the year | 477,903   | 100 | 551,828   | 115% | 664,880   | 139% |
| Population of Catchment Area                          | 1,544,562 | 100 | 1,477,976 | 96%  | 1,408,678 | 91%  |
|   | 31%       |     | 37%       |      | 47%       |      |

**Table-23-6: Per Capita OPD Attendance while keeping value of Population of Catchment Area constant**

| Jhang   | 2009-10   | 2010-11   | 2011-12   |
|---|-----------|-----------|-----------|
| Total No. of OPD (New + Follow up) Cases for the year | 477,903   | 551,828   | 664,880   |
| Population of Catchment Area                          | 1,544,562 | 1,544,562 | 1,544,562 |
|   | 31%       | 36%       | 43%       |

**Table-24: Full Immunization Coverage:**

Number of children under one-year age who have been fully immunized  
 Target number of under one year age children in the catchment population

| Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who have been fully immunized      | 119,842 | 114,397 | 119,745 |
| Target number of under one year age children in the catchment population | 122,950 | 117,991 | 103,206 |
| Full immunization coverage   | 97.47%  | 96.95%  | 116.03% |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who have been fully immunized      | 64,187  | 66,715  | 53,219  |
| Target number of under one year age children in the catchment population | 54,060  | 51,729  | 49,304  |
| Full immunization coverage   | 118.73% | 128.97% | 107.94% |

**Table-25: Measles Coverage:**

Number of children under one-year age who immunized with measles vaccine  
 Target number of under one year age children in the catchment population

| Faisalabad   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who immunized with measles vaccine | 104,771 | 104,163 | 115,054 |
| Target number of under one year age children in the catchment population | 122,950 | 117,991 | 103,206 |
| Measles coverage   | 85.21%  | 88.28%  | 111.48% |

| Jhang  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of children under one-year age who immunized with measles vaccine | 60,937  | 62,886  | 49,062  |
| Target number of under one year age children in the catchment population | 54,060  | 51,729  | 49,304  |
| Measles coverage   | 112.72% | 121.57% | 99.51%  |

**Table-26: TT2 Coverage:**

$$\frac{\text{Number of pregnant women who have received TT2}}{\text{Number of expected pregnancies in the catchment population}}$$

| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women who have received TT2             | 61,526  | 67,981  | 73,816  |
| Number of expected pregnancies in the catchment population | 125,409 | 120,351 | 105,270 |
| TT2 coverage   | 49.06%  | 56.49%  | 70.12%  |

| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women who have received TT2             | 25,696  | 24,504  | 23,302  |
| Number of expected pregnancies in the catchment population | 55,141  | 52,764  | 50,290  |
| TT2 coverage   | 46.60%  | 46.44%  | 46.34%  |

**Table-27: Antenatal Care (ANC) Coverage:**

$$\frac{\text{Number of pregnant women receiving first ANC service from the facility}}{\text{Number of expected pregnancies in Catchment Population}} \times 100$$

| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women receiving first ANC service from the facility | 41340   | 58323   | 71916   |
| Number of expected pregnancies in Catchment Population                 | 125,409 | 120,351 | 105,270 |
| Antenatal care coverage  | 32.96%  | 48.46%  | 68.32%  |

| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of pregnant women receiving first ANC service from the facility | 19,118  | 23,760  | 29,731  |
| Number of expected pregnancies in Catchment Population                 | 125,379 | 120,351 | 105,270 |
| Antenatal care coverage  | 15.25%  | 19.74%  | 28.24%  |

**Table-28: First ANC, Re-Visit ANC to Total ANC**

|   |
|---|
| First antenatal care visits at the facility           |
| Total number of antenatal care visits at the facility |
| Antenatal care Re-visits at the facility              |
| Total number of antenatal care visits at the facility |

| Faisalabad        | 2009-10 |     | 2010-11 |     | 2011-12 |     |
|-------------------|---------|-----|---------|-----|---------|-----|
| ANC re-visited    | 40,074  | 49% | 52,132  | 47% | 63,344  | 47% |
| First ANC visited | 41,340  | 51% | 58,323  | 53% | 71,916  | 53% |
| Total ANC visits  | 81,414  |     | 110,455 |     | 135,260 |     |

| Jhang             | 2009-10 |     | 2010-11 |     | 2011-12 |     |
|-------------------|---------|-----|---------|-----|---------|-----|
| ANC re-visited    | 18,112  | 49% | 18,770  | 44% | 16,591  | 36% |
| First ANC visited | 19,118  | 51% | 23,760  | 56% | 29,731  | 64% |
| Total ANC visits  | 37,230  |     | 42,530  |     | 46,322  |     |

**Table-29: Postnatal Coverage**

|   |       |
|---|-------|
| Number of women receiving first postnatal care at the health facility within 42 days after delivery | x 100 |
| Expected number of deliveries in the catchment population   |       |

| Faisalabad  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of women receiving first postnatal care at the health facility within 42 days after delivery | 8253    | 9272    | 9946    |
| Expected number of deliveries in the catchment population   | 122,950 | 117,991 | 103,206 |
| Postnatal Coverage  | 6.71%   | 7.86%   | 9.64%   |

| Jhang   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of women receiving first postnatal care at the health facility within 42 days after delivery | 6,801   | 6,963   | 8,122   |
| Expected number of deliveries in the catchment population   | 122,920 | 117,991 | 103,206 |
| Postnatal Coverage  | 5.53%   | 5.90%   | 7.87%   |

**Table-30: Delivery Coverage at Facility**

|   |
|---|
| Number of deliveries attended/ conducted at the facility  |
| Number of expected deliveries in the catchment population |

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility   | 2942    | 1922    | 1999    |
| Number of expected deliveries in the catchment population   | 122,950 | 117,991 | 103,206 |
| Percentage of Deliveries Conducted at Health Facility (RHC) | 2.39%   | 1.63%   | 1.94%   |

| <b>Jhang</b>  | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility   | 7,059   | 7,701   | 11,222  |
| Number of expected deliveries in the catchment population   | 122,920 | 117,991 | 103,206 |
| Percentage of Deliveries Conducted at Health Facility (RHC) | 5.74%   | 6.53%   | 10.87%  |

**Table-31: Number of Deliveries Attended Per BHU Per Month**

((Number of total deliveries at facility/ number of BHUs) / 12)

| <b>Faisalabad</b>   | 2009-10 | 2010-11 | 2011-12 |
|---|---------|---------|---------|
| Number of deliveries attended / conducted at the facility | 2942    | 1922    | 1999    |
| Number of BHUs  | 168     | 168     | 168     |
| Average number of deliveries conducted per month per BHUs | 1.46    | 0.95    | 0.99    |

| <b>Jhang</b>  | 2009-10   | 2010-11   | 2011-12   |
|---|-----------|-----------|-----------|
| Number of deliveries attended / conducted at the facility | 7,059     | 7,701     | 11,222    |
| Number of BHUs  | 58        | 58        | 58        |
| Average number of deliveries conducted per month per BHUs | <b>10</b> | <b>11</b> | <b>16</b> |

**Table-32: OPD Malnourished children < 5 years**

| Total malnourished children < 5 years attending OPD<br>Total < 5 years children attended OPD |         |         |         |
|--|---------|---------|---------|
| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
| Total malnourished children < 5 years attending OPD  | 4212    | 7865    | 5759    |
| Total < 5 years children attended OPD  | 571,692 | 667,024 | 617,462 |
| OPD Malnourished children < 5 years  | 0.74%   | 1.18%   | 0.93%   |
|  |         |         |         |
| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
| Total malnourished children < 5 years attending OPD  | 9,688   | 8,636   | 2,853   |
| Total < 5 years children attended OPD  | 67,828  | 79,614  | 90,786  |
| OPD Malnourished children < 5 years  | 14.28%  | 10.85%  | 3.14%   |

**Table-33: Low birth weight (LBW) rate**

Number of live births in the facility with LBW (<2.5 kg)  
Total live births in the facility

| <b>Faisalabad</b>  | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of live births in the facility with LBW (<2.5 kg) | 1482    | 107     | 31      |
| Total live births in the facility                        | 1912    | 1937    | 1984    |
| Low birth weight (LBW) rate                              | 77.51%  | 5.52%   | 1.56%   |

| <b>Jhang</b>   | 2009-10 | 2010-11 | 2011-12 |
|--|---------|---------|---------|
| Number of live births in the facility with LBW (<2.5 kg) | 446     | 209     | 306     |
| Total live births in the facility                        | 5,969   | 7,338   | 11,175  |
| Low birth weight (LBW) rate                              | 7.47%   | 2.85%   | 2.74%   |



**Annexure-2: List of RHCs in District Faisalabad**

| <b>Sr. No.</b> | <b>Name of Health Facility</b> |
|----------------|--------------------------------|
| 1              | RHC 153/RB                     |
| 2              | RHC Khurrianwala               |
| 3              | RHC Lundianwala                |
| 4              | RHC 65/GB                      |
| 5              | RHC 229/RB                     |
| 6              | RHC Satyana                    |
| 7              | RHC Mamunkanjan                |
| 8              | RHC Kanjwani                   |
| 9              | RHC PindiShiekh Musa           |
| 10             | RHC Mureedwala                 |
| 11             | RHC Dijkot                     |
| 12             | RHC 30/JB                      |

**Annexure-3: List of RHCs in District Jhang**

| <b>Sr. No.</b> | <b>Name of Health Facility</b> |
|----------------|--------------------------------|
| 1              | RHC Rodu Sultan                |
| 2              | RHC KotShakir                  |
| 3              | RHC Haveli Sheikh Rajoo        |
| 4              | RHC Shah Jewana                |
| 5              | RHC Bagh                       |
| 6              | RHC Mochiwala                  |
| 7              | RHC Mukhiana                   |
| 8              | RHC Haveli Bahadar Shah        |
| 9              | RHC Garh Maharaja              |

**Annexure-4: List of BHUs in District Faisalabad**

| <b>S. No.</b> | <b>Name of Health Facility</b> | <b>S. No.</b> | <b>Name of Health Facility</b> | <b>S. No.</b> | <b>Name of Health Facility</b> |
|---------------|--------------------------------|---------------|--------------------------------|---------------|--------------------------------|
| 1             | BHU 19/JB                      | 16            | BHU 55/GB                      | 31            | BHU 437/GB                     |
| 2             | BHU 44/JB                      | 17            | BHU 115/GB                     | 32            | BHU 165/GB                     |
| 3             | BHU 133/RB                     | 18            | BHU 40/GB                      | 33            | BHU 175/GB                     |
| 4             | BHU 134/RB                     | 19            | BHU 28/GB                      | 34            | BHU 170/GB                     |
| 5             | BHU 126/RB                     | 20            | BHU 36/GB                      | 35            | BHU 129/GB                     |
| 6             | BHU 139/RB                     | 21            | BHU 283/GB                     | 26            | BHU 83/GB                      |
| 7             | BHU 47/RB                      | 22            | BHU 366/GB                     | 37            | BHU 258/RB                     |
| 8             | BHU 146/RB                     | 23            | BHU 433/GB                     | 38            | BHU 92/GB                      |
| 9             | BHU 293/RB                     | 24            | BHU 597/GB                     | 39            | BHU 268/RB                     |
| 10            | BHU 156/RB                     | 25            | BHU Jhamra                     | 40            | BHU 267/RB                     |
| 11            | BHU 102/JB                     | 26            | BHU 594/GB                     | 41            | BHU 260/RB                     |
| 12            | BHU 20/JB                      | 27            | BHU 603/GB                     | 42            | BHU 275/RB                     |
| 13            | BHU 157/RB                     | 28            | BHU 427/GB                     | 43            | BHU 270/RB                     |
| 14            | BHU 189/RB                     | 29            | BHU 426/GB                     | 44            | BHU 85/JB                      |

|    |            |    |                  |    |            |
|----|------------|----|------------------|----|------------|
| 15 | BHU 54/RB  | 30 | BHU 418/GB       | 45 | BHU 251/RB |
| 46 | BHU 58/RB  | 63 | BHU 608/GB       | 80 | BHU 257/RB |
| 47 | BHU 151/RB | 64 | BHU 404/GB       | 81 | BHU 247/RB |
| 48 | BHU 76/RB  | 65 | BHU 400/GB       | 82 | BHU 253/RB |
| 49 | BHU 200/RB | 66 | BHU 449/GB       | 83 | BHU 249/RB |
| 50 | BHU 100/RB | 67 | BHU 87/GB,       | 84 | BHU 80/GB  |
| 51 | BHU 68/RB  | 68 | BHU Sheraza      | 85 | BHU 239/RB |
| 52 | BHU 62/RB  | 69 | BHU 545/GB       | 86 | BHU 209/RB |
| 53 | BHU 91/RB  | 70 | BHU 399/GB       | 87 | BHU 215/RB |
| 54 | BHU 96/RB  | 71 | BHU 453/GB,      | 88 | BHU 226/RB |
| 55 | BHU 96/GB  | 72 | BHU 554/GB       | 89 | BHU 237/RB |
| 56 | BHU 98/GB  | 73 | BHU 547/GB       | 90 | BHU 231/RB |
| 57 | BHU 101/GB | 74 | BHU JalliFatyana | 91 | BHU 78/JB  |
| 58 | BHU 104/GB | 75 | BHU 506/GB       | 92 | BHU 82/JB  |
| 59 | BHU 105/RB | 76 | BHU 558/GB       | 93 | BHU 71/JB  |
| 60 | BHU106/GB  | 77 | BHU 507/GB       | 94 | BHU 74/JB  |
| 61 | BHU 205/RB | 78 | BHU 490/GB       | 95 | BHU 67/JB  |

|     |               |     |             |     |            |
|-----|---------------|-----|-------------|-----|------------|
| 62  | BHU 112/GB    | 79  | BHU 198/GB  | 96  | BHU 66/JB  |
| 97  | BHU 216/RB    | 114 | BHU 200/GB  | 131 | BHU 64/JB  |
| 98  | BHU 32/GB     | 115 | BHU 487/GB  | 132 | BHU 38/JB  |
| 99  | BHU 73/GB     | 116 | BHU 205/GB  | 133 | BHU 40/JB  |
| 100 | BHU 122/GB    | 117 | BHU 214/GB  | 134 | BHU 273/JB |
| 101 | BHU 60/GB     | 118 | BHU 203/GB  | 135 | BHU 32/JB  |
| 102 | BHU 234/GB    | 119 | BHU 484/GB  | 136 | BHU 28/JB  |
| 103 | BHU 635/GB    | 120 | BHU 479/GB  | 137 | BHU 27/JB  |
| 104 | BHU 560/GB    | 121 | BHU 219/GB  | 138 | BHU 57/JB  |
| 105 | BHU 565/GB    | 122 | BHU 223/GB. | 139 | BHU 52/JB  |
| 106 | BHU 566/GB    | 123 | BHU 48/GB   | 140 | BHU 6/JB   |
| 107 | BHU 644/GB    | 124 | BHU 47/GB   | 141 | BHU 8/JB   |
| 108 | BHU 629/GB    | 125 | BHU 228/GB  | 142 | BHU 51/JB  |
| 109 | BHU 653//4/GB | 126 | BHU 50/GB   | 143 | BHU 53/JB  |
| 110 | BHU 648/GB    | 127 | BHU 143/GB  | 144 | BHU 49/JB  |
| 111 | BHU 237/GB    | 128 | BHU 468/GB  | 145 | BHU 104/JB |
| 112 | BHU 146/GB    | 129 | BHU 448/GB  | 146 | BHU 111/JB |

|     |            |     |            |     |            |
|-----|------------|-----|------------|-----|------------|
| 113 | BHU 353/GB | 130 | BHU 443/GB | 147 | BHU 116/JB |
| 148 | BHU 633/GB | 155 | BHU 474/GB | 162 | BHU 195/RB |
| 149 | BHU379/GB  | 156 | BHU 442/GB | 163 | BHU 196/RB |
| 150 | BHU 377/GB | 157 | BHU 390/GB | 164 | BHU 192/RB |
| 151 | BHU 581/GB | 158 | BHU 530/GB | 165 | BHU 198/RB |
| 152 | BHU 273/GB | 159 | BHU 388/GB | 166 | BHU 219/RB |
| 153 | BHU 282/GB | 160 | BHU 136/GB | 167 | BHU 214/RB |
| 154 | BHU 22/GB  | 161 | BHU 462/GB | 168 | BHU 222/RB |

**Annexure-5: List of BHUs in District Jhang**

| <b>Sr. No</b> | <b>Name of Health Facility</b> |  | <b>Sr. No</b> | <b>Name of Health Facility</b> |
|---------------|--------------------------------|--|---------------|--------------------------------|
| 1             | BHU KotSai Singh               |  | 24            | BHU RattaMatta                 |
| 2             | BHU Chak No.446                |  | 25            | BHU Kari wala                  |
| 3             | BHU KotLakhnana                |  | 26            | BHU Mandi Shah Jewana          |
| 4             | BHU Haveli Lal                 |  | 27            | BHU Chhatta                    |
| 5             | BHU Vijhlana                   |  | 28            | BHU NidhaGhar                  |
| 6             | BHU Ashaba                     |  | 29            | BHU Bhero                      |
| 7             | BHU PakkayWala                 |  | 30            | BHU Lack Badhar                |
| 8             | BHU Sultan Pur                 |  | 31            | BHU Chayanawala                |
| 9             | BHU Sheikh Chuhar              |  | 32            | BHU Allah YarJoota             |
| 10            | BHU Khanuana                   |  | 33            | BHU PirBahadar Shah            |
| 11            | BHU Salyana                    |  | 34            | BHU Chak No.482                |
| 12            | BHU Chak 231/JB                |  | 35            | BHU KotMirza                   |
| 13            | BHU Chak 165                   |  | 36            | BHU Chak No.497                |
| 14            | BHU Chak 170                   |  | 37            | BHU 17-Ghagh                   |
| 15            | BHU Chak 254                   |  | 38            | BHU BudhRajbana                |
| 16            | BHU Chak 181                   |  | 39            | BHU Khumanawala                |
| 17            | BHU Chak 220                   |  | 40            | BHU Kaki Nau                   |
| 18            | BHU Malhoana                   |  | 41            | BHU Dab Kallan                 |
| 19            | BHU Munday Syed                |  | 42            | BHU JallalPur                  |
| 20            | BHU Rashid Pur                 |  | 43            | BHU Khaki Lakhi                |
| 21            | BHU Jabboana                   |  | 44            | BHU Sumandoana                 |
| 22            | BHU UchGul Imam                |  | 45            | BHU Essaywala                  |
| 23            | BHU Wasoo                      |  | 46            | BHU PirAbdurRehman             |

|    |                   |  |    |                  |
|----|-------------------|--|----|------------------|
| 47 | BHU Machhiwal     |  | 53 | BHU Sultan Bahoo |
| 48 | BHU Buloo         |  | 54 | BHU Gudara       |
| 49 | BHU Ali Pur       |  | 55 | BHU Chak 4/2-L   |
| 50 | BHU Iqbal Nagar   |  | 56 | BHU HassuBalail  |
| 51 | BHU PirKotSadhana |  | 57 | BHU Nekokara     |
| 52 | BHU Hassan Khan   |  | 58 | BHU Sharif abad  |