



**SPECIAL STUDY  
ON  
HEALTH FACILITIES UNDER  
PRIMARY AND SECONDARY  
HEALTHCARE DEPARTMENT IN  
DISTRICT PAKPATTAN**

**AUDIT YEAR 2019-20**

**AUDITOR GENERAL OF PAKISTAN**

## TABLE OF CONTENTS

<b>PREFACE .....</b>	<b>i</b>
<b>ABBREVIATIONS AND ACRONYMS .....</b>	<b>ii</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>iv</b>
<b>1. INTRODUCTION.....</b>	<b>1</b>
<b>2. Define Study .....</b>	<b>4</b>
<b>3. Study Design .....</b>	<b>6</b>
<b>4. Data Analysis .....</b>	<b>7</b>
<b>5. Results of Study.....</b>	<b>9</b>
5.1 <i>Study findings with reference to purpose of study:.....</i>	<i>9</i>
5.1.1 <i>Preventive Activities.....</i>	<i>9</i>
5.1.2 <i>Diagnostic Activities.....</i>	<i>12</i>
5.1.3 <i>Curative Activities .....</i>	<i>15</i>
5.1.4 <i>IRMNCH Activities .....</i>	<i>24</i>
5.1.5 <i>Financial Management .....</i>	<i>26</i>
5.1.6 <i>Human Resource Management .....</i>	<i>29</i>
5.2 <i>General Findings of Study .....</i>	<i>31</i>
5.2.1 <i>Other Issues.....</i>	<i>31</i>
5.2.2 <i>End User’s Feedback .....</i>	<i>33</i>
<b>6 Recommendations.....</b>	<b>35</b>
<b>ANNEXES .....</b>	<b>38</b>

## **PREFACE**

Articles 169 and 170 of the Constitution of the Islamic Republic of Pakistan, 1973 read with Sections 10 of the Auditor General’s (Functions, Powers and Terms and Conditions of Service) Ordinance, 2001 and Section 108 of the Punjab Local Government Act, 2013 empower the Auditor General of Pakistan to conduct the study on the functions of the District Health Authority Pakpattan. The special study focused on primary and secondary health facilities in District Pakpattan carried out by health facilities under primary and secondary healthcare department.

The Directorate General of Audit, District Governments Punjab (South) Multan conducted Special Study on “Health Facilities under Primary and Secondary Healthcare Department in District Pakpattan” during May, 2020 for the period 2017-19 with a view to report significant findings to the stakeholders.

The study was carried out on test check basis with a view to reporting significant findings to the Health Department and stakeholders, in order to bring about improvement in the delivery of Primary and Secondary Healthcare facilities to the end users in preventive, diagnostic and curative aspects at the grass-root level. Special study was carried out with the aim to suggest improvements in the health service delivery to the citizens of District Pakpattan.

The findings included in this report have been finalized without management response and DAC meeting as the management did not respond to Audit observations despite repeated requests.

The 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 108 of the Punjab Local Government Ordinance, 2013 to cause it to be laid before the Provincial Assembly.

Islamabad

Dated:

**(Javaid Jehangir)**  
**Auditor General of Pakistan**

## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BHU	Basic Health Unit
BCG	Bacillus Calmette–Guérin Vaccine
CEO	Chief Executive Officer
CT Scan	Computed Tomography Scan
DAC	Departmental Accounts Committee
DAGP	Department of Auditor General of Pakistan
DAO	District Accounts Officer
DC	District Coordinator
DDO	Drawing and Disbursing Officer
DGA	Directorate General Audit
DHA	District Health Authority
DHIS	District Health Information System
DHQ	District Headquarter Hospital
ECG	Electrocardiogram
EDL	Essential Drug list
ENT	Eyes, Nose, Throat
EPI	Expanded Program of Immunization
FP	Family Planning
GRD	Government Rural Dispensary
HBS-Ag	Hepatitis B Surface Antigen
HCV	Hepatitis C Virus
HR	Human Resource
ICU	Intensive Care Unit
IMR	Infant Mortality Rate
IRMNCH	Integrated Reproductive Maternal New Born and Child Health
LHW	Lady Health Worker
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCH	Mother Child Health
MO	Medical Officer
M.P	Malarial Parasite
MRI	Magnetic Resonance Imaging
MS	Medical Superintendent
MSDS	Minimum Service Delivery Standards
NGOs	Non Government organizations
OPD	Outdoor Patient Department

PAO	Principal Accounting Officer
P&SHD	Primary and Secondary Healthcare Department
PC-I	Planning Commission Proforma-1
PCR	Polymerase Chain Reaction
PHC	Primary Healthcare
PPRA	Punjab Procurement Regulatory Authority
RHC	Rural Health Centre
SAP	Systems Applications and Products
SHC	Secondary Healthcare
SMO	Senior Medical Officer
SMP	Standard Medical Protocols
SOP	Standard Operating Procedures
THQ	Tehsile Headquarter Hospital
TB	Tuberculosis
UNICEF	United Nation International Children Emergency Fund
WMO	Women Medical Officer
WHO	World Health Organization

## EXECUTIVE SUMMARY

The Directorate General of Audit, District Governments Punjab (South) Multan conducted Special Study on “Health Facilities under Primary and Secondary Healthcare Department in District Pakpattan” during May, 2020 for the period 2017-19 with a view to report significant findings to the stakeholders.

The Primary Healthcare facilities (BHUs, GRDs and RHCs) and the Secondary Healthcare facilities (District and Tehsil Headquarter hospitals) are managed by the District Health Authority in District Pakpattan. The District Health Authority at District level including Chief Executive Officer (CEO) District Health Authority and District Officer (DO) Health provide a link between the policy makers and the operating levels. They are responsible for interpreting and implementing Government policies and decisions and to monitor that the available resources in this sector are effectively distributed and efficiently utilized.

The purpose of this study was to review whether the Primary and Secondary Healthcare facilities were managed efficiently and to evaluate the performance with respect to the resources allocated for these health facilities and standards set by the authorities. The aim was also to study if adequate internal control system was available to take remedial actions for delivery of healthcare facilities to the end users. The availability of qualified human resource, bio-medical equipment and implementation of SOPs to achieve MSDs are the essence of better service delivery. This study will provide a roadmap for better service delivery with independent and impartial information.

The study focused on Healthcare facilities managed by District Health Authority Pakpattan. The approach of study was to include Primary and Secondary Healthcare Centers in both rural and urban areas of District Pakpattan considering different variables like geography, ecology, economy and population size and density. The significant findings of the study are given below:

### **Key Audit Findings:**

- i. In order to combat the spread of epidemics DHA Pakpattan has no sound preparedness. The major outbreaks of gastroenteritis, scabies, measles and typhoid fever etc. indicates that no adequate remedial

controls were available for communicable and non-communicable diseases.

- ii. Only preliminary diagnostic screening facilities to the patients were available at THQ, DHQ and RHC level. Advanced level diagnostic facilities including more sensitive and high cost screening tests and PCRs were not available in Pakpattan.
- iii. Functional diagnostic machines were inadequate to fulfill the needs /requirement of general public of district Pakpattan.
- iv. Insufficient beds were available in emergency wards of various health facilities which cannot fulfill the needs of visiting patients in emergency.
- v. Services delivery by Surgeons at hospitals was poor as evident from the data of major surgeries.
- vi. Medicines funds provided were not according to actual demands as evident from the feedback of the management. No sufficient space and arrangements for proper storage of medicine as per storage standards were available.
- vii. No sufficient Doctors were available to treat the patients properly as evident from doctor patient ratio. Most of the available medical equipment was non-functional due to the one reason or another.
- viii. Snake bites Antivenom and Anti-Rabbies Vaccine were not available at BHUs.
- ix. No sufficient services were available to attend Cardiac, ENT, Cancer, Neurology, Nephrology, Urology, Pulmonology and Skin diseases patients. No sufficient dialysis services, infertility clinics, provision of test tube baby services, drug rehabilitation center and facility of Lithotripter were available to patients.
- x. IRMNCH wing of DHA Pakpattan failed to achieve the targets hence performance of this wing was quite poor.
- xi. Serious irregularity issues, pointed out by Audit, were remained unattended during last two years.

**Recommendations for organization:**

- i. Appropriate action may be taken to increase preventive care and immunization facilities at all Healthcare facilities in Pakpattan.

- ii. Efforts should be made to build the confidence of population of catchment area to visit the health facilities near their home, through good behavior of staff, availability of medicine and equipment, so that work load at THQ and DHQ hospitals may be reduced.
- iii. Non functional medical equipment should be repaired. Emergency treatment facility needs to be provided in all healthcare facilities. Availability of beds with appropriate facilities of medical equipment etc at healthcare facilities should be ensured for providing better curative activities.
- iv. Proper budget allocation / distribution should be made keeping in view the operational activities of the health units and their demands. The budget allocation should be made as per demand of Healthcare facilities.
- v. RHCs shall be strengthened to provide 24 hours curative and diagnostic services which will decrease the movement of emergency patients to upper level health facilities.
- vi. It is strongly recommended that the health authorities should ensure optimum utilization of all resources particularly bio-medical equipment so that the service delivery can be improved.
- vii. It is strongly recommended that health authorities should ensure proper provision of diagnostic and curative services to the patients of Cardiac, ENT, Cancer, Neurology, Nephrology, Urology, Pulmonology and Skin related diseases. The services of dialysis, infertility clinics, test tube baby, drug rehabilitation and Lithotripsy should also be provided to the patients within district.

**Recommendations for policy makers:**

- i. Proper mechanism should be established to record patient feedback to improve the performance of health facility. Service of Toll Free Number / website complaint portal may be introduced for lodging of complaints, suggestions from general public.
- ii. All the vacant posts of Doctors / Specialists and Paramedic staff should be filled on emergency basis as 200 posts of concerned staff are lying



vacant against the sanctioned posts of 2,036 of different categories for healthcare in district Pakpattan.

- iii. BHUs should also be strengthened to provide 24 hours curative and diagnostic services which will decrease the movement of emergency patients to upper level health facilities and provision of basic health facilities at doorstep of community.
- iv. Fully diagnostic facilities should be provided at least at DHQ and THQ level so that the risk of patient shifting can be minimized and provision of health facilities can be ensured at district level.

## 1. INTRODUCTION

District Health Authority (DHA) Pakpattan is working under the administrative control of Primary and Secondary Healthcare Department (P&SHD) which is entrusted with the fundamental responsibility for the health of communities and the entire population of District Pakpattan. DHA delivers primitive, preventive as well as curative healthcare services of primary healthcare level to secondary healthcare level. District Health Authority (DHA) Pakpattan is providing service delivery in primary and secondary healthcare sector through a set of primary and secondary Healthcare facilities. DHA Pakpattan manages following primary and secondary health care facilities:

Healthcare Facility	Description	No. of Health facility/ Institute
Primary	Basic Health Unit	54
	Government Rural Dispensary	10
	Rural Health Centre	05
	MCH Center	02
	TB Clinic	01
	EPI Cell	01
	IRMNCH	01
Secondary	Tehsil Head Quarter Hospital	01
	District Head Quarter Hospital	01

### i. Purpose of the Authority

Purpose of the District Health Authority Pakpattan is to:

- a. establish, manage and supervise primary and secondary health care facilities and institutions at district level.
- b. provide stewardship, ownership and oversight of health service delivery at primary and secondary levels
- c. develop referral and technical support linkages between primary and secondary levels of health care
- d. ensure better service delivery to the patients of the community at their door step
- e. coordinate health related emergency response during any natural calamity or emergency.

- f. liaison with the Government for technical and logistic support in case of any emergency or disaster like situation;
- g. ensure implementation of minimum service delivery standards, infrastructure standards, patient safety and hygiene standards and minimum public health standards as prescribed by the Punjab Health Care Commission

**ii. Rule Provision under which authority is governing:**

District Health Authority Pakpattan was established and conduct operations under Punjab Local Government Act, 2013 w.e.f. 01.01.2017. The authorities conducted their operations for establishing, managing & supervising primary & secondary health care facilities and institutions in the Punjab. The Chairman and the Chief Executive Officer shall be personally responsible to ensure that the business of the authority is conducted proficiently, in accordance with law and to promote the objectives of the authority as set forth in Section 17(7) of PLGA, 2013. The Chief Executive Officer is the Principal Accounting Officer of the District Health Authority as per Section 92(3) of PLGA, 2013.

**iii. Legal aspect of Authority:**

Accordng to section 92 of Punjab Local Government Act, 2013 an Authority shall be a body corporate having perpetual succession and a common seal, with power to acquire and hold property and enter into any contract and may sue and be sued in its name. The Chief Executive Officer shall be the Principal Accounting Officer of the Authority and shall perform such functions as are mentioned in this Act or as may be prescribed or as may be delegated by the Authority or as the Government may assign. An Authority may assign any of its functions to a public or private organization on such terms and conditions as may be prescribed or enter into public-private partnership for efficient performance of any of its functions.

**iv. Layout of internal control system of Authority:**

An effective internal control system is the essence of an organization. These controls should be relevant, incorporates a comprehensive and generally cost effective set of controls, which are widely understood. Internal control system is rooted in a series of laws including the General Financial Rules,

Fundamental Rules, Supplementary Rules, Treasury Rules, Delegation of Financial Powers, Rules of Business. These internal control procedures contained in many rules and regulations are not generally understood and have multiple interpretations, which ultimately provide undue discretion to the government functionaries. Internal controls and internal audit mechanisms of District Health Authorities was not effective. According to Section 90(1)(b) of PLGA, 2013 CEOs of District Health Authorities were responsible for internal audit of DHAs. Different public enterprises are subject to varying levels and nature of controls internal to the organization and exercised by the government departments responsible for oversight. A major exercise is underway to assess the current status of these enterprises and to decide a direction for each of them. Government functionaries need to be motivated through well-thought out, across the board, civil services reforms. Four elements are critical for any such reforms including training/retraining of staff, reasonable remuneration, necessary tools and equipment and sound risk management and accountability controls.

## **2. Define Study**

The Auditor General of Pakistan has approved in annual Audit Plan for the period 2019-20 to carry out a special study on provision of health facilities in district Pakpattan with a view to provide with independent and impartial information on service delivery status and issue recommendations for betterment. The purpose scope and beneficiary of this study are given below:

### **i. Purpose of Study**

The purpose of special study was:

- i. to review the provision of health facilities as per standard set by the administrative department or not.
- ii. to review the spread of viral diseases in case of epidemic / pandemic and efforts taken to combat that spread.
- iii. to evaluate the optimum utilization of resources for service delivery with due regard to economy, efficiency and effectiveness.
- iv. to review compliance with applicable rules, regulations and procedures.
- v. to evaluate the effectiveness of service delivery of primary and secondary health department at district level.
- vi. to evaluate the human resource need and recommend upon for betterment.
- vii. to evaluate the availability of bio-medical equipment and clinical services availability.
- viii. to access whether the SOPs, SMPs and MSDs have been implemented across the board in district health facilities or not.
- ix. to provide the parliament with independent and impartial information on service delivery status and issue recommendations for betterment.

### **ii. Scope of Study**

The study focused on Primary and Secondary Healthcare facilities managed by the District Health Authority Pakpattan whose total population was around 1.824 million. Due to time constraint the study was carried out by selecting a minimum number of health facilities instead of examining the complete health

facilities under DHA Pakpattan. The sample size selected for the special study was 05 RHCs, 10 BHUs out of 54 BHUs, 02 GRDs out of 10 GRDs, 02 MCH Centers and 01 TB Clinic for Primary Healthcare facilities. Whereas, 01 DHQ Hospital and 01 THQ for Secondary Healthcare facilities which were situated in Urban as well as Rural areas of District Pakpattan. Moreover, EPI Cell of District Pakpattan was also considered in audit sample to comment upon the epidemic and immunization activities under preventive services. The allocated budget and expenditure incurred by DHA Pakpattan for the period 2017-19 was Rs 2,285.239 million and Rs 2,157.892 million respectively resulting in savings of Rs 127.347 million as summarized below:

**(Rupees in Millions)**

Description of Major Head	Allocation			Expenditure			Savings		
	2017-18	2018-19	Total	2017-18	2018-19	Total	2017-18	2018-19	Total
Salary	780.875	971.443	1,752.318	777.507	959.571	1,737.079	3.367	11.872	15.239
Non Salary	118.715	368.612	487.327	88.039	292.482	380.521	30.676	76.130	106.806
Total non Development	899.589	1,340.055	2,239.644	865.546	1,252.053	2,117.599	34.043	88.002	122.045
Development	18.972	26.623	45.595	18.972	21.321	40.293	-	5.302	5.302
<b>Grand Total</b>	<b>918.561</b>	<b>1,366.678</b>	<b>2,285.239</b>	<b>884.518</b>	<b>1,273.374</b>	<b>2,157.892</b>	<b>34.043</b>	<b>93.304</b>	<b>127.347</b>

### iii. Beneficiary of Study

Following are the main beneficiary of study:

- a. Improvement of hospital infrastructure to facilitate general public
- b. Employment opportunities for technical and non-technical staff.
- iv. General public at large
- v. Health facility to needy patients at their door step

### **3. Study Design**

The service delivery was assessed by audit through well-designed set of questionnaire to the management, para-medics, doctors and end users. The feedback of such questionnaire and data analysis form an independent and impartial opinion for management as well as for policy suggestions to the policy makers for improving service delivery.

#### **i. Time Period**

The special study was carried out for the period 2017-19 as approved by the AGP in Audit Plan of 2019-20. The execution of special study audit was carried out during 27.04.2020 to 08.05.2020 (10 working days) as approved.

#### **ii. Data**

The relevant data was obtained from monthly reports and correspondence in the office of Chief Executive Officer (District Health Authority), Pakpattan, policies and guidelines issued by Primary and Secondary Health Department. The data was obtained from available health facilities, feedback of management, data published on DHIS, financial statements, vouched account and secondary data available from the old reports, newspaper and periodicals.

#### **iii. Methodology**

The methodology of special study was examination of files, data collection and its evaluation with a purpose to gauge the performance directions issued from time to time on operational level that how far they have been followed. Audit assessed the implementation of various guidelines issued by P&SHD for delivery of services. The evaluation of feedback of health facilities regarding disease control and efforts to combat the spread of epidemics was also observed. Moreover, critical analysis of auditable record as well as preventive, diagnostic and curative services provided to the general public, data published at DHIMS, monthly returns, survey reports and financial statements was carried out.

#### **4. Data Analysis**

Audit issued various questionnaires to measure the service delivery in preventive, diagnostic, curative services and implementation of MSDS, SOPs, SMPs and Referral Protocols. A randomly selected sample was taken comprising doctors, nurses, LHVs and other staff of primary as well as of secondary Healthcare facilities. The results were analyzed and have been incorporated in the main body of the report. Following analysis of data was carried out the findings of which have been incorporated in the body of the report:

- Comparison of responses of management and general public regarding efforts made by DHA in stopping the spread of any Pandemic was performed.
- Mode of awareness adopted and its effectiveness in the community was judged in primary and secondary healthcare facilities.
- Immunization services were analysed to gauge the preventive measures and bettment of immune system in the public.
- Diagnostic data was obtained from sample selected health facilities and analyzed the status of service delivery to the end user with respect to population of this district for basic diagnostic facilities as well as advanced level diagnostic facilities. The outcome of such analysis has been provided in the findings of this report.
- Curative services data was also obtained from sample selected health facilities and to ascertain the level of services provided to the patients in emergency, indoor, outdoor, surgeries, avvaiability of beds and status of beds either functional / non-functional to report significant findings to the stakeholders with real aspects of service delivery in these health facilities.
- Doctor patient ratio was observed and analyzed the need for qualified staff to highlight the issues of the health facilities before the stakeholders.



- Overall provision of services was analyzed to report upon referral system of these health facilities, availability of specialists, availability of medicines, provision and utilization of funds. Moreover, financial data analysis and availability of human resources management was also analyzed and commented upon these issues

## **5. Results of Study**

The findings of study have been reported in two aspects one with reference to purpose of study and secondly general findings of the study.

### **5.1 Study findings with reference to purpose of study:**

#### **5.1.1 Preventive Activities**

Prevention of both communicable and non-communicable diseases is the primary responsibility of the health managers at the district level. The data collected during special study revealed following important aspects on the basis of record collected by the audit team:

##### **A. Stopping the Spread of Pandemic**

It is important to limit the spread of flu viruses during a pandemic. The pandemic disease normally spread through coughs and sneezes, and hands that are not properly cleaned. Taking following steps are necessary to stop the spread of Pandemic and keep you and others healthy:

- Get vaccinated
- Stay home when sick
- Know when to seek medical care
- Take antiviral medicines if prescribed
- Maintaining distance
- Clean your hands
- Cover your coughs and sneezes
- Use personal protective equipment (PPE)
- Stay healthy

The data collected during special study revealed that in order to stop a particular Epidemic / Pandemic Dengue, etc no sufficient measures were adopted to control the spread of Pandemic. Whenever the challenge of epidemic comes the DHA Pakpattan has no sound preparedness to combat the spread of pandemic. Neither any vaccine was existed for the forthcoming risk/challenge nor people were trained to stay home and seek medical care. No antiviral medicines were prescribed by the Doctors to improve the immune system of general public regarding the pandemic.

1. During a pandemic both patients and staff were required to wear masks. DHO (PS) was of the view that sufficient stock of PPEs is available for doctors and paramedics. Whereas, he was of the view that no PPEs available for Patients as well as for general public to protect themselves from being exposed to the epidemics. No good care of community was ensured by DHA Pakpattan to minimize the impact of pandemic. No evidence regarding awareness to eat a balanced diet, exercise regularly, get a flu shot every year, and practice good hygiene including regular hand washing given to general public. **(Annex-A)**

**B. Mode of Awareness:**

Scrutiny of record based on the questionnaire and interviews conducted during study revealed that various methods i.e. Literature, Electronic media, Posters, and Workshops means were adopted to create awareness among the general public about different diseases. Summary of which is given below: **(Annex-B)**

Healthcare Facilities	Modes of Awareness				
	Literature	Electronic media	Posters	Workshops	Other
Primary Health facilities	93%	0%	100%	20%	0%
Secondary Health facilities	50%	50%	100%	50%	0%

1. In districts Pakpattan, distribution of literature and posters was the predominant mode adopted for creating public awareness regarding prevention of different diseases among the people of the district. The above table further discloses that the management of primary & secondary healthcare could not sufficiently use the modern electronic media to spread the message regarding issues of public healthcare as the extent of use of electronic media at Primary and Secondary Healthcare levels remained 0% and 50% respectively.

2. One RHC also reported the use of other modes of awareness including conferences, meetings, walks etc. under preventive activities to control communicable and non-communicable diseases. Audit is of the view that, in rural areas, immediate human contact and direct communication could prove to be more effective mode of awareness campaign. Therefore, use of electronic media coupled with direct communication with the general public could produce better results.

### C. Expanded Programme of Immunization (EPI)

Immunization in Primary Health facilities (RHCs, BHUs) is carried out under Expanded Programme of Immunization (EPI). EPI is assisted by WHO and UNICEF and the objective of EPI is to immunize children against preventable diseases and women against Neonatal Tetanus. Immunization for children is provided against Diphtheria, Pertussis, Tetanus, Hepatitis-B, Measles, Tuberculosis (BCG) Pneumonia and Polio. Immunization is done through various techniques, most commonly vaccination. However, diseases like influenza, bird flu and swine flu were not included in the immunization campaign in District Pakpattan. The findings of study revealed that:

1. Against the total population of around 1.824 million of Pakpattan, over 1.535 million (84%) population lives in rural areas where these Primary Healthcare facilities (RHCs and BHUs) are situated. In these primary and secondary health facilities 39,337 people and 47,011 people were immunized during the year 2018 and 2019 respectively as reported in DHIS Pakpattan. The detail is as under:

Source	Health Facilities	Immunization services Provided in 2018	Immunization services Provided in 2019	Total
DHIS	Primary & Secondary Health Facilities	39,337	47,011	86,348
EPI Cell	Primary & Secondary Health Facilities	54,817	62,052	116,869
<b>Difference</b>		<b>-15,480</b>	<b>-15,041</b>	<b>-30,521</b>

2. Data provided by the various sources did not match which creates doubts on the authenticity and validity of data reported by the various wings / branches of DHA. Infact the date reliability is the essence of accountability and reporting facts. CEO, DHA Pakpattan should take strict disciplinary action against persons at fault for wrong reporting and concealment of facts.

3. Audit assessed from the reports of DHIS Pakpattan that outbreaks of gastroenteritis, scabies, measles and typhoid fever during the last two years were also reported. On the other hand, various BHUs of Pakpattan have also intimated outbreaks of measles, Hepatitis-B&C and various skin diseases during the last two years. While discussing the issue with the managers of the concerned health facilities it came to the notice that adequate remedial facilities did not exist as a

preventive tool for the control of the outbreak of communicable and non communicable diseases.

4. Five RHCs and 10 BHUs have intimated that adequate facilities were available to prevent various communicable and non-communicable diseases. But these health facilities were also of the view that no control existed against various communicable and non-communicable diseases in these centers despite the provision of preventive facilities. It indicates that field workers did not ensure proper delivery of services. Management should take action to ensure proper control of communicable and non-communicable diseases in the territory concerned. **(Annex-C)**

5. The stock report of vaccines revealed that the vaccine of H1N1 Flu was not available during 21 months period. The representatives of RHCs and BHUs were asked about the funds allocation for preventive activities but all of them have intimated that no separate bifurcated allocation of funds was made for preventive activities by the controlling heads / funds allocating authorities. **(Annex-D)**

### **5.1.2 Diagnostic Activities**

Availability of diagnostic facilities at the Primary and Secondary Healthcare facilities helps to diagnose the diseases at the early stage and at a lower cost. The information collected on the basis of questionnaire on this important aspect of Healthcare at district level revealed the following results:

1. Data collected revealed that diagnostic facilities were only available at District Headquarter (DHQ) Hospital, Tehsil Headquarter (THQ) Hospital and 05 Rural Health Centers (RHCs) while in other Primary Healthcare facilities i.e. in BHUs, these diagnostic facilities were not provided. The availability of diagnostic laboratories at BHU level shall ensure the enhanced curative care facilities to the patients at large.
2. The study revealed that laboratory facilities were only providing preliminary diagnostic screening facilities to the patients ranging from CBC, ESR, Blood Grouping, Urine C/E, Blood Urea, Sugar, Uric Acid, HCV, HbsAg and Pregnancy tests, etc.

3. Advanced level diagnostic facilities including more sensitive and high cost screening tests and PCRs were not available at DHQ/THQ/RHCs level such as PCRs, MRI, Colour Doppler, CT Scan and Endoscopy etc. General public and poor patients have to travel to other cities or paying high cost for these tests from private laboratories.
4. Two years patients' inflow revealed that out of total 2,841,137 patients who attended primary and secondary health facilities for treatment, 1,087,330 patients (38%) were provided with diagnostic facilities (Lab Tests, X-Ray, Ultrasound and ECG etc) as detailed below. It indicates that remaining 62% patients if need diagnostic findings remains unattended at Government Hospitals.

**(Rupees in million)**

Name of Health Facility	Total No. of Patients during 2017-19	Total No. Patients who were provided diagnostic facilities during 2017-19
Rural Health Center, Chak No. 93/D Noor Pur, Pakpattan, Pakpattan	201,453	23,112
Rural Health Center, Qaboola, Arifwala, Pakpattan	174,613	23,360
Rural Health Center, Bunga Hayat, Pakpattan, Pakpattan	219,765	74,860
Rural Health Center, Malka Hans, Pakpattan, Pakpattan	223,562	70,920
Rural Health Center, Chak No. 163/EB Muhammad Nagar, Arifwala, Pakpattan	149,688	37,965
DHQ Hospital Pakpattan	1,078,519	485,488
THQ Hospital, Arifwala, Pakpattan	793,537	371,625
<b>Total</b>	<b>2,841,137</b>	<b>1,087,330</b>
<b>% of Patients who were provided diagnostic facilities during 2017-19</b>		<b>38%</b>

5. Analysis of diagnostic facilities provided at DHQ/THQ Hospitals were also made which revealed that there were only two hospitals of secondary healthcare facility which were providing comparatively better diagnostic facilities ranging from Lab Tests, X-Rays, Ultrasounds and ECG to the patients(**Annex-E**).
6. Almost 67 out of total 74 health facilities (91%) in District Pakpattan were not providing all diagnostic facilities to the patients. 10 BHUs were visited out of total 54 BHUs and other GRDs, / MC centers and revealed that none of the BHU/MC Center/GRDs provided diagnostic facilities to the patients. (**Annex-F**). In addition, ECG, and Ultrasound facilities in 5 RHCs of Pakpattan were not provided to the patients on regular basis. (**Annex-G**).

Further, TB clinic also providing diagnostic facility of TB Dots program for the entire district.

7. The study further revealed that a total number of 181,562 patients availed the facilities of X-Rays, and ECG during two years in entire district Pakpattan without the availability of Radiologist. However, the figures of Ultrasounds conducted were not provided. **(Annex-H)**
8. In order to ensure the availability of qualified and trained staff for operating the diagnostic machinery and equipment in various health facilities including DHQ / THQ hospitals, RHCs and BHUs, it was observed that trained staff was not available at DHQ Hospital for operation of CT Scan machine and no pathologist and Radiologist were available in most of the period during 2017-19 at THQ / DHQ / RHCs of District Pakpattan. In addition, 10 BHUs out of 54 BHUs also intimated about the non-availability of qualified / trained staff.
9. Data collected during special study revealed that no sufficient diagnostic facilities are available in the district Pakpattan. Only 13 X-Ray machines are available in government sector of District Pakpattan which shows that only one X-Ray machine is available for 140,300 persons. Similarly, only one CT-Scan is available for the entire population of 1.824 million which is also not yet operative due to non-availability of qualified / trained human resource. Only 17 functional Ultrasounds machines existed in total 74 health facilities of the district out of which 8 machines are available at two secondary healthcare facilities. Hence only one Ultrasound machine is available to attend 107,294 people on average basis. Total 8 dental units are available in entire district which shows that one dental unit is available for 260,500 persons.

Particulars	X-Ray	USG Machine	CT Scan	Dental Unit
Total No. of equipment available	13	17	1	8
Population	1,824,000	1,824,000	1,824,000	1,824,000
Population - equipment Ratio	140,308	107,294	1,824,000	228,000
DHQ Figures	3	7	1	2
THQ Figures	4	1	-	2
RHCs Figures	6	9	-	4
BHUs Figures	-	-	-	-
MCH Centers	-	-	-	-
GRDs Figures	-	-	-	-

10. Interviews with the management revealed that no Radiologist was remained posted in DHQ as well as at THQ hospital for the entire period of last two years. Hence the radiological diagnostic services were not provided to the general patients in entire two years.
11. During interviews with the management Audit noticed that no pathologist was available at DHQ Hospital except only for 6 months during the period 2017-19. Hence, only 25% time period the services of pathologist were available in DHQ Hospital. Similarly, in absence of posting of a qualified Pathologist at THQ Hospital the running of diagnostic services and their quality can be better assessed by stakeholders.

### 5.1.3 Curative Activities

The curative aspects of the Primary and Secondary Healthcare are the basic indicators of the effectiveness of the Healthcare system. On this aspect the results of data / information collected on the basis of questionnaire are summarized below:

1. On the curative aspect, the special study carried out on the basis of questionnaire which revealed that no emergency treatment facilities were available to the visiting patients at BHUs as per the approved structure of BHUs. However, review of data revealed that out of total of 15,112 referral cases of primary health facilities, 8,560 patients pertained to BHUs only. Audit is of the view that these patients were referred to upper level health facilities because of non availability of full diagnostic facility including Lab tests, X-rays, Ultrasound and ECGs and the vacant posts of doctors as well.
2. On average 40,917 patients during one month were treated in emergency units of all health facilities in Pakpattan. Out of these patients; the secondary health facilities provided the emergency services to 33,943 patients which was 83% of total patients. Whereas as the 05 RHCs and selected 10 BHUs provided the said facilities to 6,974 patients which was 17% of total patients. The comparison of provision of emergency treatment facilities by all health facilities including DHQ / THQ Hospitals and RHCs is as under:

Name of Health Facility	Total Emergency Patients of Health Facility during one month	Total Emergency Patients treated at health facility	Total emergency patients referred to upper level	Percentage (%)
Secondary Healthcare Facilities	33,943	33,572	371	83%



Primary Healthcare Facilities (5 RHCs + 10 Selected BHUs)	6,974	6,412	498	17%
<b>Total</b>	<b>40,917</b>	<b>39,984</b>	<b>869</b>	<b>100%</b>

3. The study further revealed that 338 (84%) hospital beds and 64 (16%) hospital beds were available for provision of routine indoor treatments and emergency treatment at health facilities respectively. A total No. of 278 indoor beds was available in secondary healthcare facilities and 124 indoor beds were available in primary healthcare facilities of 5 RHCs and 10 selected BHUs. The study revealed that out of total 114,420 patients during one month there are 40,917 patients who come to emergency ward in a month which becomes 35% of total entrants whereas the availability of beds in emergency wards is only 16% which cannot fulfill the needs of visiting patients in emergency. Furthermore, 97% of beds were shown as functional and 3% were declared as non-functional. The comparison of availability of total indoor beds for routine as well as emergency treatment of patients is as under:

Name Health Facility	Total No. of Beds Available	Indoor Beds for Routine Treatment	Indoor beds for Emergency Treatment	% of functional beds	% of non-functional beds
Secondary Healthcare Facilities	278	223	55	95%	5%
Primary Healthcare Facilities (5 RHCs + 10 Selected BHUs)	124	115	09	100%	0%
<b>Total</b>	<b>402</b>	<b>338</b>	<b>64</b>	<b>97%</b>	<b>3%</b>

4. The results of questionnaire further revealed that indoor and emergency treatment facilities in all BHUs were not available. Further, comparison of total patients who attended health facilities on average per month revealed that on average 109,439 total patients availed indoor and outdoor treatment facilities during one month. On the other hand, 100,641 patients availed the outdoor treatment facilities on average per month. The average outdoor and indoor treatment ratio per month of patients remained at 92% and 08% respectively. Whereas, the average outdoor treatment ratio per month of patients at THQ and DHQ remained at 91% and 86% respectively. Further, 8,798 number of patients per month were provided indoor treatment facilities by visited health facilities which was only 8% of the total patients who attended the health facilities for indoor treatments. The summary comparison

of indoor and outdoor treatment facilities to the patients on average per month by the health facilities is given in table given below:

Name Health Facility	Total No. of patients	No. of Indoor patients	% of indoor patients	No. of Out door Patients	% of out door patients
DHQ Hospital Pakpattan	27,501	3,723	14%	23,778	86%
THQ Hospital Pakpattan	26,600	2,400	9%	24,200	91%
5 RHCs in Pakpattan	40,267	2,675	7%	37,592	93%
10 Selected BHUs of Pakpattan	15,071	-	-	15,071	100%
<b>Total</b>	<b>109,439</b>	<b>8,798</b>	<b>8%</b>	<b>100,641</b>	<b>92%</b>

5. The information collected during Special Study of Primary and Secondary Healthcare revealed that out of total 19,859 surgeries, including 13,955 minor surgeries (70%) and 5,904 major surgeries (30%) were carried out in all health facilities during 2017-19. **(Annex-I)** The summary comparison of surgeries carried out at various departments in secondary healthcare facilities is as under:

Comparison Surgeries Carried out at DHQ/THQ Hospitals during 2017-19							
Name Health Facility	Type of Surgery	Eye	Ortho	Gynae	Peads	General	Total
DHQ Hospital	Minor	415	1,411	-	-	1,296	3,122
	Major	387	244	1,722	-	971	3,324
	<b>Total</b>	<b>802</b>	<b>1,655</b>	<b>1,722</b>	<b>-</b>	<b>2,267</b>	<b>6,446</b>
	% of Major	<b>48%</b>	<b>15%</b>	<b>100%</b>	<b>0%</b>	<b>43%</b>	<b>52%</b>
THQ Hospital	Minor	580	1,421	-	-	3,598	5,599
	Major	<b>323</b>	<b>334</b>	<b>651</b>	<b>-</b>	<b>1,272</b>	2,580
	<b>Total</b>	<b>903</b>	<b>1,755</b>	<b>651</b>	<b>-</b>	<b>4,870</b>	<b>8,179</b>
	% of Major	<b>36%</b>	<b>19%</b>	<b>100%</b>	<b>0%</b>	<b>26%</b>	<b>32%</b>
<b>G. Total</b>	Minor	995	2,832	-	-	4,894	8,721
	Major	710	578	2,373	-	2,243	5,904
	<b>Total</b>	<b>1,705</b>	<b>3,410</b>	<b>2,373</b>	<b>-</b>	<b>7,137</b>	<b>14,625</b>
	% of Major	<b>42%</b>	<b>17%</b>	<b>100%</b>	<b>0%</b>	<b>31%</b>	<b>83%</b>

Above bifurcation of surgeries reflects the attitude of specialists towards delivery of their services at Government Hospitals. Not a single peads surgery was carried out during last two years in any health facility of the District Pakpattan. Hence patients have to get treatment on payment from private sector. Similarly, at DHQ Hospital and THQ Hospital only 15% and 19% orthopedic surgeries were major surgeries respectively; it evidently

shows that most of the major surgery patients were referred out and obviously they have to get their treatment on payment at private hospitals.

Moreover, out of total 14,625 surgeries 7,137 surgeries are general surgeries; which becomes almost 49% of total operations. Out of this major chunk only 31% are major general surgeries rest of the total 4,894 (69%) are also minor surgeries; it evidently shows the interest of general surgeons at Government Health facilities. Here most of the patients are also referred out and obviously they have to get their treatment on payment at private hospitals. Management has to take notice of this miserable performance of Orthopedic and General Surgeons to improve the service delivery at Government health facilities.

- The results of study revealed that an amount of Rs 19.921 million and Rs 171.395 million was allocated during 2017-18 and 2018-19 totalling Rs. 191.316 million allocated to health facilities on account of purchase of medicines during 2017-19. There was 760% increase in funds allocation for medicines to various health facilities during 2018-19 as per data provided by DHA Pakpattan. Further, the management of DHA responded to a question and stated that medicines funds provided to them were not according to their actual demands. The Summary Comparison of funds allocations for medicines to health facilities during the last two years is as under:

**(Amount in Million)**

<b>Name Health Facility</b>	<b>Allocation for medicines 2017-18</b>	<b>Allocation for medicines 2018-19</b>	<b>Total</b>
Primary Healthcare Facilities	14.300	115.210	129.510
Secondary Healthcare Facilities	5.621	56.185	61.806
<b>Total</b>	<b>19.921</b>	<b>171.395</b>	<b>191.316</b>
<b>% Increase in 2018-19</b>		<b>760%</b>	

- The scrutiny of working strength of Doctors and No. of patients attended by them revealed that there were 20 Doctors for 05 RHCs and 10 Doctors for 10 selected BHUs. Hence, in Pakpattan average per month Doctor/Patient ratio at RHCs and BHUs were 1:1610, and 1:1507, respectively. Moreover, Doctor / Patient ratio of DHQ Hospital and THQ Hospital was 1:859 and 1:782 respectively. Hence, doctor patient ratio of overall DHA Pakpattan was

1:1083 during June, 2019 which shows that no sufficient Doctors were available in this district to treat the patients properly.

Particulars	Avg. No. of Patients Per Month	Avg. No. of Doctors per Month	Doctor/Patient Ratio
5 RHCs	40,267	25	1:1610
10 BHUs	15,071	10	1:1507
THQ Hospital	26600	34	1:782
DHQ Hospital	27,501	32	1:859
<b>Total</b>	<b>109,439</b>	<b>101</b>	<b>1:1083</b>

[Source: Information collected from working strength of June, 2019 and No. of Patients taken on average of last six months]

The average doctor/patient ratio in Pakpattan was 1:1400, whereas the same ratios for some countries are as under:

Statement Showing Doctor / Patient Ratios of Various Countries as Compare to Pakistan	
Countries	Doctor / Patient Ratios
India	1:1700
Bangladesh	1:3800
Afghanistan	1:5300
Pakistan	1:1400
Saudi Arabia	1:750
Australia	1:400
USA	1:390
Russia	1:230

[Source: Information collected from the web site [www.bigthink.com](http://www.bigthink.com) on 13.06.2014]

8. According to the information collected from DHQ Hospital Pakpattan, it was observed that 27% of available medical equipment as listed below was non-functional due to the one reason or another. The non-functionality of medical equipment in the above mentioned health facilities may affect the achievement of objectives of efficient service delivery at respective health facility. **(Annex-J)**.
9. According to information collected during special study from selected Primary and Secondary Healthcare facilities it was revealed that during one month on average 933 patients, who required emergency treatment, were referred by these health facilities to upper level. **(Annex-K)**. The obvious reason of these referrals was non-availability of full diagnostic facilities including lab tests, X-Rays, Ultrasound and ECG. **(Annex-L)**. Further, the vacant posts of Doctors (4% at Primary healthcare facilities & 57% at Secondary level healthcare facilities) and Paramedics (5% at Primary

healthcare facilities & 10% at Secondary level healthcare facilities) also contributed to such a high referral rate. (**Annex-M**)

Health Facility	Doctors / Paramedics Availability at Primary and Secondary Healthcare				
	Posts	Sanctioned	Available	Vacant	Vacant Percentage
Primary Healthcare	Doctors	84	81	3	4%
Secondary Healthcare	Doctors	164	71	93	57%
<b>Total</b>		<b>248</b>	<b>152</b>	<b>96</b>	<b>20%</b>
Primary Healthcare	Paramedics	1484	1410	74	5%
Secondary Healthcare	Paramedics	304	274	30	10%
<b>Total</b>		<b>1788</b>	<b>1684</b>	<b>104</b>	<b>6%</b>
<b>Grand Total</b>		<b>2036</b>	<b>1836</b>	<b>200</b>	<b>10%</b>

10. No data was provided regarding the facility of ambulance provided to referred patients despite the fact that on COD Register it is mandatory to mark entry of shifting mode of patients. Despite repeated requisitions no such data was provided by THQ and DHQ Hospitals and surveyed BHUs. Hence Audit could not ascertain that out of total referred patients to upper level health facility how many were provided ambulance facility and how many patients had to arrange conveyance privately for them.
11. Further, from the data collected from surveyed health facilities it was observed that 24,382 patients were referred for treatment to other health facilities during 2017-19. While, as per data collected from two RHCs (RHC Malka Hans and RHC Bunga Hayat) 4,909 numbers of patients had availed the ambulance facilities during 2017-19. Resultantly, there was difference of 19,473 numbers of patients who were referred to other health facilities but no ambulance facility was provided to them. The management of concerned Hospital should probe the reasons of this difference between numbers of patients referred and ambulance services provided and take remedial action accordingly. The summary comparison of hospitals where the said difference in numbers of patients referred and ambulance services provided was observed is given in **Annex-N**.
12. The data from one DHQ Hospital, one THQ Hospital, 05 RHCs and 10 selected BHUs regarding the availability or absence of Snake bite Antivenom and Anti-Rabbies Vaccine was collected which revealed that said medicines were not available in at any BHUs(**Annex-O**).Due to non-availability of these life saving medicines at concerned Primary and Secondary Healthcare

facilities, the lives of local population who were living in close vicinities of these Primary and Secondary Healthcare facilities were at risk.

13. The data from DHQ Hospital, THQ Hospital, 05 RHCs and 10 selected BHUs regarding the availability of necessary life saving medicines such as (Injections / Tablets) Dexamethasone / Decadron, Solucortef, Aminophylline, Adrenaline, Lasix etc. was collected and it was reported that these were available at all health facilities during the period 2017-19. Whereas, it is very unfortunate that sometimes in order to fulfill the CM road map indicators and to show stock to the monitoring officers the last dose of each medicine is not issued to the patients and retained in stock to fulfill the indicators and poor patients were referred to other health facilities. **(Annex-P)**.
14. According to the information collected from various health facilities it was noticed that 82% health facilities were of the view that no sufficient space and arrangements existed for proper storage of medicine as per storage standards. In most of the hospitals there were improper arrangements for storage of medicine. Due to which the efficacy of the medicine was affected so the lives of patients were put at risk. **(Annex-Q)**
15. According to the information collected from various health facilities it was noticed that almost 94% health facilities were of the view that no sufficient services are available to attend cardiac patients. Hence due to non provision of sufficient cardiac services the lives of cardiac patients were put at risk. **(Annex-R)**.
16. According to the information collected from various health facilities it was noticed that 94% health facilities were of the view that no sufficient services were available to attend ENT patients in the district Pakpattan. Hence due to non provision of sufficient ENT services the lives of ENT patients were put at risk. **(Annex-S)**.
17. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no sufficient services were available to attend skin diseases patients. Hence due to non provision of sufficient services of skin diseases the lives of skin patients were put at risk. **(Annex-T)**

18. Pulmonologist services were not being provided satisfactorily to the patients as 100% of the health facilities were of the view that no such services available in their health facility. (**Annex-U**)
19. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no sufficient services were available to attend cancer patients in the district Pakpattan. Hence due to non provision of sufficient cancer services the lives of cancer patients were put at risk. (**Annex-V**)
20. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no sufficient services were available to attend Neurology, Nephrology and Urology patients in the district Pakpattan. Hence due to non provision of sufficient Neurology, Nephrology and Urology services the lives of such patients were put at risk. (**Annex-W**)
21. According to the information collected from various health facilities it was noticed that 88% health facilities were of the view that no sufficient dialysis services are available to patients in the district Pakpattan. Only dialysis center at DHQ and THQ Hospitals were functional but these cannot fulfill the requirements of the entire district. Hence due to non provision of sufficient dialysis services the lives of such patients were put at risk (**Annex-X**)
22. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no infertility clinics and provision of test tube baby services were available to the patients in the district Pakpattan. Hence due to non provision of infertility clinics the people of this district have to visit surrounding areas eg. Multan, Sahiwal and Lahore for extensive and exhaustive treatments on unbearable cost. (**Annex-Y**)
23. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no facility of Lithotripter machine was available at any health facility in the entire district. Hence people of the district were deprived off from the basic health facilities. (**Annex-Z**)

24. According to the information collected from various health facilities it was noticed that 100% health facilities were of the view that no drug rehabilitation center was established and these services were not available to the patients in the district Pakpattan. Hence due to non provision of drug rehabilitation clinics the people of this district have to visit surrounding areas eg. Multan, Sahiwal and Lahore for extensive and exhaustive treatments on unbearable cost. **(Annex-AA)**
25. According to the information collected from DHA Pakpattan it was noticed that medicine funds of Rs 19.921 million and Rs 171.396 million were allocated for medicines, out of which, funds of Rs 12.173 million and Rs 128.802 million were incurred resulting a saving of Rs 7.748 million and Rs 42.594 million during the period 2017-18 and 2018-19 respectively. Hence, non-utilization of medicine funds Rs 50.342 million resulted in 32% saving of allocated funds. Due to non-utilization of Rs 50.342 million from allocated funds of Rs 191.317 million the patients were deprived off from the facility of free medicines during 2017-19. **(Annex-AB)**
26. According to the information collected from TB Clinic Pakpattan total 544 patients and 465 patients were treated during 2017-18 and 2018-19 respectively. Out of 18,352 OPD patients related to respiratory diseases only 1,062 were found TB Positive which comes to 6% of total screened cases. Out of 1,062 positive cases 687 patients were cured during two years which becomes 65%. During the entire period of two years the availability of medicines were ensured properly in every TB clinic situated at DHQ / THQ / RHCs respectively.

Year	Total OPD Patients	Total Positive Cases	Total treated cases	Total Cured Cases	Total Multi Drug Resistant (MDR)
2017-18	9,382	509	544	430	3
2018-19	8,970	553	465	257	6
<b>Total</b>	<b>18,352</b>	<b>1062</b>	<b>1009</b>	<b>687</b>	<b>9</b>
<b>%</b>		6%	95%	65%	1%



#### **5.1.4 IRMNCH Activities**

The overarching program goal is to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program at all levels of the healthcare delivery system.

The program will ensure progress towards achieving the Millennium Development Goals in maternal and child health. The core objectives of the program are as under:

**To reduce:**

1. The Under Five Mortality Rate to less than 65 per 1000 live births by the year 2011 (Target 2015: 45/1000)
2. The New born Mortality Rate to less than 40 per 1000 live births by the year 2011 (Target 2015: 25/1000)
3. The Infant Mortality Rate to less than 55 per 1000 live births by the year 2011 (Target 2015: 40/1000)
4. The Maternal Mortality ratio to 200 per 100,000 live births by the year 2011 (Target 2015: 140/100,000)

**To increase:**

1. The proportion of deliveries attended by skilled birth attendants at home or in health facilities to 90%. (Target 2015: >90%)
2. Contraceptive Prevalence Rate to 55

Data collected during special study revealed that the performance of MNCH wing of DHA Pakpattan is far below from standard. In order to achieve the objectives this segment needs to pay special attention to improve the service delivery in the community. The key performance indicators of district Pakpattan indicates that the target of 2015 is not yet achieved in 2019 which is alarming situation and puts question mark on the performance of MNCH sector in the district despite availability of sufficient funds and preferences of the Government. The summary of targets and achievements is given below:

Sr. No.	Name of Indicator	Target to Reduce by 2015	Achievements in District Pakpattan			
			2015	2017	2018	2019
1	The Under Five Mortality Rate	45/1000	105/1000	101/1000	96.4/1000	91.5/1000
2	The Newborn Mortality Rate	25/1000	88/1000	78/1000	82/1000	70/1000
3	The Infant Mortality Rate	40/1000	95.33/1000	96.42/1000	89/1000	80/1000
4	The Maternal Mortality ratio	140/100,000	181/100000	187/100000	167/100000	157/100000
Sr. No.	Name of Indicator	Target to Increase by 2015	Achievements in District Pakpattan			
			2015	2017	2018	2019
1	The proportion of deliveries attended by skilled birth attendants at home or in health facilities	>90%	>71.4%	>86%	>90%	>92%
2	Contraceptive Prevalence Rate to 55	55	44.32%	47.40%	49.24%	51%

In district Pakpattan there are 21BHUs working 24/7 under the IRMNCH Program in district Pakpattan since 2014 till current date. Despite the fact that sufficient staff and sufficient funds were provided to the DC, IRMNCH Pakpattan the objectives of the Program were not achieved so far. Only one indicator of deliveries attended by skilled birth attendant's target of 2015 was achieved in 2019. The overall summary of sanctioned and working strength of IRMNCH wing Pakpattan is given below:

Sr. No.	Name of Post	Sanctioned	Filled	Vacant
1	Lady Health Visitor	46	46	00
2	Aya	42	29	13
3	Security Guard	42	30	12
4	Women Medical Officer	05	01	04
5	Charge Nurse	02	04	02

Further, the comparative analysis of district Pakpattan as compare to the overall progress of Punjab, Pakistan and other countries is also given below:

Fertility rate, total (births per woman)	2015	2016	2017	2018	2019
China	1.7	1.7	1.7	1.7	..
India	2.3	2.3	2.2	2.2	..
Pakistan	3.7	3.6	3.6	3.5	..
Bangladesh	2.1	2.1	2.1	2.0	..
Iran, Islamic Rep.	2.0	2.1	2.1	2.1	..
Created from: World Development Indicators Series : Fertility rate, total (births per woman)					

<b>Births attended by skilled health staff (% of total)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
China	99.9	..	..	..	..
India	..	81.4	..	..	..
Pakistan	..	..	..	69.3	..
Bangladesh	..	49.8	..	..	..
Iran, Islamic Rep.	..	..	..	..	..
Created from: World Development Indicators Series : Births attended by skilled health staff (% of total)					
<b>Mortality rate, infant (per 1,000 live births)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
China	9.2	8.5	7.9	7.4	..
India	35.0	33.2	31.5	29.9	..
Pakistan	62.1	60.5	58.8	57.2	..
Bangladesh	29.6	28.0	26.5	25.1	..
Iran, Islamic Rep.	13.8	13.3	12.8	12.4	..
Created from: World Development Indicators Series : Mortality rate, infant (per 1,000 live births)					

### **5.1.5 Financial Management**

Provision of finances/appropriate budget at Primary and Secondary Healthcare is the core requirement for the state of art health facilities at District Pakpattan. Audit findings pertaining to finance related issues are as under:

1. During special study, it was observed that District Health Authority Pakpattan failed to utilize allocated funds effectively and efficiently. There was 49% increase in total allocation of budget during 2018-19 as compared to last year allocation. **(Annex-AC)** Against the total allocation of Rs. 2285.239 million, an expenditure of Rs. 2,157.892 million was incurred by authority on provision of Primary and Secondary Healthcare facilities during the period 2017-19. The overall savings of Rs. 127.347 million (5.267%) during 2017-19 were observed. The savings in allocated budget was due to the fact that 84% of budget allocations were in the non-salary component. The reason for such saving is as under:
  - Total 40 million funds were not accounted for during 2018-19 due to non-clearance of DTL of most of the medicine items purchased by Primary and Secondary Healthcare facilities. These payments were made from the budget allocation of 2019-20.

- The expenditure of dialysis related items was not booked during 2017-18 and most of the cheques were not cleared on 30<sup>th</sup> June 2018 as per directions of Finance Department, Government of the Punjab.
2. The primary healthcare facilities had incurred an expenditure of Rs.1,474.583 million during the financial years 2017-19. Secondary healthcare facilities had incurred an expenditure of Rs. 683.309 million during the financial years 2017-19. The comparison of allocated funds and expenditure incurred by health facilities on provision of Primary and Secondary Healthcare facilities was carried out which is summarized as under:

(Rupees in Millions)

<b>Summary Comparison of Funds Allocated and Expenditure Incurred by Primary and Secondary Healthcare during the Last two Years</b>				
<b>Healthcare</b>	<b>Description</b>	<b>2017-18</b>	<b>2018-19</b>	<b>Total</b>
Primary Healthcare Facilities (RHCs, BHUs, MCH, GRDs etc.)	Funds Allocated	662.707	899.806	1562.513
	Expenditure	633.416	841.167	1474.583
	Savings/Difference	29.291	58.639	87.930
	Percentage	4%	7%	6%
Secondary Healthcare Facilities (DHQ & THQ Hospitals)	Funds Allocated	255.855	466.872	722.726
	Expenditure	251.102	432.207	683.309
	Savings/Difference	4.752	34.665	39.417
	Percentage	2%	7%	5%
Total DHA Pakpattan	Funds Allocated	918.562	1366.678	2285.239
	Expenditure	884.518	1273.374	2157.892
	Savings/Difference	34.043	93.304	127.347
	Percentage	4%	7%	6%

Against the total allocation of funds of Rs. 2285.240 million, an expenditure of Rs. 2157.892 million was incurred by Health Department on provision of Primary and Secondary Healthcare facilities during the financial years 2017-19. The overall savings of Rs. 127.347 million (6%) during the said financial years were observed. The year-wise savings in expenditure / allocation of concerned health facilities were, 4% and 7% for the financial year 2017-18 and 2018-19, respectively.

3. According to the data collected for the last two years and responses from various managers of primary health facilities, it was revealed that 100%

funds which were allocated to various cost centers were released to almost all cost centers as per original allocation. **(Annex-AD)**

4. The management of DHA was not satisfied with the allocation of funds and they stated that the allocated funds were not sufficient to meet the needs of district. The dissatisfaction of Primary and Secondary Healthcare facilities with the allocated financial resources may affect the achievement of objectives of an efficient Primary Healthcare system.
5. The data of financial year 2017-18 revealed that total receipt of 16.174 million was realized by 44 health facilities of district Pakpattan. **(Annex-AE)**
6. It was observed that serious irregularities amounting to Rs 3,901.328 million were raised regarding service delivery issues during compliance audit of DHA Pakpattan during the period 2017-19. The Authority neither convened DAC meetings for discussion of these observations nor got the matter regularized under law. The detail is as under:

**(Rupees in millions)**

<b>Financial Year 2018-19</b>	<b>Amount in million</b>
Non-production of record	1.715
Irregularities related to HR / Employees, Procurement and Management of Accounts with Commercial Banks	1,267.772
Value for money and service delivery issues	13.703
Others	227.404
<b>Total</b>	<b>1,510.594</b>
<b>Financial Year 2017-18</b>	
Non-production of record	39.452
Irregularities and non-compliance of rules	1,929.161
Weak Internal Controls	398.022
Poor performance of the management	14.056
<b>Total</b>	<b>2,380.691</b>
<b>Grand Total</b>	<b>3,891.285</b>

*[Source: Printed Draft Audit Report of District Health Authority Pakpattan]*

### 5.1.6 Human Resource Management

Availability of the qualified and trained medical staff plays a pivotal role in imparting healthcare to the patients. The study, conducted on the basis of questionnaire, revealed that this aspect seemed to be ignored in most of the districts of Punjab. To ensure the availability of desired work force in Healthcare facilities, a formal questionnaire was prepared in order to reach certain conclusions whether all the required Doctors, Paramedic staff and other auxiliary staff were available in the health facilities imparting health services to cater for the needs and requirements of all types of patients, especially children and women. The results of this study are summarized below:

1. The comparison of sanctioned and working posts of Doctors and Paramedics in Health facilities of district Pakpattan revealed that against the 248 sanctioned posts of Doctors / specialists, 152 posts were occupied and 96 posts were lying vacant which becomes 20% vacant posts of doctors. Similarly, 104 posts of Paramedics were also lying vacant at DHA Pakpattan with vacancy ratio of 6%. On overall basis, against 2,036 sanctioned posts of Doctors / Paramedics at DHA Pakpattan, 1,836 posts were occupied and 200 were lying vacant which was 10% of the combined sanctioned posts of Doctors/Paramedics. The summary comparison of sanctioned/working strength of Doctors / Paramedics staff is given as under:

Health Facility	Doctors / Paramedics Availability at Primary and Secondary Healthcare				
	Posts	Sanctioned	Available	Vacant	Vacant Percentage
Primary Healthcare	Doctors	84	81	3	4%
Secondary Healthcare	Doctors	164	71	93	57%
<b>Total</b>		<b>248</b>	<b>152</b>	<b>96</b>	<b>20%</b>
Primary Healthcare	Paramedics	1484	1410	74	5%
Secondary Healthcare	Paramedics	304	274	30	10%
<b>Total</b>		<b>1788</b>	<b>1684</b>	<b>104</b>	<b>6%</b>
<b>Grand Total</b>		<b>2036</b>	<b>1836</b>	<b>200</b>	<b>10%</b>

2. There were 2,036 sanctioned posts of Doctors, Specialists and Paramedical staff in district Pakpattan. Out of stated sanctioned posts, 1,836 posts were filled / occupied and 200 posts (10%) were lying vacant in DHA Pakpattan.
3. For provision of Healthcare services to the patients, 152 Doctors / Specialists including 130 Doctors and 22 Specialists were available in all health facilities

of district Pakpattan which was 61% of the total sanctioned posts of doctors/consultants.

4. Scrutiny of information revealed that no sufficient staff was available against the question of sufficient staff the management of health facilities of 80% BHUs was of the view that no sufficient staff was available. Moreover, the management of BHUs was given to PHFMC and Government is transferring funds against full sanctioned strength but still the sufficient staff was not ensured by PHFMC.
5. No Radiologist remained posted in DHQ as well as at THQ hospital for the entire period of last two years. Hence the radiological diagnostic services were not provided to the general patients in entire two years.
6. Anesthetist was also not posted in DHQ Hospital Pakpattan and non-availability of anesthetist directly affects the working of gynecologist, general Surgeon, and orthopedic surgeon activities.

## 5.2 General Findings of Study

### 5.2.1 Other Issues

Other issues noticed during the course of special study by audit are elaborated in following paragraphs:

1. The availability of Operational Manuals in health institutions especially the Primary and Secondary Healthcare facilities is very important as these manuals contain standard operating procedures to be followed by the Primary Healthcare facilities in their routine as well as emergency situations. Further, the role and responsibilities of Doctors / Specialists / Paramedical staff are clearly laid down in the requisite Operational Manuals. The non-availability of the same in Primary and Secondary Healthcare facilities will not only affect the clarity of job descriptions but will also deteriorate optimum provision of health facilities to the patients as well. Responses of Healthcare facilities regarding availability of Operational Manuals are tabulated below:

<b>Primary and Secondary Healthcare facilities</b>	<b>(Yes)</b>	<b>(No)</b>
DHQ Hospital Pakpattan	✓	-
THQ Hospital Arifwala	✓	-
5 RHCs	✓	-
10 BHUs	✓	-

All Primary & Secondary Healthcare facilities intimated about the availability of Operational Manuals at their respective facility. Despite the fact that operational manuals are available but management neither ensure the use / applicability of these manuals. During interaction with the representatives of various health facilities Audit noticed that nobody knows the role and responsibility of their post and job description as laid down in the MSDS booklet circulated by P&SHD.

2. During the study it was revealed that 21BHUs (39%) were providing health facilities 24/7 whereas remaining 33 BHUs (61%) were functioning from 8-16 Hours per day. On the other hand, all 5 RHCs were providing health facilities for 24 hours per day basis except Sundays and Public holidays.



3. Audit has personally visited and observed that 40% of RHCs were not located on main road location of their respective health facilities was not according to set criterion of the Government whereas 60% of RHCs were properly located on road and were easily approachable to the community as summarized below:

General Information	Responses from Selected RHCs (66)	
	Yes	No
RHC Qaboola	-	✓
RHC 93/D Noor pur	-	✓
RHC Malka Hans	-	✓
RHC 163/EB	✓	-
RHC Bunga Hayat	✓	-

4. The requisite data for audit scrutiny for special study of 12 formations / health facilities was not provided despite repeated reminders. The detail of health facilities which have not provided any information is given below:

Name of Health Facility	Period	Remarks
10 Government Rural Dispensaries (GRDs) in Pakpattan	2017-19	Record not Provided
02 Municipal Dispensaries in Pakpattan	2017-19	Record not Provided

## 5.2.2 End User's Feedback

The satisfaction of the patients/visitors of the primary health centers is considered to be one of the basic parameters to gauge success or failure of the Primary Healthcare system in the province.

To ensure the availability of desired health facilities to the end users, a formal questionnaire was prepared for them to ascertain their satisfaction regarding Preventive, Diagnostic and curative facilities provided by these health facilities. A total of 50 end users of RHCs and 20 end users of DHQ / THQ Hospitals including both sexes were asked the questions. The results of the end users' responses in light of the questionnaire are summarized below:

Sr. No.	End User Questions	RHCs		DHQ		THQ	
		Yes	No	Yes	No	Yes	No
1	Do you think that health facility is up to the mark?	50	-	10	-	10	-
2	Whether the location of the health facility is approachable?	50	-	10	-	10	-
3	Are expert doctors available in this BHU/RHC?	25	25	5	5	4	6
4	How much time do you have to wait for getting checkup?	15 minutes to 27% Patients					
		30 minutes to 60% Patients					
		1 Hour to 13% Patients					
5	Do you get free medicine from the hospital?	85%	15%	90%	10%	95%	5%
6	Which diseases are more common in this area? Please specify	Fever, Cough, Gastritis, Dengue, Chest Infection, Scabies, peptic Ulcer, ARI, Skin infection, Eye infection, TB etc.					
7	Do you get any guidance regarding preventive measures?	93% Yes and 7% No					

It is worth mentioning here that the end users who were questioned during their visit to the health facilities were mostly from the lower strata of the society, having low income and literacy rate. Most of them did not know about the quality health services, functions and responsibilities of the Healthcare facilities and most of them were not even aware of generally accepted standards set by the Government for the delivery of health facilities to the local population. Subjective biases, because of different reasons, can be seen in the responses of

the end users which may paint a picture different from the ground realities. Responses of the end users are as under:

1. 100% end users of surveyed health facilities were satisfied with the Primary and Secondary Healthcare facilities, viz availability of health facility in near vicinity, doctors, medicines and guidance provided to them. However, 50% end users of RHCs and 60% end users of THQ Hospital were of the opinion that no qualified and expert consultants were available to guide the patients.
2. 100% end users of visited RHCs and 100% end users of DHQ and THQ Hospitals were of the opinion that the location of health facility was approachable.
3. 60% end users of health facilities replied that they had to wait for at least 30 minutes to get their medical checkup, while 27% end users were of the opinion that they had to wait for 15 minutes to 30 minutes to get the checkup. Whereas, the remaining 13% end users were of the opinion that they have to wait for more than 1 hour for their check up completely.
4. 85%, 90% and 95% end users of RHCs, DHQ and THQ respectively stated that free medicines to patients were available while 15%, 10% and 05% end users of RHCs, DHQ and THQ Hospitals respectively were of the opinion that they were not getting free medicine from the health centers.
5. 93% end users of all health facilities intimated that they got necessary guidance from respective healthcare centers regarding preventive measures, however, 07% end users of health facilities were of the opinion that necessary guidance on preventive measures was not provided to them.

## **6 Recommendations**

Keeping in view of the study findings, it was concluded that no effective mechanism was exercised by the administration of DHA Pakpattan to improve the health of populace in the district. The service delivery of health facilities was not sufficient to the dire needs of the population. Moreover, the service delivery in diagnostic, preventive and curative services needs improvements to meet with the patient needs. Recommendations for organization and policy makers are elaborated as under:

### **Recommendations for organization:**

- i. Appropriate action may be taken to increase preventive care and immunization facilities at all Healthcare facilities in Pakpattan.
- ii. Efforts should be made to build the confidence of population of catchment area to visit the health facilities near their home, through good behavior of staff, availability of medicine and equipment, so that work load at THQ and DHQ hospitals may be reduced.
- iii. Nonfunctional medical equipment should be repaired. Emergency treatment facility needs to be provided in all healthcare facilities. Availability of beds with appropriate facilities of medical equipment etc. at healthcare facilities should be ensured for providing better curative activities.
- iv. Proper budget allocation / distribution should be made keeping in view the operational activities of the health units and their demands. The budget allocation should be made as per demand of Healthcare facilities.
- v. RHCs shall be strengthened to provide 24 hours curative and diagnostic services which will decrease the movement of emergency patients to upper level health facilities.
- vi. It is strongly recommended that the health authorities should ensure optimum utilization of all resources particularly bio-medical equipment so that the service delivery can be improved.
- vii. It is strongly recommended that health authorities should ensure proper provision of diagnostic and curative services to the patients of Cardiac,

ENT, Cancer, Neurology, Nephrology, Urology, Pulmonology and Skin related diseases. The services of dialysis, infertility clinics, test tube baby, drug rehabilitation and Lithotripsy should also be provided to the patients within district.

- viii. The school health sessions should be conducted at the schools by the doctors and medical staff posted in the same area especially in rural areas to impart knowledge among the children / students about the preventive and curative activities.
- ix. The facilities of use of electronic / print media may be implemented to create awareness amongst the local population of rural areas to provide preventive care facilities. Further, the use of direct contact with the local population of the rural areas to create awareness may also be included as the mode of awareness campaign.
- x. It is recommended that the health authorities should ensure the availability of operational manuals to facilitate and educate the medical staff as well as patients.
- xi. The capacity building of Doctors / Specialist / Paramedical Staff posted at concerned Healthcare facilities may be carried out in order to clarify their roles and responsibilities.

**Recommendations for policy makers:**

- i. Proper mechanism should be established to record patient feedback to improve the performance of health facility. Service of Toll Free Number / website complaint portal may be introduced for lodging of complaints, suggestions from general public.
- ii. All the vacant posts of Doctors / Specialists and Paramedic staff should be filled on emergency basis as 200 posts of concerned staff are lying vacant against the sanctioned posts of 2,036 of different categories for healthcare in district Pakpattan.
- iii. BHUs should also be strengthened to provide 24 hours curative and diagnostic services which will decrease the movement of emergency patients to upper level health facilities and provision of basic health facilities at doorstep of community.

- iv. Fully diagnostic facilities should be provided at least at DHQ and THQ level so that the risk of patient shifting can be minimized and provision of health facilities can be ensured at district level.

## **ANNEXES**





**Annex-B**

<b>Modes adopted for creating awareness about communicable and non-communicable diseases</b>						
<b>Sr. #</b>	<b>Health Facility Name</b>	<b>Literature</b>	<b>Electronic Media</b>	<b>Posters /Banners</b>	<b>Workshops</b>	<b>Others</b>
1	Basic Health Unit, Pir Sadar Din	✓		✓		
2	Basic Health Unit, Chak 67/EB	✓		✓		
3	Basic Health Unit, Chak 149/EB	✓		✓		
4	Basic Health Unit, Chak 83/EB	✓		✓		
5	Basic Health Unit, Hama Rath	✓		✓		
6	Basic Health Unit, Kalyana	✓		✓		
7	Basic Health Unit, Kot Rahmat Shah	✓		✓		
8	Basic Health Unit, Kumhari Wala	✓		✓		
9	Basic Health Unit, Lakhwera	✓		✓		
10	Basic Health Unit, Pacca Sadhar	✓		✓		
1	Rural Health Center, Chak No. 93/D Noor Pur, Pakpattan, Pakpattan	✓		✓		
2	Rural Health Center, Qaboola, Arifwala, Pakpattan	✓		✓		
3	Rural Health Center, Bunga Hayat, Pakpattan, Pakpattan	□		✓	✓	
4	Rural Health Center, Malka Hans, Pakpattan, Pakpattan	✓		✓	✓	
5	Rural Health Center, Chak No. 163/EB Muhammad Nagar, Arifwala, Pakpattan	✓		✓	✓	
<b>Modes adopted for creating awareness about communicable and non-communicable diseases</b>						
<b>Sr. #</b>	<b>Health Facility Name</b>	<b>Literature</b>	<b>Electronic Media</b>	<b>Posters /Banners</b>	<b>Workshops</b>	<b>Others</b>
1	Tehsil Head Quarter Hospital, Arifwala, Pakpattan	□	✓	✓		
2	District Head Quarter Hospital, Pakpattan	✓	□	✓	✓	
<b>Secondary Healthcare</b>		<b>50%</b>	<b>50%</b>	<b>100%</b>	<b>50%</b>	<b>0%</b>
<b>Primary Healthcare</b>		<b>93%</b>	<b>0%</b>	<b>100%</b>	<b>20%</b>	<b>0%</b>

## Annex-C

Availability of adequate facilities at BHUs to prevent and control communicable disease and non-communicable disease					
Sr. #	Health Facility Name	Prevention		Control	
		Yes	No	Yes	No
1	Basic Health Unit, Pir Sadar Din	✓			✓
2	Basic Health Unit, Chak 67/EB	✓			✓
3	Basic Health Unit, Chak 149/EB	✓			✓
4	Basic Health Unit, Chak 83/EB	✓			✓
5	Basic Health Unit, Hama Rath	✓			✓
6	Basic Health Unit, Kalyana	✓			✓
7	Basic Health Unit, Kot Rahmat Shah	✓			✓
8	Basic Health Unit, Kumhari Wala	✓			✓
9	Basic Health Unit, Lakhwera	✓			✓
10	Basic Health Unit, Pacca Sadhar	✓			✓
Availability of adequate facilities at RHCs to prevent and control communicable disease and non-communicable disease					
Sr. #	Health Facility Name	Prevention		Control	
		Yes	No	Yes	No
1	Rural Health Center, Chak No. 93/D Noor Pur, Pakpattan, Pakpattan		✓		✓
2	Rural Health Center, Qaboola, Arifwala, Pakpattan	✓			✓
3	Rural Health Center, Bunga Hayat, Pakpattan, Pakpattan	✓			✓
4	Rural Health Center, Malka Hans, Pakpattan, Pakpattan	✓			✓
5	Rural Health Center, Chak No. 163/EB Muhammad Nagar, Arifwala, Pakpattan	✓			✓
Availability of adequate facilities at DHQ and THQ to prevent and control communicable disease and non-communicable disease					
Sr. #	Health Facility Name	Prevention		Control	
		Yes	No	Yes	No
1	Tehsil Head Quarter Hospital, Arifwala, Pakpattan	✓	☐	✓	
1	District Head Quarter Hospital, Pakpattan	✓	☐	✓	

## Annex-D

Detail of Vaccine Stock Out DHO (PS) office DHA Pakpattan		
Sr. NO	Name of Vaccine	Stock Out Period from July 2017 to June2019
1	Penta	Nil
2	BCG	Nil
3	ROTA	Nil
4	DTP	Nil
5	PCV-10	Nil
6	MEASLES	Nil
7	OPV	Nil
8	IPV	Nil
9	TT	Nil
10	H1N1 Flu	01-07-2017 to 28-12-2017, 16-03-2018 to 10-07-2019

## Annex-E

## Diagnostic Facilities at Secondary Healthcare Facilities

Name of Health Facility	Total Lab Investigations - Indoor	Total Lab Investigations - OPD	Total X-Rays - Indoor	Total X-Rays - OPD	Total ECGs - OPD	Total ECGs - Indoor
<b>2017-18</b>						
DHQ HOSPITAL PAKPATTAN	59914	119702	12054	22081	2935	7903
THQ HOSPITAL, ARIFWALA	49778	50029	3337	24778	715	421
<b>District Total</b>	<b>109692</b>	<b>169731</b>	<b>15391</b>	<b>46859</b>	<b>3650</b>	<b>8324</b>
<b>2018-19</b>						
DHQ HOSPITAL PAKPATTAN	62643	124092	18936	15497	1789	6195
THQ HOSPITAL, ARIFWALA ARIFWALA	37983	69418	2224	26400	569	420
<b>District Total</b>	<b>100626</b>	<b>193510</b>	<b>21160</b>	<b>41897</b>	<b>2358</b>	<b>6615</b>

## Diagnostic Facilities at BHUs

Name of Health Facility	Total Lab Investigations - Indoor	Total Lab Investigations - OPD	Total X-Rays - Indoor	Total X-Rays - OPD	Total ECGs - OPD	Total ECGs - Indoor
<b>2017-18</b>						
164001_BHU KOT REHMAT SHAH (AZMAT)	0	0	0	0	0	0
164014_BHU KALYANA	0	0	0	0	0	0
164016_BHU LUKHWERA	0	0	0	0	0	0
164018_BHU PACCA SIDHAR	0	0	0	0	0	0
164015_BHU KUMHARIWALA	0	0	0	0	0	0
164058_BHU CHAK NO. 83/EB	0	0	0	0	0	0
164065_BHU HUMA RATH	0	0	0	0	0	0
164069_BHU PIR SADARDIN	0	0	0	0	0	0
164055_BHU CHAK NO. 67/EB	0	0	0	0	0	0
164061_BHU CHAK NO.149/EB	0	0	0	0	0	0
<b>District Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2018-19</b>						
164001_BHU KOT REHMAT SHAH (AZMAT)	0	0	0	0	0	0
164014_BHU KALYANA	0	0	0	0	0	0
164016_BHU LUKHWERA	0	0	0	0	0	0
164018_BHU PACCA SIDHAR	0	0	0	0	0	0
164015_BHU KUMHARIWALA	0	0	0	0	0	0
164058_BHU CHAK NO. 83/EB	0	0	0	0	0	0
164065_BHU HUMA RATH	0	0	0	0	0	0
164069_BHU PIR SADARDIN	0	0	0	0	0	0
164055_BHU CHAK NO. 67/EB	0	0	0	0	0	0
164061_BHU CHAK NO.149/EB	0	0	0	0	0	0
<b>District Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Annex-G

## Diagnostic Facilities at RHCs

Name of Health Facility	Total Lab Investigations - Indoor	Total Lab Investigations - OPD	Total X-Rays - Indoor	Total X-Rays - OPD	Total ECGs - OPD	Total ECGs - Indoor
<b>2017-18</b>						
164039_RHC BUNGA HAYAT	2	21701	11	5721	0	0
164040_RHC MALKA HANS	34	36607	0	5072	258	0
164089_RHC 93/D Noor Pur	632	39361	0	0	3	0
164075_RHC CHAK NO.163/EB	40	18695	0	3962	0	0
164076_RHC QABULA	1918	12446	420	4315	5	0
<b>District Total</b>	<b>2626</b>	<b>128810</b>	<b>431</b>	<b>19070</b>	<b>266</b>	<b>0</b>
<b>2018-19</b>						
164039_RHC BUNGA HAYAT	0	21548	0	3969	0	0
164040_RHC MALKA HANS	0	27106	0	3610	213	0
164089_RHC 93/D Noor Pur	450	11813	0	0	1	3
164075_RHC CHAK NO.163/EB	138	19270	0	5657	0	0
164076_RHC QABULA	130	10914	0	2074	7	7
<b>District Total</b>	<b>718</b>	<b>90651</b>	<b>0</b>	<b>15310</b>	<b>221</b>	<b>10</b>

## Diagnostic Facilities in Radiology Department

Name of Health Facility	X-rays	ECG	USG
<b>2017-18</b>			
DHQ HOSPITAL PAKPATTAN	34135	10838	0
THQ HOSPITAL, ARIFWALA	28115	1136	0
<b>2018-19</b>			
DHQ HOSPITAL PAKPATTAN	34433	7984	0
THQ HOSPITAL, ARIFWALA	28624	989	0
<b>2017-18</b>	0	0	0
BHU KOT REHMAT SHAH (AZMAT)	0	0	0
BHU KALYANA	0	0	0
BHU LUKHWERA	0	0	0
BHU PACCA SIDHAR	0	0	0
BHU KUMHARIWALA	0	0	0
BHU CHAK NO. 83/EB	0	0	0
BHU HUMA RATH	0	0	0
BHU PIR SADARDIN	0	0	0
BHU CHAK NO. 67/EB	0	0	0
BHU CHAK NO.149/EB	0	0	0
<b>2018-19</b>			
BHU KOT REHMAT SHAH (AZMAT)	0	0	0
BHU KALYANA	0	0	0
BHU LUKHWERA	0	0	0
BHU PACCA SIDHAR	0	0	0
BHU KUMHARIWALA	0	0	0
BHU CHAK NO. 83/EB	0	0	0
BHU HUMA RATH	0	0	0
BHU PIR SADARDIN	0	0	0
BHU CHAK NO. 67/EB	0	0	0
BHU CHAK NO.149/EB	0	0	0
<b>2017-18</b>			
RHC BUNGA HAYAT	5732	0	0
RHC MALKA HANS	5072	258	0
RHC 93/D Noor Pur	0	3	0
RHC CHAK NO.163/EB	3962	0	0
RHC QABULA	4735	5	0
<b>2018-19</b>			
RHC BUNGA HAYAT	3969	0	0
RHC MALKA HANS	3610	213	0
RHC 93/D Noor Pur	0	4	0
RHC CHAK NO.163/EB	5657	0	0
RHC QABULA	2074	14	0
<b>Grand Total</b>	<b>160118</b>	<b>21444</b>	<b>0</b>

## Annex-I

Surgereis at Health Facilities								
Name of Health Facility	Period	Type of Surgery	EYE	Ortho	Gynae	Peads	General Surgery	Total
THQ Hospital	2017-18	Major Surgery	178	179	272		832	1461
		Minor Surgery	300	890			1793	2983
	2018-19	Major Surgery	145	155	379		440	1119
		Minor Surgery	280	531			1805	2616
	<b>Total</b>			903	1755	651	0	4870
DHQ Hospital	2017-18	Major Surgery	241	115	1336		539	2231
		Minor Surgery	260	495			243	998
	2018-19	Major Surgery	146	129	386		432	1093
		Minor Surgery	155	916			1053	2124
	<b>Total</b>			802	1655	1722	0	2267
<b>Grand Total</b>	2017-19	Major Surgery	710	578	2373	0	2243	5904
	2017-19	Minor Surgery	995	2832	0	0	4894	8721
		Grand Total	1705	3410	2373	0	7137	14625
		% of Major		42%	17%	100%	#DIV/0!	31%



## Annex-J

Availability of electromedical equipment				
Equipment Name	Total Available	Functional	Non Functional	Remarks
Anesthesia Machine	4	3	1	
C-Arm	3	2	1	1 Uninstalled
Defibrillator	18	12	6	6 Uninstalled In Store
Dental Autoclave	5	2	3	3 Uninstalled
Dental Oral Camera	1	0	1	1 Uninstalled
Dental Unit	3	1	2	1 Dismantled due to IDAP, 1 uninstalled
Dental X-Ray Unit	2	1	1	1 Uninstalled
Diathermy Machine	3	2	1	
E.C.G Machine	27	24	3	3 In store
Elisa Washer	1	0	1	
Film Processor Xray	3	2	1	1 Uninstalled
Hematology Analyzer	2	0	2	
ICU Ventilator	8	7	1	
Infrared Warmer	1	0	1	1 Uninstalled
Operation Theatre Ceiling Light	11	9	2	2 dismantled and installed new
OT Table	12	9	3	3 Uninstalled
POP Cutter	4	2	2	2 in Store
Pulse Oximeter	17	14	3	3 Uninstalled
Shortwave Diathermy	1	0	1	1 Uninstalled
Suction Machine	35	29	6	6 Uninstalled In Store
Trans-cutaneous Electrical Nerve Stimulation Therapy	1	0	1	1 Uninstalled
Ultrasonic Nebulizer	17	11	6	6 Uninstalled In Store
Ultrasound Therapy	1	0	1	1 Uninstalled
X-Ray Machine	3	2	1	1 non repairable
Laryngoscope	10	10	2	
Sensinometer	2	1	1	1 Uninstaled
EXAMINATION COUCHES	18	12	6	6 in Store
Shoe Rack	10	6	4	4 in store
Spine Board	10	2	8	8 in store
Eye Wash Station	4	1	3	3 Uninstalled
Shoe Cover Machine	13	5	8	8 uninstalled in store
Stretcher Trolley	20	18	2	2 in Store
Resuscitation Trolley	19	2	17	17 uninstalled
Glucometer	31	20	11	11 in store
Dressing Drums	40	24	16	16 in store
Ambu Bag	40	20	20	20 in store
Stethoscopes	50	45	5	5 in store
BP Appratus	47	25	22	17 with Resuscitation Trolley, 5 in store
Dustbin Large	124	44	80	80 IN Store
Partition Screen	30	25	5	5 in store
patients stool	40	30	10	10 in store
Dental revolving stool	3	2	1	
Dental X-ray	2	1	1	DUE TO IDAP WORK
Auto clave	3	1	2	DUE TO IDAP WORK
Dirty Linen Trolley	10	7	3	3 In store
NVR 32 Channel	3	2	1	1 Uninstalled
Wheel chairs	20	10	10	
Telephone Exchange with Six	1	0	1	DUE TO IDAP WORK

<b>Availability of electromedical equipment</b>				
<b>Equipment Name</b>	<b>Total Available</b>	<b>Functional</b>	<b>Non Functional</b>	<b>Remarks</b>
incommening & 96 out going lines				
Computer,	32	29	3	
Printers	24	20	4	
Scanners	3	2	1	
Ceiling Fans	406	371	35	
A.C. Split 1-1/2 Ton	66	64	2	
A.C. Split 2 Ton	26	12	14	
A.C. Cabinet 2 Ton	79	67	12	12 uninstalled in store
Exhaust Fans	40	39	1	
Suzuki Loader	1	0	1	1 condemable
Walkie Talkie	23	0	23	23 uninstalled
Base Station	1	0	1	1 Uninstalled
<b>Total</b>	<b>1434</b>	<b>1049</b>	<b>387</b>	

## Annex-K

### Emergency Patients and their referral

Name of Health Facility	Description	Total Patients of Health Facility	Total Emergency Patients of Health Facility	Total Emergency Patients treated at health facility	Total emergency patients referred to upper level
DHQ	19-Jun	47488	25356	25137	219
THQ	19-Jun	21769	8587	8435	152
<b>Secondary Facility</b>		<b>69257</b>	<b>33943</b>	<b>33572</b>	<b>371</b>
			49%	99%	1%
<b>RHCs</b>					
RHC 163/EB	19-Jun	5475	580	555	25
RHC MALKA HANS	19-Jun	5995	1753	1485	268
RHC 93/D	19-Jun	8990	398	380	18
RHC QABOOLA	19-Jun	6976	2162	2064	98
RHC BUNGA HAYAT	19-Jun	8848	1947	1885	62
<b>Primary RHC</b>		<b>36284</b>	<b>6840</b>	<b>6369</b>	<b>471</b>
<b>BHUs</b>					
BHU Sadar Din	19-Jun	1018	13	0	13
BHU Kot Rahmat Sah	19-Jun	804	12	0	12
83/EB	19-Jun	713	14	0	14
BHU HUMA RATH	19-Jun	801	15	0	15
BHU LUKHWERA	19-Jun	902	10		10
BHU 67/EB	19-Jun	1029	21	10	11
BHU 149/EB	19-Jun	843	10	2	8
BHU Kalyana	19-Jun	869	15	7	8
BHU KUMARI WALA	19-Jun	623	18	18	0
PACCA SIDAR	19-Jun	1277	6	6	0
<b>Primary BHUs</b>		<b>8879</b>	<b>134</b>	<b>43</b>	<b>91</b>
<b>Total Primary</b>		<b>45163</b>	<b>6974</b>	<b>6412</b>	<b>562</b>
<b>Total of P&amp;SHC</b>		<b>114420</b>	<b>40917</b>	<b>39984</b>	<b>933</b>

## Annex-L

Diagnostic Facilities						
Name of Health Facility	Total Lab Investigations - Indoor	Total Lab Investigations - OPD	Total X-Rays - Indoor	Total X-Rays - OPD	Total ECGs - OPD	Total ECGs - Indoor
<b>2017-18</b>						
164001_BHU KOT REHMAT SHAH (AZMAT)	0	0	0	0	0	0
164014_BHU KALYANA	0	0	0	0	0	0
164016_BHU LUKHWERA	0	0	0	0	0	0
164018_BHU PACCA SIDHAR	0	0	0	0	0	0
164015_BHU KUMHARIWALA	0	0	0	0	0	0
164058_BHU CHAK NO. 83/EB	0	0	0	0	0	0
164065_BHU HUMA RATH	0	0	0	0	0	0
164069_BHU PIR SADARDIN	0	0	0	0	0	0
164055_BHU CHAK NO. 67/EB	0	0	0	0	0	0
164061_BHU CHAK NO.149/EB	0	0	0	0	0	0
<b>District Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2018-19</b>						
164001_BHU KOT REHMAT SHAH (AZMAT)	0	0	0	0	0	0
164014_BHU KALYANA	0	0	0	0	0	0
164016_BHU LUKHWERA	0	0	0	0	0	0
164018_BHU PACCA SIDHAR	0	0	0	0	0	0
164015_BHU KUMHARIWALA	0	0	0	0	0	0
164058_BHU CHAK NO. 83/EB	0	0	0	0	0	0
164065_BHU HUMA RATH	0	0	0	0	0	0
164069_BHU PIR SADARDIN	0	0	0	0	0	0
164055_BHU CHAK NO. 67/EB	0	0	0	0	0	0
164061_BHU CHAK NO.149/EB	0	0	0	0	0	0
<b>District Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Annex-M

Sanctioned and working strength of DHA Pakpattan			
Discription	Sanctioned	Vacant	Working
Senior Medical Officer	6	2	4
Medical Officer	69	1	68
Women/Lady Medical Officer	5	0	5
Dental Surgeon	4	0	4
<b>TOTAL Doctors and Specialists</b>	<b>84</b>	<b>3</b>	<b>81</b>
Head Nurse	0	0	0
Staff Nurse/ Charge Nurse	28	4	24
Medical Assistant	5	3	2
Sanitary Inspector	55	13	42
Lab Assistants	6	0	6
Dental Assistant	5	0	5
X-Ray Assistant	8	2	6
Lady Health Visitor	73	1	72
Health Technician / Medical Technician	50	1	49
Dispenser	85	2	83
EPI Vaccinator	0	0	0
CDC Supervisor	24	1	23
Midwife	141	21	120
LHW	836	1	835
Others	168	25	143
<b>TOTAL Paramedics</b>	<b>1484</b>	<b>74</b>	<b>1410</b>
<b>TOTAL</b>	<b>1652</b>	<b>80</b>	<b>1572</b>
			0
MS/Deputy MS	4	2	2
Medical Specialist	5	4	1
Surgical Specialist	6	2	4
Cardiologist	4	3	1
Chest Specialist	3	3	0
Neuro Surgeon	1	1	0
Orthopedic Surgeon	3	1	2
Child Specialists	7	3	4
Gynecologists	7	1	6
Eye Specialists	3	2	1
ENT Specialists	3	2	1
Anesthetist	4	3	1
Pathologist	3	2	1
Radiologist	3	3	0
PMO/APMO/CMO/SMO/MO	49	28	21
PWMO/APWMO/SWMO/WMO	47	31	16
Medical Assistant	0	0	0
Dental Surgeon	9	1	8
Physiotherapists	3	1	2
<b>TOTAL Doctors and Specialists</b>	<b>164</b>	<b>93</b>	<b>71</b>
Matron	0	0	0
Head Nurse	14	2	12
Staff Nurse / Charge Nurse	153	28	125
Lab Assistant/Techs	7	0	7
X-Ray Assist Techs	4	0	4
Dental Assist / Techs	3	0	3
ECG Assist /Techs	2	0	2
Lady Health Visitors	5	0	5
Health / Medical Technicians	0	0	0

<b>Sanctioned and working strength of DHA Pakpattan</b>			
<b>Discription</b>	<b>Sanctioned</b>	<b>Vacant</b>	<b>Working</b>
Dispensers	19	0	19
EPI Vaccinators	63	0	63
Sanitary inspectors	0	0	0
Midwives	6	0	6
LHWS	28	0	28
Others	0	0	0
<b>TOTAL Paramedics</b>	<b>304</b>	<b>30</b>	<b>274</b>
<b>TOTAL</b>	<b>632</b>	<b>216</b>	<b>416</b>

## Annex-N

Coamparison of Patients and provision of ambulances				
Health Facility	Total Patients in 2017-19 two years	No. of Patients Referred in two years	No. of patients provided with Ambulance Facility	No. of patients not provided with ambulance facility
DHQ	1078519	6457	0	6457
THQ	793537	2766	0	2766
<b>Total of DHQ and THQ</b>	<b>1872056</b>	<b>9223</b>	<b>0</b>	<b>9223</b>
RHC Qaboola	174613	2186	0	2186
RHC 163/EB	149688	559	0	559
RHC MALKA HANS	165570	5854	4684	1170
RHC 93/D	201453	1337	0	1337
RHC BOUNGA HAYAT	219765	943	225	718
<b>Total of RHCs</b>	<b>911089</b>	<b>10879</b>	<b>4909</b>	<b>5970</b>
BHU Sadar Din	44412	683	0	683
BHU Kot Rahmat Sah	32532	299	0	299
83/EB	27540	138	0	138
BHU HUMA RATH	38142	244	0	244
BHU LUKHWERA	31621	429	0	429
BHU 67/EB	40053	430	0	430
BHU 149/EB	50686	489	0	489
BHU Kalyana	19494	480	0	480
BHU PACCA SIDHAR	49095	471	0	471
BHU KUMHARIWALA	28134	617	0	617
<b>Total of BHUs</b>	<b>361709</b>	<b>4280</b>	<b>0</b>	<b>4280</b>
<b>Grand Total</b>	<b>3144854</b>	<b>24382</b>	<b>4909</b>	<b>19473</b>

**Annex-O**

<b>Weather sufficient stock of ARV and ASV was available?</b>			
<b>Name of Health Facility</b>	<b>Availability of ARV</b>	<b>Availability of ASV</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	Yes	Yes	
THQ Hospital Arifwala	Yes	Yes	
5 RHCs of Pakpattan	Yes	Yes	
10 selected BHUs	No	No	



**Annex-P**

<b>Weather sufficient stock of life saving drugs was available at health facility?</b>			
<b>Name of Health Facility</b>	<b>Reply of concerned Health Facility</b>		<b>Remarks</b>
DHQ Hospital Pakpattan	Yes	Yes	
THQ Hospital Arifwala	Yes	Yes	
5 RHCs of Pakpattan	Yes	Yes	
10 selected BHUs	Yes	Yes	

## Annex-Q

<b>Weather sufficient sufficient space and arrangements exist for poper storage of medicine as per drug storage standards?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	✓	
THQ Hospital Arifwala	-	✓	
5 RHCs of Pakpattan	-	✓	
10 selected BHUs	✓	✓	3 Yes and 7 No
% Yes = 18%    % No = 82%			

**Annex-R**

<b>Weather sufficient services are available to attend Cardiac patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	✓	-	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs		X	
% Yes = 6%    % No = 94%			

## Annex-S

<b>Weather sufficient services are available to attend ENT patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	✓	-	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 6%    % No = 94%			

**Annex-T**

<b>Weather sufficient services are available to attend skin disease patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

## Annex-U

<b>Weather sufficient services are available to attend respiratory disease patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

**Annex-V**

<b>Weather sufficient services are available to attend cancer patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

## Annex-W

<b>Weather sufficient services are available to attend Neurology, Nephrology and urology patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			



**Annex-X**

<b>Weather sufficient services of haemodialysis are available to patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	✓	-	
THQ Hospital Arifwala	✓	-	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 12%    % No = 88%			

**Annex-Y**

<b>Weather infertility clinic is established and provide sufficient fertility services to the patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

**Annex-Z**

<b>Weather the facility of Lithotripter is available to the stone patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

**Annex-AA**

<b>Weather the facility of drug Rehabilitation center is available to the patients?</b>			
<b>Name of Health Facility</b>	<b>Reply as 'Yes'</b>	<b>Reply as 'No'</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	-	X	
THQ Hospital Arifwala	-	X	
5 RHCs of Pakpattan	-	X	
10 selected BHUs	-	X	
% Yes = 0%    % No = 100%			

## Allocation and Utilization of Medicine funds

Description	Allocation			Expenditure			Saving			Saving %		
	2017-2018	2018-2019	Total 2017-19	2017-2018	2018-2019	Total 2017-19	2017-2018	2018-2019	Total 2017-19	2017-2018	2018-2019	Total 2017-19
Total Medicine	19.921	171.396	191.317	12.173	128.802	140.975	7.748	42.594	50.342	39	25	32

## Annex-AC

### Budget and Expenditure of DHA Pakpattan during 2017-19

(Rupees in millions)

Particulars	Description	Allocation			Expenditure			Savings			Difference	
		2017-2018	2018-2019	Total 2017-19	2017-2018	2018-2019	Total 2017-19	2017-2018	2018-2019	Total 2017-19	Difference	% Increase
DHA Pakpattan	Salary	780.875	971.443	1,752.318	777.507	959.571	1,737.079	3.367	11.872	15.239	190.57	24.40
	Non Salary	118.715	368.612	487.327	88.039	292.482	380.521	30.676	76.130	106.806	249.90	210.50
	Total non Developmnet	899.589	1,340.055	2,239.644	865.546	1,252.053	2,117.599	34.043	88.002	122.045	440.47	48.96
	Development	18.972	26.623	45.595	18.972	21.321	40.293	-	5.302	5.302	7.65	40.33
	<b>Total</b>	<b>918.561</b>	<b>1,366.678</b>	<b>2,285.239</b>	<b>884.518</b>	<b>1,273.374</b>	<b>2,157.892</b>	<b>34.043</b>	<b>93.304</b>	<b>127.347</b>	<b>448.12</b>	<b>48.78</b>

**Annex-AD**

<b>Weather the funds allocated were fully released during same financial year?</b>	
<b>Name of Health Facility</b>	<b>% Released</b>
DHQ Hospital Pakpattan	100%
THQ Hospital Arifwala	100%
5 RHCs of Pakpattan	100%
10 selected BHUs	100%

**Annex-AE**

<b>Receipts of DHA Pakpattan during 2017-19</b>			
<b>Name of Health Facility</b>	<b>Period</b>	<b>Actual Receipts</b>	<b>Remarks</b>
DHQ Hospital Pakpattan	2017-19	4.750	
THQ Hospital Arifwala	2017-19	5.076	
5 RHCs of Pakpattan	2017-19	3.168	
All 54BHUs	2017-19	0.000	
<b>Total</b>		<b>12.994</b>	