



Government of Pakistan
Ministry of National Health Services,
Regulations & Coordination



DISTRICT HEALTH PLANNING TRAINING MODULE



@ April 2022

District Health Planning Training

Produced & Endorsed by:
Ministry of National Health Services, Regulations and Coordination

Process coordinated by:
Health Planning, System Strengthening and Information Analysis Unit

Supported by:
UNICEF, Chemonics International

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BACKGROUND

Following the recommendation of the Pakistani Inter-Ministerial Health and Population Forum in September 2018, Pakistan became the first country in the world to align its UHC Benefit Package with the DCP3 recommended high impact interventions.¹ All provinces and federating areas have also developed their own EPHS documents considering local context and needs. The District package includes interventions selected for the community, Primary Health Care (PHC) and First Level Hospital (FLH). The District EPHS for immediate implementation constitutes of 88-103 interventions to be delivered at community, PHC facility (BHUs, RHCs, GP clinics) and First level Health facilities (District level hospitals including THQ, DHQ, private hospitals). By category, 48% of the interventions are in RMNCAH, 15% in NCDs, 13% in Infectious Diseases and 24% in Health services.

This is critical to sensitize and trickle down the concept of UHC framework and accordingly Essential Package of Health Services (EPHS) to the district level. Further the District Health Management Teams (DHMT) need capacity development to integrate the UHC framework in the district annual health planning exercise and follow up/ monitoring activities.

The DHMT is an administrative body for all health-related matter in the district. The purpose of DHMT is as follows:

- a. Develop a team approach to identify and address the existing health related problems of district
- b. Share and exchange views, ideas and experiences for reaching consensus-based decision as far as possible
- c. Reduce the workload of Executive District Officer-health / DHO by delegating responsibilities among team members or sub-committees thereby improving technical efficiency
- d. Optimize utilization of human resources deployed within district offices and other health and population welfare facilities; and
- e. Improve cooperation and collaboration among the communities, within line departments, NGOs and health and population related sectors in the service delivery systems

The most important functions of the DHMT lie in the management area include the preparation of annual district plan integrating all strategic priorities of the government and district needs and jointly monitor the implementation according to well defined management areas. Such district plans should minimally include the following topics:

- a. Policy review, more specifically:
 - Review development needs and plans in the district in line with UHC framework and provincial EPHS document
- b. Situation analysis and System's assessment, more specifically:
 - Quick health situation analysis in the district and assessment of the functioning and performance of facilities;
 - Review the integrity and functions of the management and support systems of health
 - Use the information collected during assessment to fill in the gaps and for planning and designing interventions
 - Review and reassess priority problems and interventions
- c. Planning, more specifically:
 - Prepare and review annual district health plans in consultation with key stakeholders based on reliable and accurate information
- d. Strengthen health management systems to support:

¹ Reference to UHC Benefit Package of Pakistan

- Implementation of priority service packages based on district plans and in accordance with provincial EPHS guidelines;
 - Partnership with all health service provider in other sectors to enhance, coordination and collaboration at all levels;
 - Developing mechanisms to improve communication and liaison between all partners and stakeholders including communities
 - Strengthening information systems of health to ensure improved quality of data and effective use of information for planning and making appropriate interventions;
- e. Ensure continued quality of service delivery through:
- Accreditation of health facilities based on minimum standards for quality of services at all levels
 - Regular monitoring and annual review of status of facilities for reaccreditations
 - Developing and implementing accountability mechanisms and incentives (both monetary and non-monetary) for facilities and workers meeting/exceeding the standards
 - Monitoring performance of different sectors in district on a periodic basis and taking corrective action where required;
 - Ensure proper management and the availability on regular basis of resources within the scope of the budgets. This includes personnel and supplies;
 - Identifying human recourses development needs in the district and making staff development plans for all cadres of health and population welfare staff.
 - Establishing Tehsil and union council level committees comprising of service providers, local elected representatives and other community influential to develop mechanism of local monitoring and supervision and to enhance community participation in health and population welfare activities

To produce effective district health plan (also considering the new realities of district governments), the DHMTs needs to be sensitized on the new development in health sector and activated to develop, implement and monitor district health action plans.

THE DISTRICT ANNUAL HEALTH PLANNING PROCESS

The development of contextualized district annual health plans tools based on the localized EPHS of the province is anticipated to be developed, implemented and monitored through following steps:

1. Sensitization of DHMT on UHC framework and provincial EPHS priorities
2. Development of district annual health plan using planning tools and through a consultative process with the respective provincial and DHMTs, while ensuring linkages with programmatic reforms in the provinces and health information systems including DHIS, program specific MIS, IDSR etc.
3. Develop a mechanism of regular review of the implementation / follow up activities by the DHMTs

This Manual provides a step-by-step guide to district health planning and recommends that District Health Management Team participate in a 3-day ***Planning Workshop*** to acquire an in-depth understanding of the process of District Health Planning. It is important that the Health Managers see District Health Planning in the context of the iterative process of Health System Review that gives the Situation Analysis, development of a District Health Plan, Plan Implementation, and its Monitoring and Evaluation, instead of a 'stand alone' activity of an academic nature. It is through this approach that the process of planning can become institutionalized in the districts and, at the same time bring about an improvement in health services.

The approach to District Health Planning followed in this Manual is meant to be aligned with planning at the provincial or national level. It is recommended that the preparation of the district health plan should be aligned with the Budget Cycle, so that the plans are adequately budgeted and have a realistic possibility of being implemented.

PRE-WORKSHOP PREPARATION

Prior to the conduction of the planning workshop, it is important that all key data that is essential for district health planning is acquired. Following key data / information is suggested to be acquired prior to district health planning workshop

1. Situation Analysis / Key indicator template
2. Human Resource situation within the district. Status of filled positions against sanctioned
3. Laboratory and Diagnostic Services status across PHC and First level health facilities
4. Activity template
5. District Health Budget template -- Allocation and Expenditures

DAY WISE SESSION PLAN

Day 1:	Tools / Material
Session 1: Planning the Planning (Planning Cycle)	Presentation
Session 2: Review of Policy Guidelines <ul style="list-style-type: none"> - Provincial Health Policy - UHC Framework (intro to framework and then Index) - Provincial EPHS document 	Presentation
Session 3: Explanation and gaps identification for EPHS implementation	Presentation, Intervention Matrix Template
Day 2:	Tools / Material
Session 4: District Situation Analysis	Presentation, Situation Analysis Template
Session 5: Review of available Resources	HR status template Medicines list Equipment list Summary Budget template
Session 6: Setting Plan objectives, outputs and activities	Presentation, DHP Template
Day 3:	Tools / Material
Session 7: Preparing the DHP targets and budget	Presentation, DHP Template
Session 8: Planning for Monitoring & Evaluation	Presentation, M&E template
Session 9: Adjusting Management & Organization system	Presentation

DAY I



SESSION 1

PLANNING THE PLANNING



Objectives

At the end of the session, each participant should understand

- ❑ why is it important to plan the planning?
- ❑ the objective of District Health Planning
- ❑ each step of the planning cycle
- ❑ the rationale of the team approach in District Health Planning
- ❑ the role of DHMT in District Health Planning

Materials

Presentation; District Health Planning Manual

Tasks

Participants to distribute in four groups (district wise) and prepare a summary of how are they going to plan for their “district health planning”

Products

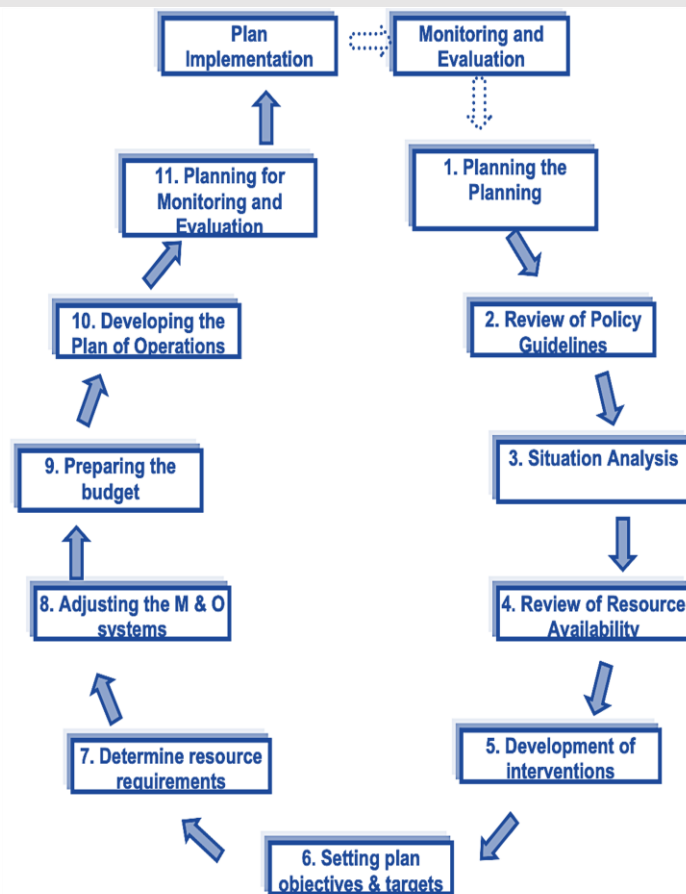
Summary of the plan for district health planning

PRESENTATION

What is District Health Planning?

District Health Planning is the identification and elaboration - **within existing resources** - of means and methods for providing in the future, effective health care relevant to identified health needs for a defined population of a district.

The Planning Cycle



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Session 1: Planning the Planning

It is imperative that the prerequisites for the planning activity are in place and the issues relating to it resolved. Before planning can start the planners need to

- 1. Establish the Identity and Position of the Planning Body; i.e. the District Health Management Team (DHMT)**
- 2. Determine Specific Terms of the Plan**
 - ✓ What has to be planned?
 - ✓ What are the specific objectives of the Plan?
 - ✓ What is the specific purpose of Planning?
 - ✓ Who is the target group?
 - ✓ For what period of time is the plan?
- 3. Identify Resources available for, Timing, Tasks and Responsibilities of, the Planning Exercise**
- 4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body**
- 5. Evaluating the Planning Process and the Prepared Plan**

1. Establish the Identity and Position of the Planning Body; i.e. the District Health Management Team (DHMT)

- The DHMT is an administrative body for all health matters in a district. It is constituted by the EDO Health /DHO, who is the ex-officio chairman of the DHMT.
- In consultation with other district managers, the DHO nominates other members of the DHMT. So as to ensure a systemic approach to health care, i.e. one that takes the environmental ecology and situation into account, a multi-disciplinary management team should be established by the Local Government.
- The financial and administrative powers of the DHO have been assigned to the DHMT, to make decision making participatory.
- An important function of the DHMT is to develop district health plans. For the preparation of a district health plan, the planning body might include:

1. Establish the Identity and Position of the Planning Body; i.e. the District Health Management Team (DHMT)

- The DHMT has a 'core' and 'extended' team. The core component comprises members working within the District Health Office, while the extended component includes all other members of the DHMT.
- For the preparation of a district health plan, the DHMT might include:
 - District Health Officer / Executive District Officer, Health - Chairperson
 - Medical Superintendent DHQ/ Civil Hospital
 - In-charge District Health Development Center
 - Assistant/Deputy District Health Officers (all tehsils/talukas)
 - District Coordinator, NP for FP & PHC
 - District Coordinator HMIS
 - In-charge MCH/RH Services
 - District Population Welfare Officer
 - Representatives of Town/Municipal Committee
 - Representative(s) of NGOs
 - Representative(s) of District Medical Association
 - Elected Representative(s) of the community
 - Respectable(s) of the community

2. Determine Specific Terms of the Plan

➤ What has to be planned?

Within the broad categories of comprehensive program and project planning, we need to know the specific subject of the plan, e.g. adapting the provincial (macro) plan to the district situation.

➤ What are the specific objectives of the Plan?

For example, is it the reduction of preschool child mortality by a given percentage, or, more generally, provision of health services to minimally 80% of the district population or to implement the District EPHS, or to improve the health care delivery service in response to community needs?

➤ Who is the target group?

We need to identify who specifically are we planning for? Is it the total population, women and children, etc.

➤ For what period of time is the plan?

Is it a short-term project we are planning, or implementation of a 3-year rolling plan?

2. Determine Specific Terms of the Plan

➤ **What is the specific purpose of Planning?**

- ✓ District Health Plans may be required as part of government policy or because donor requirements stipulated a plan to have been prepared before funds for an identified program or project can be released.
- ✓ Considering that the main job of the **'implementer'** is managing the system, the district plan further serves as the basis for developing the management system.
- ✓ The plan also should form the basis for the **evaluator** – be it the community, the implementers, the donor agency or the government. A plan will greatly facilitate evaluation of health services.

3. Identify Resources available for, Timing, Tasks and Responsibilities of, the Planning Exercise

Being overall responsible for the plan, the team leader and the planning team should determine the planning mode, that is, whether to carry out a planning workshop, or as an ongoing process stretching over a longer period of time. In addition, identification and reservation of secretarial services, availability of all equipment, relevant data, and information that are required for planning need be made available

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

To optimize the planning process, it is advisable to assign specific tasks and responsibilities to each member of the planning team. Assignment of tasks may be according to the various functions of the Health System in the course of preparing of the Situation Analysis, as well as according to the planning steps. Specific responsibilities may be as follows:

Chairperson

- Selection and assembly of the planning team who will develop and implement the DHP;
- Requesting all planning team members once identified, to start a System Review specific to their sphere of representation or specific area of expertise. Such directive should be given well in time before the formal planning process;
- Looking for and justifying the financial resources to produce the plan.

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

Coordinator/ Secretary

- Informing each individual member of the team well in advance to allow him/her to obtain release from regular responsibilities;
 - Ensuring ToR for each member of the team, tentative timetables, and deadlines for tasks to be undertaken. If a combination of individuals, that is, a group shall be required to produce an output, such must be stated in their ToR;
 - Informing managers and decision-makers well in advance of the exercise. They indeed might well be asked to start and/or close the sessions;
 - Enable that adequate secretarial services are well in place;
 - Ensuring that all the required background documents and information is available by the time the planning exercise starts.
-
-

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

“Core” Members of DHMT shall be responsible for all inputs such as:

- Identifying policy guidelines as stipulated in the provincial health policy;
- Carrying out a Systems Analysis of health care delivery;
- Formulating (or identifying) the minimum service package and resources required (if not already done);
- Determining and ensuring quality and quantity of services in the district in conformity with established standards

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

Community Representatives are charged with:

- Providing the ethnographic profile of the different communities in the district;
- Identifying and presenting objectives and sub-objectives, health needs and target groups of communities in the district;
- Suggesting possible health interventions acceptable to the communities;
- Advising the team on best strategies to implement identified programs or interventions, advising on enabling and limiting factors to be expected in the concerned communities;
- Providing estimates on the resources and contributions to be expected from the communities; and after the plan is completed, interpreting the plan to the community at large.
- The community members can be grouped as:
 - ✓ Elected representatives of the community,
 - ✓ Respected members of the community, such as school teachers, Imams of mosques, philanthropists etc.;
 - ✓ Community-based health care providers (Traditional Birth Attendants, trained traditional healers), etc.

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

Representatives from the other Departments of the District Government:

- Planning Office, Agriculture, Social Welfare, Education Departments etc., shall inform the planners on the micro- and macro-policies of the respective sectors which may have influence on the district health plan;
 - Provide related data and gaps in health related aspects, such as food production, water and sanitation, female education etc.;
 - They shall also provide inter-sectoral co-ordination and sensitize other sectors on health related activities;
 - Liaise with higher authorities on decisions likely to affect the implementation of the plan, that is, financial, personnel and support systems that depend on the local government administration;
 - In addition they shall advise and participate in the scheduling of health and health related activities in the district
-
-

4. Assign Specific Tasks and Responsibilities to each member of the DHMT / Planning body

Representatives of NGOs should offer their suggestions with respect to:

- How 'specific programs' may be better integrated with and coordinated within the district's health plan;
 - Stating, as much as possible, their policy and limitations of operation;
 - Submitting their plan for the coming year in order to have it synchronized with, the district plan. This will prevent duplication of programs or gaps in the health service delivery system;
 - Identifying areas in which they can collaborate with the government services, such as in capacity building, contracting out services for specific tasks etc.; and
 - Like all other partners in the community development effort, providing health data and information from their catchment areas
-
-

5. Evaluating the Planning Process and the Prepared Plan

Any activity drawing on public funds and their products needs to be evaluated. The process of planning, needs to be monitored and the product, that is the plan, evaluated. The objectives of such process are to determine:

- To what extent the new plan fits the needs;
 - Whether the interventions planned are indeed feasible, effective, efficient and are targeted at vulnerable groups;
 - Whether the planning itself achieved its objectives, namely development of the plan, within earlier set limits of time and resources
-

THANK YOU

GROUP WORK

**PARTICIPANTS TO DISTRIBUTE IN FOUR
GROUPS (DISTRICT WISE)**

AND

**PREPARE A SUMMARY OF HOW ARE THEY
GOING TO PLAN FOR THEIR “DISTRICT
HEALTH PLANNING”**

DAY I



SESSION 2

Review of Policy Guidelines



Objectives

At the end of the session, each participant should have carefully reviewed central policy guidelines (such as provincial health policy, UHC framework, Provincial EPHS document) governing the development of the implementation plan in terms of:

- ❑ What programs are to be provided;
- ❑ What, if any, new or novel means of implementing these programs are used; and
- ❑ What specific constraints, rules, and regulations have to be followed in this process

Materials

Presentation; Provincial Health Policy / Strategy, Provincial EPHS, District Health Planning Manual

Tasks

Participants to distribute in four groups (district wise) and prepare a summary of the key elements of the provincial health policy / strategy, UHC framework and provincial EPHS document

Products

Summary of the key policy documents

PRESENTATION

Review of Policy Guidelines

The purpose of such review is to ensure that the district plan is in line with the provincial policy guidelines, and that the latter are being translated into appropriate actions.

➤ **Review Provincial Guidelines**

Carefully review central policy guidelines (such as provincial health policy / Strategy, UHC framework, Provincial EPHS document) governing the development of the implementation plan in terms of:

- ✓ What programs are to be provided;
- ✓ What, if any, new or novel means of implementing these programs are used; and
- ✓ What specific constraints, rules, and regulations have to be followed in this process

➤ **Review Provincial Programs**

For which of the priority programs, have the provincial governments earmarked block allocations and what is the time-frame of resources available for implementation of the plan in terms of developmental and operational activities (e.g. National Health Support Program).

Review of Policy Guidelines

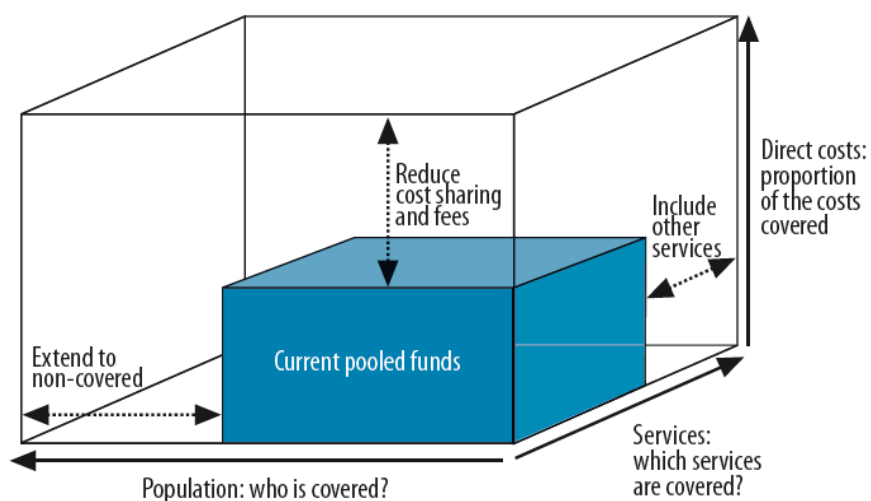
1. Health Sector Strategy Sindh (2012-2020)
 2. UHC framework
 3. KP EPHS
-

1. Health Sector Strategy Sindh (2012-2020)

Seven Strategic outcomes of health sector strategy

1. Strengthen district health systems with special emphasis on under developed districts and urban Primary Health Care (PHC)
 - 1a: Strengthen district health systems starting with most under-developed districts of Sindh
 - 1b: Implement an urban PHC system built on public private partnerships and addressing contextual needs of low income urban population
2. Streamline human resource production, retention and capacity to support priority health needs
3. Special areas of focus; Polio, under nutrition HIV/ AIDS, non-communicable disease etc
4. Enhance sector-wide access to essential drugs through improvement in quality assurance, afford ability, supply management and rational prescriptions
5. Regulate the health sector, in particular the extensive private sector towards licensed practice, standardisation of care, minimal reporting requirements and address medical negligence
6. To respond to stewardship and governance needs of health sector in the post devolution context, and also improve efficiency and transparency of existing functions
7. Increase investment in health sector and shift towards innovative financing systems to reduce Out Of Pocket (OOP) expenditure in the poor

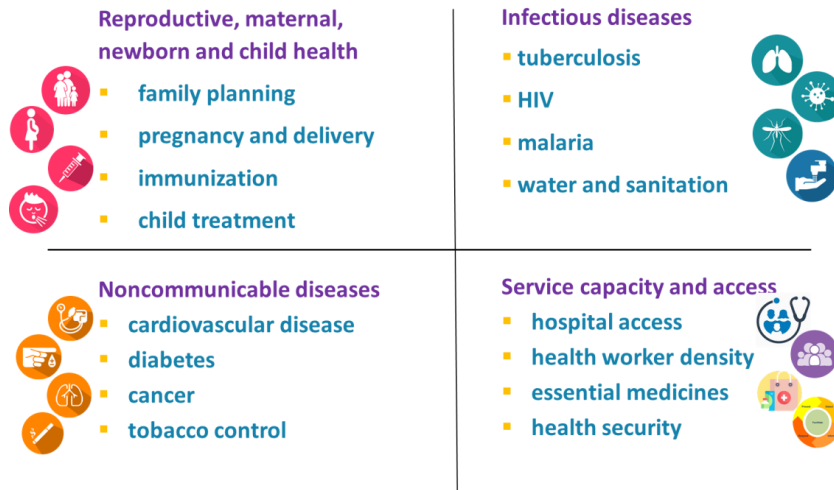
2. Universal Health Coverage Framework



- ☑ Ensure **ALL PEOPLE** have access to **NEEDED SERVICES**
- ☑ **FINANCIAL PROTECTION** linked to paying for care

2. Universal Health Coverage Framework

Measuring UHC Index 4 Tracer Areas and 16 Tracer Indicators



2. Universal Health Coverage Framework

Consensus on Measuring UHC Index developed after years of debate

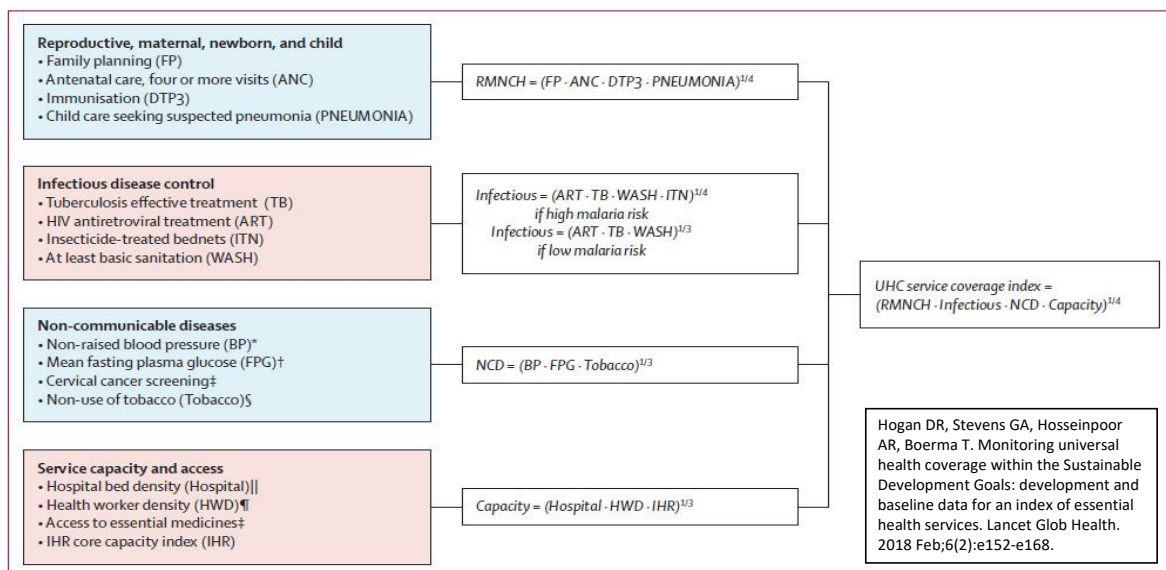


Figure 1: Calculation of universal health coverage service coverage index on the basis of national levels of coverage

2. Universal Health Coverage Framework

Current (2020) UHC Index in SINDH EPHS Districts

UHC Indicators	Larkana	Hyderabad	Malir	S Benazirabad	Khairpur	Sanghar	Tharparkar	Jamshoro	Sindh
1. Family Planning demand satisfied with modern methods (%)	52.60	62.30	60.90	44.90	49.70	49.80	13.10	41.90	50.2
2. Antenatal care -4+ visits	44.70	67.40	64.20	35.10	44.90	21.60	19.30	26.00	54.1
3. Child immunization (Penta 3) (%)	72.40	77.00	71.00	73.70	84.50	63.40	64.60	75.20	73.2
4. Care-seeking behaviour for child pneumonia (%)	59.90	64.90	66.00	88.90	69.10	79.30	83.90	49.90	85.4
RMNCH Aggregate Score	56.51	67.68	65.42	56.69	60.08	48.22	34.21	44.97	64.19
5. Tuberculosis effective treatment (%)	56.40	61.45	31.07	61.47	48.57	50.33	28.11	97.95	43.5
6. HIV treatment (%)	10.45	10.45	10.45	10.45	10.45	10.45	10.45	10.45	10.5
7. Insecticide-treated nets for malaria prevention (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
8. At least basic sanitation (%)	78.00	90.00	97.60	56.90	51.90	52.30	21.10	70.40	76.0
CD Aggregate Score	35.82	38.66	31.64	33.19	29.75	30.19	18.37	41.61	32.58
9. Normal blood pressure (%)	69.00	69.00	69.00	69.00	69.00	69.00	69.00	69.00	69.0
10. Normal mean plasma blood sugar (%)	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.0
11. Cervical cancer screening among women 30-49 years (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
12. Tobacco non-smoking (%)	59.00	59.00	59.00	59.00	59.00	59.00	59.00	59.00	59.0
NCD Aggregate Score	54.15	54.15	54.15	54.15	54.15	54.15	54.15	54.15	54.15
13. Hospital beds per 10,000 population against threshold (%)	85.58	96.41	11.31	50.20	34.22	22.98	15.89	31.95	39.3
14. (Physicians*Psychiatrist*Surgeon) density against threshold (%)	59.27	68.67	81.91	54.86	53.32	47.09	21.77	54.86	61.3
15. Availability of essential medicines in PHC (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
16. International Health Regulations core capacity index (%)	48.10	55.72	66.46	44.52	43.27	38.21	17.67	44.52	49.8
SAC Aggregate Score	62.49	71.72	39.49	49.68	42.90	34.58	18.28	42.73	49.32
UHC Index	51.16	56.46	45.87	47.43	45.14	40.63	28.09	45.61	48.61

2. Universal Health Coverage Framework

Year wise UHC Index						
District	2015	2016	2017	2018	2019	2020
Larkana	37.05	40.12	41.26	42.17	44.53	51.16
Hyderabad	40.96	44.51	47.20	48.54	50.33	56.46
Malir (Karachi)	43.07	45.92	48.47	49.53	50.89	45.87
Shaheed Benazir Abad	35.24	38.26	39.45	40.32	41.63	47.43
Khairpur	33.65	36.42	38.01	38.84	40.30	45.14
Sanghar	34.01	36.90	38.12	38.96	40.44	40.63
Tharparkar	20.09	21.93	22.61	23.11	24.88	28.09
Jamshoro	39.68	42.61	43.61	44.39	45.68	45.61
Provincial	37.64	40.65	43.90	45.03	46.76	48.61

Target: 80%+ by 2030

2. Universal Health Coverage Framework

Challenges in Measuring UHC Index at National & Provincial level

Three indicators not reported at global, national and provincial level:

- Insecticide treated bed nets for malaria prevention (%)
- Cervical cancer screening (30-49 years) (%)
- Availability of essential medicines in PHC (%)

Why not measured in Pakistan?

- Bed nets intervention only in 72 districts (comparability issue)
- No formal cervical screening and vaccination (new intervention)
- No formal mechanism of measuring availability of essential medicines (consensus on list and methodology)

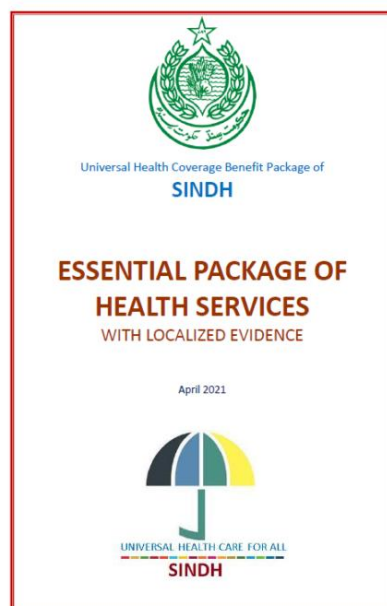
Better to use global approach at national and provincial level (consensus)

2. Universal Health Coverage Framework

Challenges for Measuring UHC Index at District level

- Stakeholders mostly **do not have full understanding** on the UHC and UHC index
 - UHC Index is a composite indicator and its **disaggregation** by income quintile and gender would be very difficult (no need to waste efforts)
 - Source of data is mainly surveys but national/ provincial vs provincial/ district **results vary significantly** (definition, sampling and measuring issues e.g. modern methods for family planning)
 - Some indicators are **only measured at national** level (e.g. IHR index)... what value should be used at district level (proxy indicator - IDSR status?) or apply weightage of national value by district?
 - How to link **district planning** with performance in different **cluster values**?
 - What about interventions **beyond 16 proxy indicators**?
-
-

3. Provincial Essential Package of Health Services



Review of Essential Health Services in Sindh based on DCP3 and Generic EPHS (22-23 April 2021)

- The review was carried out by the DOH Sindh and other key stakeholders
- Compare the current availability of Essential Health Services in the province against the DCP3 recommended 218 interventions for Essential UHC (EUHC) and 151 initially prioritized interventions under the generic EPHS of Pakistan
- Results are based on general consensus among 51 participants
- Significant variation in service provision not only among districts of Sindh but also expected worse coverage in hard to reach/ socio-economically poor districts

Review of Essential Health Services in Sindh based on DCP3 and Generic EPHS (22-23 April 2021)

Considering DCP3
recommended 218 interventions

Platform	No of EUHC interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
Community	59	66%	14%	14%	7%	-
PHC Centre	68	49%	26%	18%	7%	-
First Level Hospital	58	41%	38%	7%	10%	3%
Tertiary Hospital	20	20%	25%	10%	35%	10%
Population	13	46%	23%	23%	8%	-

Comparison by Platforms

Considering Generic EPHS
recommended 151 interventions

Platform	No of EPHS interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
Community	28	18%	32%	39%	11%	-
PHC Centre	43	16%	42%	26%	16%	-
First Level Hospital	46	13%	63%	13%	11%	-
Tertiary Hospital	22	9%	18%	5%	41%	27%
Population	12	42%	33%	17%	8%	-

Review of Essential Health Services in Sindh based on DCP3 and Generic EPHS (22-23 April 2021)

Considering DCP3
recommended 218 interventions

Cluster	No of EUHC interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
RMNCH/Age related	59	29%	41%	20%	10%	-
Infectious diseases	51	57%	24%	12%	8%	-
NCD and Injuries	52	60%	19%	10%	12%	-
Services access	56	52%	18%	11%	13%	7%
TOTAL	218	49%	25%	13%	11%	2%

Comparison by Clusters

Considering Generic EPHS
recommended 151 interventions

Cluster	No of EPHS interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
RMNCH/Age related	53	8%	51%	26%	15%	-
Infectious diseases	30	23%	43%	20%	13%	-
NCD and Injuries	29	28%	34%	17%	21%	-
Services access	39	15%	36%	15%	18%	15%
TOTAL	151	18%	41%	20%	17%	4%

Findings of Review (Com, PHC and FLH)

- Out of the DCP3 recommended community level EUHC interventions, 34% (20/59) and out of the generic community level EPHS interventions 82% (23/28) are available partially in Sindh. However, only 7% of community level EUHC interventions and 11% of generic community EPHS interventions are available more than 50%;
- Out of the DCP3 recommended PHC centre level EUHC interventions, 51% (35/68) and out of the generic PHC centre level EPHS interventions 84% (36/43) are available partially in Sindh. However, only 7% of PHC level EUHC interventions and 16% of generic PHC centre EPHS interventions are available in more than 50% of facilities;
- Out of the DCP3 recommended FLH level EUHC interventions, 59% (34/58) and out of the generic FLH level EPHS interventions 87% (40/46) are available partially in Sindh. However, only 14% of FLH level EUHC interventions and 11% of generic FLH EPHS interventions are available in more than 50% of facilities;

Findings of Review (TH & Population)

- Out of the DCP3 recommended TH level EUHC interventions, 80% (16/20) and out of the generic TH level EPHS interventions 90% (20/22) are available partially in Sindh. However, only 45% of TH level EUHC interventions and 68% of generic TH EPHS interventions are available in more than 50% of facilities;
- Out of the DCP3 recommended Population level EUHC interventions, 54% (7/13) and out of the generic population level EPHS interventions 58% (7/12) are available partially in Sindh. However, only 7% of Population level EUHC interventions and 8% of generic Population level EPHS interventions are available;

Findings of Review (by cluster)

- Analysis of cluster-based results indicate that out of 218 DCP3 recommended EUHC services, partially available RMNCH and age-related cluster interventions are 42/59 (71%), for infectious diseases cluster 22/51 (43%), for NCD & injuries cluster 21/52 (40%) and for health services cluster 27/56 (48%). **Non-communicable diseases and infectious diseases clusters appears to be neglected areas;**
 - Analysis of cluster-based results indicate that out of 151 recommended generic EPHS services, partially available RMNCH and age-related cluster interventions are 49/53 (92%), for infectious diseases cluster 23/30 (76.6%), for NCD & injuries cluster 21/29 (72%) and for health services cluster 33/39 (85%). **Again, Non-communicable diseases and infectious diseases clusters need more attention.**
-
-

Summary

- Current services not sufficient to make significant progress towards achieving UHC
 - Two platforms – community and PHC centre level should have scaled up services through an integrated approach
 - Where services are included in the package they should be provided with the appropriate technology and to a high quality
 - EPHS should be a live document and should be reviewed regularly
 - UHC benefit package should also consider inter-sectoral interventions, which are mostly cost-effective and have long lasting impact on the health outcomes
-
-

Stages for development of UHC Benefit Package

- A. Defining the decision and dialogue process and framework
- B. Defining goals and criteria
- C. Scoping
- C1. Defining the interventions
- C2. Burden of Disease/ Target population/ Costing/ ICER
- C3. Assessment / Optimization
- C4. Appraisal
- D. Communication and appeal
- E. Implementation

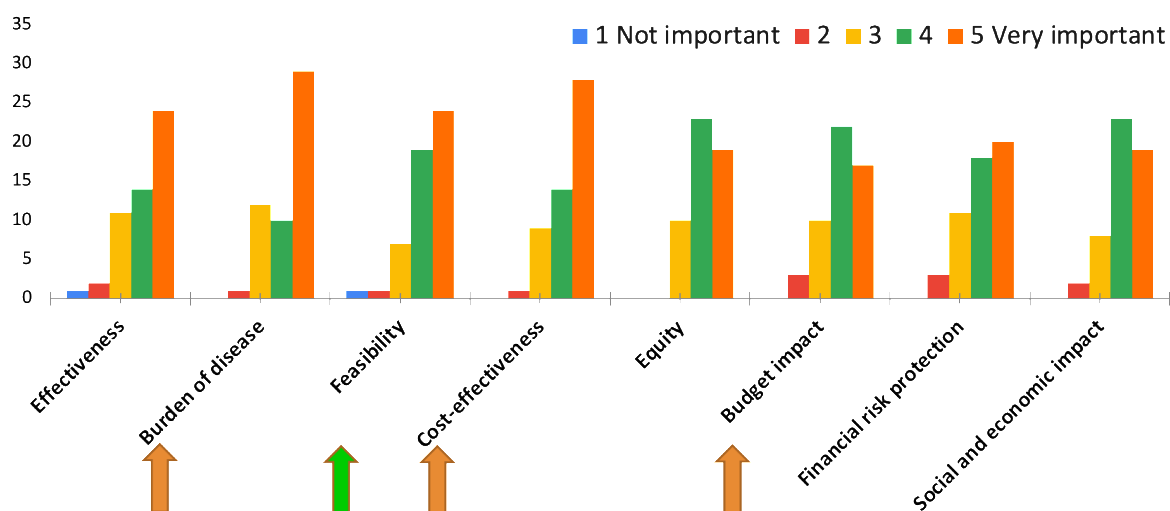
A. Governance – Decision & Dialogue process

UHC Steering Committee
(Chair: Minister of Health, Sindh)

UHC Technical Committee (Chair: DGHS)

- RMNCH TWG
- CD TWG
- NCD TWG
- Services Access TWG
- Health System TWG

B. Criteria to Prioritize Interventions



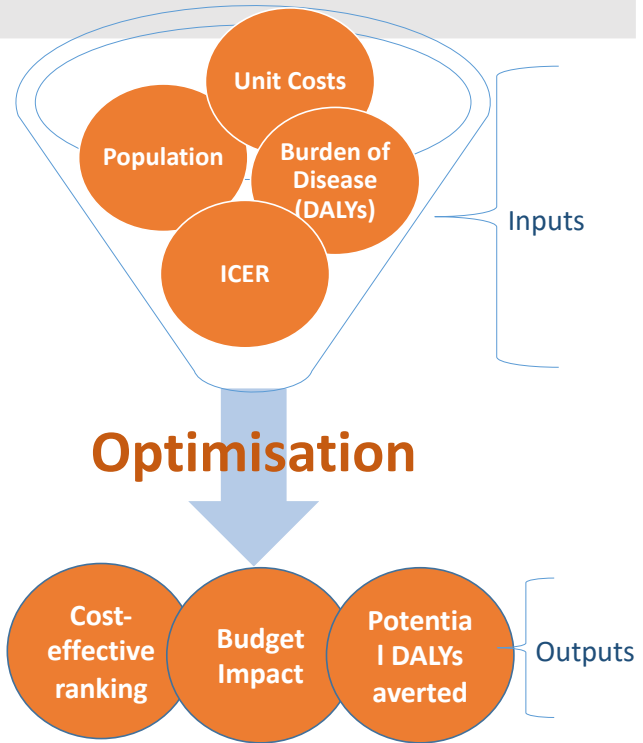
C. Scoping (same as used in Generic)

- Initial selection and Description of interventions at five platforms through a consultative process – **193 interventions**
- Disaggregation of interventions into inputs** – workforce, equipment, medicines, diagnostics etc.
- Unit costs estimated** [government/ market prices] – Elaborate Excel Sheet – Unit cost of intervention extended to population coverage
- Initial Iteration** - 86 Interventions at Community & PHC level
- 98 Interventions at Population, First level & Tertiary hospital

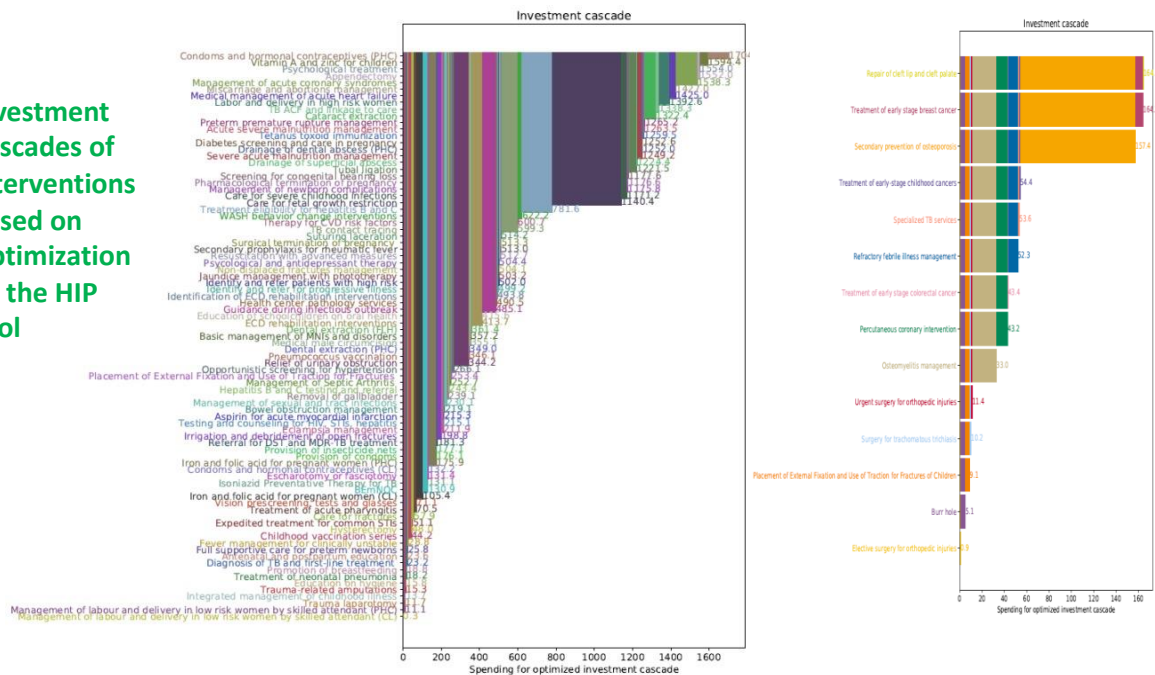


Optimisation

Optimization of interventions based on:
 Cost Effectiveness,
 DALYs averted,
 Targeted population
 and Budgetary impact



Investment Cascades of Interventions based on Optimization by the HIP Tool



Assessment & Appraisal

Details of interventions prioritized for the Sindh EPHS are as following:

Platform	Number of DCP3 recommended Interventions	High Priority Interventions (with split)	Immediate Priority Interventions (with split)	Interventions through Special Initiatives
1. Community level	59	28	21	5
2. PHC centre level	68	43	37	3
3. First level hospital	58	46	36	2
District EPHS	185	117	94	10
4. Tertiary hospital	20	22	25	-
5. Population level	13	12	12	-
All Five Platforms	218	151	131	10

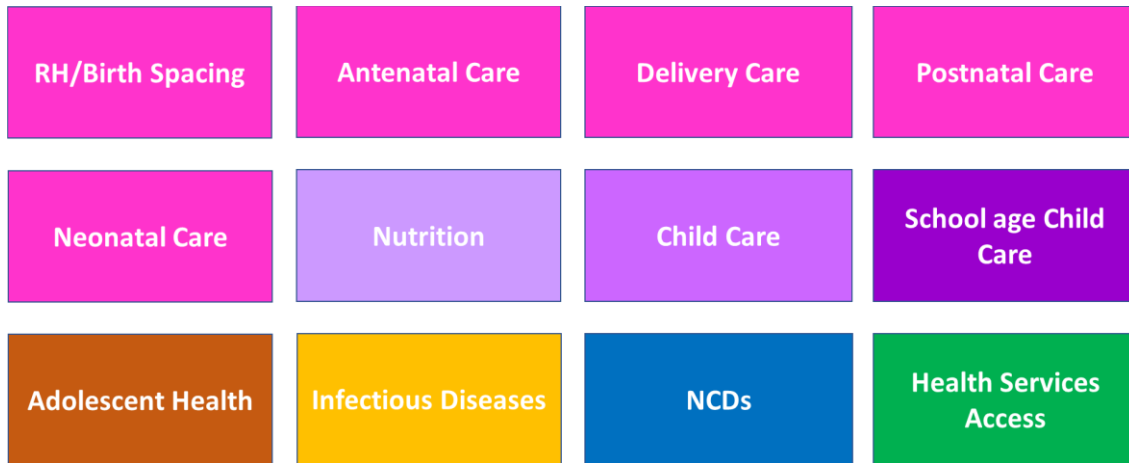
Assessment & Appraisal

A summary of interventions (immediate priority) of Sindh EPHS for the **year 2021** are as follows:

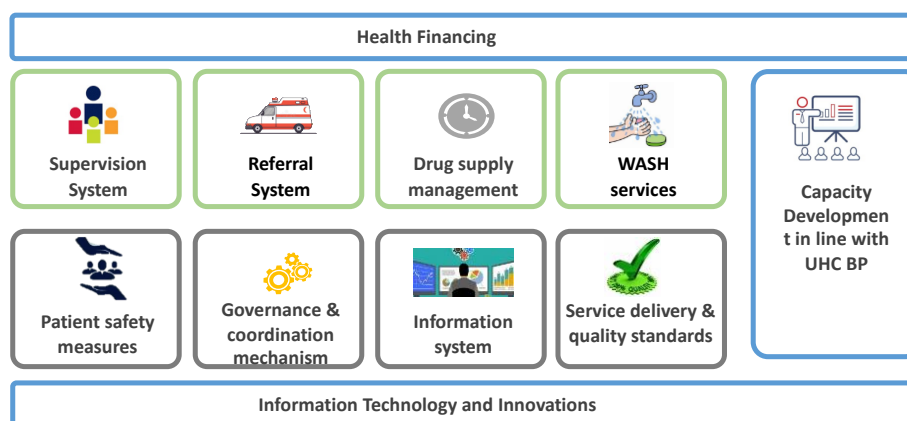
Platform	Immediate Priority Interventions	Unit Cost (\$)/ person/ year (inclusive of health system cost)	DALYs Avert
1. Community level	21	2.91	565,518
2. PHC centre level	37	4.22	1,836,851
3. First level hospital	36	10.95	510,871
District EPHS	94	18.09	2,913, 240
4. Tertiary hospital	25	7.29	539,236
5. Population level	12	3.36	++
All five platforms	131	28.66	3,452,476 ++

An addition of 10 interventions through **special initiatives** will cost US\$6.48/ person/ year and will avert additional 279,460 DALYs through District EPHS.

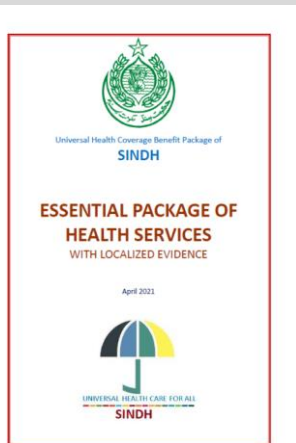
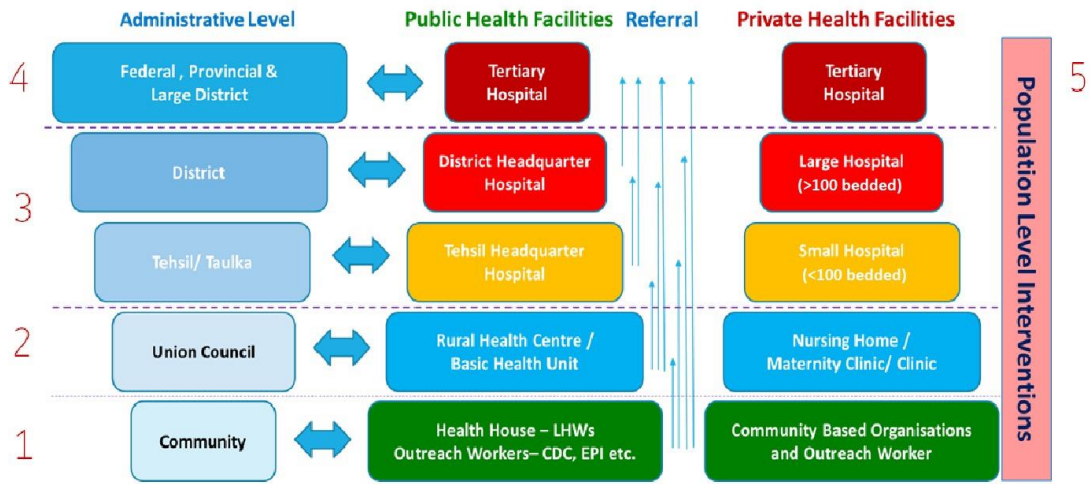
Twelve Categories of EPHS Interventions



Health System Interventions



Five Platforms of Healthcare Delivery System



Towards UHC through District EPHS Implementation



Securing Human Investments to Foster Transformation (SHIFT I & II) and UHC Reforms in Sindh

Securing Human Investments to Foster Transformation

■ Introduction

- Development Policy Credit (DPC) Series under WB Country Partnership Strategy (CPS) FY15-20; Results Areas 3 and 4 – **Service Delivery and Inclusion**
- SHIFT supports **Social Sector** and aims at enhancing human capital
- In **Health** focus on: Universal Health Coverage (UHC) Policy and progressive integration of vertical programs in the health sector starting by national immunization
- Borrower: **Ministry of Finance**
- Implementing agencies:
 - Benazir Income Support Program
 - Ministry of Planning Development and Reform
 - Ministry of Federal Education and Professional Training
 - Ministry of National Health Services Regulations and Coordination**

SHIFT Series in Pakistan

▪ SHIFT - I

- Amounting **US\$ 500 million** DPC
- **Prior actions** related to health:
 - Development of costed **Generic Essential Package of Health Services (EPHS)**
 - Shift of **EPI Programme** from development to **recurrent budget**
- Generic EPHS endorsed by the Inter-Ministerial Health & Population Council on 22nd October 2020; EPI shifted to recurrent budget in all provinces
- Amount disbursed by the WB to Ministry of Finance

▪ SHIFT - II

- Amounting **US\$ 300 million** DPC
 - Prior actions related to Health (**by 31 March 2021**)
 - Development of all provincial **costed Action Plans / EPHS**
 - Transfer of development budget of all **vertical health programs to recurrent budget** / horizontal integration
-
-

Progress on SHIFT-II in Sindh

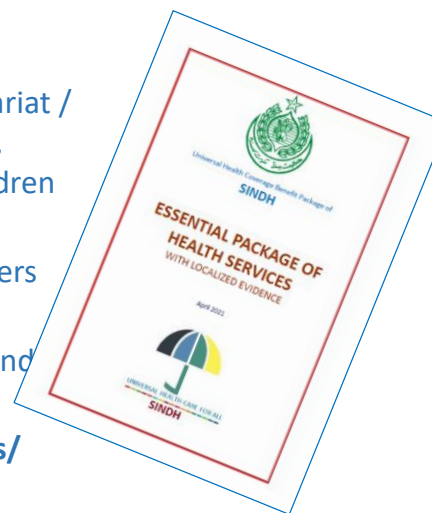
▪ Update on Prior Actions

1. Development of all provincial **costed Action Plans / EPHS**
 - Sindh is the **first province** in Pakistan to draft costed EPHS
 - However need endorsement of EPHS from the Sindh UHC Steering Committee:
 - Chair: Minister of Health, Sindh
 - Members: Secretary Finance; Secretary P&D; Secretary Health and DGHS
 2. Transfer of development **budget of all vertical health programmes to recurrent budget** / horizontal integration
 - Again, Sindh is the **first province** implementing horizontal integration, with shift of development budget of vertical programs to recurrent budget
 - Department of Finance expected to **raise budget** of vertical programs to 15-25% + for FY 2021-22
 - Restructuring of DGHS office done
-
-

Brief on Sindh EPHS (Prior actions for SHIFT II)

Process

- On the instruction of **Chief Minister of Sindh**
- **Sindh UHC Technical Committee** led by DGHS
- **Technical support** provided by the DCP3 secretariat / London School for Hygiene & Tropical Medicine, World Health Organization, United Nations Children Fund and Ministry of NHR&C
- **Consultations** in two workshops with stakeholders (71+)
- **Scientific evidence localized** in the context of Sindh province
- Evidence used to **prioritise global best practices/ interventions** for inclusion in the Sindh EPHS
- Costed EPHS/ Action Plan ready **to be presented to the Sindh UHC Steering Committee for endorsement**

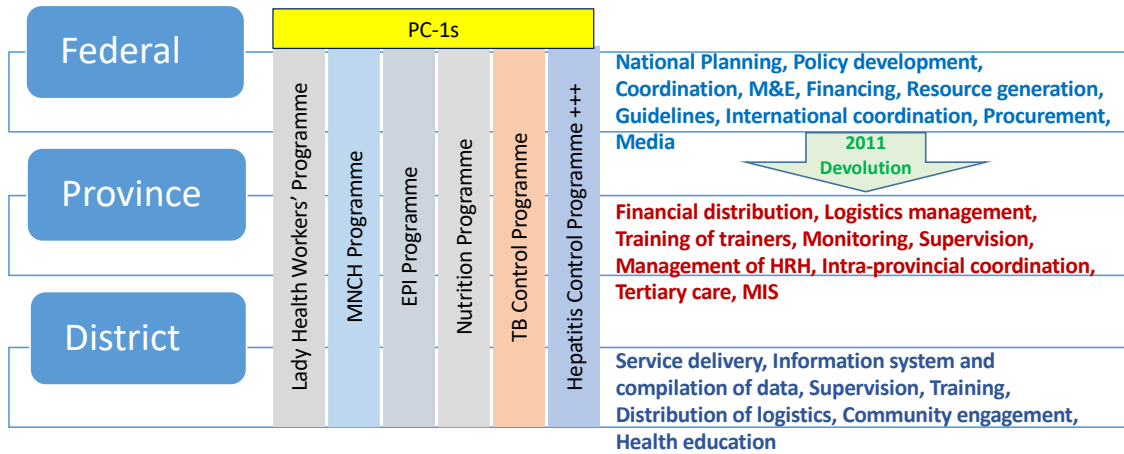


Development Budget to Recurrent Budget (Prior actions)

Why? What is the Logic?

- Vertical Programs mostly **emerged during 1990's** and later on to **access funds from PSDP** and offer an additionality to provinces to **tackle high burden challenges**
- This created a **vertical structures** of programs management at federal, provincial and district level
- With **18th constitutional amendment**, more resources provided to provinces through NFC award and allocation for **vertical programs ended** after 2017-18 (other than international investment in health)
- **No need for PC-1s** (time consuming) as **PSDP funds are not available**; Need to revert back to **execution by the Department of Health** (directorates and specialized units at the provincial level) and **District Health Offices** through integrated approach
- The concept of **Horizontal Integration being implemented in Sindh** – Lesson learning opportunity for other provinces
- **Additional financing** for ex-vertical programs can be ensured through recurrent budget

Vertical and Development Approach before July 2011



Horizontal Integration & Recurrent Budget Approach



Forth-coming National Health Support Program (NHSP)

Salient Features

- On the **pattern of National Immunization Support Project (NISP)** – with an emphasis on integrated primary & essential healthcare
- **Objective:** To support Pakistan in improving **Universal Health Coverage** through Integrated Primary Health Care, with a focus on RMNCH&N, Infectious and Non-Communicable Diseases
- Could be designed to include response to the **pandemic / COVID-19** vaccine
- Support the provinces to achieve some of the prior actions agreed under ‘Securing Human Investments to Foster Transformation’ (**SHIFT**)
- **Timeline:** board approve the NHSP in September 2021
- **Partners:** WB, GFF, GAVI, B&MGF, UN organizations and others

Forth-coming National Health Support Program (NHSP)

Salient Features ...

- Predominantly **support the DOH through the recurrent budget** and health system. under a **DLI mechanism** (pay for agreed results)
- **M/o NHSRC role** in overall coordination, national procurements, and delivery of services in federal territories
- **Governance:** A **national committee** convened by the M/o NHR&C and constituted at a minimum by senior health department/ministry officials (Secretary or delegate), civil society and development partner representatives
- **Economic case:** A common analytic framework - UHC BP of Pakistan, Fiscal Space for Health and UHC Investment Case
- Potential World Bank **IDA US\$300M** and **MDTF(grant) up to total \$160M+** over five years

Key Outcome – SDG 3.8.1 (UHC Index)

Target: 80%+ by 2030

Year wise UHC Service Coverage Index						
Province/ Area	2015	2016	2017	2018	2019	2020
Islamabad (ICT)	44.7	47.7	48.9	48.5	51.3	51.4
Punjab	40.6	42.8	45.6	47.3	48.2	47.9
Sindh	37.6	40.6	43.9	45.0	46.7	46.9
Azad Jammu & Kashmir (AJK)	39.0	40.7	43.6	46.2	47.9	48.0
Khyber Pakhtunkhwa (KP)	36.2	40.7	45.8	47.3	47.6	47.8
Gilgit Baltistan (GB)	35.8	39.3	41.0	42.6	43.5	43.7
Balochistan	27.1	29.3	32.3	33.5	35.0	34.8
National	39.7	42.1	45.3	46.3	47.1	47.1

UHC Index for 2020 may increase with availability of new surveys and administrative data.



Thanks

GROUP WORK

**PARTICIPANTS TO DISTRIBUTE IN FOUR
GROUPS (DISTRICT WISE)**

AND

**PREPARE A SUMMARY OF THE KEY ELEMENTS
OF THE PROVINCIAL HEALTH POLICY /
STRATEGY, UHC FRAMEWORK AND
PROVINCIAL EPHS DOCUMENT**

DAY I



SESSION 3

EXPLANATION AND GAPS IDENTIFICATION FOR EPHS IMPLEMENTATION



Objectives

At the end of the session, each participant should have carefully reviewed the interventions in the EPHS and have

- ❑ Understanding of the interventions at different platforms;
- ❑ identified the problems solved / needs addressed with the interventions
- ❑ identified the limitations / deficiencies in the existing system to implement the interventions proposed in District EPHS and suggest changes

Materials

Presentation; Intervention Matrix (Annexure 6), District Health Planning Manual

Tasks

Participants to distribute in four groups (district wise) and develop intervention matrix

Products

Filled intervention matrix

PRESENTATION AND GROUP WORK

Development of Intervention Matrix

Three steps

Step 1 - Participants to use the session tool to identify the problems solved / needs addressed with the interventions proposed in the District EPHS

EPHS Intervention	Problems solved / needs addressed

Step 2 - Participants identify the problems that remain unsolved / needs not addressed with the interventions proposed in District EPHS and suggest additional interventions

Step 3 - Participants identify the limitations / deficiencies in the existing system to implement the interventions proposed in District EPHS and suggest changes

EPHS Intervention	limitations / deficiencies in the existing system	Suggested changes

THANK YOU

DAY 2



SESSION 4

SITUATION ANALYSIS UNIVERSAL HEALTH COVERAGE



Objectives

At the end of the session, each participant should have learnt

- ❑ the demographic profile of their district
- ❑ the situation of Universal Health Coverage in their district
- ❑ the status of key health indicators in their district

Materials

Presentation; District Health Planning Manual; Data brought by the team from their district describing the general health and service situation; Maps and distribution of health facilities in the district

Tasks

Participants to contribute during the course of presentation

Products

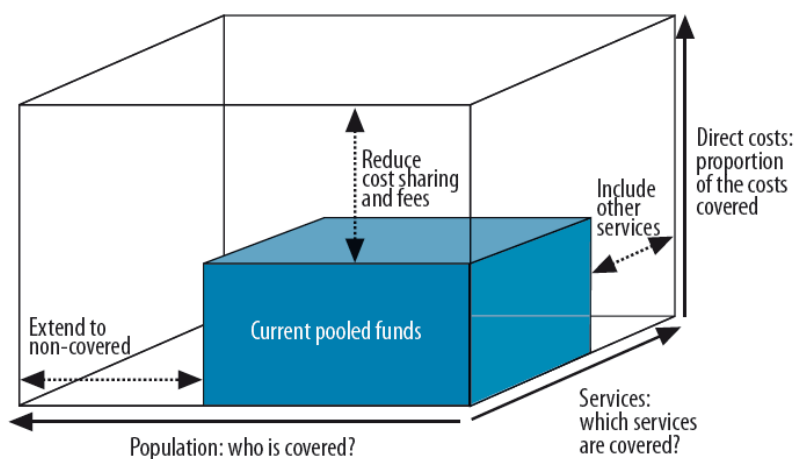
Finalised situation analysis / Key indicator template (Annexure 1)

PRESENTATION

Demography

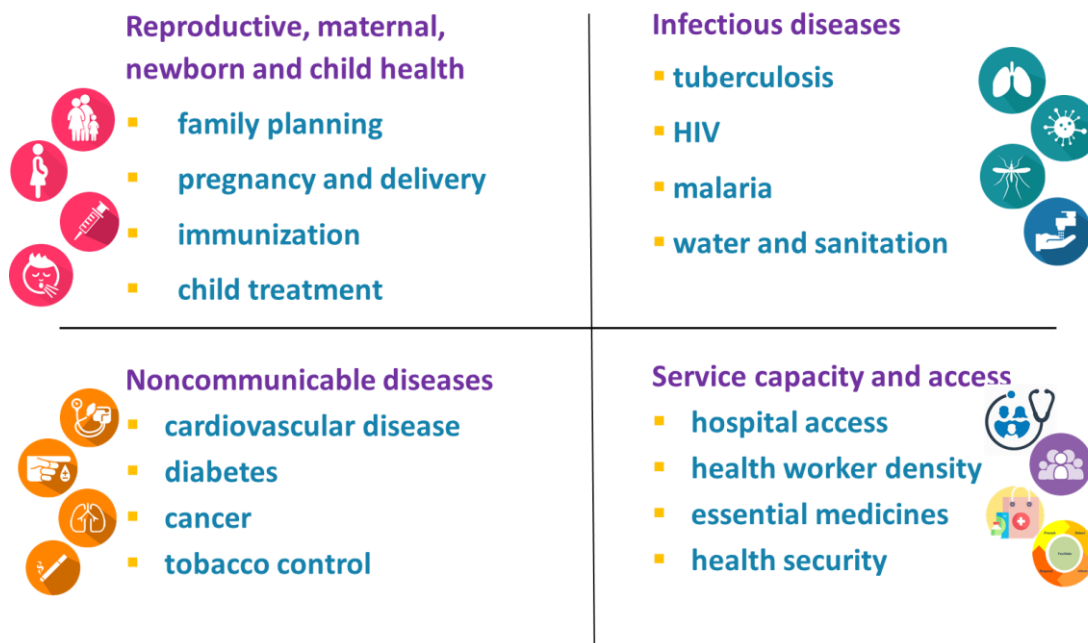
	Larkana	Hyderabad	Malir (Karachi)	S.Benazir Abad	Khairpur	Sanghar	Tharparkar	Jamshoro
Total Population	1,649,964	2,365,620	2,301,662	1,732,857	2,612,469	2,236,700	1,843,995	1,098,570
Total Area	1,948 km ²	993 km ²	2,160 km ²	4,502 km ²	15,910 km ²	10,728km ²	19,637km ²	11,204km ²
Children under 5	232,645	333,552	324,534	244,333	368,358	315,375	260,003	154,898
Women of reproductive age	362,992	520,436	506,366	381,229	574,743	492,074	405,679	241,685
Pregnant women	494,989	709,686	690,498	519,857	783,741	671,010	553,199	329,571

Universal Health Coverage Framework



Measuring UHC Index

4 Tracer Areas and 16 Tracer Indicators



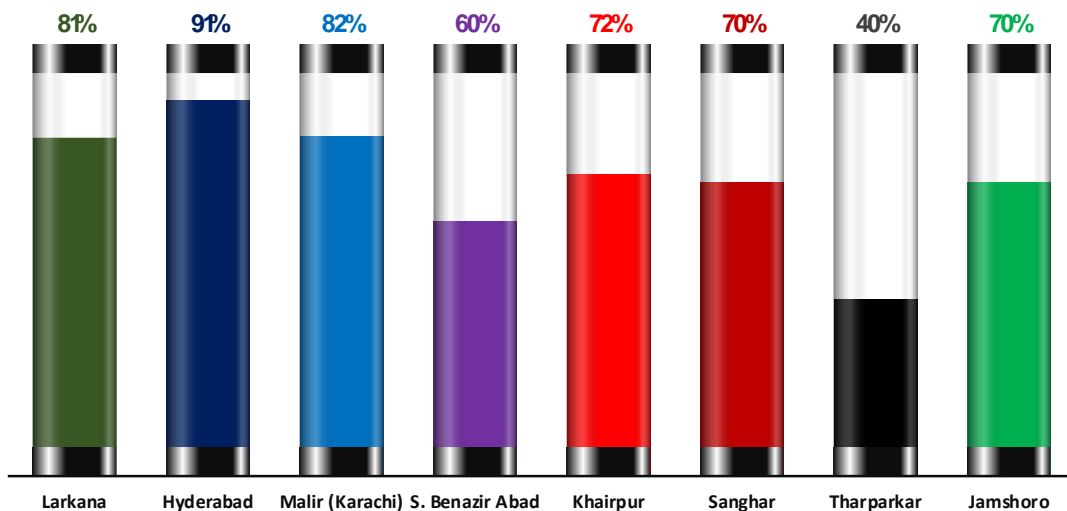
UHC Index

Year wise UHC Index						
District	2015	2016	2017	2018	2019	2020
Larkana	37.05	40.12	41.26	42.17	44.53	51.16
Hyderabad	40.96	44.51	47.20	48.54	50.33	56.46
Malir (Karachi)	43.07	45.92	48.47	49.53	50.89	45.87
Shaheed Benazir Abad	35.24	38.26	39.45	40.32	41.63	47.43
Khairpur	33.65	36.42	38.01	38.84	40.30	45.14
Sanghar	34.01	36.90	38.12	38.96	40.44	40.63
Tharparkar	20.09	21.93	22.61	23.11	24.88	28.09
Jamshoro	39.68	42.61	43.61	44.39	45.68	45.61
Provincial	37.64	40.65	43.90	45.03	46.76	48.61

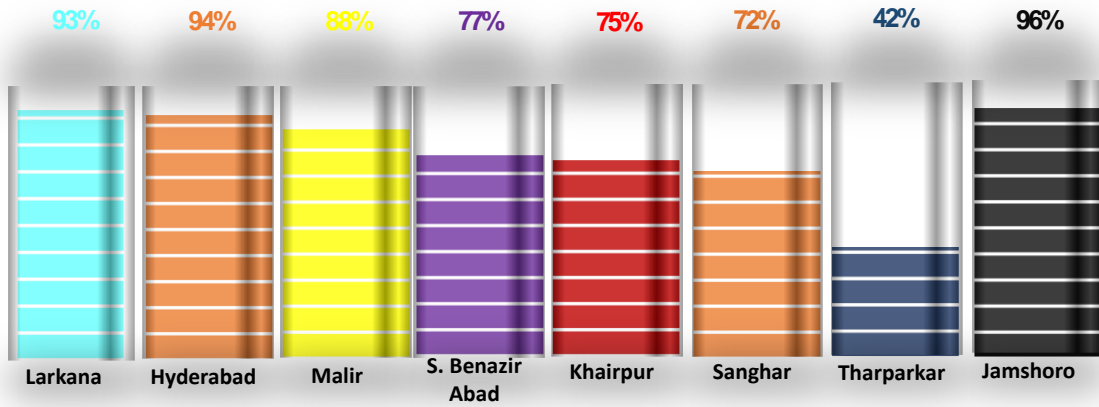
Current UHC Index Sindh Districts (2020)

UHC Indicators	Larkana	Hyderabad	Malir	S . B Abad	Khairpur	Sanghar	Tharparkar	Jamshoro	Sindh
Family Planning demand satisfied with modern methods (%)	52.60	62.30	60.90	44.90	49.70	49.80	13.10	41.90	50.2
Antenatal care -4+ visits	44.70	67.40	64.20	35.10	44.90	21.60	19.30	26.00	54.1
Child immunization (Penta 3) (%)	72.40	77.00	71.00	73.70	84.50	63.40	64.60	75.20	73.2
Care-seeking behaviour for child pneumonia (%)	59.90	64.90	66.00	88.90	69.10	79.30	83.90	49.90	85.4
RMNCH Aggregate Score	56.51	67.68	65.42	56.69	60.08	48.22	34.21	44.97	64.19
Tuberculosis effective treatment (%)	56.40	61.45	31.07	61.47	48.57	50.33	28.11	97.95	43.5
HIV treatment (%)	10.45	10.45	10.45	10.45	10.45	10.45	10.45	10.45	10.5
Insecticide-treated nets for malaria prevention (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
At least basic sanitation (%)	78.00	90.00	97.60	56.90	51.90	52.30	21.10	70.40	76.0
CD Aggregate Score	35.82	38.66	31.64	33.19	29.75	30.19	18.37	41.61	32.58
Normal blood pressure (%)	69.00	69.00	69.00	69.00	69.00	69.00	69.00	69.00	69.0
Normal mean plasma blood sugar (%)	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.0
Cervical cancer screening among women 30-49 years (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tobacco non-smoking (%)	59.00	59.00	59.00	59.00	59.00	59.00	59.00	59.00	59.0
NCD Aggregate Score	54.15	54.15	54.15	54.15	54.15	54.15	54.15	54.15	54.15
Hospital beds per 10,000 population against threshold (%)	85.58	96.41	11.31	50.20	34.22	22.98	15.89	31.95	39.3
(Physicians*Psychiatrist*Surgeon) density against threshold (%)	59.27	68.67	81.91	54.86	53.32	47.09	21.77	54.86	61.3
Availability of essential medicines in PHC (%) **	NA	NA	NA	NA	NA	NA	NA	NA	NA
International Health Regulations core capacity index (%)	48.10	55.72	66.46	44.52	43.27	38.21	17.67	44.52	49.8
SAC Aggregate Score	62.49	71.72	39.49	49.68	42.90	34.58	18.28	42.73	49.32
UHC Index	51.16	56.46	45.87	47.43	45.14	40.63	28.09	45.61	48.61

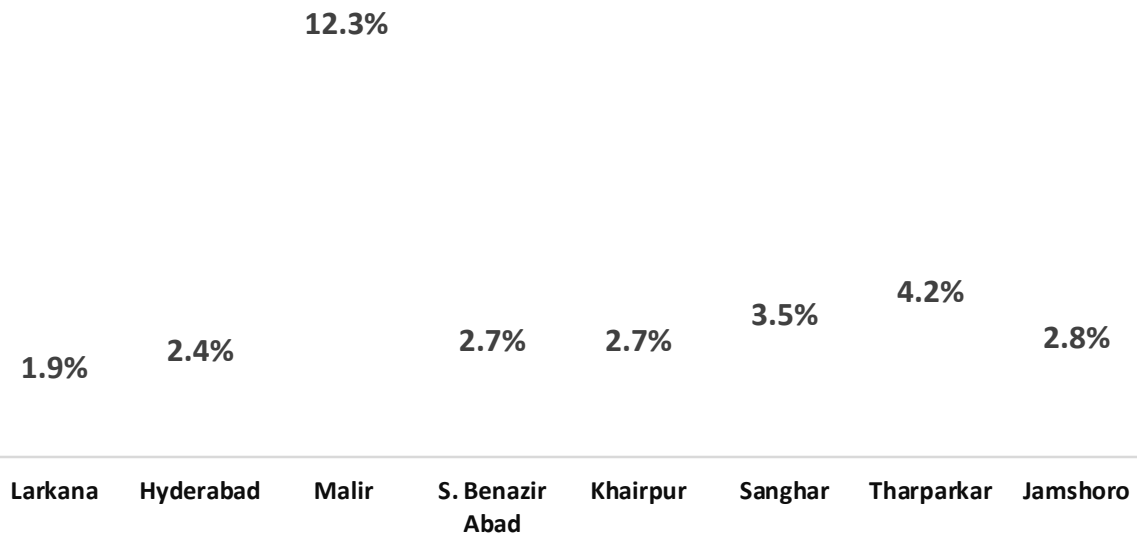
Child Delivery at Health Facility



Delivery assisted by any skilled attendant

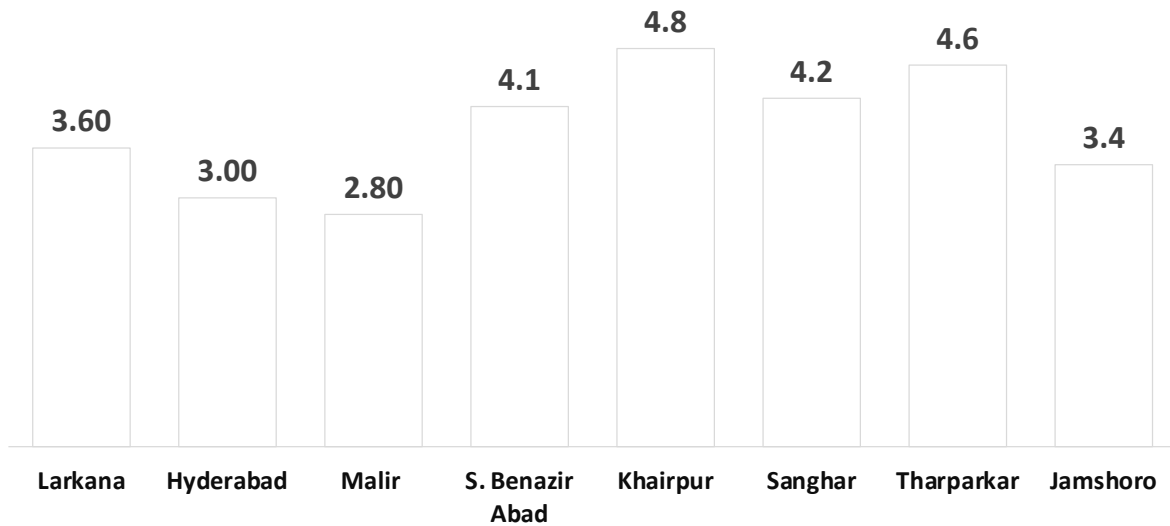


Percentage of Pre-Mature Births

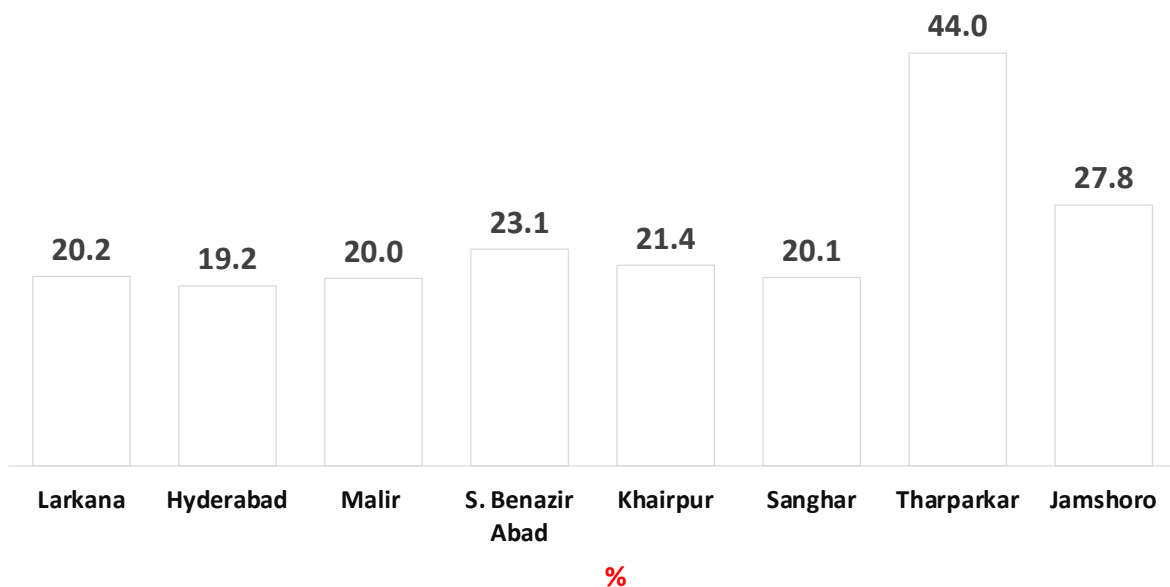


%

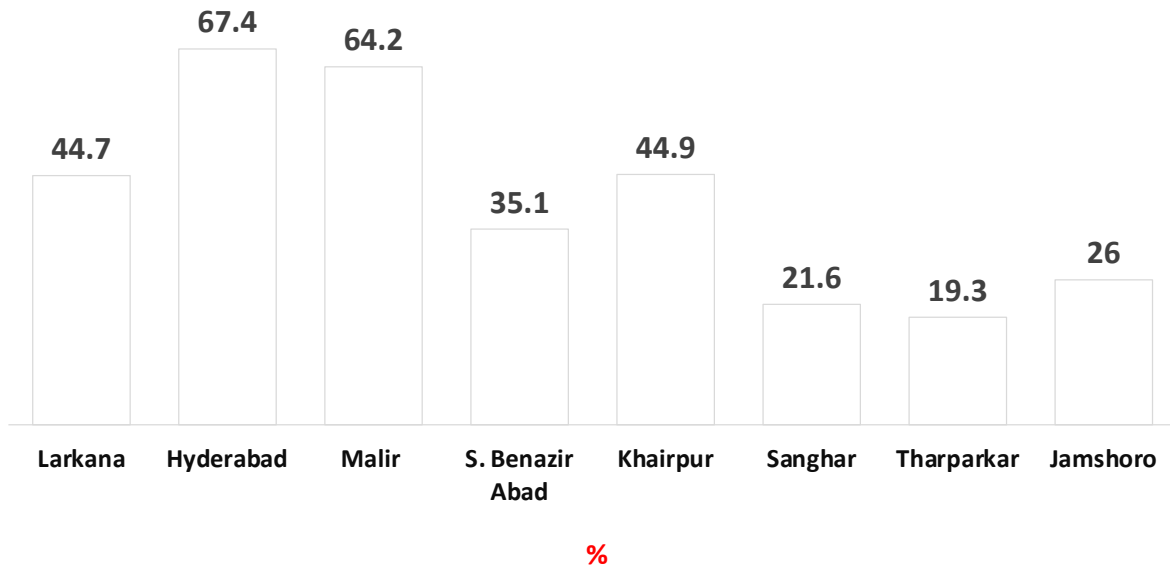
Total Fertility Rate (women age 15-49 years)



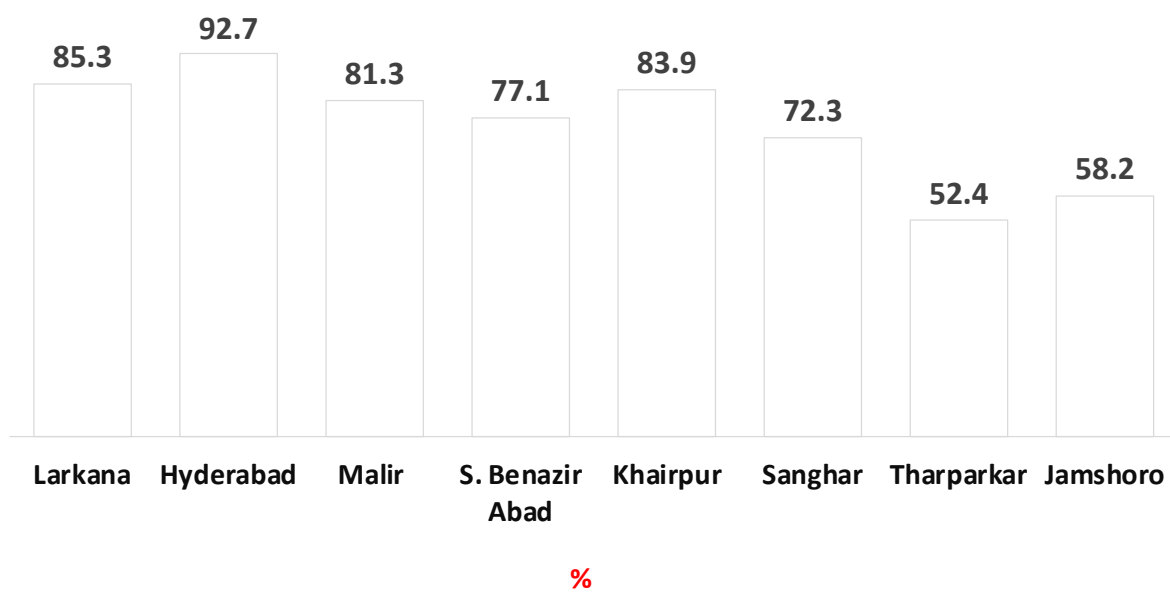
Unmet Need for Family Planning



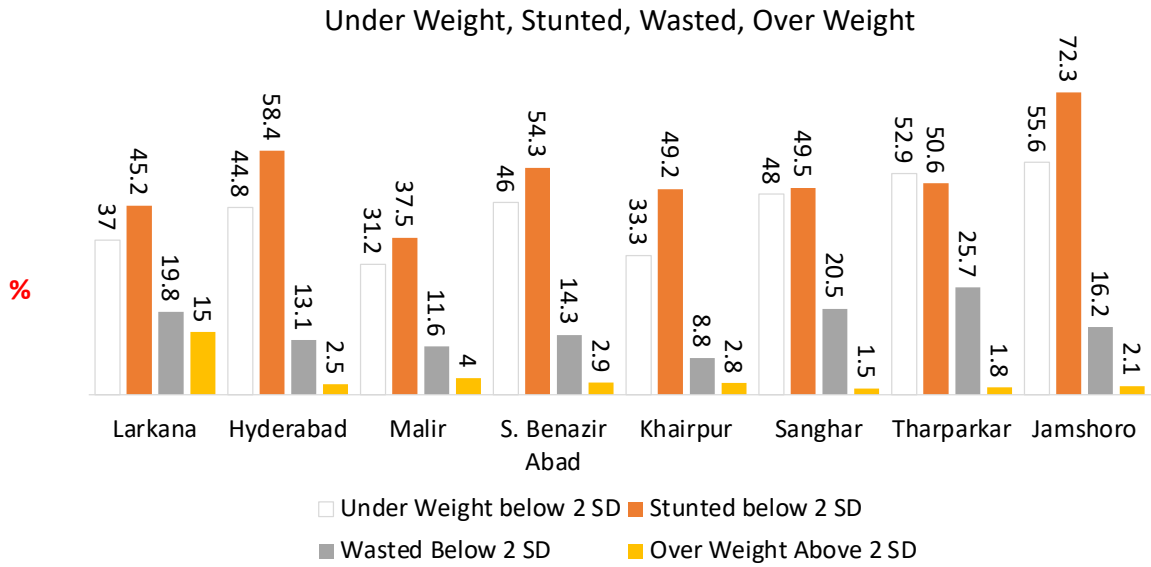
ANC visits (4+)



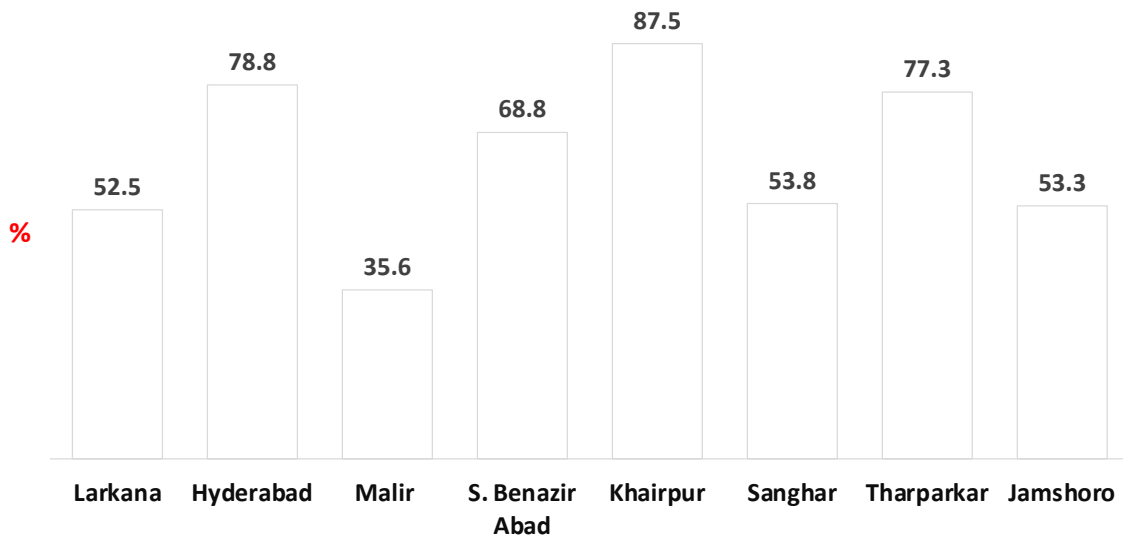
Attended at least once by skilled Provider for ANC



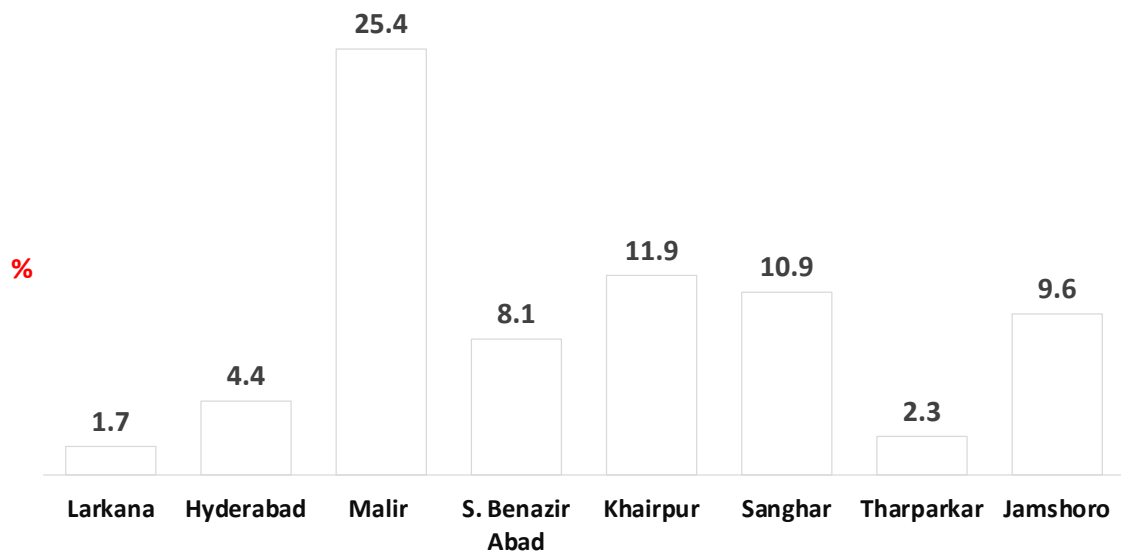
Child Malnutrition



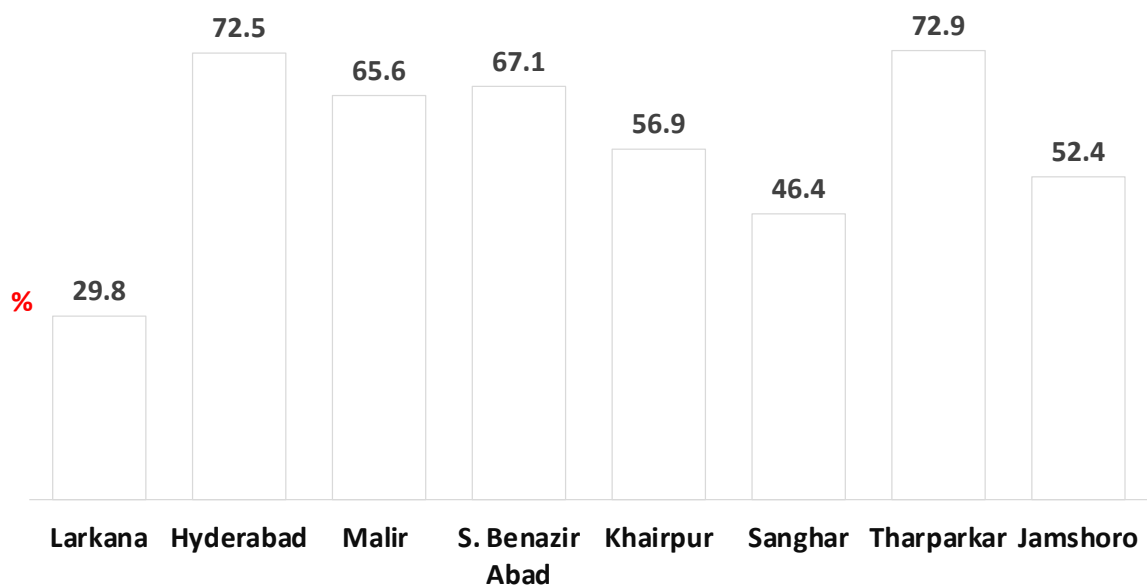
% of children who Received Vitamin A during the last 6 months



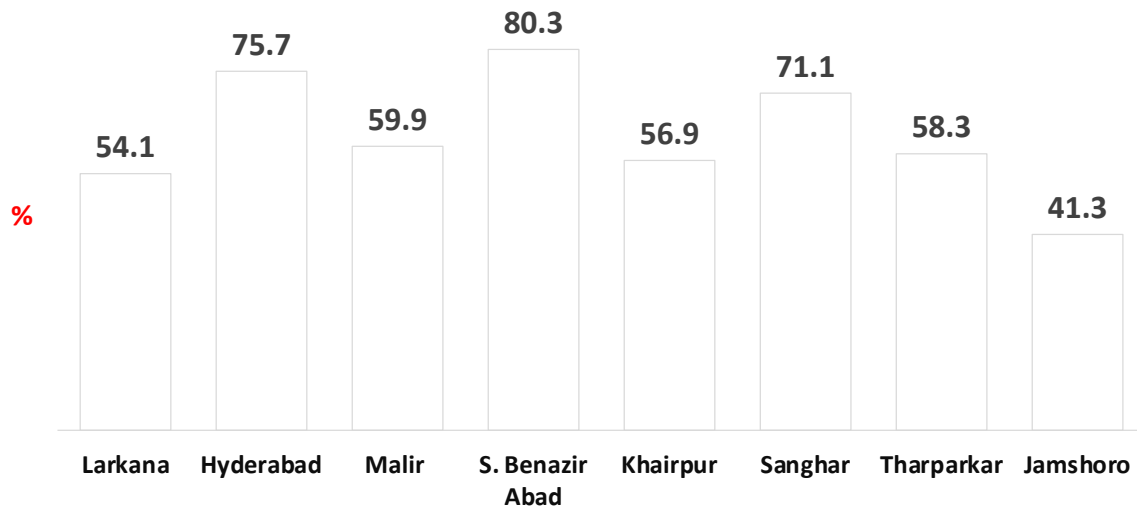
% of children with Symptoms of ARI



Tetanus during pregnancy



Care seeking during Fever

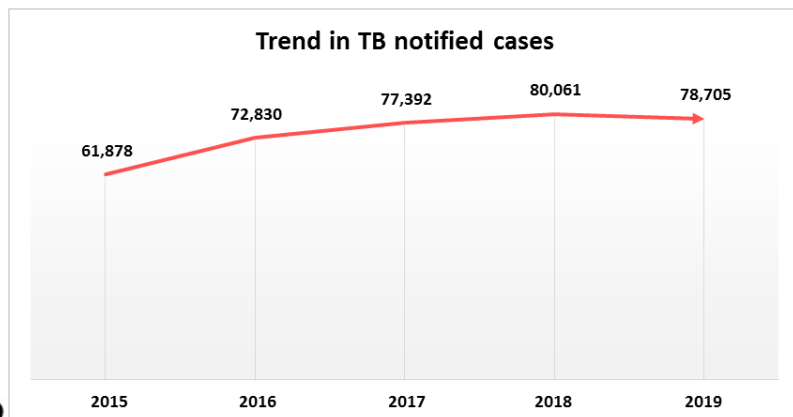


Communicable Diseases (SINDH)

- TB incidence **228.7/** 100,000 population
- Multi Drug Resistance cases (incidence rate) **13.78/** 100,000 population

SINDH	
Notified cases	78,705
CDR (%)	58.5
TSR (%)	93

Source: NTP 2019.



Communicable Diseases (SINDH)

- HIV incidence: **6.67** per 100,000 people
- Estimated people living with HIV: **74,685**
- Registered number of cases: **12,880**
- ART coverage: **10.5%**



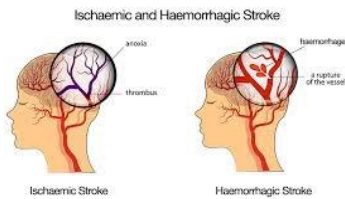
Malaria
0.46 million new cases

- Annual parasitic incidence at **1.69**
 - SINDH (2.92)
- P. vivax: P. falciparum = **84:16**

- Hepatitis B prevalence: **106** per 100,000 people
- Hepatitis C prevalence: **10.9** per 100,000 people



Non-Communicable Diseases (SINDH)



0.336 million with Stroke



5.6 million mental health disorders



0.8 million ischemic heart disease cases

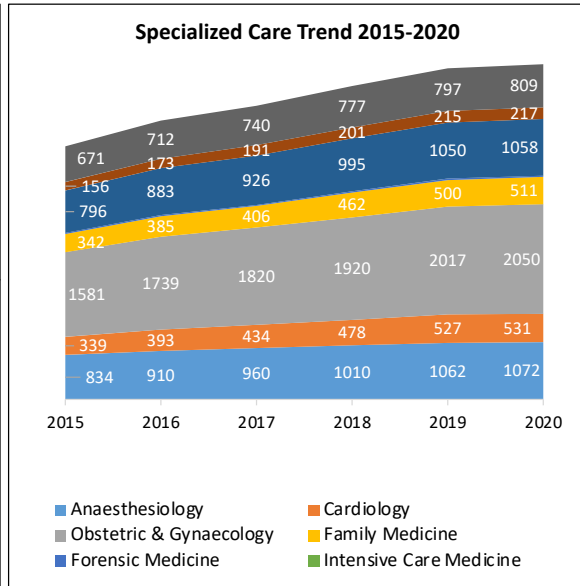
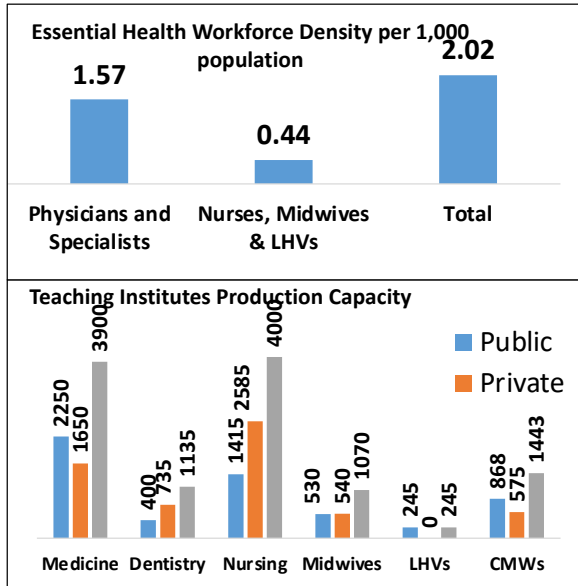


8.72 million chronic liver disease



2.02 million diabetics

Health Workforce (SINDH)

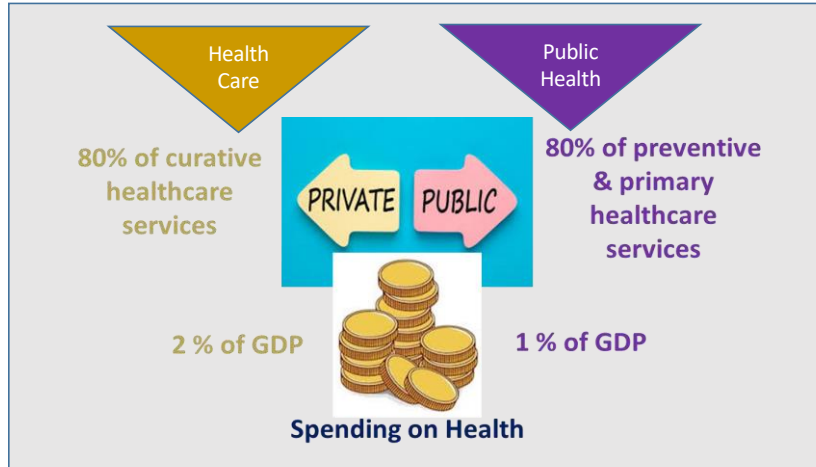


International Health Regulations (IHR) Capacities



Source: JEE 2016

Health Financing



Limited Resources

Resources Required for DALYs to be averted with EPHS

	Platform	Number of Interventions	Unit Cost US\$ (person/ year)	DALYs averted [in millions]
District EPHS	Community level	19	2.92	6.8
	Special Initiatives	13	5.15	4.8
	PHC Centre level	37	4.40	21.5
	First Level Hospital	32	5.66	12.1
	Tertiary Hospital	22	6.29	1.2
	Population level	12	0.79	?
	TOTAL		135	25.21



Thanks



DAY 2



SESSION 5

REVIEW OF RESOURCE AVAILABILITY



Objectives

At the end of the session, each participant should have

- ❑ identified the HR needs of the district
- ❑ identified the equipment and medicine needs of the district
- ❑ identify the available finances in the district

Materials

Presentation; District Health Planning Manual; Data brought by the team from their district

Tasks

Group work to finalise the HR template (Annexure 2A & 2B), equipment template (Annexure 7), medicines template (Annexure 8) and Budget template (Annexure 9)

Products

Finalised HR, equipment, medicines and budget templates

PRESENTATION AND GROUP WORK

Review of Resource Availability

- This is a preliminary orientation process to assist the planners in developing and selecting intervention strategies that are within the frame of realism and limits of available resources.
- Having completed the Situation Analysis, the Planning team is aware of the gaps in service programs, of shortcomings in the required infrastructure and of the need for specific interventions.
- Before the team can plunge into developing interventions, it is essential that a careful review of all resources available for improving and changing various system components be made.

Review of Resource Availability

Ascertain the availability of the following, essential for implementation of District EPHS

- **Manpower or Human Resources**, in terms of
 - number, cadre, gender and quality of the human resource
- **Material or Physical Resources** (availability and functionality)
 - infrastructure, transport
 - equipment,
 - Medicines and contraceptives
- **Money or Financial Resources** to see
 - how the financial resources are allocated, in terms of their distribution with respect to salary and non-salary, their release and utilization etc.

Review of Resource Availability

GROUP WORK

- Participants to divide in four groups based on their district
- Facilitators would guide the participants to fill the templates for HR, Physical resources and finances in their district

Review of Resource Availability

HR status – by type of facility and sanctioned versus filled; Also, identify the positions that are proposed in the EPHS but not sanctioned using the template provided

TYPE OF HEALTH FACILITY	POSITION	SANCTIONED	FILLED
DISTRICT HEALTH OFFICE			
COMMUNITY			
BHUs			
RHCs			
THQs/Civil hospitals			
DHQs			

Review of Resource Availability

GROUP WORK – Each district group to ascertain the status of infrastructure, transport, equipment and availability of medicines in their districts using the provided templates

- **Material or Physical Resources** (availability and functionality)
 - Infrastructure – repair and maintenance requirements
 - Transport – Ambulance services for referral care
 - Equipment – availability and functionality by type of facility; equipment that is missing as per EPHS standards
 - Medicines and contraceptives – medicines missing from the procurement list

Review of Resource Availability

GROUP WORK – Each district group to ascertain the finances available in the district

District	2020-2021 (PKR)		2021-2022 (PKR)
	Allocation	Expenditure	Allocation

THANK YOU

DAY 2



Objectives

At the end of the session, each participant should have

- ❑ understood the plan objectives and outputs
- ❑ identified the activities of the district health plan

Materials

Presentation; District Health Planning Manual;

Tasks

Group work to finalise the activities in the district health plan

Products

Finalised activities in the district health plan template (Annexure 10)

PRESENTATION

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 1: Improved governance and leadership at all levels of the health sector.

Leadership and management with effective oversight, regulation, and accountability.



Support in development of Policy, Strategies and Legal Frameworks



Capacity Building on Improved Management and Institutional Capacities



Developing effective partnership for enhanced coordination



Better Citizen Engagement / Involvement in Health System

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 2: Skilled and motivated health workforce distributed equally and equipped to deliver quality health services through a Continuum of Care

Well-trained health workforce available to deliver integrated essential package of health services and integrated disease surveillance & response system

Strengthen Human Resource Planning and Management Function at District level

Health Professionals registered, licensed and accredited

Provision of incentives and allowances

Availability of training guidelines, material and protocols

Sufficient skilled health professionals and workers to implement Health services

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 3: Health Services available, accessible, affordable, of acceptable quality and adaptable services, within the EPHS framework (Efficient, effective, accessible and integrated essential health services at community and PHC centre level especially in the wake of COVID19 outbreak)

Implement EPHS in targeted health facilities

Maintain basic health services in non-EPHS facilities

Improve coverage of disease specific projects including TB, HIV and malaria

Improve healthy Behaviors and Practices of the communities

Improve Health for women, children and adolescents

Ensure the availability of Health Emergency Preparedness Plan and System in place

Strengthen partnership with private sector for provision of quality health and nutrition services

Develop and Strengthen referral mechanism

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 4: Coordinated action for an equitable and efficient health financing system (Health financing system ensuring that people can afford essential services with financial risk protection measures)



Conduct costing exercise for DHP



Consult DHO team for Strengthening Health Financing needs



Organize Financial Management and Accounting system



Contribute to development of Health Finance Strategy

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 5: Improved access, availability, quality and rational use of essential medicines, vaccines, commodities, medical equipment and physical structures

Equitable access to medicines, vaccines, contraceptives, supplies and medical technologies including universal access to COVID19 related health technologies

Ensure Essential Medicines, Vaccines, Nutrition & RH commodities and Supplies

Strengthen the Effective Procurement, Logistics and Supply chain system/ Physical Structures

Improved / Rational Use of Drugs / Supplies

SETTING PLAN OBJECTIVES AND OUTPUTS

Objective 6: Improve stakeholder knowledge for evidence-based decision-making

Health information system (including, M&E interventions, integrated disease surveillance & response system generating data on health system performance and response actions



Department of Health M&E capacity improvements supported



Number of research products completed and disseminated



Health MIS systems operational and used in all health facilities

GROUP WORK

GROUP WORK

Divide in groups of four and based on the above plan objectives and outputs, identify the activities for each of the output. Facilitator will provide the DHP template for the exercise.

DAY 3



SESSION 7

PREPARING THE DHP TARGETS AND BUDGET



Objectives

At the end of the session, each participant should have

- ▣ understood and identified the targets and budget of the district health plan

Materials

Presentation; District Health Planning Manual;

Tasks

Group work to finalise the targets and budget in the district health plan

Products

Finalised targets and budget in the district health plan template (Annexure 10)

GROUP WORK

Preparing the DHP Targets and Budget

GROUP WORK

Participants to develop the DHP targets and budget using the DHP and budget tool dividing in four groups (district wise). The group facilitators will moderate the group work

DAY 3



SESSION 8

DEVELOPING MONITORING PLAN



Objectives

At the end of the session, each participant should have

- ❑ understood the key indicators for monitoring of the district health plan
- ❑ identified the three-year targets for the monitoring indicators
- ❑ identified the frequency and mode of the monitoring

Materials

Presentation; District Health Planning Manual; District Monitoring Plan Template

Tasks

Group work to finalise the District Monitoring Plan

Products

Finalised District Monitoring Plan (Annexure 11)

PRESENTATION

Indicators - Monitoring Framework

Sr. No	Indicator	Baseline	Year- Source	Means of Verification	Frequency	Target for		
						2022-23	2023-24	2024-25
KEY OUTCOME / OUTPUT INDICATORS								
1	District UHC index			Composite indicator based on calculation of 16 indicators				
2	Family Planning clients (modern method)			DHIS/district level survey				
3	Fully immunized children coverage			DHIS/district level survey				
4	Skilled Birth Attendance Institutional Deliveries (N/%) Deliveries attended by skilled health worker (N/%)			DHIS/district level survey				
5	Proportion of HR gaps filled as per EPHS			District administrative records				
6	District Health Team positions filled at the district level			District administrative records				
7	Number of health facilities reporting no stock out of essential medicines as per EPHS			Checklist based				
8	Proportion of LHWs reporting stock outs of at least two essential drugs during a month			Checklist based				
9	ANC: pregnant women who make their first visit in the first trimester (< 13weeks); N/%			HMIS				
10	OPD attendance at the PHC facilities			Routine HMIS data, monthly				

Indicators - Monitoring Framework

Sr. No	Indicator	Baseline	Year- Source	Means of Verification	Frequency	Target for		
						2022-23	2023-24	2024-25
11	OPD attendance at the Secondary level facilities			Routine HMIS data, monthly				
12	Inpatient admissions per 1000 persons per year (including deliveries)			Routine HMIS data, monthly, including private sector				
13	Number of the target secondary level HFs (CHs, THQs, DHQ) providing selective Comprehensive EmONC services (24/7)			Checklist based				
14	Number of the target PHC facilities providing basic EmONC services			Checklist based				
15	% of PHC facilities offering all UHC BP requisite set of services			Checklist based				
PHC/UHC SERVICE CAPACITY AND ACCESS								
16	Health facility density and distribution			Master facility list; mapping of all public and private facilities (with services offered)				
17	Health workers density and distribution: nurse/midwives, physicians, LHV;			Registry of health workers by type, public				
18	Medicines availability: 10 (Community) – 15 (PHC) tracer medicines; stockouts in last 4 weeks/3 months, on the day of interview			Routine HMIS data; Facility assessment, bi-annual by telephone, sample of facilities				
19	Equipment availability: 10-20 tracer equipment; stockouts in last 4 weeks/3 months, on the day of interview			Routine HMIS data; Facility assessment, bi-annual by telephone, sample of facilities				
RMNCAH								
20	Availability of all UHC BP based methods of contraception according to platform of service delivery (stratified by Community, PHC, FLH)			DHIS/LHW-MIS Facility assessment				

Indicators - Monitoring Framework

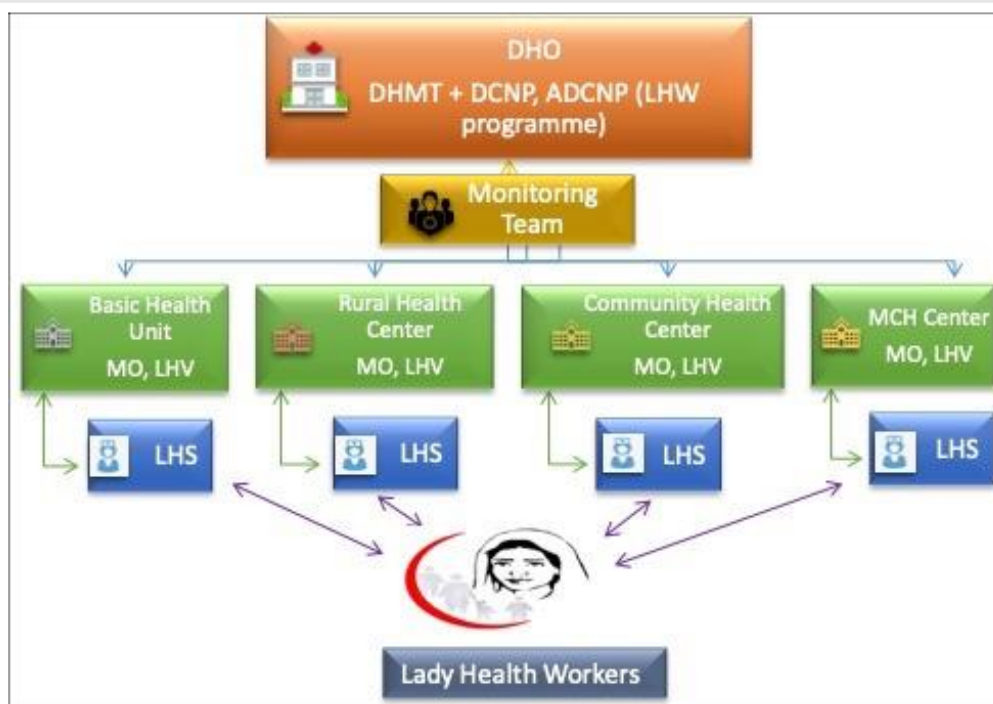
Sr. No	Indicator	Baseline	Year- Source	Means of Verification	Frequency	Target for		
						2022-23	2023-24	2024-25
21	ANC: pregnant women who make at least 4 visits (N/%); and received key interventions (e.g., IFA, tested for anemia) in each visit			HMIS				
22	Child: pneumonia and diarrhoea case fatality rates in hospitals; (deaths over admissions, under-fives)			HMIS				
INFECTIOUS DISEASES								
23	Tuberculosis treatment coverage: TB treatment success rate and TB incidence rate – (derived from TB notification rate)							
24	TB Health facility readiness: availability of TB diagnostics (onsite testing), TB medicines			Facility assessment HMIS				
25	Water supply and sanitary facilities in health facility			Facility assessment HMIS				
26	Readiness for early detection dengue and malaria			Facility assessment DHIS				
NCD CONTROL								
27	PHC level diagnostic intervention availability: Hb, blood glucose, urine chemistry; X Ray, ECG, complete blood exam (CP);			Facility assessment				
28	Availability essential medicines tracers: corticosteroids for asthma; antihypertensives; anti-diabetic medicines; anti-depressants			Facility assessment				
29	Population coverage of screening for hypertension (adults +) at community level			HMIS and survey-based estimate				
30	Population coverage of screening for diabetes (adults++) at community level			HMIS and survey-based estimate				

Proposed Frequency of Monitoring

- It is proposed that routine monitoring activities are structured in a way that at-least one monthly visits per primary healthcare facility are conducted by the DHMT monitoring staff members.
- In parallel to the PHC facility monitoring visits, it is proscribed that each Lady Health Worker would be visited at her health house and/or at-least once every month through the Lady Health Workers supervisory staff including the Lady Health Supervisors, and from the District Health Office.

S No	Monitoring site	Frequency	Responsible person/entity	Comments
1.	Lady Health Workers	At-least once every month	LHS, ADCNP, DCNP, DHMT	
2.	Basic Health Unit	At-least once every month	DHMT	
3.	Rural Health Center	At-least once every month	DHMT	
4.	Mother and Child Health Center	At-least once every month	DHMT	
5.	Community Health Center	At-least once every month	DHMT	

Proposed Frequency of Monitoring



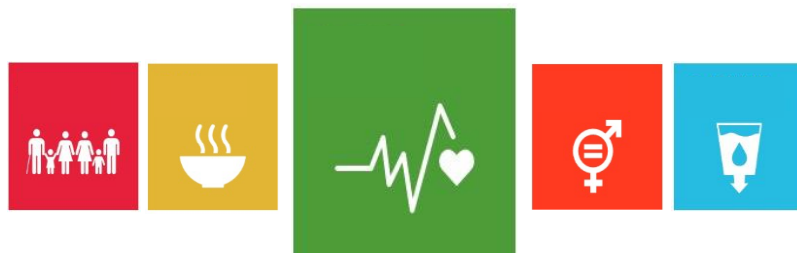
GROUP WORK

Developing for Monitoring Plan

GROUP WORK

Participants to develop the Monitoring plan using the Monitoring session tool dividing in four groups (district wise). The group facilitators will moderate the group work

DAY 3



SESSION 9

ADJUSTING MANAGEMENT & ORGANIZATION SYSTEM



Objectives

At the end of the session, each participant should have

- ❑ understood the management and organisation system and its components
- ❑ identified the required adjustments to the management and organisation system in their district

Materials

Presentation; District Health Planning Manual

Tasks

Group work to finalise the required adjustments to the management and organisation system of district

Products

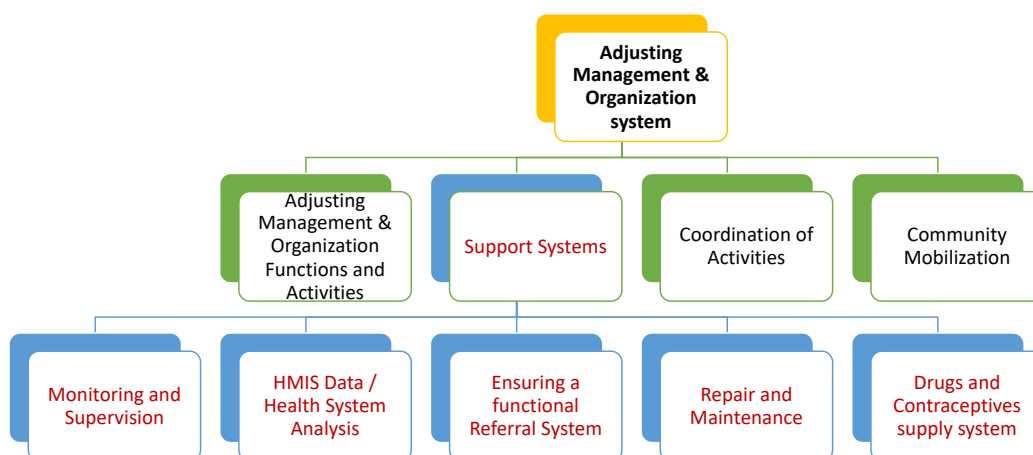
Summary of required adjustments to the management and organisation system of district

PRESENTATION

Adjusting Management & Organization system

The management and organization system (M&O) is the coordinating center for all health service activities. The DHO heads it with the assistance of a team of district managers.

Adjusting Management & Organization system



1. Adjusting M & O Functions and Activities

- The M&O system serves to control and monitor all aspects of the health system, that is health needs, health problems, health service inputs including the (management and) support system, their distribution, health service outputs, outcomes and community involvement. As such it assures that all aspects of the health service delivery system function smoothly and efficiently.
- Among several functions of the M&O system, the more important ones address **M**anpower, **M**oney and **M**aterial issues, and the functioning of the support systems, in general.

Example

In the case of EPI, and with respect to the 3 'Ms', the DHMT needs to review availability of vaccinators and supervisors, adequacy of vaccines, adequacy and functioning of the cold chain equipment, availability and integrity of transport as well as petrol, oil, lubricants and essential spares, of other necessary equipment, availability of financial resources for field monitoring, and availability of a record system, before implementing a plan for improving EPI coverage in the district.

2. Support Systems

- **Monitoring and Supervision**

Monitoring of activities

- How do you plan to monitor quantity?
- How do you plan to monitor quality?
- How to monitor overall staff performance?
- What measures of staff appraisal are to be instituted, and at what intervals?

Supervision of the different programs

- Estimate the number of supervisory activities required;
- Determine who will carry out supervision, and for which program;
- Develop supervisory schedules for each program.

- **HMIS Data / Health System Analysis**

- How are the data to be summarized, how often, what indicators are to be selected? (they need to be simple, few, appropriate);
 - How may the information gleaned be mapped or plotted, by facility, by geographic or administrative unit, etc.?
-
-

2. Support Systems

- **Ensuring a functional Referral System**
 - Does the referral system extend to all levels from the community/peripheral health care facilities to the THQ/DHQ hospitals?
 - Is the referral system operational, and is it functional?
 - Have suitable referral sites been identified for the various health problem categories requiring referral?
 - Has the community been made aware of the need for, and nature of the referral system?
 - **Repair and Maintenance**
 - Ensure that there is a system for controlling and maintaining equipment and materials.
 - This involves setting up ways and means for immediate reporting and repairing of defects, maintaining equipment at functional levels, ensuring cleanliness, and accountability in case of neglect or loss.
 - Develop and use inspection aside from an inventory that could serve as monitoring tools for this function
-
-

2. Support Systems

- **Drugs and Contraceptives supply system**

Management of drugs

- educating staff and patients in use of drugs;
 - procurement of drugs;
 - drug quality monitoring in terms of checking expiry dates,
 - monitoring storage conditions;
 - ensuring a functioning and a monitored cold chain;
 - regular supply of contraceptives;
 - monitoring stocks of essential drugs at health facilities and taking appropriate action, have all to be considered under an effective M&O system.
-
-

3. Coordination of Activities

- Synchronizing activities of all "stakeholders" involved in the delivery of health care, in terms of time, content and methods;
 - Liaison with other sectors within the government that provide health related services which may be needed in the villages (such as water and sanitation, elementary education, agriculture, construction & works (C&W), the planning office, the local government, and leaders of the ruling party, etc.);
 - Coordinating the activities of programs like EPI, TB, malaria etc.;
 - Continuous working and planning together (that is, scheduling of major activities like training, community surveys, outreach services, LHW supervision) with other health providers (bilateral, multilateral, or NGOs) in the district.
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4. Community Mobilization

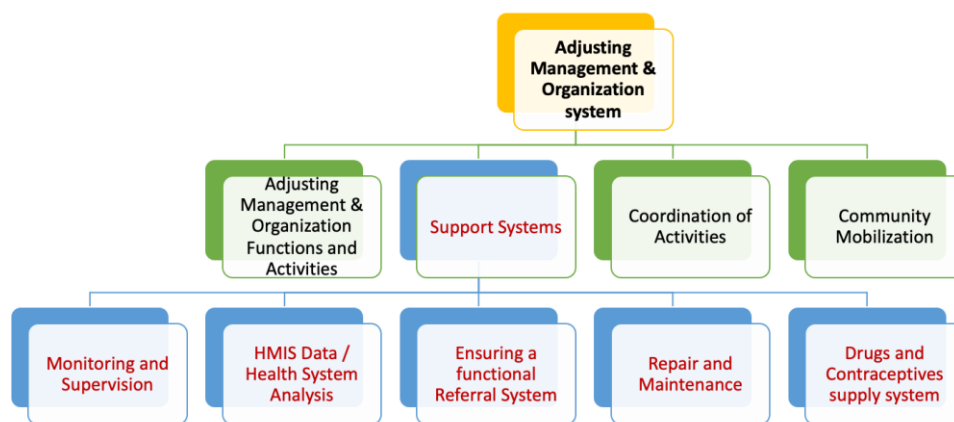
- In what areas, and with what activities should the community get involved with the improvement or delivery of health care?
 - What actions are expected from the community?
 - How may community involvement be monitored?
 - At what frequency, and when are meetings with community representatives to be held?
-
-
-
-

GROUPWORK

Adjusting Management & Organization system

GROUP WORK

Participants to identify the required adjustments in Management and Organization system using the following components dividing in four groups (district wise). The group facilitators will moderate the group work



ANNEXURES

ANNEXURE 1: PRE-WORKSHOP SITUATION ANALYSIS / KEY INDICATORS TEMPLATE

Indicator	National Results	Provincial	District	Source
Family Planning				
Married women currently using any modern method of contraception	25.0			
Unmet need for family planning	17.3			
Demand for family planning satisfied	66.4			
Infant and Child Mortality				
Neonatal mortality rate	42			
Infant mortality rate	62			
Child mortality rate	13			
Under – five mortality rate	74			
Reproductive Health				
Antenatal care from a skilled provider	86.2			
Antenatal visited for pregnancy 4+	51.4			
Tetanus protection at birth	68.9			
Place of delivery	66.2			
Child Health				
BCG	87.9			
DPT 3	75.4			
Measles vaccinations received	73.2			
Fully immunized children	NA			
Child Nutrition				
Children stunted	37.6			
Children wasted	7.1			
Children underweight	23.1			
Children exclusively breastfeed	47.5			
UHC Index indicators				
RMNCH				
Family Planning demand satisfied with modern method (%)	48.6			
Antenatal Care – 4+ visits (%)	51.4			
Child immunization (Penta 3) (%)	83.5			

Care-seeking behavior for child pneumonia (%)	84.2			
Communicable Diseases				
Tuberculosis effective treatment (%)	42.0			
HIV treatment (%)	12.0			
Insecticide-treated nets for malaria prevention (%)	NA			
At least basic sanitation (%)	83.0			
NCD				
Normal blood pressure (%)	69.0			
Normal blood sugar (%)	39.0			
Cervical cancer screening among women 30-49 years (%)	NA			
Tobacco non-smoking (%)	59.0			
Services Access & Capacity				
Hospital beds per 10,000 population against threshold (%)	49.4			
Physician density per 1,000				
Psychiatrist density per 100,000				
Surgeon density per 100,000				
Availability of essential medicines in PHC (%)	NA			
International Health Regulations core capacity index (%)	53.0			

ANNEXURE 2 A: PRE-WORKSHOP HUMAN RESOURCE STATUS TEMPLATE I

(IDENTIFYING THE HR STATUS IN THE DISTRICT AGAINST THE EPHS STANDARD)

POSITION BY TYPE OF FACILITY	SANCTIONED	FILLED
<u>DISTRICT HEALTH OFFICE</u>		
<u>COMMUNITY</u>		
Lady Health Worker		
Driver		
<u>8/6 BHU</u>		
Medical Officer In charge		
Male Medical Officer		
Lady Health Visitor/ Midwife/ FWW		
Vaccinator		
CDC/ Environmental technician		
Health Technician/		
Dispenser/ Dresser		
Data Entry Operator		
Population Welfare (HPN) Councillor		
Lady Health Visitor		
Driver		
Naib Qasid / Sanitary Patrol		
Mali		
Chowkidar		
Sanitary worker*		
<u>24/7 BHU</u>		
Medical Officer In charge		
Gynaecologist/ Obstetrician (optional)		
Male Medical Officer		
Women Medical Officer		
Staff Nurse		
Lady Health Visitor/ Midwife/ FWW		
Vaccinator		
CDC/ Environmental technician		

Health Technician/		
Dental Technician		
Dispenser/ Dresser		
Lab Technician		
Radiography Technician		
Data Entry Operator		
Population Welfare (HPN) Councillor		
Driver		
Dai/Aya		
Naib Qasid / Sanitary Patrol		
Mali		
Chowkidar		
Sanitary worker*		
<u>24/7 RHC</u>		
Medical Officer In charge		
Gynaecologist/ Obstetrician (optional)		
Medical Specialist (optional)		
District/ General Surgeon (optional)		
Paediatrician, Eye and ENT specialist (optional)		
Male Medical Officer		
Women Medical Officer		
Medico-legal Officer		
Dental Surgeon		
Head Nurse		
Staff Nurse		
Lady Health Visitor/ Midwife/ FWW		
Vaccinator		
CDC/ Environmental technician		
Health Technician/		
Dental Technician		
Dispenser/ Dresser		
Mortuary attendant		
OT Technician		

Lab Technician		
Radiography Technician		
Microscopist		
Data Entry Operator		
Lower Division Clerk		
Population Welfare (HPN) Councillor		
Storekeeper		
Ward boy		
Generator/ Fog machine operator		
Driver		
Dai/Aya		
Cook & Tandorchi*		
Washer for Laundry*		
Naib Qasid / Sanitary Patrol		
Mali		
Chowkidar		
Sanitary worker*		
THQs/Civil hospitals		
Superintendent		
Deputy Superintendent		
Medical Specialist/ District Physician		
Psychiatrist		
General Surgeon / District Surgeon		
Gynaecologist/ Obstetrician		
Anaesthetist		
Senior Medical Officers		
Medical Officers (MO)		
Causality Medical Officers & Reliever		
WMOs for Labour room &Relievers		
MOs (Intensive Care)		
Medicolegal Officer		
Dental Surgeon		
Nursing Superintendent		

Nursing Deputy Superintendent		
Head Nurses		
Charge Nurses		
Budget & Accounts Officer		
Accountant		
Social Welfare Officer		
Pharmacist		
Physiotherapist		
Population Welfare Officer		
Statistical specialist		
Epidemiologist		
Computer/ Data Entry Operators		
Biomedical Engineer		
Radiographer		
Dental Technician/Assistant		
Lab technicians		
Lab Technician for blood transfusion		
CDC/Environmental technicians (INCENERATOR MAN)		
Eye Technician/Optician		
Lab Assistants		
Ophthalmic Technician		
Biomedical Technicians		
Microscopists		
Speech Therapist		
ECG Technician		
Operation Theatre technicians		
Lady Health Visitors/Midwives		
Dispensers / dressers		
Vaccinators		
Head Clerk		
Senior Clerk		
Lower Division Clerk		

Storekeeper		
Ward boy		
Generator / Fog machine Operator		
Water Carrier		
Cashier		
Baildar		
Carpenter		
Plumber		
Almoner		
Chowkidar		
Telephone Operator		
Physiotherapy Aide / technician		
Stretcher Bearer		
Ambulance Driver		
Statistical Assistant		
Operation Theatre Attendants		
Sanitary Inspector/ Patrol		
Lab Attendants		
Ward Servants		
Ward Cleaners		
Electrician		
Air Conditioner Technicians		
Tailor		
Dhobi/Washerman		
DHQs		
Superintendent		
Deputy Superintendent		
Additional Superintendent		
Medical Specialist/ District Physician		
Psychiatrist		
Paediatrician + Lactation Consultant		
Cardiologist		
Dermatologist		

Neurologist		
Nephrologist		
T.B. & Chest Specialist (Pulmonologist)		
Clinical Psychologist		
Forensic Expert		
Emergency Specialist		
Trauma Surgeon		
Paediatrics Surgeon		
Urologist		
Orthopaedic surgeon		
ENT Specialist		
Ophthalmologist		
Pathologist		
Radiologist		
Blood Transfusion Officer		
Lab Technician for blood transfusion		
Speech Therapist		
Head Clerk		
General Surgeon / District Surgeon		
Gynaecologist/ Obstetrician		
Anaesthetist		
Senior Medical Officers		
Medical Officers (MO)		
Causality Medical Officers & Reliever		
WMOs for Labour room & Relievers		
MOs (Intensive Care)		
Medicolegal Officer		
Dental Surgeon		
Nursing Superintendent		
Nursing Deputy Superintendent		
Head Nurses		
Charge Nurses		

Budget & Accounts Officer		
Accountant		
Social Welfare Officer		
Pharmacist		
Physiotherapist		
Population Welfare Officer		
Statistical specialist		
Epidemiologist		
Computer/ Data Entry Operators		
Biomedical Engineer		
Radiographer		
Dental Technician/Assistant		
Lab technicians		
Lab Technician for blood transfusion		
CDC/Environmental technicians (INCENERATOR MAN)		
Eye Technician/Optician		
Lab Assistants		
Ophthalmic Technician		
Biomedical Technicians		
Microscopists		
Speech Therapist		
ECG Technician		
Operation Theatre technicians		
Lady Health Visitors/Midwives		
Dispensers / dressers		
Vaccinators		
Head Clerk		
Senior Clerk		
Lower Division Clerk		
Storekeeper		
Ward boy		
Generator / Fog machine Operator		

Water Carrier		
Cashier		
Baildar		
Carpenter		
Plumber		
Almoner		
Chowkidar		
Telephone Operator		
Physiotherapy Aide / technician		
Stretcher Bearer		
Ambulance Driver		
Statistical Assistant		
Operation Theatre Attendants		
Sanitary Inspector/ Patrol		
Lab Attendants		
Ward Servants		
Ward Cleaners		
Electrician		
Air Conditioner Technicians		
Tailor		
Dhobi/Washerman		

ANNESURE 2 B: PRE-WORKSHOP HUMAN RESOURCE STATUS TEMPLATE II

(IDENTIFYING THE MISSING HR IN THE DISTRICT AGAINST THE EPHS STANDARD)

(A) PHC CENTRE LEVEL HUMAN RESOURCES FOR HEALTH

(The table below reflect the EPHS standards at the PHC centre level. Against each position, the number of positions proposed by EPHS are mentioned. To ascertain the status of HR in your district, write the number of facilities (for each type) that has the requisite EPHS proposed HR (Columns in Red)

PHC CENTRE LEVEL HUMAN RESOURCES FOR HEALTH							
Sr. No.	HRH	Yes / No					
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	Number of 8/6 BHUs (Rural) Dispensary (Urban) Who have the proposed HR # (out of total)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	Number of 24/7 BHU Plus (Rural) Medical Centre (Urban) Who have the proposed HR # (out of total)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)	Number of 24/7 RHC (Rural) Health Centre (Urban) Who have the proposed HR # (out of total)
1.	Medical Officer In charge	1		1		1 (Senior)	
2.	Gynaecologist/ Obstetrician (optional)	0		PG students on rotation		1	
3.	Medical Specialist (optional)	0		0		1	
4.	District/ General Surgeon (optional)	0		0		1	
5.	Paediatrician, Eye and ENT specialist (optional)	0		0		(on rotation)	
6.	Male Medical Officer	1		2		3	
7.	Women Medical Officer	0		2		3	
8.	Medico-legal Officer	0		0		1	
9.	Dental Surgeon	0		0		1	
10.	Head Nurse	0		0		1	
11.	Staff Nurse	0		2		6	
12.	Lady Health Visitor/ Midwife/ FWW	1		3		3	
13.	Vaccinator	2		2		2	
14.	CDC/ Environmental technician	1		1		1	
15.	Health Technician/ Medical Assistant	1		2		3	
16.	Dental Technician	0		1		1	
17.	Dispenser/ Dresser	1		2		2	
18.	Mortuary attendant	0		0		1	
19.	OT Technician	0		0		3	
20.	Lab Technician	0		2		2	
21.	Radiography Technician	0		2		2	
22.	Microscopist	0		0		1	
23.	Data Entry Operator	1		2		3	
24.	Lower Division Clerk	0		0		1	
25.	Population Welfare (HPN) Councillor	2		3		3	
26.	Lady Health Supervisor & Driver	As per LHWP standards					
27.	Storekeeper	0		0		1	
28.	Ward boy	0		0		3	
29.	Generator/ Fog machine operator	0		0		1	
30.	Driver	1 (if ambulance)		3		3	
31.	Dai/Aya	0		3		3	
32.	Cook & Tandorchi*	0		0		4	
33.	Washer for Laundry*	0		0		2	
34.	Naib Qasid / Sanitary Patrol	1		2		4	
35.	Mali	1		1		2	
36.	Chowkidar	2		2		3	
37.	Sanitary worker*	1		2		3	

* Cooking, Washing and Sanitary services may be contracted out.

- Staff mentioned in **Blue font** is critical to ensure essential interventions

(B) FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH

(The table below reflect the EPHS standards at the First Level Hospital. Against each position, the number of positions proposed by EPHS are mentioned. To ascertain the status of HR in your district, write the number of facilities (for each type) that has the requisite EPHS proposed HR (Columns in Red)

FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH					
Sr. No.	HRH	Yes / No		Number of District Headquarter Hospital Who have the proposed HR # (out of total)	
		Taluka Headquarter Hospital / <50 bedded Private Hospital	Number of Taluka Headquarter Hospital Who have the proposed HR # (out of total)		District Headquarter Hospital / >50 bedded Private Hospital
Management Staff					
1.	Superintendent	Yes		Yes	
2.	Additional Superintendent	No		Yes	
3.	Deputy Superintendent	Yes		Yes	
Specialists					
4.	Medical Specialist/ District Physician	Yes		Yes	
5.	Paediatrician + Lactation Consultant	No		Yes	
6.	Cardiologist	No		Yes	
7.	Dermatologist	No		Yes	
8.	Neurologist	No		Yes	
9.	Nephrologist	No		Yes	
10.	T.B. & Chest Specialist (Pulmonologist)	No		Yes	
11.	Psychiatrist	Yes		Yes	
12.	Clinical Psychologist	No		Yes	
13.	Forensic Expert	No		Yes	
14.	Emergency Specialist	No		Yes	
15.	Trauma Surgeon	No		Yes	
16.	General Surgeon / District Surgeon	Yes		Yes	
17.	Gynaecologist/ Obstetrician	Yes		Yes	
18.	Paediatrics Surgeon	No		Yes	
19.	Urologist	No		Yes	
20.	Orthopaedic surgeon	No		Yes	
21.	Anaesthetist	Yes		Yes	
22.	ENT Specialist	No		Yes	
23.	Ophthalmologist	No		Yes	
24.	Pathologist	No		Yes	
25.	Radiologist	No		Yes	
26.	Blood Transfusion Officer	No		Yes	
Medical and Dental Staff					
27.	Senior Medical Officers	Yes		Yes	
28.	Medical Officers (MO)	Yes		Yes	
29.	Causality Medical Officers & Reliever	Yes		Yes	
30.	WMOs for Labour room & Relievers	Yes		Yes	
31.	MOs (Intensive Care)	Yes		Yes	
32.	Medicolegal Officer	Yes		Yes	
33.	Dental Surgeon	Yes		Yes	
Nursing Staff					
34.	Nursing Superintendent	Yes		Yes	
35.	Nursing Deputy Superintendent	Yes		Yes	
36.	Head Nurses	Yes		Yes	
37.	Charge Nurses	Yes		Yes	
Non-Medical Staff					
38.	Budget & Accounts Officer	Yes		Yes	
39.	Accountant	Yes		Yes	
40.	Social Welfare Officer	Yes		Yes	
41.	Pharmacist	Yes		Yes	
42.	Physiotherapist	Yes		Yes	
43.	Population Welfare Officer	Yes		Yes	

FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH					
Sr. No.	HRH	Yes / No			
		Taluka Headquarter Hospital / <50 bedded Private Hospital	Number of Taluka Headquarter Hospital Who have the proposed HR # (out of total)	District Headquarter Hospital / >50 bedded Private Hospital	Number of District Headquarter Hospital Who have the proposed HR # (out of total)
44	Statistical specialist	Yes		Yes	
45	Epidemiologist	Yes		Yes	
46	Computer/ Data Entry Operators	Yes		Yes	
47	Biomedical Engineer	Yes		Yes	
Para-Medical Staff					
48	Radiographer	Yes		Yes	
49	Dental Technician/Assistant	Yes		Yes	
50	Lab technicians	Yes		Yes	
51	Lab Technician for blood transfusion	No		Yes	
52	CDC/Environmental technicians (INCENERATOR MAN)	Yes		Yes	
53	Eye Technician/Optician	Yes		Yes	
54	Lab Assistants	Yes		Yes	
55	Ophthalmic Technician	Yes		Yes	
56	Biomedical Technicians	Yes		Yes	
57	Microscopists	Yes		Yes	
58	Speech Therapist	No		Yes	
59	ECG Technician	Yes		Yes	
60	Operation Theatre technicians	Yes		Yes	
61	Lady Health Visitors/Midwives	Yes		Yes	
62	Dispensers / dressers	Yes		Yes	
63	Vaccinators	Yes		Yes	
Support Staff					
64	Head Clerk	No		Yes	
65	Senior Clerk	Yes		Yes	
66	Lower Division Clerk	Yes		Yes	
67	Storekeeper	Yes		Yes	
68	Ward boy	Yes		Yes	
69	Generator / Fog machine Operator	Yes		Yes	
70	Water Carrier	Yes		Yes	
71	Cashier	Yes		Yes	
72	Baidar	Yes		Yes	
73	Carpenter	Yes		Yes	
74	Plumber	Yes		Yes	
75	Almoner	Yes		Yes	
76	Chowkidar	Yes		Yes	
77	Telephone Operator	Yes		Yes	
78	Physiotherapy Aide / technician	Yes		Yes	
79	Stretcher Bearer	Yes		Yes	
80	Ambulance Driver	Yes		Yes	
81	Statistical Assistant	Yes		Yes	
82	Operation Theatre Attendants	Yes		Yes	
83	Sanitary Inspector/ Patrol	Yes		Yes	
84	Lab Attendants	Yes		Yes	
85	Ward Servants	Yes		Yes	
86	Ward Cleaners	Yes		Yes	
87	Electrician	Yes		Yes	
88	Air Conditioner Technicians	Yes		Yes	
89	Tailor	Yes		Yes	
90	Dhobi/Washerman	Yes		Yes	

*Cooking, washing and sanitary services may be contracted out
- Staff mentioned in Blue font is critical to ensure essential interventions
- Number of staff positions will vary as per sanctioned list

ANNEXURE 3: PRE-WORKSHOP LABORATORY AND DIAGNOSTIC SERVICES STATUS ACROSS PHC AND FIRST LEVEL HEALTH FACILITIES

(IDENTIFYING THE LABORATORY AND DIAGNOSTIC SERVICES IN THE DISTRICT AGAINST THE EPHS STANDARD)

(C) PHC CENTRE LEVEL LABORATORY / DIAGNOSTIC SERVICES FOR HEALTH

(The table below reflect the EPHS standards at the PHC centre level. Against each laboratory/diagnostic services, EPHS recommendations (Yes or No) are mentioned. To ascertain the status of laboratory/diagnostic services in your district, write the number of facilities (for each type) that has the requisite EPHS proposed laboratory/diagnostic services (Columns in Red)

PHC CENTRE LEVEL LABORATORY & DIAGNOSTIC INTERVENTIONS							
Sr. No.	Intervention	Yes / No					
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	Number of 8/6 BHUs (Rural) Dispensary (Urban) Who have the proposed service # (out of total)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	Number of 24/7 BHU Plus (Rural) Medical Centre (Urban) Who have the proposed service # (out of total)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)	Number of 24/7 RHC (Rural) Health Centre (Urban) Who have the proposed service # (out of total)
1.	Haemoglobin & Blood Complete Examination	Yes/No		Yes		Yes	
2.	Blood Glucose Testing	Yes		Yes		Yes	
3.	Lipid Profile	No		No		Yes	
4.	Liver Function Tests	No		Yes		Yes	
5.	Serum Uric Acid	No		Yes/No		Yes	
6.	Renal function Test (Such as Serum Urea & Creatinine)	No		Yes		Yes	
7.	Urine Chemistry (Qualitative and Quantitative Testing)	Yes (Only Qualitative)		Yes		Yes	
8.	Onsite Malaria Testing	No		Yes		Yes	
9.	Malaria Rapid Diagnostic Test (RDT)	Yes		Yes		Yes	
10.	Gram Staining at facility	Yes/ No		Yes		Yes	
11.	Stool Microscopy at Facility	Yes / No		Yes		Yes	
12.	Onsite Tuberculosis Testing	No		Yes		Yes	
13.	X-Ray Services	No		Yes		Yes	
14.	ECG Services	No		Yes		Yes	
15.	Ultrasound	No		Yes		Yes	

(D) FIRST LEVEL HOSPITAL LABORATORY / DIAGNOSTIC SERVICES FOR HEALTH

(The table below reflect the EPHS standards at the First level hospital. Against each laboratory/diagnostic services, EPHS recommendations (Yes or No) are mentioned. To ascertain the status of laboratory/diagnostic services in your district, write the number of facilities (for each type) that has the requisite EPHS proposed laboratory/diagnostic services (Columns in Red)

FIRST LEVEL HOSPITAL LABORATORY & DIAGNOSTIC INTERVENTIONS					
Sr. No.	Laboratory / Diagnostic Tests	Yes / No			
		Taluka Headquarter Hospital / <50 bedded Private Hospital	Number of Taluka Headquarter Hospital Who have the proposed services # (out of total)	District Headquarter Hospital / >50 bedded Private Hospital	Number of District Headquarter Hospital Who have the proposed services # (out of total)
1.	Blood CP	Yes		Yes	
2.	ESR	Yes		Yes	
3.	Blood Culture & Sensitivity	No		Yes	
4.	C-Reactive Protein	No		Yes	
5.	Blood Grouping & Cross Matching	Yes		Yes	
6.	Blood Smear	No		Yes	
7.	Random and Fasting blood glucose	Yes		Yes	
8.	Serum Electrolytes (Serum Potassium, sodium, Serum Magnesium)	Yes		Yes	
9.	Serum Amylase, Lipase	No		Yes	
10.	Creatinine Phosphokinase, Serum Lactate	No		Yes	
11.	Serum Bilirubin	Yes		Yes	
12.	Prothrombin time test, APTT, INR	Yes		Yes	
13.	Blood Urea and Nitrogen	Yes		Yes	
14.	Hepatitis B & C test	Yes		Yes	
15.	Microscopy for malarial parasite	Yes		Yes	
16.	Pregnancy Test	Yes		Yes	
17.	Beta HCG	No		Yes	
18.	Arterial Blood Gases	No		Yes	
19.	LFTs	Yes		Yes	
20.	RFTs	Yes		Yes	
21.	Glucose-6-phosphate dehydrogenase (G6PD)	No		Yes	
22.	Coomb's test	Yes		Yes	
23.	Cardiac Troponin - T test	No		Yes	
24.	Microscopy of Cerebral Spinal Fluid	Yes		Yes	
25.	HIV Testing	Yes		Yes	
26.	Urine Analysis	No		Yes	
27.	Urine Culture & Microscopy test	Yes		Yes	
28.	Urine Myoglobin	No		Yes	
29.	Spot Urinary protein test	Yes		Yes	
30.	High vaginal swab	No		Yes	
31.	Semen analysis (sperm count)	Yes		Yes	
32.	Lumbar Puncture	No		Yes	
33.	Cytology (Pap smear or LBC) and Visual Inspection with Acetic acid (VIA)	No		Yes	
34.	Molecular HPV testing	Yes		Yes	
35.	Speculum, Vaginal & Rectal examination	No		Yes	
36.	Intravenous pyelogram (IVP)	No		Yes	
37.	Staining of smears for Ziehl-Neelsen or LED fluorescence microscopy	No		Yes	
38.	APRI (AST-to-platelet ratio index)	No		Yes	
39.	Liver Biopsy	No		Yes	
40.	HBV & HCV Serological testing	Yes		Yes	
41.	Nucleic Acid testing for HBV & HCV RNA	No		Yes	

FIRST LEVEL HOSPITAL LABORATORY & DIAGNOSTIC INTERVENTIONS

Sr. No.	Laboratory / Diagnostic Tests	Yes / No			
		Taluka Headquarter Hospital / <50 bedded Private Hospital	Number of Taluka Headquarter Hospital Who have the proposed services # (out of total)	District Headquarter Hospital / >50 bedded Private Hospital	Number of District Headquarter Hospital Who have the proposed services # (out of total)
42	line-probe assays (LPA) for direct detection of resistance mutations in acid-fast bacilli (AFB) smear-positive processed sputum samples	No		Yes	
43	Xpert MTB/RIF for use as the initial diagnostic test in individuals suspected of having MDR-TB	No		Yes	
44	<ul style="list-style-type: none"> • Phenotypic DST (conventional DST) • Genotypic DST 	No		Yes	
45	Gastric Lavage	Yes		Yes	
46	Pulse oximetry	Yes		Yes	
47	Ultra sound	Yes		Yes	
48	Chest X ray	Yes		Yes	
49	ECG	Yes		Yes	
50	Echo	No		Yes	
51	CT Scan	No		Yes	
52	CT scan with contrast	No		Yes	
53	X-ray Abdomen erect	Yes		Yes	
54	Radiograph of Limbs	Yes		Yes	
55	Joint Fluid Aspirate	No		Yes	
56	Fluid aspirate gram stain and culture	No		Yes	
57	Abdominal radiograph – erect and supine	Yes		Yes	
58	Ambulatory Xray (Portable)	Yes		Yes	
59	Ultrasound (to assess gestation age/IUGR) if needed	Yes		Yes	
60	Measurement of the compartment pressure (if Tonometer or Doppler Ultrasound available)	No		Yes	
61	Pelvic ultrasound (in case of ruptured uterus)	Yes		Yes	
62	Peri-apical radiograph	Yes		Yes	
63	Orthopantomogram	No		Yes	
64	Anti-cyclic citrullinated peptide (anti-CCP)	No		Yes	
65	Antinuclear antibody (ANA)	No		Yes	
66	Rheumatoid factor (RF)	No		Yes	
67	Uric acid	Yes		Yes	
68	Electrophoresis	No		Yes	
69	Blood test for sickle cell disease	No		Yes	
70	DNA testing (thalassemia specific)	No		Yes	
71	Thalassemia Test	No		Yes	
72	(Serum iron or Serum ferritin) (thalassemia specific)	No		Yes	
73	X-ray with a contrast material (barium X-ray)	No		Yes	
74	Dynamic swallowing study	No		Yes	
75	Fibreoptic endoscopic swallowing evaluation	No		Yes	
76	Manometry	No		Yes	
77	CD4 Testing	No		Yes	
78	Clinical chemistry panels (Automated analyser)	No		Yes	
79	RPR test for Syphilis	No		Yes	
80	FNAC	No		Yes	
81	Tissue Biopsy	No		Yes	
82	H & E staining	No		Yes	

ANEXXURE 4: PRE-WORKSHOP TEMPLATE FOR ACTIVITIES UNDER THE DISTRICT HEALTH PLAN

ACTIVITIES FOR DISTRICT HEALTH PLAN			
S.No	SUB-OUTPUT	Activity No	ACTIVITY
OUTPUT 1: Improved governance and leadership at all levels of the health sector (Leadership and management with effective oversight, regulation, and accountability).			
1.1	Support in development of Policy, Strategies and Legal Frameworks	1.1.1	
		1.1.2	
		1.1.3	
		1.1.4	
1.2	Capacity Building on Improved Management and Institutional Capacities	1.2.1	
		1.2.2	
		1.2.3	
		1.2.4	
		1.2.5	
		1.2.6	
		1.2.7	
		1.2.8	
1.3	Developing effective partnership for enhanced coordination	1.3.1	
		1.3.2	
		1.3.3	
1.4	Better Citizen Engagement / Involvement in Health System	1.4.1	
		1.4.2	
OUTPUT 2: Skilled and motivated health workforce distributed equally and equipped to deliver quality health services through a Continuum of Care (Well-trained health workforce available to deliver integrated essential package of health services and integrated disease surveillance & response system)			
2.1		2.1.1	

	Strengthen Human Resource Planning and Management Function at District level	2.1.2	
		2.1.3	
		2.1.4	
		2.1.5	
		2.1.6	
		2.1.7	
		2.1.8	
		2.1.9	
		2.1.10	
2.2		Health Professionals registered, licensed and accredited	2.2.1
	2.2.2		
2.3	Provision of incentives and allowances	2.3.1	
		2.3.2	
2.4	Availability of training guidelines, material and protocols	2.4.1	
		2.4.2	
2.5	Sufficient skilled health professionals and workers to implement Health services	2.5.1	
		2.5.2	
		2.5.3	
OUTPUT 3: Health Services available, accessible, affordable, of acceptable quality and adaptable services, within the EPHS framework (Efficient, effective, accessible and integrated essential health services at community and PHC centre level especially in the wake of COVID19 outbreak)			
3.1	Implement EPHS in targeted health facilities	3.1.1	
		3.1.2	
		3.1.3	
		3.1.4	
		3.1.5	

3.2	Maintain basic health services in non-EPHS facilities	3.2.1	
3.3	Improve coverage of disease specific projects including TB, HIV and malaria	3.3.1	
		3.3.2	
3.4	Improve healthy Behaviors and Practices of the communities	3.4.1	
		3.4.2	
		3.4.3	
		3.4.4	
3.5	Improve Health for women, children and adolescents	3.5.1	
		3.5.2	
		3.5.3	
		3.5.4	
		3.5.5	
		3.5.6	
3.6	Ensure the availability of Health Emergency Preparedness Plan and System in place	3.6.1	
3.7	Strengthen partnership with private sector for provision of quality health and nutrition services	3.7.1	
		3.7.2	
3.8	Develop and Strengthen referral mechanism	3.8.1	
		3.8.2	
OUTPUT 4: Coordinated action for an equitable and efficient health financing system (Health financing system ensuring that people can afford essential services with financial risk protection measures)			
4.1	Conduct costing exercise for DHP	4.1.1	

4.2	Consult DHO team for Strengthening Health Financing needs	4.2.1	
		4.2.2	
4.3	Organize Financial Management and Accounting system	4.3.1	
		4.3.2	
4.4.	Contribute to development of Health Finance Strategy	4.4.1	
5.1	Ensure Essential Medicines, Vaccines, Nutrition & RH commodities and Supplies	5.1.1	
		5.1.2	
		5.1.3	
5.2	Strengthen the Effective Procurement, Logistics and Supply chain system/ Physical Structures	5.2.1	
		5.2.3	
		5.2.4	
		5.2.5	
		5.2.6	
		5.2.7	
		5.2.8	
		5.2.9	
		5.2.10	
5.3	Improved / Rational Use of Drugs / Supplies	5.3.1	
		5.3.2	
6.1	Department of Health M&E capacity improvements supported	6.1.1	
		6.1.2	
6.2	Number of research products completed and disseminated	6.2.1	

6.3	Health MIS systems operational and used in all health facilities	6.3.1	
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ANNEXURE 5: PRE-WORKSHOP DISTRICT HEALTH BUDGET TEMPLATE – ALLOCATION AND EXPENDITURES

Major Function		Minor Function		Detailed Function		Sub-Detail Function		2020-2021 (PKR)		2021-2022 (PKR)
No.	Description	No	Description	No	Description	No.	Description	Allocation	Expenditure	Allocation
07	Health	071	Medical Products, Appliances and Equipment	0711	Medical Products, Appliances and Equipment	071101	Medical Products, Appliances and Equipment			
						071102	Drug Control			
		072	Outpatients Services	0721	General Medical Services	072101	General Medical Services			
						072201	Specilized Medical Services			
						072301	Dental Services			
						072401	Paramedical Services			
		073	Hospital Services	0731	General Hospital Services	073101	General Hospital Services			
						073102	District Headquarter Hospitals			
						073103	Tehsil Headquarter Hospitals			
						073104	Rural Health Centers			
						073105	Basic Health Units/ Dispensaries/ Clinics etc.			
				0732	Special Hospital Services	073201	Special Hospital Services (Mental Hospital)			

				0733	Medical and Maternity Centre Services	073301	Mother and Child Health			
				0734	Nursing and Convalescent Home Services	073401	Nursing and Convalescent Home Services			
		074	Public Health Services	0741	Public Health Services	074101	Anti-Malaria			
						074102	Nutrition and other Hygiene Programmes			
						074103	Anti-Tuberculosis			
						074104	Chemical Examiner and Laboratories			
						074105	EPI (Expanded Program of Immunization)			
						074106	Preparation and Dissemination of Information on Public Health matters			
						074120	Others (other Health Facilities and Preventive Measures)			
		075	R&D Health	0751	R&D Health	075101	R&D of Unani Medicines			
						075102	Specific Health Research Projects			
		076	Health Administration	0761	Administration	076101	Administration			

ANNEXURE 6: DEVELOPMENT OF INTERVENTION MATRIX - EXPLANATION AND GAPS IDENTIFICATION FOR EPHS IMPLEMENTATION

INTERVENTION MATRIX – DISTRICT EPHS

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Platform	Problems solved / needs addressed	limitations / deficiencies in the existing system	Suggested changes
C1-COM	Antenatal and postpartum education on family planning	RMNCH	Community Level			
C1-COM	Education on handwashing and safe disposal of children's stools	RMNCH	Community Level			
C11-COM	Pneumococcus vaccination	RMNCH	Community Level			
C12-COM	Rotavirus vaccination	RMNCH	Community Level			
C14-COM	Provision of vitamin A and zinc supplementation to children according to WHO guidelines, and provision of food supplementation to women and children in food insecure households	RMNCH	Community Level			
C16-COM	Childhood vaccination series (diphtheria, pertussis, tetanus, polio, BCG, measles, hepatitis B, Hib, rubella)	RMNCH	Community Level			
C18-COM	Education of schoolchildren on oral health	RMNCH	Community Level			
C19-COM	Vision prescreening by teachers; vision tests	RMNCH	Community Level			
C2-COM	Counseling of mothers on providing thermal care for preterm newborns (delayed bath and skin-to-skin contact)	RMNCH	Community Level			
C27a-COM	Provision of iron and folic acid supplementation to pregnant women, and provision of food or caloric supplementation to pregnant women in food insecure households (CL)	RMNCH	Community Level			
C27b-PHC	Provision of iron and folic acid supplementation to pregnant women, and provision of food or caloric supplementation to pregnant women in food insecure households (PHC)	RMNCH	Primary Health Care Level			
C3a-COM	Management of labour and delivery in low-risk women by skilled attendant	RMNCH	Community Level			
C3b-COM	Basic neonatal resuscitation following delivery	RMNCH	Community Level			
C3c-PHC	Management of labour and delivery in low-risk women by skilled attendant	RMNCH	Primary Health Care Level			
C3d-PHC	Basic neonatal resuscitation following delivery	RMNCH	Primary Health Care Level			
C4-COM	Promotion of breastfeeding or complementary feeding by lay health workers	RMNCH	Community Level			
C5-PHC	Tetanus toxoid immunization among schoolchildren and among women attending antenatal care	RMNCH	Primary Health Care Level			

C8-COM	Detection and management of acute severe malnutrition and referral in the presence of complications	RMNCH	Community Level			
FLH1-FLH	Surgical termination of pregnancy by manual vacuum aspiration and dilation and curettage	RMNCH	First level Hospital			
FLH12-FLH	Management of severe acute malnutrition associated with serious infection	RMNCH	First level Hospital			
FLH13-FLH	Early detection and treatment of early-stage cervical cancer	RMNCH	First level Hospital			
FLH14-FLH	Insertion and removal of long-lasting contraceptives (IUCDs and Implants)	RMNCH	First level Hospital			
FLH15-FLH	Tubal ligation	RMNCH	First level Hospital			
FLH3-FLH	Jaundice management with phototherapy	RMNCH	First level Hospital			
FLH4-FLH	Management of eclampsia with magnesium sulfate, including initial stabilization at Health Center	RMNCH	First level Hospital			
FLH5-FLH	Management of maternal sepsis, including early detection at Health Center	RMNCH	First level Hospital			
FLH6-FLH	Management of new-born complications infections, meningitis, septicemia, pneumonia and other very serious infections requiring continuous supportive care (such as IV fluids and oxygen)	RMNCH	First level Hospital			
FLH7-FLH	Management of preterm labor with corticosteroids, including early detection at Health Center	RMNCH	First level Hospital			
FLH8-FLH	Management of labor and delivery in high risk women, including operative delivery (CEmNOC)	RMNCH	First level Hospital			
HC1-PHC	Early detection and treatment of neonatal pneumonia with oral antibiotics	RMNCH	Primary Health Care Level			
HC1-FLH	Screening and management of diabetes in pregnancy (gestational diabetes or preexisting type II diabetes)	RMNCH	First level Hospital			
HC11-PHC	Management of labor and delivery in low risk women (BEmNOC), including initial treatment of obstetric or delivery complications prior to transfer	RMNCH	Primary Health Care Level			
HC12-PHC	Detection and treatment of childhood infections with danger signs (IMCI)	RMNCH	Primary Health Care Level			
HC14-PHC	Psychological treatment for mood, anxiety, ADHD, and disruptive behavior disorders	RMNCH	Primary Health Care Level			
HC17-PHC	Syndromic management of common sexual and reproductive tract infections (for example urethral discharge, genital ulcer, and others) according to WHO guidelines	RMNCH	Primary Health Care Level			
HC2-PHC	Management of miscarriage or incomplete abortion and post abortion care	RMNCH	Primary Health Care Level			

HC3-FLH	Management of preterm premature rupture of membranes, including administration of antibiotics	RMNCH	First level Hospital			
HC4a-COM	Provision of condoms and hormonal contraceptives, including emergency contraceptives	RMNCH	Community Level			
HC4b-PHC	Provision of condoms and hormonal contraceptives, including emergency contraceptives and IUDs	RMNCH	Primary Health Care Level			
HC5a-COM	Counseling of mothers on providing kangaroo care for newborns (CL)	RMNCH	Community Level			
HC5b-PHC	Counseling of mothers on providing kangaroo care for newborns (PHC)	RMNCH	Primary Health Care Level			
HC6-FLH	Management of neonatal sepsis, pneumonia, and meningitis using injectable and oral antibiotics	RMNCH	First level Hospital			
HC7-PHC	Pharmacological termination of pregnancy	RMNCH	Primary Health Care Level			
HC9a-COM	Screening of hypertensive disorders in pregnancy	RMNCH	Community Level			
HC9b-PHC	Screening and management of hypertensive disorders in pregnancy	RMNCH	Primary Health Care Level			
RH1-FLH	Full supportive care for preterm newborns	RMNCH	First level Hospital			
FLH2-FLH	Management of acute coronary syndromes with aspirin, unfractionated heparin, and generic thrombolytics (when indicated)	NCD & IPC	First level Hospital			
FLH22-FLH	Management of acute exacerbations of asthma and COPD using systemic steroids, inhaled beta-agonists, and, if indicated, oral antibiotics and oxygen therapy	NCD & IPC	First level Hospital			
FLH23-FLH	Medical management of acute heart failure	NCD & IPC	First level Hospital			
FLH24-FLH	Management of bowel obstruction	NCD & IPC	First level Hospital			
FLH3-FLH	Management of intoxication/poisoning syndromes using widely available agents; e.g., activated charcoal, naloxone, bicarbonate, antivenin	NCD & IPC	First level Hospital			
HC36-PHC	Long-term combination therapy for persons with multiple CVD risk factors, including screening for CVD in community settings using non-lab-based tools to assess overall CVD risk	NCD & IPC	Primary Health Care Level			
HC37-PHC	Low-dose inhaled corticosteroids and bronchodilators for asthma and for selected patients with COPD	NCD & IPC	Primary Health Care Level			
HC38-PHC	Provision of aspirin for all cases of suspected acute myocardial infarction	NCD & IPC	Primary Health Care Level			
HC39a-PHC	Screening of albuminuric kidney disease including targeted screening among people with diabetes	NCD & IPC	Primary Health Care Level			
HC41-PHC	Secondary prophylaxis with penicillin for rheumatic fever or established rheumatic heart disease	NCD & IPC	Primary Health Care Level			

HC42-PHC	Treatment of acute pharyngitis in children to prevent rheumatic fever	NCD & IPC	Primary Health Care Level			
HC45-PHC	Opportunistic screening for hypertension for all adults and initiation of treatment among individuals with severe hypertension and/or multiple risk factors	NCD & IPC	Primary Health Care Level			
HC5-PHC	Management of depression and anxiety disorders with psychological and generic antidepressant therapy	NCD & IPC	Primary Health Care Level			
HC56-PHC	Targeted screening for congenital hearing loss in high-risk children using otoacoustic emissions testing	NCD & IPC	Primary Health Care Level			
C28-COM	Community-based HIV testing and counseling (for example, mobile units and venue-based testing), with appropriate referral or linkage to care and immediate initiation of lifelong ART	Infectious Disease Cluster	Community Level			
C3a-COM	Provision of condoms to key populations, including sex workers, men who have sex with men, people who inject drugs (IDU), transgender populations, and prisoners	Infectious Disease Cluster	Community Level			
C3b-COM	Provision of disposable syringes to people who inject drugs (IDU)	Infectious Disease Cluster	Community Level			
C32-COM	Routine contact tracing to identify individuals exposed to TB and link them to care	Infectious Disease Cluster	Community Level			
C43-COM	Early detection and treatment of Chagas disease, human African trypanosomiasis, leprosy, and leishmaniases	Infectious Disease Cluster	Community Level			
C46-COM	In the context of an emerging infectious outbreak, provide advice and guidance on how to recognize early symptoms and signs and when to seek medical attention	Infectious Disease Cluster	Community Level			
FLH17-FLH	Referral of cases of treatment failure for drug susceptibility testing; enrollment of those with MDR-TB for treatment per WHO guidelines (either short or long regimen)	Infectious Disease Cluster	First level Hospital			
FLH18-FLH	Evaluation and management of fever in clinically unstable individuals using WHO IMAI guidelines, including empiric parenteral antimicrobials and antimalarials and resuscitative measures for septic shock	Infectious Disease Cluster	First level Hospital			
HC19-FLH	For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of antiviral treatment when indicated	Infectious Disease Cluster	First level Hospital			

HC2-PHC	Hepatitis B and C testing of individuals identified in the national testing policy (based on endemicity and risk level), with appropriate referral of positive individuals to trained providers	Infectious Disease Cluster	Primary Health Care Level			
HC21-PHC	Partner notification and expedited treatment for common STIs, including HIV	Infectious Disease Cluster	Primary Health Care Level			
HC23-PHC	Provider-initiated testing and counseling for HIV, STIs, and hepatitis, for all in contact with health system in high-prevalence settings, including prenatal care with appropriate referral or linkage to care including immediate ART initiation for those testing positive for HIV	Infectious Disease Cluster	Primary Health Care Level			
HC25-PHC	Provision of voluntary medical male circumcision service in settings with high prevalence of HIV	Infectious Disease Cluster	Primary Health Care Level			
HC26-PHC	For PLHIV and children under five who are close contacts or household members of individuals with active TB, perform symptom screening and chest radiograph; if there is no active TB, provide isoniazid preventive therapy according to current WHO guidelines	Infectious Disease Cluster	Primary Health Care Level			
HC27-PHC	Diagnosis of TB, including assessment of rifampicin resistance using rapid molecular diagnostics (UltraXpert), and initiation of first-line treatment per current WHO guidelines for drug-susceptible TB; referral for confirmation, further assessment of drug resistance, and treatment of drug-resistant TB	Infectious Disease Cluster	Primary Health Care Level			
HC28-COM	Screening for HIV in all individuals with a diagnosis of active TB; if HIV infection is present, start (or refer for) ARV treatment and HIV care	Infectious Disease Cluster	Community Level			
HC3-PHC	Evaluation and management of fever in clinically stable individuals using WHO IMAI guidelines, with referral of unstable individuals to first-level hospital care	Infectious Disease Cluster	Primary Health Care Level			
HC32-PHC	Provision of insecticide-treated nets to children and pregnant women attending Health Center	Infectious Disease Cluster	Primary Health Care Level			
P5-COM	Systematic identification of individuals with TB symptoms among high-risk groups and linkage to care (“active case finding”)	Infectious Disease Cluster	Community Level			
C53a-COM	Identification/screening of the early childhood development issues motor, sensory and language stimulation	Health Services	Community Level			
C53b-PHC	Early childhood development rehabilitation interventions, including motor, sensory, and language stimulation	Health Services	Primary Health Care Level			

FLH31-FLH	Appendectomy	Health Services	First level Hospital			
FLH36-FLH	Fracture reduction and placement of external fixator and use of traction for fractures	Health Services	First level Hospital			
FLH38-FLH	Hysterectomy for uterine rupture or intractable postpartum hemorrhage	Health Services	First level Hospital			
FLH41a-FLH	Management of septic arthritis	Health Services	First level Hospital			
FLH41b-FLH	Placement of External Fixation and Use of Traction for Fractures	Health Services	First level Hospital			
FLH42-FLH	Relief of urinary obstruction by catheterization or suprapubic cystostomy	Health Services	First level Hospital			
FLH43-FLH	Removal of gallbladder including emergency surgery	Health Services	First level Hospital			
FLH44-FLH	Repair of perforations (for example, perforated peptic ulcer, typhoid ileal perforation)	Health Services	First level Hospital			
FLH45-FLH	Resuscitation with advanced life support measures, including surgical airway	Health Services	First level Hospital			
FLH48a-FLH	Trauma laparotomy	Health Services	First level Hospital			
FLH49-FLH	Trauma-related amputations	Health Services	First level Hospital			
FLH5-FLH	Tube thoracostomy	Health Services	First level Hospital			
FLH52-FLH	Compression therapy for amputations, burns, and vascular or lymphatic disorders	Health Services	First level Hospital			
HC57a-PHC	Dental extraction (PHC)	Health Services	Primary Health Care Level			
HC57b-FLH	Dental extraction (FLH)	Health Services	First level Hospital			
HC58a-PHC	Drainage of dental abscess (PHC)	Health Services	Primary Health Care Level			
HC59-PHC	Drainage of superficial abscess	Health Services	Primary Health Care Level			
HC6-PHC	Management of non-displaced fractures	Health Services	Primary Health Care Level			
HC61-PHC	Resuscitation with basic life support measures	Health Services	Primary Health Care Level			
HC62-PHC	Suturing laceration	Health Services	Primary Health Care Level			

HC63a-PHC	Treatment of caries	Health Services	Primary Health Care Level			
HC64-PHC	Basic management of musculoskeletal and neurological injuries and disorders, such as prescription of simple exercises and sling or cast provision	Health Services	Primary Health Care Level			
RH14-FLH	Cataract extraction and insertion of intraocular lens	Health Services	First level Hospital			

Special Initiatives

Immediate Priority

Problems/ needs not addressed by the package Suggested additional interventions

ANNEXURE 7: IDENTIFYING THE MISSING EQUIPMENT IN THE DISTRICT AGAINST THE EPHS STANDARD

(PARTICIPANTS TO ENCIRCLE THE EQUIPMENT AVAILABLE)

A: Essential Equipment at Community Level

<ul style="list-style-type: none"> – LHW Kit Bag – Stethoscope – BP Apparatus (Dial) – Thermometer Clinical/ Infra-red thermometer – Torch with batteries 	<ul style="list-style-type: none"> – Weighing machine (salter) – Weighing machine (Adult) – Mid upper arm circumference (MUAC) tape – Plain Scissors – Respiratory counter
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B: Essential Equipment, Supplies and Furniture – PHC centre level facilities

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
Emergency & Routine				
1.	First Aid box	Yes	Yes	Yes
2.	Electric Oven	Yes	Yes	Yes
3.	Beds with mattress	No	Yes	Yes
4.	N95/ Surgical masks & Personal protective equipment	Yes	Yes	Yes
5.	Emergency OT light	No	Yes	Yes
6.	Oxygen Cylinder with flow- meter	Yes	Yes	Yes
7.	Ambu Bag (Paediatric)	Yes	Yes	Yes
8.	Ambu Bag (Adult)	Yes	Yes	Yes
9.	Suction Machine Heavy Duty	Yes	Yes	Yes
10.	Laryngoscope with 4 blades (Adult & Peds)	Yes	Yes	Yes
11.	Endotracheal tubes (all sizes)	Yes	Yes	Yes
12.	Oral Air Way (all sizes)	Yes	Yes	Yes
13.	Resuscitation Trolley	Yes	Yes	Yes
14.	Nebulizer	Yes	Yes	Yes
15.	Stethoscope	Yes	Yes	Yes
16.	BP Apparatus (Dial)	Yes	Yes	Yes
17.	BP apparatus Mercury (Adult & Paeds)	Yes	Yes	Yes
18.	Dressing Set for Ward	Yes	Yes	Yes
19.	Thermometer Clinical/ Infra-red	Yes	Yes	Yes (and Rectal)
20.	Torch with batteries	Yes	Yes	Yes
21.	Macintosh sheets	Yes	Yes	Yes
22.	Drip stands	Yes	Yes	Yes
23.	Instrument Trolley	Yes	Yes	Yes
Growth Monitoring / Labour Room				
24.	Soap and soap tray	Yes	Yes	Yes
25.	Weighing machine (salter)	Yes	Yes	Yes
26.	Weighing machine (Adult)	Yes	Yes	Yes
27.	Weighing machine (tray)	Yes	Yes	Yes
28.	Height-weight machine	Yes	Yes	Yes
29.	ORT Corner	Yes	Yes	Yes
30.	Feeding bowls, glasses & spoons	Yes	Yes	Yes
31.	Plain Scissors	Yes	Yes	Yes
32.	Demonstration table	No	No	Yes
33.	Delivery table (Labour Room)	No	Yes	Yes
34.	Delivery set (each contain) Partogram	No	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
	Kocher Clamp 6 inch Plain Scissors Tooth Forceps 1 Kidney Tray Needle Holder 7 inch Medium size Bowl Outlet Forceps 8 inch			
D&C set (each Contain)				
35.	Metallic Catheter Uterine Sound Sim's Speculum medium Set D&E Sponge Holders Hagar's Dilator -8 cm Kidney Tray Bowl 4 inch Bowl 1 inch Vulsellum 8 inch Set Uterine Curette Plain Forceps 8 inch Macintosh sheets Torch with batteries	Yes	Yes	Yes
Caesarean Section Set (each Contain)				
36.	Doven's retractor Green Army tag Big Bowl Cord Clamp 7 inch Kocher Clamp Straight 8 inch Kocher Clamp Curved 8 inch Towel Clip Artery Forceps 6 inch Allis Tissue Forceps 8 inch Needle Holder 8 inch Needle Holder 6 inch Kidney Tray Bowl 4 inch Vulsellum 8 inch Knife Holder 4 number Plain Forceps 7 inch Tooth Forceps 7 inch Curve Scissors Thread Cutting Scissors Sponge Holder 1 inch Vacuum Suction Apparatus Baby Resuscitation Apparatus Adult weighing scale Electric Suction Machine Autoclave Fetal Heart Detector Obs/Gyne: General Set Dressing Set for Ward Eclampsia beds with railing Baby Intubation set Examination Couch with wooden stairs Mucus Extractor Neonatal Resuscitation Trolley Incubator Macintosh sheets Torch with batteries	No	No	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
Inpatient (Beds/Wards)				
37.	Bed with side table/locker	No	Yes	Yes
38.	Electric Suction Machine	Yes	Yes	Yes
39.	Electric Sterilizer Oven	Yes	Yes	Yes
40.	Oxygen Cylinder with flowmeter and Stand	Yes	Yes	Yes
41.	Stretcher	Yes	Yes	Yes
42.	Examination Couch with wooden stairs	Yes	Yes	Yes
43.	Wheelchair	Yes	Yes	Yes
44.	Patient Screen	Yes	Yes	Yes
45.	Air Ways (different sizes)	Yes	Yes	Yes
46.	Suction Pump (Manual)	Yes	Yes	Yes
47.	Drip Stand	Yes	Yes	Yes
			Procedure Room	Operation Theatre
48.	Examination Couch with wooden stairs	No	Yes	No
49.	Hydraulic Operation Table	No	No	Yes
50.	OT Light	No	No	Yes
51.	Gel for ultrasound	No	Yes	Yes
52.	ECG machine and roll	No	Yes	Yes
53.	Shadow less Lamps with 9 Illuminators	No	No	Yes
54.	Anaesthesia machine with ventilator	No	No	Yes
55.	Multi-parameter	No	No	Yes
56.	McGill forceps	No	No	Yes
57.	Patient Trolley	No	No	Yes
58.	Oxygen Cylinder (large size with regulator)	No	No	Yes
59.	Oxygen Cylinder (medium size with regulator)	No	Yes	Yes
60.	Nitrous oxide cylinder with regulator	No	No	Yes
61.	Instrument trolley	Yes	Yes	Yes
62.	Dressing Drum (large size)	Yes	Yes	Yes
63.	Stands for Dressing	Yes	Yes	Yes
64.	Basin	Yes	Yes	Yes
65.	Basin stands	Yes	Yes	Yes
66.	Towel Clips	No	Yes	Yes
67.	BP handle	No	Yes	Yes
68.	BP Blades	No	Yes	Yes
69.	Dissecting Forceps (Plain)	No	Yes	Yes
70.	Needle Holder (Large size)	No	Yes	Yes
71.	Sponge Holder Forceps (large)	No	Yes	Yes
72.	Skin Retractor (small size)	No	Yes	Yes
73.	Metallic Catheter (1-12)	No	Yes	Yes
74.	Dilator Complete Set	No	Yes	Yes
75.	Surgical Scissors (various size)	No	Yes	Yes
76.	Proctoscope	No	Yes	Yes
77.	Thames Splint V.S	No	Yes	Yes
78.	Rubber Sheet	No	Yes	Yes
79.	Scalpels 6"	No	Yes	Yes
80.	Allis Forceps Long	No	Yes	Yes
81.	Allis Forceps 6 inches	No	Yes	Yes
82.	Chaetal Sterilize Forceps 1'' long	No	Yes	Yes
83.	Introducer for Catheter	No	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
84.	Smith Homeostatic Forceps Curved	No	Yes	Yes
85.	Arm Splint different sizes	No	Yes	Yes
86.	Instrument Cabinet	No	Yes	Yes
87.	Spotlight	No	Yes	Yes
88.	Hand Scrub set with chemical	No	Yes	Yes
89.	Thermometer	No	Yes	Yes
90.	Laryngoscope adult/peds	No	Yes	Yes
91.	Kidney Tray S.S	No	Yes	Yes
92.	Stand for Drip	No	Yes	Yes
93.	Bucket	No	Yes	Yes
94.	Air Cushion (Rubber)	No	Yes	Yes
95.	Gastric Tube	No	Yes	Yes
96.	Macintosh sheets	Yes	Yes	Yes
97.	Torch with batteries	Yes	Yes	Yes
98.	Urine Collection Bags instrument trolley	No	Yes	Yes
99.	Generator	No	Yes	Yes
100.	Air-Conditioner (split 1.5 tons)	No	Yes	Yes
			Dental Unit	
101.	Dental Chair	No	Yes	Yes
102.	Light	No	Yes	Yes
103.	Torch with batteries	No	Yes	Yes
104.	Hand piece unit	No	Yes	Yes
105.	Suction	No	Yes	Yes
106.	Compressor	No	Yes	Yes
107.	Dental hand instruments (set)	No	Yes	Yes
108.	Aseptic Trolley	No	Yes	Yes
109.	Dental Autoclave	No	Yes	Yes
110.	Amalgamator	No	Yes	Yes
111.	Dental X-ray unit	No	Yes	Yes
112.	Intraoral X-ray film Processor	No	Yes	Yes
113.	X-ray view box	No	Yes	Yes
114.	Lead apron	No	Yes	Yes
115.	Ultrasonic Scalar	No	Yes	Yes
116.	Dental Operating stool	No	Yes	Yes
117.	Ultraviolet sterilizer	No	Yes	Yes
		Lab Equipment and Reagents		
118.	Centrifuge (Bench Top)	No	No	Yes
119.	Centrifuge Machine	No	No	Yes
120.	Stopwatch	No	Yes	Yes
121.	Ice Lined Refrigerator (ILR)	Yes	Yes	Yes
122.	Small refrigerator	Yes	Yes	Yes
123.	X-ray Machine	No	Yes	Yes
124.	Dark room accessories	No	Yes	Yes
125.	X-ray films (All Size)	No	Yes	Yes
126.	X-ray illuminator	No	Yes	Yes
127.	Needle cutter/ Safety Boxes	No	Yes	Yes
128.	Availability of Ultrasound & ECG Services	No	Yes	Yes
129.	Laboratory Chemicals	Yes	Yes	Yes
130.	Binocular Microscope	Yes	Yes	Yes
131.	Urine meter (bag)	Yes	Yes	Yes
132.	DLC Counter	Yes	Yes	Yes
133.	Haemocytometer	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
134.	ESR Racks	Yes	Yes	Yes
135.	ESR Pipettes	Yes	Yes	Yes
136.	Water Bath	Yes	Yes	Yes
137.	Centrifuge Tubes (Plastic)	No	Yes	Yes
138.	Centrifuge Tubes (Glass)	No	Yes	Yes
139.	Glass Pipettes various sizes corrected	No	Yes	Yes
140.	Jester Pipettes Fixed – various sizes	No	Yes	Yes
141.	Jester Pipettes Adjustable – various sizes	Yes	Yes	Yes
142.	Sputum collection containers	Yes	Yes	Yes
143.	Urine collection containers	Yes	Yes	Yes
144.	Test tubes including blood sample tubes	Yes	Yes	Yes
145.	Test Tube Racks	Yes	Yes	Yes
146.	Pipette Stands	Yes	Yes	Yes
147.	Hemoglobinometer	Yes	Yes	Yes
148.	Table lamp	No	Yes	Yes
149.	Lancets (pack)	Yes	Yes	Yes
150.	Tube Sealer	No	Yes	Yes
151.	Blood grouping Viewing Box	No	Yes	Yes
152.	Surgical Blades	No	Yes	Yes
153.	Test Tube Holder	Yes	Yes	Yes
154.	Baskets	No	Yes	Yes
155.	Wooden Boxes	No	Yes	Yes
156.	Hepatitis B & C and HIV AIDS Kits	No	Yes	Yes
157.	Reagent	No	Yes	Yes
158.	Gas Burner	Yes	Yes	Yes
159.	Stainless-Steel Test-Tube Racks	No	Yes	Yes
160.	Wooden Slides Box	Yes	Yes	Yes
161.	Glucometer and sticks	Yes	Yes	Yes
162.	Urine Testing kits	Yes	Yes	Yes
163.	RDT for Malaria	Yes	Yes	Yes
Linen				
164.	Bedsheet	Yes	Yes	Yes
165.	Pillow	Yes	Yes	Yes
166.	Pillow cover	Yes	Yes	Yes
167.	Towel (large and small)	Yes	Yes	Yes
168.	Tablecloth	Yes	Yes	Yes
169.	Blanket	Yes	Yes	Yes
170.	Curtain	Yes	Yes	Yes
171.	Dusting cloth	Yes	Yes	Yes
172.	Blinds	Yes	Yes	Yes
173.	Overcoat	Yes	Yes	Yes
174.	Staff Uniform	Yes	Yes	Yes
Transport				
175.	Ambulance	Yes (in selected BHUs)	Yes	Yes
176.	Jeep for field activities	No	No	Yes
177.	Motorcycle for field activities	Yes	Yes	Yes
178.	LHS vehicle	Yes	Yes	Yes
Miscellaneous				
179.	Office tables	Yes	Yes	Yes
180.	Officer Chairs	Yes	Yes	Yes
181.	Bench	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
182.	Blinds, Curtains, Screens for privacy	Yes	Yes	Yes
183.	Steel Almirah	Yes	Yes	Yes
184.	Wooden File Racks	Yes	Yes	Yes
185.	Four-Seater Chairs	Yes	Yes	Yes
186.	Fog machine 6 litre	Yes	Yes	Yes
187.	Spray pumps (2)	Yes (2)	Yes (4)	Yes (8)
188.	Invertor AC	Yes (2 for patient waiting area)	Yes (3 for patient waiting area and labor room)	Yes (9 for patient waiting areas and Indoor and OT)
189.	Facility board/s	Yes	Yes	Yes
190.	Services availability board/s	Yes	Yes	Yes
191.	Room name plates	Yes	Yes	Yes
192.	Stationary and stationary items	Yes	Yes	Yes
193.	Table set and Pens	Yes	Yes	Yes
194.	Paper ream	Yes	Yes	Yes
195.	Health education display in waiting areas	Yes	Yes	Yes
196.	LCDs	Yes (1)	Yes (2)	Yes (6)
197.	Protocol display and chart booklets in provider's rooms	Yes	Yes	Yes
198.	Fire extinguisher	Yes	Yes	Yes
199.	Gardening tools	Yes	Yes	Yes

D. Essential Equipment, Supplies and Furniture – at First Level Hospital

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
Emergency and Routine			
1.	First Aid box	Yes	Yes
2.	Electric Oven	Yes	Yes
3.	Beds with mattress	Yes	Yes
4.	N95/ Surgical masks & Personal protective equipment	Yes	Yes
5.	Emergency OT light	Yes	Yes
6.	Torch with batteries	Yes	Yes
7.	Oxygen Cylinder with flow- meter	Yes	Yes
8.	Ambu Bag (Paediatric)	Yes	Yes
9.	Ambu Bag (Adult)	Yes	Yes
10.	Suction Machine Heavy Duty	Yes	Yes
11.	Laryngoscope with 4 blades (Adult & Peds)	Yes	Yes
12.	Endotracheal tubes (all sizes)	Yes	Yes
13.	Oral Air Way (all sizes)	Yes	Yes
14.	Resuscitation Trolley	Yes	Yes
15.	Nebulizer	Yes	Yes
16.	Stethoscope	Yes	Yes
17.	BP Apparatus (Dial)	Yes	Yes
18.	BP apparatus Mercury (Adult & Paeds)	Yes	Yes
19.	Dressing Set for Ward	Yes	Yes
20.	Thermometer Clinical	Yes	Yes
21.	Drip stands	Yes	Yes
22.	Instrument Trolley	Yes	Yes
Growth Monitoring / Labour Room			
23.	Soap and soap tray	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
24.	Weighing machine (salter)	Yes	Yes
25.	Weighing machine (Adult)	Yes	Yes
26.	Weighing machine (tray)	Yes	Yes
27.	Height-weight machine	Yes	Yes
28.	ORT Corner	Yes	Yes
29.	Feeding bowls, glasses & spoons	Yes	Yes
30.	Plain Scissors	Yes	Yes
31.	Demonstration table	Yes	Yes
32.	Delivery table (Labour Room)	Yes	Yes
33.	Delivery set (each contain) Partogram Kocher Clamp 6 inch Plain Scissors Tooth Forceps 1 Kidney Tray Needle Holder 7 inch Medium size Bowl Outlet Forceps 8 inch Macintosh sheets Torch with batteries	Yes	Yes
D&C set (each Contain)			
34.	Metallic Catheter Uterine Sound Sim's Speculum medium Set D&E Sponge Holders Hagar's Dilator -8 cm Kidney Tray Bowl 4 inch Bowl 1 inch Vulsellum 8 inch Set Uterine Curette Plain Forceps 8 inch Macintosh sheets Torch with batteries	Yes	Yes
Caesarean Section Set (each Contain)			
35.	Doven's retractor Green Army tag Big Bowl Cord Clamp 7 inch Kocher Clamp Straight 8 inch Kocher Clamp Curved 8 inch Towel Clip Artery Forceps 6 inch Allis Tissue Forceps 8 inch Needle Holder 8 inch Needle Holder 6 inch Kidney Tray Bowl 4 inch Vulsellum 8 inch Knife Holder 4 number Plain Forceps 7 inch Tooth Forceps 7 inch Curve Scissors Thread Cutting Scissors Sponge Holder 1 inch Vacuum Suction Apparatus Baby Resuscitation Apparatus Adult weighing scale Electric Suction Machine Autoclave Fetal Heart Detector	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)			
		Taluka Headquarter Hospital / <5 bedded Private Hospital		District Headquarter Hospital / >5 bedded Private Hospital	
	Obs/Gyne: General Set Dressing Set for Ward Eclampsia beds with railing Baby Intubation set Examination Couch with wooden stairs Mucus Extractor Neonatal Resuscitation Trolley Incubator Macintosh sheets Torch with batteries				
Inpatient (Beds/Wards)					
36.	Bed with side table/locker	Yes		Yes	
37.	Electric Suction Machine	Yes		Yes	
38.	Electric Sterilizer Oven	Yes		Yes	
39.	Oxygen Cylinder with flowmeter and Stand	Yes		Yes	
40.	Stretcher	Yes		Yes	
41.	Examination Couch with wooden stairs	Yes		Yes	
42.	Wheelchair	Yes		Yes	
43.	Patient Screen	Yes		Yes	
44.	Air Ways (different sizes)	Yes		Yes	
45.	Suction Pump (Manual)	Yes		Yes	
46.	Drip Stand	Yes		Yes	
		Procedure Room	Operation Theatre	Procedure Room	Operation Theatre
47.	Examination Couch with wooden stairs	Yes	Yes	Yes	No
48.	Hydraulic Operation Table	No	Yes	No	Yes
49.	OT Light	Yes	Yes	Yes	Yes
50.	Gel for ultrasound	Yes	Yes	Yes	Yes
51.	ECG machine and roll	Yes	Yes	Yes	Yes
52.	Shadow less Lamps with 9 Illuminators	No	Yes	Yes	Yes
53.	Anaesthesia machine with ventilator	No	Yes	Yes	Yes
54.	Multi-parameter	No	Yes	Yes	Yes
55.	McGill forceps	Yes	Yes	Yes	Yes
56.	Patient Trolley	Yes	Yes	Yes	Yes
57.	Oxygen Cylinder (large size with regulator)	No	Yes	Yes	Yes
58.	Oxygen Cylinder (medium size with regulator)	Yes	Yes	Yes	Yes
59.	Nitrous oxide cylinder with regulator	Yes	Yes	Yes	Yes
60.	Instrument trolley	Yes	Yes	Yes	Yes
61.	Dressing Drum (large size)	Yes	Yes	Yes	Yes
62.	Stands for Dressing	Yes	Yes	Yes	Yes
63.	Basin	Yes	Yes	Yes	Yes
64.	Basin stands	Yes	Yes	Yes	Yes
65.	Towel Clips	Yes	Yes	Yes	Yes
66.	BP handle	Yes	Yes	Yes	Yes
67.	BP Blades	Yes	Yes	Yes	Yes
68.	Dissecting Forceps (Plain)	Yes	Yes	Yes	Yes
69.	Needle Holder (Large size)	Yes	Yes	Yes	Yes
70.	Sponge Holder Forceps (large)	Yes	Yes	Yes	Yes
71.	Skin Retractor (small size)	Yes	Yes	Yes	Yes
72.	Metallic Catheter (1-12)	Yes	Yes	Yes	Yes
73.	Dilator Complete Set	Yes	Yes	Yes	Yes
74.	Surgical Scissors (various size)	Yes	Yes	Yes	Yes
75.	Proctoscope	Yes	Yes	Yes	Yes
76.	Thames Splint V.S	Yes	Yes	Yes	Yes
77.	Rubber Sheet	Yes	Yes	Yes	Yes
78.	Scalpels 6"	Yes	Yes	Yes	Yes
79.	Allis Forceps Long	Yes	Yes	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)			
		Taluka Headquarter Hospital / <5 bedded Private Hospital		District Headquarter Hospital / >5 bedded Private Hospital	
80.	Allis Forceps 6 inches	Yes	Yes	Yes	Yes
81.	Chaetal Sterilize Forceps 1'' long	Yes	Yes	Yes	Yes
82.	Introducer for Catheter	Yes	Yes	Yes	Yes
83.	Smith Homeostatic Forceps Curved	Yes	Yes	Yes	Yes
84.	Arm Splint different sizes	Yes	Yes	Yes	Yes
85.	Instrument Cabinet	Yes	Yes	Yes	Yes
86.	Spotlight	Yes	Yes	Yes	Yes
87.	Hand Scrub set with chemical	Yes	Yes	Yes	Yes
88.	Thermometer	Yes	Yes	Yes	Yes
89.	Laryngoscope adult/peds	Yes	Yes	Yes	Yes
90.	Kidney Tray S.S	Yes	Yes	Yes	Yes
91.	Stand for Drip	Yes	Yes	Yes	Yes
92.	Bucket	Yes	Yes	Yes	Yes
93.	Air Cushion (Rubber)	Yes	Yes	Yes	Yes
94.	Macintosh sheets	Yes	Yes	Yes	Yes
95.	Torch with batteries	Yes	Yes	Yes	Yes
96.	Gastric Tube	Yes	Yes	Yes	Yes
97.	Urine Collection Bags instrument trolley	Yes	Yes	Yes	Yes
98.	Generator	No	Yes	Yes	Yes
99.	Air-Conditioner (split 1.5 tons)	Yes	Yes	Yes	Yes
Dental Unit					
100.	Dental Chair		Yes		Yes
101.	Light		Yes		Yes
102.	Torch with batteries		Yes		Yes
103.	Hand piece unit		Yes		Yes
104.	Suction		Yes		Yes
105.	Compressor		Yes		Yes
106.	Dental hand instruments (set)		Yes		Yes
107.	Aseptic Trolley		Yes		Yes
108.	Dental Autoclave		Yes		Yes
109.	Amalgamator		No		Yes
110.	Dental X-ray unit		Yes		Yes
111.	Intraoral X-ray film Processor		No		Yes
112.	X-ray view box		No		Yes
113.	Lead apron		Yes		Yes
114.	Ultrasonic Scalar		No		Yes
115.	Dental Operating stool		Yes		Yes
116.	Ultraviolet sterilizer		No		Yes
Lab Equipment and Reagents					
117.	Centrifuge (Bench Top)		Yes		No
118.	Centrifuge Machine		Yes		No
119.	Stopwatch		Yes		Yes
120.	Ice Lined Refrigerator (ILR)		Yes		Yes
121.	Small refrigerator		Yes		Yes
122.	X-ray Machine		Yes		Yes
123.	Dark room accessories		Yes		Yes
124.	X-ray films (All Size)		Yes		Yes
125.	X-ray illuminator		Yes		Yes
126.	Needle cutter/ Safety Boxes		Yes		Yes
127.	Availability of Ultrasound & ECG Services		Yes		Yes
128.	Laboratory Chemicals		Yes		Yes
129.	Binocular Microscope		Yes		Yes
130.	Urine meter (bag)		Yes		Yes
131.	DLC Counter		Yes		Yes
132.	Haemocytometer		Yes		Yes
133.	ESR Racks		Yes		Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
134.	ESR Pipettes	Yes	Yes
135.	Water Bath	Yes	Yes
136.	Centrifuge Tubes (Plastic)	Yes	Yes
137.	Centrifuge Tubes (Glass)	Yes	Yes
138.	Glass Pipettes various sizes corrected	Yes	Yes
139.	Jester Pipettes Fixed – various sizes	Yes	Yes
140.	Jester Pipettes Adjustable – various sizes	Yes	Yes
141.	Sputum collection containers	Yes	Yes
142.	Urine collection containers	Yes	Yes
143.	Test tubes including blood sample tubes	Yes	Yes
144.	Test Tube Racks	Yes	Yes
145.	Pipette Stands	Yes	Yes
146.	Hemoglobinometer	Yes	Yes
147.	Table lamp	Yes	Yes
148.	Lancets (pack)	Yes	Yes
149.	Tube Sealer	No	Yes
150.	Blood grouping Viewing Box	No	Yes
151.	Surgical Blades	No	Yes
152.	Test Tube Holder	Yes	Yes
153.	Baskets	No	Yes
154.	Wooden Boxes	No	Yes
155.	Hepatitis B & C and HIV AIDS Kits	Yes	Yes
156.	Reagent	No	Yes
157.	Gas Burner	Yes	Yes
158.	Stainless-Steel Test-Tube Racks	No	Yes
159.	Wooden Slides Box	Yes	Yes
160.	Glucometer and sticks	Yes	Yes
161.	Urine Testing kits	Yes	Yes
162.	RDT for Malaria	Yes	Yes
Linen			
163.	Bedsheet	Yes	Yes
164.	Pillow	Yes	Yes
165.	Pillow cover	Yes	Yes
166.	Towel (large and small)	Yes	Yes
167.	Tablecloth	Yes	Yes
168.	Blanket	Yes	Yes
169.	Curtain	Yes	Yes
170.	Dusting cloth	Yes	Yes
171.	Blinds	Yes	Yes
172.	Overcoat	Yes	Yes
173.	Staff Uniform	Yes	Yes
Transport			
174.	Ambulance	Yes	Yes
175.	Jeep for field activities	No	No
176.	Motorcycle for field activities	Yes	Yes
177.	LHS Vehicles (If LHWP functional at THQ/DHQ hospital)	Yes	Yes
Furniture			
178.	Office tables	Yes	Yes
179.	Officer Chairs	Yes	Yes
180.	Bench	Yes	Yes
181.	Blinds, Curtains, Screens for privacy	Yes	Yes
182.	Steel Almirah	Yes	Yes
183.	Wooden File Racks	Yes	Yes
184.	Four-Seater Chairs	Yes	Yes
185.	Fog machine 6 litre	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
186.	Spray pumps (2)	Yes (8)	Yes (16)
187.	Invertor AC	Yes	Yes
188.	Facility board/s	Yes	Yes
189.	Services availability board/s	Yes	Yes
190.	Room name plates	Yes	Yes
191.	Stationary and stationary items	Yes	Yes
192.	Table set and Pens	Yes	Yes
193.	Paper ream	Yes	Yes
194.	Health education display in waiting areas	Yes	Yes
195.	LCDs	Yes	Yes
196.	Protocol display & chart booklets in provider's rooms	Yes	Yes
197.	Fire extinguisher	Yes	Yes
198.	Gardening tools	Yes	Yes

ANNEXURE 8: IDENTIFYING THE MISSING MEDICINES IN THE DISTRICT AGAINST THE EPHS STANDARD

A: Essential Medicines and Supplies at Community Level

For Lady Health Worker <ul style="list-style-type: none"> – Tab Paracetamol – Syrup Paracetamol – Syrup Amoxicillin – Tab Mebendazole – ORS (Sachet) – Eye ointment – Tab. Ferrous salt + Folic Acid – Syrup Zinc – Syrup B complex – Benzyl Benzoate Lotion – Condoms – Oral Contraceptive Pills/ emergency pill – Injectable contraceptive (Depo Provera) with syringes – Antiseptic Lotion – Cotton Bandages – Cotton roll 	For other community level interventions <ul style="list-style-type: none"> – Vaccine along with auto-destructible syringes and cold chain <ul style="list-style-type: none"> ○ BCG Vaccine ○ Oral Polio Vaccine ○ Injectable Polio Vaccine ○ Hepatitis B Vaccine ○ Measles Vaccine ○ Tetanus Toxoid ○ Pentavalent Vaccine ○ Pneumococcal Vaccine ○ Rota vaccine – Clean Delivery kits (for LHV) – Vitamin A – Deworming medicines – Medicines and Supplies for high-risk populations – (RUSF provision at community level to be explored especially in food insecure areas)
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B: Essential Medicines and Supplies - at PHC centre level facilities

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
Anaesthetics (Local)				
1.	Lidocaine (Vial)	Yes	Yes	Yes
2.	Lidocaine (Topical)	Yes	Yes	Yes
3.	Inj. Lignocaine + Epinephrine	No	Yes	Yes
Analgesics (NSAIDs)				
4.	Tab. Acetylsalicylic Acid	Yes	Yes	Yes
5.	Tab. Mefenamic Acid	Yes	Yes	Yes
6.	Tab. Diclofenac 5 mg	Yes	Yes	Yes
7.	Diclofenac (Ampule)	No	No	Yes
8.	Tab. Ibuprofen 2 mg	Yes	Yes	Yes
9.	Tab. Ibuprofen 4 mg	Yes	Yes	Yes
10.	Syp. Ibuprofen	Yes	Yes	Yes
11.	Tab. Paracetamol 5 mg	Yes	Yes	Yes
12.	Syp. Paracetamol	Yes	Yes	Yes
13.	Inj. Paracetamol	No	Yes	Yes
14.	Paracetamol (Suppository)	No	No	Yes
Anti-Allergic (Anaphylaxis)				
15.	Tab. Chlorpheniramine	Yes	Yes	Yes
16.	Inj. Chlorpheniramine	Yes	Yes	Yes
17.	Syp. Chlorpheniramine	Yes	Yes	Yes
18.	Tab. Loratadine	No	Yes	Yes
19.	Syp. Loratadine	No	Yes	Yes
20.	Inj. Dexamethasone	Yes	Yes	Yes
21.	Tab. Dexamethasone	Yes	Yes	Yes
22.	Epinephrine (Ampoule)	No	Yes	Yes
23.	Inj. Hydrocortisone 1mg	Yes	Yes	Yes
24.	Tab. Prednisolone 5mg	Yes	Yes	Yes
Antidotes and other substances used in poisoning				
25.	Atropine (Ampoule)	Yes	Yes	Yes
26.	Charcoal Activated (Powder)	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
27.	Inj. Diazepam	Yes	Yes	Yes
28.	Naloxone (Ampoule)	No	Yes	Yes
Anti-Epileptics Anticonvulsants				
29.	Tab. Carbamazepine 2 mg	No	Yes	Yes
30.	Syp. Carbamazepine	No	Yes	Yes
31.	Inj. Magnesium Sulphate	Yes	Yes	Yes
32.	Tab. Phenobarbital	No	No	Yes
33.	Inj. Phenobarbital	No	No	Yes
34.	Tab. Phenytoin	No	No	Yes
Antibiotics/Antimicrobial				
35.	Tab./Cap. Amoxicillin 25 mg	Yes	Yes	Yes
36.	Tab./Cap. Amoxicillin 5 mg	Yes	Yes	Yes
37.	Syp. Amoxicillin (Powder for Suspension) 25 mg	Yes	Yes	Yes
38.	Syp. Amoxicillin (Powder for Suspension) 5 mg	Yes	Yes	Yes
39.	Inj. Amoxicillin 5 mg	No	No	Yes
40.	Cap. Ampicillin 25 mg	Yes	Yes	Yes
41.	Cap. Ampicillin 5 mg	Yes	Yes	Yes
42.	Tab. Calvanic Acid + Amoxicillin	Yes	Yes	Yes
43.	Ampicillin (Powder for Suspension) 25 mg	Yes	Yes	Yes
44.	Ampicillin (Powder for Suspension) 5 mg	Yes	Yes	Yes
45.	Inj. Ampicillin 5 mg	No	Yes	Yes
46.	Inj. Benzathine Penicillin 6lakh unit	Yes	Yes	Yes
47.	Inj. Benzathine Penicillin 12lakh unit	Yes	Yes	Yes
48.	Cap. Cefixime 1mg/4mg	No	No	Yes
49.	Tab. Ciprofloxacin 25 mg	Yes	Yes	Yes
50.	Tab. Ciprofloxacin 5 mg	Yes	Yes	Yes
51.	Syp. Ciprofloxacin 25 mg	Yes	Yes	Yes
52.	Cap. Azithromycin	No	No	Yes
53.	Azithromycin (Suspension)	No	No	Yes
54.	Tab. Cotrimoxazole DS	Yes	Yes	Yes
55.	Syp. Cotrimoxazole	Yes	Yes	Yes
56.	Cap. Doxycycline	Yes	Yes	Yes
57.	Inj. Gentamicin 8 mg	Yes	Yes	Yes
58.	Tab. Metronidazole 4 mg	Yes	Yes	Yes
59.	Inj. Metronidazole	No	No	Yes
60.	Syp. Metronidazole 2mg/6 ml	Yes	Yes	Yes
61.	Tab. Nitrofurantoin	No	No	Yes
62.	Inj. Procaine penicillin	Yes	Yes	Yes
63.	Tab. Phenoxymethylpenicillin	No	Yes	Yes
64.	Syp. Phenoxymethylpenicillin	No	No	Yes
Anti-Helminthic				
65.	Tab. Mebendazole	Yes	Yes	Yes
66.	Tab. Pyrantel	Yes	Yes	Yes
67.	Syp. Pyrantel	Yes	Yes	Yes
Anti-Fungal				
68.	Clotrimazole (Vaginal Cream)	No	Yes	Yes
69.	Clotrimazole (Vaginal Tablet)	Yes	Yes	Yes
70.	Clotrimazole (Topical Cream)	Yes	Yes	Yes
71.	Tab. Nystatin	Yes	Yes	Yes
72.	Nystatin (Drops)	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
73.	Nystatin (Pessary)	No	No	Yes
Anti-Tuberculosis Drugs				
74.	Tab. Ethambutol	No	Yes	Yes
75.	Ethambutol (Oral Liquid)	No	Yes	Yes
76.	Tab. Isoniazid	No	Yes	Yes
77.	Syp. Isoniazid	No	Yes	Yes
78.	Tab. Pyrazinamide	No	Yes	Yes
79.	Cap. Rifampicin	No	Yes	Yes
80.	Syp. Rifampicin	No	Yes	Yes
81.	Inj. Streptomycin	No	Yes	Yes
82.	Tab. Ethambutol + Isoniazid	No	Yes	Yes
83.	Tab. Isoniazid + Rifampicin	No	Yes	Yes
84.	Tab. Isoniazid + Pyrazinamide + Rifampicin	No	Yes	Yes
85.	Tab. Rifampicin + Isoniazid + Pyrazinamide + Ethambutol	No	Yes	Yes
86.	Tab. Ethambutol + Isoniazid + Rifampicin	No	Yes	Yes
Anti-Diabetics				
87.	Tab. Glibenclamide 4 mg	No	Yes	Yes
88.	Tab. Metformin 5 mg	Yes	Yes	Yes
89.	Inj. Insulin Regular	Yes	Yes	Yes
90.	Inj. Insulin long acting	Yes	Yes	Yes
Anti-Malarial				
91.	Tab. Chloroquine	No	Yes	Yes
92.	Syp. Chloroquine	No	Yes	Yes
93.	Tab. Sulfadoxine + Pyrimethamine	No	No	Yes
94.	Tab. Artesunate + Sulfadoxine + Pyrimethamine	Yes	Yes	Yes
95.	Artemether (Ampule)	No	Yes	Yes
GIT Medicines				
96.	Inj. Hyoscine	Yes	Yes	Yes
97.	Tab. Hyoscine	Yes	Yes	Yes
98.	Tab. Metoclopramide	Yes	Yes	Yes
99.	Syp. Metoclopramide	Yes	Yes	Yes
100.	Inj. Metoclopramide	Yes	Yes	Yes
101.	Cap. Omeprazole 4 mg	Yes	Yes	Yes
102.	Inj. Omeprazole	Yes	Yes	Yes
103.	Tab. Esomeprazole	Yes	Yes	Yes
104.	Cap. Esomeprazole	Yes	Yes	Yes
105.	Tab. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes	Yes
106.	Syp. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes	Yes
107.	ORS (Sachet)	Yes	Yes	Yes
108.	Tab. Bisacodyl	Yes	Yes	Yes
109.	Glycerine (Suppository)	Yes	Yes	Yes
Cardiovascular Medicines				
110.	Glyceryl Trinitrate (Sublingual)	Yes	Yes	Yes
111.	Isosorbide Dinitrate (Sublingual)	Yes	Yes	Yes
112.	Tab. Enalapril	No	No	Yes
113.	Tab. Atenolol 5 mg	Yes	Yes	Yes
114.	Tab. Methyl dopa	Yes	Yes	Yes
115.	Inj. Methyl dopa	No	No	Yes
116.	Tab. Hydrochlorothiazide	Yes	Yes	Yes
117.	Inj. Hydrochlorothiazide	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
118.	Tab. Furosemide 4 mg	Yes	Yes	Yes
119.	Inj. Furosemide 4 mg	Yes	Yes	Yes
120.	Tab. Captopril 25 mg	No	Yes	Yes
121.	Tab. Amlodipine 5 mg	No	Yes	Yes
Medicines Affecting Coagulation				
122.	Inj. Tranexamic Acid 5 mg	Yes	Yes	Yes
123.	Cap. Tranexamic Acid 5 mg	Yes	Yes	Yes
Oxytocic Medicines				
124.	Tab. Misoprostol	Yes	Yes	Yes
125.	Inj. Oxytocin	Yes	Yes	Yes
Respiratory Medicines				
126.	Tab. Salbutamol 4 mg	Yes	Yes	Yes
127.	Salbutamol (Inhaler)	Yes	Yes	Yes
128.	Ammonium Chloride+ Chloroform + Menthol + Diphenhydramine + Sodium Citrate (Antitussive Expectorant)	Yes	Yes	Yes
129.	Inj. Aminophylline	Yes	Yes	Yes
130.	Oxygen Cylinder	Yes	Yes	Yes
Ophthalmic Medicines				
131.	.5% Chloramphenicol (Eye Drops)	Yes	Yes	Yes
132.	Ciprofloxacin (Eye Drops)	No	Yes	Yes
133.	Betamethasone .5% w/v Neomycin eye drops	Yes	Yes	Yes
134.	Tetracycline (Eye Ointment)	Yes	Yes	Yes
ENT Medicines				
135.	Boroglycerine (Ear Drops)	Yes	Yes	Yes
136.	Polymyxin B + Lignocaine (Ear Drops)	Yes	Yes	Yes
137.	Ciprofloxacin (Ear Drops)	Yes	Yes	Yes
138.	Xylometazoline (Nasal Drops)	No	Yes	Yes
I/V Infusions (Plasma Substitutes)				
139.	Plasma Expander (Infusion) 1ml	No	Yes	Yes
140.	Glucose/Dextrose (Infusion) 1ml	Yes	Yes	Yes
141.	Glucose/Dextrose (Ampoule)	Yes	Yes	Yes
142.	Normal Saline (Infusion) 1ml	Yes	Yes	Yes
143.	Dextrose + Saline (Infusion) 1ml	Yes	Yes	Yes
144.	Ringer's Lactate (Infusion) 5ml	Yes	Yes	Yes
145.	Potassium Chloride (Solution)	Yes	Yes	Yes
146.	Inj. Sodium Bicarbonate	No	Yes	Yes
147.	Water for Injection (Ampule)	Yes	Yes	Yes
Vitamins, Minerals and Food supplements				
148.	Tab. Ascorbic Acid 5 mg	Yes	Yes	Yes
149.	Inj. Calcium Gluconate	No	Yes	Yes
150.	Tab. Calcium 1 mg	Yes	Yes	Yes
151.	Tab. Ergocalciferol (Vit. D)	Yes	Yes	Yes
152.	Tab. Ferrous fumarate	No	Yes	Yes
153.	Syp. Ferrous fumarate	Yes	Yes	Yes
154.	Tab. Folic Acid	No	Yes	Yes
155.	Tab. Ferrous salt + Folic Acid	Yes	Yes	Yes
156.	Inj. Vitamin K	No	Yes	Yes
157.	Tab. /Cap. Retinol (Vitamin A) after NIDs	Yes	Yes	Yes
158.	Tab. Zinc Sulphate	Yes	Yes	Yes
159.	Syrup Zinc	Yes	Yes	Yes
160.	Tab. B Complex	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
161.	Tab. Multivitamins	Yes	Yes	Yes
162.	Multiple Micronutrients (Sachet)	Yes	Yes	Yes
163.	Ready to Use Treatment Food	Yes	Yes	Yes
164.	Ready to Use Supplement Food	Yes	Yes	Yes
Dermatological				
165.	Benzyl Benzoate Lotion	Yes	Yes	Yes
166.	Betamethasone Cream/ Lotion	Yes	Yes	Yes
167.	Calamine Lotion	Yes	Yes	Yes
168.	Hydrocortisone Cream	Yes	Yes	Yes
169.	Polymyxin B + Bacitracin Zinc (Ointment)	Yes	Yes	Yes
170.	Silver Sulfadiazine Cream	Yes	Yes	Yes
171.	Sodium Thiosulfate (Solution)	No	No	Yes
Medicines for Mental and Behavioural Disorders & Tranquilizers				
172.	Inj. Chlorpromazine	No	Yes	Yes
173.	Tab. Clomipramine	No	Yes	Yes
174.	Tab. Haloperidol	No	Yes	Yes
175.	Tab. Diazepam 2 mg	Yes	Yes	Yes
176.	Inj. Diazepam 1 mg	Yes	Yes	Yes
177.	Tab. Alprazolam .5 mg	No	Yes	Yes
Anxiolytics				
178.	Tab. Alprazolam .5 mg	Yes	Yes	Yes
179.	Tab. Diazepam 2 mg	Yes	Yes	Yes
Contraceptives				
180.	Condoms	Yes	Yes	Yes
181.	Ethinylestradiol + Norethisterone (Combined Oral Pills)	Yes	Yes	Yes
182.	Progesterone Only Pills (Levonorgestrel)	Yes	Yes	Yes
183.	Emergency Contraceptive Pills (Levonorgestrel)	Yes	Yes	Yes
184.	IUCD (Copper T/Multiload)	Yes	Yes	Yes
185.	Inj. Medroxyprogesterone Acetate (Dmpa)	Yes	Yes	Yes
186.	Inj. Norethisterone Enanthate (Net-En)	Yes	Yes	Yes
187.	Inj. Estradiol Cypionate + Medroxyprogesterone Acetate	Yes	Yes	Yes
188.	Levonorgestrel-Releasing Implant (Subdermal)	No	Yes	Yes
189.	Etonogestrel-Releasing Implant (Subdermal)	No	Yes	Yes
Vaccines and Sera				
190.	BCG Vaccine	Yes	Yes	Yes
191.	Oral Polio Vaccine	Yes	Yes	Yes
192.	Injectable Polio Vaccine	Yes	Yes	Yes
193.	Hepatitis B Vaccine	Yes	Yes	Yes
194.	Measles Vaccine	Yes	Yes	Yes
195.	Tetanus Toxoid	Yes	Yes	Yes
196.	Pentavalent Vaccine	Yes	Yes	Yes
197.	Pneumococcal Vaccine	Yes	Yes	Yes
198.	Rota vaccine	Yes	Yes	Yes
199.	Anti-Rabies Vaccines (PVRV)	No	No	Yes
200.	Anti-Snake Venom Serum	No	No	Yes
Disposables/Antiseptics/ Disinfectants				
201.	Syringe 1 ml (Disposable)	Yes	Yes	Yes
202.	Syringe 3 ml (Disposable)	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Plus (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
203.	Syringe 5 ml (Disposable)	Yes	Yes	Yes
204.	Syringe 1 ml (Disposable)	Yes	Yes	Yes
205.	Syringe 2 ml (Disposable)	Yes	Yes	Yes
206.	Syringe 5 ml (Disposable)	Yes	Yes	Yes
207.	IV Set	Yes	Yes	Yes
208.	Scalp Vein Set	Yes	Yes	Yes
209.	Volumetric Chamber (IV Burette)	Yes	Yes	Yes
210.	IV Cannula (18, 2,22 & 24G)	Yes	Yes	Yes
211.	Adhesive Tape	Yes	Yes	Yes
212.	Sterile Gauze Dressing	Yes	Yes	Yes
213.	Paper tape	No	Yes	Yes
214.	Antiseptic Lotion	Yes	Yes	Yes
215.	Cotton Bandage (3", 4" & 6")	Yes	Yes	Yes
216.	Absorbent Cotton Wool	Yes	Yes	Yes
217.	Crepe Bandage	Yes	Yes	Yes
218.	Examination Gloves (All sizes)	Yes	Yes	Yes
219.	Sterile Surgical Gloves (All sizes)	Yes	Yes	Yes
220.	Silk Sutures Sterile (2/, 3/, 4/) with needle	Yes	Yes	Yes
221.	Chromic Catgut Sterile Sutures (different sizes) with needle	Yes	Yes	Yes
222.	Face Mask Disposable	Yes	Yes	Yes
223.	Blood Lancets	Yes	Yes	Yes
224.	Slides	Yes	Yes	Yes
225.	Endotracheal Tube (different sizes)	Yes	Yes	Yes
226.	Nasogastric Tube (different sizes)	Yes	Yes	Yes
227.	Resuscitator Bag with Mask	Yes	Yes	Yes
228.	Disposable Airways (different sizes)	Yes	Yes	Yes
229.	Clean Delivery Kits	Yes	Yes	Yes

Item mentioned in Blue font is critical to ensure essential interventions

C. Essential Medicines and Supplies - at First Level Hospital

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
Anaesthetics (Local)			
1.	Lidocaine 2 % (Vial)	Yes	Yes
2.	Lidocaine 5 % (Topical)	Yes	Yes
3.	Lidocaine 2% with 1:1, epinephrine	Yes	Yes
4.	Lidocaine 2% and bupivacaine	No	Yes
5.	Xylocaine 1%	Yes	Yes
6.	lnj. Ketamine	Yes	Yes
7.	Isoflurane Gas	No	Yes
8.	Suxamethonium 1-2mg ;4	No	Yes
9.	Oxygen supply	Yes	Yes
Analgesics (NSAIDs)			

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
10.	Tab. Acetylsalicylic Acid	Yes	Yes
11.	Tab. Mefenamic Acid	Yes	Yes
12.	Tab. Diclofenac 5 mg	Yes	Yes
13.	Diclofenac (Ampule)	No	Yes
14.	Tab. Ibuprofen 2 mg	Yes	Yes
15.	Tab. Ibuprofen 4 mg	Yes	Yes
16.	Syp. Ibuprofen	Yes	Yes
17.	Tab: Paracetamol 325mg	Yes	Yes
18.	Tab. Paracetamol 5 mg	Yes	Yes
19.	Tab: Paracetamol 1mg	Yes	Yes
20.	Syp. Paracetamol	Yes	Yes
21.	Inj. Paracetamol	No	Yes
22.	Inj. Nalbuphine	Yes	Yes
23.	Inj. Toradol	Yes	Yes
24.	Inj. Kinz .1 mg	No	Yes
Anti-Allergic (Anaphylaxis)			
25.	Tab. Chlorpheniramine	Yes	Yes
26.	Inj. Chlorpheniramine	Yes	Yes
27.	Inj. Promethazine 25mg	No	Yes
28.	Syp. Chlorpheniramine	Yes	Yes
29.	Tab. Loratadine	No	Yes
30.	Syp. Loratadine	No	Yes
31.	Inj. Dexamethasone	Yes	Yes
32.	Tab. Dexamethasone	Yes	Yes
33.	Epinephrine (Ampule)	Yes	Yes
34.	Inj. Hydrocortisone	Yes	Yes
35.	Tab. Prednisolone	Yes	Yes
Antidotes and other substances used in poisoning			
36.	Atropine (Ampule)	Yes	Yes
37.	Charcoal Activated (Powder)	Yes	Yes
38.	Inj. Diazepam	Yes	Yes
39.	Naloxone (Ampule)	No	Yes
Anti-Epileptics /Anticonvulsants			
40.	Tab. Carbamazepine	No	Yes
41.	Syp. Carbamazepine	No	Yes
42.	Inj. Magnesium Sulphate (5%)	Yes	Yes
43.	Tab. Phenobarbital	No	Yes
44.	Inj. Phenobarbital	No	Yes
45.	Tab. Phenytoin	No	Yes
46.	Tab: Leviteracetam 5mg	No	Yes
Antibiotics/Antimicrobial			
47.	Tab./Cap. Amoxicillin 25 mg	Yes	Yes
48.	Tab./Cap. Amoxicillin 5 mg	Yes	Yes
49.	Syp. Amoxicillin (Powder for Suspension) 25 mg	Yes	Yes
50.	Syp. Amoxicillin (Powder for Suspension) 5 mg	Yes	Yes
51.	Inj. Amoxicillin 5 mg	Yes	No
52.	Cap. Ampicillin 25 mg	Yes	Yes
53.	Cap. Ampicillin 5 mg	Yes	Yes
54.	Tab. Calvanic Acid + Amoxicillin	Yes	Yes
55.	Ampicillin (Powder for Suspension) 25 mg	Yes	Yes
56.	Ampicillin (Powder for Suspension) 5 mg	Yes	Yes
57.	Inj. Amikacin 15mg	No	Yes
58.	Inj Clindamycin	No	Yes
59.	Inj. Ampicillin 5 mg	No	Yes
60.	Inj. Benzathine Penicillin 6lakh unit	Yes	Yes
61.	Inj. Benzathine Penicillin 12lakh unit	Yes	Yes
62.	Tab: Penicillin V potassium 125 mg	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
63.	Inj. Cefazoline 2 g	No	Yes
64.	Inj. Ceftriaxone 8mg	No	Yes
65.	Inj. Cefoxitine 2g	No	Yes
66.	Inj.Cefotaxime 5mg	No	Yes
67.	Cap. Cefixime	No	Yes
68.	Tab. Ciprofloxacin 25 mg	Yes	Yes
69.	Tab. Ciprofloxacin 5 mg	Yes	Yes
70.	Syp. Ciprofloxacin 25 mg	Yes	Yes
71.	Inj. Ethionamide 25mg	No	Yes
72.	Inj. Prothionamide 25 mg	No	Yes
73.	Cap. Azithromycin	No	Yes
74.	Azithromycin (Suspension)	No	Yes
75.	Tab. Cotrimoxazole DS	Yes	Yes
76.	Syp. Cotrimoxazole	Yes	Yes
77.	Cap. Doxycycline	Yes	Yes
78.	Inj. Gentamicin 5 mg	Yes	Yes
79.	Inj. Gentamicin 2 mg	Yes	Yes
80.	Inj. Clindamycin 6mg	No	Yes
81.	Inj. Clindamycin 9mg	No	Yes
82.	Inj. Vancomycin 15mg	No	Yes
83.	Inj. Benzylpenicillin 5, units	No	Yes
84.	Inj. Cloxacillin 5mg	No	Yes
85.	Inj. Moxifloxacin 4mg	No	Yes
86.	Inj. Piperacillin	No	Yes
87.	Inj. Tazobactam	No	Yes
88.	Inj. Gatifloxacin 4mg	No	Yes
89.	Inj. Chloramphenicol 25mg/kg	No	Yes
90.	Inj. Flucloxacillin 5mg	No	Yes
91.	Tab. Metronidazole 4 mg	Yes	Yes
92.	Inj. Metronidazole	No	Yes
93.	Syp. Metronidazole 2mg/6 ml	Yes	Yes
94.	Inj. Procaine penicillin	Yes	Yes
95.	Tab. Phenoxymethylpenicillin	No	Yes
Anti-Helminthic			
96.	Tab. Mebendazole	Yes	Yes
97.	Tab. Flagyl	Yes	Yes
98.	Inj. Flagyl	Yes	Yes
99.	Tab. Pyrantel	Yes	Yes
100.	Syp. Pyrantel	Yes	Yes
Anti-Fungal			
101.	Clotrimazole (Vaginal Cream)	No	Yes
102.	Clotrimazole (Vaginal Tablet)	Yes	Yes
103.	Clotrimazole (Topical Cream)	Yes	Yes
104.	Tab. Nystatin	Yes	Yes
105.	Nystatin (Drops)	Yes	Yes
Antivirals			
106.	Tenofovir 3mg	No	Yes
107.	Entecavir .5 mg	No	Yes
108.	Sofosbuvir 4 mg	No	Yes
109.	Daclatasvir 6mg	No	Yes
Anti-Tuberculosis Drugs			
110.	Tab. Ethambutol	No	Yes
111.	Ethambutol (Oral Liquid)	No	Yes
112.	Tab. Isoniazid	No	Yes
113.	Syp. Isoniazid	No	Yes
114.	Tab. Pyrazinamide	No	Yes
115.	Cap. Rifampicin	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
116.	Syp. Rifampicin	No	Yes
117.	Inj. Streptomycin	No	Yes
118.	Tab. Ethambutol + Isoniazid	No	Yes
119.	Tab. Isoniazid + Rifampicin	No	Yes
120.	Tab. Isoniazid + Pyrazinamide + Rifampicin	No	Yes
121.	Tab. Rifampicin + Isoniazid + Pyrazinamide + Ethambutol	No	Yes
122.	Tab. Ethambutol + Isoniazid + Rifampicin	No	Yes
123.	Inj. Isoniazid 1mg	No	Yes
124.	Inj. Ethinamide 15mg	No	Yes
125.	Inj. Prothionamide	No	Yes
126.	Inj. Clofazmine	No	Yes
127.	Inj. Pyrazinamide 2mg	No	Yes
128.	Inj. Kanamycin 1mg	No	Yes
129.	Inj. Amikacin 1 mg	No	Yes
130.	Inj. Capreomycin 1mg	No	Yes
Anti-Diabetics			
131.	Tab. Glibenclamide 4 mg	No	Yes
132.	Tab. Metformin 5 mg	Yes	Yes
133.	Inj. Insulin Regular	Yes	Yes
134.	Inj. Insulin long acting	Yes	Yes
Anti-Malarial			
135.	Tab. Chloroquine	No	Yes
136.	Syp. Chloroquine	No	Yes
137.	Tab. Artemether + lumefantrine	No	Yes
138.	Tab. Artesunate + Sulfadoxine + Pyrimethamine	Yes	Yes
139.	Artemether (Ampule)	No	Yes
GIT Medicines			
140.	Inj. Hyoscine	Yes	Yes
141.	Tab. Hyoscine	Yes	Yes
142.	Inj. Zantac	Yes	Yes
143.	Tab. Zantac 15mg	Yes	Yes
144.	Tab. Metoclopramide	Yes	Yes
145.	Syp. Metoclopramide	Yes	Yes
146.	Inj. Metoclopramide	Yes	Yes
147.	Cap. Omeprazole 4 mg	Yes	Yes
148.	Inj. Omeprazole	Yes	Yes
149.	Tab. Esomeprazole	Yes	Yes
150.	Cap. Esomeprazole	Yes	Yes
151.	Tab. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes
152.	Syp. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes
153.	Antacid Sodium citarate 3ml	Yes	Yes
154.	Magnesium trisilicate 3 mg	Yes	Yes
155.	ORS (Sachet)	Yes	Yes
156.	Tab. Bisacodyl	Yes	Yes
157.	Glycerine (Suppository)	Yes	Yes
Cardiovascular Medicines			
158.	Glyceryl Trinitrate (Sublingual)	Yes	Yes
159.	Isosorbide Dinitrate (Sublingual)	Yes	Yes
160.	Tab. Enalapril	No	No
161.	Tab. Atenolol 5 mg	Yes	Yes
162.	Tab. Methyldopa	Yes	Yes
163.	Tab. Hydrochlorothiazide	Yes	Yes
164.	Inj. Hydrochlorothiazide	Yes	Yes
165.	Tab. Furosemide 4 mg	Yes	Yes
166.	Inj. Furosemide 4 mg	Yes	Yes
167.	Tab. Captopril 25 mg	No	Yes
168.	Tab. Amlodipine 5 mg	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
169.	Tab. Simvastatin 4mg	No	Yes
170.	Inj. Dobutamine: 1ug	No	Yes
171.	Inj. dopamine; 4 mg: 1ug	No	Yes
172.	Inj. Amiodarone 2mg	No	Yes
173.	Inj. Adenosine 6mg	No	Yes
174.	Inj. Verapamil 5mg	No	Yes
175.	Inj. Atenolol 2.5 mg	No	Yes
176.	Inj. Verapamil 2mg	No	Yes
177.	Inj. Bisoprolol 2.5 mg	No	Yes
178.	Tab. Captopril 12.5 mg	Yes	Yes
179.	Tab. Lisinopril 1mg	Yes	Yes
180.	Tab. Carvedilol 125mg	No	Yes
181.	Tab. Nifedipine 2mg	No	Yes
182.	Inj. Procainamide 2-25mg	No	Yes
183.	Inj. Sotalol 1mg	No	Yes
184.	Tab. Nitroglycerin .4mg	No	Yes
185.	Tab. Diltiazem .25mg	No	Yes
Medicines Affecting Coagulation			
186.	Inj. Tranexamic Acid 5 mg	Yes	Yes
187.	Cap. Tranexamic Acid 5 mg	Yes	Yes
Oxytocic Medicines			
188.	Tab. Misoprostol 25mcg	Yes	Yes
189.	Vaginal Misoprostol 25mcg	Yes	Yes
190.	Inj. Ergometrine	Yes	Yes
191.	Inj. Oxytocin	Yes	Yes
192.	Inj: Prostaglandin E2 (vial)	Yes	Yes
Respiratory Medicines			
193.	Tab. Salbutamol 4 mg	Yes	Yes
193.	Salbutamol (Inhaler)	Yes	Yes
194.	Ipratropium 5ug	No	Yes
195.	Ammonium Chloride+ Chloroform + Menthol + Diphenhydramine + Sodium Citrate (Antitussive Expectorant)	Yes	Yes
196.	Oral Prednisolone 3mg	Yes	Yes
197.	Inj. Aminophylline	Yes	Yes
198.	Oxygen Cylinder	Yes	Yes
Ophthalmic Medicines			
199.	.5% Chloramphenicol (Eye Drops)	Yes	Yes
200.	Ciprofloxacin (Eye Drops)	No	Yes
201.	Betamethasone .5% w/v Neomycin eye drops	Yes	Yes
202.	Tetracycline (Eye Ointment)	Yes	Yes
203.	Tobramycin .3%	No	Yes
ENT Medicines			
204.	Boroglycerine (Ear Drops)	Yes	Yes
205.	Polymyxin B + Lignocaine (Ear Drops)	Yes	Yes
206.	Ciprofloxacin (Ear Drops)	Yes	Yes
207.	Xylometazoline (Nasal Drops)	No	Yes
Antirheumatics Drugs			
208.	Tab. Methotrexate 7.5 mg	No	Yes
209.	Tab. Hydroxychloroquine 4mg	No	Yes
210.	Tab. Leflunomide 1mg/2mg	No	Yes
211.	Sulfasalazine 15mg-3mg	No	Yes
212.	Tab. Prednisolone OR (suspension)	No	Yes
I/V Infusions (Plasma Substitutes)			
213.	Plasma Expander (Infusion) 1ml	No	Yes
214.	Glucose/Dextrose (Infusion) 1ml	Yes	Yes
215.	Glucose/Dextrose (Ampule)	Yes	Yes
216.	Normal Saline (Infusion) 1ml	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
217.	Dextrose + Saline (Infusion) 1ml	Yes	Yes
218.	Ringer's Lactate (Infusion) 5ml	Yes	Yes
219.	Potassium Chloride (Solution) not in drip	Yes	Yes
220.	Inj. Sodium Bicarbonate	No	Yes
221.	Water for Injection (Ampule) not in drip	Yes	Yes
222.	Blood Products (Packed RBCs, Fresh Frozen Plasma Units)	No	Yes
Vitamins, Minerals and Food supplements			
223.	Tab. Ascorbic Acid 5 mg	Yes	Yes
	Inj. Calcium Gluconate	Yes	Yes
224.	Tab. Calcium 1 mg	Yes	Yes
225.	Tab. Ergocalciferol (Vit. D)	Yes	Yes
226.	Tab. Ferrous fumarate	No	Yes
227.	Syp. Ferrous fumarate	Yes	Yes
228.	Tab. Folic Acid	No	Yes
229.	Tab. Ferrous salt + Folic Acid	Yes	Yes
230.	Inj. Vitamin K	No	Yes
231.	Vitamin A Supplement	No	Yes
232.	Tab. /Cap. Retinol (Vitamin A) after NIDs	Yes	Yes
233.	Tab. Zinc Sulphate	Yes	Yes
234.	Syrup Zinc	Yes	Yes
235.	Tab. Alendronate	No	Yes
236.	Tab. B Complex	Yes	Yes
237.	Tab. Multivitamins	Yes	Yes
238.	Multiple Micronutrients (Sachet)	Yes	Yes
239.	Ready to Use Treatment Food	Yes	Yes
240.	F1 and F75	No	Yes
Dermatological			
241.	Benzyl Benzoate Lotion	Yes	Yes
242.	Betamethasone Cream/ Lotion	Yes	Yes
243.	Calamine Lotion	Yes	Yes
244.	Hydrocortisone Cream	Yes	Yes
245.	Polymyxin B + Bacitracin Zinc (Ointment)	Yes	Yes
246.	Silver Sulfadiazine Cream	Yes	Yes
Medicines for Mental and Behavioural Disorders & Tranquilizers			
247.	Inj. Chlorpromazine	No	Yes
248.	Tab. Clomipramine	No	Yes
249.	Tab. Haloperidol	No	Yes
250.	Tab. Diazepam 2 mg	Yes	Yes
251.	Inj. Diazepam 1 mg	Yes	Yes
252.	Tab. Alprazolam .5 mg	No	Yes
Anxiolytics			
253.	Tab. Alprazolam .5 mg	Yes	Yes
254.	Tab. Diazepam 2 mg	Yes	Yes
Contraceptives			
255.	Condoms	Yes	Yes
256.	Ethinylestradiol + Norethisterone (Combined Oral Pills)	Yes	Yes
257.	Progesterone Only Pills (Levonorgestrel)	Yes	Yes
258.	Emergency Contraceptive Pills (Levonorgestrel)	Yes	Yes
259.	IUCD (Copper T/Multiload)	Yes	Yes
260.	Inj. Medroxyprogesterone Acetate (Dmpa)	Yes	Yes
261.	Inj. Norethisterone Enanthate (Net-En)	Yes	Yes
262.	Inj. Estradiol Cypionate + Medroxyprogesterone Acetate	Yes	Yes
263.	Levonorgestrel-Releasing Implant (Subdermal)	No	Yes
264.	Etonogestrel-Releasing Implant (Subdermal)	No	Yes
Vaccines and Sera			
265.	BCG Vaccine	Yes	Yes
266.	Oral Polio Vaccine	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Taluka Headquarter Hospital / <5 bedded Private Hospital	District Headquarter Hospital / >5 bedded Private Hospital
267.	Injectable Polio Vaccine	Yes	Yes
268.	Hepatitis B Vaccine	Yes	Yes
269.	Measles Vaccine	Yes	Yes
270.	Tetanus Toxoid	Yes	Yes
271.	Pentavalent Vaccine	Yes	Yes
272.	Pneumococcal Vaccine	Yes	Yes
273.	Rota vaccine	Yes	Yes
274.	Anti-Rabies Vaccines (PVRV)	No	Yes
275.	Anti-Snake Venom Serum	No	Yes
Disposables/Antiseptics/ Disinfectants			
276.	Syringe 1 ml (Disposable)	Yes	Yes
277.	Syringe 3 ml (Disposable)	Yes	Yes
278.	Syringe 5 ml (Disposable)	Yes	Yes
279.	Syringe 1 ml (Disposable)	Yes	Yes
280.	Syringe 2 ml (Disposable)	Yes	Yes
281.	Syringe 5 ml (Disposable)	Yes	Yes
282.	IV Set	Yes	Yes
283.	Scalp Vein Set	Yes	Yes
284.	Volumetric Chamber (IV Burette)	Yes	Yes
285.	IV Cannula (18, 2,22 & 24G)	Yes	Yes
286.	Adhesive Tape	Yes	Yes
287.	Sterile Gauze Dressing	Yes	Yes
288.	Paper tape	No	Yes
289.	Antiseptic Lotion	Yes	Yes
290.	Cotton Bandage (3", 4" & 6")	Yes	Yes
291.	Absorbent Cotton Wool	Yes	Yes
292.	Crepe Bandage	Yes	Yes
293.	Examination Gloves (All sizes)	Yes	Yes
294.	Sterile Surgical Gloves (All sizes)	Yes	Yes
295.	Silk Sutures Sterile (2/, 3/, 4/) with needle	Yes	Yes
296.	Chromic Catgut Sterile Sutures (different sizes) with needle	Yes	Yes
297.	Face Mask Disposable / Personal Protective Equipment	Yes	Yes
298.	Blood Lancets	Yes	Yes
299.	Slides	Yes	Yes
300.	Endotracheal Tube (different sizes)	Yes	Yes
301.	Nasogastric Tube (different sizes)	Yes	Yes
302.	Resuscitator Bag with Mask	Yes	Yes
303.	Disposable Airways (different sizes)	Yes	Yes
304.	Clean Delivery Kits	Yes	Yes

Item mentioned in Blue font is critical to ensure essential interventions

ANNEXURE 9: BUDGET & EXPENDITURE FOR 22/21 AND BUDGET FOR 221/22

District	22-221 (PKR)		221-222 (PKR)
	Allocation	Expenditure	Allocation

ANNEXURE 1: DISTRICT HEALTH PLAN AND BUDGET TEMPLATE

DISTRICT HEALTH PLAN AND BUDGET												
S.No	SUB-OUTPUT	Activity No	ACTIVITY	UNIT		PHYSICAL TARGET			BUDGET TARGET			TOTAL
				Defined	Cost	FY 222/23	FY 2223/24	FY 224/25	FY 222/23	FY 2223/24	FY 224/25	
OUTPUT 1: Improved governance and leadership at all levels of the health sector (Leadership and management with effective oversight, regulation, and accountability).												
1.1	Support in development of Policy, Strategies and Legal Frameworks	1.1.1										
		1.1.2										
		1.1.3										
		1.1.4										
		1.1.4a										
		1.1.4b										
		1.1.4c										
		1.1.4d										
		1.1.4e										
1.2	Capacity Building on Improved Management and Institutional Capacities	1.2.1										
		1.2.2										
		1.2.3										
		1.2.4										
		1.2.5										
		1.2.6										
		1.2.7										
		1.2.8										
1.3	Developing effective partnership for	1.3.1										
		1.3.2										
		1.3.3										

	enhanced coordination											
1.4	Better Citizen Engagement / Involvement in Health System	1.4.1										
		1.4.2										
OUTPUT 2: Skilled and motivated health workforce distributed equally and equipped to deliver quality health services through a Continuum of Care (Well-trained health workforce available to deliver integrated essential package of health services and integrated disease surveillance & response system)												
2.1	Strengthen Human Resource Planning and Management Function at District level	2.1.1										
		2.1.2										
		2.1.3										
		2.1.4										
		2.1.5										
		2.1.6										
		2.1.7										
		2.1.8										
		2.1.9										
2.2	Health Professionals registered, licensed and accredited	2.2.1										
		2.2.2										
2.3	Provision of incentives and allowances	2.3.1										
		2.3.2										
2.4	Availability of training guidelines, material and protocols	2.4.1										
		2.4.2										
2.5		2.5.1										

	Sufficient skilled health professionals and workers to implement Health services	2.5.2											
		2.5.3											
OUTPUT 3: Health Services available, accessible, affordable, of acceptable quality and adaptable services, within the EPHS framework (Efficient, effective, accessible and integrated essential health services at community and PHC centre level especially in the wake of COVID19 outbreak)													
3.1	Implement EPHS in targeted health facilities	3.1.1											
		3.1.2											
		3.1.3											
		3.1.4											
		3.1.5											
		3.1.6											
3.2	Maintain basic health services in non-EPHS facilities	3.2.1											
3.3	Improve coverage of disease specific projects including TB, HIV and malaria	3.3.1											
		3.3.2											
3.4	Improve healthy Behaviors and Practices of the communities	3.4.1											
		3.4.2											
		3.4.3											
		3.4.4											
3.5	Improve Health for women, children and adolescents	3.5.1											
		3.5.2											
		3.5.3											
		3.5.4											

		3.5.5										
		3.5.6										
		3.5.7										
3.6	Ensure the availability of Health Emergency Preparedness Plan and System in place	3.6.1										
3.7	Strengthen partnership with private sector for provision of quality health and nutrition services	3.7.1										
		3.7.2										
3.8	Develop and Strengthen referral mechanism	3.8.1										
		3.8.2										
OUTPUT 4: Coordinated action for an equitable and efficient health financing system (Health financing system ensuring that people can afford essential services with financial risk protection measures)												
4.1	Conduct costing exercise for ICT DAP	4.1.1										
4.2	Consult DHO-ICT team for Strengthening Health Financing needs	4.2.1										
		4.2.2										
4.3	Organize Financial Management and Accounting system	4.3.1										
		4.3.2										

4.4.	Contribute to development of Health Finance Strategy	4.4.1											
OUTPUT 5: Improved access, availability, quality and rational use of essential medicines, vaccines, commodities, medical equipment and physical structures (Equitable access to medicines, vaccines, contraceptives, supplies and medical technologies including universal access to COVID19 related health technologies)													
5.1	Ensure Essential Medicines, Vaccines, Nutrition & RH commodities and Supplies	5.1.1											
		5.1.2											
		5.1.3											
5.2	Strengthen the Effective Procurement, Logistics and Supply chain system/ Physical Structures	5.2.1											
		5.2.3											
		5.2.4											
		5.2.5											
		5.2.6											
		5.2.7											
		5.2.8											
		5.2.9											
		5.2.11											
5.3	Improved / Rational Use of Drugs / Supplies	5.3.1											
		5.3.2											
OUTPUT 6: Improve stakeholder knowledge for evidence-based decision-making (Health information system (including, M&E interventions, integrated disease surveillance & response system generating data on health system performance and response actions))													
6.1	Department of Health M&E	6.1.1											
		6.1.2											

	capacity improvements supported											
6.2	Number of research products completed and disseminated	6.2.1										
6.3	Health MIS systems operational and used in all health facilities	6.3.1										

ANNEXURE 11: MONITORING FRAMEWORK

MONITORING FRAMEWORK								
Sr. No	Indicator	Baseline	Year- Source	Means of Verification	Frequency	Target for		
						222-23	223-24	224-25
KEY OUTCOME / OUTPUT INDICATORS								
1.	District UHC index			Composite indicator based on calculation of 16 indicators				
2.	Family Planning clients (modern method)			DHIS/district level				
3.	Fully immunized children coverage			DHIS/district level				
4.	Skilled Birth Attendance Institutional Deliveries (N/%) Deliveries attended by skilled health worker			DHIS/district level survey				
5.	Proportion of HR gaps filled as per EPHS			District administrative				
6.	District Health Team positions filled at the district level			District administrative				
7.	Number of health facilities reporting no stock out of essential medicines as per EPHS			Checklist based				
8.	Proportion of LHWs reporting stock outs of at least two essential drugs during a month			Checklist based				
9.	ANC: pregnant women who make their first visit in the first trimester (< 13weeks); N/%			HMIS				

10.	OPD attendance at the PHC facilities			Routine HMIS data, monthly				
11.	OPD attendance at the Secondary level facilities			Routine HMIS data, monthly				
12.	Inpatient admissions per 1 persons per year (including deliveries)			Routine HMIS data, monthly, including private sector				
13.	Number of the target secondary level HFs (CHs, THQs, DHQ) providing selective Comprehensive EmONC services (24/7)			Checklist based				
14.	Number of the target PHC facilities providing basic EmONC services			Checklist based				
15.	% of PHC facilities offering all UHC BP requisite set of services			Checklist based				
<i>PHC/UHC SERVICE CAPACITY AND ACCESS</i>								
16.	Health facility density and distribution			Master facility list; mapping of all public and private facilities (with				
17.	Health workers density and distribution: nurse/midwives, physicians, LHV;			Registry of health workers by type,				
18.	Medicines availability: 1 (Community) – 15 (PHC) tracer medicines; stockouts in last 4 weeks/3 months, on the day of interview			Routine HMIS data; Facility assessment, bi-annual by telephone, sample of				
19.	Equipment availability: 1-2 tracer equipment; stockouts in last 4 weeks/3 months, on the day of interview			Routine HMIS data; Facility assessment, bi-annual by telephone, sample of				
<i>RMNCAH</i>								

20.	Availability of all UHC BP based methods of contraception according to platform of service delivery (stratified by Community, PHC, FLH)			DHIS/LHW-MIS Facility assessment				
21.	ANC: pregnant women who make at least 4 visits (N/%); and received key interventions (e.g., IFA, tested for anemia) in each visit			HMIS				
22.	Child: pneumonia and diarrhoea case fatality rates in hospitals; (deaths over admissions,			HMIS				
INFECTIOUS DISEASES								
23.	Tuberculosis treatment coverage: TB treatment success rate and TB incidence rate – (derived from TB notification rate)							
24.	TB Health facility readiness: availability of TB diagnostics (onsite testing), TB medicines			Facility assessment HMIS				
25.	Water supply and sanitary facilities in health facility			Facility assessment HMIS				
26.	Readiness for early detection dengue and malaria			Facility assessment DHIS				
NCD CONTROL								
27.	PHC level diagnostic intervention availability: Hb, blood glucose, urine chemistry; X Ray, ECG, complete blood exam (CP);			Facility assessment				
28.	Availability essential medicines tracers: corticosteroids for asthma; antihypertensives; anti-diabetic medicines; anti-depressants			Facility assessment				
29.	Population coverage of screening for hypertension (adults +) at community level			HMIS and survey-based estimate				
30.	Population coverage of screening for diabetes (adults++) at community level			HMIS and survey-based estimate				

PROPOSED FREQUENCY OF MONITORING

It is proposed that routine monitoring activities are structured in a way that at-least one monthly visits per primary healthcare facility are conducted by the DHMT monitoring staff members. In parallel to the PHC facility monitoring visits, it is proscribed that each Lady Health Worker would be visited at her health house and/or at-least once every month through the Lady Health Workers supervisory staff including the Lady Health Supervisors, and from the District Health Office.

S No	Monitoring site	Frequency	Responsible person/entity	Comments
1.	Lady Health Workers	At-least once every month	LHS, ADCNP, DCNP, DHMT	
2.	Basic Health Unit	At-least once every month	DHMT	
3.	Rural Health Center	At-least once every month	DHMT	
4.	Mother and Child Health Center	At-least once every month	DHMT	
5.	Community Health Center	At-least once every month	DHMT	

