

Training Toolkit for District Focal Persons (DFPs) for Hepatitis C Elimination

2020

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MESSAGE BY MINISTER FOR HEALTH

Punjab has the highest prevalence of Hepatitis C Virus (8.9%) in the country. The Government is carrying out all possible measures to combat huge disease burden in the province. Prime Minister's vision of Hepatitis free Pakistan reiterates Government's commitment to provide best health services for every strata of the society. The commodity support through PM's program would enable Health Department, Punjab to conduct universal screening, testing and treatment for HCV across the province to achieve the Sustainable Development Goals (SDGs) targets.



I am thankful to the Federal Government's unprecedented support to bring all the provinces and regions onboard to address this national emergency. We also appreciate the USAID's technical assistance for development of PC-I through Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) Project. Pertinently, establishment of Planning, Development & Monitoring Units (PDMUs) across the country and in Punjab to support HCV elimination activities is a big hallmark of USAID's support. The development of this Training Toolkit for District Focal Persons (DFPs) and their training would strengthen the Hepatitis prevention and control activities at the district level.

I hope and pray that we may achieve our Hepatitis elimination targets of 2030 with the support of all stakeholders for a Hepatitis free future InSha'ALLAH.

Prof. Dr. Yasmin Rashid
Minister for Health

MESSAGE BY SECRETARY P&SHD

Hepatitis C being the silent killer has been affecting millions of people in Punjab as unfortunately most of the cases remain undiagnosed until there are some complications. A dedicated Hepatitis Control Program under Primary and Secondary Healthcare department (P&SHD) has been working with 151 active Hepatitis clinics at teaching, DHQ and THQ hospitals in Punjab, where free of cost screening, testing and treatment services are being provided for Hepatitis B & C. Hepatitis C elimination from Punjab can only be achieved if provisions are made for universal screening of eligible population for Hepatitis C and cascade of care. The P&SHD is committed to extend all possible support for successful implementation of PM's program for elimination of Hepatitis C.



We value our long-standing partnership with USAID, particularly the establishment of Planning, Development and Monitoring Unit (PDMU), development of Hep C MIS, robust Hepatitis communication strategy and human resource capacity building would be pivotal to achieve the goal of Hepatitis free Punjab.

The support provided by USAID GHSC-PSM Project for development of Training Toolkit for District Focal Persons (DFPs) and subsequent training would ensure efficient implementation of Hepatitis C activities across the province.

Captain (R) Muhammad Usman Yunus
Secretary P&SHD

MESSAGE BY DIRECTOR GENERAL HEALTH SERVICES

Huge resources and efforts are required for screening, testing and treatment for elimination of Hepatitis C to meet the SDG targets. Through PM's Program for Elimination of Hepatitis C, Punjab province will be provided commodities for screening, testing and treatment which will be a great support. Hepatitis Control Program in collaboration with District Health Authorities would leave no stone unturned to achieve the desired objectives of elimination of Hepatitis from Punjab.



Development of this Training Toolkit for notified District Focal Persons (DFPs) and training would help them to understand their role and responsibilities ensuring better implementation of PM's program at district level. I appreciate the extensive efforts of USAID team and HCP not only for the development of this training toolkit but also for all other initiatives required for the elimination of Hepatitis from the province.

Dr. Haroon Jahangir Khan
Director General Health Services, Punjab

ACKNOWLEDGEMENT BY PROGRAM MANAGER, HEPATITIS CONTROL PROGRAM

There are huge screening, testing and treatment targets for Phase-I (2020-2025) as envisaged in PM's program which need to be met within the given time frame. For this purpose, a dedicated district focal person for every district was notified to play a proactive role for implementation of PM's program for HCV elimination and other components of Provincial Hepatitis Control Program to achieve the set targets.



Hepatitis Control Program (HCP) fully appreciates the efforts of USAID for establishing a Planning Development & Monitoring Unit (PDMU) which has provided support to HCP in all relevant areas including development of this 'Training Toolkit' for District Focal Persons (DFPs). This has been developed in close collaboration with the program and I hope that support provided by USAID for orientation of DFPs on this Toolkit would help them a lot understand their role and responsibilities.

I extend my gratitude to Honorable Health Minister, Prof. Dr. Yasmeen Rashid, and respected Secretary P&SHD, Capt. (Retd) Muhammad Usman Yunus, for their leadership and kind support which enabled HCP to undertake all possible measures for prevention and control of Hepatitis in Punjab. I greatly acknowledge the support provided by Dr. Enilda Martin, Director of Health, USAID, Mr. Khalid Mahmood, Project Management Specialist, USAID, Dr. Ismail Virk, Health Advisor Punjab, USAID, Dr. Muhammad Tariq, Country Director, USAID GHSC-PSM Project, Dr. Syeda Zahida Sarwar, Advisor Hep C, USAID GHSC-PSM Project, and all team of Hepatitis Control Program Punjab and USAID GHSC-PSM Project for their meaningful contribution.

Dr. Khalid Mahmood
Program Manager, Hepatitis Control Program

LIST OF ACRONYMS & ABBREVIATIONS

AMI	Autonomous Medical Institutions	RDT	Rapid Diagnostic Test
APRI	AST to Platelet Ratio Index	RNA	Ribonucleic Acid
CBC	Complete Blood Count	SDGs	Sustainable Development Goals
DHA	District Health Authority	SHC&ME	Specialized Health Care & Medical Education
DFPs	District Focal Persons	TNA	Training Need Assessment
EMR	Electronic Medical Record	UC	Union Council
HBV	Hepatitis B Virus	WHO	World Health Organization
HCC	Hepatocellular Carcinoma		
HCP	Hepatitis Control Program		
HCV	Hepatitis C Virus		
HF	Health Facility		
HFA	Health Facility Assessment		
HPDs	High Prevalence Districts		
M&E	Monitoring and Evaluation		
MoU	Memorandum of Understanding		
MSM	Men Having Sex with Men		
NAT	Nucleic Acid Test		
PACP	Punjab AIDS Control Program		
PCR	Polymerase Chain Reaction		
PMRC	Pakistan Medical Research Council		
P&SHD	Primary & Secondary Healthcare Department		
PPE	Personal Protective Equipment		
PPP	Public Private Partnership		
PPT	Plasma Preparation Tube		
PWID	Persons Who Inject Drugs		
RBV	Ribavirin		

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SECTION-I: OPERATIONAL GUIDELINES

INTRODUCTION OF HEPATITIS – TYPES AND ETIOLOGY OF DISEASE

Five types of hepatitis viruses A, B, C, D and E are endemic in Pakistan. All these viruses cause liver diseases which vary in predisposing factors, morbidity and mortality. Hepatitis A & E are transmitted through oral route, mainly by fecal contamination of food or water. They are self-limiting with no chronicity and minimal mortality. Hepatitis B, C & D viruses are transmitted through transfusion of improperly screened blood and blood products, improper sterilization of invasive medical devices, unsafe injections and unsafe sex practices in high risk populations. Hepatitis B is vaccine preventable infection and included in routine schedule of Expanded Program on Immunization (EPI). But the inclusion of HBV birth dose in EPI schedule is critical to protect the newborns from mother to child transmission of infection and it is administered within 24 hours of birth to newborn, there is no vaccine for HCV.

Hepatitis C is a silent killer, as most infected people would not know about it resulting in complications due to delayed diagnosis and treatment. HCV infected people in high burden areas of the country can infect individuals with HBV infection. The carriers of B & C viruses often present with complications like cirrhosis, decompensated chronic liver disease and hepatocellular carcinoma (HCC). The risk of HCC is approximately 2% to 6% per year; and this risk is 17 times higher in HCV positive compared to HCV negative subjects. Given the high prevalence of hepatitis C infection, the incidence of HCC is expected to proportionately increase over the next decade. These patients require repeated hospital admissions and specialized treatment which may include extremely expensive treatment options like liver transplant.

HEPATITIS SITUATION IN PAKISTAN

Pakistan has the highest HCV disease burden in the Eastern Mediterranean Region (EMR). Whereas; globally it is second to China regarding disease morbidity and mortality. According to WHO estimates, 1.4 million deaths occur globally per year from acute infection and hepatitis related liver cancer and cirrhosis. Approximately 47% of deaths are attributed to hepatitis B virus, 48% to hepatitis C virus and the remaining to hepatitis A & E viruses. In Eastern Mediterranean Region, more than 15 million people are estimated to be chronically infected with Hepatitis C, while 21 million with Hepatitis B; and 80% of the regional burden of these infections lies in Egypt and Pakistan.

According to the National Hepatitis Prevalence Survey 2008, Pakistan had the highest prevalence of HCV (5%) after Egypt. Hepatitis prevalence surveys were repeated for Punjab and Sindh in 2018 and 2019 respectively. The results of these surveys were used to project national HCV burden. It was found that the prevalence has risen to 7% with an annual incidence rate of 3.28% since 2008. If this trend continues and measures to combat the increasing incidence are not taken, the country wide prevalence of HCV will be 8.16% by 2025 and will rise to 9.31% by 2030 i.e. almost every tenth person in Pakistan will be infected with HCV. Hepatitis C is thus considered as a national public health emergency which needs to be attended without further delay.

Table: I: Year-wise Pakistan's HCV Prevalence:

National and subnational levels	2018	2019	2020	2021	2022	2023	2024	2025
Punjab	8.9%	9.19%	9.49%	9.81%	10.13%	10.46%	10.80%	11.16%
Sindh	5.09%	5.10%	5.11%	5.12%	5.13%	5.14%	5.15%	5.16%
Baluchistan	2.0%	2.07%	2.13%	2.20%	2.28%	2.35%	2.43%	2.51%
KPK	1.50%	1.55%	1.60%	1.65%	1.71%	1.76%	1.82%	1.88%
ICT	6.51%	6.71%	6.93%	7.16%	7.40%	7.64%	7.89%	8.15%
GB	6.51%	6.71%	6.93%	7.16%	7.40%	7.64%	7.89%	8.15%
AJK	6.51%	6.71%	6.93%	7.16%	7.40%	7.64%	7.89%	8.15%

HIGH PREVALENT DISTRICTS FOR HBV AND HCV AS PER PMRC HEPATITIS PREVALENCE SURVEY 2008

According to Pakistan Medical Research Council's survey (2008) there are seven HBV (3% or more than the provincial average) and fourteen HCV (7% are more) high prevalent districts in Punjab. These districts need to be focused as high priority districts for Hepatitis prevention and control activities.

Table 2: District-wise Prevalence of Hepatitis B Virus, PMRC-2008, Punjab:

Sr. No.	District	HBV Prevalence %
1	DG Khan	5.7
2	R Y Khan	4.7
3	Jhang	4.1
4	Rajanpur	4.0
5	M. Bahauddin	3.8
6	Layyah	3.7
7	T.T. Singh	3.2

Table 3: District-wise Prevalence of Hepatitis C Virus, PMRC Survey 2008, Punjab

Sr. No.	Districts	HCV Prevalence %
1	Vehari	13.1
2	Hafizabad	12.9
3	Pakpattan	10.6
4	Bahwalnagar	10.1
5	Bahawalpur	9.9
6	Okara	9.5
7	Sheikhupura	8.7
8	Jhang	8.5
9	Faisalabad	8.5
10	Multan	7.4
11	Rawalpindi	7.3
12	TT Singh	7.2
13	Sahiwal	7.1
14	Sialkot	7

PRIME MINISTER'S PROGRAM FOR THE ELIMINATION OF HEPATITIS C

Keeping in view the high disease burden, Excellency President of Pakistan, Dr. Arif Alvi, announced during World Hepatitis Day 2019 commemoration that the government will take vigorous steps to eliminate Hepatitis from the country. Consequently, Special Advisor to Prime Minister on Health announced to launch the **"Prime Minister's Program for the Elimination of Hepatitis C"** across the country. The PC-I of Prime Minister's program has been developed in consultation with all provincial governments.

"Prime Minister's program for the Elimination of Hepatitis C", would also help in achieving the targets of international commitments like Sustainable Development Goals (SDG), Pakistan has signed up to and is reproduced below:

SDG 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.

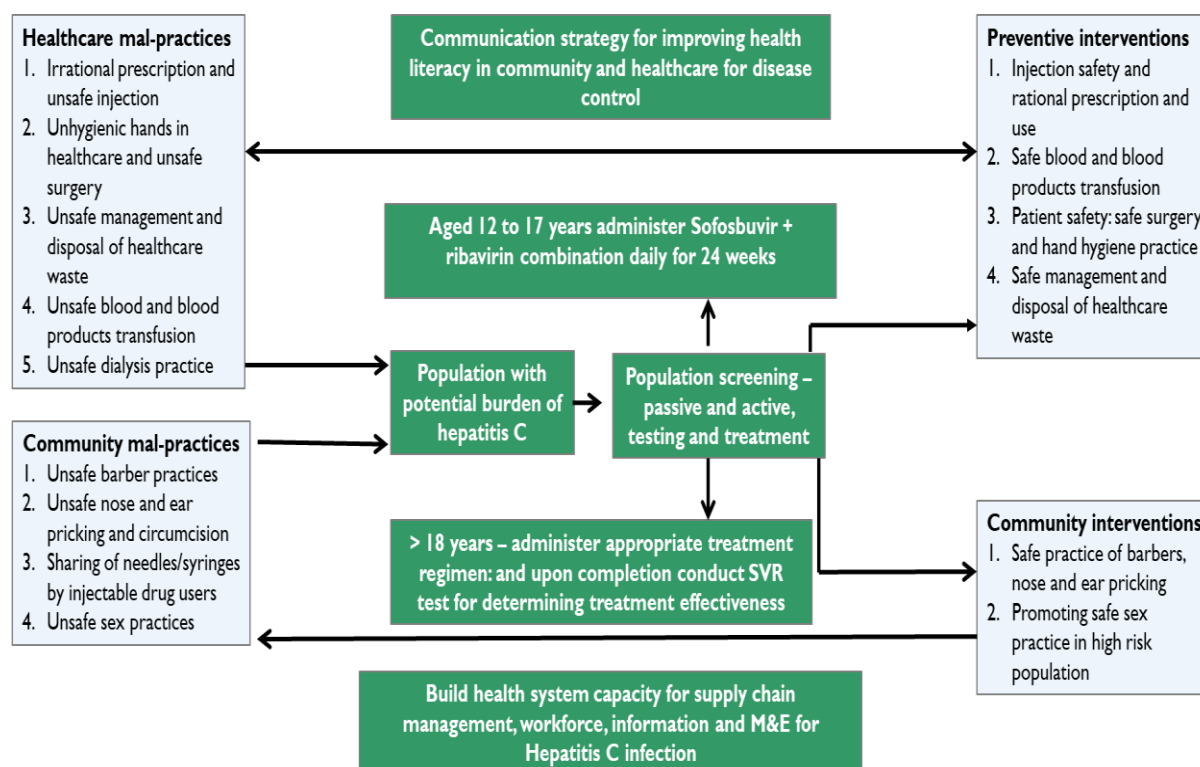
In 2016, the World Health Assembly pledged to globally eliminate HCV by 2030, being a major public health threat. World Health Organization (WHO) emphasized that to achieve the goal of HCV elimination by 2030, 90% of all HCV infected people must be diagnosed, 90% of eligible patients treated and 90% of those treated, are cured.

The proposed PC-I of Prime Minister’s program is for ten years (2020-2030) to be implemented in two phases i.e. Phase-1 from 2020-21 to 2024-25 and Phase-2 from 2025-26 to 2029-30. The program has been envisioned to conduct universal screening and testing of eligible population and treat the positive cases to eliminate the infection by 2030. Moreover, a communication strategy will be developed and implemented to improve health literacy and behavior change. The public health delivery system will be strengthened for successful implementation of the program, with a focus on improvement of health information system, supply chain management and capacity building of health workforce.

Conceptual Framework of PM’s Program for the Elimination of Hepatitis C

This framework identifies the health care and community malpractices which predispose population to hepatitis and other communicable diseases. In this backdrop, the proposed program will screen the eligible population (>12 years of age, almost 70% of the total population) for active HCV infection; and those positive will be tested for confirmation of infection. All diagnosed patients will be assessed and treated accordingly. Concomitant to the above and to address factors that predispose population to Hepatitis C, several interventions namely injection safety, rational prescription and use of injectable medicine, transfusion of safe blood and blood products, patient safety: safe surgery and hand hygiene, safe management and disposal of infectious healthcare waste, safe practice of barbers, nose, and ear pricking; and promoting safe sex practice in high risk population are implemented separately under different programs. These interventions are not part of Prime Minister’s program, but are implemented by the executing partners, i.e. provinces and other stakeholders.

Figure 1: Conceptual framework, “Prime Minister’s program



Considering, the role of community and health care malpractices in spreading Hepatitis B and C as reflected in Fig-1, Punjab has developed and promulgated Hepatitis Act 2018 having eight main components as reflected in Fig. 2. Rules for implementation of this act have been approved by the cabinet committee and now Hepatitis Control Program, Punjab is in the process of developing an enforcement mechanism for implementation of these rules in collaboration with relevant stakeholders including Punjab Health Care Commission and Blood Transfusion Authority etc.

District Focal Persons (DFPs) will have a pivotal role for the implementation of Prime Minister's and Hepatitis Control Programs including all components of Hepatitis Act 2018 in their respective districts in close coordination with other stakeholders and notified health inspectors.

Figure 2: Component of Hepatitis Act 2018:



Targets of PM's Program for the Elimination of Hepatitis C

- I. To screen, test and treat for HCV; and in this regard, based on the 2020 projected population and in line with SDG-3.3 goals and national planning cycle, following interlinked cascade of targets is envisaged:
 - I.I. Screen 50% of eligible population by 2025;

District wise health facilities involved for Screening, Testing and Treatment under PM' Program

In total 510 screening sites will work for HCV elimination in Punjab under the PM's program for the elimination of hepatitis C.

Total 510 sites will be engaged for HCV elimination activities in Punjab under PM's program. District wise details of all health facilities (HFs) including Teaching Hospitals, District Headquarter Hospitals (DHQs), Tehsil Headquarter Hospitals (THQs) and Rural Health Centers (RHCs) of Punjab to work as screening sites under PM's Program for HCV elimination are given in table 5 below:

Table 5. List of Health Facilities to Work as Hepatitis Clinics under PM's Program

Sr. #	District	Teaching Hospital	DHQ Hospital	THQ/THQ Level Hospital	RHCs	Total
1	Attock	0	1	5	6	12
2	Bahawalnagar	0	1	4	10	15
3	Bahawalpur	2	0	4	12	18
4	Bhakkar	0	1	3	5	9
5	Chakwal	0	1	4	11	16
6	Chiniot	0	1	2	3	6
7	DG Khan	1	0	2	9	12
8	Faisalabad	5	0	6	16	27
9	Gujranwala	1	0	3	12	16
10	Gujrat	1	0	5	9	15
11	Hafizabad	0	1	1	7	9
12	Jhang	0	1	4	10	15
13	Jhelum	0	1	2	6	9
14	Kasur	0	1	5	11	17
15	Khanewal	0	1	3	8	12
16	Khushab	0	1	4	5	10
17	Lahore	18	0	12	5	35
18	Layyah	0	1	6	6	13
19	Lodhran	0	1	2	4	7
20	M. B. Din	0	1	2	9	12
21	Mianwali	0	1	3	10	14
22	Multan	5	1	2	8	16
23	M. Garh	0	1	4	14	19
24	Narowal	0	1	1	7	9
25	Nankana Sahib	0	1	2	7	10
26	Okara	0	2	2	11	15
27	Pakpattan	0	1	1	5	7
28	R. Y. Khan	1	0	3	19	23
29	Rajanpur	0	1	2	7	10
30	Rawalpindi	5	0	7	8	20
31	Sahiwal	3	0	1	11	15
32	Sargodha	1	0	9	12	22
33	Sheikhupura	0	1	4	8	13
34	Sialkot	2	0	4	6	12
35	TT Singh	0	1	3	10	14
36	Vehari	0	1	2	14	17
Grand Total		45	26	129	321	521

*Note: For district-wise detail see annexures 1,2,3 & 4 at the end of the toolkit.

Currently Working Hepatitis Clinics of Punjab

It is important to mention that 151 Hepatitis clinics are working under Hepatitis Control Program Punjab for screening, clinical assessment and treatment of Hepatitis B and C. These clinics have been established at 18 Teaching Hospitals, 24 DHQ and 109 THQ hospitals. Details of Hepatitis clinics are given in table 6 below:

Table 6: Detail of Hepatitis Clinics

Sr. #	Districts	Teaching Hospital	DHQs	THQs
1	Attock		DHQ Hospital, Attock	THQ Hospital Fateh jang
				THQ Hospital Hassanabdal
				THQ Hospital Pindi Gheb
				THQ Hospital Hazro
2	Bahawalpur	Bahawal Victoria Hospital, Bahawalpur		THQ Hospital Hasil pur
				THQ Hospital Khairpur Tamewali
				THQ Hospital A.P.East
				THQ Hospital Yazman
3	Bahawalnagar		DHQ Hospital, Bahawalnagar	THQ Hospital Chishtain
				THQ Hospital Fort Abbas
				THQ Hospital Minchinabad
4	Bhakkar		DHQ Hospital, Bhakkar	THQ Hospital Darya Khan
				THQ Hospital Kalur kot
				THQ Hospital Mankera
5	Chakwal		DHQ Hospital, Chakwal	THQ Hospital Choasaiden Shah
				THQ Hospital Talagang
6	Chiniot		DHQ Hospital, Chiniot	THQ Hospital Bhowana
				THQ Hospital Lalian
7	Dera Ghazi Khan	Teaching Hospital, Dera Ghazi Khan		THQ Hospital Tounsa
8	Faisalabad	Govt. General Hospital, Ghulam Muhammad Abad Faisalabad		THQ Hospital Chak Jhumra
				THQ Hospital Jaranwala
				THQ Hospital Samanabad
				THQ Hospital Samundri
				THQ Hospital Tandlian wala
9	Gujranwala	DHQ Teaching Hospital Gujranwala		THQ Hospital Kamoke
				THQ Hospital Noshehra Virkan
				THQ Hospital Wazirabad
10	Gujrat	Aziz Bhatti Shaheed Teaching Hospital Gujrat		THQ Hospital Kharian
				THQ Hospital Kunjah
				THQ Hospital Lalamusa Kharian
				THQ Hospital Sara-e-Alamgir
11	Hafizabad		DHQ Hospital, Hafizabad	THQ Hospital Pindi Bhattian
12	Jhang		DHQ Hospital, Jhang	THQ Hospital Ahmed Pur Sial
				THQ Hospital 18-Hazari
				THQ Hospital Shor kot
13	Jhelum		DHQ Hospital Jhelum (PKLI)	THQ Hospital Pind Dadan Khan
14	Kasur		DHQ Hospital Kasur (PKLI)	THQ Hospital Chunian
				THQ Hospital Pattoki
				THQ Roshanbela

Sr. #	Districts	Teaching Hospital	DHQs	THQs
15	Khanewal		DHQ Hospital Khanewal (PKLI)	THQ Hospital Kabir wala
				THQ Hospital Jahanian
				THQ Hospital Mian Channu
16	Khushab		DHQ Hospital Khushab Jauharabad	THQ Hospital Khushab
				THQ Hospital Noor pur Thall
				THQ Hospital Noshehra
				THQ Hospital Qaidabad
17	Lahore	Mayo Hospital Lahore		THQ Hospital Chohan Road
		Jinnah Hospital, lahore		THQ Hospital LH Samanabad
		Ganga Ram Hospital, Lahore		THQ Hospital Pathi ground
		Mozang Hospital, Lahore		THQ Hospital Sodiwal
		Services Hospital, Lahore		THQ Hospital Swaminagar
		Sheikh Zaid hospital, Lahore		THQ Hospital Mian Meer THQ Hospital Sabzazar 60 bedded Police line Hospital Qila Gojar singh
		Lahore General Hospital, Lahore		
18	Layyah		DHQ Hospital, Layyah	THQ Hospital Chubara
				THQ Hospital Karor
				THQ Hospital Fateh pur
				THQ Hospital Thal (Mian Nawaz Sharif Hospital)
				THQ Hospital Kot Sultan
				THQ Hospital Chowk Azam
19	Lodhran		DHQ Hospital Lodhran (PKLI)	THQ Hospital Dunia pur
				THQ Hospital Kahroor Pakka
20	Mandi Bahuddin		DHQ Hospital, Mandi Bahuddin (and PKLI)	THQ Hospital Malakwal
				THQ Hospital Phalia
21	Mianwali		DHQ Hospital, Mianwali	THQ Hospital Isa Khel
				THQ Hospital Kala bagh
				THQ Hospital Piplan
22	Multan	Nishtar Hospital Multan		THQ Hospital Shujaabad (PKLI)
				THQ Hospital Jalalpur Pirwala
				THQ Civil Hospital Multan
23	Muzaffargarh		DHQ Hospital, Muzaffargarh	THQ Hospital Ali pur
				THQ Hospital Jatoi
				THQ Hospital Kot Addu
24	Nankana Sahib		DHQ Hospital, Nankana Sahib	THQ Hospital Sangla Hill
				THQ Hospital Shah kot

Sr. #	Districts	Teaching Hospital	DHQs	THQs
25	Narowal		DHQ Hospital, Narowal	THQ Hospital Shakar garh
26	Okara		DHQ Hospital, Okara	THQ Hospital Depal pur
27	Pakpattan		DHQ Hospital, Pakpattan	THQ Hospital Arif wala
28	R Y Khan	Sheikh Zaid medical hospital, RYK		THQ Hospital Khan Pur
				THQ Hospital Liaqat Pur
				THQ Hospital Sadiq Abad
29	Rajanpur		DHQ Hospital Rajanpur	
				THQ Hospital Jam pur
				THQ Hospital Rojhan
30	Rawalpindi	Holy family Hospital, Rawalpindi		THQ Hospital Gujjar Khan
				THQ Hospital Kahuta
				THQ Hospital Murree
				THQ Hospital Kallar Syedan
				THQ Hospital Taxila
31	Sahiwal	Sahiwal Medical College/Haji Abdul Qayyum Hospital, Sahiwal		THQ Hospital Chicha watni
32	Sargodha	District Teaching Hospital, Sargodha		THQ Hospital Bhera
				THQ Hospital Kot momin
				THQ Hospital Silan wali
				THQ Hospital Bhalwal
				THQ Hospital Chak No.90/SB
				THQ Hospital 46 SB
				THQ Hospital Sahiwal
33	Sheikhupura		DHQ Hospital, Sheikhupura	THQ Hospital Feroze wala
				THQ Hospital Muridkay
				THQ Hospital Safdarabad
				THQ Sharaqpur
34	Sialkot	Allama Iqbal Memorial Teaching Hospital, Sialkot		THQ Hospital Daska
				THQ Hospital Pasrur
				THQ Hospital Sambrial
35	Toba Tek Singh		DHQ Hospital, Toba Tek Singh	THQ Hospital Kamalia
				THQ Hospital Gojra
36	Vehari		DHQ Hospital, Vehari	THQ Hospital Mailsi
				THQ Hospital Burewala
Grand Total		18	24	109

There are 7 private hospitals functioning as Hepatitis Clinics under MoU with Hepatitis Control Program. All commodities for HBV and HCV screening, testing and treatment are being provided by HCP to these private facilities. List of clinics is given in table 7:

Table 7: List of Private Hospitals working as Hepatitis Clinics under MoU with HCP:

S. No.	Name of the District	Name of the Hospital
1	Bahawalpur	Islamia University Bahawalpur
2	Chiniot	Ulfat Trust Hospital Chiniot
3	Gujranwala	Parsa Trust Gujranwala
4	Lahore	Life Care Hospital Bahria Town Lahore
5	Mandi Bahuddin	Noor Jahan Hospital Mandibahauddin
6	Sahiwal	Sarwar Foundation Hospital Sahiwal
7	TT Singh	Sarwar Foundation Hospital Rajana Toba Tek Singh

The targets envisioned in PM's program necessitates to expand the network of screening, assessment, and treatment sites. The HCP decided to include remaining THQ hospitals and all RHCs as screening sites. These additional THQs and RHCs can be notified as assessment and treatment sites based on the available human resource and required logistics. A tool (Section C) has been developed to assess the 'Readiness of health facility to work as screening, assessment and treatment sites. The tool has been circulated to all districts for data collection through DFPs. This data would help DHA, HCP and P&SHD in strengthening of RHCs for successful implementation of PM's program.

District-Wise Targets of Screening and Treatment

Fifty percent (50%) of the eligible population will be screened during Phase-I of PM's program for HCV elimination. Annual targets for each district have been calculated based upon its population to monitor the progress periodically.

Per day screening targets can be calculated keeping in view the 250 working days in a year. DFPs will ensure that targets of screening are being met and all notified screening sites are functional. Monthly report of DFPs will help to monitor the progress against set targets.

Table 8: District Wise Targets for Screening as per PM's PC-I:

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
Attock	Population (Projected)	1,998,845	2,038,822	2,079,598	2,121,190	2,163,614
	Net to Screen (Eligible - Screened)	1,399,192	1,371,207	1,317,479	1,148,971	1,006,322
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	55,968	82,272	197,622	172,346	100,632
	Total target screening sites	12	12	12	12	12
	Target to screen per facility/year	4,664	6,856	16,469	14,362	8,386
	Target to screen per facility/day	19	27	66	57	34
Bahawalnagar	Population (Projected)	3,164,436	3,227,725	3,292,280	3,358,126	3,425,289
	Net to Screen (Eligible - Screened)	2,215,105	2,170,804	2,085,744	1,818,974	1,593,142
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	88,604	130,248	312,862	272,846	159,314
	Total target screening sites	15	15	15	15	15
	Target to screen per facility/year	5,907	8,683	20,857	18,190	10,621

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Target to screen per facility/day	24	35	83	73	42
Bahawalpur	Population (Projected)	3,892,623	3,970,475	4,049,885	4,130,883	4,213,501
	Net to Screen (Eligible - Screened)	2,724,836	2,670,340	2,565,707	2,237,549	1,959,750
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	108,993	160,220	384,856	335,632	195,975
	Total target screening sites	18	18	18	18	18
	Target to screen per facility/year	6,055	8,901	21,381	18,646	10,888
	Target to screen per facility/day	24	36	86	75	44
Bhakkar	Population (Projected)	1,751,543	1,786,574	1,822,305	1,858,751	1,895,926
	Net to Screen (Eligible - Screened)	1,226,080	1,201,559	1,154,477	1,006,817	881,816
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	49,043	72,094	173,172	151,023	88,182
	Total target screening sites	9	9	9	9	9
	Target to screen per facility/year	5,449	8,010	19,241	16,780	9,798
	Target to screen per facility/day	22	32	77	67	39
Chakwal	Population (Projected)	1,587,548	1,619,299	1,651,685	1,684,719	1,718,413
	Net to Screen (Eligible - Screened)	1,111,284	1,089,058	1,046,386	912,551	799,254
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	44,451	65,343	156,958	136,883	79,925
	Total target screening sites	16	16	16	16	16
	Target to screen per facility/year	2,778	4,084	9,810	8,555	4,995
	Target to screen per facility/day	11	16	39	34	20
Chiniot	Population (Projected)	1,453,579	1,482,651	1,512,304	1,542,550	1,573,401
	Net to Screen (Eligible - Screened)	1,017,505	997,156	958,084	835,543	731,808
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	40,700	59,829	143,713	125,331	73,181
	Total target screening sites	6	6	6	6	6
	Target to screen per facility/year	6,783	9,972	23,952	20,889	12,197
	Target to screen per facility/day	27	40	96	84	49
Dera Ghazi Khan	Population (Projected)	3,048,003	3,108,963	3,171,142	3,234,565	3,299,256
	Net to Screen (Eligible - Screened)	2,133,602	2,090,930	2,008,999	1,752,046	1,534,522

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	85,344	125,456	301,350	262,807	153,452
	Total target screening sites	12	12	12	12	12
	Target to screen per facility/year	7,112	10,455	25,113	21,901	12,788
	Target to screen per facility/day	28	42	100	88	51
Faisalabad	Population (Projected)	8,355,856	8,522,973	8,693,432	8,867,301	9,044,647
	Net to Screen (Eligible - Screened)	5,849,099	5,732,117	5,507,511	4,803,093	4,206,771
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	233,964	343,927	826,127	720,464	420,677
	Total target screening sites	27	27	27	27	27
	Target to screen per facility/year	8,665	12,738	30,597	26,684	15,581
	Target to screen per facility/day	35	51	122	107	62
Gujranwala	Population (Projected)	5,321,105	5,427,527	5,536,078	5,646,800	5,759,736
	Net to Screen (Eligible - Screened)	3,724,774	3,650,278	3,507,247	3,058,665	2,678,920
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	148,991	219,017	526,087	458,800	267,892
	Total target screening sites	16	16	16	16	16
	Target to screen per facility/year	9,312	13,689	32,880	28,675	16,743
	Target to screen per facility/day	37	55	132	115	67
Gujrat	Population (Projected)	2,924,806	2,983,302	3,042,968	3,103,827	3,165,904
	Net to Screen (Eligible - Screened)	2,047,364	2,006,416	1,927,798	1,681,229	1,472,499
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	81,895	120,385	289,170	252,184	147,250
	Total target screening sites	15	15	15	15	15
	Target to screen per facility/year	5,460	8,026	19,278	16,812	9,817
	Target to screen per facility/day	22	32	77	67	39
Hafizabad	Population (Projected)	1,227,772	1,252,327	1,277,374	1,302,921	1,328,979
	Net to Screen (Eligible - Screened)	859,440	842,251	809,249	705,745	618,123
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	34,378	50,535	121,387	105,862	61,812
	Total target screening sites	9	9	9	9	9

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Target to screen per facility/year	3,820	5,615	13,487	11,762	6,868
	Target to screen per facility/day	15	22	54	47	27
Jhang	Population (Projected)	2,911,335	2,969,562	3,028,953	3,089,532	3,151,323
	Net to Screen (Eligible - Screened)	2,037,935	1,997,176	1,918,919	1,673,486	1,465,717
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	81,517	119,831	287,838	251,023	146,572
	Total target screening sites	15	15	15	15	15
	Target to screen per facility/year	5,434	7,989	19,189	16,735	9,771
	Target to screen per facility/day	22	32	77	67	39
Jhelum	Population (Projected)	1,297,492	1,323,442	1,349,911	1,376,909	1,404,447
	Net to Screen (Eligible - Screened)	908,244	890,079	855,203	745,821	653,225
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	36,330	53,405	128,280	111,873	65,323
	Total target screening sites	9	9	9	9	9
	Target to screen per facility/year	4,037	5,934	14,253	12,430	7,258
	Target to screen per facility/day	16	24	57	50	29
Kasur	Population (Projected)	3,666,469	3,739,798	3,814,594	3,890,886	3,968,704
	Net to Screen (Eligible - Screened)	2,566,528	2,515,198	2,416,643	2,107,551	1,845,891
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	102,661	150,912	362,496	316,133	184,589
	Total target screening sites	17	17	17	17	17
	Target to screen per facility/year	6,039	8,877	21,323	18,596	10,858
	Target to screen per facility/day	24	36	85	74	43
Khanewal	Population (Projected)	3,100,835	3,162,852	3,226,109	3,290,631	3,356,444
	Net to Screen (Eligible - Screened)	2,170,585	2,127,173	2,043,823	1,782,416	1,561,123
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	86,823	127,630	306,573	267,362	156,112
	Total target screening sites	12	12	12	12	12
	Target to screen per facility/year	7,235	10,636	25,548	22,280	13,009
	Target to screen per facility/day	29	43	102	89	52
Khushab	Population (Projected)	1,359,725	1,386,920	1,414,658	1,442,951	1,471,810

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Net to Screen (Eligible - Screened)	951,808	932,772	896,223	781,595	684,557
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	38,072	55,966	134,433	117,239	68,456
	Total target screening sites	10	10	10	10	10
	Target to screen per facility/year	3,807	5,597	13,443	11,724	6,846
	Target to screen per facility/day	15	22	54	47	27
Lahore	Population (Projected)	11,807,303	12,043,449	12,284,318	12,530,004	12,780,604
	Net to Screen (Eligible - Screened)	8,265,112	8,099,810	7,782,430	6,787,045	5,944,408
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	330,604	485,989	1,167,365	1,018,057	594,441
	Total target screening sites	35	35	35	35	35
	Target to screen per facility/year	9,446	13,885	33,353	29,087	16,984
Layyah	Population (Projected)	1,935,887	1,974,605	2,014,097	2,054,379	2,095,467
	Net to Screen (Eligible - Screened)	1,355,121	1,328,019	1,275,982	1,112,782	974,627
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	54,205	79,681	191,397	166,917	97,463
	Total target screening sites	13	13	13	13	13
	Target to screen per facility/year	4,170	6,129	14,723	12,840	7,497
Lodhran	Population (Projected)	1,804,712	1,840,806	1,877,622	1,915,174	1,953,477
	Net to Screen (Eligible - Screened)	1,263,298	1,238,032	1,189,521	1,037,380	908,585
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	50,532	74,282	178,428	155,607	90,859
	Total target screening sites	7	7	7	7	7
	Target to screen per facility/year	7,219	10,612	25,490	22,230	12,980
Mandi Bahauddin	Population (Projected)	1,690,814	1,724,630	1,759,123	1,794,305	1,830,191
	Net to Screen (Eligible - Screened)	1,183,570	1,159,898	1,114,449	971,910	851,243
	Program Target/year to Screen	4%	6%	15%	15%	10%

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Population Screened (out of Target)	47,343	69,594	167,167	145,787	85,124
	Total target screening sites	12	12	12	12	12
	Target to screen per facility/year	3,945	5,800	13,931	12,149	7,094
	Target to screen per facility/day	16	23	56	49	28
Mianwali	Population (Projected)	1,640,727	1,673,542	1,707,013	1,741,153	1,775,976
	Net to Screen (Eligible - Screened)	1,148,509	1,125,539	1,081,437	943,119	826,027
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	45,940	67,532	162,216	141,468	82,603
	Total target screening sites	14	14	14	14	14
	Target to screen per facility/year	3,281	4,824	11,587	10,105	5,900
	Target to screen per facility/day	13	19	46	40	24
Multan	Population (Projected)	5,035,548	5,136,259	5,238,984	5,343,764	5,450,639
	Net to Screen (Eligible - Screened)	3,524,884	3,454,386	3,319,031	2,894,522	2,535,156
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	140,995	207,263	497,855	434,178	253,516
	Total target screening sites	16	16	16	16	16
	Target to screen per facility/year	8,812	12,954	31,116	27,136	15,845
	Target to screen per facility/day	35	52	124	109	63
Muzaffargarh	Population (Projected)	4,586,551	4,678,282	4,771,848	4,867,285	4,964,631
	Net to Screen (Eligible - Screened)	3,210,586	3,146,374	3,023,089	2,636,432	2,309,109
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	128,423	188,782	453,463	395,465	230,911
	Total target screening sites	19	19	19	19	19
	Target to screen per facility/year	6,759	9,936	23,866	20,814	12,153
	Target to screen per facility/day	27	40	95	83	49
Narowal	Population (Projected)	1,814,408	1,850,696	1,887,710	1,925,464	1,963,973
	Net to Screen (Eligible - Screened)	1,270,086	1,244,684	1,195,913	1,042,954	913,467
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	50,803	74,681	179,387	156,443	91,347
	Total target screening sites	9	9	9	9	9
	Target to screen per facility/year	5,645	8,298	19,932	17,383	10,150

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Target to screen per facility/day	23	33	80	70	41
Nankana Sahib	Population (Projected)	1,439,395	1,468,183	1,497,547	1,527,498	1,558,048
	Net to Screen (Eligible - Screened)	1,007,577	987,425	948,734	827,390	724,666
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	40,303	59,246	142,310	124,109	72,467
	Total target screening sites	10	10	10	10	10
	Target to screen per facility/year	4,030	5,925	14,231	12,411	7,247
	Target to screen per facility/day	16	24	57	50	29
Okara	Population (Projected)	3,225,159	3,289,662	3,355,455	3,422,564	3,491,015
	Net to Screen (Eligible - Screened)	2,257,611	2,212,459	2,125,767	1,853,878	1,623,712
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	90,304	132,748	318,865	278,082	162,371
	Total target screening sites	15	15	15	15	15
	Target to screen per facility/year	6,020	8,850	21,258	18,539	10,825
	Target to screen per facility/day	24	35	85	74	43
Pakpattan	Population (Projected)	1,935,311	1,974,017	2,013,497	2,053,767	2,094,842
	Net to Screen (Eligible - Screened)	1,354,718	1,327,623	1,275,602	1,112,451	974,335
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	54,189	79,657	191,340	166,868	97,434
	Total target screening sites	7	7	7	7	7
	Target to screen per facility/year	7,741	11,380	27,334	23,838	13,919
	Target to screen per facility/day	31	46	109	95	56
Rahim Yar Khan	Population (Projected)	5,108,662	5,210,835	5,315,052	5,421,353	5,529,780
	Net to Screen (Eligible - Screened)	3,576,063	3,504,542	3,367,220	2,936,548	2,571,965
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	143,043	210,273	505,083	440,482	257,197
	Total target screening sites	23	23	23	23	23
	Target to screen per facility/year	6,219	9,142	21,960	19,151	11,182
	Target to screen per facility/day	25	37	88	77	45
Rajanpur	Population (Projected)	2,118,127	2,160,490	2,203,700	2,247,774	2,292,729
	Net to Screen (Eligible - Screened)	1,482,689	1,453,035	1,396,100	1,217,537	1,066,374

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	59,308	87,182	209,415	182,631	106,637
	Total target screening sites	10	10	10	10	10
	Target to screen per facility/year	5,931	8,718	20,942	18,263	10,664
	Target to screen per facility/day	24	35	84	73	43
Rawalpindi	Population (Projected)	5,736,501	5,851,231	5,968,256	6,087,621	6,209,373
	Net to Screen (Eligible - Screened)	4,015,551	3,935,240	3,781,043	3,297,443	2,888,053
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	160,622	236,114	567,156	494,616	288,805
	Total target screening sites	20	20	20	20	20
	Target to screen per facility/year	8,031	11,806	28,358	24,731	14,440
	Target to screen per facility/day	32	47	113	99	58
Sahiwal	Population (Projected)	2,671,655	2,725,088	2,779,590	2,835,182	2,891,886
	Net to Screen (Eligible - Screened)	1,870,159	1,832,756	1,760,942	1,535,715	1,345,051
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	74,806	109,965	264,141	230,357	134,505
	Total target screening sites	15	15	15	15	15
	Target to screen per facility/year	4,987	7,331	17,609	15,357	8,967
	Target to screen per facility/day	20	29	70	61	36
Sargodha	Population (Projected)	3,930,277	4,008,883	4,089,061	4,170,842	4,254,259
	Net to Screen (Eligible - Screened)	2,751,194	2,696,170	2,590,525	2,259,192	1,978,705
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	110,048	161,770	388,579	338,879	197,871
	Total target screening sites	22	22	22	22	22
	Target to screen per facility/year	5,002	7,353	17,663	15,404	8,994
	Target to screen per facility/day	20	29	71	62	36
Sheikhupura	Population (Projected)	3,672,232	3,745,677	3,820,591	3,897,003	3,974,943
	Net to Screen (Eligible - Screened)	2,570,562	2,519,152	2,420,443	2,110,865	1,848,793
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	102,822	151,149	363,066	316,630	184,879
	Total target screening sites	13	13	13	13	13

District	Indicators	Screening Targets				
		2020-21	2021-22	2022-23	2023-24	2024-25
	Target to screen per facility/year	7,909	11,627	27,928	24,356	14,221
	Target to screen per facility/day	32	47	112	97	57
Sialkot	Population (Projected)	4,131,996	4,214,636	4,298,929	4,384,908	4,472,606
	Net to Screen (Eligible - Screened)	2,892,397	2,834,549	2,723,481	2,375,145	2,080,261
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	115,696	170,073	408,522	356,272	208,026
	Total target screening sites	12	12	12	12	12
	Target to screen per facility/year	9,641	14,173	34,044	29,689	17,336
	Target to screen per facility/day	39	57	136	119	69
Toba Tek Singh	Population (Projected)	2,324,061	2,370,542	2,417,953	2,466,312	2,515,638
	Net to Screen (Eligible - Screened)	1,626,843	1,594,305	1,531,835	1,335,911	1,170,053
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	65,074	95,658	229,775	200,387	117,005
	Total target screening sites	14	14	14	14	14
	Target to screen per facility/year	4,648	6,833	16,413	14,313	8,358
	Target to screen per facility/day	19	27	66	57	33
Vehari	Population (Projected)	3,074,793	3,136,289	3,199,015	3,262,995	3,328,255
	Net to Screen (Eligible - Screened)	2,152,355	2,109,308	2,026,659	1,767,446	1,548,011
	Program Target/year to Screen	4%	6%	15%	15%	10%
	Population Screened (out of Target)	86,094	126,558	303,999	265,117	154,801
	Total target screening sites	17	17	17	17	17
	Target to screen per facility/year	5,064	7,445	17,882	15,595	9,106
	Target to screen per facility/day	20	30	72	62	36

Implementation modalities to meet the Targets

Hepatitis Control Program has implemented a “Hepatitis micro-elimination project” in one of the Union Councils of district Nankana Sahib. More than 90% of eligible population of the selected UC (target population was 19,400) was screened within one month. Four-pronged strategy was used to make this initiative successful as explained below;

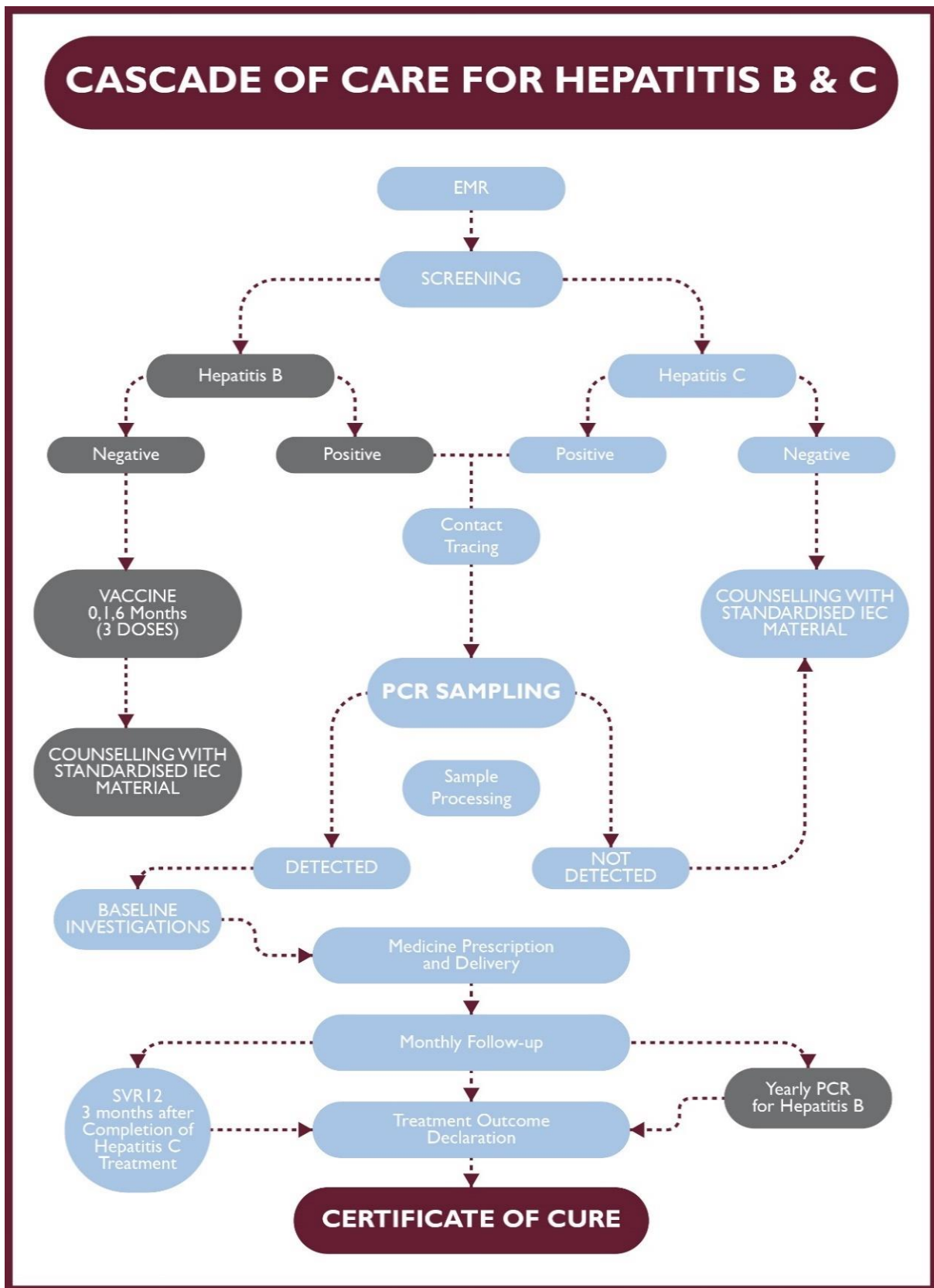
- I. **Educate** (Health awareness/education session at tehsil, union council, schools/community level involving community outreach team comprising of Lady Health Workers, Lady Health Supervisors, Vaccinators, Tehsil Sanitary Inspectors and School Health & Nutrition Supervisors etc.)

2. **Prevent** (Preventive interventions as envisaged in Hepatitis act i.e. anti-quackery, barbers and salons registration, ensuring safe blood transfusion, safe disposal of infectious hospital waste, screening and vaccination of high-risk groups in collaboration with all stakeholders)
3. **Test** (screening through WHO approved Rapid Diagnostic Tests (RDTs) and PCR testing at central lab of HCP after proper collection, storage, and transportation of samples from established screening sites)
4. **Treat** (treatment of all diagnosed patients through Hepatitis Clinics as per approved treatment guidelines)

Performance Measurement through Cascade of Care

Performance measurement will be done periodically on cascade of care indicators. Automated reports generated through Hep C Management Information System would reflect the performance of HFs against set targets and the overall performance of districts against cascade of care. Analytical reports would help policy and decision makers at provincial and district level to undertake remedial measures accordingly. Cascade of care for Hepatitis patients flow is shown in figure 3.

Figure 3: CASECADE of Care:



Note: Household contacts of every HCV and HBV screened positive case shall be screened to find the missing millions.

SUPPLY CHAIN MANAGEMENT (SCM)

All commodities required for screening, diagnostics, and treatment will be provided across the province to notified screening, assessment and treatment sites and testing sites for molecular diagnosis of HCV infection. In addition, disposable items like gloves, alcohol swabs, auto-destructible syringes, gel tubes for collecting blood sample etc. will be supplied at screening, testing and treatment sites. An integrated robust supply chain management system for sustainable and uninterrupted commodity availability will be ensured.

Thematic Areas of Supply Chain Management

1. Product Selection

This area concerns, what commodities and services will be utilized for screening, testing and treatment of HCV. In this regard, a national Technical Advisory Group (TAG) has been constituted; and has recommended therapeutic regimens. The group has also deliberated and approved the specifications of consumable items for program activities, including Rapid Diagnostic Test kits (RDT) and molecular diagnosis.

2. Quantification

Quantities for goods and services have been calculated arbitrarily in PC-I based on year-on-year targets for caseload and the standard treatment/clinical guidelines. As the program will pick up, the real time need assessment will be conducted, using Logistic Management Information System (LMIS) for ensuring an uninterrupted supply of consumables, medicines, diagnostic commodities and services.

3. Procurement

Procurement will be carried out in a timely manner in line with the public procurement rules, following an open and fair competitive process. A centralized rate contract approach will be opted to ensure economies of scale, transparency, accountability, and efficiency, binding the contractor to supply predefined quantity of consumables, medicines and diagnostic commodities to the screening, testing and treatment sites.

4. Storage and Distribution

It is the collection and holding commodities for subsequent transportation to the screening, testing and treatment sites. In this regard, good storage practices will be implemented to ensure physical integrity and safety of goods and their packaging throughout the various storage levels until they are dispensed to clients. The good storage practices require that adequate and well-equipped infrastructure is available where health commodities are protected from harmful environmental conditions. Also, it has qualified human resources, who follow standard policy and procedures to ensure that commodities are not only available and accessible but also are kept in good physical conditions. The rapid diagnostic kits, medicines and ancillary items will require room temperature to keep intact their efficacy whereas blood sample storage and transportation will involve cold chain infrastructure.

5. Inventory Management

This is another important area that tends to ensure balance between supply and demand of health commodities. The PM's program will be implemented across the country and screening sites, which constitute the hub, not only for screening, but also for dispensing medicine to the patient and in many

cases, these sites are located in remote areas, a policy for inventory is defined. It will be applied across the health system in all provinces; and comprises the following:

In order to achieve at least 90% targets for HCV screening, testing, assessment and treatment, zero stock out of consumables, medicines and diagnostic commodities listed for the program will be maintained at service delivery points. This will be done by closely monitoring the stock position, essentially linked with services provision, quantification, keeping in view lead time, safety stocks, timely supply of required commodities, and warehousing at district level.

6. Serving the Clients (Dispensing to the Clients)

This is key knob of the supply chain; and tantamount to assuring effective service delivery to eventually meet the clients' needs for better health outcomes. To that end however, the string starts at the appropriate product selection through to procurement, assuring value for money, storage following good warehousing practices to the distribution and dispensing of goods and services. That is, each knob in the supply chain contributes to the services that reach to the population.

7. Logistics Management Information System (LMIS)

To ensure zero stock out of consumables, medicines and diagnostic commodities at service delivery points for the program, it is imperative to have a robust web-based LMIS. In this regard, the platform of Pakistan Logistics Management Information System (www.lmis.gov.pk) developed by USAID funded GHSC-PSM Project will be used for the program.

8. Performance Management

A set of key performance indicators (KPIs), which could essentially be measured using the data from LMIS, will be selected for monitoring supply chain's performance in terms of its status, effectiveness, and efficiency of operations. While periodic reports will be generated, it will also be a tool for system's continuous improvement, as the performance data can indicate whether adjustments in policies or procedures in supply chain are required.

9. Organizational Capacity and Workforce

The supply chain management is an important building block of the health system; and any investment in this will contribute to strengthening the health system's organizational capacity. Likewise, availability, at all levels, of health workforce, who are motivated and competent, is another building block, which is required to fulfil essential supply chain functions.

10. Medical Waste Disposal

Medical waste can be dangerous if not disposed appropriately, or handled, treated, or disposed of incorrectly. Medical waste needs to be collected, stored, transported, treated, and disposed of safely to minimize risks to the public health and environment.

Role of District Focal Person regarding Supply Chain Management

Main role and responsibilities of DFP to ensure an effective and efficient SCM are as reflected below;

1. Demand preparation for the district on periodic basis
2. Collection of all commodities for screening, testing and treatment from provincial office
3. Proper storage at district level
4. Preparation of distribution plan of all commodities to all service delivery points
5. Ensuring accurate data entry of all items on Logistics Management Information System

6. Ensuring stock availability at all screening, testing and treatment sites throughout the year for uninterrupted services to the patients
7. Medical waste disposal

TERMS OF REFERENCES OF DISTRICT FOCAL PERSONS

District Focal Persons would play a key role in successful implementation of Hepatitis prevention and control activities at community level and successful implementation of PM's program. They would be responsible for planning, implementation, monitoring & evaluation, and coordination. The brief description of each role of DFPs according to the PM's program is as below:

Planning

- To develop district plan for notification of screening, testing, assessment, and treatment sites along with designated human resource in consultation with respective Chief Executive Officer (CEO) of District Health Authority (DHA) and Program Manager HCP
- Prepare training plan for orientation of relevant staff as per guidelines provided by the HCP

Implementation

- To develop district implementation plan with well-defined timelines and responsibility matrix
- To facilitate execution of all interventions and activities as planned and timely action to rectify bottlenecks or challenges

Training

- To conduct orientation sessions for CEOs, District Health Officers (preventive), Deputy District Health Officers, Medical Superintendents and Medical Officers to apprise them on targets set by HCP and PM's program on HCV elimination
- To train all notified Human Resource in the district on uniform guidelines/SOPs and protocols for Hepatitis screening, testing and treatment
- To organize trainings for community outreach teams by the Medical Officer in charge of relevant HF

Supportive Supervision and Monitoring and Evaluation

- To conduct supportive supervision and provide on job training to notified HR as and where required through periodic visits
- To prepare monthly performance report on cascade of care indicators and share with CEO and HCP
- To coordinate with outreach team for improving community mobilization

Communication and Social Mobilization Campaigns

- To prepare a district communication and social mobilization plan in the light of national/provincial communication strategy
- To implement communication and social mobilization plan as per agreed schedule and in collaboration with HCP and CEO DHA

Stakeholders Coordination

- To hold monthly meetings with CEO, DHO (Preventive), DDHO, MSs and medical officer in charges to share monthly performance report on cascade of care indicators
- To coordinate with relevant stakeholders for harm reduction such as blood banks for safe blood transfusion, jail superintendents for screening of prisoners, and PACP for screening of high-risk groups including transgenders and Persons Who Inject Drugs (PWID)

- Coordinate with MSs and medical officer in-charges for safe disposal of infectious hospital waste and implementation of infection control measures at health facilities such as injection safety, aseptic medical and surgical procedures
- To build partnerships with private sector to achieve the set targets

Innovations

- To devise innovative strategies according to the local context to achieve targets in time and share with CEO and PM HCP

Reporting

- The DFP will report to CEO and PM HCP on monthly basis on cascade of care indicators

MEETINGS

Health Facility Review Meeting

- To conduct monthly review meetings at health facilities under the chair of MS/In charge to review the overall progress on the structured agenda provided by the HCP and will share minutes/supporting documents with HCP

Intra-District Surveillance Meeting

- To conduct monthly intra-district meetings to assess the progress against targets set by HCP and PM's Program on elimination of Hepatitis C

Provincial Level Inter-District Surveillance Meeting

- To participate in quarterly Provincial Inter-district Surveillance meeting to share performance of respective district on cascade of care indicators along with other indicators as specified by HCP

Support by HCP

The HCP will provide the following support to DFPs:

- M&E tools/checklists/reporting templates for monitoring of all agreed interventions
- Orientation of DFPs on PM's Program on Elimination of Hep C, Hepatitis Action Plan, Infection Control Protocols, etc.
- Revisions of checklists/ monitoring tools; on periodic basis in accordance with feedback of DFPs
- Quarterly review meeting of all districts to track progress against cascade of care and allied indicators

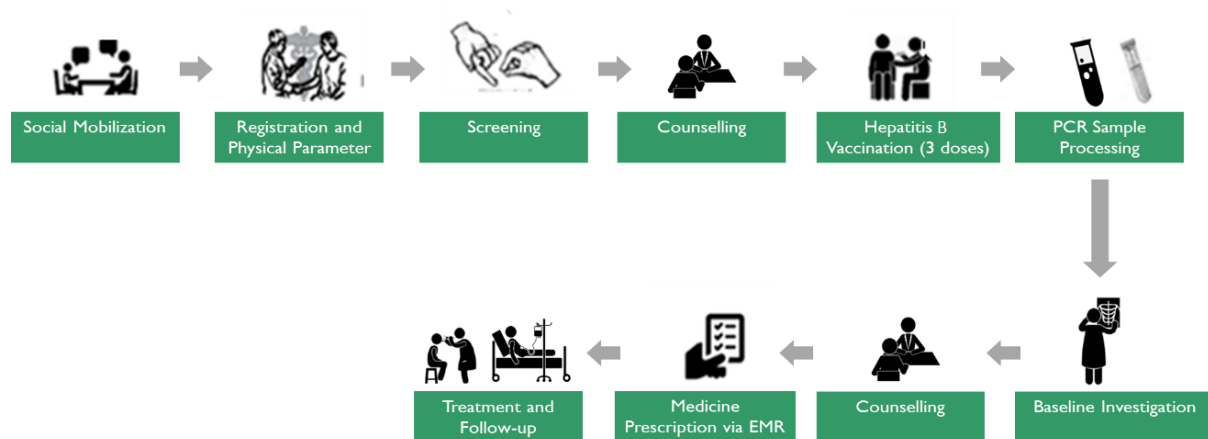
SECTION-2: CLINICAL GUIDELINES FOR HBV & HCV SCREENING, TESTING AND TREATMENT

STANDARDIZED CLINICAL GUIDELINES FOR SCREENING, TESTING AND TREATMENT

Functions of Hepatitis Clinic

Currently 151 Hepatitis clinics are working in public sector and 7 are working in private hospital under an MoU with HCP. In these Hepatitis Clinics following functions are being performed.

Figure 4: Patient Flow at Hepatitis Clinic:

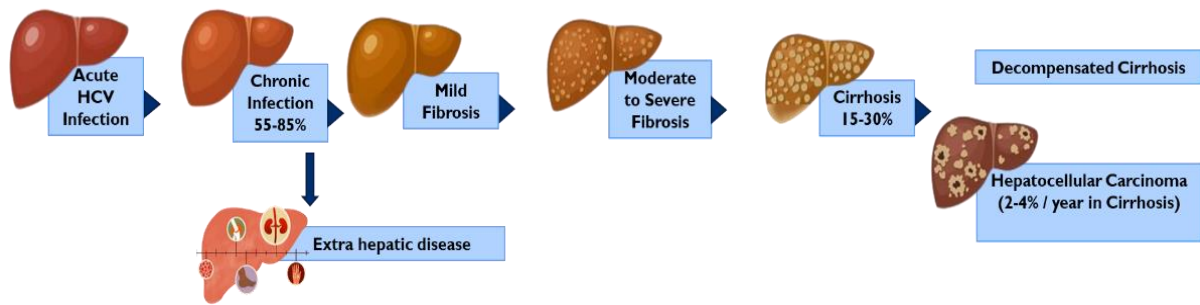


History of HBV & HCV Infection

Hepatitis B is a major global public health problem which needs to be managed optimally by integrated preventive interventions, vaccination, screening, testing and treatment services. Patients with chronic HBV infection are at increased risk of progression to liver cirrhosis, hepatocellular carcinoma (HCC). Viral load > 2000 IU/ml, elevated ALT and moderate histological lesion are indications for HBV treatment. All cirrhotic patients with positive HBV viral load should be treated. Additional indication HBV vertical transmission from mother to child. There are 7 high prevalent districts for HBV in Punjab as shown in table 2 Which need to be given more attention.

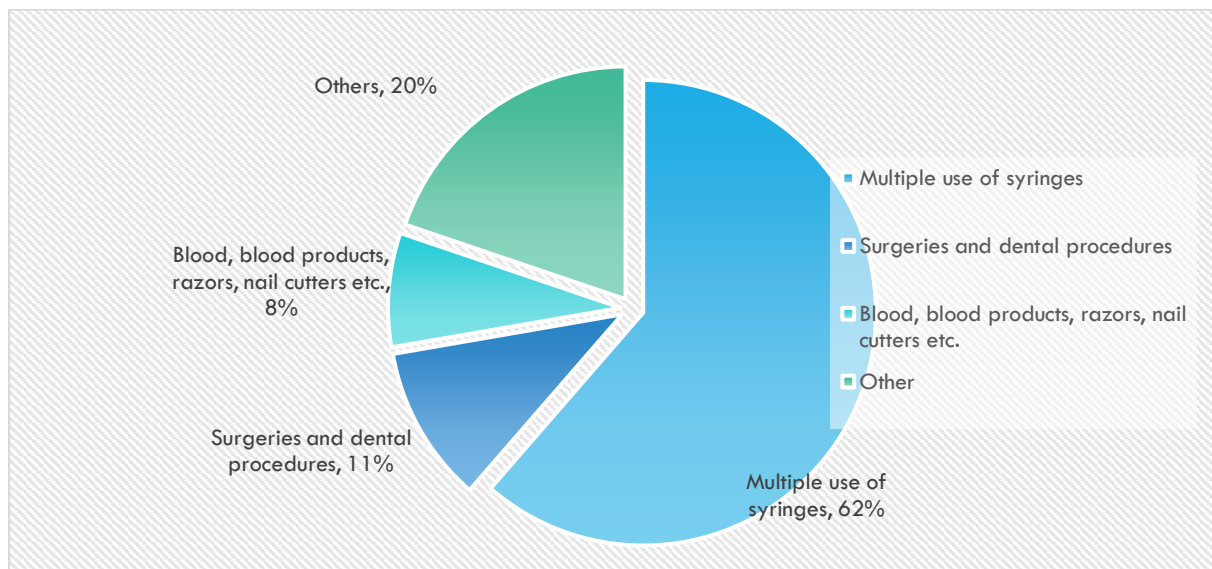
Hepatitis C virus causes both acute and chronic infections. Acute infection is defined as the presence of HCV within six months of exposure with HCV. It is clinically silent and is very rarely associated with life threatening disease. Spontaneous clearance of acute HCV Infection occurs with six months of infection in 15-45% of infected individual in the absence of treatment. Almost all the remaining 55-85% of person will harbor HCV for the rest of their lives (if not treated) and are considered to have chronic HCV infection. Anti HCV antibodies develop in response to acute infection and persist throughout life. In persons who have anti HCV antibodies, a nucleic acid test (NAT) i.e. Real time PCR for HCV RNA, which detects the virus, is needed to confirm the diagnosis of chronic HCV infection. If left untreated, chronic HCV infection can cause liver cirrhosis, liver failure and hepatocellular carcinoma (HCC) Fig. 5 of those with chronic HCV infection, the risk of liver chronic is 15-30% over 20 years. The risk of HCC in persons with cirrhosis is approximately 2-4% per year.

Figure 5: Natural History of HCV Infection:



The risk of cirrhosis and HCC varies depending upon certain patient characteristics or behaviors. For example, persons who consumes excess alcohol, persons co-infected with hepatitis B or HCV and immune suppressed individuals are at a higher risk of developing cirrhosis or HCC.

Figure 6: Sources of Spread of Hepatitis:



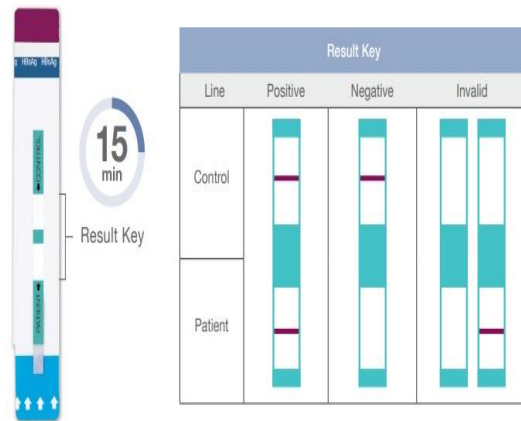
GUIDELINES & PROTOCOLS FOR SCREENING

Keeping in view, the huge burden of disease in Punjab, it is strongly recommended that anti HBV and HCV testing should be offered to all eligible population and screening should be available at all health care public and partner private health facilities to enroll as many patients as possible for enlistment into the cascade of care. However, high-risk groups to be prioritized if logistics for mass level screening are not available. List of high-risk groups is as follows:

1. Persons with past or present history of taking more than four therapeutic injections per year
2. Persons with past year history of any surgery including gynecological and dental treatment
3. Persons with history of blood transfusion
4. Persons with history of admission in health care setting
5. People who inject drugs (PWID)
6. Men who have sex with men (MSM)
7. Partners and family members of HCV index cases

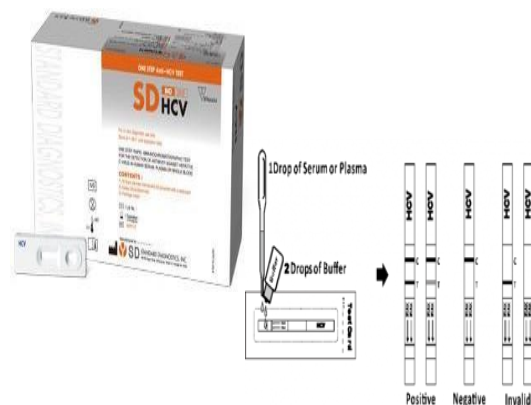
HBV Rapid Test - Screening Methodology

1. Label RDT with time and Last 3 digits of MRN with permanent marker (oil-based)
2. Clean the area of prick (fingertip or palm) thoroughly with provided alcohol swabs
3. Squeeze the surrounding area gently to pool a large drop on surface
4. Deposit drop of blood in RDT well by gently touching finger on the device
5. Wait for 60 seconds then add one drop of chase buffer
6. Read result after at least 15 minutes (Don't read before 15 minutes or after 24 hours!)
7. Mark result as POS or NEG on RDT and patient registration slip



HCV Rapid Test - Screening Methodology

1. Label RDT with time and Last 3 digits of MRN with permanent marker (oil-based)
2. Clean the area of prick (fingertip or palm) thoroughly with provided alcohol swabs
3. Squeeze the surrounding area gently to pool a large drop on surface
4. Deposit drop of blood in RDT well by gently touching finger on the device
5. Add 3-4 drops of chase diluent
6. Read result after 5 - 15 minutes (Don't read before 5 minutes or after 20 minutes!)
7. Mark result as POSITIVE or NEGATIVE on RDT and patient registration slip



Note for DFP: HCP have procured WHO approved SD Bioline and Zedco RDTs for HCV and HBV screening, it is to be ensured that above mentioned RDTs are available on designated screening sites.

Confirmatory diagnostic PCR testing

- All anti HBV / HCV positive shall be confirmed using Nucleic Acid Testing (NAT) i.e. Real Time PCR for detection of HBV / HCV RNA, unless they give history of anti HBV / HCV treatment along with documented evidence of PCR negative
- With the use of pan genotypic regimens, genotype testing for HCV is no more required before starting the treatment
- PCR facility will be provided by Hepatitis Control Program (HCP) Punjab. PCR sample collection, storage and transportation to HCP lab will be done according to set protocols.
- Real Time PCR for HCV RNA is also used as SVR12 to ensure viral clearance 3 months after treatment

Plasma Preparation Tubes (PPTs)

1. Ensure hand hygiene via hand washing/ hand sanitizer. Use appropriate Personal Protective Equipment (PPE) e.g. gloves and gown.
2. Label the 5mL Plasma Preparation Tube (PPT) vacutainer with unique ID using PVC barcode sticker (supplied by program) prior to blood collection, make sure to enter same unique ID in EMR System post-collection.
3. Sterilize blood withdrawal site with alcohol swab (70% isopropyl alcohol).
4. Perform venipuncture using standard aseptic technique and draw up to 3.5 ml blood in syringe.
5. Dispense in Vacutainer by inserting needle halfway in vacutainer top, don't push on plunger while doing so, negative pressure in vacutainer will automatically draw blood.
6. Don't dispense more than 3.5 of whole blood in PPT vacutainer.
7. After filling vacutainer with the correct amount of blood (up to 3.5mL), invert the Vacutainer to & for-gently at least 6-8 times to mix anti-coagulant. Carefully enter the number of barcode sticker in Sample ID on EMR.
8. To separate plasma from blood sample, centrifuge PPT Vacutainer containing whole blood sample in centrifuge machine at 5000 RPM for about 5-10 minutes.
9. Place these centrifuged vacutainers in vacutainer rack store at 2-8 degree Celsius for up to 6 days.
10. Prepare the transport box one hour prior to arrival of courier or dispatch through hospital staff to Central Lab after batching of samples to be sent by one shipment, enter the consignment number provided by courier against batch of samples.
11. Ensure prompt delivery of the specimen to the laboratory and storage in required environment.
12. In the event of a break down in transport mechanism, samples maybe stored at -20 Celsius for a maximum of one month.

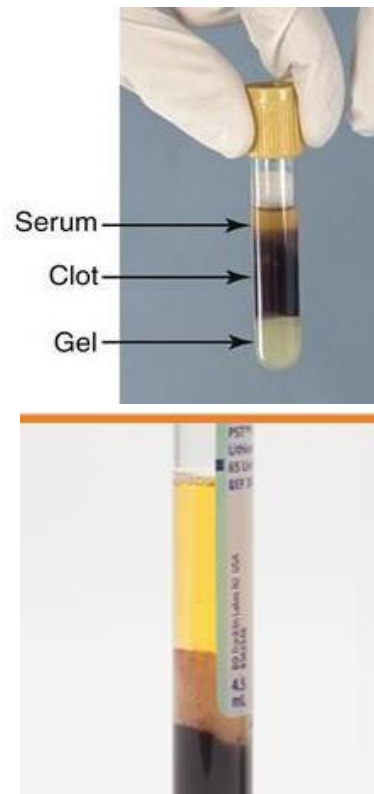
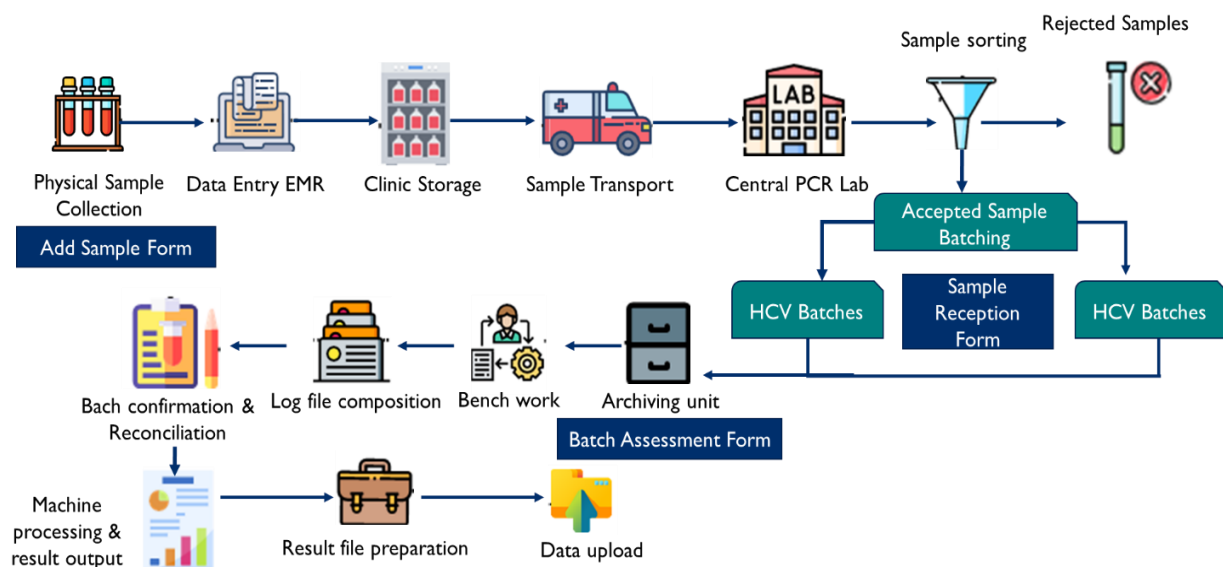


Figure 7: Sample collection, preparation, storage and transport:



Step 1



Step 2



Clinical assessment of persons with HCV infection prior treatment

- Pretreatment evaluation for the risk of adverse events and length of treatment is based on the persons clinical comorbidities, previous drug exposures, concomitant medications and knowledge of treatment regimen to be administered.
- Women of childbearing age will be offered pregnancy testing if Last Menstrual Period (LMP) is delayed and will be informed about the lack of available data on the safety and efficacy of DAAs during pregnancy. Patients getting pregnant while treatment may continue the Ribavirin free regimens.

Following baseline investigations are required before start of treatment:

1. Complete Blood Count (CBC)
2. Liver Function Test (Bilirubin, ALT, AST, ALP, Albumin)
3. Creatinine
4. BSR

All HCV RNA positives cases shall be addressed for the degree of the liver fibrosis to describe the duration of the treatment through the APRI score at Hepatitis clinics and complicated cases may be referred to teaching hospitals or PKLI depending upon clinical assessment.

Assessment of the liver fibrosis in the program shall be made by using noninvasive test, the APRI score (fig. 8) with the interpretation of the test as per table. An online calculator is available in the software of Hepatitis Control Program (HCP), Punjab at the time of patient registration. Table 8 summarizes the cutoff values for the detection of cirrhosis. This information will allow clinicians to decide on the appropriate pan genotypic treatment duration and inclusion of Ribavirin in the regimen. A staging strategy that uses a combination of two cutoff vales will be used. If APRI Score is <1, it will be labeled as absence of cirrhosis and If the score of APRI is >2, it will be labeled as cirrhosis. If the patient has value in between 1 and 2, alternative testing in the form of fibro scan/transient elastography will be done and the facility will be available in the nearest AMI attached hepatitis clinic.

Figure 8:

$$APRI = \left[\frac{AST \text{ (IU/L)}}{AST_ULN \text{ (IU/L)}} \times 100 \right] \text{ platelet count (} 10^9/L)$$

$$FIB4 = \text{age (yr)} \times \frac{AST \text{ (IU/L)}}{\text{platelet count (} 10^9/L)} \times [ALT \text{ (IU/L)}]^{1/2}$$

Table 9: Low and high cut off values for the detection of significant fibrosis and cirrhosis:

	Low cut-off	In deteminate	High cut-off
APRI score	<1.0	1-2	2.0
Stage of disease/action	Treat as non-Cirrhosis	Needs Elastography	Treat as Cirrhosis

Recommendation for Treatment

- All individuals (except for pregnant or lactating women) diagnosed with HCV infection who are 12 years age or older, irrespective of disease stage should be offered treatment.
- All persons with chronic HCV, irrespective of their disease status will be prioritized for treatment.
- Direct Acting Antiviral Agents (DAAs) Sofosbuvir and Daclatasvir without Ribavirin for 12 weeks will be treatment of choice in all cases without cirrhosis.
- Patients with cirrhosis will be treated with Sofosbuvir, Daclatasvir and Ribavirin for 24 weeks.

Three months after the completion of treatment a real time PCR to assess sustained virological response (SVR) is required for declaration of treatment outcome. Over the past two decades, the cure of HCV infection with DAAs as measured by SVR has been found to be >95% thus making them the treatment of choice for all HCV cases.

Treatment Regimens

Treatment with DAAs shall be given to all patients who have a detectable HCV RNA. The treatment regimens are described in below table.

Table 10: The treatment regimens:

Types of patients	Preferred Treatment	Treatment facility
All HCV RNA positive patient without cirrhosis	Sofosbuvir 400mg one tablet (after breakfast once a day) 12 weeks Plus Daclatasvir 60mg one tablet) after breakfast once a day) for 12 weeks	All centers
Patients with Cirrhosis*	Sofosbuvir 400mg one tablet (after breakfast once a day) 24 weeks Plus Daclatasvir 60mg one tablet) after breakfast once a day) for 24 weeks Plus Ribavirin (100mg in 2 divided doses <75kg and 1000mg in 2 or 3 divided doses > 75kg) for 24 weeks	Hepatitis clinics AMI's under SHC&ME

Absolute Contraindications

Following are the absolute contraindications for Ribavirin:

- Pregnancy
- Breastfeeding
- Life expectancy < 6 Months due to extra hepatic cause
- Severe concurrent medical disease
- Poorly controlled cardiac failure

Monitoring for Side Effects

- All directly acting antivirals (DAAs) are safe and have no major side effects; therefore except for those patients who are receiving Ribavirin based DAA treatment, there is no need to monitor them for side effects.
- Ribavirin (RBV) causes haemolytic anaemia and is teratogenic. Persons with cirrhosis are at high risk of serious adverse events (40-57%), particularly anaemia, infection and renal worsening. Monitoring during treatment with RBV is therefore recommended at regular intervals.

Table 11: Monitoring During Treatment

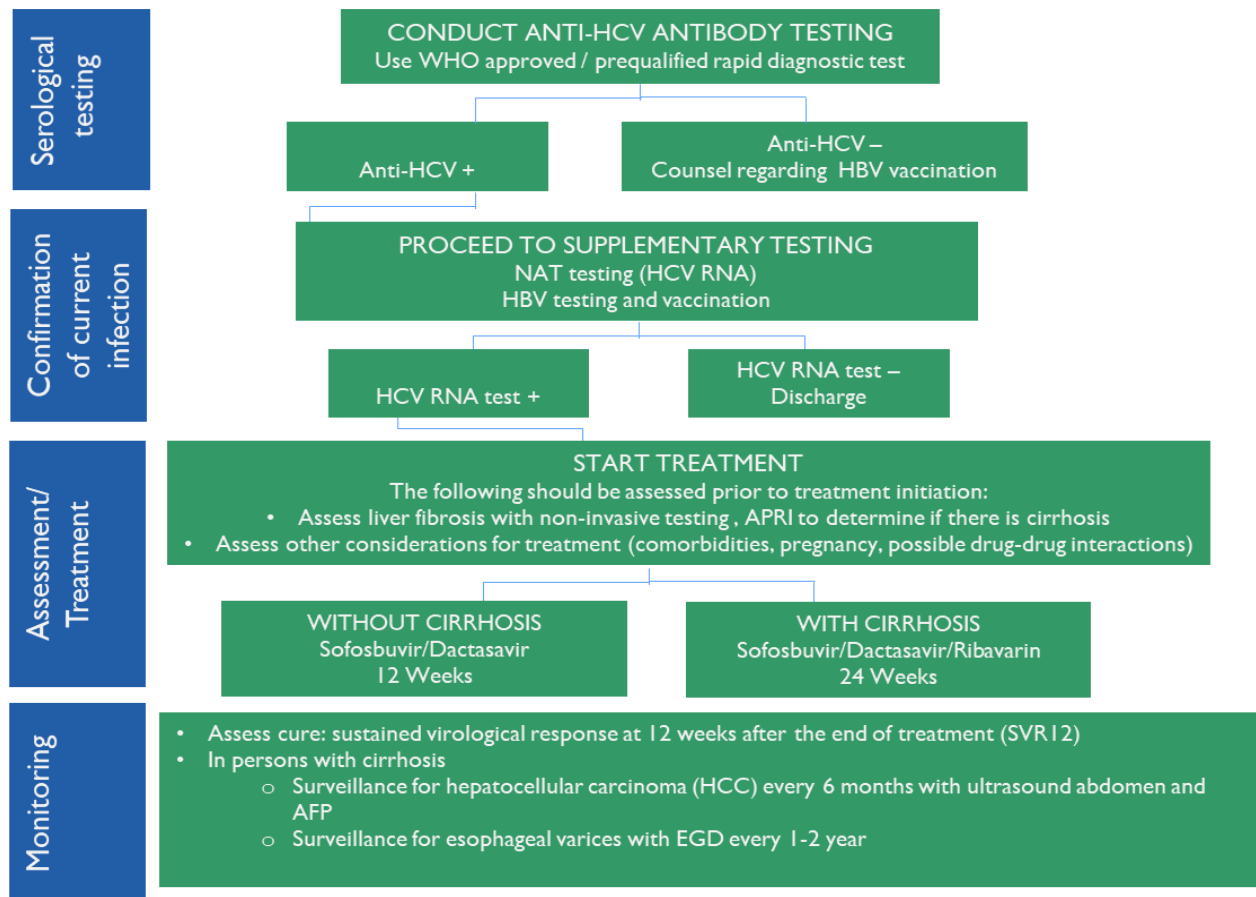
Time	DAA alone	DAA + Ribavirin	In all cases
	CBC, renal, liver function	CBC, renal, liver function	PCR QL for HCV RNA
Baseline	√	√	√
Week 2	X	X	X
Week 6	X	√	X
Week 12	X	√	X
End of treatment	X	√	X
Week 12 after end of treatment	√	√	√

Follow up of Registered Cases:

Table 12: On routine follow up visits according to the schedule given, for each patient:

Assessment	Checklist
Clinically assess for:	Adherence to drug intake Anemia; ascites; reported complaint/side effects Know co-morbidity: HTN/CVD, DM, renal impairment etc
Investigate for:	CBC (leukocyte and platelet count) ALT (altered: male > 30; female > 20) Known co-morbidity – as required e.g. RBG; proteinuria) if renal dysfunction)
Prescribe and dispense drugs:	One month of anti HCV drugs; Hb. 8.5 – 10g/dl: reduce RBV to 600mg/day; monitor fortnightly Hb. <8.5; stop RBV Drug for co-morbidity, as per program/hospital practice HBV vaccine shot, as schedule
Educate patient:	Counsel on adherence; also, prevention Update the HCP recommended records
Monitoring visit:	If cirrhotic: assess for de-compensation; do albumin, bilirubin and coagulation (INR) If anemia or renal impairment: check Hb. And proteinuria
Refer if:	De-compensation or signs of deterioration

Figure 8: Cascade of Care:



Specialist care needs to address the additional needs of special populations of patients, including persons with liver cirrhosis, children and adolescents, chronic renal failure patients, patients who inject drugs (PWID) and persons co-infected with (or at risk for infection with) HBV, TB and HIV. These patients need to be referred to teaching hospitals for further evaluation and treatment accordingly.

HBV TREATMENT GUIDELINES

If patient is HBsAg positive then look for any sign/symptom or lab parameter of advanced fibrosis, cirrhosis/portal hypertension like, **Ascites, Encephalopathy, Upper GIT bleed, Jaundice, Deranged liver function (increased PT and/or low albumin) and Hepatocellular carcinoma etc.**

If any of the above is present, refer patient to tertiary care/gastroenterology unit as this case will not be dealt at Hepatitis Clinic.

If above mentioned signs/symptoms are not present then look for co-infection with PCR positive HCV, with HDV, with HIV, personal history of HCC, family history of HCC, associated NAFLD/alcoholic liver disease/ or any diagnosed chronic liver disorder like AIH, PBC, etc. Any other system having advanced disease like CRF, CCF etc.

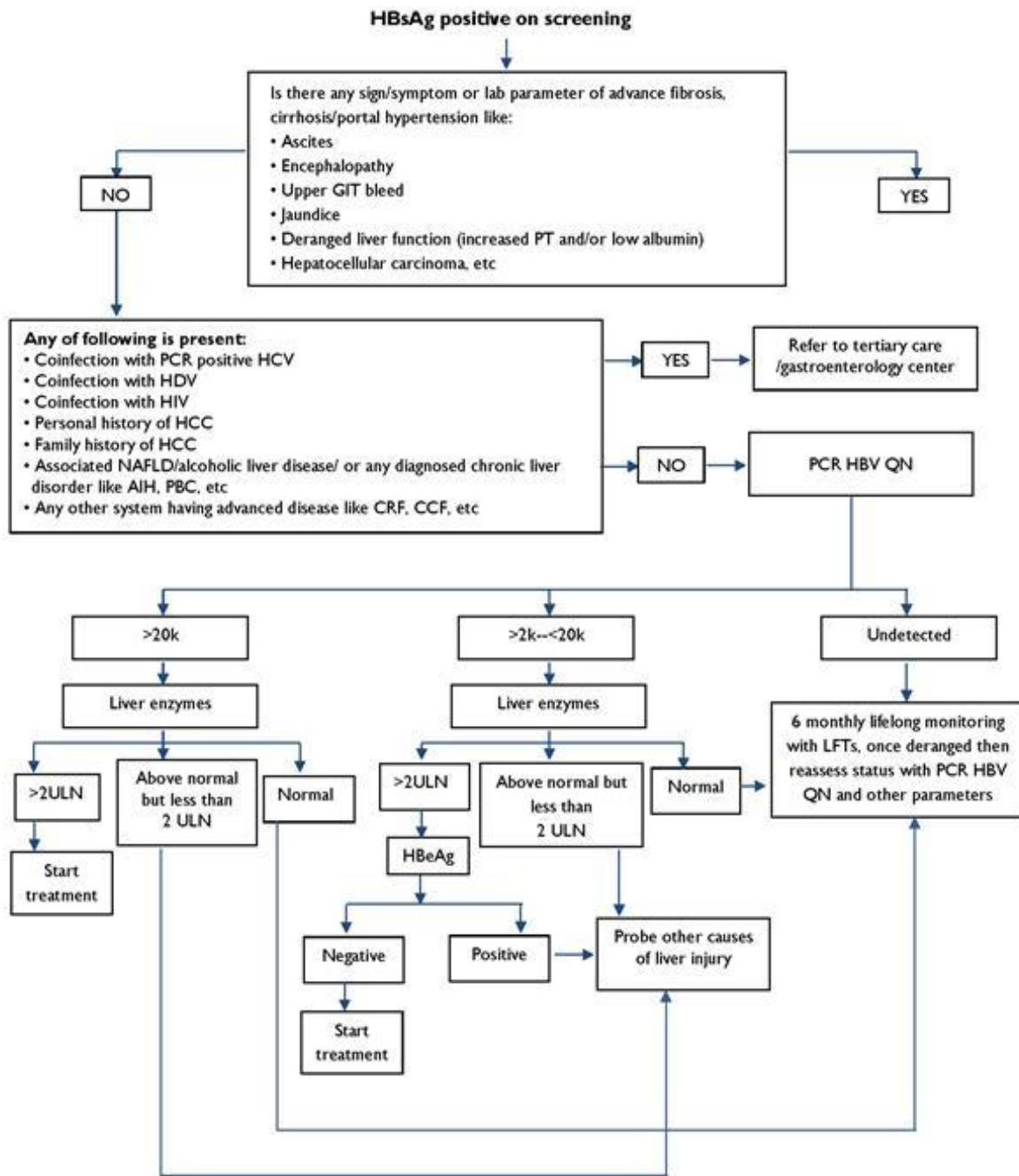
If any of the above is present, refer patient to tertiary care/gastroenterology unit as this case will not be dealt at Hepatitis Clinic.

If none of above-mentioned factors is found, then go for PCR HBV (quantitative). There can be three scenarios:

1. Undetected PCR- if it is so, initiate treatment and do six monthly follow up of liver enzymes and PCR. Treatment will be lifelong and in case of raised liver enzymes and viral load, reassess the indication for treatment.
2. If virus level is more than 2k but less than 20k then look for liver enzymes, if liver enzymes are normal then initiate treatment and do six monthly follow up of liver enzymes and PCR. Treatment will be lifelong and in case of raised liver enzymes and viral load, reassess the indication for treatment. If liver enzymes are raised but less than 2 times ULN then assess for other causes of liver injury. If liver enzymes are raised and more than 2ULN, then simply treat.
3. If virus level is more than 20k then look for liver enzymes, if liver enzymes are normal then initiate treatment and do six monthly follow up of liver enzymes and PCR. Treatment will be lifelong and in case of raised liver enzymes and viral load, reassess the indication for treatment. If liver enzymes more than normal but less than 2 ULN, then look for other causes of liver injury. If liver enzymes are more than 2 ULN, then start treatment.

It is important to remember in HBV, don't take decision regarding treatment only on the basis of PCR, there are other factors which need to be taken into account as mentioned above before initiation of treatment.

Figure 9: HBV Treatment Protocols Flow Chart



SECTION 3: MONITORING AND EVALUATION (M&E) TOOLS

MONITORING & EVALUATION MECHANISM

District Focal Person will prepare monthly M&E field visit plan and share with CEO and provincial HCP. DFP will visit all designated screening sites (health facilities) at least once in a quarter. Provincial HCP and USAID GHSC-PSM Project's teams will conduct joint field monitoring visits periodically along with DFPs to evaluate the key performance indicators (KPIs).

Health Facility Monitoring Checklist

DFPs will use predefined monitoring checklist in table 13 below. This HF monitoring checklist would help to identify implementation challenges and evidence-based decision making.

Table 13: Health Facility Monitoring Checklist:

Health Facility Monitoring Checklist					
Month _____					
District Focal Person Name:		District:			
Health Facility:		Health Facility Incharge:			
Total Population of HF:		Eligible population 12 and above (70%):			
Section I - Input Related Indicators					
Section # 1.1: Information About Screening and Treatment Sites					
Indicator		Yes/No			
Is HF performing screening for HBV and HCV?					
Are lab test being performed for clinical assessment of patients of HBV and HCV?					
If not, mention reasons					
Section # 1.2: Human Resource (HR)					
Indicator		Numbers			
Total HR working for HBV/HCV Screening and treatment in this HF					
No. of health care providers trained on uniform screening and treatment guidelines					
No. of HR to be trained					
Section # 1.3: Supply Chain Management (SCM)					
Indicator		Opening Balance	Received	Issued	Closing Balance
Alcohol Swabs					
RDTs					
Cryo Vials					
Bar code sticker					
HBV Vaccine					
Section # 1.4: Equipment					
Indicator		Functional/Non-functional			
Fridge					
Centrifuge					
Micropipette					
Vaccine box					

Section # 1.5: EMR Status	
Indicator	Yes/No & comments
Is EMR functional	
HR trained on EMR	
Is Internet facility available	
IT equipment available	
Section # 1.6: Availability of SOP's, Protocols and Guidelines	
Indicator	Yes/No & Comments
Availability of standardized guidelines for HBV treatment	
Availability of standardized guidelines for HCV treatment	
Availability of standardized guidelines for infection, prevention and control including hospital waste management	
Section 2 - Process Indicator	
Section # 2.1: Communication, Advocacy and Social Mobilization	
No. of Health education sessions/awareness campaigns conducted at HF and community level	
Number of Participants Attended (Attach attendance sheet / pictorial evidence)	
If health education sessions are not conducted at school and community level, mention reasons	
Section 3: Output Indicators (Source EMR)	
Section # 3.1: EMR Status	
Indicator	Numbers
Monthly Targets of HF for Screening	
Total Screened for HBV during the current month	
Screened Positive HBV during the current month	
Contact tracing of HBV positive patient	
Total Screened for HCV during the current month	
Screened Positive for HCV during the current month	
Contact tracing of HCV positive patient	
Total vaccinated against HBV	
Total PCR Collected	
Total PCR Sample transported to Lab	
Pending samples for transportation	
Total reports received against sample transported	
Total PCR Detected For HBV	
Total PCR Detected For HCV	
Total patients enrolled in HBV treatment	
Total patients enrolled in HCV treatment	
SVR completed	
SVR Deducted	
SVR non deducted	
Section 4: Hospital Waste Management	
Indicators	Yes/No
Large color-coded bins (white, red, yellow) at HF's	
Syringe cutter	
Small bed side waste bins	
Sharp containers	
Yellow room	

Burial pit	
Environment friendly standard Incinerator installed in the district	
Functional (Yes/No)	
Section 5: Feedback/Comments	

Monthly Progress Report of DFP

Based on the HF monitoring checklist, DFPs will prepare a monthly consolidated report (table-13) and share with CEO and other stakeholders during monthly meeting and with HCP during 1st week of every month.

Table 14: Monthly Progress Report

Punjab Hepatitis Response
Welcome

Monthly Progress Report

Form ID :

Date : Reporting Month : Total Population

Section 1: Input Indicators

Section # 1.1 : Screening & Treatment Sites

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Number of Screening Sites	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>
	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>
Number of Treatment Sites	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>	Total Sites <input style="width: 40px;" type="text"/>
	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>	Functional Sites <input style="width: 40px;" type="text"/>

Section # 1.2: Human Resource (HR)

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
HR for Screening Sites	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
HR for Treatment Sites	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
No of health care providers trained	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Untrained HR	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Section # 1.3: Supply Chain Management

Alcohol Swabs

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RDTs

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Save"/>						

RDTs for HCV

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PCR Sample Collection Vials

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Save"/>						

Bar Code Sticker

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HBV Vaccine

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

HBV Vaccine Syringes

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HBV Medicine

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

Hep C Medicine (Sofosbuvir)

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stock Sufficiency For Patient	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hep C Medicine (Daclatasvir)

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Opening Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand for Next Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stock Sufficiency For Patient	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Equipment

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Pharmaceutical Grade Refrigerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Centrifuge Machine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Save"/>						

Section # 1.4: EMR Logistics

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
EMR Functional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HR Trained	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet facility available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printer available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Desktop available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laptop available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tabs available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section # 1.5 : Availability of SOP's ,Protocols and Guidelines

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Availability of standardized Guidelines for HBV Treatment <input type="button" value="Browse..."/> ...	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Availability of standardized Guidelines for HCV Treatment <input type="button" value="Browse..."/> ...	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Availability of standardized Guidelines for infection, prevention and Control Including Hospital Waste Management <input type="button" value="Browse..."/> ...	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
<input type="button" value="Save"/>						

Section 2 : Process Indicator

Section # 2.1 : Communication, Advocacy and Social Mobilization

District level monthly communication and awareness plan prepared (If Yes, Please Attach)	District Level	Tehsil Level	Union Council Level	Community Level
<input type="text" value="Select"/> <input type="button" value="Browse..."/> ...				
No. of Health education sessions/awareness campaigns conducted	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Number of Participants Attended (Attach attendance sheet / Pictorial evidence)	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...
Internet facility available	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
IT equipment available	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>

Section # 2.2 : Preventive Interventions

No of anti-quackery campaigns in district	<input type="text" value=""/>	<input type="button" value="Browse..."/> ...
Barbers and salons registered	<input type="text" value=""/>	<input type="button" value="Browse..."/> ...

Section # 2.3 : Coordination and partnership with other stakeholders

No of meeting held with other stakeholders Attach Minutes of Meeting	<input type="text" value=""/>	<input type="button" value="Browse..."/> ...
---	-------------------------------	--

Section # 2.4 : M&E

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Number of visits conducted	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...	<input type="text" value=""/> <input type="button" value="Browse..."/> ...
Major findings	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...
Checklists / Pictorial evidence	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...	<input type="button" value="Browse..."/> ...
<input type="button" value="Save"/>						

Section # 3 : Output Indicators

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Monthly Targets For Screening	2000	1000	500	300	200	100
Screened for HBV during the current month						
Screened Positive HBV during the current month						
Screened for HCV during the current month						
Screened Positive For HCV during the current month						
HBV Sample Collected						
HCV Sample Collected						
PCR Collected						
PCR Sample transported to Lab						
PCR Detected Positive For HBV						
PCR Detected Positive For HCV						
PCR Detected Positive For HCV						
Patients enrolled for HBV treatment						
Patients enrolled for HCV treatment						
Difference between PCR sample Detected and Treatment Issued						
<input type="button" value="Save"/>						

Section # 4 : Public Private Partnership

Private Health Facilities Working For Hepatitis	Select	
Non Government Organizations (NGOs) Working For Hepatitis	Select	
MOU's Signed Between Public and Private	Select	Browse...
<input type="button" value="Save"/>		

Section # 5 : Hospital Waste Management

Indicators	Teaching Hospitals	DHQ Hospitals	THQ Hospitals	RHC	BHU	Others
Notification of Infection Control Committee (yes/no) if Yes attach Notification	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..
Monthly Meeting of ICC Being Held regularly (If yes, attach Minutes)	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..	Select ▾ Browse... ..
Large color coded bins (white, red, yellow) at HF	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾
Syringe cutter	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾
Small bed side waste bins	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾
Sharp containers	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾
Yellow room	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾
Burial pit	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾	Select ▾

Section # 6 : FeedBack

District Level Monthly Meeting

Monthly meeting at district level will be convened under the chair of CEO on uniform agenda provided by HCP. Agenda will be based on HF monitoring checklists and monthly progress report so that progress against each section will be shared with CEO and other stakeholders (districts representatives of PACP and BTA, society of family physician, Drug Inspectors). Minutes of meeting will be shared with Provincial HCP through a predefined template in table 15 below:

Agenda of Monthly Meeting

1. Total number of screening, assessment, and treatment sites, how many operational, steps required to improve the situation
2. Total HR assigned for screening, testing and treatment, their training need assessment (TNA) and training plan preparation accordingly
3. Supply chain management, stock position of each commodity at each notified site as mentioned in monthly progress report of DFP and remedial measures accordingly.
4. Functionality of EMR, availability of trained HR, IT equipment and internet
5. Availability of SOPs, protocols, and guidelines at all notified HFs
6. Status of health education/awareness and social mobilization activities (section 2.1 of monthly report)
7. Total preventive interventions in districts (section 2.2)
8. Coordination and partnership meetings/activities (section 2.3)
9. Total monitoring visits conducted (section 2.4)

10. Progress on cascade of care (section-3 of monthly report)
11. Status of private partnership (section 4)
12. Status of disposal of infectious hospital waste (section 5)

Table 15: Minutes of meeting format:

Sr. No.	Agenda Items	Discussion & Proposed action	Responsibility with timeline	Remarks

Other M&E Tools to be used by DFPs

Every DFP will make sure registration of barbers and salons in their respective districts and will inspect the status of both according to below checklist in table 16.

Table 16: Checklist for inspection of barbers and salons:

Sr No	Parameter	Yes/No
1	Neat Cleanliness	
2	New Blades	
3	Instruments	
4	Chlorine Bleach	
5	Sterilizer UV Light	
6	Sharp Container	
7	Shop Branding	
8	Running Water	
9	Soap Hand Sanitizer	
10	Screening	
11	Vaccination	
12	IEC Material	
13	Blades Being Used	
14	UV Light	
15	License	
16	Vaccination Card	

Table 17: Structured meeting format – CBSL:

Sr. No	Agenda	Decision Taken	Responsibility	Timeline	Remarks
1	Landscaping of total Baber's and Beauty salons population in the districts				
2	Total Enrollment VS Total population of Baber's and Beauty Salons				
3	Total Inspected VS Total Enrollment				
4	Total Trained VS Total Provisionally Licensed and Eligible for training				
5	Total Safe Barber's Kit Bag distributed VS Total Eligible				
6	Consolidation of Safe Barber's Kit Bags				
7	Routine Inspections Expected VS Actual				

Health Facility Readiness Assessment Checklist to function as Screening and Treatment Site

To meet the targets set by PM's Program for the Elimination of Hepatitis C, it is necessary to include all RHCs of Punjab as screening and treatment sites. As already mentioned, a checklist to assess the readiness of RHCs to function as screening, assessment and treatment site has been prepared and circulated to all districts. This Assessment Checklist as shown in table 18 and it may be used by DFP whenever there is a need to expand the screening, assessment and treatment sites to meet the district's targets.

Table 18: Checklist to access the readiness of RHCs or any HF to function as Screening, Assessment and Treatment Site:

Context	Current situation	Comments
HR Analysis		
1. Vacancy position of RHC: (Attach Document) <ul style="list-style-type: none"> • How Many Medical Officers (M/F)? • How many Charge Nurses (M/F)? • How many Data Entry Operators? 2. Workload: <ul style="list-style-type: none"> • Daily OPD? • Daily deliveries? • Daily Indoor? • Daily Theatre? • Daily Antenatal? 3. Room/Space: <ul style="list-style-type: none"> • How many rooms in OPD? 4. Screening: <ul style="list-style-type: none"> • RDTs of Hepatitis B, (Yes/No) • RDTs of Hepatitis C, (Yes/No) 		

Context	Current situation	Comments
Laboratory		
<p>5. Any laboratory is present at the facility? If yes:</p> <ul style="list-style-type: none"> • How many LAB technicians/attendants? • Is CBC testing currently being done at the RHC? Yes/No • Is LFT testing currently being done at the RHC? Yes/No • Is RFT testing currently being done at the RHC? Yes/No <p>6. Imaging Services:</p> <ul style="list-style-type: none"> • Are x-rays currently being done at the RHC? Yes/No • Is ultrasound machine available and functional (Yes/No) • Is staff trained for ultrasound (Yes/No) • How many ultrasounds being performed per day? <p>If Not:</p> <ul style="list-style-type: none"> • Any arrangement for ultrasound from outside? <p>7. Availability and functioning of:</p> <ul style="list-style-type: none"> • Is centrifuge machine being available? (Yes/No) • How many? • Functional? Yes/No • Are Sample Collection Syringes available? (Yes/No) • How many used per day? • Is Transport box available? (Yes/No) • Are Alcohol Pads available? (Yes/No) • Are Serum Separation Tubes available? (Yes/No) • Is Freezer available? (-20°C)? Yes/No <p>8. Waste disposal:</p> <ul style="list-style-type: none"> • Is Syringe cutter available? Yes/No • Are Safety boxes available? Yes/No • Are colour coded waste management bags available? Yes/No • Is there any mechanism for the transportation of the hospital waste to the nearest THQ/DHQ? Yes/No, If yes name of the THQ/DHQ? • Is burial pit available? (Yes/No) <p>9. Reporting:</p> <ul style="list-style-type: none"> • Are hepatitis related Counselling tools available? (Yes/No) • Is Vehicle/ambulance available? Yes/No • Is it Functional? Yes/No 		
Linkage to Care		
<ul style="list-style-type: none"> • Are Hepatitis B medicines available? Yes/No <ul style="list-style-type: none"> • Entecavir? Yes/No • Quantity? • Tenofovir? Yes/No • Quantity? • Are Hepatitis C medicines available? Yes/No <ul style="list-style-type: none"> • Sofosbuvir? Yes/No • Quantity? • Daclatasvir? Yes/No • Quantity? • Ribavirin? Yes/No • Quantity? • Is Hepatitis B vaccine available? Yes/No <ul style="list-style-type: none"> • Quantity? • Refrigerator for storage of vaccine? Yes/No 		

Context	Current situation	Comments
IT Equipment		
<ul style="list-style-type: none"> • Is Desktop/Laptop/Tab available? Yes/No • Is Printer available? Yes/No • Is Internet Services available? Yes/No 		

ANNEXURE-I LIST OF TEACHING HOSPITALS IN PUNJAB

Sr. #	District	Hospital Name	Total
1	Bahawalpur	B.V. HOSPITAL BAHAWALPUR	2
		CIVIL HOSPITAL BAHAWALPUR	
2	DG Khan	TEACHING HOSPITAL D.G. KHAN	1
3	Faisalabad	FAISALABAD INSTITUTE OF CARDIOLOGY FAISALABAD	5
		DISTRICT HEAD QUARTER HOSPITAL FAISALABAD	
		CHILDREN HOSPITAL FAISALABAD	
		GOVT. GENERAL HOSPITAL G.M ABAD	
		ALLIED HOSPITAL FAISALABAD	
4	Gujranwala	DHQ/TEACHING HOSPITAL GUJRANWALA	1
5	Gujrat	AZIZ BHATTI SHAHEED (DHQ) HOSPITAL, GUJRAT	1
6	Lahore	INSTITUTE OF MENTAL HEALTH	18
		PUNJAB DENTAL HOSPITAL LAHORE	
		GOVT. MIAN MUNSHI HOSPITAL	
		GOVT. MOZANG HOSPITAL	
		SIAD MITHA HOSPITAL LAHORE	
		GOVT. KOT KHAWAJA SAEED HOSPITAL	
		LADY AITCHISON HOSPITAL LAHORE	
		LADY WALLINGDON HOSPITAL, LAHORE	
		SIR GANGA RAM HOSPITAL LAHORE	
		GENERAL HOSPITAL LAHORE	
		MAYO HOSPITAL	
		SERVICE HOSPITAL	
		JINNAH HOSPITAL	
		PUNJAB INSTITUTE OF CARDIOLOGY HOSPITAL	
		GOVT TEACHING HOSPITAL SHAHDRA	
		GOVT NAWAZ SHARIF HOSPITAL YAKKI GATE	
SHAIKH ZAYED HOSPITAL			
CHILDREN HOSPITAL			
7	Multan	CH. PERVAIZ ILLAHI INSTITUTE OF CARDIOLOGY	5
		CHILDREN HOSPITAL COMPLEX MULTAN	
		NISHTER INSTITUTE OF DENTISTRY	
		PAK ITALIAN MODERN BURN CENTRE, NISHTAR MEDICAL UNIVERSITY MULTAN	
		NISHTER HOSPITAL MULTAN	

Sr. #	District	Hospital Name	Total
8	R.Y. Khan	TEACHING HOSPITAL SHEIKH ZAYED RYK	1
9	Rawalpindi	SYED MUHAMMAD HUSSAIN GOVT. T.B SANATORIUM SAMLI	5
		HOLY FAMILY HOSPITAL RAWALPINDI	
		BENAZIR BHUTTO HOSPITAL	
		DHQ HOSPITAL RAWALPINDI	
		RAWALPINDI INSTITUTE OF CARDIOLOGY, RAWALPINDI	
10	Sahiwal	DHQ TEACHING HOSPITAL SAHIWAL	3
		GOVT. HAJI ABDUL QAYYUM TEACHING HOSPITAL SAHIWAL	
		MINI HOSPITAL GHALLA MANDI SAHIWAL	
11	Sargodha	DHQ TEACHING HOSPITAL SARGODHA	1
12	Sialkot	ALLAMA IQBAL MEM. HOSP. SIALKOT	2
		GOVT SARDAR BEGUM HOSPITAL SIALKOT	
Grand Total			45

ANNEXURE-2

LIST OF DISTRICT HEADQUARTER HOSPITALS IN PUNJAB

Sr. #	District	Name of DHQs	Total
1	Attock	Isfandyar Bukhari District Hospital, Attock	1
2	Bahawalnagar	District Headquarter Hospital, Bahawalnagar	1
3	Bhakkar	District Headquarter Hospital, Bhakkar	1
4	Chakwal	District Headquarter Hospital, Chakwal	1
5	Chiniot	District Headquarter Hospital, Chiniot	1
6	Hafizabad	District Headquarter Hospital, Hafizabad	1
7	Jhang	District Headquarter Hospital, Jhang	1
8	Jhelum	District Headquarter Hospital, Jhelum	1
9	Kasur	District Headquarter Hospital, Kasur	1
10	Khanewal	District Headquarter Hospital, Khanewal	1
11	Khushab	District Headquarter Hospital, Khushab	1
12	Layyah	District Headquarter Hospital, Layyah	1
13	Lodhran	District Headquarter Hospital, Lodhran	1
14	Mandi Bahuddin	District Headquarter Hospital, Mandi Bahuddin	1
15	Mianwali	District Headquarter Hospital, Mianwali	1
16	Multan	Govt. Shahbaz Sharif District Headquarter Hospital, Multan City, Multan	1
17	Muzaffargarh	District Headquarter Hospital, Muzaffargarh	1
18	Nankana Sahib	District Headquarter Hospital, Nankana Sahib	1
19	Narowal	District Headquarter Hospital, Narowal	1
20	Okara	District Headquarter Hospital, Okara	1
21	Okara	District Headquarter Hospital South City Okara, Okara	1
22	Pakpattan	District Headquarter Hospital, Pakpattan	1
23	Rajanpur	District Headquarter Hospital, Rajanpur	1
24	Sheikhupura	District Headquarter Hospital, Sheikhupura	1
25	T.T Singh	District Headquarter Hospital, Toba Tek Singh, T.T Singh	1
26	Vehari	District Headquarter Hospital, Vehari	1
Grand Total			26

ANNEXURE-3 LIST OF TEHSIL HEADQUARTER HOSPITALS IN PUNJAB

Sr. #	District	Name of THQs
1	Attock	Tehsil Headquarter Hospital, Hassanabdal, Attock
2		Tehsil Headquarter Hospital, Pindi Gheb, Attock
3		Tehsil Headquarter Hospital, Fateh Jang, Attock
4		Tehsil Headquarter Hospital, Jand, Attock
5		Tehsil Headquarter Hospital Hazro, Hazro, Attock
6	Bahawalnagar	Tehsil Headquarter Hospital, Fortabbas, Bahawalnagar
7		Tehsil Headquarter Hospital, Haroonabad, Bahawalnagar
8		Tehsil Headquarter Hospital, Chishtian, Bahawalnagar
9		Tehsil Headquarter Hospital, Minchanabad, Bahawalnagar
10	Bahawalpur	Tehsil Headquarter Hospital, Khairpur Tamewali, Bahawalpur
11		Tehsil Headquarter Hospital, Ahmedpur East, Bahawalpur
12		Tehsil Headquarter Hospital, Hasilpur, Bahawalpur
13		Tehsil Head Quarter Hospital Yazman, Yazman, Bahawalpur
14	Bhakkar	Tehsil Headquarter Hospital, Darya Khan, Bhakkar
15		Tehsil Headquarter Hospital, Kallurkot, Bhakkar
16		Tehsil Headquarter Hospital, Mankera, Bhakkar
17	Chakwal	Trauma Center-Tehsil Headquarter Hospital, Kallar Kahar, Chakwal
18		Government City Hospital, Talagang, Chakwal

19		Tehsil Headquarter Hospital, Talagang, Chakwal
20		Tehsil Headquarter Hospital, Choa Saidan Shah, Chakwal
21	Chiniot	Tehsil Headquarter Hospital, Lalian, Chiniot
22		Tehsil Headquarter Hospital, Bhowana, Chiniot
23	DG Khan	Tehsil Headquarter Level Hospital, Kot Chutta, Kot Chutta, Dera Ghazi Khan
24		Tehsil Headquarter Hospital, Taunsa Sharif, Dera Ghazi Khan
25	Faisalabad	Government General Hospital 224/RB, Faisalabad City, Faisalabad
26		Tehsil Headquarter Hospital, Chak Jhumra, Faisalabad
27		Tehsil Headquarter Hospital, Tandlianwala, Faisalabad
28		Tehsil Headquarter Hospital, Jaranwala, Faisalabad
29		Tehsil Headquarter Hospital, Samundri, Faisalabad
30		Tehsil Headquarter Govt. General Hospital Samanabad, Faisalabad City, Faisalabad
31	Gujranwala	Tehsil Headquarter Hospital Wazirabad, Wazirabad, Gujranwala
32		Tehsil Headquarter Hospital, Nowshera Virkan, Gujranwala
33		Tehsil Headquarter Hospital, Kamoke, Gujranwala
34	Gujrat	Tehsil Headquarter Level Hospital / Government Maternity Hospital, Lala Musa, Kharian, Gujrat
35		Tehsil Headquarter Hospital, Sarai Alamgir, Gujrat
36		Tehsil Headquarter Level Hospital Dinga, Kharian, Gujrat
37		Tehsil Headquarter Hospital, Kharian, Gujrat
38		Tehsil Headquarter Level Major Shabbir Sharif Shaheed Hospital, Kunjah, Gujrat
39	Hafizabad	Tehsil Headquarter Hospital, Pindi Bhattian, Hafizabad
40	Jhang	Tehsil Headquarter Hospital, I8-Hazari, Jhang
41		Tehsil Headquarter Hospital, Shorkot, Jhang

42		Tehsil Headquarter Hospital, Ahmadpur Sial, Jhang
43		Tehsil Headquarter Level, Government City Hospital, Jhang City, Jhang
44	Jhelum	Tehsil Headquarter Hospital, Pind Dadan Khan, Jhelum
45		Tehsil Headquarter Hospital, Sohawa, Jhelum
46	Kasur	Cardiac Center Cuhnian, THQ Level, Chunian, Kasur
47		Tehsil Head Quarter Hospital Kot Radha kishan, Kot Radha Kishan, Kasur
48		Tehsil Headquarter Hospital, Chunian, Kasur
49		Tehsil Headquarter Hospital, Pattoki, Kasur
50		Tehsil Headquarter Hospital, Aziz Bibi Roshan Bheela, Kasur
51	Khanewal	Tehsil Headquarter Hospital, Jahanian, Khanewal
52		Tehsil Headquarter Hospital, Mian Channu, Khanewal
53		Tehsil Headquarter Hospital, Kabirwala, Khanewal
54	Khushab	Tehsil Headquarter Hospital, Naushera, Khushab
55		Tehsil Headquarter Hospital, Quaidabad, Khushab
56		Tehsil Headquarter Hospital, Noorpur Thal, Khushab
57		Tehsil Headquarter Hospital, Khushab
58	Lahore	Govt. Mutahida Welfare Hospital, THQ (Level), Lahore City, Lahore
59		Tehsil Headquarter Hospital Kahna nu, Raiwind, Lahore
60		Tehsil Headquarter Hospital Sabzazar, Lahore City, Lahore City, Lahore
61		Tehsil Headquarter Hospital Lidhar Badian, Lahore Cantt, Lahore Cantt, Lahore
62		Tehsil Headquarter Hospital Manawa, Lahore Cantt, Lahore City, Lahore
63		25-Bedded Hospital Lal Quarter Samanabad Lahore (THQ Level), Lahore City, Lahore
64		Govt. Mian Meer 130 Bedded Hospital, Lahore, Lahore Cantt, Lahore
65		60-Bedded Police Hospital Police Line Qila Gujar Singh, Lahore City, Lahore

66		Government Hospital Shahdara Town (THQ Level) LHR, Lahore City, Lahore
67		Ghaziabad Hospital (THQ Level) lahore, Lahore Cantt, Lahore
68		Tehsil Headquarter Hospital, Raiwind, Lahore
69		Rana Abdul Raheem Memorial Hospital (Sodiwal) THQ Level, Lahore City, Lahore
70	Layyah	Tehsil Headquarter Hospital, Karor Lal-E-Son, Layyah
71		Tehsil Headquarter Level Hospital & Trauma Centre, Fatehpur, Karor Lal-E-Son, Layyah
72		Tehsil Headquarter Hospital Choubara, Choubara, Layyah
73		Tehsil Headquarter Hospital, Thal (Mian Nawaz Sharif) Hospital, Layyah
74		Tehsil Headquarter Level Hospital, Chowk Azam, Layyah
75		Tehsil Headquarter Level Hospital, Kot Sultan, Layyah
76	Lodhran	Tehsil Headquarter Hospital, Kahrora Pacca, Lodhran
77		Tehsil Headquarter Hospital, Malik Tayab Awan, Duniapur, Lodhran
78	Mandi Bahuddin	Tehsil Headquarter Hospital, Phalia, Mandi Bahuddin
79		Tehsil Headquarter Hospital, Malikwal, Mandi Bahuddin
80	Mianwali	Tehsil Headquarter Hospital, Piplan, Mianwali
81		Tehsil Headquarter Hospital, Esa Khel, Mianwali
82		Tehsil Headquarter Hospital (THQ Level), Kala Bagh, Esa Khel, Mianwali
83	Multan	Tehsil Headquarter Hospital, Mushtaq Lang, Jalalpur Pirwala, Multan
84		Tehsil Headquarter Hospital, Shuja Abad, Multan
85	Muzaffargarh	Tehsil Headquarter Hospital, Jatoi, Muzaffargarh
86		50 Bedded Tehsil Headquarter Level Hospital, Chowk Sarwar Shaheed, Kot Adu, Muzaffargarh
87		Tehsil Headquarter Hospital, Kot Adu, Muzaffargarh

88		Tehsil Headquarter Hospital, AliPur, Muzaffargarh
89	Nankana Sahib	Tehsil Headquarter Hospital, Sangla Hill, Nankana Sahib
90		Tehsil Headquarter Hospital, Shah Kot, Nankana Sahib
91	Narowal	Tehsil Headquarter Hospital, Shakargarh, Narowal
92	Okara	Tehsil Headquarter Hospital, Haveli Lakha, Depal Pur, Okara
93		Tehsil Headquarter Hospital, Depal Pur, Okara
94	Pakpattan	Tehsil Headquarter Hospital, Arifwala, Pakpattan
95	Rahim Yar Khan	Tehsil Headquarter Hospital, Sadiqabad, Rahim Yar Khan
96		Tehsil Headquarter Hospital, Liaqatpur, Rahim Yar Khan
97		Tehsil Headquarter Hospital, Khanpur, Rahim Yar Khan
98	Rajanpur	Tehsil Headquarter Hospital, Rojhan, Rajanpur
99		Tehsil Headquarter Hospital, Jampur, Rajanpur
100	Rawalpindi	Wah General Hospital, Taxila, Rawalpindi
101		Tehsil Headquarter Hospital, Kallar Syedan, Rawalpindi
102		Tehsil Headquarter Hospital, Gujar Khan, Rawalpindi
103		Tehsil Headquarter Hospital, Kotli Sattian, Rawalpindi
104		Tehsil Headquarter Hospital, Murree, Rawalpindi
105		Tehsil Headquarter Hospital, Kahuta, Rawalpindi
106		Tehsil Headquarter Hospital, Taxila, Rawalpindi
107		Sahiwal
108	Sargodha	Tehsil Headquarter Hospital, Bhera, Sargodha
109		Tehsil Headquarter Hospital, Kot Momin, Sargodha

110		Tehsil Headquarter Hospital, Sillanwali, Sargodha
111		Tehsil Headquarter Hospital, Shahpur, Sargodha
112		Tehsil Headquarter Hospital, Sahiwal, Sargodha
113		Tehsil Headquarter Hospital, Bhalwal, Sargodha
114		Tehsil Headquarter Hospital, 46/SB, Sargodha
115		Tehsil Headquarter Hospital Bhagtanwala, Sargodha
116		Tehsil Headquarter Hospital Chak 90/SB, Sargodha
117		Sheikhupura
118	Tehsil Headquarter Hospital, Muridkey, Sheikhupura	
119	Tehsil Headquarter Hospital Sharaqpur, Sharaqpur, Sheikhupura	
120	Tehsil Headquarter Hospital, Ferozewala, Sheikhupura	
121	Sialkot	Tehsil Headquarter Hospital, Pasrur, Sialkot
122		Tehsil Headquarter Hospital, Daska, Sialkot
123		Tehsil Headquarter Level Hospital Kotli Loharan Sialkot, Sialkot
124		Tehsil Headquarter Hospital, Sambrial, Sialkot
125	T.T Singh	Tehsil Headquarter Hospital, Pirmahal, T.T Singh
126		Tehsil Headquarter Hospital, Kamalia, T.T Singh
127		Govt. Eye Cum General Hospital, Gojra, T.T Singh
128	Vehari	Tehsil Headquarter Hospital, Mailsi, Vehari
129		Tehsil Headquarter Hospital, Burewala, Vehari

ANNEXURE-4 LIST OF RURAL HEALTH CENTERS IN PUNJAB

Sr. #	District	Name of RHCs
1	Attock	Rural Health Center, Maghian, Pindi Gheb, Attock
2		Rural Health Center, Bahter, Fateh Jang, Attock
3		Rural Health Center, Domail, Jand, Attock
4		Rural Health Center, Chabb, Jand, Attock
5		Rural Health Center, Ghurghsuhti, Hazro, Attock
6		Rural Health Center, Rangoo, Hazro, Attock
7	Bahawalnagar	Rural Health Center Khichi Wala, Fortabbas, Bahawalnagar
8		Rural Health Center Fort Maroot, Fortabbas, Bahawalnagar
9		Rural Health Center Faqir Wali, Haroonabad, Bahawalnagar
10		Rural Health Center Shaher Farid, Chishtian, Bahawalnagar
11		Rural Health Center Dahran Wala, Chishtian, Bahawalnagar
12		Rural Health Center 6/G, Chishtian, Bahawalnagar
13		Rural Health Center Mandi Sadiq Ganj, Minchanabad, Bahawalnagar
14		Rural Health Center Meclod Ganj, Minchanabad, Bahawalnagar
15		Rural Health Center Dunga Bunga, Bahawalnagar
16		Rural Health Center Madrissa, Bahawalnagar
17	Bahawalpur	Rural Health Center Kud Wala Tehsil Yazman District Bahawalpur, Yazman, Bahawalpur
18		Rural Health Center, Khutri Banglow, Yazman, Bahawalpur
19		Rural Health Center Lal Sohanra, Bahawalpur Saddar, Bahawalpur
20		Rural Health Center Khanqah Sharif, Bahawalpur Saddar, Bahawalpur
21		Rural Health Center Dera Bakha, Bahawalpur Saddar, Bahawalpur

22		Rural Health Center, Ballah Jhullan, Ahmedpur East, Bahawalpur
23		Rural Health Center UCH Sharif, Ahmedpur East, Bahawalpur
24		Rural Health Center Mubarik Pur, Ahmedpur East, Bahawalpur
25		Rural Health Center Chani Goth, Ahmedpur East, Bahawalpur
26		Rural Health Center Head Rajkan, Yazman, Bahawalpur
27		Rural Health Center Qaim Pur, Hasilpur, Bahawalpur
28		Rural Health Center Choonawala, Hasilpur, Bahawalpur
29	Bhakkar	Rural Health Center, Dulle Wala, Darya Khan, Bhakkar
30		Rural Health Center, Jandan Wala, Kallurkot, Bhakkar
31		Rural Health Center, Haider Abad, Mankera, Bhakkar
32		Rural Health Center, Dhandla, Bhakkar
33		Rural Health Center, Behal, Bhakkar
34	Chakwal	Rural Health Center, Buchal Kalan, Kallar Kahar, Chakwal
35		Rural Health Center, Jhattla, Talagang, Chakwal
36		Rural Health Center, Kot Qazi, Talagang, Chakwal
37		Rural Health Center, Tamman, Talagang, Chakwal
38		Rural Health Center, Lawa, Talagang, Chakwal
39		Rural Health Center, Basharat, Choa Saidan Shah, Chakwal
40		Rural Health Center, Pir Phullahi, Chakwal
41		Rural Health Center, Munday, Chakwal
42		Rural Health Center, Dumman, Chakwal
43		Rural Health Center, Dhudial, Chakwal
44		Rural Health Center, Balkassar, Chakwal
45	Chiniot	Rural Health Center, Ahmad Nagar, Lalian, Chiniot

46		Rural Health Center, Barana, Lalian, Chiniot	
47		Rural Health Center, Chak No. 14/JB, Chiniot	
48	Dera Ghazi Khan	Rural Health Center, Barthi, Tribal Area, Dera Ghazi Khan	
49		Rural Health Center, Chotti Zarin, Kot Chutta, Dera Ghazi Khan	
50		Rural Health Center, Qadirabad, Kot Chutta, Dera Ghazi Khan	
51		Rural Health Center, Tibbi Qaisrani, Taunsa Sharif, Dera Ghazi Khan	
52		Rural Health Center, Vehova, Taunsa Sharif, Dera Ghazi Khan	
53		Rural Health Center, Sarwar Wali, Dera Ghazi Khan	
54		Rural Health Center, Shah Sadar Din, Dera Ghazi Khan	
55		Rural Health Center, Shadan Lund, Dera Ghazi Khan	
56		Rural Health Center, Kala, Dera Ghazi Khan	
57		Faisalabad	Rural Health Center, Chak No. 374/GB, Tandlianwala, Faisalabad
58			Rural Health Center Chak No. 469/GB, Samundri, Faisalabad
59	Rural Health Center, Chak No. 153/RB, Chak Jhumra, Faisalabad		
60	Rural Health Center, Mamunkanjan, Tandlianwala, Faisalabad		
61	Rural Health Center, Kanjwani, Tandlianwala, Faisalabad		
62	Rural Health Center, Pindi Sheikh Mosa, Tandlianwala, Faisalabad		
63	Rural Health Center, Khurrianwala, Jaranwala, Faisalabad		
64	Rural Health Center, Lundianwala, Jaranwala, Faisalabad		
65	Rural Health Center, Satiana, Jaranwala, Faisalabad		
66	Rural Health Center, Chak No. 65/GB, Jaranwala, Faisalabad		
67	Rural Health Center, Chak No. 229/RB, Jaranwala, Faisalabad		
68	Rural Health Center, Chak No. 134/GB, Samundri, Faisalabad		
69	Rural Health Center, Chak No. 174/GB, Samundri, Faisalabad		

70		Rural Health Center, Mureedwala, Samundri, Faisalabad	
71		Rural Health Center, Dijkot, Faisalabad Sadar, Faisalabad	
72		Rural Health Center, Chak No. 30/JB, Faisalabad Sadar, Faisalabad	
73	Gujranwala	Rural Health Center, Jamke Chatha, Wazirabad, Gujranwala	
74		Rural Health Center, Sohdra, Wazirabad, Gujranwala	
75		Rural Health Center, Rasool Nagar, Wazirabad, Gujranwala	
76		Rural Health Center, Ghakhar, Wazirabad, Gujranwala	
77		Rural Health Center, Dounkal, Wazirabad, Gujranwala	
78		Rural Health Center, Ali Pur Chatha , Wazirabad, Gujranwala	
79		Rural Health Center, Ahmad Nagar, Wazirabad, Gujranwala	
80		Rural Health Center, Kot Ladha , Nowshera Virkan, Gujranwala	
81		Rural Health Center Wahndo, Kamoke, Gujranwala	
82		Rural Health Center, Eminabad , Gujranwala	
83		Rural Health Center, Ladhewala Warriach , Gujranwala	
84		Rural Health Center, Qila Didar Singh, Gujranwala	
85		Gujrat	Rural Health Center, Karianwala, Gujrat
86			Rural Health Center, Sarai Alamgir, Sarai Alamgir, Gujrat
87	Rural Health Center, Pindi Sultan Pur, Kharian, Gujrat		
88	Rural Health Center, Malka, Kharian, Gujrat		
89	Rural Health Center, Dullanwala, Kharian, Gujrat		
90	Rural Health Center, Dinga, Kharian, Gujrat		
91	Rural Health Center / Government Maternity Hospital, Tanda, Gujrat		
92	Rural Health Center, Shadiwal, Gujrat		

93		Rural Health Center, Dolat Nagar, Gujrat
94	Hafizabad	Rural Health Center, Kalaki Mandi, Hafizabad
95		Rural Health Center, Kassoke, Hafizabad
96		Rural Health Center, Vanike Tarar, Hafizabad
97		Rural Health Center, Kolo Tarar, Hafizabad
98		Rural Health Center, Sukheki Mandi, Pindi Bhattian, Hafizabad
99		Rural Health Center, Rasool Pur Tarar, Pindi Bhattian, Hafizabad
100		Rural Health Center, Jalal Pur Bhattian, Pindi Bhattian, Hafizabad
101		Jhang
102	Rural Health Center, Waryam Wala, Shorkot, Jhang	
103	Rural Health Center, Garh Maharaja, Ahmadpur Sial, Jhang	
104	Rural Health Center, Mukhiana, Jhang	
105	Rural Health Center, Shah Jewana, Jhang	
106	Rural Health Center, Rodu Sultan, 18-Hazari, Jhang	
107	Rural Health Center, Mochi Wala, Jhang	
108	Rural Health Center, Kot Shakir, 18-Hazari, Jhang	
109	Rural Health Center, Haveli Sheikh Rajoo, Jhang	
110	Rural Health Center, Bagh, Jhang	
111	Jhelum	Civil Hospital, Khewra, Pind Dadan Khan, Jhelum
112		Rural Health Center, Lilla, Pind Dadan Khan, Jhelum
113		Rural Health Center, Jalal Pur Sharif, Pind Dadan Khan, Jhelum
114		Rural Health Center, Domeli, Sohawa, Jhelum
115		Rural Health Center, Dena, Dena, Jhelum
116		Rural Health Center, Khalas Pur, Jhelum

117	Kasur	Rural Health Center, Kangan Pur, Chunian, Kasur
118		Rural Health Center, Ellah Abad, Chunian, Kasur
119		Rural Health Center, Changa Manga, Chunian, Kasur
120		Rural Health Center, Phool Nagar, Pattoki, Kasur
121		Rural Health Center, Halla, Pattoki, Kasur
122		Rural Health Center, Habib Abad (Wan Radha Ram), Pattoki, Kasur
123		Rural Health Center, Raja Jang, Kasur
124		Rural Health Center, Mustafa Abad, Kasur
125		Rural Health Center, Khudian Khas, Kasur
126		Rural Health Center, Jaura, Kasur
127		Rural Health Center, Ganda Singh Wala, Kasur
128	Khanewal	Rural Health Center, Makhdoom Pur, Khanewal
129		Rural Health Center, Thatha Sadiqabad, Jahanian, Khanewal
130		Rural Health Center, Tulamba, Mian Channu, Khanewal
131		Rural Health Centre, Kukar Hatta, Kabirwala, Khanewal
132		Rural Health Center, Haweli Koranga, Kabirwala, Khanewal
133		Rural Health Center, Sarai Sidhu, Kabirwala, Khanewal
134		Rural Health Center, Abdul Hakeem, Kabirwala, Khanewal
135		Rural Health Center, Kacha Khuh, Khanewal
136	Khushab	Rural Health Center, Khabeki, Naushera, Khushab
137		Rural Health Center, Hadali, Khushab
138		Rural Health Center, Padhrar, Khushab
139		Rural Health Center, Mitha Tiwana, Khushab
140		Rural Health Center, Roda, Khushab

141	Lahore	Rural Health Center, Raiwind, Raiwind, Lahore
142		Rural Health Center, Awan Dhari Wala, Lahore Cantt, Lahore
143		Rural Health Center, Barki, Lahore Cantt, Lahore
144		Rural Health Center, Manga Mandi, Raiwind, Lahore
145		Rural Health Center, Choung, Raiwind, Lahore
146	Layyah	Rural Health Center, Chak No. 110/TDA, Karor Lal-E-Son, Layyah
147		Rural Health Center, Ladhana, Layyah
148		Rural Health Center, Chak No. 161-A/TDA, Layyah
149		Rural Health Center, Pahar Pur, Layyah
150		Rural Health Center, Jaman Shah, Layyah
151		Rural Health Center, Mirhan (Dhori Adda), Layyah
152	Lodhran	Rural Health Center, Makhdoom Aali, Duniapur, Lodhran
153		Rural Health Center, Chak No. 231/WB, Duniapur, Lodhran
154		Rural Health Center, Chak No. 53-M, Lodhran
155		Rural Health Center, Gogran, Lodhran
156	Mandi Bahuddin	Rural Health Center, Rukkan, Malikwal, Mandi Bahuddin
157		Rural Health Center, Jokalian, Phalia, Mandi Bahuddin
158		Rural Health Center, Bhekho More, Phalia, Mandi Bahuddin
159		Rural Health Center, Pahrianwali, Phalia, Mandi Bahuddin
160		Rural Health Center, Miana Gondal, Malikwal, Mandi Bahuddin
161		Rural Health Center, Bosal, Malikwal, Mandi Bahuddin
162		Rural Health Center, Kuthiala Sheikhan, Mandi Bahuddin
163		Rural Health Center, Chellianwala, Mandi Bahuddin
164		Rural Health Center, Mong, Mandi Bahuddin
165		Rural Health Center, Kundian, Piplan, Mianwali

166	Mianwali	Rural Health Center, Hafiz wala, Piplan, Mianwali
167		Rural Health Center, Kamar Mushani, Esa Khel, Mianwali
168		Rural Health Center, Trag, Esa Khel, Mianwali
169		Rural Health Center, Tabbisar, Esa Khel, Mianwali
170		Rural Health Center, Moch, Mianwali
171		Rural Health Center, Daud Khel, Mianwali
172		Rural Health Center, Musa Khel, Mianwali
173		Rural Health Center, Chaakrala, Mianwali
174		Rural Health Center, Wanbhachran, Mianwali
175		Multan
176	Rural Health Center, Matotli, Shuja Abad, Multan	
177	Rural Health Center, Kotli Nijabat, Shuja Abad, Multan	
178	Rural Health Center, Sher Shah, Multan Sadar, Multan	
179	Rural Health Center, Ayyazabad Maral, Multan Sadar, Multan	
180	Rural Health Center, Makhdoom Rashid, Multan Sadar, Multan	
181	Rural Health Center, Qadirpur Rawan, Multan Sadar, Multan	
182	Rural Health Center, Mardan Pur Bosan, Multan Sadar, Multan	
183	Muzaffargarh	Rural Health Center, Shaher Sultan, Jatoi, Muzaffargarh
184		Rural Health Center, Taunsa Barradge, Kot Adu, Muzaffargarh
185		Rural Health Center, Sinawan, Kot Adu, Muzaffargarh
186		Rural Health Center, Qasba Gujrat, Kot Adu, Muzaffargarh
187		Rural Health Center, Daira Din Pannah, Kot Adu, Muzaffargarh
188		Rural Health Center, Seet Pur, AliPur, Muzaffargarh
189		Rural Health Center, Khair Pur Sadat, AliPur, Muzaffargarh

190		Rural Health Center, Karam Dad Qureshi, Muzaffargarh
191		Rural Health Center, Murad Abad, Muzaffargarh
192		Rural Health Center, Shah Jamal, Muzaffargarh
193		Rural Health Center, Rohillanwali, Muzaffargarh
194		Rural Health Center, Rangpur, Muzaffargarh
195		Rural Health Center, Khangarh, Muzaffargarh
196		Rural Health Center, Basira, Muzaffargarh
197	Nankana Sahib	Rural Health Center, Muhammad Pura, Shah Kot, Nankana Sahib
198		Rural Health Centre, Syedwala, Nankana Sahib
199		Rural Health Centre, Bara Ghar, Nankana Sahib
200		Rural Health Centre, More Khunda, Nankana Sahib
201		Rural Health Centre, Warburton, Nankana Sahib
202		Rural Health Centre, Rehanwala, Nankana Sahib
203		Rural Health Centre Bucheki, Nankana Sahib
204	Narowal	Rural Health Center, Lassar Kalan, Zafarwal, Narowal
205		Rural Health Center, Zafarwal, Narowal
206		Rural Health Center, Sankhatra, Zafarwal, Narowal
207		Rural Health Center, Shah Ghareeb, Shakargarh, Narowal
208		Rural Health Center, Kot Naina, Shakargarh, Narowal
209		Rural Health Center, Ahmed Abad, Narowal
210		Rural Health Center, Badho Malhi, Narowal
211	Okara	Rural Health Center, Sher Garh, Depal Pur, Okara
212		Rural Health Center, Bhattak, Depal Pur, Okara
213		Rural Health Center, Wasaway Wala, Depal Pur, Okara

214		Rural Health Center, Basir Pur, Depal Pur, Okara
215		Rural Health Center, Mandi Ahmedabad, Depal Pur, Okara
216		Rural Health Center, Hujra Shah Muqem, Depal Pur, Okara
217		Rural Health Center, Renala Khurd, Renala Khurd, Okara
218		Rural Health Center, Bama Bala, Renala Khurd, Okara
219		Rural Health Center, Akhterabad, Renala Khurd, Okara
220		Rural Health Center, Gogera, Okara
221		Rural Health Center, Shahbore, Okara
222	Pakpattan	Rural Health Center, Qaboola, Arifwala, Pakpattan
223		Rural Health Center, 163/EB, Arifwala, Pakpattan
224		Rural Health Center, 93/D Noor Pur, Pakpattan
225		Rural Health Center, Malka Hans, Pakpattan
226	Pakpattan	Rural Health Center, Bunga Hayat, Pakpattan
227	Rahim Yar Khan	Rural Health Center Sanjarpur, Sadiqabad, Rahim Yar Khan
228		Rural Health Center Nawazabad, Sadiqabad, Rahim Yar Khan
229		Rural Health Center Jamal Din Wali, Sadiqabad, Rahim Yar Khan
230		Rural Health Center Chak No. 173/P, Sadiqabad, Rahim Yar Khan
231		Rural Health Center Ahmad Pur Lamma, Sadiqabad, Rahim Yar Khan
232		Rural Health Center Pacca Larran, Liaqatpur, Rahim Yar Khan
233		Rural Health Center Trinda Muhammad Pannah, Liaqatpur, Rahim Yar Khan
234		Rural Health Center Khan Bella, Liaqatpur, Rahim Yar Khan
235		Rural Health Center Feroza, Liaqatpur, Rahim Yar Khan
236		Rural Health Center Allahabad, Liaqatpur, Rahim Yar Khan
237		Rural Health Center Sehja, Khanpur, Rahim Yar Khan

238		Rural Health Center Zahirpeer, Khanpur, Rahim Yar Khan
239		Rural Health Center Nawan Kot, Khanpur, Rahim Yar Khan
240		Rural Health Center Bagho Bahar, Khanpur, Rahim Yar Khan
241		Rural Health Center Rajan Pur Kalan, Rahim Yar Khan
242		Rural Health Center Mian Wali Qureshian, Rahim Yar Khan
243		Rural Health Center Kot Samaba, Rahim Yar Khan
244		Rural Health Center Tarinda Saway Khan, Rahim Yar Khan
245		Rural Health Center Manthar Bangla, Rahim Yar Khan
246	Rajanpur	Rural Health Center, Bangla Iccha, Rojhan, Rajanpur
247		RURAL HEALTH CENTER, Haji Pur, Jampur, Rajanpur
248		Rural Health Center, Muhammad Pur, Jampur, Rajanpur
249		Rural Health Center, Harrand, Jampur, Rajanpur
250		Rural Health Center, Dajal, Jampur, Rajanpur
251		Rural Health Center, Mithan Kot, Rajanpur
252		Rural Health Center, Fazil pur, Rajanpur
253		Rawalpindi
254	Rural Health Center, Mandra, Gujar Khan, Rawalpindi	
255	Rural Health Center, Daultala, Gujar Khan, Rawalpindi	
256	Rural Health Center, Khayaban-i-Sir Syed, Rawalpindi	
257	Rural Health Center, Chauntra, Rawalpindi	
258	Rural Health Center, Bagga Sheikhan, Rawalpindi	
259	Rural Health Center, Lehtrar, Kotli Sattian, Rawalpindi	
260	Rural Health Center, Phagwari, Murree, Rawalpindi	
261	Sahiwal	Rural Health Center, Ghazi Abad, Chichawatni, Sahiwal

262		Rural Health Center, Chak No. 96/12-L, Chichawatni, Sahiwal
263		Rural Health Center, Chak No 8/11-L, Chichawatni, Sahiwal
264		Rural Health Center, Chak No 4/14-L Kassowal, Chichawatni, Sahiwal
265		Rural Health Center, Chak No 45/12-L, Chichawatni, Sahiwal
266		Rural Health Center, Chak No 112/9-L, Sahiwal City, Sahiwal
267		Rural Health Center, Noor Shah, Sahiwal City, Sahiwal
268		Rural Health Center, Harappa, Sahiwal City, Sahiwal
269		Rural Health Center, Chak No 120/9-L Kameer, Sahiwal City, Sahiwal
270		Rural Health Center, Chak No 55/5-L, Sahiwal City, Sahiwal
271		Rural Health Center, Chak No 185/9-L, Sahiwal City, Sahiwal
272		Rural Health Center, Miani, Bhera, Sargodha
273		Rural Health Center, Hujjan, Kot Momin, Sargodha
274		Rural Health Center, Bhabra, Kot Momin, Sargodha
275		Rural Health Center, Midh Ranjha, Kot Momin, Sargodha
276		Rural Health Center, Moazamabad, Kot Momin, Sargodha
277		Rural Health Center, Lilliani, Kot Momin, Sargodha
278	Sargodha	Rural Health Center, Jhawarian , Shahpur, Sargodha
279		Rural Health Center, Farooqa, Sahiwal, Sargodha
280		Rural Health Center, Phullarwan, Bhalwal, Sargodha
281		Rural Health Center, 104/NB, Sargodha
282		Rural Health Center, 75/SB, Sargodha
283		Rural Health Center, 71/SB, Sargodha
284	Sheikhupura	Rural Health Center Sharaqpur Sharif, Sharaqpur, Sheikhupura

285		Rural Health Center, Khanka Dogran, Safdar Abad, Sheikhpura
286		Rural Health Center, Narang Mandi, Muridkey, Sheikhpura
287		Rural Health Center, Kala Shah Kaku, Ferozewala, Sheikhpura
288		Rural Health Center, Manawala, Sheikhpura
289		Rural Health Center, Kharian Wala, Sheikhpura
290		Rural Health Center, Jandiala Sher Khan, Sheikhpura
291		Rural Health Center, Farooqabad, Sheikhpura
292	Sialkot	Rural Health Center, Kalaswala, Pasrur, Sialkot
293		Rural Health Center, Chawinda, Pasrur, Sialkot
294		Rural Health Center, Satrah, Daska, Sialkot
295		Rural Health Center, Jamke Cheema, Daska, Sialkot
296		Rural Health Center, Kahlian Tehsil & District, Sialkot
297		Rural Health Center, Begowala, Sambrial, Sialkot
298	T.T Singh	City Hospital Kamalia, Kamalia, T.T Singh
299		City (Gynae) Hospital Toba Tek Singh, Toba Tek Singh, T.T Singh
300		Rural Health Center, Sandhilian Wali, Pirmahal, T.T Singh
301		Rural Health Center, Arooti, Pirmahal, T.T Singh
302		Rural Health Center, 740 GB, Kamalia, T.T Singh
303		Rural Health Center, Mongi banglow, Gojra, T.T Singh
304		Rural Health Center, 338/JB Nia Lahore, Gojra, T.T Singh
305		Rural Health Center, 316/GB Chatiana, Toba Tek Singh, T.T Singh
306		Rural Health Center, Rajana, Toba Tek Singh, T.T Singh
307	Rural Health Center, 394 JB Jaja, Toba Tek Singh, T.T Singh	
308	Vehari	Rural Health Center, Tibba Sultan Pur, Mailsi, Vehari

309	Rural Health Center, Karam Pur, Mailsi, Vehari
310	Rural Health Center, Garha Morr, Mailsi, Vehari
311	Rural Health Center, Gaggo, Burewala, Vehari
312	Rural Health Center, Chak No. 148/EB, Burewala, Vehari
313	Rural Health Center, Jallah Jeem, Mailsi, Vehari
314	Rural Health Center, Sahuka, Burewala, Vehari
315	Rural Health Center, Sharaf, Vehari
316	Rural Health Center, Machiwal, Vehari
317	Rural Health Center, Luddan, Vehari
318	Rural Health Center, Chak No. 87/WB, Vehari
319	Rural Health Center, Chak No. 56/WB, Vehari
320	Rural Health Center, Chak No. 222/EB, Vehari
321	Rural Health Center, Chak No. 188/EB, Mian Pakhi, Vehari



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