GOVERNMENT OF THE PUNJAB
PLANNING & DEVELOPMENT BOARD
(P&SH SECTION)

WORKING PAPER FOR PDWP
Part-A

<table>
<tr><td>1.</td><td>Project Title</td><td>Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic</td></tr>
<tr><td>2.</td><td>Location</td><td>All 36 District of Punjab</td></tr>
<tr><td>3.</td><td>Sponsoring Agency</td><td>Primary and Secondary Healthcare Department</td></tr>
<tr><td>4.</td><td>Executing Agency</td><td>• Primary & Secondary Healthcare Department
• Directorate General Health Services
• District Health Authorities (DHAs)
• IRMNCH & Nutrition Program</td></tr>
<tr><td>5.</td><td>Operation & Maintenance</td><td>• Primary & Secondary Healthcare Department
• Directorate General Health Services
• District Health Authorities (DHAs)
• IRMNCH & Nutrition Program</td></tr>
<tr><td>6.</td><td>Project Cost</td><td>(PKR in million)
<table><tr><th>Cost</th><th>Proposed Cost</th><th>Cost after Pre-PDWP</th><th>Difference</th></tr><tr><td>Revenue</td><td>9,798.404</td><td>9,216.780</td><td>581.625</td></tr><tr><td>Total</td><td>9,798.404</td><td>9,216.780</td><td>581.625</td></tr></table></td></tr>
<tr><td>7.</td><td>ADP 2024-25 (Non-ADP scheme)</td><td>P&SH has initiated a Summary for inclusion of scheme in ADP 2024-25 as Supplementary Scheme with total cost of Rs. 9,798.404 million and allocation/provision of Rs. 1,357.975 million through re-appropriation during CFY 2024-25. However, the Summary is yet to be approved.</td></tr>
<tr><td>8.</td><td>Gestation Period</td><td>Proposed by P&SH:- 01.02.2025 to 30.06.2027 (29 months)
Recommended by pre-PDWP:- 01.03.2025 to 31.10.2026 (20 months)</td></tr>
</table>

9. Background:-

Healthcare systems across the world face persistent challenges in delivering consistent, high-quality services, particularly in rural and underserved areas. One effective strategy to address these challenges is **outsourcing healthcare facility management to individual providers under performance-linked frameworks**. These models emphasize accountability, operational efficiency, and improved service standards. Several countries have successfully adopted such strategies, particularly in Europe and other regions. For instance, the **United Kingdom's National Health Service (NHS)** employed outsourcing models for both clinical and non-clinical services, which significantly reduced wait times and improved patient satisfaction, especially for chronic disease management (BMJ, 2019).

Inspired by these global practices, the Government of Punjab has launched the **Maryam Nawaz Health Clinic Initiative under the Chief Minister's Punjab Health Reforms**. This initiative addresses inefficiencies in the province's **Basic Health Units (BHUs)**, which play a critical role in providing primary healthcare to rural populations. The initiative aims to revitalize these BHUs by outsourcing their management to individual healthcare providers under a **pay-for-performance model**, ensuring improved service delivery, accountability, and cost-efficiency. The initiative not only addresses systemic inefficiencies but also promotes entrepreneurship among young healthcare professionals. By empowering doctors to manage BHUs autonomously, the program fosters innovation, accountability, and a strong sense of ownership. This model has been successfully implemented in various countries based on their adherence to pre-defined Key Performance Indicators (KPIs), ensuring service quality and efficiency.

The process for outsourcing the management of **150 Basic Health Units (BHUs)** across **36 districts of Punjab** began in **November 2024**. A transparent and fair selection process was conducted during which eligible healthcare professionals were interviewed. From these, **150 experienced and dedicated young entrepreneurs** were selected, with preference given to candidates from the locality of the proposed clinics to ensure **community ownership and effectiveness**. The contract signing with the selected healthcare providers was completed on **January 7, 2025**, formalizing their roles in this transformative initiative.

Under the pilot phase, A total of 1,058 healthcare officers / officials were transferred from the outsourced BHUs to Basic Health Units (BHUs) not included in the pilot model, dispensaries, THQs, DHQs, Rural Health Centers (RHCs), and Clinic-on-Wheels (COW) units.

10. Justification:-

The **Outsourcing Model for Basic Health Units (BHUs)** under the **Maryam Nawaz Health Clinic Chief Minister's Punjab Health Reforms** initiative represents a transformative approach to improving healthcare service delivery in underserved areas of Punjab. By leveraging the expertise of private entities or individual healthcare providers, this model addresses the core challenges of underutilization, poor healthcare outcomes, and inefficient resource management that have historically plagued these BHUs. Through a structured, pay-for-performance system, this outsourcing model incentivizes healthcare providers to

deliver high-quality services, ensuring accountability and alignment with the objectives of the Primary and Secondary Healthcare Department. This model is not only a cost-effective solution but also prioritizes service delivery improvements across essential healthcare areas such as maternal and child healthcare, family planning, immunization programs, and general outpatient services. Under this project P&SH Department aims to increase the service deliver with increase in foot-fall of proposed health facilities (24/7 BHUs). Detail break-up is as under:-

Services	Current Foot Fall	Expected Foot Fall
OPD Visits	800	1,100
Treatment & Screening of Malnourished	80	250
Antenatal Visits	150	200
Normal Delivery	25	30
Postnatal Care	30	50
Post-Partum/Abortion FP Services	5	20
Family Planning (Short-Acting)	50	60
Family Planning (Long Acting)	0	30
EPI Vaccination	120	200
TB Patients	5	30
Total / Month	**1,265**	**1,970**

P&SH Department currently spending an amount of Rs. 1,371,135 per month for average foot-fall of 1265 patients @ Rs. 1,084 per patient at 24/7 BHU (excluding outreach staff):-

Head	Monthly Current Cost at BHU (PKR)
SNE (Salary/HR)	851,135
Medicines	250,000
FP Commodities/ Supplies/ disposables	40,000
Utilities (non-salary)	200,000
Repair & Maintenance (Health Council)	30,000
Total	**1,371,135**

Cost Comparison:-

Under the proposed model, each BHU would cost approx. Rs. 893,000/- per month with expected footfall of 1,970 patients / month, which will save approx. Rs. 631/- per patient, that save approx. Rs. 5.634 billion annually and will enhanced services delivery as well:-

Description	Existing Model	Proposed Model	Net Impact
Budget	1,371,135 / month	893,000 / month	**478,135 PKR** Savings / month
Service Delivery	1,265 patients	1,970 patients	**700+ more** Patient's service

Per Patient Cost	1,084 PKR	453 PKR	Per Patient cost reduced by **631 PKR**

11. Objectives:

The key objectives of the initiative are:

I. Maximize BHU Utilization:-

i. Increase patient visits and ensure full utilization of BHUs by enhancing the delivery of essential healthcare services.

ii. Improve the accessibility and reliability of healthcare services for communities

II. Enhance Healthcare Outcomes

i. Focus on improving critical health indicators, particularly in areas where BHUs have underperformed, such as maternal and child health services and preventive care.

ii. Deliver consistent, high-quality care to address healthcare disparities and reduce preventable illnesses and mortality rates in underserved regions.

III. Performance and Accountability

i. Introduce a pay-for-performance model to align provider payments with measurable service delivery milestones.

ii. Encourage healthcare providers to deliver critical services with greater efficiency, reliability, and accountability.

iii. Establish a transparent system to monitor and evaluate performance through digital tools like the Electronic Medical Record (EMR) system.

IV. Cost-Effective Operations

i. Optimize service delivery processes to achieve cost efficiency, enabling the model to deliver three times the current level of service at reduced costs.

ii. Create a sustainable system where operational expenses are minimized without compromising the quality of care provided to patients.

V. Empower Healthcare Providers

i. Provide healthcare providers with the autonomy to manage Basic Health Units (BHUs) independently, while adhering to government-supported guidelines to ensure standardized service delivery.

ii. Encourage providers to take full ownership of BHU operations, fostering a culture of innovation, accountability, and a strong commitment to high-quality healthcare services.

iii. Guarantee that all healthcare services are delivered free-of-cost to patients, with the government covering operational expenses and reimbursing healthcare providers for their services. This ensures a clear distinction from privately operated clinics, as the model prioritizes accessibility and equity for underserved communities.

12. Scope of Project:-

The detail of scope of the project is as under:-

1. Operational Management

The selected healthcare providers will oversee the daily operations of the BHUs to ensure seamless healthcare service delivery and facility management.

i. Managing Facility Operations

- Ensure efficient management of patient flow and resource allocation to meet the healthcare needs of the community.
- Coordinate services, optimize workflows, and address operational challenges proactively to maintain high-quality healthcare standards.

ii. Ensuring Facility Functionality

- At the time of contract termination or handover, providers must ensure that the BHU, including its biomedical equipment, is fully functional and in good condition.
- This involves performing a comprehensive review of the facility to guarantee its readiness for continued operation under future management.

iii. Repair and Maintenance

- After receiving a fully functional BHU from the department, providers will assume responsibility for all ongoing repairs and maintenance.
- Responsibilities include regular facility inspections, timely repairs, and maintaining high standards of hygiene, safety, and infection control.
- Develop a maintenance plan for medical equipment, infrastructure, and utilities to ensure uninterrupted service delivery.

iv. Medicine and Disposable Supplies Management

- Providers will ensure the continuous availability of essential medicines and medical supplies, such as syringes, bandages, surgical gloves, and other disposables.
- This includes procurement, storage, and distribution, ensuring that the BHU operates without interruptions in supply.
- Implement an inventory management system to monitor stock levels, reduce wastage, and prevent stock-outs.

2. <u>Support from P&SH Department:-</u>

The department will provide critical medical supplies to ensure BHUs can deliver essential healthcare services effectively.

i. Vaccines for the Expanded Program on Immunization (EPI)

- P&SHD will supply vaccines for diseases such as polio, measles, diphtheria, and tetanus, enabling the BHU to achieve immunization targets and improve community health outcomes.

ii. TB Drugs

- Medications for the treatment of Tuberculosis (TB) will be provided by P&SHD, ensuring uninterrupted care for TB patients and alignment with national TB control efforts.

iii. Family Planning (FP) Implants

- Contraceptive implants and related supplies for family planning services will be supplied by P&SHD to support maternal and child healthcare and improve access to reproductive health services.

iv. Nutrition Commodities

- The IRMNCH program will provide essential nutrition commodities, enabling the BHUs to address malnutrition issues and promote overall community health.

3. <u>Innovation and Efficiency in Supply Chain Management</u>

This model ensures a robust and reliable supply chain through a collaborative approach between healthcare providers and P&SHD for digital inventory management, a streamlined supply chain & Cold chain management.

4. **Community-Centered Service Delivery**

   To enhance trust and ensure effective healthcare delivery by engaging with the local community to identify specific health needs, outreach programs to raise awareness, & regular community feedback.

5. **Service Delivery**

   The Health Managers of Basic Health Units (BHUs) will be entrusted with the responsibility of services including *Maternal and Child Healthcare, Family Planning Services, Immunization Services, Treatment of Malnutrition and Tuberculosis (TB), General Outpatient Services (OPD), &Emergency Services*.

6. **Human Resources Management:-**

a) Recruitment and Training of dispensers/pharmacy technicians, Lady Health Visitors (LHVs), midwives, and other support staff, Conduct initial and ongoing training programs & establish a professional development plan to enhance staff competency and motivation.

b) Staff Management,

c) Compliance with PHC Standards:

7. **Monitoring and Reporting:-**

   To maintain transparency, accountability, and quality, Health Managers will implement robust monitoring and reporting mechanisms:

   a) Data Entry into EMR
   b) Monthly Reports
   c) Regular Audits
   d) Coordination with District Health Authorities (DHAs)

13. Qualifications and Team Composition of Healthcare Providers:-

The Required Qualification and selection criteria of Doctors / Professionals / Healthcare Providers is as follows:-

Eligibility / Qualifications/ Criteria:-

To effectively manage and operate a Maryam Nawaz Health Clinic under the outsourcing model, the selected entity or individuals' healthcare provider must meet the following minimum qualifications and staffing requirements:

I. Educational Qualification:

The Candidates must possess an MBBS degree from a recognized institution and must be registered with the Pakistan Medical and Dental Council (PMDC).

II. Experience:

- Managerial, administrative and clinical experience.
- Preference will be given to candidates with experience managing healthcare facilities, especially in rural or underserved areas.
- Candidates who are already working in Basic Health Units (BHUs) are encouraged to apply.

III. Eligibility Restrictions and Conditions:

a) Ineligibility:

- Individuals already working as health managers under the pilot phase of 150 Maryam Nawaz Health Clinics are ineligible to apply for BHUs advertised in this phase/ cycle of hiring.
- Health Managers of Maryam Nawaz Health Clinics, whose contracts were terminated due to poor performance in any previous role are ineligible to apply. He/she will be ineligible to claim CIP marks.

b) Permanent Officers under P&SHD:

- Permanent officers working under the Primary and Secondary Healthcare Department (P&SHD) are eligible to apply, provided they secure a No Objection Certificate (NOC) from the department with extraordinary leave tittle of minimum one year.
- If selected, such candidates will only be eligible to sign a contract after availing Extraordinary Leave (EOL) as per entitlement under the relevant rules or after submission of approved resignation.
- Health facilities once allocated shall not be exchanged in any circumstances.

IV. Financial Stability:

Applicants must submit a bank guarantee at least worth of 0.5 million PKR, to ensure their capability of managing and sustaining the health center.

V. Documentation:

- A valid registration certificate must be provided with the application.
- The submission of forged or fake documents will result in disqualification and possible criminal proceedings.

VI. Age Limit: Maximum age limit to apply is 45 years at the time of application.

VII. Evaluation Process: P&SHD will form a selection committee to assess and evaluate requests for expression of interest (EOIs). Factors such as technical expertise, financial viability will be considered during the selection.

VIII. Selection of Entities / Individuals:

- The best-suited Individuals will be selected based on their ability to effectively manage the healthcare facility and provide quality healthcare services.
- Applicants can apply for 03 different healthcare facilities, however, he / she will be selected for **one Maryam Nawaz Health Clinic** (if eligible as per merit).
- Doctors already working on locum / contract / Ad-hoc basis can apply but they will have to resign from the post before signing the contract.

IX. Selection Criteria:-

Evaluation Criteria	Maximum Marks	Evaluation Parameters
Matric	7	Matric or Equivalent
FSC	10	FSC or Equivalent
MBBS	15	MBBS from HEC recognized institution
Post-Graduation	10	FCPS/MCPS/MS/MD/Masters/MPHIL/PGD
University	8	2 mark each for position/ distinction
Positions/Distinctions		
Experience	20	Each Year 10 Marks for BHU/RHC & 5 marks/year

		for THQ/ DHQ /Public Teaching Hospital
Quality of Proposal	10	Selection committee shall evaluate the proposal and assign marks.
Interview (Management Capacity)	20	Selection committee will evaluate individuals.
Total Marks	**100**	

Team Composition for each 24/7 BHU:-

1. Doctor / Professional / Healthcare Provider (01)
2. Dispenser /Pharmacy Technician (01)
3. Lady Health Visitors (LHVs)/ Midwives (02)
4. Support Staff (02)

14. Summary of Cost:-

(PKR in Million)

Sr. No.	Description	Proposed Cost	Cost after Pre-PDWP	Difference
1.	**HR Cost for PMU**	182.339	100.516	81.823
2.	**Operations, Management & Monitoring**	326.380	251.150	75.230
3.	**Establishment of Command & Control Center at PMU**	31.305	25.305	6.000
4.	**Out Sourcing of Call Agent Services**	165.060	80.360	84.700
5.	**Installation of Solar and CCTV at MNHC (One Time)**	736.500	736.500	0.000
6.	**Payment of Service Delivery**	8,347.000	8,013.128	333.872
7.	**Training / Orientation Sessions**	9.820	9.820	0.000
Total		**9,798.404**	**9,216.780**	**581.625**

Year-wise detail of costing is as under (PKR in Million):-

S #	Description	Year-wise proposed Cost			Total Cost	Cost after Pre-PDWP			Total Cost	Diff.
		2024-25	2025-26	2026-27		2024-25	2025-26	2026-27		
1.	**HR Cost for PMU**	13.550	81.300	87.489	182.339	3.100	71.700	25.716	100.516	**81.823**
2.	**Operations, Management & Monitoring**	230.620	45.600	50.160	326.380	1.350	240.000	9.800	251.150	**75.230**
3.	**Establishment of Command & Control Center at PMU**	27.305	2.000	2.000	31.305	0.000	25.305	0.000	25.305	**6.000**
4.	**Out Sourcing of Call Agent Services**	6.300	75.600	83.160	165.060	0.000	58.800	21.560	80.360	**84.700**
5.	**Installation of Solar and CCTV at MNHC (One Time)**	736.500	0.000	0.000	736.500	0.000	736.500	0.000	736.501	**0.000**
6.	**Payment of Service Delivery**	333.880	8,013.12	0.000	8,347.00	0.000	8,013.12	0.000	8,013.13	**333.872**

7.	**Training / Orientation Sessions**	9.820	0.000	0.000	9.820	0.000	9.820	0.000	9.820	**0.000**
Total		**1,357.97**	**8,217.62**	**222.80**	**9,798.40**	**4.450**	**9,155.24**	**57.076**	**9,216.7**	**581.625**

Cost of Human Resource for PMU:-

(PKR in Million)

Sr. No.	Name of Post	Proposed			Total Cost (M)	Annual increment	After Pre-PDWP			Total Cost (M)
		No. of Posts	PPS	Monthly Salary (PKR)			No. of Posts	PPS	Monthly Salary (PKR)	
1	**Program Director**	1	12	875,000	23.275	5%	1	11	800,000	13.760
2	**Additional Program Director (Monitoring and Operations)**	1	10	650,000	17.524	8%	0	0	0	0
3	**Deputy Program Director (Monitoring and Operations)**	3	9	450,000	36.396	8%	2	9	400,000	13.456
4	**Deputy Program Director (Data/MIS**	1	9	450,000	12.132	8%	1	9	400,000	6.928
5	**Deputy Program Director (Finance & Procurement)**	1	9	450,000	12.132	8%	1	9	400,000	6.928
6	**Program Officer (Monitoring and Operations)**	9	8	250,000	60.660	8%	10	8	275,000	45.155
7	**Program Officer (IT/Data Base**	1	8	250,000	6.740	8%	1	8	275,000	4.763
8	**Program Officer (Procurement)**	1	8	250,000	6.740	8%	1	8	275,000	4.763
9	**Program Officer (Accounts)**	1	8	250,000	6.740	8%	1	8	275,000	4.763
Total		**19**			**182.339**		**18**			**100.516**

*****70 call center agents @ Rs. 70,000 per month salary has also been provisioned in the PC-I.

15. Purchase of Vehicles:-

(Amounts in PKR)

Sr. No.	Vehicles	Number	Unit cost	Total
1.	2800 CC	03	15,000,000	45,000,000
2.	1350CC	36	4,600,000	165,600,000
Total		**39**		**210,600,000**

16. Year wise Financial Phasing:

(PKR in Million)

Sr #	Object Code	2024-25	2025-26	2026-27

		Local	Foreign	Local	Foreign	Local	Foreign
1	**A05270**-To Others	4.450	0.000	9,155.245	0.000	57.076	0.000
Total		**4.450**	**0.000**	**9,155.245**	**0.000**	**57.076**	**0.000**

17. Proposed Model: Pay-for-Performance Based on Service Delivery:-

Payments will be structured based on the delivery of verifiable healthcare services, as follows:

Services	Expected Foot Fall	Unit Cost (PKR)	Monthly Cost (PKR)
OPD Visits	1,100	400	440,000
Treatment & Screening of Malnourished	250	200	50,000
Antenatal Visits	200	600	120,000
Normal Delivery	30	6,500	195,000
Postnatal Care	50	200	10,000
Post-Partum/Abortion FP Services	20	300	6,000
Family Planning (Short-Acting)	60	150	9,000
Family Planning (Long Acting)	30	400	12,000
EPI Vaccination	200	100	20,000
TB Patients	30	200	6,000
Repair & Maintenance	-	-	25,000
Total / Month	**1,970**	-	**893,000**

18. a) Sector Issues:

Health sector needs institutional reforms for the improvement and betterment of existing facilities.

b) Sector Strategy

Despite substantial financial allocations for infrastructure development and maintenance, the desired improvements in health services have not been realized. Primary and Secondary Healthcare Department strives to reform and strengthen the critical aspects of the health systems and enable it to:

- Provide and deliver a basic package of quality essential health care services
- Develop and manage competent and committed health care providers
- Generate reliable health information to manage and evaluate health services
- Adopt appropriate health technology to deliver quality services
- Finance the costs of providing basic health care to all
- Reform the health administration to make it accountable to the public

19. Relationship of the project with Health Sector:- (Not Provided)

20. Other Major Ongoing & Potential Projects in the Sector:- (Not Provided)

21. Unit Cost: (Not Provided)

22. Annual Operating & Maintenance Cost (Post completion)

(PKR in Million)

Sr #	Object Code	2027-2028		2028-2029		2029-2030	
		Local	Foreign	Local	Foreign	Local	Foreign
1	**A05270**-To Others	8,070.196	0.000	0.000	0.000	0.000	0.000
Total		**8,070.196**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

23. Annual Income after Completion:-

This project would save approx. 5.634 billion annually and will enhanced services delivery as well.

(Part-B)

24. Consideration by Pre-PDWP

A pre-PDWP meeting was held on 18.02.2025 under the chairmanship of member HNP, P&D Board. During the meeting, the following observations were discussed and conveyed to the department. Observations and annotative replies of AD is as under: -

Sr. No.	Observation / Comment	Reply of AD	Remarks
1.	Since the pilot project covering 150 BHUS, is still ongoing, it is premature to scale up outsourcing of 982 BHUs without first assessing its outcomes. A financial and operational impact assessment through third party validation is essential before any large-scale expansion. It is proposed that a comprehensive impact study at least six months after implementation of the pilot project may be conducted	Physical takeover of 147 out of 150 MNHCs by health managers was completed between 20th - 31st January, 2025 and remaining 03 MNHC are also takeover by health managers. MNHC has already moved into active implementation phase and total 96,551 patients were checked at MNHCs in 36 districts of Punjab up to 16th February 2025 since inception (20th January, 2025). Initially, 100 Normal BHUs outsourced under the MNHC-CM Initiative were operating from 8 AM to 2 PM and the service delivery has now been extended to mandatory hours from 8 AM to 8 PM. Additionally, health managers are providing round-the-clock service delivery, including maternal and child health services, even on Sundays, to enhance accessibility and healthcare coverage.	It is proposed that a comprehensive impact study at least six months after implementation of the pilot project may be conducted before up scaling / expansion of 982 BHUs.

Sr. No.	Observation / Comment	Reply of AD	Remarks
	before up scaling / expansion of 982 BHUs.		
2.	Basis of selection as well as population of the area for proposed 982 BHUs may clearly be mentioned in the PC-I.	Government of Punjab is spending almost PKR 40.000 billion (G.S: No.361,362,364,579) on revamping of Basic Health Units through Annual Development Program 2024-25 and duly approved by the Punjab Development Working Party. The revamping of 982 BHUs proposed for the subject initiative is nearing completion and handing over is currently in process. Entrusting these revamped BHUs to the operational model marred by ingrained malpractices at this stage will run the risk of jeopardizing public investment on infrastructure, hence the need for early introduction of the subject intervention. It must not be seen as a mere scale-up of a pilot but a complete paradigm shift in running BHUs with operational efficiency. As against existing model costing PKR 1.375 million/facility/month, yielding limited service delivery outcomes (avg.1,265 footfall/facility/month), the proposed outsourcing model immediately reduces costs to PKR 893,000/ facility/month (with enhanced service delivery avg. 1925 footfall/facility/month) which is estimated to result in saving approx. PKR 5.634 billion annually across 982 facilities, with an additional PKR 10.03 billion saved in workforce restructuring. Delaying the scale-up by six months means continued high operational costs, which will result in an avoidable financial loss of over PKR 2.82 billion, an unnecessary fiscal strain on the government. P&SHD recommends immediate implementation of proposed intervention as its benefits far outweigh the risks of waiting while ensuring cost-effective, sustainable, and high-quality primary healthcare services across Punjab. 100 BHUs selected in the initial phase were Normal BHUs, classified as such due to lagging service delivery and working barely 6 morning hours a day previously. All 982 facilities proposed for the subject initiative are categorized by P&SHD as 24/7 BHUs and are required to be functional round the clock, currently operating at sub-optimal level, hence the increase in expected footfall.	AD may ensure that in future, no funds for salary to the staff, medicines, repair & maintenance, utilities etc. for these 982 BHUs will be budgeted,
3.	Sponsor may rationalize the no. of project posts proposed for the PMU in the PC-I.	• Rationalized from 19 to 18. • Excluded one post of Additional Program director (M&O) and one post of Deputy Program Director(M&O) • Included one additional post of Program Officer (M&O) • As per discussion/decision in pre PDWP meeting.	**Noted.**
4.	Salary Package for Manpower proposed in the PC-I is on higher side, it may	Salary Package rationalized as per discussion/decision in pre PDWP meeting.	**Noted**

Sr. No.	Observation / Comment	Reply of AD	Remarks
	be rationalized / justified. It may be proposed at either initial stage or median stage of the respective pay range notified by P&D Board for all Project Pay Scale (PPS).		
5.	Sponsor has proposed one-time provision of Rs. 736.500 million for "Installation of Solar, CCTV and Signal Booster" at 982 selected BHUs with unit cost up to Rs. 1,000,000 each. Sponsor may provide basis of estimation for this provision and make it part of the PC-I.	1,000,000 proposed for installation of Solar system (up to 6KvA), repair / up gradation Solar (from 3KvA to 6KvA) where already installed and installation of CCTV on all 982 MNHC. P&SH Department will conduct actual survey of available/function solar system and will install/upgrade accordingly. • Solar system repair / up-gradation requires approx. Rs. 500,000/- • New installation requires Rs. 1,000,000/- • CCTV installation requires Rs. 275,000/- So, P&SH Department included average cost of Rs. 1,000,000 for each MNHC and will utilize as per actual.	**Noted**
6.	Sponsor has proposed 70 number of Call Centre Agents with provision of Rs. 165.060 million for "Out Sourcing of Call Agent Services". Sponsor may rationalize the proposed number of Call Centre Agents, per unit cost and also clarify the need of these agents, because DHAs and Monitoring and Evaluation Assistants (MEAs) are already deputed in the field for monitoring and evaluation purpose.	DHAs and already implemented Monitoring & Evaluation Assistants (MEAs) will monitor physically availability of Medicine, HR, Equipment functionality, patient feedback. However, P&SHD will established a dedicated call center (outsource) for verification of service delivery and patient feedback. On average 10-11 patients each proposed MNHC will called on daily basis, so total daily calls will be Approx. 10,000. Each call will take at least 3 minutes and a call agent can make 140 verification / calls during a shift (8 hours including 1 hour break). So the total 70 call agents would be required for the task. Moreover, unit cost for one call agent is rationalized from Rs. 90,000 to Rs. 70,000 (including salary, space charges, operational, management and telecommunication charges, etc.).	**Noted.**
7.	Sponsors has proposed 39 vehicles under the head "Purchase of Vehicles" i.e., (3 for PMU - upto 2800 CC) & (1 for each - for all 36 District - upto 1350 CC) at a cost of Rs. 210.600 million. Sponsors may clarify why these vehicles are required under the instant PC-I and also share the list of vehicles already procured under different development	These vehicles are required for dedicated monitoring of 982 proposed MNHC and 150 already functional MNHCs across Punjab. One vehicle for each district will be allocated to District Coordinator, IRMNCH being focal person for instant initiative. Already available vehicles were procured before 2005 and near condemnation which are not capable of performing extensive monitoring/travel. The old vehicles will be condemned after provision of new vehicles, so new vehicles are required. There is no vehicle currently available for PMU and 3 vehicles for PMU will be used for collective monitoring visits of each region (center, north & south).	**PDWP may decide.**

Sr. No.	Observation / Comment	Reply of AD	Remarks
	schemes and for the field formations and their current status to justify this provision.		
8.	Provision of 05 number of Rental Vehicles in the PC-I at a cost of Rs. 23.40 million may be clarify / justified.	Deleted as per discussion / decision in pre-PDWP meeting.	**Noted.**
9.	Lump-sum provision of funds under different heads i.e., Postage/ Courier services, Telephone & Robo Calls, Utilities, Stationary, Printing & Publications, TA/DA & Accommodation, Internet Bandwidth, Office Supplies and Consumables, and Computer Consumable etc. may be rationalized / justified.	Rationalized as per discussion/decision in pre-PDWP meeting.	**Noted.**
10.	Sponsor has proposed a lump-sum provision of Rs.22.560 million for "Contingent staff" may be rationalized.	Rationalized from Rs. 22.560 million to Rs. 3.4 million as per discussion/decision in pre PDWP meeting.	**Noted.**
11.	Sponsor has proposed funds of Rs. 2.340 million & Rs. 6.00 million for "Entertainment /meetings etc., & Miscellaneous Items / Contingency", which is not justified. The same may be deleted.	As per discussion / decision in pre-PDWP meeting rationalized Entertainment / meetings from Rs. 2.340 million to Rs. 1.275 million required for progress and follow up review meeting and deleted cost for Miscellaneous Items / Contingency. The IT equipment are required for establishment of a dedicated Command & Control Center in PMU. Moreover, items under this PC-I are usually procured through open competitive process, therefore unit rates are determined / proposed based on recent procurements considering inflation / price variation. Price reasonability certificate already in submitted PC-1 at Page No. 51. The specifications of IT equipment are standard and are verified by HISDU at the time of procurement.	**Noted.**

25. Recommendations:

The scheme titled **"Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic"** at the cost of **Rs. 9,216,780 million (Revenue)** with gestation period 01.03.2025 to 31.10.2026 is placed before PDWP for consideration with the following recommendations:-

i. In future, no funds for salary to the staff, medicines, repair & maintenance, utilities etc. for these 982 BHUs will be budgeted,

ii. The PC-I denotes that only 06 member team engaged with proposed BHUs to be outsourced. P&SHD to ensure that sufficient staff would be engaged to ensure timely quality service delivery,

iii. DG M&E may be assigned to conduct mid-term evaluation of the project and submit its report to PDWP by 30-12-2025,

iv. A Project Steering Committee under the chairmanship of the Chairman P&DB may be approved to convene quarterly progress meetings,

v. P&SHD to submit amended PC-I after incorporating the changes in light of the observations of Pre-PDWP and decisions of PDWP.