



PC-1

Community Empowerment and Expansion of Healthcare Access through
Maryam Nawaz Health Clinic

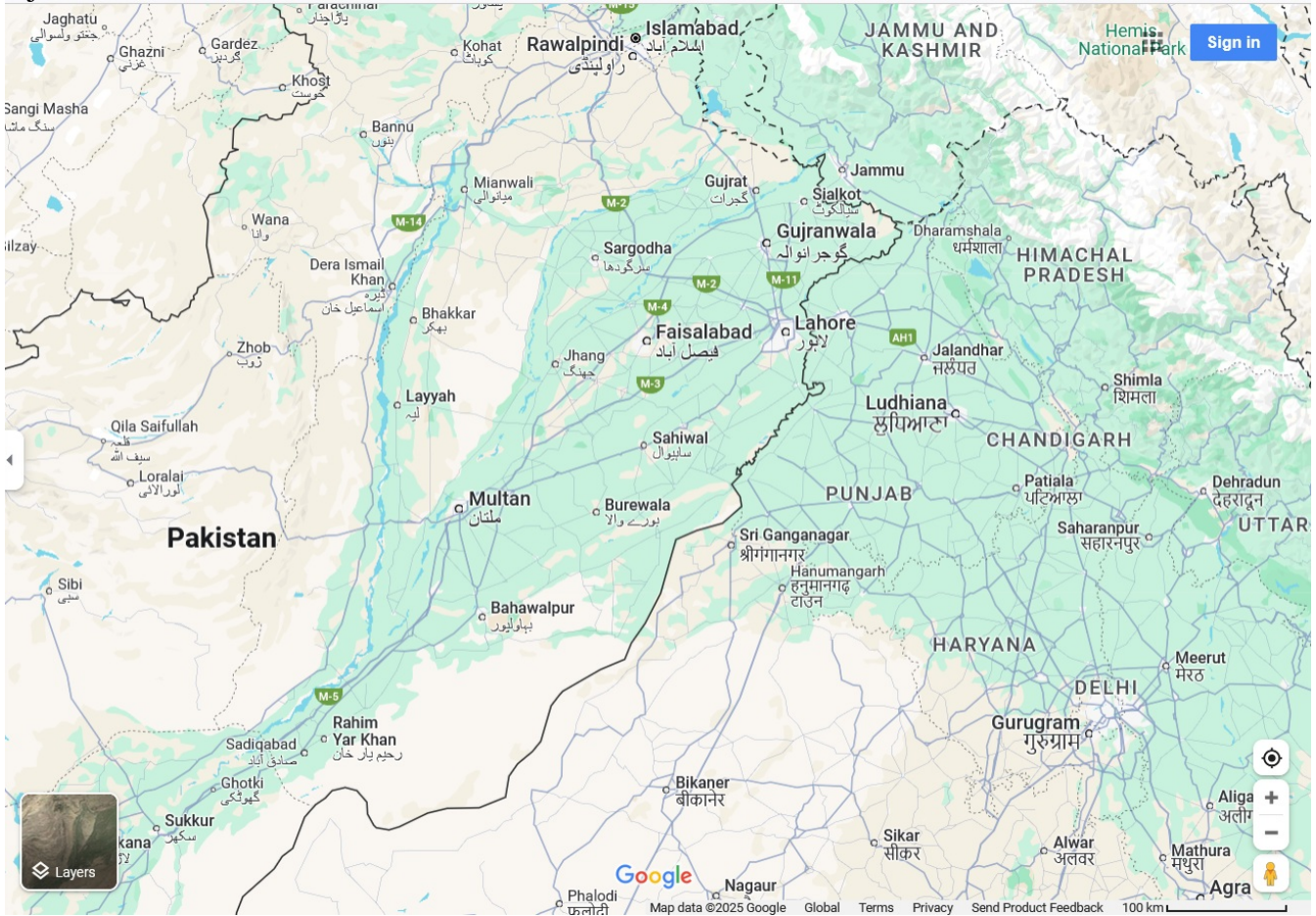
ORIGINAL APPROVED COST	PKR Million. 9,263.212/-
ORIGINAL APPROVED GESTATION	29 Months Till June 2027
APPROVAL FORUM	PDWP (PDWP)

1. NAME OF THE PROJECT

Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic

2. LOCATION OF THE PROJECT

Punjab



3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT

3.2. EXECUTION AGENCY

- DIRECTORATE GENERAL HEALTH SERVICES PUNJAB
- DISTRICT HEALTH AUTHORITY

3.3. OPERATIONS AND MAINTENANCE AGENCY

- DIRECTORATE GENERAL HEALTH SERVICES PUNJAB
- DISTRICT HEALTH AUTHORITY

3.4. CONCERNED FEDERAL MINISTRY

4. PLAN PROVISION

Sr #	Description
1	Source of Funding: Scheme Proposed for Next ADP
2	Proposed Allocation: 8.650

Comments:

The scheme titled “**Chief Minister’s Punjab Health Reforms Initiative Maryam Nawaz Health Clinic**” will be included in ADP 2024-25 as supplementary scheme with total cost of Rs. 9,263.212 million and allocation /provision of Rs. 8.650 million through re-appropriation during CFY 2024-25

-If the project is included in the Medium Term/five-year plan, please specify actual allocation.

N/A

-If the project is proposed to be financed out of block provision for a program indicate

N/A

5. PROJECT OBJECTIVES

The “**Service Delivery Model**” for primary healthcare services, specifically designed for **Basic Health Units (BHUs)**, aims to address the critical challenges of underutilization and suboptimal healthcare delivery in underserved communities. By focusing on efficiency, quality, and sustainability, this model seeks to transform healthcare outcomes for rural populations. The key objectives of the initiative are:

1. Maximize BHU Utilization

- Increase patient visits and ensure full utilization of BHUs by enhancing the delivery of essential healthcare services, including **outpatient care, maternal and child health, family planning**, and other primary health services.
- Improve the accessibility and reliability of healthcare services for communities that have historically been underserved.

2. Enhance Healthcare Outcomes

- Focus on improving critical health indicators, particularly in areas where BHUs have underperformed, such as **maternal and child health services** and **preventive care**.
- Deliver consistent, high-quality care to address healthcare disparities and reduce preventable illnesses and mortality rates in underserved regions.

3. Performance and Accountability

- Introduce a **pay-for-performance model** to align provider payments with measurable service delivery milestones.
- Encourage healthcare providers to deliver critical services with greater efficiency, reliability, and

accountability.

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

4. **Cost-Effective Operations**

- Optimize service delivery processes to achieve **cost efficiency**, enabling the model to deliver **three times the current level of service at reduced costs**.
- Create a sustainable system where operational expenses are minimized without compromising the quality of care provided to patients.

5. **Empower Healthcare Providers**

- Provide healthcare providers with the autonomy to manage **Basic Health Units (BHUs)** independently, while adhering to government-supported guidelines to ensure standardized service delivery.
- Encourage providers to take full ownership of BHU operations, fostering a culture of **innovation, accountability**, and a strong commitment to high-quality healthcare services.

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.

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). Similarly, **Sweden's privatized primary care system** introduced competitive outsourcing for healthcare centers, enabling private providers to manage operations under strict quality controls. This reform led to increased patient access, enhanced service satisfaction, and operational efficiency (OECD, 2017). Another exemplary model is **Spain's Alzira Model**, which utilized public funding with private management of primary care and hospitals, achieving a 20% reduction in operational costs while improving overall health outcomes (Lancet, 2019).

Inspired by these global practices, the Government of Punjab, Pakistan, 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. Many BHUs have underperformed due to resource constraints, inadequate service delivery mechanisms, and limited access to essential services. 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.

Maryam Nawaz Health Clinic Initiative

The **Maryam Nawaz Health Clinic Initiative** represents an innovative approach to healthcare reform in Punjab. Under this model, the management of **150 low-performing BHUs** is entrusted to young, dynamic healthcare providers, primarily doctors. The initiative's **pay-for-performance framework** ties finances directly to the quality and scope of healthcare services provided. This ensures accountability and motivates providers to achieve measurable performance benchmarks, such as patient attendance, maternal health coverage, immunization rates, and emergency care.

Global Relevance

Pay-for-performance models have been globally recognized for improving healthcare delivery and optimizing resource utilization. Providers are financially rewarded based on their adherence to predefined Key Performance Indicators (KPIs), ensuring service quality and efficiency. This model has been successfully implemented in various countries:

- **United Kingdom:** The NHS Quality and Outcomes Framework (QOF) incentivizes general practitioners by linking payments to improvements in patient care outcomes, such as better chronic disease management and reduced emergency admissions (BMJ, 2018).
- **Sweden:** Payment structures for primary care providers are based on patient registration and quality indicators, fostering competition and innovation among service providers (OECD, 2017).
- **Spain:** In the Alzira Model, performance-linked contracts with private providers significantly improved patient outcomes and reduced costs. Providers were financially penalized for failing to meet agreed service standards (Lancet, 2019).

- **Rwanda:** Performance-based contracts in rural health facilities increased vaccination rates and reduced maternal mortality, demonstrating the effectiveness of incentivized healthcare delivery (WHO, 2018).
- **Bangladesh's Smiling Sun Clinics:** Community-based healthcare providers improved maternal and child health outcomes under performance-linked contracts (World Bank, 2018).

Promoting Healthcare Entrepreneurship

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 entrepreneurial model encourages providers to view BHUs as sustainable ventures, motivating them to maximize efficiency and improve patient outcomes. Programs like **Bangladesh's Smiling Sun Clinics** have shown that empowering local providers through performance-based models can lead to improved service delivery and economic growth (World Bank, 2018).

Progress in the Pilot Phase

The pilot phase of the initiative has achieved several key milestones:

The **Maryam Nawaz Health Clinic** outsourcing initiative has made significant progress since its launch. 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 between **December 26, 2024, and January 3, 2025**, 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. This progress highlights the commitment to revitalizing primary healthcare in Punjab and empowering young healthcare professionals to deliver impactful, community-centered care.

HR Adjustment in the Pilot Model

As part of the pilot phase of the Maryam Nawaz Health Clinics (MNHC) initiative, 150 Basic Health Units (BHUs) were successfully outsourced and renamed as Maryam Nawaz Health Clinics on 7th January 2025. The transition involved significant adjustments to the existing human resources to align with the new operational model. The Primary and Secondary Healthcare Department (P&SHD), Punjab, implemented the following HR adjustment strategy:

1. Transition of Government Staff

- A total of 1,058 healthcare officers and officials were transferred from the outsourced BHUs.
- These staff members were adjusted against vacant positions in other government healthcare facilities, including:
 - Basic Health Units (BHUs) not included in the pilot model.
 - Dispensaries, Tehsil Headquarters (THQs), and District Headquarters (DHQs).
 - Rural Health Centers (RHCs) to enhance service capacity.
 - Clinic on Wheels (COW) units, which provide outreach healthcare services to urban slums and underserved areas.
- The transition ensured minimal disruption in service delivery while optimizing the utilization of existing government healthcare personnel.

Expected Outcomes

The initiative is designed to deliver measurable improvements in healthcare delivery across

the selected BHUs:

- **Service Delivery:** Patient attendance is expected to increase from an average of 1,265 to 1,970 per BHU each month.
- **Cost Efficiency:** Per-patient costs will decrease from Rs. 1,084 to Rs. 453, yielding savings of Rs. 631 per patient.
- **Job Creation:** Sustainable self-employment opportunities will be created for healthcare professionals, contributing to local economic development.
- **Enhanced Accountability:** Providers will adhere to high operational standards, ensuring consistent delivery of essential services, including maternal health, immunization, and emergency care.

The **Maryam Nawaz Health Clinic Initiative** represents a transformative step toward improving healthcare in Punjab. By outsourcing BHU management to young healthcare professionals under a pay-for-performance model, the initiative revitalizes underperforming facilities and establishes a sustainable entrepreneurial framework. Drawing on the best global practices from Europe, Africa, and Asia, the initiative aims to set new standards in primary healthcare delivery, ensuring better access, accountability, and cost efficiency for rural communities in Punjab.

Introduction

The **Maryam Nawaz Health Clinic** initiative, launched under the “**Chief Minister’s Punjab Health Reforms**”, represents a transformative approach to addressing the persistent challenges faced by the **Primary and Secondary Healthcare Department (P&SHD)** in delivering consistent, high-quality healthcare services to rural and underserved areas of Punjab. Despite substantial investments in healthcare infrastructure, many **Basic Health Units (BHUs)** continue to underperform due to operational inefficiencies, inadequate utilization, and limited access to critical services.

To address these challenges, the **Integrated Reproductive Maternal Neonatal Child Health & Nutrition Program (IRMNCH)** introduced an innovative outsourcing model aimed at revitalizing BHUs by transferring their management and operation to **individual healthcare providers** under a **pay-for-performance framework**. This approach leverages the skills, motivation, and entrepreneurial spirit of healthcare professionals to optimize service delivery, enhance accountability, and ensure the efficient utilization of resources.

The initiative is designed to focus on the delivery of critical healthcare services that are essential for improving health outcomes in rural communities. These services include **maternal and child healthcare, immunization, family planning, general outpatient care, and emergency medical services**. By tying payments directly to the **volume and quality of services delivered**, the initiative ensures accountability and transparency. The use of the department’s **Electronic Medical Record (EMR)** system further strengthens this framework by providing real-time verification of services rendered, thereby enabling data-driven decision-making and improving oversight.

This outsourcing model brings several advantages that address both the **supply and demand sides** of healthcare delivery. On the supply side, it empowers healthcare providers by offering them the autonomy to manage facilities while fostering innovation and accountability. This approach promotes operational efficiency, cost-effectiveness, and adherence to quality standards. On the demand side, the model increases community trust and engagement by prioritizing the needs of the local population, ensuring accessible, reliable, and patient-centered care.

By integrating international best practices and focusing on community-based solutions, the **Maryam Nawaz Health Clinic Initiative** aims to create a scalable and sustainable model for healthcare delivery in Punjab. This initiative not only addresses the immediate challenges

of underperforming BHUs but also establishes a forward-looking framework that aligns with the global movement toward innovative and accountable healthcare systems. Ultimately, this initiative aspires to set new standards for rural healthcare in Pakistan, ensuring that

Indicators	Supply Side Benefits	Demand Side Benefits
Cost Efficiency	Reduced operational cost	Patients receive free healthcare services while minimizing Out of Pocket Expenditures.
Service Delivery	Increase service delivery threefold through better resource utilization	Provides access to high-quality healthcare, especially maternal and childcare, family planning, and immunization with extended Hours of service delivery.
Staff Utilization	Overcomes underutilization of existing P&SHD staff	Ensures availability of qualified doctors and allied healthcare professionals in rural areas
Healthcare Quality	Improves alignment with P&SHD and Punjab government healthcare objectives	Enhances the quality and availability of primary healthcare services without additional cost to patients
Accountability and Performance	Links payments to performance, ensuring better healthcare delivery	Improves patient satisfaction through consistent, high-quality healthcare services
Private Sector Involvement	Encourages Communities to run lagging BHUs	The engagement of local providers fosters a sense of ownership and builds trust between the community and healthcare facilities.
Sustainability	Ensures long-term financial sustainability for P&SHD through cost savings	Guarantees continuous access to healthcare without financial strain on patients
Opportunity for Doctors	Entrepreneurial Model for Young Doctors	Local doctors can run BHUs as private practices without charging patients directly
Scalability and Innovation	The success of this model in pilot BHUs provides a framework for scaling the initiative across the province	Private sector involvement encourages the adoption of innovative practices and technologies to improve service delivery.

even the most underserved populations have access to essential medical services.

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT:

The **outsourcing model** for **Basic Health Units (BHUs)** under the **Maryam Nawaz Health Clinic Initiative** aims to enhance service delivery by engaging individual healthcare providers as **Health Managers**. These providers will take full responsibility for managing the assigned BHUs while adhering to government guidelines. The scope of their responsibilities is detailed below:

1. Operational Management

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

1. 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.

1. 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.

1. 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 stockouts.

2. Support from the Primary and Secondary Healthcare Department (P&SHD)

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

1. 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.

1. 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.

1. Nutrition Commodities

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

3. Innovation and Efficiency in Supply Chain Management

This model ensures a robust and reliable supply chain through a **collaborative approach** between healthcare providers and P&SHD:

- Providers will integrate **digital inventory management tools** to monitor supplies in real time, track usage patterns, and forecast future needs accurately.
- A streamlined supply chain will enable timely procurement and distribution, minimizing stockouts and wastage.
- Cold chain management** will be implemented for temperature-sensitive supplies, such as vaccines, to maintain their efficacy.

4. Community-Centered Service Delivery

To enhance trust and ensure effective healthcare delivery:

- Providers will engage with the local community to identify specific health needs and tailor services accordingly.
- Outreach programs will raise awareness about immunization, nutrition, family planning, and other essential services provided at BHU.
- Regular community feedback will be incorporated to improve service quality and foster a sense of ownership among the population.

Key Innovations

-Integrated Monitoring and Reporting Systems:

Providers will utilize digital tools such as the **Electronic Medical Record (EMR)** system to enable **real-time reporting** and data-driven decision-making. This ensures transparent performance evaluation and efficient service delivery tracking.

-Central Command and Control Monitoring:

Service delivery will be closely monitored through a **Central Command and Control System**, with **CCTV cameras installed at each BHU**. This advanced system ensures real-time surveillance and operational oversight, enabling swift responses to any service delivery gaps.

-Service Delivery Verification:

Service delivery performance will be verified through a **dedicated call center**, which will contact patients for feedback and service confirmation. Additionally, **household cluster surveys** will provide an on-ground assessment of healthcare access, satisfaction, and outcomes, ensuring a comprehensive evaluation of service impact.

-Emergency Preparedness Plans:

BHUs will be equipped to handle emergencies effectively, including **maternal complications, outbreaks, and seasonal health challenges**. These plans will include protocols for managing critical conditions, ensuring timely care, and reducing preventable complications.

-Comprehensive Training for Health Managers:

An **initial training session** will be conducted for all selected health managers to provide orientation on the model and **Standard Operating Procedures (SOPs)** for facility management. This training will ensure that managers are well-prepared to deliver high-quality services, adhere to operational protocols, and manage their BHUs effectively.

-Camp Clinics with Specialist Doctors:

Health managers will be encouraged and motivated to organize **camp clinics** featuring specialist doctors. These clinics will be conducted in **deep rural areas** to provide access to advanced medical care for underserved populations, ensuring that even remote communities benefit from specialist

consultations and treatments.

- These key innovations collectively ensure that the **Maryam Nawaz Health Clinic Initiative** not only delivers high-quality healthcare but also operates with transparency, efficiency, and a strong focus on community needs. By leveraging technology, comprehensive training, and proactive community engagement, the initiative is designed to revolutionize primary healthcare delivery in Punjab.

2. Service Delivery

The **Health Managers** of Basic Health Units (BHUs) will be entrusted with the responsibility of delivering a comprehensive range of essential healthcare services to the communities they serve. These services include:

-Maternal and Child Healthcare:

- Provide complete **antenatal and postnatal care** to ensure the health and well-being of mothers and newborns.
- Offer **safe delivery services**, including handling normal deliveries and referring complicated cases to higher-level facilities when necessary.
- Conduct regular health education sessions to promote maternal health awareness in the community.

-Family Planning Services:

- Deliver access to **family planning counseling** and provide both short-term and long-term contraceptives.
- Educate couples about reproductive health and contraceptive options to empower them to make informed decisions.

-Immunization Services:

- Administer vaccines under the **Expanded Program on Immunization (EPI)** to protect children and adults from preventable diseases such as polio, measles, and tetanus.
- Ensure complete immunization coverage for the target population by maintaining robust vaccination outreach programs.

-Treatment of Malnutrition and Tuberculosis (TB):

- Screen and manage cases of malnourished children by providing appropriate treatment and referrals when necessary.
- Implement **TB care services**, including diagnosis, treatment, and follow-up, to ensure adherence to national TB control guidelines.

-General Outpatient Services (OPD):

- Offer consultations for common illnesses, general healthcare needs, and chronic disease management.
- Provide health education and preventive care services to promote overall community health.

-Emergency Services:

- Deliver basic emergency care for acute illnesses, injuries, and obstetric emergencies.
- Stabilize critical cases before referring them to specialized facilities.

3. Human Resources Management

The selected Health Managers will play a vital role in recruiting, training, and managing a skilled healthcare workforce to ensure high-quality service delivery.

1. Recruitment and Training:

- Recruit **dispensers/pharmacy technicians, Lady Health Visitors (LHVs), midwives**, and other support staff based on the facility's needs.
- Conduct initial and ongoing training programs to build staff capacity, focusing on clinical skills, patient care, and adherence to healthcare protocols.
- Establish a professional development plan to enhance staff competency and motivation.

1. Staff Management:

- Monitor and evaluate staff performance regularly, providing constructive feedback and implementing corrective actions where necessary.
- Foster a collaborative work environment that promotes accountability and teamwork.
- Maintain staff rosters and ensure adequate coverage for all shifts to provide uninterrupted services.

1. Compliance with PHC Standards:

- Ensure all operations and healthcare delivery adhere to the **Punjab Healthcare Commission's (PHC) Minimum Service Delivery Standards (MSDS)**.
- Complete the required licensing process with the PHC within six months of assuming responsibility for the facility.
- Conduct periodic self-assessments to ensure ongoing compliance with PHC guidelines.

4. Monitoring and Reporting

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

1. Data Entry into EMR:

- Record all service data in real-time using the **Electronic Medical Record (EMR)** system provided by the Primary and Secondary Healthcare Department (P&SHD).
- Utilize EMR data to track patient visits, service delivery outcomes, and performance metrics.

2. Monthly Reports:

- Submit detailed performance reports at the end of each month, including data on patient footfall, services provided, inventory levels, and any challenges faced.
- Highlight achievements and propose actionable recommendations for continuous improvement.

3. Regular Audits:

- Cooperate with third-party audits to ensure compliance with **pay-for-performance targets** and service delivery standards.
- Address audit findings promptly and implement corrective measures where required.

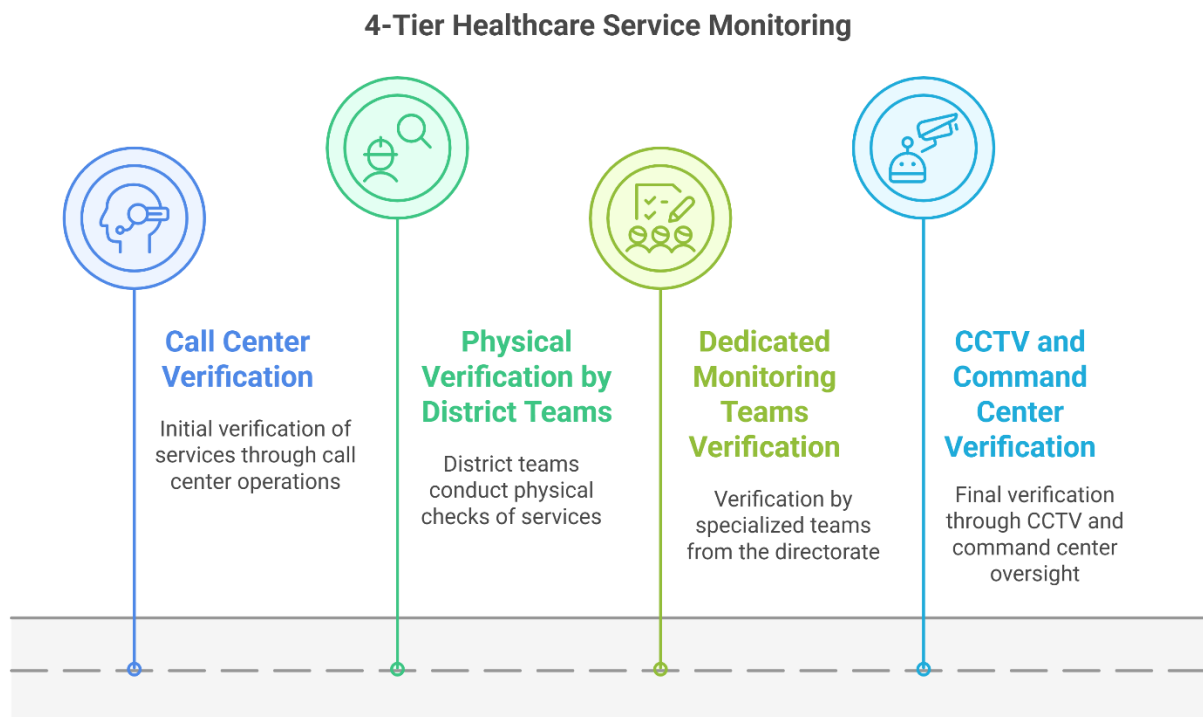
4. Coordination with District Health Authorities (DHA):

- Maintain regular communication with DHAs to ensure alignment with district health priorities and resolve operational challenges.
- Participate in review meetings and share progress updates to facilitate oversight and strategic guidance.

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and PDWP directed to develop a reboust/comprehensive monitoring mechanism. So, another dedicated scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System vide structure mentioned in **Annex-2**) for monitoring of all the MNHC, Community Health Inspector & other similar pay-for-performance initiatives. Accordingly, the operational component retained and monitoring related component (including post) deleted from this PC-I.

A 4-tier monitoring structure is being implemented through existing health teams, current PC-I management/operations staff and dedicated Directorate of Provincial Healthcare Service Monitoring & Evaluation System. The services delivery will be monitored:

- 1st: verification of services through call center
- 2nd: Physical Verification of services through district teams IRMNCH/DC IRMNCH
- 3rd: verification of services through dedicated monitoring teams of directorate of Provincial Healthcare Service Monitoring & Evaluation System
- 4th: Verification through CCTV monitoring and command & control center



Departmental Roles and Responsibilities

1. Primary and Secondary Healthcare Department (P&SHD)

The P&SHD will play a crucial role in ensuring the smooth functioning of the outsourcing model by:

- **Release of Finances:** Reimbursements against service delivery in each MNHC shall be made by the P&SHD / Project Management Unit after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers
- **EMR Integration:** All data will be entered into the EMR system, ensuring transparency and real-time tracking of healthcare services.

- **Service Delivery Verification:** P&SHD will ensure that service delivery is verified through performance audits, and payments will be disbursed accordingly.

2. District Health Authorities (DHA)

The DHAs will be responsible for regular oversight and monitoring of the BHUs:

- **Regular Visits:** DHAs will conduct regular visits to the BHUs to assess their operations, ensuring that they are meeting the required healthcare standards.
- **Monitoring and Evaluation Assistants (MEAs):** MEAs will visit each BHU monthly to collect data related to service delivery, patient satisfaction, and healthcare outcomes.
- **Service Delivery Audits:** MEAs will review the accuracy of the data recorded in the EMR system and verify that healthcare services are being provided as per the contract.

3. Coordination with Outreach Staff

Outreach staff from the P&SHD will work closely with BHU staff to ensure seamless service delivery:

- **Coordination with BHU Staff:** Outreach workers will collaborate with BHU in-charges to facilitate healthcare programs such as immunization drives, maternal health initiatives, and family planning services.
- **Community Engagement:** Outreach staff will work to engage the community and ensure that public health services reach the targeted populations, with regular feedback to BHU in-charges on community health needs.

Repair and Maintenance Responsibilities

As the department will hand over the BHUs in fully functional condition, the entities or individuals managing the BHUs will be responsible for the following:

- **Ongoing Repair and Maintenance:** Ensuring that all infrastructure, facilities, and equipment remain fully operational and well-maintained throughout the duration of the contract.
- **Biomedical Equipment Functionality:** Ensuring that all biomedical equipment handed over by the department is kept in working condition and is returned fully operational at the end of the contract term or upon contract termination.
- **Facility Management:** Regularly inspecting the facility for any repair or maintenance needs and ensuring that all issues are addressed promptly.

This comprehensive scope of assignment defines the responsibilities of the entities or individuals selected to manage BHUs, as well as the critical roles played by P&SHD and DHA in ensuring service delivery and monitoring. Through this coordinated approach, the outsourcing model aims to improve healthcare outcomes, service quality, and operational efficiency at BHUs across Punjab.

5. Key Functions of the Entity/Individual (Doctor) Managing BHUs

The selected entity or individual healthcare provider (doctor) managing the Basic Health Unit (BHU) under the Maryam Nawaz Health Clinic will have several key responsibilities. These include ensuring the delivery of high-quality healthcare services, effective management of human resources, and adherence to all required regulations and standards. The following are the key functions

Comprehensive Healthcare Delivery

1. Maternal and Child Healthcare:

- **Antenatal Care:** Provide comprehensive antenatal care, including routine checkups, screening for complications, and counseling on maternal nutrition and pregnancy management. Ensure proper health tracking for pregnant women.
- **Postnatal Care:** Deliver postnatal care to mothers and newborns, offering services such as breastfeeding support, health checks for the mother and infant, and vaccinations.
- **Deliveries:** Manage normal deliveries and provide appropriate care during labor and childbirth. Ensure safe delivery practices and emergency referral systems for complicated cases.
- **Family Planning Services:** Offer counseling on family planning options and administer contraceptive methods, including short-acting and long-acting methods such as IUDs and implants.

2. Immunization Programs:

- Administer vaccines which will be provided by the department as per the **Expanded Program on Immunization (EPI)** schedule, ensuring that children receive vaccinations for diseases like polio, measles, diphtheria, tetanus, hepatitis, BCG.MMR, and others.
- Keep detailed immunization records and follow up on missed vaccinations to ensure high immunization coverage in the community.
- The entity will ensure the proper maintenance of the **cold chain** for all vaccines, ensuring they are stored and transported at the correct temperatures to maintain efficacy.

3. General Outpatient Services (OPD):

- Provide consultations for common illnesses, minor injuries, and other general health issues. This includes diagnosing and treating infectious diseases, non-communicable diseases, and acute medical conditions.
- Manage the treatment of chronic diseases such as diabetes, hypertension, and asthma, ensuring patients receive appropriate medications and follow-up care.
- Increase the volume of outpatient visits by providing accessible and reliable healthcare services.

4. Malnutrition Screening and Treatment:

- Conduct regular screenings to identify malnutrition in children under five years old, pregnant women, and lactating mothers.
- Provide therapeutic feeding programs, micronutrient supplementation, and nutrition counseling to address cases of malnutrition.

- Collaborate with local nutrition programs to ensure that malnourished individuals receive the necessary support and treatment.

5. Tuberculosis (TB) Care:

- Screen and diagnose patients for tuberculosis (TB) as per national TB program guidelines.
- Manage TB treatment, including Directly Observed Treatment, Short course (DOTS), and ensure patients complete the full course of medication.
- TB medicines will be provided by the Department.
- Provide follow-up care and monitor TB patients for potential drug resistance or complications.

6. Emergency & Referral Services

- **Basic Emergency Care:** The entity will ensure that basic emergency care is available at the BHU, including the stabilization of patients with acute medical conditions, injuries, or other urgent health concerns. Patients requiring further medical attention will be referred to higher-level healthcare facilities, ensuring a smooth transition and timely access to advanced care.
- **Management of Medical Emergencies:** The BHU will be equipped to handle medical emergencies such as maternal complications, accidents, and sudden illnesses. The healthcare team will provide immediate care to stabilize patients, initiate urgent interventions, and, when necessary, make referrals to specialized facilities capable of handling more complex cases.
- **Referral Coordination:** The BHU staff will maintain strong communication lines with secondary and tertiary healthcare facilities to facilitate the referral of emergency cases. Clear referral protocols will be followed to ensure that patients are transferred safely and efficiently for advanced treatment.
- **Rural Ambulance Service (RAS) 1034 Ambulance Service:** The Departmental Rural Ambulance Service (RAS 1034) will be on call to support the transportation of patients needing urgent care beyond the capabilities of the BHU. The entity will coordinate with the RAS service to arrange for timely transfers, ensuring patients are safely transported to the appropriate higher-level healthcare facility for continued treatment.

This integrated approach ensures that the BHU can effectively manage emergencies while ensuring that patients needing more specialized care are quickly referred to and transferred to the appropriate facilities.

Data Entry and Reporting

1. Accurate Record Keeping:

- Maintain detailed and accurate electronic medical records (EMR) of all services provided at the BHU, including patient visits, treatments, immunizations, and other healthcare services as per the P&SHD guidelines.
- Ensure that data is regularly updated in the P&SHD EMR system to enable real-time tracking of service delivery and healthcare outcomes.

2. Monthly Performance Reporting:

- Submit monthly reports to the Primary and Secondary Healthcare Department (P&SHD), detailing service delivery metrics such as patient volume, immunizations administered, maternal and child healthcare visits, and family planning services.
- These reports will be used for verifying service delivery and processing payments under the pay-for-performance model.

Human Resources Management

1. Recruitment and Staffing:

- Recruit qualified and skilled healthcare professionals to meet the staffing requirements of the BHU, ensuring that all key roles are filled, including Medical Officers, Dispensers, Lady Health Visitors (LHVs), and support staff.
- Ensure staffing levels are adequate to meet community needs and maintain uninterrupted service delivery.

2. Staff Training and Development:

- Provide continuous training and development opportunities for all healthcare staff, ensuring they are up to date with the latest national healthcare protocols, including maternal and child health, immunization, TB care, and emergency care.
- Ensure all staff members are trained in the use of the EMR system for accurate data entry and reporting.

3. Performance Management:

- Regularly assess the performance of healthcare staff, ensuring that they are delivering services in accordance with national standards and departmental objectives.
- Encourage accountability and excellence by monitoring staff adherence to healthcare protocols and rewarding high performers under the pay-for-performance model.

Accountability and Compliance

1. Compliance with Health Protocols:

- Ensure full compliance with all healthcare protocols and standards set by the P&SHD, the Punjab Healthcare Commission (PHC). This includes adherence to the **Minimum Service Delivery Standards (MSDS)** for healthcare facilities.

2. PHC Licensing:

- Ensure the BHU obtains and maintains licensing from the Punjab Healthcare Commission (PHC) within six months of taking over the facility, ensuring that all necessary regulatory requirements are met.

3. Monitoring and Evaluation:

- Cooperate with third-party monitors and the District Health Authorities (DHA) during regular visits and evaluations. These assessments will ensure that the BHU is meeting performance standards and service delivery targets.
- Address any deficiencies or areas for improvement identified during monitoring visits and ensure compliance with recommendations.

Qualifications and Team Composition

The required Qualification and selection criteria of young doctors/ entrepreneurs /private healthcare providers is as follows:

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 individual 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:

i. 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.

ii. 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.

- iii. 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 (REOs). 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/adhoc 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 Positions/Distinctions	8	2 mark each for position/ distinction
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)		

Constitution of various committees for outsourcing of selected BHUs are placed at Annex-F.

Team Composition

The team composition for each BHU ensures a multidisciplinary approach to healthcare delivery, addressing a broad spectrum of patient needs:

1. Dispenser /Pharmacy Technician (01)

- **Qualification:**
 - Must hold certification from the relevant health authority.
 - Demonstrated experience in handling medical prescriptions and dispensing medications.
- **Role and Responsibilities:**
 - Manage the BHU pharmacy, including the procurement, storage, and handling of medicines.
 - Dispense medications to patients accurately, based on prescriptions from the Medical Officer.
 - Maintain an organized inventory system to ensure the availability of essential drugs and prevent stockouts.

2. Lady Health Visitors (LHVs)/ Midwives (02)

- **Qualification:**
 - Certified as a Lady Health Visitor with experience in maternal and child healthcare, including antenatal and postnatal services, immunization, and family planning.
- **Role and Responsibilities:**
 - Provide comprehensive maternal and child healthcare services, including **antenatal checkups**, immunizations, and post-natal care.
 - Offer **family planning counseling** and distribute contraceptives to eligible clients.
 - Conduct **community outreach** activities, including home visits, to educate families on health, hygiene, and preventive care.

3. Support Staff (02)

- **Role and Responsibilities:**
 - Maintain cleanliness and hygiene across the BHU premises, ensuring compliance with health and safety regulations.
 - Assist in preparing facilities for patient care, such as sanitizing treatment areas and maintaining waste management protocols.
 - Provide general support/ security services to healthcare staff, ensuring the smooth operation of daily activities.

Contract Signing Process

The **contract signing process** formalizes the partnership between the **Primary and Secondary Healthcare Department (P&SHD)** and the selected healthcare providers or entities managing the **Basic Health Units (BHUs)** under the **Maryam Nawaz Health Clinic Initiative**. This stage ensures clarity of roles, expectations, and accountability. The contract

will include the following critical components:

1. Contract Formation

- Once the **selection process** is completed, contracts will be drafted in accordance with the approved terms and conditions outlined by the **P&SHD**.
- This tri-party contracts will be signed by, the selected healthcare providers, concerned District Health Authority and the **Primary and Secondary Healthcare Department**—to formalize their roles in the outsourcing initiative.
- The annexes attached to the contract will detail specific guidelines, operational protocols, medicine List and expectations for service delivery, ensuring mutual understanding of obligations.

2. Service Delivery Expectations

- The contract will specify the **scope of services** delivered by the healthcare providers, including:
 - **Maternal and Child Healthcare:** Comprehensive antenatal and postnatal care, delivery services, and postnatal follow-ups.
 - **Immunizations:** Administering vaccines under the **Expanded Program on Immunization (EPI)** to ensure full immunization coverage.
 - **Family Planning Services:** Counseling and provision of short- and long-term contraceptive methods to eligible clients.
 - **General Outpatient Department (OPD) Services:** Consultations for common illnesses and chronic conditions.
 - **Emergency Care:** Providing immediate care for acute medical conditions and referrals for critical cases.
- Providers will be responsible for adhering to the **Minimum Service Delivery Standards (MSDS)** set by the **Punjab Healthcare Commission (PHC)**.

3. Payment Model

- The contract will establish the **pay-for-performance framework**, linking provider payments to verified service delivery outcomes. Reimbursements against service delivery in each MNHC shall be made by the P&SHD / Project Management Unit after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers.
- Payments will be tied to specific **Key Performance Indicators (KPIs)**, including:
 - Patient attendance and service volume.
 - Immunization coverage.
 - Maternal health service utilization.
 - Emergency care and referral management.

4. Reporting Mechanisms

- **Real-Time Data Reporting:** Providers will be required to record all service data in real time using the **EMR system** provided by the department. This system will track patient visits, service delivery metrics, and inventory usage.

- **Monthly Performance Reports:** Providers will submit detailed reports at the end of each month, including:
 - Number of patients treated.
 - Services delivered across different categories.
 - Operational challenges and recommendations for improvement.
- **Audits and Feedback:** The contract will also include provisions for regular audits, both by third-party evaluators and the **P&SHD**, to ensure compliance with the pay-for performance model. Feedback from patients and community members will be incorporated to enhance service quality.

5. Duration and Renewal

- The **initial duration of the contract** will be **one year**, allowing for a focused assessment of the model's impact and provider's performance.
- The contract may be renewed based on:
 - Performance evaluations against the established KPIs.
 - Compliance with operational guidelines and reporting requirements.
 - The provider's ability to maintain high service delivery standards.
- Renewal terms will be defined in advance to ensure a seamless transition for future agreements.

6. Service Delivery Initiation

- **Commencement of Operations:** After completing training and orientation, the selected entities or individuals will commence service delivery at the BHUs under the **Maryam Nawaz Health Clinic** framework.
 - **Essential Services:** BHUs will provide essential services such as maternal and child healthcare, antenatal and postnatal care, family planning, immunization, TB care, malnutrition screening, general OPD services, and emergency care.
 - **Initial Setup:** The initial phase will focus on ensuring the smooth transition of operations, resource allocation, and patient management.
 - **Ongoing Support:** P&SHD will provide ongoing support to ensure that all required resources

Monitoring and Evaluation Framework

The **Maryam Nawaz Health Clinic Initiative** includes a robust **Monitoring and Evaluation (M&E)** framework designed to ensure accountability, transparency, and the delivery of high-quality healthcare services. The following components outline the systems and strategies implemented to monitor performance and evaluate outcomes effectively:

1. Integrated Monitoring and Reporting Systems

Providers will leverage **digital tools** to facilitate real-time data collection, reporting, and analysis, ensuring informed decision-making and efficient service delivery.

Key Features:

- **Electronic Medical Record (EMR) System:**

- Providers will record patient data, services delivered, and facility operations directly into the P&SHD EMR system.
- Real-time reporting allows for continuous tracking of service utilization, resource allocation, and health outcomes.
- The system generates comprehensive reports, enabling providers and administrators to identify trends, address gaps, and make data-driven decisions.
- **Performance Evaluation:**
 - Service delivery data from the EMR system will be analyzed against pre-defined **Key Performance Indicators (KPIs)**, such as patient attendance, immunization rates, and maternal health service utilization.
 - This ensures that providers are evaluated fairly and transparently, aligning with the **pay-for-performance framework**.

2. Central Command and Control Monitoring

To ensure real-time oversight and prompt issue resolution, a **Central Command and Control System** will be established.

Key Features:

- **CCTV Surveillance:**
 - CCTV cameras will be installed at each BHU, providing continuous monitoring of service delivery activities and operational compliance.
 - Real-time surveillance enables the rapid identification of service delivery gaps, ensuring corrective actions are taken promptly.
- **Centralized Oversight:**
 - A dedicated team at the command center will oversee operations, ensuring that BHUs adhere to established service delivery standards.
 - Alerts for anomalies, such as prolonged patient wait times or staff absenteeism, will trigger immediate investigations and responses.
- **Operational Dashboards:**
 - Interactive dashboards will display key operational metrics, offering a comprehensive view of performance at individual BHUs and across the network.
- **District Health Authority (DHA) Visits:** The DHA will conduct regular visits to the BHUs to oversee operational management, service delivery, and compliance with healthcare standards.

3. Service Delivery Verification

To validate the quality and impact of healthcare services, a multi-layered verification process will be implemented.

Key Features:

- **Dedicated Call Center:**

- A call center will contact patients to confirm services received, gather feedback on their experience, and assess satisfaction levels.
- Feedback collected will be used to address concerns, improve service quality, and enhance patient trust.
- **Household Cluster Surveys:**
 - Regular household surveys will assess healthcare access, satisfaction, and outcomes within the BHU's catchment area.
 - These surveys will provide valuable insights into community health trends and highlight areas needing improvement.
- **Monitoring Evaluation Assistants (MEAs):**
 - Trained **MEAs (Policy Strategy & Planning Unit)** will conduct on-site visits to verify reported data, assess facility conditions, and evaluate staff performance.
 - MEAs will also facilitate patient interviews to gather qualitative data on service delivery impact.

4. Performance Reporting and Accountability

To ensure continuous improvement and accountability, providers will be required to submit regular performance reports and participate in periodic evaluations.

Key Features:

- **Monthly Reports:**
 - Providers will submit detailed monthly reports through the EMR system, covering patient statistics, service outcomes, inventory usage, and operational challenges.
- **Third-Party Audits:**
 - Independent third-party evaluators will conduct audits to ensure compliance with **pay-for performance targets** and service delivery standards.
- **Feedback Loop:**
 - Findings from audits, call center feedback, and household surveys will be shared with providers and relevant stakeholders to inform corrective actions and policy adjustments.

5. Real-Time Issue Resolution and Support

The monitoring framework ensures that identified issues are addressed promptly, minimizing disruptions in service delivery.

6. Impact Assessment

The Monitoring and Evaluation framework will also focus on assessing the long-term impact of the initiative on healthcare outcomes in underserved areas.

Key Features:

- **Health Indicators:**

- Regular tracking of key health indicators, such as maternal and child mortality rates, vaccination coverage, and disease prevalence, to evaluate the initiative's effectiveness.
- **Community Engagement:**
 - Periodic community meetings to share progress, gather feedback, and strengthen community trust in healthcare services.

7. Payment Processing

- I. **Data Verification:** Payments will be processed based on verified service delivery data submitted via the EMR system. The data will be cross-checked by P&SHD, MEAs, and third-party monitors to ensure accuracy.
 - **Service Delivery Data:** Key service delivery metrics, such as the number of patient visits, vaccinations administered, family planning services provided, and maternal health consultations, will be used to determine payment.
- II. **Pay-for-Performance Model:** Payments will be released to the entities or individual healthcare providers based on their ability to meet the performance benchmarks set in the contract.
 - **Timely Payments:** Upon verification, payments will be disbursed in a timely manner to ensure the continuous delivery of healthcare services.
 - **Performance-Based Adjustments:** Entities or individuals who exceed performance expectations may be eligible for additional incentives, while those who fail to meet benchmarks may face reductions in payment or other penalties as outlined in the contract.

9. Deliverables

1. Service Delivery Reports:

- **Monthly reports** detailing the healthcare services provided at each BHU, including key metrics such as outpatient department (OPD) visits, maternal and child health services (antenatal, postnatal care, and deliveries), family planning services, immunizations, and other essential healthcare interventions.

2. Key Performance Indicators (KPIs):

- Performance data related to the utilization of healthcare services, including patient visits, the quality of services provided, patient satisfaction levels, and key health outcomes, such as immunization coverage and maternal health improvements. This data will be used to measure the effectiveness of the service delivery and compliance with performance targets.

3. Compliance and Audit Reports:

- **Compliance documentation** that confirms adherence to P&SHD healthcare protocols and standards, including the Punjab Healthcare Commission's Minimum Service Delivery Standards (MSDS). These reports will also include

findings from regular audits and third-party monitoring assessments, detailing areas of strength and any identified gaps in service delivery.

4. Financial Statements:

- **Quarterly financial statements** outlining the detailed costs of service delivery, payments received from P&SHD based on verified performance, and any outstanding financial dues. These statements will ensure transparency and accountability in the financial management of each BHU under the outsourcing model.

10. Payment 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

11. Payment Modality

The payment modality for the outsourcing model is designed to ensure accountability, transparency, and timely disbursement of funds based on verified service delivery. The process will be structured as follows:

1. Service Delivery Data Entry:

- **Data Recording:** The entity or individual managing the BHU will be responsible for accurately recording all service delivery data in the **Primary and Secondary Healthcare Department's (P&SHD) Electronic Medical Record (EMR)** system. This includes recording details of every service provided, such as OPD visits, maternal and child health services, immunizations, family planning, TB care, and emergency services.
- **Real-Time Entry:** Data must be entered in real-time at the service is provided to ensure up-to-date information for monitoring and verification.

2. Data Verification:

- **P&SHD Oversight:** The data entered the EMR system will be verified by the **Health Information and Service Delivery Unit (HISDU)** and the **District Health Authority**

(DHA). The verification process will ensure that all reported services have been accurately delivered and recorded.

- **Site Visits:** Periodic physical site visits will be conducted by the DHA and Monitoring and Evaluation Assistants (MEAs) to cross-check the data entered the EMR system with actual service delivery on the ground.
- **Data Accuracy and Compliance:** Any discrepancies or inaccuracies in the data entry will be flagged, and further investigation will be conducted to assess the validity of the reported services.

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and PDWP directed to develop a robust/comprehensive monitoring mechanism. So, another dedicated scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System) for monitoring of all the MNHC, Community Health Inspector & other similar pay-for-performance initiatives. The Directorate will also be responsible for monitoring & verification.

4. Payment Release

Reimbursements against service delivery in each MNHC shall be made by the P&SHD / Project Management Unit after verification of invoice/service delivery details by Claims Scrutiny Committee directly to the service provider through crossed cheque / online transfers

- **Monthly Payment Processing:** After the verification process is complete, P&SHD will process payments monthly. Payments will be directly tied to the volume and quality of services delivered, as reported and verified through the EMR system through HISDU.
- **Timely Remuneration:** Payments will be disbursed in a timely manner to ensure that the entity or individual managing the BHU is properly compensated for services provided. Delays in payment processing will be avoided to maintain uninterrupted service delivery.

4. Fines for Non-Compliance and Fake Entries:

- **Fake Data Entries:** If data verification reveals that false or inaccurate entries have been made in the EMR system to inflate service delivery figures, the entity or individual responsible will face financial penalties.
- **Fines:** A **fine** will be imposed based on the severity of the fraudulent data entry. Repeated violations will result in increasing fines, and the amount of the fine will be deducted from future payments.

5. Contract Termination for Low Performance or Severe Deviations:

- **Low Performance:** If the entity or individual fails to meet key performance indicators (KPIs) or service delivery targets over an extended period, P&SHD reserves the right to terminate the contract.
- **Performance Reviews:** Regular performance reviews will be conducted, and if an entity or individual consistently underperforms, despite warnings and opportunities for improvement, the contract may be terminated.
- **Severe Deviations from Contract Agreement:** Any **severe breach of the contract**, such as failure to comply with health protocols, failure to maintain proper service standards, will result in immediate termination of the contract.

Program management Unit

To manage finances, procurements, environmental and social risks, and to achieve the goals/objectives and overall management, a dedicated PMU will be established. However, any kind/type support staff for PMU will be acquired through outsourcing or contingency.

Sr. No.	Name of Post	No.of Posts			Project Pay Scale		
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Program Director/ADGHS	1	1	1	12	11	11
2	Additional Program Director	0	0	1	-	-	10
3	Additional Program Director (Operations)	1	0	0	10	0	10
4	Deputy Program Director (Operations)	3	2	2	9	9	9
5	Deputy Program Director (Contract Management)	0	0	1	9	9	9
6	Deputy Program Director (Data/MIS)	1	1	1	9	9	9
7	Deputy Program Director (Finance & Procurement)	1	1	1	9	9	9
8	Program Officer (Monitoring / Operations)	9	10	0	8	8	8
9	Program Implementation Officer	0	0	10	8	8	8
10	Program Officer (Stat/Data)	0	0	1	8	8	8
11	Program Officer (IT/Data Base)	1	1	1	8	8	8
12	Program Officer (Procurement)	1	1	1	8	8	8
13	Program Officer (Accounts)	1	1	1	8	8	8
Total		19	18	21	-	-	-

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and was approved with “Payment of Service Delivery” & “Outsourcing of Call Agent Services” and directed to develop a reboust/comprehensive monitoring mechanism. So, another dedicated scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System) for monitoring of all the MNHC, Community Health Inspector & other similar pay-for-performance initiatives. Accordingly, the operational component retained and monitoring related component (including post) deleted from this PC-I.

Above said Posts of PMU will be filled through recruitment on approved pay package or through transfer posting of officers/officials working under P&SHD with their actual pay + incentive allowance as admissible. Furthermore, officers/officials working under P&SHD to be assigned additional charge are proposed to be paid 25% of the post salary package as pay for performance on monthly basis. The expenditure will be met out of the salary budget proposed for the post in the instant PC-I.

This project recognizes the importance of accessible and comprehensive MNCH, Family Planning and Nutrition services in promoting reproductive health and empowering individuals. In order to achieve this, this project propose a comprehensive intervention plan to improve MNCH, family planning and Nutrition indicators in Punjab.

JUSTIFICATION FOR THE PROJECT

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 (P&SHD). 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.

The phased implementation of the **MARYAM NAWAZ HEALTH CLINIC** under the **Chief Minister Punjab Health Initiative** begins with 150 Normal BHUs and 50 Newly revamped 24/7 BHU, focusing on the highest-need areas. A robust framework for bidding, selection, contract management, training, and monitoring ensures that the transition to outsourced management is smooth and effective. Key highlights of the model include:

1. **Enhanced Service Delivery:** The BHUs under this model will provide a wide range of essential services, ensuring that maternal and child healthcare, family planning, immunization, and emergency services are readily available to the community.
2. **Cost Efficiency:** By reducing operational costs from the current 0.97 million PKR to 0.69 million PKR per BHU, the model ensures better financial sustainability while delivering three times the service volume compared to the current system.
3. **Data-Driven Monitoring:** The use of the Electronic Medical Record (EMR) system will ensure accurate, real-time tracking of healthcare services, making it easier for P&SHD to verify service delivery and release payments accordingly.
4. **Accountability and Compliance:** The model incorporates regular third-party monitoring, performance audits, and district health authority oversight to ensure adherence to service delivery standards and healthcare protocols. Additionally, entities or individuals managing the BHUs will be required to maintain licensing through the Punjab Healthcare Commission (PHC) and comply with the **Minimum Service Delivery Standards (MSDS)**.
5. **Risk Mitigation through Fines and Contract Termination:** To safeguard against fraudulent reporting and poor performance, the model incorporates a system of fines for false data entries and contract termination clauses for consistent underperformance or breaches of the contract agreement. This ensures that only entities or individuals who meet the required standards remain part of the outsourcing model.
6. **Sustainability and Scalability:** The pilot phase involving 100 Normal BHUs and 50 revamped 24/7 BHUs provides a platform for evaluating the effectiveness of the model, allowing for adjustments before scaling up to other BHUs across Punjab. This phased approach ensures continuous learning and improvement, allowing for the model to be fine-tuned and scaled based on real-world data and outcomes.

P&SH Department aims to increase foot-fall of health facilities from 1,084 to 1,970 patients per month:

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 expending an amount of Rs. 1.371 million per month with foot-fall of ~1,084 patients /services delivery at a 24/7 BHU (excluding outreach staff):

Head	Current Cost for service Delivery at BHU /Month
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

The proposed model costs P&SHD approx. Rs. 893,000/- per month with expedted footfall of ~1,970 per month, which will save approx. Rs. 631/- per patient

Description	Existing Model	Proposed Model
Budget Expenditure excluding Outreach Staff	1,371,135	893,000
Service Delivery	1,265	1,970
Per Patient Cost	1,084	453

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

	Conventional BHU	MNHC	Net Impact	
Budget	1,371,135 / month excluding outreach HR	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	↓

HR Adjustment Strategy for Scaling Up to 982 BHUs

As the initiative scales up to outsource an additional 982 BHUs, a comprehensive HR

adjustment strategy will be implemented to ensure a smooth transition and effective utilization of human resources.

1. Transition of Government Staff

Reallocate government healthcare staff from outsourced BHUs to:

- Vacant positions in THQs, DHQs, and other BHUs are not included in the outsourcing model.
- Outreach programs, including mobile health units and Clinic on Wheels (COW), to expand coverage in urban slums and remote areas.

In conclusion, the **Outsourcing Model for BHUs** represents a significant shift in the way healthcare services are delivered in Punjab. By aligning financial incentives with healthcare outcomes, the model promotes higher efficiency, accountability, and service quality. It also empowers healthcare providers to take ownership of the facilities they manage, thereby encouraging innovation and better patient care.

With the right mix of public oversight, private expertise, and community engagement, this initiative has the potential to drastically improve healthcare outcomes in underserved regions, helping the Government of Punjab achieve its long-term healthcare goals. The success of this model will ultimately be measured by its ability to improve patient satisfaction, increase healthcare access, and enhance the overall quality of life for the rural population.

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and was approved with "Payment of Service Delivery" & "Outsourcing of Call Agent Services" and directed to develop a robust/comprehensive monitoring mechanism. So, another dedicated scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System) for monitoring of all the MNHC, Community Health Inspector & other similar pay-for-performance initiatives. Accordingly, the operational component retained and monitoring related component (including post) deleted from this PC-I.

6.2 SECTORAL SPECIFIC INFORMATION:

N/A

7. CAPITAL COST ESTIMATES:

Financial Components: Revenue
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):N/A

Grant Number:Development Revenue - (PC22036)
LO NO:N/A
A/C To be Credited:Assan Assignment

PKR Million							
Sr #	Object Code	2024-2025		2025-2026		2026-2027	
		Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	8.650	0.000	9,191.840	0.000	62.722	0.000
Total		8.650	0.000	9,191.840	0.000	62.722	0.000

Annexure-4

PC-I for scheme titled "Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic"

Price Reasonability Certificate

The most of the items under this PC-I are rare in open market and usually procured through open competitive process, therefore unit rates are determined / proposed based on recent procurements considering inflation / price variation. It is certified that proposed unit cost / price is reasonably justified and market compatible.


PD(IRMNCH)/ADGHS
IRMNCH & Nutrition Program

PC-I for scheme titled "Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic"

Non Duplication Certificate

It is certified that the proposed items under instant PC-I are need base and to meet the criteria of Universal Health Coverage. These items are not overlapping and are not being provided through any other scheme(s).


PD(IRMNCH)/ADGHS
IRMNCH & Nutrition Program

Cost Summary

Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic

Sr. No.	Description	Year wise cost									Total cost			Difference (Original vs Discussed in PDWP)	Difference (Discussed in PDWP vs Amended)	Difference (Original vs Amended)
		Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)								
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended			
1	HR Cost for PMU	13,550,000	3,100,000	7,300,000	81,300,000	71,700,000	87,600,000	87,489,000	25,716,000	31,362,000	182,339,000	100,516,000	126,262,000	-81,823,000	25,746,000	-56,077,000
2	Operations & Management	230,620,000	1,350,000	1,350,000	45,600,000	240,000,000	286,000,000	50,160,000	9,800,000	9,800,000	326,380,000	251,150,000	297,150,000	-75,230,000	46,000,000	-29,230,000
3	Establishment of Command & Control Center at PMU	27,305,000	0	0	2,000,000	25,305,000	0	2,000,000	0	0	31,305,000	25,305,000	0	-6,000,000	-25,305,000	-31,305,000
4	Out Sourcing of Call Agent Services	6,300,000	0	0	75,600,000	58,800,000	58,800,000	83,160,000	21,560,000	21,560,000	165,060,000	80,360,000	80,360,000	-84,700,000	0	-84,700,000
5	Installation of Solar and CCTV at MNHC (One Time)	736,500,000	0	0	0	736,500,000	736,500,000	0	0	0	736,500,000	736,500,000	736,500,000	0	0	0
6	Payment of Service Delivery	333,880,000	0	0	8,013,120,000	8,013,120,000	8,013,120,000	0	0	0	8,347,000,000	8,013,120,000	8,013,120,000	-333,880,000	0	-333,880,000
7	Training / Orientation Sessions	9,820,000	0	0	0	9,820,000	9,820,000	0	0	0	9,820,000	9,820,000	9,820,000	0	0	0
Total		1,357,975,000	4,450,000	8,650,000	8,217,620,000	9,155,245,000	9,191,840,000	222,809,000	57,076,000	62,722,000	9,798,404,000	9,216,771,000	9,263,212,000	-581,633,000	46,441,000	-535,192,000

Note: Year-3 Cost for Payment of Service Delivery will be meet from Non-Development and PMU expenditures through the instant PC-I for sustainability of the Project

Human Resource for PMU

Human Resource for PMU

Sr. No.	Name of Post	No.of Posts			Project Pay Scale			Salary per month (Rs.)			Annual increment	Year wise cost									Total cost		
												Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)					
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amendement		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Program Director/ADGHS	1	1	1	12	11	11	875,000	800,000	800,000	5%	1,750,000	800,000	800,000	10,500,000	9,600,000	9,600,000	11,025,000	3,360,000	3,360,000	23,275,000	13,760,000	13,760,000
2	Additional Program Director	0	0	1	-	-	10	0	0	650,000	5%	0	0	650,000	0	0	7,800,000	0	0	2,730,000	0	0	11,180,000
3	Additional Program Director (Operations)	1	0	0	10	0	10	650,000	0	650,000	8%	1,300,000	0	0	7,800,000	0	0	8,424,000	0	0	17,524,000	0	0
4	Deputy Program Director (Operations)	3	2	2	9	9	9	450,000	400,000	400,000	8%	2,700,000	400,000	800,000	16,200,000	9,600,000	9,600,000	17,496,000	3,456,000	3,456,000	36,396,000	13,456,000	13,856,000
5	Deputy Program Director (Contract Management)	0	0	1	9	9	9	450,000	400,000	400,000	8%	0	0	400,000	0	0	4,800,000	0	0	1,728,000	0	0	6,928,000
6	Deputy Program Director (Data/MIS)	1	1	1	9	9	9	450,000	400,000	400,000	8%	900,000	400,000	400,000	5,400,000	4,800,000	4,800,000	5,832,000	1,728,000	1,728,000	12,132,000	6,928,000	6,928,000
7	Deputy Program Director (Finance & Procurement)	1	1	1	9	9	9	450,000	400,000	400,000	8%	900,000	400,000	400,000	5,400,000	4,800,000	4,800,000	5,832,000	1,728,000	1,728,000	12,132,000	6,928,000	6,928,000
8	Program Officer (Monitoring / Operations)	9	10	0	8	8	8	250,000	275,000	275,000	8%	4,500,000	275,000	0	27,000,000	33,000,000	0	29,160,000	11,880,000	0	60,660,000	45,155,000	0
9	Program Implementation Officer	0	0	10	8	8	8	0	0	275,000	8%	0	0	2,750,000	0	0	33,000,000	0	0	11,880,000	0	0	47,630,000
10	Program Officer (Stat/Data)	0	0	1	8	8	8	0	0	275,000	8%	0	275,000	275,000	0	0	3,300,000	0	0	1,188,000	0	275,000	4,763,000
11	Program Officer (IT/Data Base)	1	1	1	8	8	8	250,000	275,000	275,000	8%	500,000	0	275,000	3,000,000	3,300,000	3,300,000	3,240,000	1,188,000	1,188,000	6,740,000	4,488,000	4,763,000
12	Program Officer (Procurement)	1	1	1	8	8	8	250,000	275,000	275,000	8%	500,000	275,000	275,000	3,000,000	3,300,000	3,300,000	3,240,000	1,188,000	1,188,000	6,740,000	4,763,000	4,763,000
13	Program Officer (Accounts)	1	1	1	8	8	8	250,000	275,000	275,000	8%	500,000	275,000	275,000	3,000,000	3,300,000	3,300,000	3,240,000	1,188,000	1,188,000	6,740,000	4,763,000	4,763,000
Total		19	18	21	-	-	-	-	-	-	-	13,550,000	3,100,000	7,300,000	81,300,000	71,700,000	87,600,000	87,489,000	25,716,000	31,362,000	182,339,000	100,516,000	126,262,000

Note: Above said Posts of PMU will be filled through recruitment on approved pay package or through transfer posting of officers/officials working under P&SHD with their actual pay + incentive allowance as admissible.

Operations, Management & Monitoring

S.No.	Description	Cost (Unit/ per month)			Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)			Total		
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Postage/ Courier services	20,000	20,000	20,000	40,000	20,000	20,000	240,000	240,000	240,000	264,000	80,000	80,000	544,000	340,000	340,000
2	Telephone & Robo Calls	30,000	30,000	30,000	180,000	30,000	30,000	360,000	360,000	360,000	396,000	120,000	120,000	936,000	510,000	510,000
3	Utilities	300,000	300,000	300,000	1,800,000	300,000	300,000	3,600,000	3,600,000	3,600,000	3,960,000	1,200,000	1,200,000	9,360,000	5,100,000	5,100,000
4	Stationary	100,000	100,000	100,000	600,000	100,000	100,000	1,200,000	1,200,000	1,200,000	1,320,000	400,000	400,000	3,120,000	1,700,000	1,700,000
5	Printing & Publications	50,000	50,000	50,000	300,000	50,000	50,000	600,000	600,000	600,000	660,000	200,000	200,000	1,560,000	850,000	850,000
6	Newspaper, Books & Periodicals	20,000	20,000	20,000	120,000	20,000	20,000	240,000	240,000	240,000	264,000	80,000	80,000	624,000	340,000	340,000
7	Cost of other stores	75,000	75,000	75,000	450,000	75,000	75,000	900,000	900,000	900,000	990,000	300,000	300,000	2,340,000	1,275,000	1,275,000
8	Entertainment/Meetings etc.	75,000	75,000	75,000	450,000	75,000	75,000	900,000	900,000	900,000	990,000	300,000	300,000	2,340,000	1,275,000	1,275,000
10	Stationary	100,000	100,000	100,000	1,200,000	100,000	100,000	1,200,000	1,200,000	1,200,000	1,320,000	400,000	400,000	3,720,000	1,700,000	1,700,000
12	TA/DA and Accomodation	500,000	500,000	500,000	3,000,000	0	0	6,000,000	6,000,000	6,000,000	6,600,000	2,000,000	2,000,000	15,600,000	8,000,000	8,000,000
13	POL for Vehicles	600,000	600,000	600,000	3,600,000	0	0	7,200,000	7,200,000	7,200,000	7,920,000	2,400,000	2,400,000	18,720,000	9,600,000	9,600,000
14	Purchase of Vehicles (3 for PMU - upto 2800 CC)	15,000,000	15,000,000	15,000,000	45,000,000	0	0	0	45,000,000	45,000,000	0	0	0	45,000,000	45,000,000	45,000,000
15	Purchase of Vehicles (1 for each - for all 36 District - upto 1350CC)	4,600,000	4,600,000	4,600,000	165,600,000	0	0	0	165,600,000	165,600,000	0	0	0	165,600,000	165,600,000	165,600,000
16	Purchase of Vehicles (1 for each PO -10 Vehilces - upto 1350CC)	0	0	4,600,000	0	0	0	0	0	46,000,000	0	0	0	0	0	46,000,000
17	Rent of Vehicles (5 number)	750,000	0	0	4,500,000	0	0	9,000,000	0	0	9,900,000	0	0	23,400,000	0	0
18	Internet Bandwidth	30,000	30,000	30,000	180,000	30,000	30,000	360,000	360,000	360,000	396,000	120,000	120,000	936,000	510,000	510,000
19	Office Supplies and Consumables	50,000	50,000	50,000	300,000	50,000	50,000	600,000	600,000	600,000	660,000	200,000	200,000	1,560,000	850,000	850,000
20	Computor Consumeable (Toner, Cartridges etc.)	100,000	100,000	100,000	300,000	100,000	100,000	1,200,000	1,200,000	1,200,000	1,320,000	400,000	400,000	2,820,000	1,700,000	1,700,000
21	Law Consultant / Legal Charges	200,000	200,000	200,000	600,000	200,000	200,000	2,400,000	2,400,000	2,400,000	2,640,000	800,000	800,000	5,640,000	3,400,000	3,400,000
22	Contingent staff including receptionist cum Copumter Operator, Electrician, Sweeper, Mail, dak-rider, drivers, office boys, caretake-chowkidar etc. (will be hired as and when required)	800,000	200,000	200,000	2,400,000	200,000	200,000	9,600,000	2,400,000	2,400,000	10,560,000	800,000	800,000	22,560,000	3,400,000	3,400,000
Sub total		Sub total			230,620,000	1,350,000	1,350,000	45,600,000	240,000,000	286,000,000	50,160,000	9,800,000	9,800,000	326,380,000	251,150,000	297,150,000

*10% inflation factor added for years 3

Establishment of Command & Control Center at PMU

S.No.	Name of item	Units			Cost/Unit			Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)			Total		
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Laptops	10	10	0	420,000	420,000		4,200,000	0	0	0	4,200,000	0	0	0	0	4,200,000	4,200,000	0
2	Laser Printer	3	3	0	100,000	100,000		300,000	0	0	0	300,000	0	0	0	0	300,000	300,000	0
3	Photocopier Heavy Duty	1	1	0	1,280,000	1,280,000		1,280,000	0	0	0	1,280,000	0	0	0	0	1,280,000	1,280,000	0
4	Power Back	1	1	0	2,000,000	2,000,000		2,000,000	0	0	0	2,000,000	0	0	0	0	2,000,000	2,000,000	0
5	Installation of LAN (Active & Passive)	1	1	0	1,000,000	1,000,000		1,000,000	0	0	0	1,000,000	0	0	0	0	1,000,000	1,000,000	0
6	CCTV / Security System for Office Premises	1	1	0	1,200,000	1,200,000		1,200,000	0	0	0	1,200,000	0	0	0	0	1,200,000	1,200,000	0
7	Data base /server	1	1	0	5,000,000	5,000,000		5,000,000	0	0	0	5,000,000	0	0	0	0	5,000,000	5,000,000	0
8	Networking & Electrification	1	1	0	4,000,000	4,000,000		4,000,000	0	0	0	4,000,000	0	0	0	0	4,000,000	4,000,000	0
9	Air Conditioner 4 Ton	3	3	0	1,000,000	1,000,000		3,000,000	0	0	0	3,000,000	0	0	0	0	3,000,000	3,000,000	0
10	Water Dispensor	3	3	0	60,000	60,000		180,000	0	0	0	180,000	0	0	0	0	180,000	180,000	0
11	Refrigerator	1	1	0	150,000	150,000		150,000	0	0	0	150,000	0	0	0	0	150,000	150,000	0
12	Office Table with side racks/Work Station	5	5	0	100,000	100,000		500,000	0	0	0	500,000	0	0	0	0	500,000	500,000	0
13	Office Chairs (Manager)	5	5	0	50,000	50,000		250,000	0	0	0	250,000	0	0	0	0	250,000	250,000	0
14	Visitor Chair	5	5	0	25,000	25,000		125,000	0	0	0	125,000	0	0	0	0	125,000	125,000	0
15	File Cabinet	2	2	0	60,000	60,000		120,000	0	0	0	120,000	0	0	0	0	120,000	120,000	0
16	Rates/Tax/Duties etc.	1	1	0	2,000,000	2,000,000		2,000,000	0	0	0	2,000,000	0	0	0	0	2,000,000	2,000,000	0
17	Miscellaneous items / Contingency	1	0	0	1,000,000	-		2,000,000	0	0	2,000,000	0	0	2,000,000	0	0	6,000,000	0	0
Total in Rs								27,305,000	0	0	2,000,000	25,305,000	0	2,000,000	0	0	31,305,000	25,305,000	0

Deleted in amended costing after PDWP and included in another scheme of M&E

Out Sourcing of Call Agent Services

Sr. No.	Description	No. of Agents			Unit Cost per Agent			Year wise cost									Total cost		
								Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)					
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Out Sourcing of Call Agent Service Approx. Calls on daily basis = 10,000 Approx. time for one call = 3 min Approx. working hours / day / Shift = 7 Hours	70	70	70	90,000	70,000	70,000	6,300,000	0	0	75,600,000	58,800,000	58,800,000	83,160,000	21,560,000	21,560,000	165,060,000	80,360,000	80,360,000
Total		70	70	70				6,300,000	0	0	75,600,000	58,800,000	58,800,000	83,160,000	21,560,000	21,560,000	165,060,000	80,360,000	80,360,000

Approved total cost as per cost after Pre-PDWP

Installation of Solar, CCTV and Signal Booster at MNHC (One Time)

Sr. No.	Description	No. of HF's			Unit cost per HF			Year wise cost									Total cost		
								Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)					
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Cost for Installation of Solar, CCTV & Signal Booter (if required)	982	982	982	upto 1,000,000	upto 1,000,000	upto 1,000,000	736,500,000	0	0	0	736,500,000	736,500,000	0	0	0	736,500,000	736,500,000	736,500,000
Total		982						736,500,000	0	0	0	736,500,000	736,500,000	0	0	0	736,500,000	736,500,000	736,500,000

Same proposed as discussed in PDWP

Payment of Service Delivery

Sr. No.	Description	No. of HFs			Unit cost per HF/month			Year wise cost									Total cost	
								Year 1 (2024-2025) (Apr-Jun)			Year 2 (2025-2026)			Year 3 (2026-2027) (Jul-Oct)				
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended	Original	Discussed in PDWP
1	Cost for Payment of Services Delivery through re-embersment basis	982	982	983	upto 893,000	upto 893,000	upto 893,000	333,880,000	0	0	8,013,120,000	8,013,120,000	8,021,280,000	0	0	0	8,347,000,000	8,013,120,000
Total		982	982	983				333,880,000	0	0	8,013,120,000	8,013,120,000	8,021,280,000	0	0	0	8,347,000,000	8,013,120,000

Cost Per MNHC / month (Ceiling)

Sr. No.	Services	Expected Foot Fall	Unit Cost (PKR)	Monthly Cost (PKR)
1	OPD Visits	1100	400	440,000
2	Treatment & Screening of Malnourished	250	200	50,000
3	Antenatal Visits	200	600	120,000
4	Normal Delivery	30	6,500	195,000
5	Postnatal Care	50	200	10,000
6	Post-Partum/Abortion FP Services	20	300	6,000
7	Family Planning (Short-Acting)	60	150	9,000
8	Family Planning (Long Acting)	30	400	12,000
9	EPI Vaccination	200	100	20,000
10	TB Patients	30	200	6,000
11	Repair & Maintenance	-		25000
	upto Total / Month	1,970		893,000

Approved total cost as per cost after Pre-PDWP

Annual Recurring Cost

Sr. No.	Description	Total cost
1	HR Cost for PMU	87,600,000
2	Operational cost for PMU	29,400,000
3	Outsourcing of Call Agent Services	58,800,000
4	Payment of Service Delivery	8,013,120,000
Total		8,188,920,000

List of HFs

Sr. No.	District	Tehsil Name	Name of HF	HF Code	HF Type
1	Attock	Hassanabdal	Basic Health Unit, Khudda, Hassanabdal, Attock	171018	BHU_24_7
2	Attock	Hazro	Basic Health Unit, Khura Khail, Hazro, Attock	171019	BHU_24_7
3	Attock	Fateh Jang	Basic Health Unit, Dhari Rai Ditta, Fateh Jang, Attock	171029	BHU_24_7
4	Attock	Fateh Jang	Basic Health Unit, Dhurnal, Fateh Jang, Attock	171030	BHU_24/7 Plus
5	Attock	Fateh Jang	Basic Health Unit, Jaffar, Fateh Jang, Attock	171033	BHU_24_7
6	Attock	Fateh Jang	Basic Health Unit, Kanyal, Fateh Jang, Attock	171035	BHU_24_7
7	Attock	Fateh Jang	Basic Health Unit, Lund, Fateh Jang, Attock	171037	BHU_24_7
8	Attock	Fateh Jang	Basic Health Unit, Moorat, Fateh Jang, Attock	171038	BHU_24_7
9	Attock	Fateh Jang	Basic Health Unit, Shah Rai Sadullah, Fateh Jang, Attock	171039	BHU_24_7
10	Attock	Jand	Basic Health Unit, Bathiot, Jand, Attock	171042	BHU_24_7
11	Attock	Jand	Basic Health Unit, Kani, Jand, Attock	171047	BHU_24_7
12	Attock	Jand	Basic Health Unit, Kot Chajji, Jand, Attock	171049	BHU_24_7
13	Attock	Jand	Basic Health Unit, Tarap, Jand, Attock	171054	BHU_24_7
14	Attock	Pindi Gheb	Basic Health Unit, Chakki, Pindi Gheb, Attock	171056	BHU_24_7
15	Attock	Pindi Gheb	Basic Health Unit, Kisran, Pindi Gheb, Attock	171059	BHU_24_7
16	Attock	Pindi Gheb	Basic Health Unit, Mianwala, Pindi Gheb, Attock	171061	BHU_24_7
17	Attock	Pindi Gheb	Basic Health Unit, Kharpa, Pindi Gheb, Attock	171084	BHU_24_7
18	Bahawalnagar	Bahawalnagar	Basic Health Unit, Jand Wala, Bahawalnagar	111002	BHU_24_7
19	Bahawalnagar	Bahawalnagar	Basic Health Unit Khatranwala, Bahawalnagar	111003	BHU_24_7
20	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Fatah Muhammad, Bahawalnagar	111004	BHU_24_7
21	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Ganaga Singh, Bahawalnagar	111005	BHU_24_7
22	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Hemraj, Bahawalnagar	111006	BHU_24_7
23	Bahawalnagar	Bahawalnagar	Basic Health Unit Malik Pura, Bahawalnagar	111008	BHU_24_7
24	Bahawalnagar	Bahawalnagar	Basic Health Unit, Muhar Wali, Bahawalnagar	111010	BHU_24_7
25	Bahawalnagar	Bahawalnagar	Basic Health Unit, Mousa Bhutta, Bahawalnagar	111011	BHU_24_7
26	Bahawalnagar	Bahawalnagar	Basic Health Unit, Noor Sar, Bahawalnagar	111013	BHU_24_7
27	Bahawalnagar	Bahawalnagar	Basic Health Unit, Punj Kossi, Bahawalnagar	111015	BHU_24_7
28	Bahawalnagar	Bahawalnagar	Basic Health Unit, Qasim Ka Uttar, Bahawalnagar	111016	BHU_24_7
29	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Roda Singh, Bahawalnagar	111018	BHU_24_7
30	Bahawalnagar	Bahawalnagar	Basic Health Unit, Sadiq Nagar, Bahawalnagar	111019	BHU_24_7
31	Bahawalnagar	Bahawalnagar	Basic Health Unit, Sundha, Bahawalnagar	111021	BHU_24_7
32	Bahawalnagar	Bahawalnagar	Basic Health Unit, Toba Qalanadar Shah, Bahawalnagar	111022	BHU_24_7
33	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 10/F.W, Chishtian, Bahawalnagar	111023	BHU_24_7
34	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 20/G, Chishtian, Bahawalnagar	111024	BHU_24_7
35	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 34/F, Chishtian, Bahawalnagar	111025	BHU_24_7
36	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 42/F, Chishtian, Bahawalnagar	111026	BHU_24_7
37	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 47/F, Chishtian, Bahawalnagar	111027	BHU_24_7
38	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 54/F, Chishtian, Bahawalnagar	111028	BHU_24_7

39	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 98/F, Chishtian, Bahawalnagar	111029	BHU_24_7
40	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 112/M, Chishtian, Bahawalnagar	111030	BHU_24_7
41	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 116/M, Chishtian, Bahawalnagar	111031	BHU_24_7
42	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 127/M, Chishtian, Bahawalnagar	111032	BHU_24_7
43	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 129/M, Chishtian, Bahawalnagar	111033	BHU_24_7
44	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 134/M, Chishtian, Bahawalnagar	111034	BHU_24_7
45	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 140/M, Chishtian, Bahawalnagar	111035	BHU_24_7
46	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 177/M, Chishtian, Bahawalnagar	111036	BHU_24_7
47	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 207/M, Chishtian, Bahawalnagar	111037	BHU_24_7
48	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 213/F, Chishtian, Bahawalnagar	111038	BHU_24_7
49	Bahawalnagar	Chishtian	Basic Health Unit, Dulla Bhederan, Chishtian, Bahawalnagar	111039	BHU_24_7
50	Bahawalnagar	Chishtian	Basic Health Unit, Mari Shouhq Ellahi, Chishtian, Bahawalnagar	111041	BHU_24_7
51	Bahawalnagar	Chishtian	Basic Health Unit, Mehtha Jhedu, Chishtian, Bahawalnagar	111042	BHU_24_7
52	Bahawalnagar	Minchanabad	Basic Health Unit, Said Ali, Minchanabad, Bahawalnagar	111044	BHU_24_7
53	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 165/7R, Fortabbas, Bahawalnagar	111045	BHU_24_7
54	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 176/7R, Fortabbas, Bahawalnagar	111046	BHU_24_7
55	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 215/9R, Fortabbas, Bahawalnagar	111048	BHU_24_7
56	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 227/9R, Fortabbas, Bahawalnagar	111049	BHU_24_7
57	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 302/HR, Fortabbas, Bahawalnagar	111053	BHU_24_7
58	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 311/HR, Fortabbas, Bahawalnagar	111054	BHU_24_7
59	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 2/1-R, Haroonabad, Bahawalnagar	111057	BHU_24_7
60	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 38/3-R, Haroonabad, Bahawalnagar	111059	BHU_24_7
61	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 58/4-R, Haroonabad, Bahawalnagar	111060	BHU_24_7
62	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 69/4-R, Haroonabad, Bahawalnagar	111061	BHU_24_7
63	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 80/1-L, Haroonabad, Bahawalnagar	111062	BHU_24_7
64	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 88/5-R, Haroonabad, Bahawalnagar	111063	BHU_24_7
65	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 99/6-R, Haroonabad, Bahawalnagar	111064	BHU_24_7
66	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 107/6-R, Haroonabad, Bahawalnagar	111065	BHU_24_7
67	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 110/6-R, Haroonabad, Bahawalnagar	111066	BHU_24_7
68	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 112/6-R, Haroonabad, Bahawalnagar	111067	BHU_24_7
69	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 117/6-R, Haroonabad, Bahawalnagar	111068	BHU_24_7
70	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 132/6-R Yateem Wala, Haroonabad, Bahawalnagar	111069	BHU_24_7

71	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 137/6-R, Haroonabad, Bahawalnagar	111070	BHU_24_7
72	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 142/6-R, Haroonabad, Bahawalnagar	111071	BHU_24_7
73	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 148/6-R, Haroonabad, Bahawalnagar	111072	BHU_24_7
74	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 154/3-L, Haroonabad, Bahawalnagar	111073	BHU_24_7
75	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 160/7-R, Haroonabad, Bahawalnagar	111074	BHU_24_7
76	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 438/6-R, Haroonabad, Bahawalnagar	111075	BHU_24_7
77	Bahawalnagar	Minchanabad	Basic Health Unit, Haran Wala, Minchanabad, Bahawalnagar	111079	BHU_24_7
78	Bahawalnagar	Minchanabad	Basic Health Unit, Hasil Saroo, Minchanabad, Bahawalnagar	111080	BHU_24_7
79	Bahawalnagar	Minchanabad	Basic Health Unit, Kabutri, Minchanabad, Bahawalnagar	111081	BHU_24_7
80	Bahawalnagar	Minchanabad	Basic Health Unit, Lala Amar Singh, Minchanabad, Bahawalnagar	111083	BHU_24_7
81	Bahawalnagar	Minchanabad	Basic Health Unit, Laleka, Minchanabad, Bahawalnagar	111084	BHU_24_7
82	Bahawalnagar	Minchanabad	Basic Health Unit, Akbar Mari Nihal, Minchanabad, Bahawalnagar	111085	BHU_24_7
83	Bahawalnagar	Minchanabad	Basic Health Unit, Khola Mirzeka, Minchanabad, Bahawalnagar	111086	BHU_24_7
84	Bahawalnagar	Minchanabad	Basic Health Unit, Muhammad Pur Sansaran, Minchanabad, Bahawalnagar	111087	BHU_24_7
85	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kalia Shah, Bahawalnagar	111226	BHU_24_7
86	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Ahmad Yaar, Bahawalnagar	111227	BHU_24_7
87	Bahawalnagar	Bahawalnagar	Basic Health Unit, Rajoo Wala, Bahawalnagar	111228	BHU_24_7
88	Bahawalnagar	Haroonabad	Basic Health Unit, Chak No. 24/3-R, Haroonabad, Bahawalnagar	111229	BHU_24_7
89	Bahawalnagar	Chishtian	Basic Health Unit, Chak No. 171/M, Chishtian, Bahawalnagar	111232	BHU_24_7
90	Bahawalnagar	Fortabbas	Basic Health Unit, Chak No. 212/9R, Fortabbas, Bahawalnagar	111235	BHU_24_7
91	Bahawalnagar	Bahawalnagar	Basic Health Unit, Ghulab Ali, Bahawalnagar	111346	BHU_24_7
92	Bahawalnagar	Bahawalnagar	Basic Health Unit, Khattan, Bahawalnagar	111347	BHU_24_7
93	Bahawalnagar	Fortabbas	Basic Health Unit, Chak 260/HR, Fortabbas, Bahawalnagar	111357	BHU_24_7
94	Bahawalnagar	Fortabbas	Basic Health Unit, Chak 200/8R, Fortabbas, Bahawalnagar	111363	BHU_24_7
95	Bahawalnagar	Fortabbas	Basic Health Unit, Chak 235/9R, Fortabbas, Bahawalnagar	111365	BHU_24_7
96	Bahawalnagar	Bahawalnagar	Basic Health Unit, Kot Makhdoom, Bahawalnagar	111007	BHU_24_7
97	Bahawalpur	Ahmedpur East	Basic Health Unit, Ahmad Naich, Ahmedpur East, Bahawalpur	112001	BHU_24_7
98	Bahawalpur	Ahmedpur East	Basic Health Unit, Aali Wahan, Ahmedpur East, Bahawalpur	112003	BHU_24_7
99	Bahawalpur	Ahmedpur East	Basic Health Unit, Haider Pur, Ahmedpur East, Bahawalpur	112007	BHU_24_7
100	Bahawalpur	Ahmedpur East	Basic Health Unit, Khurram Pur, Ahmedpur East, Bahawalpur	112013	BHU_24_7
101	Bahawalpur	Ahmedpur East	Basic Health Unit, Kulab, Ahmedpur East, Bahawalpur	112014	BHU_24_7
102	Bahawalpur	Ahmedpur East	Basic Health Unit, Mehrab Wala, Ahmedpur East, Bahawalpur	112015	BHU_24_7
103	Bahawalpur	Ahmedpur East	Basic Health Unit, Noonari, Ahmedpur East, Bahawalpur	112016	BHU_24_7
104	Bahawalpur	Ahmedpur East	Basic Health Unit, Rasool Pur, Ahmedpur East, Bahawalpur	112019	BHU_24_7

105	Bahawalpur	Ahmedpur East	Basic Health Unit, Rattar Lal, Ahmedpur East, Bahawalpur	112020	BHU_24_7
106	Bahawalpur	Yazman	BHU Chak No.8/DNB	112052	BHU_24_7
107	Bahawalpur	Yazman	BHU Chak No.20/DNB	112053	BHU_24_7
108	Bahawalpur	Yazman	BHU Chak No. 44/DB	112055	BHU_24_7
109	Bahawalpur	Yazman	BHU Chak No. 47/DNB	112056	BHU_24_7
110	Bahawalpur	Yazman	BHU Chak No. 91/DB	112059	BHU_24_7
111	Bahawalpur	Yazman	BHU Chak No.105/DNB	112060	BHU_24_7
112	Bahawalpur	Ahmedpur East	Basic Health Unit, Kotla Mousa khan, Ahmedpur East, Bahawalpur	112199	BHU_24_7
113	Bahawalpur	Hasilpur	BHU Chak No.194/Murad	112206	BHU_24_7
114	Bahawalpur	Khairpur Tamewali	BHU Basti Rana Iqbal	112207	BHU_24_7
115	Bahawalpur	Khairpur Tamewali	BHU Challay Wahin	112044	BHU_24_7
116	Bahawalpur	Ahmedpur East	Basic Health Unit, Ali Kharik, Ahmedpur East, Bahawalpur	112002	BHU_24_7
117	Bahawalpur	Ahmedpur East	Basic Health Unit, Budhoo Wali, Ahmedpur East, Bahawalpur	112004	BHU_24_7
118	Bahawalpur	Ahmedpur East	Basic Health Unit, Chak Lohran, Ahmedpur East, Bahawalpur	112006	BHU_24_7
119	Bahawalpur	Ahmedpur East	Basic Health Unit, Hatheji, Ahmedpur East, Bahawalpur	112008	BHU_24_7
120	Bahawalpur	Bahawalpur Saddar	BHU Khanpur Noranga	112011	BHU_24_7
121	Bahawalpur	Ahmedpur East	Basic Health Unit, Khuda Bukhsh Mahar Ahmedpur East, Bahawalpur	112012	BHU_24_7
122	Bahawalpur	Ahmedpur East	Basic Health Unit, Tahir Wali, Ahmedpur East, Bahawalpur	112021	BHU_24_7
123	Bahawalpur	Ahmedpur East	Basic Health Unit, Their Zabt, Ahmedpur East, Bahawalpur	112022	BHU_24_7
124	Bahawalpur	Bahawalpur Saddar	BHU Chak No. 29/Bc,	112025	BHU_24_7
125	Bahawalpur	Bahawalpur Saddar	BHU Chak No. 33-A/Bc,	112026	BHU_24_7
126	Bahawalpur	Bahawalpur Saddar	BHU Goth Mehrab,	112027	BHU_24_7
127	Bahawalpur	Bahawalpur Saddar	BHU Goth Mehroo,	112028	BHU_24_7
128	Bahawalpur	Bahawalpur Saddar	BHU Hakra,	112029	BHU_24_7
129	Bahawalpur	Bahawalpur Saddar	BHU Jalalabad	112030	BHU_24_7
130	Bahawalpur	Bahawalpur Saddar	BHU Jamal Channaar,	112031	BHU_24_7
131	Bahawalpur	Bahawalpur Saddar	BHU Sanjar	112036	BHU_24_7
132	Bahawalpur	Hasilpur	BHU Chak Katoora,	112038	BHU_24_7
133	Bahawalpur	Hasilpur	BHU 15/FW	112039	BHU_24_7
134	Bahawalpur	Hasilpur	BHU Chak No. 68/F,	112040	BHU_24_7
135	Bahawalpur	Hasilpur	BHU Chak No. 90/F,	112042	BHU_24_7
136	Bahawalpur	Hasilpur	BHU 153/M	112043	BHU_24_7
137	Bahawalpur	Hasilpur	BHU Jamal Pur,	112045	BHU_24_7
138	Bahawalpur	Khairpur Tamewali	BHU Jhandani	112046	BHU_24_7
139	Bahawalpur	Khairpur Tamewali	BHU Karam Pur	112047	BHU_24_7
140	Bahawalpur	Hasilpur	BHU Shah Pur,	112049	BHU_24_7
141	Bahawalpur	Yazman	BHU 1/DNB	112051	BHU_24_7
142	Bahawalpur	Yazman	BHU Chak No. 39/DNB	112054	BHU_24_7
143	Bahawalpur	Yazman	BHU Chak No. 75/DB	112058	BHU_24_7
144	Bahawalpur	Yazman	BHU Mithra	112064	BHU_24_7
145	Bahawalpur	Hasilpur	BHU Chak No.183/M,	112205	BHU_24_7
146	Bhakkar	Darya Khan	BHU Barkat Wala	181001	BHU_24_7

147	Bhakkar	Kallurkot	BHU Basti Mai Roshan	181002	BHU_24_7
148	Bhakkar	Kallurkot	BHU NOON Daggarr	181004	BHU_24_7
149	Bhakkar	Bhakkar	BHU DAGGAR Rehtas	181005	BHU_24_7
150	Bhakkar	Bhakkar	khansar	181008	BHU_24_7
151	Bhakkar	Darya Khan	BHU Kohawar Kalan	181009	BHU_24_7
152	Bhakkar	Bhakkar	BHU Kotla Jam	181010	BHU_24_7
153	Bhakkar	Bhakkar	Mullanwali	181013	BHU_24_7
154	Bhakkar	Bhakkar	BHU Notak	181014	BHU_24_7
155	Bhakkar	Bhakkar	BHU Pir Ashab	181015	BHU_24_7
156	Bhakkar	Bhakkar	BHU Sial	181018	BHU_24_7
157	Bhakkar	Darya Khan	BHU Barranga	181020	BHU_24_7
158	Bhakkar	Kallurkot	BHU 63DB	181021	BHU_24_7
159	Bhakkar	Kallurkot	BHU Hasan wala	181023	BHU_24_7
160	Bhakkar	Kallurkot	BHU SAEED WALA	181026	BHU_24_7
161	Bhakkar	Mankera	BHU CHAK 67 ML	181027	BHU_24_7
162	Bhakkar	Mankera	BHU Litten	181032	BHU_24_7
163	Bhakkar	Bhakkar	BHU Muslim Kot	181080	BHU_24_7
164	Bhakkar	Darya Khan	BHU 9 TDA	181084	BHU_24_7
165	Bhakkar	Kallurkot	BHU Jahan Wala	181086	BHU_24_7
166	Bhakkar	Bhakkar	Yousaf Shah	181019	BHU_24_7
167	Attock	Jand	BHU Noorpur	171052	BHU_24_7
168	Chakwal	Chakwal	BHU Kariala	172019	BHU_24_7
169	Chakwal	Chakwal	BHU Roopwal	172023	BHU_24_7
170	Chakwal	Chakwal	BHU Mulhal Mughlan	172027	BHU_24_7
171	Chakwal	Chakwal	BHU Mureed	172029	BHU_24_7
172	Chakwal	Talagang	BHU Chinji	172047	BHU_24_7
173	Chakwal	Choa Saidan Shah	BHU Ara	172001	BHU_24_7
174	Chakwal	Chakwal	BHU Dharabi	172010	BHU_24_7
175	Chakwal	Chakwal	BHU Jamalwal	172012	BHU_24_7
176	Chakwal	Chakwal	BHU Jand	172013	BHU_24_7
177	Chakwal	Choa Saidan Shah	BHU Khajoola	172017	BHU_24_7
178	Chakwal	Chakwal	BHU Nachindi	172030	BHU_24_7
179	Chakwal	Chakwal	BHU Neela	172031	BHU_24_7
180	Chakwal	Chakwal	BHU Padshahan	172033	BHU_24_7
181	Chakwal	Chakwal	BHU Ranjha	172034	BHU_24_7
182	Chakwal	Chakwal	BHU Saral	172038	BHU_24_7
183	Chakwal	Chakwal	BHU Sohawa Dewalian	172041	BHU_24_7
184	Chakwal	Talagang	BHU Jasial	172054	BHU_24_7
185	Chakwal	Talagang	BHU Pira Fatial	172063	BHU_24_7
186	Chakwal	Talagang	BHU Wenhar	172066	BHU_24_7
187	Chakwal	Chakwal	BHU Saigalabad	172036	BHU_24_7
188	Chakwal	Talagang	BHU Nakka Kahout	172059	BHU_24_7
189	Chiniot	Lalian	BHU Bahiwal	134002	BHU_24_7
190	Chiniot	Chiniot	BHU 126 JB	134013	BHU_24_7
191	Chiniot	Chiniot	BHU 134 JB	134016	BHU_24_7

192	Chiniot	Bhowana	BHU Idlana	134021	BHU_24_7
193	Chiniot	Bhowana	BHU Mangini	134024	BHU_24_7
194	Chiniot	Bhowana	BHU 203/JB	134030	BHU
195	Chiniot	Bhowana	BHU 205 JB	134028	BHU
196	Chiniot	Bhowana	BHU 237/JB	134027	BHU
197	Chiniot	Lalian	Kanvenwala	134006	BHU_24_7
198	Chiniot	Bhowana	BHU T.M shah	134025	BHU 24/7 Plus
199	Chiniot	Bhowana	225/JB	134034	BHU_24_7
200	D. G. Khan	Kot Chutta	BHU Choti Bala	121006	BHU_24_7
201	D. G. Khan	Dera Ghazi Khan	BHU Kot Haibat	121013	BHU_24_7
202	D. G. Khan	Kot Chutta	BHU Ghousabad	121019	BHU_24_7
203	D. G. Khan	Taunsa Sharif	BHU Makwal Kalan	121040	BHU 24/7 Plus
204	D. G. Khan	Taunsa Sharif	BHU Sokar	121043	BHU_24_7
205	D. G. Khan	Kot Chutta	BHU Bait Bait Wala	121138	BHU_24_7
206	D. G. Khan	Kot Chutta	BHU Khan Pur	121012	BHU_24_7
207	D. G. Khan	Kot Chutta	BHU Aali Wala	121001	BHU_24_7
208	D. G. Khan	Kot Chutta	BHU Basti Jaam	121003	BHU_24_7
209	D. G. Khan	Dera Ghazi Khan	BHU Chabri Zeren	121005	BHU_24_7
210	D. G. Khan	Tribal Area	BHU Berot Mandoani	121031	BHU 24/7 Plus
211	D. G. Khan	Kot Chutta	BHU Mana Ahmadani	121018	BHU_24_7
212	D. G. Khan	Kot Chutta	BHU Nawan Shehr	121021	BHU_24_7
213	D. G. Khan	Kot Chutta	BHU Shero	121026	BHU_24_7
214	D. G. Khan	Taunsa Sharif	BHU Hairo Shariqi	121034	BHU_24_7
215	D. G. Khan	Taunsa Sharif	BHU Kot Qaisrani	121037	BHU_24_7
216	D. G. Khan	Taunsa Sharif	BHU Kot Mubarak	121014	BHU 24/7 Plus
217	D. G. Khan	Taunsa Sharif	BHU Mangrotha	121041	BHU 24/7 Plus
218	D. G. Khan	Dera Ghazi Khan	BHU Gadai	121131	BHU_24_7
219	D. G. Khan	Taunsa Sharif	BHU Nutkani	121132	BHU_24_7
220	D. G. Khan	Taunsa Sharif	BHU More Jhangi	121133	BHU_24_7
221	Faisalabad	Tandlianwala	BHU CHAK NO.404/GB	131137	BHU_24_7
222	Faisalabad	Tandlianwala	BHU CHAK NO.427/GB	131139	BHU_24_7
223	Faisalabad	Tandlianwala	BHU CHAK NO.547/GB	131154	BHU_24_7
224	Faisalabad	Chak Jhumra	BHU CHAK 19/JB	131002	BHU_24_7
225	Faisalabad	Chak Jhumra	BHU CHAK 20/JB	131003	BHU_24_7
226	Faisalabad	Faisalabad Sadar	BHU CHAK 27/JB	131004	BHU_24_7
227	Faisalabad	Faisalabad Sadar	BHU CHAK 83/GB	131022	BHU_24_7
228	Faisalabad	Faisalabad Sadar	BHU CHAK 215/RB	131044	BHU_24_7
229	Faisalabad	Faisalabad Sadar	BHU CHAK 226/RB	131047	BHU_24_7
230	Faisalabad	Faisalabad Sadar	BHU CHAK 239/RB	131050	BHU_24_7
231	Faisalabad	Faisalabad Sadar	BHU CHAK 258/RB	131056	BHU_24_7
232	Faisalabad	Faisalabad Sadar	BHU CHAK NO.268/RB	131059	BHU_24_7
233	Faisalabad	Faisalabad Sadar	BHU CHAK NO 275/RB	131062	BHU_24_7
234	Faisalabad	Jaranwala	BHU CHAK 32/GB	131066	BHU_24_7
235	Faisalabad	Jaranwala	BHU CHAK 73/GB	131076	BHU_24_7
236	Faisalabad	Faisalabad Sadar	BHU CHAK 80/GB	131078	BHU_24_7

237	Faisalabad	Jaranwala	BHU CHAK 96/RB	131081	BHU_24_7
238	Faisalabad	Jaranwala	BHU CHAK 101/GB	131084	BHU_24_7
239	Faisalabad	Jaranwala	BHU CHAK 105/RB	131086	BHU_24_7
240	Faisalabad	Tandlianwala	BHU CHAK NO.426/GB	131105	BHU_24_7
241	Faisalabad	Jaranwala	BHU CHAK NO.433/GB	131106	BHU_24_7
242	Faisalabad	Samundri	BHU CHAK NO.198/GB	131125	BHU_24_7
243	Faisalabad	Samundri	BHU CHAK NO.474/GB	131146	BHU_24_7
244	Faisalabad	Tandlianwala	BHU CHAK NO.545/GB	131153	BHU_24_7
245	Faisalabad	Tandlianwala	BHU CHAK NO.594/GB	131157	BHU_24_7
246	Faisalabad	Tandlianwala	BHU CHAK NO.608/GB	131160	BHU_24_7
247	Faisalabad	Tandlianwala	BHU Chak NO. 453/GB	131226	BHU_24_7
248	Faisalabad	Jaranwala	BHU CHAK 200/RB	131229	BHU_24_7
249	Gujranwala	Gujranwala	BHU Dogranwala	141017	BHU_24_7
250	Gujranwala	Kamoke	BHU Guna Aur	141022	BHU_24_7
251	Gujranwala	Kamoke	BHU Kali Suba	141029	BHU_24_7
252	Gujranwala	Nowshera Virkan	BHU Karyal Kalan	141031	BHU_24_7
253	Gujranwala	Gujranwala	BHU Papnakha	141050	BHU_24_7
254	Gujranwala	Gujranwala	BHU Qila Mian Singh	141051	BHU_24_7
255	Gujranwala	Wazirabad	BHU Mansoorwali	141113	BHU_24_7
256	Gujranwala	Wazirabad	BHU Natt Kalan	141116	BHU_24_7
257	Gujranwala	Nowshera Virkan	BHU Budha Goraya	141010	BHU_24_7
258	Gujranwala	Nowshera Virkan	BHU Chak Chaudhary	141011	BHU_24_7
259	Gujranwala	Nowshera Virkan	BHU Kalo Wala	141030	BHU_24_7
260	Gujranwala	Kamoke	BHU Lalupur	141035	BHU_24_7
261	Gujranwala	Gujranwala	BHU Maan	141036	BHU_24_7
262	Gujranwala	Kamoke	BHU Madhrianwala	141037	BHU_24_7
263	Gujranwala	Gujranwala	BHU Mokhal Sandhuwan	141044	BHU_24_7
264	Gujranwala	Kamoke	BHU Wahlianwali	141064	BHU_24_7
265	Gujranwala	Wazirabad	BHU Ghagga Mittar	141104	BHU_24_7
266	Gujranwala	Wazirabad	BHU Herdo Verpal	141105	BHU_24_7
267	Gujranwala	Wazirabad	BHU Jatti Shah Rehman	141106	BHU_24_7
268	Gujranwala	Wazirabad	BHU Joura Sian	141107	BHU_24_7
269	Gujranwala	Wazirabad	BHU Kheway wali	141109	BHU_24_7
270	Gujranwala	Wazirabad	BHU Khuser Baryar	141110	BHU_24_7
271	Gujranwala	Wazirabad	BHU Manchar Chattha	141112	BHU_24_7
272	Gujranwala	Nowshera Virkan	BHU Hardo Khulay wala	141024	BHU_24_7
273	Gujranwala	Nowshera Virkan	BHU Jallan	141027	BHU_24_7
274	Gujrat	Gujrat	BHU FATEH PUR	142013	BHU_24_7
275	Gujrat	Gujrat	BHU GOLEKI	142015	BHU_24_7
276	Gujrat	Gujrat	BHU LAKHANWAL	142030	BHU_24_7
277	Gujrat	Gujrat	BHU SAROKI	142041	BHU_24_7
278	Gujrat	Kharian	BHU GANJA	142057	BHU_24_7
279	Gujrat	Kharian	BHU MANDHAR	142065	BHU_24_7
280	Gujrat	Kharian	BHU PASWAL	142072	BHU_24_7
281	Gujrat	Gujrat	BHU AJNALA	142001	BHU_24_7

282	Gujrat	Gujrat	BHU ALAM GHAR	142002	BHU_24_7
283	Gujrat	Gujrat	BHU BEHLPUR	142008	BHU_24_7
284	Gujrat	Gujrat	BHU PEROSHAH	142036	BHU_24_7
285	Gujrat	Gujrat	BHU SAMAN PINDI	142039	BHU_24_7
286	Gujrat	Gujrat	BHU SHEIKH CHOGAHNI	142042	BHU_24_7
287	Gujrat	Kharian	BHU THOOTH A RAI BAHADUR	142079	BHU_24_7
288	Gujrat	Sarai Alamgir	BHU MANDI BHALWAL	142084	BHU_24_7
289	Gujrat	Kharian	BHU CHARIAWALA	142255	BHU_24_7
290	Hafizabad	Pindi Bhattian	BHU kot nukka	145080	BHU_24_7
291	Hafizabad	Hafizabad	BHU Karyala, Hafizabad	145075	BHU_24_7
292	Hafizabad	Pindi Bhattian	BHU kassesay	145076	BHU_24_7
293	Hafizabad	Pindi Bhattian	BHU khuram Churra	145079	BHU_24_7
294	Hafizabad	Hafizabad	BHU Muzaffar nau	145087	BHU_24_7
295	Hafizabad	Hafizabad	BHU Nidala Kham	145089	BHU_24_7
296	Hafizabad	Hafizabad	BHU saroop wala	145094	BHU_24_7
297	Hafizabad	Hafizabad	BHU Mahdibad	145083	BHU_24_7
298	Jehlum	Pind Dadan Khan	BHU Pindi Said Pur	173024	BHU_24_7
299	Jehlum	Sohawa	BHU Pail Mirza	173038	BHU_24_7
300	Jehlum	Dena	BHU Banshaheed	173001	BHU_24_7
301	Jehlum	Dena	BHU Sagri	173016	BHU_24_7
302	Jehlum	Pind Dadan Khan	BHU Golpur	173020	BHU_24_7
303	Jehlum	Pind Dadan Khan	BHU Haran Pur	173021	BHU_24_7
304	Jehlum	Pind Dadan Khan	BHU Pinanwal	173023	BHU_24_7
305	Jehlum	Pind Dadan Khan	BHU Sauwal	173025	BHU_24_7
306	Jehlum	Pind Dadan Khan	BHU Sodi Gujar	173027	BHU_24_7
307	Jehlum	Pind Dadan Khan	BHU Wagh	173029	BHU_24_7
308	Jehlum	Sohawa	BHU Banth	173031	BHU_24_7
309	Jehlum	Sohawa	BHU Gurrah Uttam Singh	173033	BHU_24_7
310	Jehlum	Sohawa	BHU Jandala	173034	BHU_24_7
311	Jehlum	Sohawa	BHU Kohali	173036	BHU_24_7
312	Jhang	18-Hazari	BHU Bullo	132039	BHU_24_7
313	Jhang	Jhang	BHU Chak No.181/JB	132042	BHU_24_7
314	Jhang	Jhang	BHU Chak No.220/JB	132043	BHU_24_7
315	Jhang	Jhang	BHU Chak No.446/JB	132046	BHU_24_7
316	Jhang	Jhang	BHU Iqbal Nagar	132049	BHU_24_7
317	Jhang	Jhang	BHU Khanoana	132052	BHU_24_7
318	Jhang	Jhang	BHU Kot Lakhnana	132053	BHU_24_7
319	Jhang	Jhang	BHU Kot Sai Singh	132054	BHU_24_7
320	Jhang	18-Hazari	BHU Machhiwal	132056	BHU 24/7 Plus
321	Jhang	Jhang	BHU Malhoana	132057	BHU 24/7 Plus
322	Jhang	Jhang	BHU Mandi Shah Jewena	132058	BHU 24/7 Plus
323	Jhang	Jhang	BHU Ratta Matta	132066	BHU_24_7
324	Jhang	18-Hazari	BHU Uch Gul Imam	132069	BHU_24_7
325	Jhang	Shorkot	BHU Allah Yar Jutta	132072	BHU_24_7
326	Jhang	Ahmadpur Sial	BHU Gudara	132082	BHU_24_7

327	Jhang	Shorkot	BHU Khumanwala	132087	BHU_24_7
328	Jhang	Ahmadpur Sial	BHU Shareefabad	132092	BHU_24_7
329	Kasur	Pattoki	BHU GAGGA SARAI	151018	BHU_24_7
330	Kasur	Pattoki	BHU HUNJRAI KALAN	151022	BHU_24_7
331	Kasur	Pattoki	BHU SHEIKHUM	151042	BHU_24_7
332	Kasur	Kasur	BHU BURJ KALAN	151048	BHU_24_7
333	Kasur	Kot Radha Kishan	BHU CHEENA OTTAR	151051	BHU_24_7
334	Kasur	Chunian	BHU HUSSAIN KHAN WALA	151059	BHU 24/7 Plus
335	Kasur	Kasur	BHU KOTLI RAI ABU BAKAR	151064	BHU_24_7
336	Kasur	Kot Radha Kishan	BHU MATTA	151065	BHU_24_7
337	Kasur	Kot Radha Kishan	BHU MUDKEY DHARI WAL	151066	BHU_24_7
338	Kasur	Pattoki	BHU ALPA KALAN	151001	BHU_24_7
339	Kasur	Pattoki	BHU Awan Chak No.39	151003	BHU_24_7
340	Kasur	Pattoki	BHU BHOPAY WAL	151008	BHU_24_7
341	Kasur	Pattoki	BHU GHUMMAN KAY	151021	BHU_24_7
342	Kasur	Chunian	BHU Kili Sokal	151030	BHU_24_7
343	Kasur	Kasur	BHU BEROON RAJA JANG	151047	BHU_24_7
344	Kasur	Kasur	BHU Chathian Wala	151050	BHU_24_7
345	Kasur	Kasur	BHU HARI HAR	151056	BHU_24_7
346	Kasur	Kasur	BHU Hardo Sahari	151057	BHU_24_7
347	Kasur	Kasur	BHU SHEIKH BHAGO	151078	BHU_24_7
348	Kasur	Kot Radha Kishan	BHU Zafer Kay	151082	BHU_24_7
349	Khanewal	Kabirwala	BHU BAGAR SARGANA	161012	BHU_24_7
350	Khanewal	Kabirwala	BHU BAQIR PUR	161013	BHU_24_7
351	Khanewal	Kabirwala	BHU CHITOR GARH	161022	BHU_24_7
352	Khanewal	Kabirwala	BHU JODH PUR	161029	BHU_24_7
353	Khanewal	Kabirwala	BHU KUND SARGANA	161035	BHU_24_7
354	Khanewal	Mian Channu	BHU CHAK NO. 50/15-L	161069	BHU_24_7
355	Khanewal	Mian Channu	BHU CHAK NO. 92/15-L	161073	BHU_24_7
356	Khanewal	Mian Channu	BHU CHAK NO.100/15-L	161074	BHU_24_7
357	Khanewal	Jahanian	BHU 55/10-R	161002	BHU_24_7
358	Khanewal	Jahanian	BHU 106/10-R	161004	BHU_24_7
359	Khanewal	Jahanian	BHU 127/10-R	161005	BHU_24_7
360	Khanewal	Jahanian	BHU 136/10-R	161007	BHU_24_7
361	Khanewal	Jahanian	BHU 140/10-R	161008	BHU_24_7
362	Khanewal	Jahanian	BHU 157/10-R	161009	BHU_24_7
363	Khanewal	Jahanian	BHU Mian Pur	161010	BHU_24_7
364	Khanewal	Jahanian	BHU Rahim Shah	161011	BHU_24_7
365	Khanewal	Khanewal	BHU Behrowal	161014	BHU_24_7
366	Khanewal	Kabirwala	BHU CHAK NO. 9/GAGH	161015	BHU_24_7
367	Khanewal	Kabirwala	BHU 2/A-H	161016	BHU_24_7
368	Khanewal	Kabirwala	BHU CHAK NO. 22/GAGH	161020	BHU_24_7
369	Khanewal	Khanewal	BHU 9/V	161021	BHU_24_7
370	Khanewal	Kabirwala	BHU HAQ NAWAZ WALA	161024	BHU_24_7
371	Khanewal	Kabirwala	BHU HUSSAIN ABAD AWAL	161026	BHU_24_7

372	Khanewal	Kabirwala	BHU KOT ISLAM	161033	BHU_24_7
373	Khanewal	Kabirwala	BHU MAAN KOT	161037	BHU_24_7
374	Khanewal	Kabirwala	BHU MARRI SAHU	161038	BHU_24_7
375	Khanewal	Kabirwala	BHU MULA PUR	161039	BHU_24_7
376	Khanewal	Khanewal	BHU Shamkot	161046	BHU_24_7
377	Khanewal	Khanewal	BHU 30/10-R	161049	BHU_24_7
378	Khanewal	Khanewal	BHU 58/10-R	161052	BHU_24_7
379	Khanewal	Khanewal	BHU 67/10-R	161053	BHU_24_7
380	Khanewal	Khanewal	BHU 74/15-L	161054	BHU_24_7
381	Khanewal	Khanewal	BHU 79/10-R	161055	BHU_24_7
382	Khanewal	Khanewal	BHU 76/10-R	161056	BHU_24_7
383	Khanewal	Khanewal	BHU 88/10-R	161057	BHU_24_7
384	Khanewal	Khanewal	BHU 92/10-R	161058	BHU_24_7
385	Khanewal	Khanewal	BHU 171/10-R	161059	BHU_24_7
386	Khanewal	Khanewal	BHU 7/9-R	161060	BHU_24_7
387	Khanewal	Mian Channu	BHU CHAK NO. 1/8R	161062	BHU_24_7
388	Khanewal	Khanewal	BHU 14/8-R	161063	BHU_24_7
389	Khanewal	Khanewal	BHU 70/15-L	161071	BHU_24_7
390	Khanewal	Mian Channu	BHU CHAK NO. 88/15-L	161072	BHU_24_7
391	Khanewal	Mian Channu	BHU CHAK NO.121/15-L	161076	BHU_24_7
392	Khanewal	Mian Channu	BHU CHAK NO.137/16-L	161078	BHU_24_7
393	Khushab	Naushera	Anga	182001	BHU_24_7
394	Khushab	Khushab	Daiwal	182007	BHU_24_7
395	Khushab	Naushera	Jahlar	182012	BHU
396	Khushab	Naushera	Khura	182013	BHU_24_7
397	Khushab	Naushera	Kufri (Saddiqueabad)	182014	BHU_24_7
398	Khushab	Khushab	Kund	182015	BHU_24_7
399	Khushab	Naushera	Sodhi JayWali	182020	BHU_24_7
400	Khushab	Khushab	Talokar	182021	BHU_24_7
401	Khushab	Khushab	Tibba Qaim Din	182022	BHU_24_7
402	Khushab	Naushera	Uchhali	182024	BHU_24_7
403	Khushab	Khushab	Waheer	182025	BHU_24_7
404	Khushab	Quaidabad	Warcha	182026	BHU_24_7
405	Khushab	Noorpur Thal	Chan	182027	BHU_24_7
406	Khushab	Noorpur Thal	Jharkal	182029	BHU_24_7
407	Khushab	Noorpur Thal	Khatwan	182030	BHU_24_7
408	Khushab	Noorpur Thal	Rangpur	182033	BHU_24_7
409	Lahore	Lahore Cantt	Dograi kalan	152008	BHU_24_7
410	Lahore	Lahore Cantt	BHU Hadayara	152012	BHU_24_7
411	Lahore	Lahore Cantt	Maraka	152024	BHU_24_7
412	Lahore	Lahore Cantt	Minhala	152025	BHU_24_7
413	Lahore	Lahore Cantt	Pandoki	152029	BHU_24_7
414	Lahore	Lahore Cantt	Basic Health Unit, Jahman, Lahore Cantt, Lahore	152013	BHU_24_7
415	Layyah	Chaubara	Basic Health Unit Khairay Wala	122003	BHU_24_7
416	Layyah	Chaubara	Basic Health Unit Nawan Kot	122004	BHU_24_7

417	Layyah	Chaubara	Basic Health Unit Sher Garh	122005	BHU_24_7
418	Layyah	Karor Lal-E-Son	Basic Health Unit 90 A /TDA	122008	BHU_24_7
419	Layyah	Karor Lal-E-Son	Basic Health Unit 90 ML	122009	BHU_24_7
420	Layyah	Karor Lal-E-Son	Basic Health Unit 218/TDA	122010	BHU_24_7
421	Layyah	Karor Lal-E-Son	Basic Health Unit Garray Wala	122011	BHU_24_7
422	Layyah	Karor Lal-E-Son	Basic Health Unit Jharkil	122012	BHU_24_7
423	Layyah	Karor Lal-E-Son	Basic Health Unit Kutani wala	122013	BHU_24_7
424	Layyah	Karor Lal-E-Son	Basic Health Unit Laskani Wala	122014	BHU_24_7
425	Layyah	Layyah	BHU Bakhari Ahmad Khan	122018	BHU_24_7
426	Layyah	Layyah	BHU chak 136	122019	BHU_24_7
427	Layyah	Layyah	BHU Chak no 157.TDA	122021	BHU_24_7
428	Layyah	Layyah	BHU 172TDA	122022	BHU_24_7
429	Layyah	Layyah	BHU Iohanch Nasheeb	122026	BHU_24_7
430	Layyah	Layyah	BHU bhu shado khan	122030	BHU_24_7
431	Layyah	Layyah	BHU Sumra Nashib	122031	BHU_24_7
432	Layyah	Layyah	BHU 339TDA	122038	BHU_24_7
433	Layyah	Chaubara	Basic Health Unit Chak No 366/TDA	122078	BHU_24_7
434	Layyah	Karor Lal-E-Son	Basic Health Unit jhok jaskani	122079	BHU_24_7
435	Layyah	Chaubara	Basic Health Unit Chak No 300/TDA	122081	BHU_24_7
436	Layyah	Karor Lal-E-Son	Basic Health Unit Sahu Wala	122090	BHU_24_7
437	Layyah	Karor Lal-E-Son	Basic Health Unit Marrhan Wali	122092	BHU_24_7
438	Layyah	Layyah	BHU B.W.S	122017	BHU_24_7
439	Lodhran	Duniapur	Basic Health Unit, Chak No. 253 WB, Duniapur, Lodhran	162002	BHU_24_7
440	Lodhran	Duniapur	Basic Health Unit, 353/WB, Duniapur, Lodhran	162003	BHU_24_7
441	Lodhran	Duniapur	Basic Health Unit, 359 WB, Duniapur, Lodhran	162004	BHU_24_7
442	Lodhran	Duniapur	Basic Health Unit, Chak No. 355 WB, Duniapur, Lodhran	162005	BHU_24_7
443	Lodhran	Duniapur	Basic Health Unit, 360 WB, Duniapur, Lodhran	162006	BHU_24_7
444	Lodhran	Duniapur	Basic Health Unit, 376 WB, Duniapur, Lodhran	162007	BHU_24_7
445	Lodhran	Duniapur	Basic Health Unit, Jallah Arain, Duniapur, Lodhran	162008	BHU 24/7 Plus
446	Lodhran	Kahrer Pacca	Basic Health Unit, Ain Wahin, Kahrer Pacca, Lodhran	162011	BHU_24_7
447	Lodhran	Kahrer Pacca	Basic Health Unit, Ali Pur Kanjoo, Kahrer Pacca, Lodhran	162012	BHU_24_7
448	Lodhran	Kahrer Pacca	Basic Health Unit, Amir Pur Sadat, Kahrer Pacca, Lodhran	162013	BHU_24_7
449	Lodhran	Kahrer Pacca	Basic Health Unit, Bahawal Garh, Kahrer Pacca, Lodhran	162014	BHU_24_7
450	Lodhran	Kahrer Pacca	Basic Health Unit, Chellay Wahin, Kahrer Pacca, Lodhran	162015	BHU_24_7
451	Lodhran	Kahrer Pacca	Basic Health Unit, Choki Masti Khan, Kahrer Pacca, Lodhran	162016	BHU_24_7
452	Lodhran	Kahrer Pacca	Basic Health Unit, Dhanot, Kahrer Pacca, Lodhran	162018	BHU 24/7 Plus
453	Lodhran	Kahrer Pacca	Basic Health Unit, Gahi Mummar, Kahrer Pacca, Lodhran	162019	BHU_24_7
454	Lodhran	Kahrer Pacca	Basic Health Unit, Ismail Pur, Kahrer Pacca, Lodhran	162020	BHU_24_7
455	Lodhran	Kahrer Pacca	Basic Health Unit, Jamrani Wah, Kahrer Pacca, Lodhran	162021	BHU_24_7
456	Lodhran	Lodhran	Basic Health Unit, Adam Wahan, Lodhran	162027	BHU_24_7
457	Lodhran	Lodhran	Basic Health Unit, 12 MPR, Lodhran	162028	BHU_24_7

458	Lodhran	Lodhran	Basic Health Unit, Chamb Kulyar, Lodhran	162030	BHU_24_7
459	Lodhran	Lodhran	Basic Health Unit, Danwaran, Lodhran	162031	BHU_24_7
460	Lodhran	Lodhran	Basic Health Unit, Duran Wala, Lodhran	162032	BHU_24_7
461	Lodhran	Lodhran	Basic Health Unit, Galley Wall, Lodhran	162033	BHU 24/7 Plus
462	Lodhran	Lodhran	Basic Health Unit, Haveli Naseer Khan, Lodhran	162034	BHU_24_7
463	Lodhran	Lodhran	Basic Health Unit, Khanwah Ghalwan, Lodhran	162036	BHU 24/7 Plus
464	Lodhran	Lodhran	Basic Health Unit, Malik Pur, Lodhran	162037	BHU_24_7
465	Lodhran	Lodhran	Basic Health Unit, Matrain, Lodhran	162038	BHU_24_7
466	Lodhran	Lodhran	Basic Health Unit, Miran Pur, Lodhran	162039	BHU_24_7
467	Lodhran	Lodhran	Basic Health Unit, Raja Pur, Lodhran	162040	BHU_24_7
468	Lodhran	Duniapur	Basic Health Unit, 386/WB, Duniapur, Lodhran	162077	BHU_24_7
469	Lodhran	Duniapur	Basic Health Unit, Chak No. 237 WB, Duniapur, Lodhran	162079	BHU_24_7
470	Lodhran	Duniapur	Basic Health Unit, Chak No. 34 M, Duniapur, Lodhran	162083	BHU_24_7
471	Lodhran	Duniapur	Basic Health Unit, Lodha Bohar, Duniapur, Lodhran	162009	BHU_24_7
472	M.B.Din	Malikwal	BHU Haria	146098	BHU_24_7
473	M.B.Din	Mandi Bahuddin	BHU MANGAT	146104	BHU_24_7
474	M.B.Din	Mandi Bahuddin	BHU Sahna	146114	BHU_24_7
475	M.B.Din	Malikwal	BHU Sanda	146170	BHU_24_7
476	M.B.Din	Malikwal	BHU BARMUSA	146080	BHU_24_7
477	M.B.Din	Malikwal	BHU Chot dheeran	146091	BHU_24_7
478	M.B.Din	Phalia	BHU HASLANWALA	146099	BHU_24_7
479	M.B.Din	Mandi Bahuddin	BHU kadhar	146100	BHU_24_7
480	M.B.Din	Malikwal	BHU pind makko	146111	BHU_24_7
481	M.B.Din	Mandi Bahuddin	BHU Rasul	146113	BHU_24_7
482	M.B.Din	Mandi Bahuddin	BHU Sivia	146117	BHU_24_7
483	M.B.Din	Mandi Bahuddin	BHU Lakhnewala	146203	BHU_24_7
484	M.B.Din	Malikwal	BHU Waryait	146209	BHU_24_7
485	M.B.Din	Phalia	BHU Ghanaian	146264	BHU_24_7
486	Mianwali	Lalian	BHU Kalri	134010	BHU 24/7 Plus
487	Mianwali	Piplan	BHU Bala	183009	BHU_24_7
488	Mianwali	Mianwali	BHU Thathi	183015	BHU_24_7
489	Mianwali	Mianwali	BHU Ghundi	183019	BHU_24_7
490	Mianwali	Mianwali	BHU Gulmeri	183020	BHU_24_7
491	Mianwali	Piplan	BHU Kundian Rural	183022	BHU_24_7
492	Mianwali	Mianwali	BHU Pai Khel	183028	BHU 24/7 Plus
493	Mianwali	Piplan	BHU Sandan Wala	183031	BHU_24_7
494	Mianwali	Mianwali	BHU Hussain Wala	183104	BHU_24_7
495	Mianwali	Esa Khel	BHU Maseet Wala	183122	BHU_24_7
496	Mianwali	Esa Khel	BHU Kaloor Sharif	183003	BHU_24_7
497	Mianwali	Mianwali	BHU Ahmad Khan Wala	183008	BHU_24_7
498	Mianwali	Mianwali	BHU Dhok Ayoub	183016	BHU_24_7
499	Mianwali	Mianwali	BHU Dily Wali	183017	BHU_24_7
500	Mianwali	Piplan	BHU Tiba Gamy Shah	183034	BHU_24_7
501	Multan	Jalalpur Pirwala	Basic Health Unit, Ali Pur Sadat, Jalalpur Pirwala, Multan	163001	BHU_24_7

502	Multan	Jalalpur Pirwala	Basic Health Unit, Bait Kaitch, Jalalpur Pirwala, Multan	163003	BHU_24_7
503	Multan	Jalalpur Pirwala	Basic Health Unit, Behli, Jalalpur Pirwala, Multan	163005	BHU_24_7
504	Multan	Jalalpur Pirwala	Basic Health Unit, Durab Pur, Jalalpur Pirwala, Multan	163006	BHU_24_7
505	Multan	Jalalpur Pirwala	Basic Health Unit, Hoot Wala, Jalalpur Pirwala, Multan	163007	BHU_24_7
506	Multan	Jalalpur Pirwala	Basic Health Unit, Khan Bela, Jalalpur Pirwala, Multan	163012	BHU_24_7
507	Multan	Jalalpur Pirwala	Basic Health Unit, Kotla Chakar, Jalalpur Pirwala, Multan	163013	BHU_24_7
508	Multan	Jalalpur Pirwala	Basic Health Unit, They Kalan, Jalalpur Pirwala, Multan	163015	BHU_24_7
509	Multan	Multan Sadar	Basic Health Unit, Abbas Pur, Multan Sadar, Multan	163017	BHU_24_7
510	Multan	Multan Sadar	Basic Health Unit, Binda Sandila, Multan Sadar, Multan	163019	BHU_24_7
511	Multan	Multan Sadar	Basic Health Unit, Hamid Pur Kanora, Multan Sadar, Multan	163020	BHU_24_7
512	Multan	Multan Sadar	Basic Health Unit, Bhakal Bhir, Multan Sadar, Multan	163024	BHU_24_7
513	Multan	Multan Sadar	Basic Health Unit, Basti Malook, Multan Sadar, Multan	163026	BHU_24_7
514	Multan	Multan Sadar	Basic Health Unit, Billi Wala, Multan Sadar, Multan	163027	BHU_24_7
515	Multan	Multan Sadar	Basic Health Unit, Buch Khusroabad, Multan Sadar, Multan	163028	BHU_24_7
516	Multan	Multan Sadar	Basic Health Unit, Budhla Sant, Multan Sadar, Multan	163029	BHU_24_7
517	Multan	Multan Sadar	Basic Health Unit, Chak No. 6/MR, Multan Sadar, Multan	163030	BHU_24_7
518	Multan	Multan Sadar	Basic Health Unit, Chak No. 1/MR, Multan Sadar, Multan	163031	BHU_24_7
519	Multan	Multan Sadar	Basic Health Unit, Chak No. 18/MR, Multan Sadar, Multan	163032	BHU_24_7
520	Multan	Multan Sadar	Basic Health Unit, Chak No. 10.T, Multani Wala, Multan Sadar, Multan	163033	BHU_24_7
521	Multan	Multan Sadar	Basic Health Unit, Gulzarpur, Multan Sadar, Multan	163034	BHU_24_7
522	Multan	Multan Sadar	Basic Health Unit, Jalalabad, Multan Sadar, Multan	163035	BHU_24_7
523	Multan	Multan Sadar	Basic Health Unit, Jhoke Gamoon, Multan Sadar, Multan	163036	BHU_24_7
524	Multan	Multan Sadar	Basic Health Unit, Khokhran, Multan Sadar, Multan	163040	BHU_24_7
525	Multan	Multan Sadar	Basic Health Unit, Kothay Wala, Multan Sadar, Multan	163041	BHU_24_7
526	Multan	Multan Sadar	Basic Health Unit, Kotla Maharan, Multan Sadar, Multan	163042	BHU_24_7
527	Multan	Multan Sadar	Basic Health Unit, Lutafabad, Multan Sadar, Multan	163043	BHU_24_7
528	Multan	Multan Sadar	Basic Health Unit, Luther, Multan Sadar, Multan	163044	BHU_24_7
529	Multan	Multan Sadar	Basic Health Unit, Mattital, Multan Sadar, Multan	163045	BHU_24_7
530	Multan	Multan Sadar	Basic Health Unit, Mubarik Pur, Multan Sadar, Multan	163047	BHU_24_7
531	Multan	Multan Sadar	Basic Health Unit, Mullan Faqir, Multan Sadar, Multan	163048	BHU_24_7
532	Multan	Multan Sadar	Basic Health Unit, Muzafarabad, Multan Sadar, Multan	163049	BHU_24_7
533	Multan	Multan Sadar	Basic Health Unit, Nawab Pur, Multan Sadar, Multan	163050	BHU_24_7
534	Multan	Multan Sadar	Basic Health Unit, Rana Wahin, Multan Sadar, Multan	163051	BHU_24_7
535	Multan	Multan Sadar	Basic Health Unit, Shah Pur, Multan Sadar, Multan	163052	BHU_24_7
536	Multan	Multan Sadar	Basic Health Unit, Tatepur, Multan Sadar, Multan	163053	BHU_24_7
537	Multan	Shuja Abad	Basic Health Unit, Gajju Hatta, Shuja Abad, Multan	163055	BHU_24_7
538	Multan	Shuja Abad	Basic Health Unit, Gardaiz Pur, Shuja Abad, Multan	163056	BHU_24_7
539	Multan	Shuja Abad	Basic Health Unit, Hayat Khan Wala, Shuja Abad, Multan	163057	BHU_24_7
540	Multan	Shuja Abad	Basic Health Unit, JalalPur Khakhi, Shuja Abad, Multan	163058	BHU_24_7
541	Multan	Shuja Abad	Basic Health Unit, Khan Pur Qazi, Shuja Abad, Multan	163059	BHU_24_7
542	Multan	Shuja Abad	Basic Health Unit, Mahra , Shuja Abad, Multan	163061	BHU_24_7

543	Multan	Shuja Abad	Basic Health Unit, Punjani, Shuja Abad, Multan	163062	BHU_24_7
544	Multan	Shuja Abad	Basic Health Unit, Raja Ram, Shuja Abad, Multan	163064	BHU_24_7
545	Multan	Shuja Abad	Basic Health Unit, Sikandarabad, Shuja Abad, Multan	163066	BHU_24_7
546	Multan	Shuja Abad	Basic Health Unit, Thath Ghalwan, Shuja Abad, Multan	163067	BHU_24_7
547	Multan	Multan Sadar	Basic Health Unit, Bootey Wala , Multan Sadar, Multan	163151	BHU_24_7
548	Multan	Multan Sadar	Basic Health Unit, Chak No. 11/MR, Multan Sadar, Multan	163181	BHU_24_7
549	Multan	Multan Sadar	Basic Health Unit, Doomra , Multan Sadar, Multan	163183	BHU_24_7
550	Multan	Multan Sadar	Basic Health Unit, Durana Lungana, Multan Sadar, Multan	163184	BHU_24_7
551	Multan	Jalalpur Pirwala	Basic Health Unit, Bomb Wala, Jalalpur Pirwala, Multan	163192	BHU_24_7
552	Multan	Jalalpur Pirwala	Basic Health Unit, Juggo Wala, Jalalpur Pirwala, Multan	163193	BHU_24_7
553	Multan	Multan Sadar	Basic Health Unit, Taragarh, Multan Sadar, Multan	163180	BHU_24_7
554	Muzaffargarh	Jatoi	BHU Vaince	123005	BHU_24_7
555	Muzaffargarh	Jatoi	BHU Kotla Lal Shah	123012	BHU_24_7
556	Muzaffargarh	Jatoi	BHU Kotla Gamoon	123013	BHU_24_7
557	Muzaffargarh	AliPur	BHU Marian	123015	BHU_24_7
558	Muzaffargarh	AliPur	BHU Sultan Pur	123018	BHU_24_7
559	Muzaffargarh	Jatoi	BHU Hamzay Wali	123020	BHU_24_7
560	Muzaffargarh	Jatoi	BHU Bait Meer Hazar	123021	BHU_24_7
561	Muzaffargarh	Kot Adu	BHU Ehsan Pur	123029	BHU_24_7
562	Muzaffargarh	Kot Adu	BHU Khar Gharbi	123031	BHU_24_7
563	Muzaffargarh	Kot Adu	BHU Wandhar	123038	BHU_24_7
564	Muzaffargarh	Muzaffargarh	BHU Ali Wala	123039	BHU_24_7
565	Muzaffargarh	Muzaffargarh	BHU Aluday Wali	123040	BHU_24_7
566	Muzaffargarh	Muzaffargarh	BHU Jaggat Pur	123048	BHU_24_7
567	Muzaffargarh	Muzaffargarh	BHU Khan Pur Bagga Sher	123051	BHU_24_7
568	Muzaffargarh	Muzaffargarh	BHU Mahra	123052	BHU_24_7
569	Muzaffargarh	Muzaffargarh	BHU Thatha Qureshi	123057	BHU_24_7
570	Muzaffargarh	Muzaffargarh	BHU Jaday Wala	123117	BHU_24_7
571	Muzaffargarh	Kot Adu	BHU Daya chokha	123126	BHU_24_7
572	Muzaffargarh	Lodhran	BHU Miran Pur	123043	BHU_24_7
573	Muzaffargarh	Jatoi	BHU Bait Daryae	123001	BHU_24_7
574	Muzaffargarh	Jatoi	BHU Bait Ram Pur	123002	BHU_24_7
575	Muzaffargarh	AliPur	BHU Basti Chunjan	123003	BHU_24_7
576	Muzaffargarh	Jatoi	BHU Beelay Wala	123006	BHU_24_7
577	Muzaffargarh	AliPur	BHU Fateh Pur Janobi	123007	BHU_24_7
578	Muzaffargarh	AliPur	BHU Khan Pur Nurakka	123010	BHU_24_7
579	Muzaffargarh	AliPur	BHU Khizar Abad	123011	BHU_24_7
580	Muzaffargarh	AliPur	BHU Latti	123014	BHU_24_7
581	Muzaffargarh	AliPur	BHU Phullan	123016	BHU_24_7
582	Muzaffargarh	Jatoi	BHU Dummer Wala Shumali	123022	BHU_24_7
583	Muzaffargarh	Kot Adu	BHU Budh	123024	BHU_24_7
584	Muzaffargarh	Kot Adu	BHU 133/ML	123025	BHU_24_7
585	Muzaffargarh	Kot Adu	BHU 518/TDA	123026	BHU_24_7

586	Muzaffargarh	Kot Adu	BHU 632/TDA	123028	BHU_24_7
587	Muzaffargarh	Kot Adu	Bhu lasoori	123032	BHU_24_7
588	Muzaffargarh	Kot Adu	BHU Pattal Kot Addu	123033	BHU_24_7
589	Muzaffargarh	Kot Adu	BHU Shadi Khan Munda	123035	BHU_24_7
590	Muzaffargarh	Kot Adu	BHU sheikh umer	123036	BHU_24_7
591	Muzaffargarh	Kot Adu	BHU Thatha gurmani	123037	BHU_24_7
592	Muzaffargarh	Muzaffargarh	BHU Doaba	123041	BHU_24_7
593	Muzaffargarh	Muzaffargarh	BHU Makwal	123042	BHU_24_7
594	Muzaffargarh	Muzaffargarh	BHU Darin	123044	BHU_24_7
595	Muzaffargarh	Muzaffargarh	BHU Chak Farazi	123046	BHU_24_7
596	Muzaffargarh	Muzaffargarh	BHU Kamal Pur Patni	123049	BHU_24_7
597	Muzaffargarh	Muzaffargarh	BHU Mochi Wali	123053	BHU_24_7
598	Muzaffargarh	Muzaffargarh	BHU Qadir Pur Saleh	123055	BHU_24_7
599	Muzaffargarh	Muzaffargarh	BHU Sharif Chajra	123056	BHU_24_7
600	Muzaffargarh	Muzaffargarh	BHU umer pur janobi	123058	BHU_24_7
601	Muzaffargarh	Muzaffargarh	BHU Utra Sandela	123059	BHU_24_7
602	Muzaffargarh	Muzaffargarh	BHU Dewala	123115	BHU_24_7
603	Muzaffargarh	Kot Adu	BHU Ghazi Ghat	123121	BHU_24_7
604	Muzaffargarh	Kot Adu	BHU 531/TDA	123123	BHU_24_7
605	Muzaffargarh	Jatoi	BHU Qadir Pur Chajhra	123124	BHU_24_7
606	Muzaffargarh	Muzaffargarh	BHU Usman Korla	123125	BHU_24_7
607	Muzaffargarh	Muzaffargarh	BHU Langar Saraye	123132	BHU_24_7
608	Muzaffargarh	Muzaffargarh	BHU Garey Wain	123134	BHU_24_7
609	Muzaffargarh	Jatoi	BHU Abrar Lundi Pitafi	123064	BHU_24_7
610	Nankana Sahib	Nankana Sahib	BHU Kot Hussain	155056	BHU_24_7
611	Nankana Sahib	Nankana Sahib	BHU Machora	155060	BHU_24_7
612	Nankana Sahib	Sangla Hill	BHU Baddo Malhi	155076	BHU_24_7
613	Nankana Sahib	Sangla Hill	BHU Marh Balochan	155107	BHU_24_7
614	Nankana Sahib	Shah Kot	BHU Panwan	155116	BHU_24_7
615	Nankana Sahib	Nankana Sahib	BHU Chak No. 06	155042	BHU_24_7
616	Nankana Sahib	Nankana Sahib	BHU Chak No. 17	155045	BHU_24_7
617	Nankana Sahib	Nankana Sahib	BHU Chandar Nagar	155047	BHU_24_7
618	Nankana Sahib	Nankana Sahib	BHU Haft Maddar	155051	BHU_24_7
619	Nankana Sahib	Nankana Sahib	BHU Kot Bini Das	155054	BHU_24_7
620	Nankana Sahib	Nankana Sahib	BHU Kot Fazal	155055	BHU_24_7
621	Nankana Sahib	Sangla Hill	BHU Bhullair	155078	BHU_24_7
622	Nankana Sahib	Shah Kot	BHU Burala	155081	BHU_24_7
623	Nankana Sahib	Shah Kot	BHU Islam Nagar	155095	BHU_24_7
624	Nankana Sahib	Sangla Hill	BHU Kot Rehmat Khan	155099	BHU_24_7
625	Nankana Sahib	Sangla Hill	BHU Pakhariwal	155115	BHU_24_7
626	Narowal	Narowal	BHU Bubak Murali	143002	BHU_24_7
627	Narowal	Narowal	BHU Chander Key Rajputan	143003	BHU_24_7
628	Narowal	Narowal	BHU Chandowal	143004	BHU_24_7
629	Narowal	Zafarwal	BHU Dhamthal	143006	BHU_24_7
630	Narowal	Narowal	BHU Maddo Kahlowan	143011	BHU_24_7

631	Narowal	Narowal	BHU Manak	143012	BHU_24_7
632	Narowal	Narowal	BHU Qayam Pur	143015	BHU_24_7
633	Narowal	Narowal	BHU Sadowala Uncha	143018	BHU_24_7
634	Narowal	Narowal	BHU Talwandi Bhindran	143019	BHU_24_7
635	Narowal	Shakargarh	BHU Chak Amro	143020	BHU_24_7
636	Narowal	Shakargarh	BHU Bara Manga	143022	BHU_24_7
637	Narowal	Shakargarh	BHU Bua	143023	BHU_24_7
638	Narowal	Shakargarh	BHU Ghumtala	143029	BHU_24_7
639	Narowal	Shakargarh	BHU Kanjgur	143032	BHU_24_7
640	Narowal	Shakargarh	BHU Pindi Sanian	143040	BHU_24_7
641	Narowal	Shakargarh	BHU Shahpur Bangoo	143044	BHU_24_7
642	Narowal	Shakargarh	BHU Tola	143046	BHU_24_7
643	Narowal	Shakargarh	BHU Kohlian	143101	BHU_24_7
644	Okara	Depal Pur	BHU Amla moti Tehsil Depalpur District Okara.	153001	BHU_24_7
645	Okara	Depal Pur	BHU Doula Mehar Chand Tehsil Depalpur District Okara.	153012	BHU_24_7
646	Okara	Depal Pur	BHU Chak Fazal Shah Tehsil Depalpur District Okara.	153014	BHU_24_7
647	Okara	Depal Pur	BHU Kuaki Bahawal Tehsil Depalpur District Okara.	153019	BHU_24_7
648	Okara	Depal Pur	BHU Mancharian Tehsil Depalpur District Okara.	153020	BHU_24_7
649	Okara	Depal Pur	BHU Mahroof Tehsil Depalpur District Okara.	153022	BHU_24_7
650	Okara	Depal Pur	BHU Mazharabad Tehsil Depalpur District Okara.	153023	BHU_24_7
651	Okara	Depal Pur	BHU Mahant Darshan Tehsil Depalpur District Okara.	153024	BHU_24_7
652	Okara	Depal Pur	BHU Niki Maneki Tehsil Depalpur District Okara.	153027	BHU_24_7
653	Okara	Depal Pur	BHU Pipli Pahar Tehsil and District Okara.	153030	BHU_24_7
654	Okara	Depal Pur	BHU Shamdin Tehsil Depalpur District Okara.	153039	BHU_24_7
655	Okara	Okara	BHU Akber Tehsil and District Okara.	153041	BHU_24_7
656	Okara	Renala Khurd	BHU 1/1-R-A Tehsil Renal Khurd District Okara.	153045	BHU_24_7
657	Okara	Renala Khurd	BHU 2/1-A-L Tehsil Renal Khurd District Okara.	153047	BHU_24_7
658	Okara	Renala Khurd	BHU 7/1-L Tehsil Renal Khurd District Okara.	153050	BHU_24_7
659	Okara	Renala Khurd	BHU 11/1-L Tehsil Renal Khurd District Okara.	153051	BHU_24_7
660	Okara	Okara	BHU 12-GD Tehsil and District Okara.	153052	BHU_24_7
661	Okara	Renala Khurd	BHU 13/1-R Tehsil Renal Khurd District Okara.	153053	BHU_24_7
662	Okara	Renala Khurd	BHU 18/1-L Tehsil Renal Khurd District Okara.	153058	BHU_24_7
663	Okara	Okara	BHU 23/4-L Tehsil and District Okara.	153061	BHU_24_7
664	Okara	Okara	BHU 25/2-R Tehsil Renal Khurd District Okara.	153063	BHU_24_7
665	Okara	Okara	BHU 32/2-L Tehsil and District Okara.	153065	BHU_24_7
666	Okara	Okara	BHU 32/2-R Tehsil and District Okara.	153066	BHU_24_7
667	Okara	Renala Khurd	BHU 34/1-A-L Tehsil Renal Khurd District Okara.	153067	BHU_24_7
668	Okara	Okara	BHU 38/4-L Tehsil and District Okara.	153068	BHU_24_7
669	Okara	Okara	BHU 40/3-R Tehsil and District Okara.	153070	BHU_24_7
670	Okara	Okara	BHU 52/3-R Tehsil and District Okara.	153073	BHU_24_7
671	Okara	Okara	BHU Fateh Pur Tehsil and District Okara.	153076	BHU_24_7
672	Okara	Okara	BHU Jaboka Tehsil and District Okara.	153078	BHU_24_7
673	Okara	Renala Khurd	BHU Kamman Tehsil Renal Khurd District Okara.	153080	BHU_24_7
674	Okara	Okara	BHU Kohla Tehsil and District Okara.	153081	BHU_24_7

675	Okara	Depal Pur	BHU Jamal Kot Tehsil Depalpur District Okara.	153172	BHU_24_7
676	Okara	Depal Pur	BHU Guddar Malkana Tehsil Depalpur District Okara.	153015	BHU
677	Okara	Depal Pur	BHU Faizabad Tehsil Depalpur District Okara.	153013	BHU
678	Pakpattan	Pakpattan	BHU CHAK NO. 11/SP	164003	BHU_24_7
679	Pakpattan	Pakpattan	BHU CHAK NO. 28/SP	164005	BHU_24_7
680	Pakpattan	Arifwala	BHU CHAK NO. 34/EB	164051	BHU_24_7
681	Pakpattan	Arifwala	BHU CHAK NO. 66/EB	164056	BHU_24_7
682	Pakpattan	Arifwala	BHU CHAK NO.129/EB	164060	BHU_24_7
683	Pakpattan	Pakpattan	BHU CHAK NO. 19/SP	164002	BHU_24_7
684	Pakpattan	Pakpattan	BHU Hota	164012	BHU_24_7
685	Pakpattan	Pakpattan	BHU PEER GHANI	164019	BHU_24_7
686	Pakpattan	Pakpattan	BHU SHAH KHAGGA	164023	BHU_24_7
687	Pakpattan	Pakpattan	BHU CHAK NO.80/D	164044	BHU_24_7
688	Pakpattan	Arifwala	BHU CHAK NO. 30/EB	164052	BHU_24_7
689	Pakpattan	Arifwala	BHU CHAK NO. 83/EB	164058	BHU_24_7
690	Pakpattan	Arifwala	BHU HASSAN ARAIN	164064	BHU_24_7
691	Pakpattan	Arifwala	BHU JEEWAN SHAH	164066	BHU_24_7
692	Pakpattan	Arifwala	BHU PIR SADARDIN	164069	BHU_24_7
693	Pakpattan	Arifwala	BHU 86/EB	164084	BHU_24_7
694	Pakpattan	Arifwala	BHU CHAK 41/EB DISTRICT PAKPATTAN	164085	BHU_24_7
695	Pakpattan	Pakpattan	BHU JAFFAR ALI SHAH	164013	BHU
696	Rahim Yar Khan	Khanpur	BHU Chachian Sharif, R.Y. Khan	113001	BHU_24_7
697	Rahim Yar Khan	Khanpur	Basic Health Unit, Chak No 1/P	113002	BHU_24_7
698	Rahim Yar Khan	Khanpur	Basic Health Unit Chak 45/P	113004	BHU_24_7
699	Rahim Yar Khan	Khanpur	BHU Chak No.112/NP	113006	BHU_24_7
700	Rahim Yar Khan	Khanpur	Basic Health Unit Chak 131-1L	113007	BHU_24_7
701	Rahim Yar Khan	Khanpur	Basic Health Unit Dinpur Sharif 99 NP	113008	BHU_24_7
702	Rahim Yar Khan	Khanpur	Basic Health Unit Ghari Ikhtiar Khan	113009	BHU_24_7
703	Rahim Yar Khan	Khanpur	BHU Ghazi Pur, R.Y. Khan	113010	BHU_24_7
704	Rahim Yar Khan	Khanpur	Basic Health Unit, Gehna Lar	113011	BHU_24_7
705	Rahim Yar Khan	Khanpur	BHU Langi War, R.Y. Khan	113014	BHU_24_7
706	Rahim Yar Khan	Khanpur	Basic Health Unit, Latki	113015	BHU_24_7
707	Rahim Yar Khan	Khanpur	Basic Health Unit, Mari Allah Bachaya	113017	BHU_24_7
708	Rahim Yar Khan	Khanpur	BHU Mud Bhoora, R.Y. Khan	113018	BHU_24_7
709	Rahim Yar Khan	Khanpur	BHU Muslim Town, R.Y. Khan	113019	BHU_24_7
710	Rahim Yar Khan	Liaqatpur	BHU Allah Jiwaya Lar, R.Y. Khan	113023	BHU_24_7
711	Rahim Yar Khan	Liaqatpur	BHU Chak 1 / A Doshakha, R.Y. Khan	113025	BHU_24_7
712	Rahim Yar Khan	Liaqatpur	BHU Chak 45 / A, R.Y. Khan	113026	BHU_24_7
713	Rahim Yar Khan	Liaqatpur	BHU Chak 87 / A, R.Y. Khan	113027	BHU_24_7
714	Rahim Yar Khan	Liaqatpur	BHU Chak No. 150/A, Rahim Yar Khan	113028	BHU_24_7
715	Rahim Yar Khan	Liaqatpur	Basic Health Unit Dashti	113030	BHU_24_7
716	Rahim Yar Khan	Liaqatpur	Basic Health Unit Dera Faridi	113031	BHU_24_7
717	Rahim Yar Khan	Liaqatpur	BHU Goth Mahi, Rahim Yar Khan	113033	BHU_24_7
718	Rahim Yar Khan	Liaqatpur	Basic Health Unit, Haroon Abad	113034	BHU_24_7
719	Rahim Yar Khan	Liaqatpur	BHU Jan Pur, R.Y. Khan	113036	BHU_24_7

720	Rahim Yar Khan	Liaqatpur	Basic Health Unit Kanjki Wala	113038	BHU_24_7
721	Rahim Yar Khan	Liaqatpur	BHU Muhammad Daha, R.Y. Khan	113039	BHU_24_7
722	Rahim Yar Khan	Liaqatpur	BHU Shahbaz pur shargri, R.Y. Khan	113041	BHU_24_7
723	Rahim Yar Khan	Liaqatpur	BHU Zamin Shah, R.Y. Khan	113043	BHU_24_7
724	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Abadpur	113044	BHU_24_7
725	Rahim Yar Khan	Rahim Yar Khan	BHU Adam Arrian, Rahim Yar Khan	113045	BHU_24_7
726	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Adam Wali	113046	BHU_24_7
727	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Basti Rais Ghulam Rasool	113048	BHU_24_7
728	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Bahishti	113049	BHU_24_7
729	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Bismillah Pur	113050	BHU_24_7
730	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Chak Abbas	113051	BHU_24_7
731	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Gulmerg	113052	BHU_24_7
732	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Chak 55/NP	113053	BHU_24_7
733	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Chak 92/P	113054	BHU_24_7
734	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Chak No100/P	113055	BHU_24_7
735	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Chak 107/P	113056	BHU_24_7
736	Rahim Yar Khan	Rahim Yar Khan	BHU Chak 116 / P, R.Y. Khan	113057	BHU_24_7
737	Rahim Yar Khan	Rahim Yar Khan	BHU Chak 125 / P, R.Y. Khan	113058	BHU_24_7
738	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Ehsan Pur	113060	BHU_24_7
739	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit, Fateh Pur Punjabian	113061	BHU_24_7
740	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit, Gulshan Dara	113062	BHU_24_7
741	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Khair Pur Khadali	113064	BHU_24_7
742	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Kot Karam Khan	113065	BHU_24_7
743	Rahim Yar Khan	Rahim Yar Khan	BHU Mian Wali Sheikhan, R.Y. Khan	113066	BHU_24_7
744	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit, Rukanpur	113068	BHU_24_7
745	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Sonak	113069	BHU_24_7
746	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Tibbi Gul Muhammad	113070	BHU_24_7
747	Rahim Yar Khan	Rahim Yar Khan	Basic Health Unit Wachani	113071	BHU_24_7
748	Rahim Yar Khan	Sadiqabad	Basic Health Unit Begar Garhi	113072	BHU_24_7
749	Rahim Yar Khan	Sadiqabad	Basic Health Unit, Bindore Abbasian	113073	BHU_24_7
750	Rahim Yar Khan	Sadiqabad	Basic Health Unit, Chak No 26/NP	113074	BHU_24_7
751	Rahim Yar Khan	Sadiqabad	Basic Health Unit Chak 148/P	113076	BHU_24_7
752	Rahim Yar Khan	Sadiqabad	Basic Health Unit Chak 158/P	113077	BHU_24_7
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754	Rahim Yar Khan	Sadiqabad	BHU Chak 206 / P, R.Y. Khan	113079	BHU_24_7
755	Rahim Yar Khan	Sadiqabad	BHU Chowk Sawitra, R.Y. Khan	113082	BHU_24_7
756	Rahim Yar Khan	Sadiqabad	BHU Kot sabzal, R.Y. Khan	113085	BHU_24_7
757	Rahim Yar Khan	Sadiqabad	Basic Health Unit, Meeray Shah	113088	BHU_24_7
758	Rahim Yar Khan	Sadiqabad	Basic Health Unit Muhammad Nawaz Wasa	113089	BHU_24_7
759	Rahim Yar Khan	Sadiqabad	Basic Health Unit Basti Abdul Karim	113090	BHU_24_7
760	Rahim Yar Khan	Sadiqabad	Basic Health Unit Saadi Sultan	113092	BHU_24_7
761	Rahim Yar Khan	Rahim Yar Khan	BHU Kot Haq Nawaz, R.Y.Khan	113247	BHU_24_7
762	Rahim Yar Khan	Liaqatpur	BHU Amin Abad, R.Y. Khan	113248	BHU_24_7
763	Rahim Yar Khan	Khanpur	Basic Health Unit, Bangla Bhatta Sheikhan	113250	BHU_24_7
764	Rahim Yar Khan	Liaqatpur	BHU Chak 147/A, R.Y. Khan	113251	BHU_24_7

765	Rahim Yar Khan	Sadiqabad	Basic Health Unit Chak 5/NP	113271	BHU_24_7
766	Rahim Yar Khan	Khanpur	BHU Qadir Pur, R.Y. Khan	113273	BHU_24_7
767	Rahim Yar Khan	Liaqatpur	Basic Health Unit Chak 42/A	113274	BHU_24_7
768	Rahim Yar Khan	Liaqatpur	BHU Chak No.25/A, Rahim Yar Khan	113280	BHU_24_7
769	Rahim Yar Khan	Liaqatpur	BHU Chak 79 / A, R.Y. Khan	113281	BHU_24_7
770	Rahim Yar Khan	Liaqatpur	BHU Chak No. 178/7R R.Y. Khan	113222	BHU
771	Rahim Yar Khan	Liaqatpur	BHU Chak No. 229/1-L R.Y. Khan	113223	BHU
772	Rajanpur	Jampur	Basic Health Unit Bukhara	124001	BHU_24_7
773	Rajanpur	Jampur	Basic Health Unit Burrey Wala	124002	BHU_24_7
774	Rajanpur	Jampur	Basic Health Unit Salampur	124005	BHU_24_7
775	Rajanpur	Jampur	Basic Health Unit Kot Tahir	124006	BHU_24_7
776	Rajanpur	Jampur	Basic Health Unit Kotla Dewan	124007	BHU 24/7 Plus
777	Rajanpur	Jampur	Basic Health Unit Kotla Mughlan	124008	BHU_24_7
778	Rajanpur	Jampur	Basic Health Unit Saleemabad	124009	BHU_24_7
779	Rajanpur	Jampur	Basic Health Unit Tatarwala	124010	BHU_24_7
780	Rajanpur	Rajanpur	Basic Health Unit Fatah Pur	124012	BHU_24_7
781	Rajanpur	Rajanpur	Basic Health Unit Hazratwala	124013	BHU_24_7
782	Rajanpur	Rajanpur	Basic Health Unit Kotla Eissan	124016	BHU_24_7
783	Rajanpur	Rajanpur	Basic Health Unit Kotla Naseer	124017	BHU_24_7
784	Rajanpur	Rajanpur	Basic Health Unit Murghai	124019	BHU_24_7
785	Rajanpur	Rojhan	Basic Health Unit Kotla Hassan Shah	124025	BHU_24_7
786	Rajanpur	Rojhan	Basic Health Unit Meeranpur	124026	BHU_24_7
787	Rajanpur	Jampur	Basic Health Unit Tal Shumali	124076	BHU_24_7
788	Rawalpindi	Gujar Khan	BHU JAJJA	174011	BHU_24_7
789	Rawalpindi	Kallar Syedan	BHU Bakhral	174033	BHU_24_7
790	Rawalpindi	Kotli Sattian	BHU Karor	174055	BHU_24_7
791	Rawalpindi	Murree	BHU Kali Mitti	174065	BHU_24_7
792	Rawalpindi	Rawalpindi	BHU Dhok Parh	174078	BHU_24_7
793	Rawalpindi	Rawalpindi	BHU Hayal Sharif	174079	BHU_24_7
794	Rawalpindi	Gujar Khan	BHU DHOONG	174009	BHU_24_7
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796	Rawalpindi	Gujar Khan	BHU JATLI	174014	BHU_24_7
797	Rawalpindi	Gujar Khan	BHU RAMAY	174025	BHU_24_7
798	Rawalpindi	Gujar Khan	BHU SANGOORI	174027	BHU_24_7
799	Rawalpindi	Kallar Syedan	BHU Choha Khalsa	174037	BHU_24_7
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802	Rawalpindi	Kotli Sattian	BHU Malot Sattian	174057	BHU_24_7
803	Rawalpindi	Rawalpindi	BHU Bijnial	174072	BHU_24_7
804	Rawalpindi	Rawalpindi	BHU Chahan	174074	BHU_24_7
805	Rawalpindi	Rawalpindi	BHU Chaper	174076	BHU_24_7
806	Rawalpindi	Rawalpindi	BHU Dhoke Budhal	174077	BHU_24_7
807	Rawalpindi	Gujar Khan	BHU Pothi BIJNIAL	174086	BHU_24_7
808	Sahiwal	Chichawatni	BHU 5/11-L	165024	BHU_24_7
809	Sahiwal	Chichawatni	BHU 11/14-L	165029	BHU_24_7

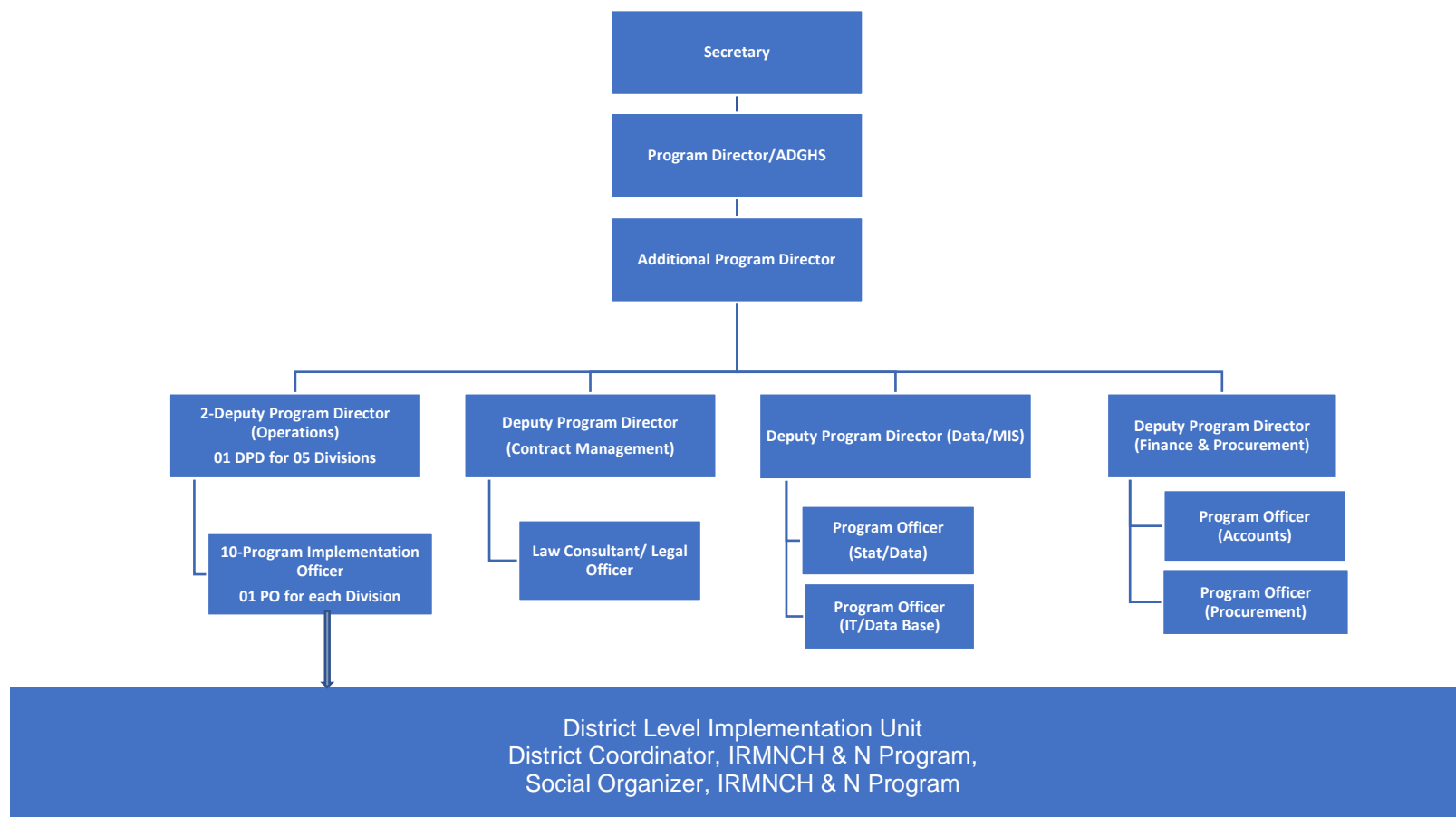
810	Sahiwal	Chichawatni	BHU 20/14-L	165030	BHU_24_7
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812	Sahiwal	Chichawatni	BHU 66/12-L	165039	BHU_24_7
813	Sahiwal	Chichawatni	BHU 90/12-L	165042	BHU_24_7
814	Sahiwal	Chichawatni	BHU 110/7-R	165049	BHU_24_7
815	Sahiwal	Chichawatni	BHU 162/9-L	165053	BHU_24_7
816	Sahiwal	Chichawatni	BHU 39/14-L	165056	BHU_24_7
817	Sahiwal	Sahiwal City	BHU ASADULLAH PUR	165058	BHU_24_7
818	Sahiwal	Sahiwal City	BHU 58/GD	165061	BHU_24_7
819	Sahiwal	Sahiwal City	BHU 59/5-L	165062	BHU_24_7
820	Sahiwal	Sahiwal City	BHU 64/4-R	165066	BHU_24_7
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823	Sahiwal	Sahiwal City	BHU 150/9-L	165087	BHU_24_7
824	Sahiwal	Sahiwal City	BHU Mir Dad Maufi	165094	BHU_24_7
825	Sargodha	Bhera	BHU Hathiwind	184016	BHU_24_7
826	Sargodha	Bhera	BHU Chak saida	184030	BHU_24_7
827	Sargodha	Sillanwali	BHU SHAH NIKDUR	184072	BHU_24_7
828	Sargodha	Shahpur	BHU Jahan Abad	184082	BHU_24_7
829	Sargodha	Shahpur	BHU KALRA	184084	BHU_24_7
830	Sargodha	Sahiwal	Basic Health Unit, Machar Khadi, Sahiwal, Sargodha	184090	BHU_24_7
831	Sargodha	Sillanwali	BHU SOBHAGA	184095	BHU_24_7
832	Sargodha	Sahiwal	Basic Health Unit, Vijh, Sahiwal, Sargodha	184097	BHU_24_7
833	Sargodha	Sahiwal	Basic Health Unit, Hindwan, Sahiwal, Sargodha	184493	BHU_24_7
834	Sargodha	Kot Momin	BHU Bucha Kalan	184003	BHU_24_7
835	Sargodha	Bhalwal	BHU-Chak No. 2/NB, Bhalwal	184005	BHU_24_7
836	Sargodha	Bhalwal	BHU-Chak No. 10/ML, Bhalwal	184007	BHU_24_7
837	Sargodha	Bhalwal	BHU-Chak No. 10/NB, Bhalwal	184008	BHU_24_7
838	Sargodha	Bhalwal	BHU-Chak No. 18/NB, Bhalwal	184010	BHU_24_7
839	Sargodha	Bhalwal	BHU-Dhori, Bhalwal	184013	BHU_24_7
840	Sargodha	Kot Momin	BHU Ghulla Pur	184015	BHU_24_7
841	Sargodha	Bhera	Bhu Hazoorpur	184017	BHU_24_7
842	Sargodha	Bhalwal	BHU-Rakh Chargah	184026	BHU_24_7
843	Sargodha	Bhera	BHU Chak Mubarak	184027	BHU_24_7
844	Sargodha	Kot Momin	BHU Syed Nao	184032	BHU_24_7
845	Sargodha	Kot Momin	BHU takhat hazara	184033	BHU_24_7
846	Sargodha	Sargodha	BHU 53/SB	184044	BHU_24_7
847	Sargodha	Sargodha	BHU 92/NB	184051	BHU_24_7
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850	Sargodha	Sillanwali	BHU 126/SB	184061	BHU_24_7
851	Sargodha	Sargodha	BHU Haiderabad Town	184068	BHU_24_7
852	Sargodha	Sargodha	BHU MARI	184070	BHU_24_7
853	Sargodha	Kot Momin	BHU 10/SB	184076	BHU_24_7
854	Sargodha	Sahiwal	BHU GUL DA KOT	184080	BHU_24_7

855	Sargodha	Shahpur	BHU KANDAN	184085	BHU_24_7
856	Sargodha	Sahiwal	BHU KUD LATHI	184088	BHU_24_7
857	Sargodha	Sahiwal	BHU Mubharay khan	184093	BHU_24_7
858	Sargodha	Kot Momin	Bhu 12/SB	184196	BHU_24_7
859	Sargodha	Sillanwali	BHU 120/SB	184200	BHU_24_7
860	Sargodha	Bhalwal	BHU-Chak No. 15/SB, Bhalwal	184009	BHU
861	Sargodha	Bhera	BHU Kalyanpur	184019	BHU
862	Sheikhupura	Ferozewala	BHU Khanpur	154019	BHU_24_7
863	Sheikhupura	Sheikhupura	BHU jatri kohna	154096	BHU_24_7
864	Sheikhupura	Safdar Abad	BHU Mandiala	154105	BHU_24_7
865	Sheikhupura	Ferozewala	BHU Chak44	154008	BHU_24_7
866	Sheikhupura	Sharaqpur	BHU Dhamkey	154009	BHU_24_7
867	Sheikhupura	Muridkey	BHU Ghorian Mughlan	154015	BHU_24_7
868	Sheikhupura	Muridkey	BHU Jandiala kalsan 24/7	154017	BHU_24_7
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870	Sheikhupura	Ferozewala	BHU Nizampura dhacca	154030	BHU_24_7
871	Sheikhupura	Muridkey	BHU Pindi Machian	154033	BHU_24_7
872	Sheikhupura	Sharaqpur	BHU Qila Lal Singh	154034	BHU_24_7
873	Sheikhupura	Ferozewala	BHU Wandala Dayal Shah	154038	BHU_24_7
874	Sheikhupura	Sheikhupura	BHU Bahuman	154040	BHU_24_7
875	Sheikhupura	Sheikhupura	BHU Mudwala khurd	154066	BHU_24_7
876	Sheikhupura	Sheikhupura	BHU amموke	154075	BHU_24_7
877	Sheikhupura	Sheikhupura	BHU Bhattal	154077	BHU_24_7
878	Sheikhupura	Safdar Abad	BHU Deuri	154085	BHU_24_7
879	Sheikhupura	Sheikhupura	BHU Esherkey	154086	BHU_24_7
880	Sheikhupura	Sheikhupura	BHU Gujiana nau	154091	BHU_24_7
881	Sheikhupura	Sheikhupura	BHU Kaloke	154098	BHU_24_7
882	Sheikhupura	Sheikhupura	BHU kot sohanda	154100	BHU_24_7
883	Sheikhupura	Safdar Abad	BHU Nawapind	154114	BHU_24_7
884	Sheikhupura	Safdar Abad	BHU Salar bhattian	154122	BHU_24_7
885	Sheikhupura	Safdar Abad	BHU bhalike	154264	BHU_24_7
886	Sheikhupura	Ferozewala	BHU BURJ ATTARI	154291	BHU_24_7
887	Sheikhupura	Safdar Abad	BHU Ghanian Ghazi	154297	BHU_24_7
888	Sialkot	Daska	BHU Gojra	144009	BHU_24_7
889	Sialkot	Pasrur	BHU Badiana	144035	BHU_24_7
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895	Sialkot	Sialkot	BHU Kotli Said Amir	144078	BHU_24_7
896	Sialkot	Sialkot	BHU Pathanwali	144087	BHU_24_7
897	Sialkot	Sambrial	BHU Baddoke Cheema	144003	BHU_24_7
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900	Sialkot	Daska	BHU Ladhey	144020	BHU_24_7
901	Sialkot	Pasrur	BHU Ballagan	144036	BHU_24_7
902	Sialkot	Pasrur	BHU Khananwali	144047	BHU_24_7
903	Sialkot	Sialkot	BHU Kotli Amir Ali	144076	BHU_24_7
904	Sialkot	Sialkot	BHU Kotli Bhutta	144077	BHU_24_7
905	Sialkot	Sialkot	BHU Lodhrey	144079	BHU_24_7
906	Sialkot	Sialkot	BHU Thathi Mahinderwal	144090	BHU_24_7
907	T.T. Singh	Gojra	Basic Health Unit Chak No. 92/JB	133001	BHU_24_7
908	T.T. Singh	Gojra	Basic Health Unit Chak No. 304/JB	133011	BHU_24_7
909	T.T. Singh	Gojra	Basic Health Unit Chak No 348 JB	133013	BHU_24_7
910	T.T. Singh	Gojra	Basic Health Unit Chak No 353 JB	133014	BHU_24_7
911	T.T. Singh	Gojra	Basic Health Unit Chak No 363 JB	133016	BHU_24_7
912	T.T. Singh	Gojra	Basic Health Unit Chak No. 369 JB	133017	BHU_24_7
913	T.T. Singh	Pirmahal	Basic Health Unit Chak No. 670/11 GB	133022	BHU_24_7
914	T.T. Singh	Pirmahal	Basic Health Unit Chak No. 672/13 GB	133023	BHU_24_7
915	T.T. Singh	Pirmahal	Basic Health Unit Chak No. 749 GB	133031	BHU_24_7
916	T.T. Singh	Toba Tek Singh	BHU Chak No. 149 J.B, Toba Tek Singh	133037	BHU_24_7
917	T.T. Singh	Toba Tek Singh	Basic Health Unit Chak No. 189/GB	133038	BHU_24_7
918	T.T. Singh	Toba Tek Singh	BHU Chak No. 249 G.B, T.T. Singh	133040	BHU_24_7
919	T.T. Singh	Toba Tek Singh	BHU Chak No. 258 G.B, T.T. Singh	133042	BHU_24_7
920	T.T. Singh	Toba Tek Singh	BHU Chak No. 264 G.B, T.T. Singh	133044	BHU_24_7
921	T.T. Singh	Toba Tek Singh	Basic Health Unit Chak No. 319 GB	133050	BHU_24_7
922	T.T. Singh	Toba Tek Singh	Basic Health Unit Chak No. 321/JB	133051	BHU_24_7
923	T.T. Singh	Pirmahal	BHU Chak No. 333/GB	133054	BHU_24_7
924	T.T. Singh	Toba Tek Singh	Basic Health Unit Chak No. 345/GB	133055	BHU_24_7
925	T.T. Singh	Toba Tek Singh	BHU Chak No. 349/GB	133056	BHU_24_7
926	T.T. Singh	Toba Tek Singh	BHU Chak No. 361 G.B, T.T. Singh	133057	BHU_24_7
927	T.T. Singh	Toba Tek Singh	Basic Health Unit Chak No. 376/JB	133059	BHU_24_7
928	T.T. Singh	Toba Tek Singh	BHU Chak No. 411 JB, T.T. Singh	133062	BHU_24_7
929	T.T. Singh	Kamalia	Basic Health Unit Mal Fatyana	133093	BHU_24_7
930	T.T. Singh	Pirmahal	Basic Health Unit Chak No 668/9 GB	133108	BHU_24_7
931	Vehari	Burewala	BHU 231/EB	166006	BHU_24_7
932	Vehari	Burewala	BHU 267/EB	166008	BHU_24_7
933	Vehari	Burewala	BHU 291/EB	166010	BHU_24_7
934	Vehari	Burewala	BHU 317/EB	166012	BHU_24_7
935	Vehari	Burewala	BHU 425/EB	166015	BHU_24_7
936	Vehari	Burewala	BHU 44/KB	166016	BHU_24_7
937	Vehari	Burewala	BHU 455/EB	166017	BHU_24_7
938	Vehari	Burewala	BHU 495/EB	166019	BHU_24_7
939	Vehari	Burewala	BHU 499/EB	166020	BHU_24_7
940	Vehari	Burewala	BHU 515/EB	166021	BHU_24_7
941	Vehari	Burewala	BHU JAMLERA	166023	BHU_24_7
942	Vehari	Burewala	BHU SHIEKH FAZAL	166025	BHU_24_7
943	Vehari	Mailsi	BHU 69/WB	166028	BHU_24_7
944	Vehari	Mailsi	BHU 145/WB	166032	BHU_24_7

945	Vehari	Mailsi	BHU 158/WB	166034	BHU_24_7
946	Vehari	Mailsi	BHU 187/WB	166035	BHU_24_7
947	Vehari	Mailsi	Basic Health Unit, Fateh Pur, Mailsi, Vehari	166038	BHU_24_7
948	Vehari	Mailsi	BHU KIKRI KLAN	166042	BHU_24_7
949	Vehari	Mailsi	BHU LALI PUR	166045	BHU_24_7
950	Vehari	Mailsi	BHU SARGANA	166049	BHU_24_7
951	Vehari	Vehari	BHU BUDH GHULAM	166053	BHU_24_7
952	Vehari	Vehari	BHU 24/WB	166058	BHU_24_7
953	Vehari	Vehari	BHU 60/WB	166062	BHU_24_7
954	Vehari	Vehari	BHU 477/EB	166066	BHU_24_7
955	Vehari	Vehari	BHU 50/WB	166067	BHU_24_7
956	Vehari	Vehari	BHU 569/EB	166070	BHU_24_7
957	Vehari	Vehari	BHU FAZAL WAH	166072	BHU_24_7
958	Vehari	Burewala	BHU 128/EB	166231	BHU_24_7
959	Vehari	Burewala	BHU 177/EB	166003	BHU_24_7
960	Vehari	Burewala	BHU 199/EB	166004	BHU_24_7
961	Vehari	Burewala	BHU 227/EB	166005	BHU_24_7
962	Vehari	Burewala	BHU 257/EB	166007	BHU_24_7
963	Vehari	Burewala	BHU 305/EB	166011	BHU_24_7
964	Vehari	Burewala	BHU 325/EB	166013	BHU_24_7
965	Vehari	Mailsi	BHU Buraana	166027	BHU_24_7
966	Vehari	Mailsi	BHU 88/WB	166029	BHU_24_7
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972	Vehari	Mailsi	BHU Mirali	166047	BHU_24_7
973	Vehari	Mailsi	BHU MITRU	166048	BHU_24_7
974	Vehari	Mailsi	BHU Shatab Garh	166050	BHU_24_7
975	Vehari	Mailsi	BHU Umar Khichi	166051	BHU_24_7
976	Vehari	Mailsi	BHU Warsi Wahn	166052	BHU_24_7
977	Vehari	Vehari	BHU 05/WB	166054	BHU_24_7
978	Vehari	Vehari	BHU 22/WB	166057	BHU_24_7
979	Vehari	Vehari	BHU 59/WB	166061	BHU_24_7
980	Vehari	Vehari	BHU 168/EB	166064	BHU_24_7
981	Vehari	Vehari	BHU DAULAT ABAD	166071	BHU_24_7
982	Vehari	Mailsi	BHU Seher	166154	BHU_24_7

Organogram



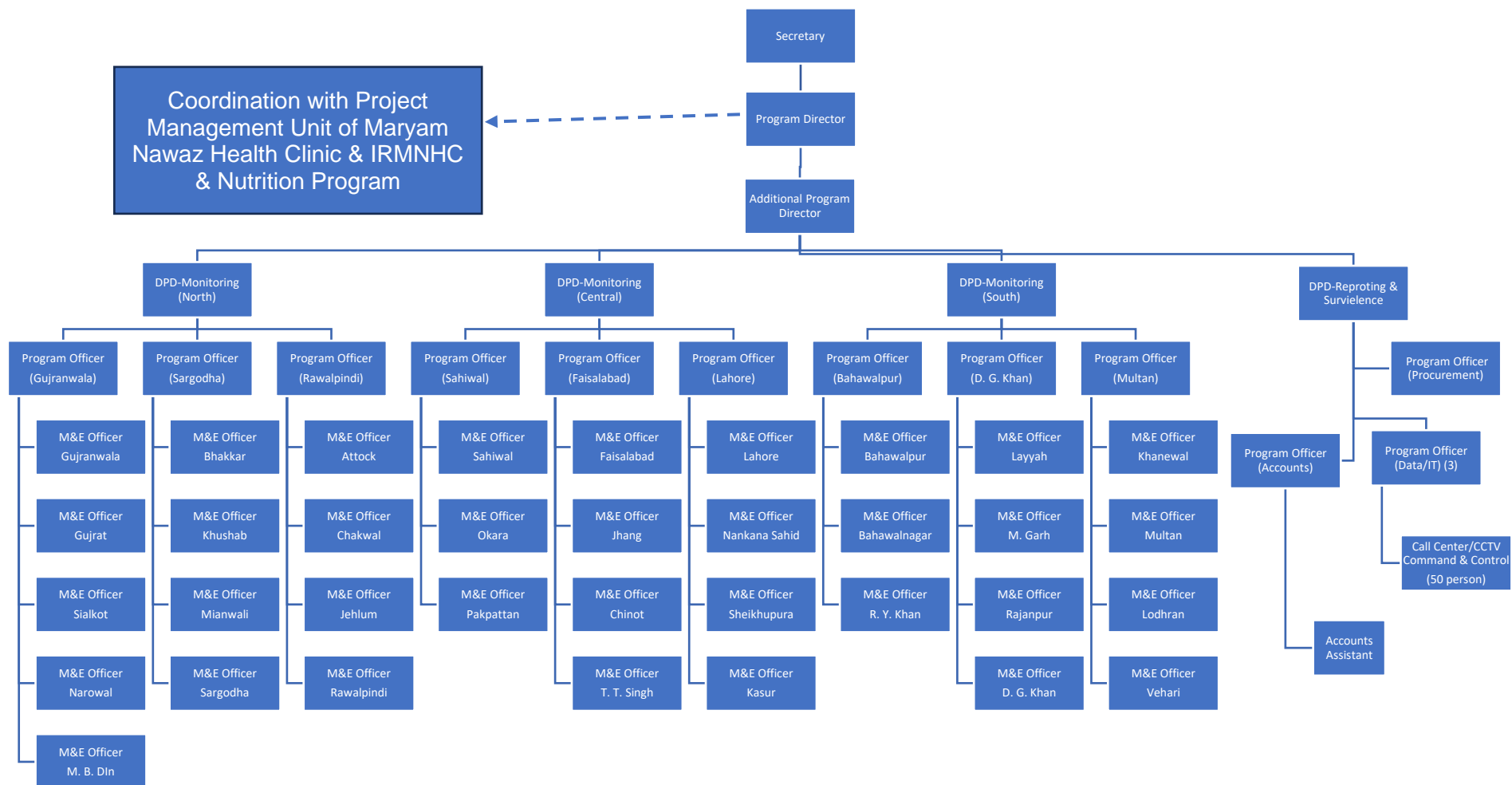
Note:

1. Program Director (MNHC) will also be the Additional Director General Health Services (ADGHS)/ PD(IRMNCH) and will also administratively control and manage all the staff under IRMNCH & Nutrition Program and National Program for Family Planning & Primary Healthcare (LHW Programme)
2. Staff working on SNE at PMU & DMU under IRMNCH & Nutrition Program and National Program for Family Planning & Primary Healthcare (LHW Programme) will be an integrated part of the instant PC-I.

3. *The PMU of instant scheme will also administratively control and manage operations of other healthcare initiatives, including Maryam Nawaz Health Clinics (MNHC), Clinic on wheel, Community Outreach Health Initiatives including Community Health Initiatives (CHI) outsourced workers, outsourced Primary Healthcare Facilities etc across the entire province.*

Directorate of Provincial Healthcare Service Monitoring & Evaluation System

The **Directorate of Monitoring & Evaluation**, under the Health and Population Department, Punjab, will rigorously oversee and ensure service delivery verification of **Maryam Nawaz Health Clinics (MNHCs)** through a structured, technology-driven monitoring mechanism. This Directorate will employ an integrated approach combining real-time Electronic Medical Records (EMRs), centralized CCTV surveillance, routine and surprise field inspections by dedicated Monitoring & Evaluation Assistants (MEAs), independent third-party validations, and continuous patient feedback mechanisms. All service delivery data—including patient visits, maternal and child healthcare services, immunizations, family planning consultations, emergency care, and diagnostic tests—will be captured and cross-verified through the departmental EMR system, ensuring accuracy and transparency. Furthermore, a centralized Command & Control Center will facilitate continuous oversight, promptly identifying and addressing any operational irregularities or gaps in service delivery. The Directorate will also utilize a dedicated patient feedback Call Center, systematically gathering direct patient insights to assess the quality of care, patient satisfaction, and detect any incidents of service denial, mismanagement, or malpractice. Performance data collected from MNHCs will be evaluated regularly against predefined Key Performance Indicators (KPIs) such as staff attendance, clinical quality compliance, patient outcomes, and overall facility performance. Any discrepancies identified during monitoring will trigger immediate corrective interventions, penalties, or contract adjustments to ensure accountability, transparency, and continuous quality improvement. Through these rigorous monitoring processes, the Directorate aims to ensure that MNHCs consistently deliver healthcare services aligned with the Essential Package of Health Services (EPHS), maintain high-quality care standards as mandated by the Punjab Healthcare Commission (PHC), and ultimately achieve enhanced patient satisfaction and improved health outcomes across Punjab.



Detail of Human Resource for PMU

Sr. No.	Name of Post	No.of Posts			Project Pay Scale		
		Original	Discussed in PDWP	Amended	Original	Discussed in PDWP	Amended
1	Program Director/ADGHS	1	1	1	12	11	11
2	Additional Program Director	0	0	1	-	-	10
3	Additional Program Director (Operations)	1	0	0	10	0	10
4	Deputy Program Director (Operations)	3	2	2	9	9	9
5	Deputy Program Director (Contract Management)	0	0	1	9	9	9
6	Deputy Program Director (Data/MIS)	1	1	1	9	9	9
7	Deputy Program Director (Finance & Procurement)	1	1	1	9	9	9
8	Program Officer (Monitoring / Operations)	9	10	0	8	8	8
9	Program Implementation Officer	0	0	10	8	8	8
10	Program Officer (Stat/Data)	0	0	1	8	8	8
11	Program Officer (IT/Data Base)	1	1	1	8	8	8
12	Program Officer (Procurement)	1	1	1	8	8	8
13	Program Officer (Accounts)	1	1	1	8	8	8
Total		19	18	21	-	-	-

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and was approved with “Payment of Service Delivery” & “Outsourcing of Call Agent Services” and directed to develop a reboust/comprehensive monitoring mechanism. So, another dedictad scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System) for monitoring of all the MNHC, Cummuity Health Insepector & other similar pay-for-peroramnce iniatives. Accoringly, the operational component retained and monitoring related component (inluding post) deleted from this PC-I.

JOB DESCRIPTIONS

Project Management Unit (PMU) Staff

Sr.#	Designation & Pay scale	Eligibility Criteria for contract appointment through open competitive process	ToRs / Responsibilities	Appointing Authority
1	Program Director/ADGH S	<p>Medical doctor with post graduate diploma</p> <p>Atleast 30 years experince of serving in Health Department with at least 15 years of experience at mid and senior level positions including 3 years experience of project management in Maternal and Child Health related Programs in Public sector.</p>	<p>The Programme Director, reporting to the DG Health Punjab, and as head of provincial programme management unit, is responsible for overall management, planning and successful implementation of the programme.</p> <p>H/She will be employed through open competitive recruitment process or by transfer/posting of an Officer (PMO/PWMO-BS-20) from P&SHD subject to fulfilment of selection criteria.</p> <p>He/she will be responsible for overall implementation of program activities.</p>	Secretary, P&SHD
2	Additional Program Director	<p>Medical doctor with post graduate diploma</p> <p>Atleast 10 years experince of serving in Health Department with at least 3 years of experience at mid and senior level positions including 2 years experience of project management experience for Implementation. Preference will be given for those having experience in Maternal and Child Health related Programs.</p>	<p>H/She will be reporting to the PD and shall be responsible for affairs related program operations, monitoring, data and assignments given by the PD if and when required.</p> <p>S/He will be employed through open competitive recruitment process or by transfer/posting of an Officer (APMO/APWMO-BS-19 or SMO/SWMO-BS-18) from P&SHD.</p>	Secretary, P&SHD
3	Deputy Program Director (Operations)	<p>Medical doctor</p> <p>At least 5 years experience of serving in Health Department with at least 2 years of experiance at mid / senior level positions including 1 year of project related experience for implementation of field based projects preferably in Maternal and Child Health related Program</p>	<p>H/She reporting to the Additional Program Director, shall be responsible for affairs related program operations, monitoring of aloted divisions and any other assignments given by the PD if and when required.</p> <p>S/He will be employed through open competitive recruitment process or by transfer/deputation of an Officer (SMO/SWMO-BS-18 or MO/WMO-BS-17) from P&SHD.</p>	Secretary, P&SHD
4	Deputy	Medical doctor	H/She reporting to the	Secretary,

Sr.#	Designation & Pay scale	Eligibility Criteria for contract appointment through open competitive process	ToRs / Responsibilities	Appointing Authority
	Program Director (Contract Management)	At least 5 years experience of serving in Health Department with at least 2 years of experience at mid / senior level positions including 1 year of project related experience for implementation of field based projects preferably in Maternal and Child Health related Program	Additional Program Director, shall be responsible for affairs related Contract Management and any other assignments given by the PD if and when required. S/He will be employed through open competitive recruitment process or by transfer/deputation of an Officer (SMO/SWMO-BS-18 or MO/WMO-BS-17) from P&SHD.	P&SHD
5	Deputy Program Director (Data/MIS)	The potential candidate should have at least a M. Sc. / BS Hons degree in Statistics. At least 8 years of project related experience in primary healthcare preferably in Maternal and Child Health related Program.	H/She reporting to the Additional Program Director, shall be responsible for affairs related program data/MIS and any other assignments given by the PD if and when required. S/He will be employed through open competitive recruitment process or by transfer/posting of Statistical Officer (BS-17) from P&SHD subject to fulfilment of selection criteria.	Secretary, P&SHD
6	Deputy Program Director (Finance & Procurement)	The potential candidate should have a degree in MBA/MPA/ Supply Chain Management/ Economics or relevant field. At least 5 years of practical experience in the public sector, preferably in health sector projects in procurement of goods, works and routine services and consultancy services and conduction of related trainings.	H/She, reporting to the Additional Program Director, shall be responsible for managing programme Finances / Budget / Accounts/ Procurement and any other assignments given by the PD if and when required. S/he will be employed through open competitive recruitment process or by transfer/posting/deputation of an Officer (BS-18 or BS-17) from P&SHD having prescribed qualification and experience.	Secretary, P&SHD
7	Program Implementation Officer	At least 16 years of education preferably in Public Health/ Statistics/ Economics/ Business Administration/ Medical Doctor/ Health professional / BDS equivalent. At least 1 years of experience preferably in Maternal and Child Health related Program.	H/She reporting to the concerned Deputy Director, shall be responsible for affairs related program operations and assignments given by the PD if and when required. S/He will be employed through open competitive recruitment process or by transfer/posting of an Officer (BS-17) from P&SHD.	Program Director
8	Program	The potential candidate	H/She reporting to the	Program

Sr.#	Designation & Pay scale	Eligibility Criteria for contract appointment through open competitive process	ToRs / Responsibilities	Appointing Authority
	Officer (Stat/Data)	<p>should have at least a M. Sc. / BS Hons degree in Statistics.</p> <p>At least 2 years of experience including 1 year of project related experience for implementation of field based projects preferably in Maternal and Child Health related Program.</p>	<p>concerned Deputy Director, shall be responsible for affairs related program Stat/Data and assignments given by the PD if and when required.</p> <p>S/He will be employed through open competitive recruitment process or by transfer/posting of an Officer (BS-17) from P&SHD.</p>	Director
9	Program Officer (IT/Data Base)	<p>The potential candidate should have a</p> <p>1- M. Sc / BS Hons in Statistics, Bio-Statistics or</p> <p>2- M. Sc / BS (Hons) in Computer Science / Software Engineering</p> <p>From recognized by UGC/HEC.</p> <p>At least 2 years of experience including 1 year of project related experience for implementation of field based projects</p> <p>Preference will be given for having 01 years in Maternal and Child Health related Program.</p>	<p>H/She reporting to the concerned Deputy Director, shall be responsible for affairs related program IT/Data base and assignments given by the PD if and when required.</p> <p>S/He will be employed through open competitive recruitment process or by transfer/posting of an Officer (BS-17) from P&SHD.</p>	Program Director
10	Program Officer (Procurement)	<p>The potential candidate should have a degree in Bachelor of Pharmacy/ Doctor of Pharmacy/ MBA/MPA/ Supply Chain Management/ Economics/Biomedical engineering/Marketing or relevant field.</p> <p>At least 2 years of practical experience in the public sector, preferably in health sector projects in procurement of goods, works and routine services and consultancy services and conductions of related trainings.</p>	<p>H/She reporting to the DPD(F&P) shall be responsible for the affairs related to all Program procurements and any other assignment given by PD.</p> <p>S/He will be employed through open competitive recruitment process or by transfer/posting from P&SHD having prescribed qualification and experience.</p>	Program Director

Sr.#	Designation & Pay scale	Eligibility Criteria for contract appointment through open competitive process	ToRs / Responsibilities	Appointin g Authority
11	Program Officer (Accounts)	S/he is a finance professional, with a relevant Master degree in accounting and finance (MBA/MPA/ACCA) or MA Economics or commerce graduate. S/he has at least 3 years of experience of working at mid and senior level positions in public sector organization/ development projects.	H/She reporting to the concerned Deputy Director , responsible for managing program accounts related matter or any other assignment given by PD as and when required S/He will be employed through open competitive recruitment process or by transfer/posting from P&SHD.	Program Director

Committees

The administrative arrangements for program implementation consist of establishment of following Committees:

Provincial Steering Committee (PSC)

1. Chairman P&D	Chairperson
2. Secretary Finance	Member
3. Secretary P&SHD	Member
4. Secretary P&D	Member
5. Member Health P&D	Member
6. Special Secretary (D, F&R), P&SHD	Member
7. Program Director, MNHC	Secretary
8. Program Director, PFPP	Member
9. Any co-opted member	Member

TORs

- The top supervisory body of the project which will provide oversight, guidance, support strategic direction to the project
- Review the operations and achievements of the project on regular basis and ensure timely completion of the project
- Providing input to the development of the project, including the evaluation strategy
- Providing advice on the budget
- Defining and helping to achieve the project outcomes
- Identifying the priorities in the project – where the most energy should be directed
- Identifying potential risks Monitoring risks; Monitoring timelines; Monitoring the quality of the project as it develops;
- Resolving the issues related to contradictions or errors in the PC1.
- Providing advice (and sometimes making decisions) about changes to the project as it develops specially the matters of urgent need.
- Selection / changing of any District and health facilities for smooth implementation of the proposed programme activities
- Resolve all the issues related to project.

District MNHC Coordination Committee (DMCC)

1. Deputy Commissioner	Chairman
2. Chief Executive Officer (DHA)	Member
3. District Coordinator (IRMNCH& NP)	Secretary
4. District Officer Health (PS)	Member

5. Any co-opted member	Member
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TORs

- The supervisory body of the project which will provide oversight, guidance, support strategic direction to the project at district level.
- Review the operations and achievements of the project on regular basis and ensure timely completion of the project
- Established the liaison with all stakeholder.
- Resolve all the issues related to project at district level.

Interview & Selection Committee

Committee-1

1	Special Secretary (Operations), P&SHD	Chairman
2	Deputy Secretary (Technical-I), P&SHD	Member
3	Deputy Program Director (Operations-1), MNHC	Member
4	Representative from DGHS, Office	Member
5	Any co-opted member	Member

Committee-2

1	Additional Secretary (D&F), P&SHD	Chairman
2	Deputy Secretary (D&C), P&SHD	Member
3	Deputy Program Director (Operations-2), MNHC	Member
4	Deputy Program Director, NHSP	Member
5	Any co-opted member	Member

Committee-3

1	Additional Secretary (VP), P&SHD	Chairman
2	Deputy Secretary (Admin), P&SHD	Member
3	Deputy Program Director (Contract Management), MNHC	Member
4	Representative from DGHS, Office	Member
5	Any co-opted member	Member

Committee-4

1	Additional Secretary (Admin), P&SHD	Chairman
2	Program Director, MNHC	Member
3	Health Specialist, PHCIP-Health Component	Member
4	Representative from DGHS, Office	Member
5	Any co-opted member	Member

ToRs:

- Review and assess the Expression of Interest (EoI) submissions.
- Conduct interviews and evaluations of shortlisted candidates.
- Score applicants based on predefined qualification criteria.
- Ensure transparency and fairness throughout the selection process.
- Prepare a final evaluation report summarizing the evaluation process and

- recommendations for selection.
- vii. Submit the final report to the Secretary P&SHD for approval.

Grievance Redressal / Review Committee

1	Special Secretary (D, F & R), P&SHD	Chairperson
2	Deputy Secretary (General), P&SHD	Member
3	Deputy Director, HISDU	Member
4	Project Director, Punjab Aids Control Program	Member
5	Program Director, Punjab Family Planning Program	Member
6	Section Officer (Vertical Program), P&SHD	Member

ToRs:

- Assess any written grievances or appeals submitted regarding the Selection Committee's decisions.
- Make recommendations or decisions to uphold, amend, or overturn the Selection Committee's decisions based on evidence and fairness.
- Document findings and justifications for any actions taken by the Review Committee.
- Ensure transparency and adherence to ethical standards in the review process.

Structural Up-gradation Proposal Review Committee (solarization / CCTV Monitoring System)

1	Project Director, MNHC	Chairman
2	Additional Director, MNHC	Secretary
3	Director Infrastructure PMU, P&SHD	Member
4	Representative from HISDU, P&SHD	Member
5	Representative from Development Wing, P&SHD	Member
6	Procurement Specialist, PHCIP	Member
7	Deputy Director (Procurement), DGHS	Member

ToRs:

- Review proposals for solarization and CCTV monitoring systems, assessing their technical specifications and implementation plans.
- Review proposal for Civil Work/ repair Maintenance at Health facility.
- Approval of Proposals and adjustments as necessary.
- Initiation and finalization of procurement process under MNHC
- Evaluate cost estimates and funding requirements for the proposed activities.
- Ensure compliance with environmental and safety standards.
- Monitor Progress/ implementation of approved plans to ensure timely and quality execution.
- Provide recommendations for improvement or changes based on ongoing

assessments.

- ix. Assess technical feasibility, compliance with health standards, and alignment with overall healthcare objectives.
- x. Approve budget estimates and funding allocation for the proposed works.
- xi. Ensure adherence to timelines and quality standards in the implementation of the project.

Provincial Monitoring & Evaluation Committee

1	Additional Secretary (Tech./VP), P&SHD	Chairman
2	Program Director, MNHC	Member
3	Additional Director (Monitoring), DGHS Punjab	Member
4	Representative from PMU, P&SHD	Member

ToRs:

- i. Supervision of field monitoring regarding ongoing activities.
- ii. Review the monthly progress reports from the DHAs and MEAs.
- iii. Conduct Special Monitoring Field visits
- iv. Ensure proper service delivery.
- v. Prepare a final evaluation report summarizing the evaluation process and recommendations.
- vi. Present monitoring/progress reports in weekly/monthly reviews of Secretary P&SHD.

Claims Scrutiny Committee

1	Additional Program Director, MNHC	Chairman
2	Deputy Program Director (Operations), MNHC	Member
3	Deputy Program Director (Finance & Procurement), MNHC	Member
4	Program Officer (Accounts), MNHC	Member
5	Representative from HISDU, P&SHD	Member

ToRs:

- i. Verification and approving Claims against service delivery at Maryam Nawaz Health Clinic.
- ii. Imposing penalties as defined in contract against un-verified/ambiguous claims.
- iii. Maintain a record of all claims.
- iv. Ensuring timely payments to service providers monthly within the first week of every month.

Document Scrutiny Committee

1	Program Director, MNHC	Chairman
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2	Additional Program Director, MNHC	Member
3	Deputy Program Director (Data/MIS), MNHC	Member
4	Program Implementation Officer, MNHC	Member
5	Program Officer (Procurement), MNHC	Member
6	M&E Specialist, PHCIP-Health Component	Member

TORs

- i. Evaluation of REOI & Applications for Maryam Nawaz Health Clinic outsourcing.
- ii. Scrutiny of all documents uploaded on Departmental Portal.
- iii. Preparation of final list of eligible candidates.

Annex-6
Minutes of PDWP Meeting



Off # 042-99059302

**NO.12(7) PO(COORD-II)P&D/2025
GOVERNMENT OF THE PUNJAB
PLANNING & DEVELOPMENT BOARD
Dated Lahore the 26th February, 2025**

1. The Secretary to Government of the Punjab,
 - i. Finance Department.
 - ii. P&S Healthcare Deptt.
 - iii. Environment Protection Department.
2. The Secretary, P&D South Punjab Secretariat, Bahawalpur.
3. The Chief Economist / All Members, P&D Board.
4. The Director, Punjab Economic Research Institute (PERI)
5. The Director General, Monitoring & Evaluation (M&E)
6. The Chief Executive Officer, Urban Unit, Lahore.

Subject: **MINUTES / DECISIONS OF THE MEETING OF PROVINCIAL
DEVELOPMENT WORKING PARTY (PDWP).
(SECTOR: P&S HEALTHCARE)**

I am directed to enclose herewith a copy of minutes of **66th PDWP meeting held on 21st February, 2025** under the chairmanship of Chairman P&D Board, for information and further necessary action of the following Item(s):-

Agenda Item No.	ADP No. (2024-25)	Name of the Item(s)	Status
2	Non-ADP	Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic.	Scheme was approved subject to approval of the Provincial Cabinet as decided by the PDWP

(MUSA RAZA)
ASSISTANT CHIEF (COORD-II)

A Copy, along with copy of the minutes, is forwarded to the:-

Sr.No.	PARTICULARS
	PLANNING & DEVELOPMENT BOARD, LAHORE
1	Sr. Chiefs:- (C&M)/ Chiefs: P&SHC, ECA, Technical, Consultancy / Consultant (Coord)
2	Manager MIS, P&D Board
3	PSO to Chairman, P&D Board
4	PS to Secretary, P&D Board
	C.C
5	Chief (Health) M/o Planning, Dev. & Special Initiatives, Govt. of Pakistan, "P" Block, Pak Secretariat, Islamabad.

ASSISTANT CHIEF (COORD-II)



GOVERNMENT OF THE PUNJAB
PLANNING & DEVELOPMENT BOARD

(PRIMARY AND SECONDARY HEALTHCARE SECTOR)

MINUTES OF THE 66th PDWP MEETING HELD ON 21.02.2025

Agenda No: - 2	"Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic"
Chairmanship:	Chairman, P&D Board
Date & Time:	21.02.2025 at 11:00 AM
Venue:	AKS Auditorium, P&D Board
List of Participants:	Attached at Annex-A

Background:

The Sr. Chief (HNP), P&D Board briefed the forum that P&SH Department submitted PC-I "Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic" with total cost of Rs. 9,798.404 million (Revenue) with gestation period up to June, 2027. It was informed that the scheme is not part of ADP 2024-25. However, P&SHD has initiated a Summary for inclusion of this scheme in CFY ADP which is yet to be approved.

2. While providing background of the project, Sr. Chief (HNP) informed that outsourcing of the 150 Basic Health Units (BHUs) across 36 districts of Punjab was approved by Provincial Cabinet on 22.10.2024, which is operational through non-development side. Now P&SH Department has prepared the PC-I with a proposal to scale up this initiative into additional 982 BHUs and outsource these BHUs to the Doctors / Service providers.

3. She apprised about the objectives and justification of the project as under:

- Average patient foot-fall would increase from 1,265 to 1,970 / month
- Average per patient cost would decrease from Rs. 1,084 to Rs. 453
- Improved Performance and Accountability
- Maximize BHU Utilization
- Empower Healthcare Providers

4. Break-up of current Vs. expected foot-fall 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

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Planning & Development Board
Lahore

Services	Current Foot Fall	Expected Foot Fall
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

5. Sr. Chief (HNP), P&DB informed that the instant project is based on pay-for-performance model and 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

6. She explained that P&SH Department is currently spending an amount of Rs. 1,084 per patient, Rs. 1,371,135 per month against average foot-fall of 1265 patients 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

7. Sr. Chief (HNP), P&D Board informed that 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, total saving approximately comes to Rs. 5.634 billion annually with the enhanced services delivery. She further highlighted the cost- benefits analysis of the outsourcing model as per following details:-


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Description	Existing Model	Proposed Model	Net Impact
Budget	Rs. 1,371,135 / month excluding outreach HR	Rs. 893,300 / month	Rs. 478,135 PKR Savings / month
Service Delivery	1,265 patients	1,970 patients	700+ more Patient's service
Per Patient Cost	Rs. 1,084	Rs. 453	Per Patient cost reduced by Rs. 631
Monthly Cost	Rs. 1,346,454,570	Rs. 876,926,000	Annual saving of Rs. 5,634.343 Million
Annual Cost	Rs. 16,157,454,840	Rs. 10,523,112,000	

8. She also explained the following comparison of staff:

Comparison of Staff

Existing Model (15)		Proposed Model (06)	
Designation	Nos.	Designation	Nos.
Doctor	1	Doctor/ Healthcare Provider	1
LHV	3	LHV/ Midwife	2
Midwife	1	Support Staff	2
Ayah	2	Dispenser/Pharmacy Technician	1
Dispenser	1		
Computer Operator	1		
MED Technician	1		
Security Guard	2		
Chowkidar	1		
Sweeper	1		
Mali	1		
Total	15		6

9. She then informed the forum that the proposed scheme was discussed in Pre-PDWP meeting held on 18.02.2025 under the chairmanship of Member (HNP), P&D Board. During the meeting, the observations of Health Section, P&D Board were discussed and the cost has been rationalized from Rs. 9,798.404 million to Rs. 9,216.780 million as per following detail:

(Rs. 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

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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

10. She also informed the forum that the Department has proposed 39 vehicles under this project which were discussed in detail during Pre-PDWP meeting and P&SHD had directly required the vehicles for monitoring and smooth functioning of the project. The detail is as under:-

(Rs. In Million)				
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

11. Lastly, she placed the scheme before PDWP at the cost of Rs. 9,216,780 million (Revenue) with gestation period 01.03.2025 to 31.10.2026 for consideration with the following recommendations:-

- 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;
- DG M&E may be assigned to conduct mid-term evaluation of the project and submit its report to PDWP by 30-12-2025;
- P&SHD to submit amended PC-I after incorporating the changes in light of the observations of Pre-PDWP and decisions of PDWP.

Discussion:

12. The Chair inquired about the updated status of the pilot experience of the outsourcing of Basic Health Units (BHUs) model. The Secretary P&SHD responded that the pilot phase commenced approximately a month ago which has shown excellent results in service delivery, patient attendance, and satisfaction. She highlighted that based on the pilot data, monthly patient visits are projected to increase from the current 1,265 to 1,970, and the cost per patient is expected to decrease from Rs. 1,084 to Rs. 453. The Chair inquired about the basis of calculation of the projected data, especially in view of the diversified regions with peculiar features within the Punjab, such as Cholistan and Dera Ghazi Khan etc. He emphasized the need to provide statistical measures to

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substantiate these averages. The current projection of Rs. 893,000 per BHU may not reflect the true costs in areas with varying population densities. Additionally, calculating patient averages across all BHUs without accounting for population differences among districts may lead to inaccurate funding allocations. For a more precise assessment, accurate calculations are essential, as they directly impact budget allocations and resource distribution, the Chair added.

13. The Chair also inquired about the future of current staff at the Basic Health Units (BHUs) as the current outsourcing proposal did not address the fate of the existing staff. He added that without determining the status of the current workforce, it would be challenging to proceed with the new model. Secretary P&SHD explained that permanent staff would be reassigned to other health facilities, preferably within the same tehsil or district, or to other initiatives like the "Clinics on Wheels" program, while contractual (locum) staff would be laid off. However, the Chair recommended that the department must outline a clear deployment plan of the current staff including options for reassignment.

14. The Chair also inquired about the staffing/ vacancy position with reference to these 982 BHUs. Project Director, IRMNCH informed that out of total 14,000 sanctioned positions, approximately 9,600 posts are filled and 4,400 are lying vacant. The Chair recommended to conduct a thorough assessment of existing vacancies to identify suitable positions for redeployment of permanent BHUs staff.

15. Member (Energy) questioned the necessity of presenting the outsourcing project for 982 Basic Health Units (BHUs) from the development side, suggesting that the Administrative Department could manage the project from the regular budget, as 150 BHUs are already operating under a similar model. In response, the Secretary, P&SHD clarified that the project aims to transition from a self-operated to an outsourced model. The submitted PC-I seeks program funding for one year, after which the project is intended to be shifted to the regular budget. The Secretary P&SHD assured that there would not be duplicate utilization of the resources as the allocated funds from the current side would be got re-allocated for other activities or surrendered in due course of time.

16. The Chair emphasized over the robust and comprehensive monitoring mechanism for success of the project. He added if the P&SHD fails to comprehensively monitor the project, the goal to render efficient services to the public at large would not be achieved.

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17. The Chair also desired the department to study the similar models being followed in other countries of the world in order to learn about the successful parameters and processes adopted by them. He directed the department to come up with effective monitoring mechanism shortly to be discussed in next PDWP meetings. He insisted that the system should screen out the fake data entries in the best interest of the public. Heavy penalties should be introduced in the contract in case of fake entries and fake claims, the violators' licenses should be cancelled and heavy fines imposed.

Decisions

18. After detailed deliberations, the scheme titled "Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic" was approved subject to approval of the Provincial Cabinet, in the following manner:

- i. The forum initially approved two components i.e. "Service Delivery" and "Out Sourcing of Call Agent Services" worth **Rs. 8,013.128 million** and **Rs. 80.360 million** respectively.
- ii. The department must develop a robust and comprehensive monitoring mechanism and submit to P&DB for deliberations in PDWP.
- iii. The department must outline a plan regarding the future of existing staff at BHUs, including options for reassignment in the prescribed manner.
- iv. The contract may include heavy penalties in case of defaults, introduction of fake data by the service provider and breach of the terms of contract. Moreover, the devised system would also identify the low performers in order to cancel the contract based on decline in the average footfall of the patients as provided amongst the contract clauses.


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**GOVERNMENT OF THE PUNJAB
PLANNING & DEVELOPMENT BOARD
(PRIMARY & SECONDARY HEALTHCARE SECTOR)**

List of Participants of 66th PDWP Meeting held on 21.02.2025

S.#	Name of Participant	Designation
P&D BOARD:		
1.	Barrister Nabeel A. Awan	Chairman, P&D Board <i>(In Chair)</i>
2.	Dr. Asif Tufail	Secretary, P&D Board
3.	Mr. M. Masood Anwar	Chief Economist
4.	Dr. M. Abid Bodla	Member (ID)
5.	Mr. Ahmad Mustajab Karamat	Member (Social Development)
6.	Mr. Yawar Hussain	Member (Education)
7.	Mr. Shafaat Ali	Member (HNP)
8.	Mr. Khawar Kamal	Member (LG&CD/UD)
9.	Mr. Aslam Javed	Member (Agriculture)
10.	Mr. Sadaqat Hussain Khan	Member (Energy)
11.	Mr. Agha M. Ali Abbas	Member (Governance)
12.	Mr. Mohsin Abbas Shakir	Member (Water)
13.	Mr. Mehmood ul Hassan	Sr. Chief (RP)
14.	Mr. Sohail Rauf	Sr. Chief (Coord. & Mon.)
15.	Ms. Uzma Hafeez	Sr. Chief (HNP)
16.	Ms. Bushra Naseer	Chief (P&SH)
17.	Mr. Abid Inayat Sheikh	Chief (Technical)
18.	Mr. Hassan Farooq	Assistant Chief (P&SH-I)
19.	Mr. Musa Raza	Assistant Chief (Coord-II)
20.	Mr. Asim Naseer	Assistant Chief (P&SH-II)
21.	Rana Mubasher Ali	Planning Officer (P&SH-I)
22.	Mr. Ali Haider	Planning Officer (P&SH-II)
P&D BOARD SOUTH PUNJAB:		
23.	Akhter Mandhaira	Addl. Secretary
24.	Mr. Malik Ghulam Farid	Chief (SS)
25.	Mr. Azhar Abbas	Planning Officer
FINANCE DEPARTMENT		
26.	Dr. Samman Abbas	Deputy Secretary (Infra.)
THE URBAN UNIT		

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Revenue

Cost Center:OTHERS- (OTHERS)

Fund Center (Controlling):N/A

Grant Number:Development Revenue - (PC22036)

LO NO:N/A

A/C To be Credited:Assan Assignment

PKR Million

Sr #	Object Code	2027-2028		2028-2029		2029-2030		2030-2031		2031-2032	
		Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

9. Demand and Supply Analysis:

Punjab's overall public expenditure on health stands at PKR 536 billion allocation for the year 2024-25 (including both Primary and Secondary Healthcare Department, and Specialized Healthcare and Medical Education Department). However, despite allocating a large share to healthcare, public expenditure on social services (including healthcare) only benefits approximately 17 percent of the lowest wealth quintile. Data shows that only 24.51 percent of all consultations are done in a public hospital, while approximately 5 percent are done at an RHC or a BHU in Punjab. Disaggregation shows that while 29 percent of consultations in urban areas are done at a public hospital, only 21 percent consultations are done at public hospitals in rural areas. In order to create equity and access for rural areas, it is imperative that the functionality of public sector healthcare facilities be improved in a manner that facilitates those most in need to access quality services.

Out of pocket expenditure on health makes up about 52 percent of the total expenditure on health. Despite the fact that Punjab is investing enough money into its public health facilities, the expected outcome, in terms of people's reduced OOP expenditure, is not being achieved. This is a social sector project envisaging provision healthcare services in urban slum/ peri urban areas at door step of poor and vulnerable population of Punjab.

Thus, there is a need to strengthen the overall healthcare service provision paradigm in a manner that point of care service delivery is improved, and patients are catered to, without reaching into their savings.

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION:

The estimated Cost of instant scheme is Rs. 9,263.212million.

The required funds for FY 2024-25 will be provided by re-appropriation under Annual Development Program (ADP) 2024-25 and allocation will be made in development budget (ADP) for next FY 2025-26 as per requirement/ approved cost.

The Program Director of the instant PC-I will be the DDO/authority of this project and proposed planned activities (procurement/ finances/ management) at provincial level under this PC-I will be executed by project management unit of this scheme/PC-I vide Annexure-II.

For instant Scheme, following may be the potential signatories as a combination of officers for smooth working & execution of Project:

1. Project Director

Signatory

2. Deputy Program Director (Finance & Procurement) Co-Signatory

Further, P&SHD may change the Signatories as and when required.

Sr. No.	Description	Year wise cost			Total cost
		Year 1 (2024-2025) (Apr-Jun)	Year 2 (2025-2026)	Year 3 (2026-2027) (Jul-Oct)	
1	HR Cost for PMU	7.300	87.600	31.362	126.262
2	Operations & Management	1.350	286.000	9.800	297.150
3	Establishment of Command & Control Center at PMU	0.000	0.000	0.000	0.000
4	Out Sourcing of Call Agent Services	0.000	58.800	21.560	80.360
5	Installation of Solar and CCTV at MNHC (One Time)	0.000	736.500	0.000	736.500
6	Payment of Service Delivery	0.000	8,013.120	0.000	8,013.120
7	Training / Orientation Sessions	0.000	9.820	0.000	9.820
Total		8.650	9,191.840	62.722	9,263.212

10.2 FINANCIAL PLAN DEBT INFORMATION:

N/A

10.3 FINANCIAL PLAN GRANT INFORMATION:

N/A

10.4 WEIGHT COST OF CAPITAL INFORMATION:

N/A

11. PROJECT BENIFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION:

Project benefits analysis information

This project, led by the P&SH Department, is eager to foster better healthcare in Punjab. Expected outcomes include improved health accessibility and outcomes for marginalized communities:

Cost Efficiency: Reduces Per Patient Cost From 1,084 PKR To 451 PKR

Service Delivery: Increases Service Delivery with Better Resource Use

Staff Utilization: Fixes Underutilization /Ensures Skilled Professionals in Rural Areas

Accountability & Performance: Links Payments to Service Quality

Healthcare Accessibility: Promotes 24/7 Service Availability

Opportunity for Doctors: Entrepreneurial Model for Community Doctors, CIP Scoring as Per Existing Model

11.2 ENVIROMENTAL IMPACT ANALYSIS:

The program is environment friendly having no adverse environmental effects. Proper waste management will be ensured so that there are no adverse environmental externalities.

11.3 ECONOMIC ANALYSIS:

Economic Analysis is not applicable for the instant PC-I being a social sector project and no direct financial benefits will be generated for the people or government. It is pertinent to mention here that instant scheme has following one of main/prime objective:

“Promote equity and social justice by ensuring that all inpiduals, regardless of their socioeconomic status, have access to quality healthcare services.”

11.4 FINANCIAL ANALYSIS:

P&SH Department currently expending an amount of Rs. 1.371 million per month with foot-fall of ~1,084 patients /services delivery at a 24/7 BHU.

Head	Current Cost for service Delivery at BHU /Month
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

The proposed model costs P&SHD approx. Rs. 893,000/- per month with expdedcted footfall of ~1,970 per month, which will save approx. Rs. 631/- per patient

Description	Existing Model	Proposed Model
Budget Expenditure excluding Outreach Staff	1,371,135	893,000
Service Delivery	1,265	1,970
Per Patient Cost	1,084	453

	Conventional BHU	MNHC	Net Impact	
Budget	1,371,135 / month excluding outreach HR	893,300 / 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	↓

This project will save approx. 5.634 billion annually.

Employment generation (direct and indirect)

This model will provide employment opportunity to 982 young doctors as well as additional 6,000+ Doctorss, Lady Helath Vistors, Dispenser & unskilled workers.

Impact of delays on project cost and viability

The delay in approval and implementation of the project would cause the following repercussions:

- Delay in implementation of the project would defer the program implementation causing delay in improvement of health services and health status of the people.

Price acceleration will increase the cost of the project

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART:

Gestation period of project is 29 months (01.02.2025 – 30.06.2027)

12.2 RESULT BASED MONITORING (RBM) INDICATORS:

Attached

RESULT BASED MONITORING (RBM) INDICATORS:

Input	Output	Outcome		Targeted Impact
		Baseline Indicator	Target after completion of Project	
<p>Infrastrucure revamping Provision of Equipment Provision of Vaccination/ FP/ Nutrition suppllies</p>	<p>Optimal utilization of 982 BHUs with minimal cost /expenditure</p>	<p>BHUs with suboptimal service delivery</p>	<p>982 BHUs with optimal services delivery & less expenditure</p>	<ul style="list-style-type: none"> ➤ Provision of service delivery (ANC/ Delivery/ PNC/ Vaccination/ TB care etc) ➤ Reduction in MMR/IMR. ➤ Increase SBA rate ➤ Provision of Medical service to community. ➤ Sustainability of community health services

12.3 IMPLEMENTATION PLAN:

Attached

IMPLEMENTATION PLAN:

Sr. No.	Activity	FY 2024-27							
		Feb-25	Mar-24	Apr-25	May-25	Jun-25	FY 2025-26 Jul-25 to Jun-26	FY 2026-27 Jul-26 to Jun-27	
1	Approval of PC-I								
2	Process for Outsourcing of BHU								
3	Training/ orientation								
4	Procurement of CCTV/Solar Panel								
5	Establishment of PMU/HR								
6	Operation of outsourced BHUs					Current PC-I		From Non-Development	
7	Monitoring & Management of outsourced BHUs								

12.4 M&E PLAN:

Attached

M&E Plan:

The PMU of instant scheme in coordination with Directorate of Provincial Healthcare Service Monitoring & Evaluation System and IRMNCH&NP program will play a pivotal role in supervising the procurement process of the Revenue Component. This oversight involves closely monitoring each stage of the procurement process.

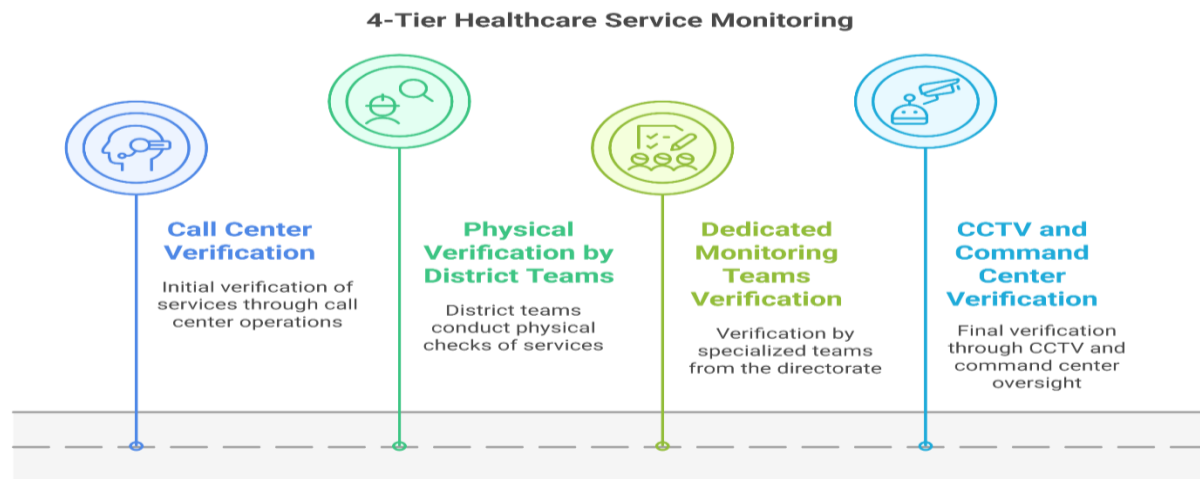
Additionally, the program will prioritize ensuring the quality of the equipment being purchased. This involves conducting thorough assessments of the technical specifications and performance standards of the equipment to ensure they meet the project's objectives and standards of quality. Furthermore, the program will uphold strict adherence to procurement regulations and guidelines set forth by the PPRA Rules-2014 amended time to time.

Through these measures, the PMU of instant scheme in coordination with IRMNCH&NP program will contribute to effective monitoring and evaluation of the project by ensuring that procurement processes are transparent, accountable, and aligned with project goals and standards.

After outsourcing of 982 BHUs, a dedicated monitoring team (under a dedicated Directorate of Provincial Healthcare Service Monitoring & Evaluation System vide structure already attached at Annex-2) in coordination with District Health Authority, IRMNCH & N Program teams and DGHS teams will monitor operation & management of BHUs and service delivery standards.

A 4-tier monitoring structure is being implemented through existing health teams, current PC-I management/operations staff and dedicated Directorate of Provincial Healthcare Service Monitoring & Evaluation System. The services delivery will be monitored:

- 1st: verification of services through call center
- 2nd: Physical Verification of services through district teams of MEA & IRMNCH
- 3rd: verification of services through dedicated monitoring teams of directorate of Provincial Healthcare Service Monitoring & Evaluation System
- 4th: Verification through CCTV monitoring and command & control center



1. **Accurate Record Keeping:**

- Maintain detailed and accurate electronic medical records (EMR) of all services provided at the BHU, including patient visits, treatments, immunizations, and other healthcare services as per the P&SHD guidelines.
- Ensure that data is regularly updated in the P&SHD EMR system to enable real-time tracking of service delivery and healthcare outcomes.

2. **Monthly Performance Reporting:**

- Submit monthly reports to the Primary and Secondary Healthcare Department (P&SHD), detailing service delivery metrics such as patient volume, immunizations administered, maternal and child healthcare visits, and family planning services.
- These reports will be used for verifying service delivery and processing payments under the pay-for-performance model.

12.5 RISK MITIGATION PLAN:

Attached

RISK MITIGATION PLAN:

In addition to this implementation plan, a risk matrix has also been developed. The purpose of this risk matrix, or risk mitigation plan, is to help understand what possible risks can occur, and whether the project has the appetite for those risks.

Areas of Risk	Risk Impact	Risk Probability	Mitigation Plan	Potential Risks
Delay in procurement and distribution of family planning commodities due to logistical issues or supply shortages	High	Medium	Coordinate with suppliers and distributors regularly to ensure timely delivery and availability of commodities; establish contingency plans for alternative sources or modes of transportation in case of disruptions; monitor stock levels and consumption rates at different service delivery points; report any issues or gaps to the project manager and stakeholders promptly	Potential reduction in the quality and coverage of family planning services; possible loss of trust and satisfaction among beneficiaries and partners
Resistance or opposition from some religious or cultural groups to the promotion and use of family planning methods	Medium	High	Conduct stakeholder analysis and engagement to identify and address the concerns and expectations of different groups; involve religious and community leaders in the advocacy and awareness campaigns; tailor the messages and materials to suit the local context and values; provide accurate and evidence-based information on the benefits and safety of family planning; respect the choices and preferences of the beneficiaries; report any incidents or challenges to the project manager and stakeholders promptly	Potential decrease in the demand and uptake of family planning services; possible conflict or backlash from some groups
Lack of sufficient and qualified staff to provide quality family planning services at different levels of the health system	High	Low	Conduct training and capacity building activities for existing staff on family planning methods, counseling, infection prevention, and data management; recruit and deploy additional staff as needed to fill the gaps; provide supportive supervision and mentoring to the staff; ensure adequate incentives and motivation for the staff; report any issues or challenges to the project manager and stakeholders promptly	Potential compromise in the quality and safety of family planning services; possible dissatisfaction and attrition among staff
Inadequate or unreliable data on family planning indicators and outcomes due to weak or	Medium	Medium	Conduct assessment and mapping of existing information systems and data sources; harmonize and integrate the family planning data into the provincial management information system; provide equipment and software for data collection, analysis, and reporting;	Potential difficulty in measuring and reporting the project progress and impact; possible loss of credibility and accountability

Areas of Risk	Risk Impact	Risk Probability	Mitigation Plan	Potential Risks
incompatible information systems			conduct training and orientation for data managers and users on the information system; ensure regular data quality audits and feedback mechanisms; report any issues or challenges to the project manager and stakeholders promptly	among stakeholders
Operational Delays	Medium	Medium	Ensure that all approvals are pushed for by the department. Additionally, dedicated units and teams to push for intervention, implementation and tracking will ensure that operational delays are reduced.	Potential Delay in approvals will push timelines, and might affect the overall performance of the project

12.6 PROCUREMENT PLAN:

Attached

PROCUREMENT PLAN:

Sr. No.	Activity	FY 2024-27								
		Feb-25	Mar-24	Apr-25	May-25	Jun-25	FY 2025-26 Jul-25 to Jun-26		FY 2026-27 Jul-26 to Jun-27	
1	Approval of PC-I									
2	Process for Outsourcing of BHU									
2.1	Call of EOI									
2.2	Secrutniy of Documents									
2.3	Interviews of shortlisted candidaites									
2.4	Announcement/ allocation of Facilities									
2.5	Handing-over of facilities									
3.	Procurement of CCTV/Solar Panel									
3.1	Advertisement of Tender									
3.2	Evaluation of Bids									
3.3	Award of Tender									
3.4	Instalation / Commising									
4.	Establishment of PMU/HR									
4.1	Advertisement for Hiring									
4.2	Test/Secrutniy of application									
4.3	Shortlisting of Cadnidiates									
4.4	Interview of Cadnidiates									
4.5	Joining of selected HR									
5	Operation of outsourced BHUs					Current PC-I			From Non-Development	
6	Monitoring & Management of outsourced BHUs									

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The project will be managed by dedicated Project Management Unit under this scheme. The existing PMU & DMU staff on SNE of IRMNCH & N Program will work under the administrative control of Program Director (MNHC) in the following manner:

1. Program Director (MNHC) will also be the Additional Director General Health Services (ADGHS)/ PD(IRMNCH) and will also administratively control and manage all the staff under IRMNCH & Nutrition Program and National Program for Family Planning & Primary Healthcare (LHW Programme)
2. Staff working on SNE at PMU & DMU under IRMNCH & Nutrition Program and National Program for Family Planning & Primary Healthcare (LHW Programme) will be an integrated part of the instant PC-I.
3. The PMU of instant scheme will also administratively control and manage operations of other healthcare initiatives, including Maryam Nawaz Health Clinics (MNHC), Clinic on wheel, Community Outreach Health Initiatives including Community Health Initiatives (CHI) outsourced workers, outsourced Primary Healthcare Facilities etc across the entire province.

The details of management structure/ organogram with required HR/Staff and JDs are at **Annexure-2**.

PC-I was discussed in 66th PDWP meeting held on 21.02.2025 (Annex-6) and was approved with “Payment of Service Delivery” & “Outsourcing of Call Agent Services” and directed to develop a reboust/comprehensive monitoring mechanism. So, another dedicated scheme (Directorate of Provincial Healthcare Service Monitoring & Evaluation System) for monitoring of all the MNHC, Community Health Inspector & other similar pay-for-performance initiatives. Accordingly, the operational component retained and monitoring related component (including post) deleted from this PC-I (Organogram/ structure is attached at **Annexure-2**)

As the initiative scales up to outsource an additional 982 BHUs, a comprehensive HR adjustment strategy will be implemented to ensure a smooth transition and effective utilization of human resources.

1. Transition of Government Staff

Reallocate government healthcare staff from outsourced BHUs to:

-Vacant positions in THQs, DHQs, and other BHUs are not included in the outsourcing model.

Outreach programs, including mobile health units and Clinic on Wheels (COW), to expand coverage in urban slums and remote areas.

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

undefined

Scheme ID	Scheme Name
	COMMUNITY EMPOWERMENT AND EXPANSION OF HEALTHCARE ACCESS THROUGH MARYAM NAWAZ HEALTH CLINIC

15. CERTIFICATE

Focal Person Name:Muhammad Nadeem

Designation:Statistical Officer

Email:

Tel. No.:

Fax No:

Address:IRMNCH & NP, by P&SH Department, Lahore

15. It is certified that the Expansion of Maryam Nawaz Health Clinic in 982 facilities through scheme titled "Community Empowerment and Expansion of Healthcare Access through Maryam Nawaz Health Clinic" has been prepared on the basis of instruction provided by the Planning Commission for the preparation of PC-I for Social Sector projects.


Prepared By:-


PD(IRMNCH)/ADGHS
IRMNCH & Nutrition Program
Primary & Secondary Healthcare Department,
Lahore

Checked By:-


Director General Health Services
Primary & Secondary Healthcare Department, Lahore

Approved By:-


Secretary
Primary & Secondary Health Care Department
Govt. of the Punjab

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18. RELATION WITH OTHER PROJECTS

Scheme ID	Scheme Name
	COMMUNITY EMPOWERMENT AND EXPANSION OF HEALTHCARE ACCESS THROUGH MARYAM NAWAZ HEALTH CLINIC

20. FOCUS ON MARGINALISATION

SR.NO.	CRITERIA	YES/NO	ACTION	COMMENTS
Description & Objectives				
1	Do the description / Objectives of the PC-I specify link / alignment with provincial strategies and sectoral policies?	NO		
Use of Gender Disaggregated Data				
1	Was gender disaggregated data used to determine rationale / need of the project for select beneficiaries?	NO		
Social Impact				

1	Do project objectives/justification include focus on marginalised groups (women, PWDs, minorities, transgender, poor etc.)?	NO		
1a	Have marginalised groups (Women, PWDs, Minorities, Transgender Persons, Poor etc.) been included in project objectives / justification and / or as beneficiaries of the project?	NO		
2	Does the PC-1 include specific provisions for capacity building / training of marginalised group (if applicable)?	NO		
Results Based Monitoring				
1a	Does the PC-I include a Results Based Monitoring Framework (RBMF)/Logical Framework?	NO		
2	Were SDG indicators used for determining targets included in the PC-I?	NO		
Inclusion/Participation				
1	Did the Stakeholder consultation(s) held during ADP Formulation and / or PC-I development include experts and representatives of marginalised groups and CSOs?	NO		
Monitoring & Evaluation				
1	Does the project provide a role to communities in project monitoring and/or implementation (if relevant)?	NO		
2a	Does the project include formation of a Steering Committee and/or Project Implementation Committees?	NO		
2b	Is there a provision to ensure representation of women in these committees?	NO		