PC-1

Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab (2nd revised)

ORIGINAL APPROVED COST	**PKR Million. 8,992.802/-**
1st REVISED APPROVED COST	**PKR Million. 3,478.301/-**
2nd REVISED PROPOSED COST	**PKR Million. 3,478.301/-**
ORIGINAL APPROVED GESTATION	**48 Months** **Till June 2021**
1st REVISED APPROVED GESTATION	**84 Months** **Till June 2024**
2nd REVISED PROPOSED GESTATION	**108 Months** **Till June 2026**
APPROVAL FORUM	**PDWP (PDWP)**

1. NAME OF THE PROJECT

Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab (2nd revised)

2nd Revised PC-1
(No Cost)

Chief Minister's Stunting Reduction Program for 11 Southern Districts of Punjab

July, 2017 – June, 2026

Approved Gestation Period - July, 2017 – June, 2021

1st No Cost Extension in Gestation Period - July, 2017 – June, 2022

2nd No Cost Extension in Gestation Period - July, 2017 – June, 2023

1st Revised Gestation Period - July, 2017 – June, 2024

2nd Revised Gestation Period - July, 2017 – June, 2026

Approved Cost	1st Revised Cost	2nd Revised	Difference Approved vs 1st Revised	Difference 1st Revised vs 2nd Revised
8,992,801,689	3,478,301,173	3,478,301,173	-5,514,500,516	0

IRMNCH & NUTRITION PROGRAMME

حکومت پنجاب

Primary & Secondary Health Care Department
Government of the Punjab

ACRONYMS

ADP	Annual Development Plan
ANC	Ante Natal Care
ARI	Acute Respiratory Infection
BHU	Basic Health Unit
CMAM	Community based Management of Acute Malnutrition
CMW	Community Midwife
CPR	Contraceptive Prevalence Rate
CPSP	College of Physicians and Surgeons
DFID	Department for International Development
DHQ	District Headquarter Hospital
HD	Health Department
DMU	District Program Management Unit
ECOSOC	Economic & Social Council (UN)
EDO	Executive District Officer
EDO (H)	Executive District Officer (Health)
EmONC	Emergency Obstetric and Newborn Care
EPHS	Essential Package of Health Services
ENC	Essential Newborn Care
FP	Family Planning
HTSP	Healthy Time Spacing of Pregnancy
ICPD	International Conference for Population & Development
IEC	Information Education and Communication
IMNCI	Integrated Management of Newborn & Childhood Illness
IMR	Infant Mortality Rate
IYCF	Infant & Young Child Feeding
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
LNS	Lipid Based Nutrient Supplement
MAM	Moderate Acute Malnutrition
MIS	Management Information System
MIYC	Maternal Infant & Young Child
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MNDs	Micronutrient Deficiencies
MO	Medical Officer
MSDS	Minimum Service Delivery Standards
NEB	Nursing Examination Board
NNMR	Neonatal Mortality Rate
OPD	Out Patient Department
MUAC	Mid-Upper Arm Circumference
ORS	Low Osmolarity Oral Rehydration Salt
ORT	Oral Rehydration Therapy
OTP	Out Patient Therapeutic Program
P&D	Planning and Development Department
PC-1	Planning Commission – Performa 1
PDHS	Pakistan Demographic Household Survey
P&SHD	Primary and Secondary Healthcare Department

PDS	Pakistan Demographic Survey
PG	Postgraduate
PHC	Primary Health Care
PIHS	Pakistan Integrated Household Survey
PLW	Pregnant and Lactating Women
PMU	Provincial Program Management Unit
PNC	Pakistan Nursing Council
PPFP	Postpartum family planning
PSLM	Pakistan Social and Living Standards Measurement survey
RHC	Rural Health Center
RUTF	Ready to Use Therapeutic Food
RUSF	Ready to Use Supplementary Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SOP	Standard Operational Procedures
SNF	Specialized Nutritious Food
TBA	Traditional Birth Attendants
THQ	Tehsil Headquarter Hospital
TSFP	Targeted Supplementary Feeding Programme
UC	Union Council
UMAC	Union Council Malnutrition Addressing Committee
UNGA	United Nations General Assembly
UNFPA	United Nation's Population Fund
UNICEF	United Nation's Child Fund
WASH	Water & Sanitation for Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WMO	Women Medical Officer
WSB/CSB	wheat Soya Blend/Corn Soya Blend
CEO	Chief Executive Officer
DHA	District Health Authorities

2. LOCATION OF THE PROJECT

Punjab

Location	In all districts of Punjab

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT

3.3. OPERATIONS AND MAINTENANCE AGENCY

- DISTRICT HEALTH AUTHORITY

3.4. CONCERNED FEDRAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

Authority responsible for:	
Sponsoring	Government of the Punjab
Execution	Primary & Secondary Healthcare Department, Punjab and District Governments in Punjab
Operation and maintenance	Primary & Secondary Health Care Department. IRMNCH & Nutrition Program, District Health Authorities
Concerned Federal Ministry	Ministry of National Health Services Regulation and Coordination

4. PLAN PROVISION

Sr #	Description
1	**Source of Funding:**Scheme Listed in ADP CFY
2	**GS No:**395
3	**Total Allocation:**396.885

Comments:

Total revised cost of this PC-1 is Rs. 3,478.301 Million to be provided by Government of Punjab for Chief Minister Stunting Reduction Program (2017-26) PC-1 under Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program for the period July 2017 to June 2026. This PC-1 is designed to address malnutrition specifically reduction in stunting for all districts of Punjab along with pilots/case studies. Scheme Included in Annual Development Program 2024-25(GS. No. 395) with allocation of funds amounting to Rs. 396.885 Million.

5. PROJECT OBJECTIVES

Goal

To improve the nutritional status of PLWs, adolescent, children and newborns with particular focus on stunting & wasting reduction and addressing micro nutrient deficiencies in rural and less developed urban slum areas of Punjab.

Objectives

Following are the main objective of the program

1. To improve the nutrition status of women, children and adolescents through the delivery of a comprehensive set of preventive & curative nutrition interventions integrated within the health system.
2. To increase equitable access to community based health & nutrition services to the most vulnerable and marginalized
3. To contribute to the reduction of malnutrition in PLWs and children through the integration of nutrition in the health sector by improving health & nutrition service delivery at health facilities.
4. To increase the awareness of stakeholders (policy makers, development partners, communities, target population about good nutrition through SBCC
5. To establish nutrition governance structures and M&E systems are effective to hold actors accountable and support the resource allocation and mobilization

Targets

1. To Reduce wasting in under 5 children from 17% to 4.5% by the end of 2024
2. To Reduce stunting in under 5 children from 33.5% to 28% by the end of 2024
3. To Reduce under weight in under 5 children from 7% to 19% by end of 2024
4. Increase in exclusive breast feeding rate 16.8% to 47% by the end of 2024
5. Early initiation of breast feeding from 10.6% to 21% by the end of 2024

Specific Objectives and situation analysis:

Prevention of Stunting

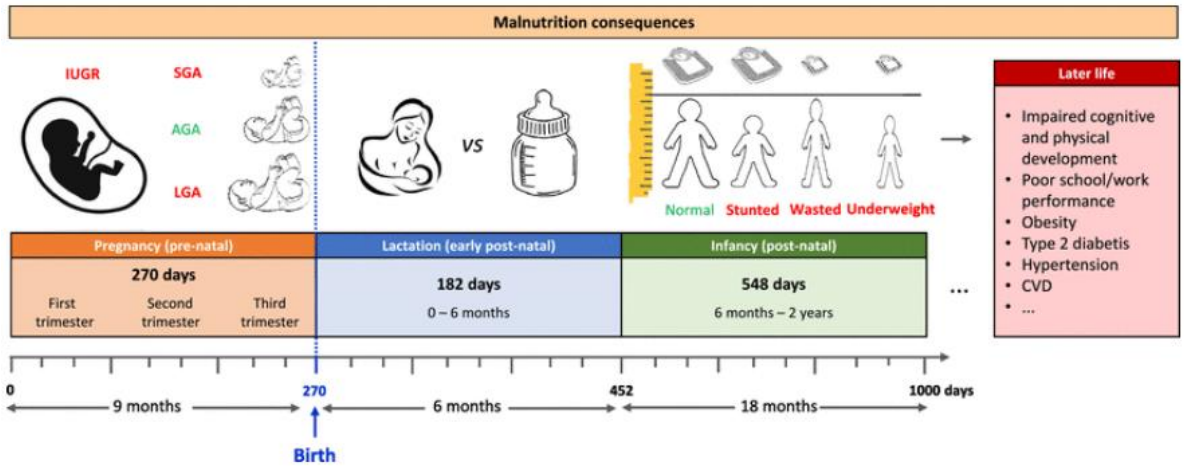
Stunting is decreased height for age and accounts for 15% of child mortality (Black et al, 2008), More child deaths are related to Stunting and Micronutrient Deficiencies (MND) than Severe Acute Malnutrition (SAM). The prevalence of Malnutrition (Stunting and Wasting) is high in Punjab. According to MICS 2014 Stunting was 33.5 % which decreased marginally and became 31 % in 2018.Stunting is the best epidemiological indicator for assessing under nutrition; it reflects poor nutrition of women, infants and children. Chronic malnutrition or stunting is devastating to young children causing impaired brain development, lower IQ, weakened immune systems and an increased risk of serious diseases like diabetes and cancer later in life. Stunting is an enormous drain on economic productivity and growth. Estimate show that it can result in reduction of a Country's GDP by up to 12%.

Benefits of Stunting Prevention:

- Increased learning capacities and educational performance.
- Better human capital development / best predictor of human capital (Lancet 2008, 2013)
- Improved economic productivity; increased individual wages (e.g 46%)
- Prevention of intergenerational effects of malnutrition, benefiting lives of women and children and entire generations.

Short window of opportunity:

Stunting is generally irreversible. Approximately 80% of brain development occurs during first 1000 days of life (from conception to 24 months of age) requiring optimal quality and quantity of nutrients. The first 1000 days of life refers to the period from conception to a child's second birthday. This is a critical window for rapid growth and development and nutritional abnormalities during this period can have long-term health consequences. One of the consequences of fetal malnutrition is intrauterine growth retardation (IUGR). It can also lead to infants being born small-for-gestational age (SGA), large-for-gestational age (LGA) or appropriate-for-gestational age (AGA). Other consequences of undernutrition can include children that are stunted (lower height than age-matched normal control), wasted (lower weight than age-matched normal control), or underweight (lower weight than height-matched normal control).



We need to focus our interventions in these 1000 days to prevent stunting after which changes produced become irreversible. Stunting starts before birth and is caused by poor maternal nutrition, poor feeding practices, poor food quality, poor water and sanitation facilities, as well as frequent infections which can slow down growth. Recently, the concept of 1000 days has incorporated adolescent girls as to be mothers with good nutritional status as 1000+A model.

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT:

Table below depicts some improvement in the dismal situation of malnutrition in various Districts of Punjab as reflected by MICS 2014 and 2018. This improvement can be co-related with the initiation of nutrition program by Provincial Government from 2013. However, there is still quite some room for improvement in nutrition indicators against which the instant project is proposed to extend its gestation period to 2024.

Sr #	Districts	MICS-2014		MICS-2018	
		Stunting (%)	Wasting (%)	Stunting (%)	Wasting (%)
1	Attock	32.3	18.7	22.6	5.6
2	Bahawalnagar	39.6	21.7	39.4	7.4
3	Bahawalpur	36.7	18.9	36.8	8.6
4	Bhakkar	35	19.7	36.8	8.3
5	Chakwal	33.5	18.4	23.7	8
6	Chiniot	35.5	23.2	36	7.5
7	DG Khan	50.9	21.4	46.4	8.9
8	Faisalabad	25	21.1	28.8	5.8
9	Gujranwala	27.7	11.7	24.7	6.8
10	Gujrat	27.7	11.7	20	4.7
11	Hafizabad	34	11.3	25.8	7.8
12	Jhang	36.9	19.4	35.1	8.9
13	Jhelum	36.9	17.6	21.1	5.1
14	Kasur	35.4	17.9	32.7	9
15	Khanewal	34.5	19.9	36.3	9.7
16	Khushab	34.7	16.6	33.3	12.4
17	Lahore	29.2	13.5	24.1	7.3
18	Layyah	38.8	18.9	29.6	7
19	Lodhran	38	17	44	9.3
20	Mandi Bahauddin	33.3	10.8	24.3	9.3
21	Mianwali	28.9	14.9	26.9	8.2
22	Multan	34.1	23.1	35.6	7.4
23	Muzaffargarh	46.3	18	39.2	6.1
24	Nankana Sahib	35	16.8	29	5.5
25	Narowal	32.3	14.6	23.5	7.1
26	Okara	23.9	13.4	31.2	5.1
27	Pakpattan	24.1	13.4	36.3	6.8
28	Rajanpur	47.6	16.3	47.4	8.7
29	Rawalpindi	28.8	11.5	22.2	7.3
30	RY Khan	45.3	21.6	46.2	8.6
31	Sahiwal	18.2	13.6	30.4	4.8
32	Sargodha	34.1	20.6	28.3	7.8
33	Sheikhupura	33.2	16.4	27.9	8
34	Sialkot	24	17.5	24.8	7.6
35	TT Singh	32.4	21.2	29.8	7.9
36	Vehari	34	19.1	33	7.9
Punjab		**33.5**	**17.5**	**31.5**	**7.5**

Despite all efforts, inter and intra district inequalities and inequities in service provision and slow progress in improving the health indicators and status of the population especially the poor and marginalized are key challenges to be tackled. In order to achieve the desired results, it is necessary to adopt an integrated and multi-sectoral approach as has been adopted and proven successful in other parts of the world (WHO GLOBAL STRATEGY FOR REDUCING STUNTING). MSNS comprising of Eight Sectors (Health, Food, Agriculture, Livestock, Fisheries, wash, Social Protection and Education) is currently holding this role under P&D. Whereas Health Sector has the leading role in provision of Technical Assistance to MSNS thorugh CMSRP under IRMNCH & N program. In this regard IRMNCH & N program has notified sectoral group of Health Department for effective implementation of MSNS. Action Plan/Implementation plan for the prevention of stunting would be prepared by Health sectoral group of MSNS.

The proposed PC-1 has room for scope of expansion and introduction of new interventions as follows:

STRATEGIC AREAS/TECHNICAL PARAMETERS

The proposed PC-1 has room for scope of expansion and introduction of new interventions as follows:

THE PROGRAMME ENVISAGES ACHIEVING ITS GOAL THROUGH THE FOLLOWING FIVE STRATEGIC AREAS:

Strategic Area-1 aligned with objective-1&3:	Implementation of Nutrition and Healthcare Interventions at all level
Strategic Area-2 aligned with objective-2:	Strengthen and increase equitable access to community based health and nutrition services
Strategic Area-3 aligned with objective-4:	Social mobilization, advocacy and communication
Strategic Area-4 aligned with objective-5:	Research and Development (Innovations and piloting of new initiatives and evidence generation)
Strategic Area-5 aligned with objective-5:	Coordination with other sectors for the implementation of MSNS

STRATEGIC AREA-1: IMPLEMENTATION OF HEALTH & NUTRITION INTERVENTIONS AT ALL LEVEL

The Malnutrition–Health complex is drain on human resource. One condition aggravates the other. Infections lead to malnutrition and malnutrition may exacerbate infections increasing the duration, severity, morbidity, and mortality. Malnutrition,

health and poverty are closely linked with each other; already poor people who are also malnourished and unhealthy and vice versa. It is envisaged that health status improvements will enable individuals to avail more choices/opportunities that can help in improving quality of their lives like attaining education, competing for better employment opportunities and contributing towards their families and society's betterment, hence enjoying their life.

Improved health behaviors and ensured access to primary health care package including the nutrition as an important component of primary health care services will not only reduce the suffering at individual level but will also reduce the cost of treatment. In the end, investment in treatment of complicated cases will be decreased and would allow planning for the development projects.

The Nutrition Initiative has been developed to provide benefit to the entire population of the province with the introduction of proven, cost-effective interventions. The undertaking within this program includes implementation of a province-wide Nutrition Education Package with an aim to enhance knowledge within the community about nutrition and alter behaviors and practices which hinder improved nutrition. This will help create linkages between health, hygiene and immunization and will serve to improve health systems' efforts to address malnutrition.

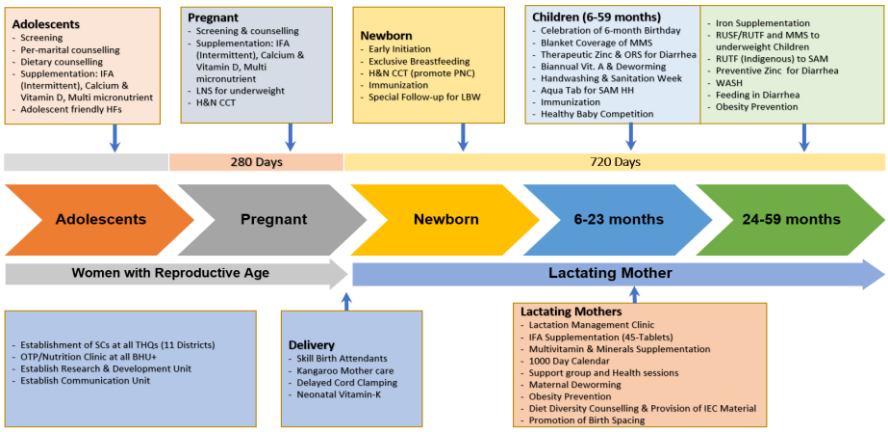


Figure: 1000+ Days Conceptual Framework

This component will focus on prevention of malnutrition among the general population, with particular focus on pregnant and lactating women, under 5 children and adolescent girls. Capitalizing latest research findings on impact of maternal nutrition on child nutrition, the 1000+ days approach, with focus on the period of the life cycle from conception till the first 24 months of the child's life (when irreversible damage from malnutrition is likely to occur), will be utilized. It is envisaged that by focusing on maternal health both before and during pregnancy through integrated nutrition and reproductive health interventions, improved maternal and neonatal nutritional and survival outcomes will be realized.

Population of Punjab is 100 Million, 31% population lives below the poverty line and 60% is residing in rural areas that are relatively underdeveloped with poor access to health care facilities. This PC-1 mainly focuses on preventive interventions in addition to curative for improving the nutritional status of the Vulnerable and Marginalized Population of the Province.

LEVEL-1.1: INTRODUCE / IMPLEMENTATION OF *NUTRITION AND HEALTHCARE* PREVENTIVE PACKAGE (*ADOLESCENT GIRL*)

ACTIVITY-1.1.1: Screening of adolescent girls (screening: BMI, anemia, etc.)
ACTIVITY-1.1.2: Deworming of adolescent girls bi-annualy
ACTIVITY-1.1.3: Micro-nutrient (IFA) supplementation of adolescent girl to combat deficiency

This strategic action aims to create a platform for intervening to improve parental education and life skills of adolescents for a whole series of behaviours that are of relevance to improving adolescents' nutrition, and to ultimately accelerating reduction in stunting. It will offer an excellent platform to improve the nutritional status of adolescents through direct nutrition specific interventions and provide iron folic acid with de-worming for all adolescent girls community.

Goals and Benefits of Adolescent Health & Nutrition Screening
As the foregoing information indicates, adolescents are vulnerable to many health risks so screening and observation are imperative during well-adolescent exams.

The five goals of adolescent health screening are to enable providers to:

- Establish a therapeutic alliance between provider and patient.
- Prevent illness and complications by diagnosing health conditions early, before they become more complex and their treatment more costly.
- Assess the patient for behavioral and lifestyle factors that put current and future mental and physical health at risk.
- Empower and educate the patient about health-care options.
- Refer adolescents for further assessment of and possible treatment for conditions identified in the screening process.

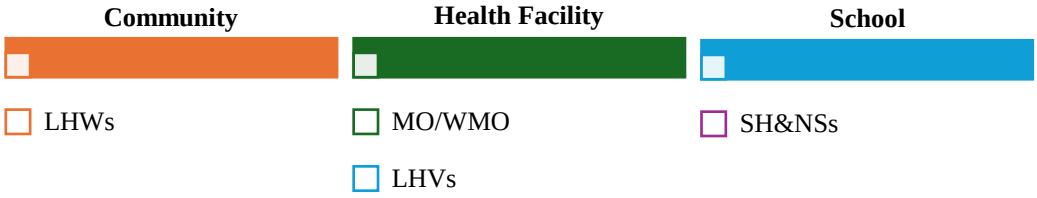
Screening Camps for adolescent girls: Performing health screenings during a patient's adolescence can play a vital role in helping the patient achieve lifelong healthy behaviors. The overall nutritional status is better assessed with anthropometry, in adolescence as well as at other stages of the life cycle. Anthropometry is the single most inexpensive, non-invasive and universally applicable method of assessing body composition, size and proportions (Onis and Habicht, 1996). Screening camps for adolescent girls will be arranged frequently at health facility and community level. The diagnosed anemic and/or under weight adolescent in community by LHWs/CHWs (in uncovered/ unreached areas) /SH&NSs will be referred to health facility for proper health checkup and supplementation. Screening Process, responsibility, counselling areas and supplementation is given below:

Screening Process

- ***Anthropometric measurement / BMI***
  - *Anthropometric measurement*: Height and weight
  - Calculation of BMI: Weight (kg)/height $(m)^2$

- ***Checking physical signs of nutritional deficiencies***
  - Pallor and oral ulcers- Anemia
  - Dry skin, decreased skin turgor-Dehydration
  - Swelling in neck - Goiter
  - The Anemia screening of adolescent at health facility will be assessed through determining the Blood Hb level

Level & Responsibilities:



Health/ Nutrition Education & Counselling

The programme will focus and prepare/update life skills related resources (procedural manual) provide health and nutrition related education, counselling, and training to aldolesent. Major activities will be to develop instruction /IEC materials (booklet) with a focus on improving maternal, infant and young child nutrition and reducing chronic malnutrition in comunity.

Raise adolescent girls' knowledge and skills on reduction of chronic malnutrition: This activity will support formation/strengthening of aldolesent in school and community by organizing counselling and awareness session about diet diversification, balanced diet, and personal hygiene with the aim to reduce stunting in the children.

Prepare/update resource materials on parenting education for improved child-care and feeding practices: This activity will support preparation of resource materials such as preparation of IEC/educational materials on nutrition during pregnancy and on infant and young child feeding and care (Resource book, Record book and orientation package); preparation of training manual, resource materials, self-learning and IEC materials on nutrition for parents, community members.

There will be the following key area:

- Diet Diversification - Balanced Diet and Intake of fortified foods
- Personal Hygiene - Hand washing & Menstrual Hygiene
- WASH - Boiling water, Sanitation hygiene
- Knowledge and skills on reduction of chronic malnutrition
- Parenting education for improved child-care and feeding practices

Micronutrient Supplementation

A review of iron supplementation in non-pregnant women of reproductive age showed that intermittent iron supplementation (alone or with any other vitamins and minerals) reduced the risk of anaemia by 27% (Lassi et al., 2017). In the light of literature review, this activity is designed to focuses on the critical window of opportunity of the first 1000 days, and accordingly extends to adolescent girls. This activity will include mobilisation of community worker (LHWs, CHWs) and SH&NSs for providing IFA with deworming to all adolescent girls through community services, and health facilities (OTP Center / Breastfeeding & Nutrition Clinic). This activity can be linked with School Health and Nutrition Program. IFA will be provided to every adolescent girl according to WHO recommendation during LHW/CHW household visit.

WHO RECOMMENDATIONS: In populations where the prevalence of anaemia among nonpregnant women of reproductive age is 20% or higher, intermittent iron and folic acid supplementation is recommended as a public health intervention in menstruating women, to improve their haemoglobin concentrations and iron status and reduce the risk of anaemia.

Suggested scheme for intermittent iron and folic acid supplementation in menstruating women	
Supplement composition	Iron: 60 mg of elemental iron* Folic acid: 2800 µg (2.8 mg)
Frequency	One supplement per week
Duration and time interval between periods of supplementation	3 months of supplementation followed by 3 months of no supplementation after which the provision of supplements should restart.
Target group	All menstruating adolescent girls and adult women
Settings	Populations where the prevalence of anaemia among non-pregnant women of reproductive age is 20% or higher

** 60 mg of elemental iron equals 300 mg of ferrous sulfate heptahydrate, 180 mg of ferrous fumarate or 500 mg of ferrous gluconate.*

Multi micronutrient (multivitamins and minerals) supplementation will be provided to underweight / undernourished adolescent girl according to WHO guidelines to combat deficiency. Moreover, calcium & vitamin-D supplement will also be provided accorded to WHO recommendation. Therefore, Program will screen adolescent girls for anaemia and provide iron folic acid tablets to anemic adolescent girls at Health Facilities.

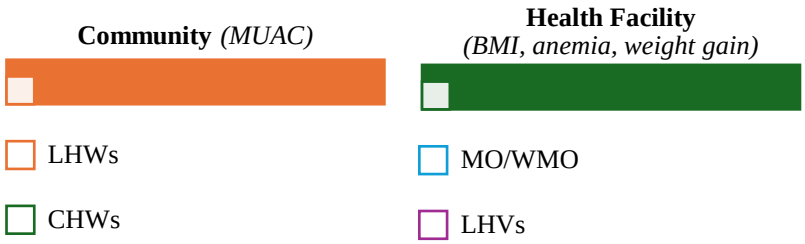
LEVEL-1.2: INTRODUCE / IMPLEMENTATION OF *NUTRITION AND HEALTHCARE* PREVENTIVE PACKAGE FOR PREGNANT & LACTATING MOTHERS

ACTIVITY-1.2.1: Preventive services for pregnant and lactating mothers

Sub-Activity-1.2.1.1: *Screening of pregnant and lactating mothers (MUAC, BMI, anemia, weight gain in pregnancy etc.)*
Sub-Activity-1.2.1.2: *Counselling of pregnant and lactating mothers about healthy dietary habits, diet diversification, personal hygiene, IYCF practices, and breast feeding etc.*
Sub-Activity-1.2.1.3: *Promotion of birth spacing*

A comprehensive strategy having both preventive and curative services to address malnutrition to be provided across the board in all 36 districts exclusively in 11 Districts of Southren Punjab. Addressing issues at all levels including activities like Screening, Counseling, Advocacy and Social Mobilization (ACSM), CMAM, IYCF and Maternal Diet Counseling by Outreach Staff including SHNSs, LHWs and CMWs and facility based services like OTP, TSFP and SC including all BHU, RHC, THQ, DHQ for Rural areas and MCH Centers and City District Government Dispensaries in urban areas.

Level & Responsibilities:



Guideline for Preventive Services

In Punjab, community based MNCH, RH and Nutrition services are mainly offered through Lady Health Workers (LHWs) and SHNS (School Health Nutrition Supervisor). Multiple gaps in the services have been identified through extensive researches undertaken by the Government Programs, international development partners and research bodies. On the basis of the available evidence, multi-fold consultative dialogues and pilot runs, multiple initiatives are being proposed in this PC-1 to enrich and enhance the services offered at community level by SHNS & LHWs. Furthermore, departmental linkages already proposed in previous version of PC-1s but not implemented in true spirit shall also be established to strengthen the networking between LHWs & HFs.

For coverage of maximum population

- Screening will be carried out at all Health Facilities (Including HF Staff and Outreach), the anthropometric equipment will be provided at every health facility for screening of malnourished child and then they will be referred to OTPs where identification of the malnourished cases will be carried out.
- The screening for all Children under 5 and PLW's (Covered and Uncovered area) also is carried out by Outreach Staff during Nutrition Week annually.
- SHNSs will be involved in screening of School going children, Deworming and Nutritional awareness sessions for complete and balanced diet.

Nutrition education is essential to generate awareness regarding IYCF (early and exclusive breastfeeding, Complimentary feeding, Diet Counseling regarding balanced diet, WASH messages family planning etc) would be given at each level based on IYCF and New Formulated Communication strategy. To give a concept of having a balanced diet and to educate mothers how to prepare Multimix diets by Combining different foods groups (Cereal group, Vegetable group, Milk group, Meat Group and fruit Group)

- By LHW and SHNS at community and Women Groups
- At OTP ,SFP by LHV
- At SC by Staff Nurses

By having an improvement in all the above output/process indicators, there would be a reduction in maternal and neonatal morbidity and mortality ultimately contributing to improved health status of population of Punjab.

Nutrition Intervention for Prevention of Malnutrition and Stunting when implemented efficiently can achieve targets of Programme. In order to Gain Maximum Results guidelines are Finalized for Strengthening of Community Based Services.

ACTIVITY-1.2.2: Blanket coverage of all PLWs women for prevention of micronutrient deficiencies

Sub-Activity-1.2.3.1: *IFA supplementation for prevention of anemia*
Sub-Activity-1.2.3.2: *Calcium & vitamin D supplementation for prevention/treatment of deficiency in pregnant women*
Sub-Activity-1.2.3.3: *Provision of multi-micronutrient to malnourished pregnant women*

IFA Supplementation

A Cochrane review of daily iron supplementation to women during pregnancy reported a 70% reduction in anaemia at term, a 67% reduction in iron deficiency anaemia (IDA), and 19% reduction in the incidence of low birthweight (Peña-Rosas et al., 2015). Although, some evidence suggests that side-eff ects are fewer with intermittent iron therapy in non-anaemic populations, WHO recommends daily iron supplementation during pregnancy as part of the standard of care in populations at risk of iron deficiency (WHO, 2012). Under this activity, support will be provided to distribute IFA tablets to all pregnant and lactating mothers – to take 180 tablets during pregnancy and 180 tablets during lactating period. For this, the IFA supplementation will further be strengthened nationwide. LHVs, community health workers (LHWs, CHWs etc.) and the private sector will be mobilised to support/encourage pregnant and lactating mothers and families to visit health facility for ANC and PNC and consume iron supplementation.

Calcium & Vitamin-D Supplementation

Gestational hypertensive disorders are the second leading cause of maternal morbidity and mortality and are associated with increased risk of preterm birth and fetal growth restriction. Calcium supplementation during pregnancy in women at risk of low calcium intake has been shown to reduce maternal hypertensive disorders and preterm birth. A Cochrane review by Hofmeyr and colleagues assessed 13 trials and showed that calcium supplementation during pregnancy reduced the incidence of gestational hypertension by 35%, preeclampsia by 55%, and preterm births by 24% (Bhutta et al., 2013; Hofmeyr et al., 2014). Calcium (1.5-2 gram elemental calcium/day divided in three doses in one day) and vitamin D (in the case of documented deficiency vit. D supplement may be given at the current RNIs = 5mcg OR 200IU/day) supplementation as recommended by WHO/FAO in pregnant women.

Multi-Micronutrient Supplementation

Due to lack of knowledge about health diet in pregnancy and poor socioeconomic status of women in south Punjab the pregnant women have poor diets and are deficient in nutrients and micronutrients which are required for good health. Micronutrients are vitamins and minerals that are needed by the body in very small quantities but are important for normal functioning, growth and development. During pregnancy, these women often become more deficient, with the need to provide nutrition for the baby too, and this can impact on their health and that of their babies. The most current evidence shows that giving multiple micronutrient supplements to pregnant women may reduce the risk of low birth weight and of small size for gestational age, compared with iron and folic acid supplementation alone.

LEVEL-1.3: <u>INTRODUCE / IMPLEMENTATION OF *NUTRITION AND HEALTHCARE* PREVENTIVE PACKAGE FOR CHILDREN (<5 YEARS)</u>

ACTIVITY-1.3.1: Promotion of growth monitoring and counselling of 6-24 months children

ACTIVITY-1.3.2: Upscale the community promotion of Infant and young child feeding (IYCF): Promote EEE (early, exclusive, & extended breast feeding) and complementary feeding at 6-month

- ***Sub-Activity-1.3.2.1:*** *Provision of 1000 Days Calendar to PLW*
- ***Sub-Activity-1.3.2.2:*** *Celebration of 6-month Birthday*
- ***Sub-Activity-1.3.2.3:*** *Support group and Health session at health facilities*
- ***Sub-Activity-1.3.2.4:*** *Annual Healthy Baby Competition at health facility*

ACTIVITY-1.3.3: Special Follow-up of LBW children

ACTIVITY-1.3.4: Control of Diarrhea and Intestinal Parasitic Infection

- ***Sub-Activity-1.3.4.1:*** *Provision of Zinc for prevention of Diarrhea*
- ***Sub-Activity-1.3.4.2:*** *Promotion of handwashing/ sanitation and personal hygiene*
- ***Sub-Activity-1.3.4.3:*** *Bi-annual Vitamin A supplementation and Deworming through single dose of deworming tablet to children 12-59 months*
- ***Sub-Activity-1.3.4.4:*** *Aqua tab/ sachet to household with SAM/MAM*

ACTIVITY-1.3.5: Blanket coverage of all 6-24 months children by MMS/OTP

ACTIVITY-1.3.6: Promotion of "Delayed cord clamping"
ACTIVITY-1.3.7: Promotion of "Neonatal vitamin K administration"
ACTIVITY-1.3.7: Promotion of "Kangaroo mother care"
ACTIVITY-1.3.8: Baby Friendly Hospital Initiative
ACTIVITY-1.3.9: Lactation Management Clinic

Promotion of Growth Monitoring of 6-24 months children

Promotion of growth monitoring / screening will definitely results in on time recognition, referral and initiation of treatment. There are following actions, that will be taken to promote the Growth Monitoring:

- *Revision of LHW Screening tools:* LHW Screening tools will be revised according to implementation of growth monitoring of 6-24 months children
- *Revision of Green Book:* Green book will be revised with the aim to incorporate the "length for age (stunting) chart"
- *Provision of anthropometric equipment:* Anthropometric equipment (weight machine, stadiometer/height measuring tape, MUAC tape for child and adult) will be provided to all LHWs and CHWs in uncovered/ unreached areas to ensure the implementation of growth monitoring of 6-24 months children.

Upscale the community promotion of Infant and young child feeding (IYCF)

Promotion of infant and young child feeding (IYCF) practices such as EEE (early, exclusive, & extended) breast feeding and complementary feeding at 6-month will be upscaled at community level through following activities with the support of UNICEF:

Sub-Activity-1.3.2.1: *Provision of 1000 Days Calendar to PLW*
Sub-Activity-1.3.2.2: *Celebration of 6-month Birthday*
Sub-Activity-1.3.2.3: *Support group and Health session at Health Facilities*
Sub-Activity-1.3.2.4: *Annual Healthy Baby Competition at Health Facility*

Provision of "First 1000 Days" Calendar to PLW: Maternal, infant and young child nutrition needs to be improved drastically, with a focus on the critical 1000 days during pregnancy and the first two years of life. The first 1000 Days Calendar is the first intervention of its kind related to "the First 1000 Most Critical Days" to prevent stunting in children less than two years of age. Although this calendar will mainly focus the maternal and child nutrition such as "dietary instruction for each trimester, EEE (early, exclusive, extended) breast feeding, complementary feeding (age specific with recipes)" but it also include other instructions like WASH practices, ANC/PNC, growth chart etc. 1000 days Calendar will be provided to each PLW registered by LHWs exclusively in these 11 districts. Moreover, calendar will be designed in such way that it may improve knowledge and dietary behavior of mothers.

Celebration of 6-month Birthday: The main purpose of 6-month birthday celebration is to promote/encourage the timely initiation of complementary feeding in addition to breast milk from 6 months onwards. The 6-month Birthday will be celebrated by LHW

(in covered areas) and CHWs/CMWs (in uncovered areas) at the household of registered infant.

Support group and Health session at Health Facilities: Monthly Support group and Health Session will be arranged by LHVs and LHWs both at health facility and community level. The purpose of these session is to create awareness about nutrition and healthcare as well as promote the regular screening of children (<5 years), adolescent girls, and PLWs.

Annual Healthy Baby Competition at health facility: Annual "Healthy Baby Competition" will be arranged at each health facility with the aim to motivate and reward mothers to take responsibility for their children's health. This activity will also increase the utilization of health services. The first, second and third prize winners will receive Cash or gift hampers.

Control Diarrhea and Intestinal Parasitic Infection

According to UNICEF, diarrhea remains the second largest cause of under-five mortality globally. With 600,000 children dying in each year and over 1.7 billion cases, diarrheal diseases are also associated with a higher risk of stunting (low weight for age and developmental delay) and take a huge toll on society. A set of following interventions will be applied to control the one of the major determinants of stunting "diarrhea and intestinal parasitic infection".

> ***Sub-Activity-1.3.4.1:*** *Provision of Zinc for prevention of Diarrhea*
> ***Sub-Activity-1.3.4.2:*** *Bi-annual Vitamin A supplementation and Deworming through single dose of deworming tablet to children 12-59 months*
> ***Sub-Activity-1.3.4.3:*** *Promotion of handwashing/ sanitation and personal hygiene*
> ***Sub-Activity-1.3.4.4:*** *Aqua tab/ sachet to household with SAM/MAM*

Zinc Supplementation: Preventive zinc supplementation in populations at risk of zinc deficiency reduces the risk of morbidity from child hood diarrhea and acute lower respiratory infections and might increase linear growth and weight gain in infants and young children (Yakoob et al., 2011). A daily dose of 10 mg zinc per day over 24 weeks in children younger than 5 years could lead to an estimated net gain of 0.37 cm (SD 0.25) in height in zinc-supplemented children compared with *placebo* (Bhutta et al., 2013). However, children aged 6-59 months will be supplemented bi-annually with vitamin-A during polio campaigns and deworming through single dose of deworming tablet during MCH week.

Vitamin A Supplementation & Deworming: A Cochrane review of 43 randomised trials showed that vitamin A supplementation reduced all-cause mortality by 24% and diarrhea-related mortality by 28% in children aged 6–59 months. Vitamin A supple mentation also reduced the incidence of diarrhea and measles in this age group but there was no eff ect on mortality and morbidity related to respiratory infections (Imdad

et al., 2010). Programme on nutritional management of infections will be undertaken by LHV at health facilities and mobilising community workers (LHWs & CHWs) to provide zinc to manage diarrhea with new ORS/ Low Osmolarity ORS and to promote continued feeding during diarrhea. Vitamin-A supplementation will be executed with the support of development partners.

Handwashing/ sanitation and personal hygiene: However, one of the simplest and most inexpensive barriers to infection is handwashing with soap and personal hygiene practices. Handwashing/ sanitation and personal hygiene practices will be promoted through counselling by LHWs (in covered areas), CMWs/CHWs (in uncovered areas) and SH&NSs (in schools). Moreover, **Global Handwashing Week** events around the world are helping promote handwashing and raise awareness of the crucially important role it plays in child survival and overall community health. **Global Handwashing Week** will be celebrated at each health facility and its associated community as well as in schools in collaboration with UNICEF.

Provision of Aqua tab/ sachet: The undernourished children mostly have low immunity and at greater risk of intestinal parasitic infection (subsequent persistent diarrhea) and respiratory infection. Quality of drinking water along with good hygiene practices is substantial to avoid the infection. Therefore, during the visit of OTPs, the household of SAM/MAM will be provided with sixty (60) *Aqua tab/ sachet (each for 10L water)* for purification of water with the aim to reduce the risk of diarrhea associated with intestinal parasitic infection.

Blanket coverage of all 6-24 months children by MMS

Furthermore, Multi-Micronutrient Sachets (MMS) to all children aged 6-24 months will be implemented during nutrition and Nutrition week with initial focus in high-risk districts (11 districts of Southern Punjab).

Delayed cord clamping

Early clamping of the umbilical cord after birth is a common practice and permits immediate transfer of the baby for care as required, whereas delaying of clamping allows continued blood flow between the placenta and the baby for a longer duration. In Lancent Series regarding maternal and child nutrition the “Evidence-based interventions for improvement of maternal and child nutrition” (Bhutta et al., 2013), it is suggested that delayed cord clamping in term neonates led to significant increase in newborn haemoglobin and higher serum ferritin concentration at 6 months of age. Therefore, delayed cord clamping will be promoted at all public and private health facilities through inclusion of topic in trainings (for LHVs), notification (BHUs, THQs, & DHQs), and IEC material (for private sector).

Neonatal vitamin K administration

Vitamin K deficiency can result in bleeding in the first weeks of life and vitamin K is commonly given prophylactically after birth for prevention of bleeding. A Cochrane

review suggested that one dose of intra muscular vitamin K, when compared with placebo, reduced clinical bleeding at 1–7 days of life, including bleeding after circumcision. Oral and intra muscular vitamin K had much the same effects on improved biochemical indices of coagulation status at 1–7 days. Currently, vitamin K is not administrated after birth in public health facilities. However, in this regard the neonatal vitamin K administration will be promoted and implemented at all Primary & Secondary Healthcare facilities.

Promotion of "Kangaroo mother care"

Kangaroo mother care denotes early skin-to-skin contact between mother and baby at birth or soon thereafter, plus early and continued breastfeeding, parental support, and early discharge from hospital. A Cochrane review of 4 randomised controlled trials of early skin-to-skin care in healthy neonates showed a significant 27% increase in breastfeeding at 1–4 months of age and increased duration of breastfeeding (Moore et al., 2016). In a Cochrane review of 16 randomised trials, kangaroo mother care in preterm neonates was associated with a 40% reduction in the risk of mortality, a 58% reduction in nosocomial infection or sepsis, and a 77% reduction in prevalence of hypothermia (Conde-Agudelo and Díaz-Rossello, 2016). Considering the benefits, Kangaroo mother care will be promoted at all public and private health facilities through inclusion of topic in trainings (for LHVs), notification (BHUs, THQs, & DHQs), and IEC material (for private sector). This activity will be executed with the support of development partners.

Baby Friendly Hospital Initiative

Baby Friendly Hospital Initiative will be taken in three (3) phases. In first phase Baby Friendly Hospital Initiative will be implemented at all THQs and DHQs. In second phase, it will be extended to all RHCs and 24/7 BHUs. In thirds phase, all BHU+ model and BHUs will be made as "Baby Friendly" health facilities. This activity will be executed with the support of development partners.

Lactation Management Clinic

Although breastfeeding is commonly practiced in Punjab-Pakistan, continuation of exclusive breastfeeding up to 6 months remains low. Support for postpartum breastfeeding problems from trained health personnel is rarely available. The current IRMNCH & Nutrition Program predominantly focus on safe childbirth, as well as the provision of skilled birth attendants (SBA). The management of lactation problems is not a part of routine postpartum assessment and care. In order to reduce the stunting and to promote breast feeding, the Lactation Management Clinic are very much required at health facilities. The Program planned to initiate "Lactation Management Clinic" initially at all THQs and DHQs. This activity will be executed with the support of development partners.

LEVEL-1.4: IMPLEMENTATION OF *NUTRITION AND HEALTHCARE* CURATIVE PACKAGE FOR PREGNANT & LACTATING MOTHERS

Provision of Nutritional Suppliments (LNS, Multivitamins and IFA)

Maternal undernutrition is a risk factor for fetal growth restriction and adverse perinatal outcomes. Several nutritional interventions have been assessed in such situations, including dietary advice to pregnant women, provision of balanced energy protein supplements, and high protein or isocaloric protein supplementation. Balanced energy protein supplementation, providing about 25% of the total energy supplement as protein, is deemed an important intervention for prevention of adverse perinatal outcomes in malnourished women. A Cochrane review concluded that balanced energy protein supple mentation reduced the incidence of SGA by 32% and risk of stillbirths by 45%. An updated meta-analysis showed that balanced energy protein supple mentation increased birthweight by 73 g (95% CI 30–117) and reduced risk of SGA by 34%, with more pronounced effects in mal nourished women (Bhutta et al., 2013; Imdad and Bhutta, 2012).

Moreover, a model piloted by WFP which included interventions namely giving mothers nutrients (SNF), IYCF and hygiene promotion along with breastfeeding promotion activities. The results of project showed a reduction of 11% in stunting in children 6-23 months after 9 months of intervention. Looking at the success of the model, this whole package may be replicated in all Districts of Punjab specifically BISP beneficiary (poorest and food-insecure population segment) as caloric and protein supplement. This model will be applied to improve maternal and child health of wasted (MUAC <21cm) / under-weight (BMI <18.5) mothers. Moreover, the package will be applied to pregnant mothers with low weight gain in pregnancy to reduce the risk of low birth weight. With the passage of time, the whole package may be replicated on other population (quantile) to improve the maternal and child health status, and ultimately to reduce the prevalence of stunting. This activity will be executed in collaboration with BISP Nashnunuma Program.

LEVEL-1.5: IMPLEMENTATION OF *NUTRITION AND HEALTHCARE* CURATIVE PACKAGE FOR CHILDREN (<5 YEARS)

ACTIVITY-1.5.1: Management of acute malnutrition (both MAM & SAM) through facility- and community based approaches

Sub-Activity-1.5.1.1: *Establish Stabilization Center at DHQ of punjab and THQs in districts of Southern Punjab*

Sub-Activity-1.5.1.2: *Establish OTP Centers at all 24/7 BHUs in all districts of Southern Punjab*

Sub-Activity-1.5.1.3: *Provision of RUSF and Multi Micronutrient Sachets (MMS) to underweight Children (6 months – 2 Years)*

Sub-Activity-1.5.1.4: *Provision of RUTFs to SAM children (without complication) at OTPs*

Sub-Activity-1.5.1.5: *Provision of F-75 and F-100 for treatment of children with severe acute malnutrition (SAM) admitted at SCs*

Sub-Activity-1.5.1.6: *Procurement and distribution of essential medicines/drugs and other commodities for treatment of children with severe acute malnutrition (SAM) admitted at SCs*

Sub-Activity-1.5.1.7: *Incentive at Stabilization Centre for the treatment of SAM is introduced in PC-I. The patient will be provided Rs. 3000/- (For Strengthening of referral linkages from OTPs to SC including transportation, incentives/ mechanism. It is proposed for provision of incentive of total Rs.3000/- during stay at stabilization center. The payment may be provided in signal or two/three installments as per program guidline) activity dropped in the revised PC-I*

Community management of acute malnutrition (CMAM) is currently being offered at OTPs (Breastfeeding & Nutrition Clinic) and SCs in all 36 districts of Punjab. In these districts, all moderately and severely malnourished children (wasted, stunted, underweight) will be identified and managed through community mobilisation and screening, and referral to OTPs (Breastfeeding & Nutrition Clinic) and SCs for appropriate treatment. Moderately malnourished children are managed through Multi micronutrient Sachet (MMS) and community IYCF counselling by the LHVs, LHWs. Children suffering from severe acute malnutrition (SAM) and without medical complications are treated in the community using Ready To use Therapeutic Foods (RUTF) through OTPs (Breastfeeding & Nutrition Clinic), whereas SAM children with complications are treated at the facility or Stabilization Centers (SCs) with supplementation of F75 & F100.

OTP Sites Under IRMNCH & Nutrition Program

Sr#	Districts	No. of OTPs		No. of SCs	
		Approved	Revised	Approved	Revised
1	Attock	27	72	1	1
2	Bahawalnagar	43	63	1	2
3	Bahawalpur	37	66	1	2
4	Bhakar	17	32	1	1
5	Chakwal	33	36	1	1
6	Chiniot	15	41	1	1
7	D.G.Khan	27	62	1	4
8	Faisalabad	63	76	1	1
9	Gujranwala	43	56	1	1
10	Gujrat	39	46	1	1
11	Hafizabad	19	26	1	1
12	Jhang	30	71	1	1
13	Jhelum	21	26	1	1
14	Kasur	39	91	1	1
15	Khanewal	33	48	1	2
16	Khushab	20	26	1	1
17	Lahore	20	35	4	12
18	Layyah	21	44	1	2
19	Lodhran	26	53	1	2

20	M. B. Din	24	34	1	1
21	Mianwali	25	51	1	3
22	Multan	29	57	2	3
23	Muzaffargarh	37	55	3	4
24	Nankana Sb	22	33	1	1
25	Narowal	24	33	1	1
26	Okara	40	52	1	1
27	Pakpattan	21	30	1	1
28	R. Y. Khan	51	82	1	2
29	Rajanpur	24	39	1	3
30	Rawalpindi	40	46	1	1
31	Sahiwal	33	38	1	1
32	Sargodha	48	58	1	1
33	Sheikhupura	34	40	1	1
34	Sialkot	35	42	1	1
35	T. T. Singh	29	45	1	1
36	Vehari	37	51	1	2
Total		**1126**	**1756**	**42**	**66**

ACTIVITY-1.5.2: Management of Diarrhea through facility- and community based approaches

Sub-Activity-1.5.2.1: *Provision of Rehydration Solution for Malnutrition (ReSoMal) for treatment of diarrhea in children with severe acute malnutrition (SAM)*

Sub-Activity-1.5.2.2: *Provision of Oral Rehydration Solution (ORS) and Zinc Syrup for the treatment of children with diarrhea (under 5-Years)*

Sub-Activity-1.5.2.3 *Emergency management of pneumonia and diarrhea through 24/7 BHUs*

In many countries zinc supplementation during treatment of diarrhea has shown to have both curative (reduction in diarrhea) and preventive (fewer future episodes) effects. The commodity (zinc with new ORS/ Low Osmolarity ORS) will be provided through HCP and LHWs for treatment of diarrhea with advise of continued feeding during diarrhea. Secondly, the full-strength, standard WHO low-osmolarity oral rehydration solution (75 mmol/L sodium) should not be used for oral or nasogastric rehydration in children with severe acute malnutrition who present with some dehydration or severe dehydration. Either **ReSoMal** or half-strength standard WHO low-osmolarity oral rehydration solution should be given, with added potassium and glucose, unless the child has cholera or profuse watery diarrhea. ReSoMal will be available at SCs and will be provided to SAM children.

Emergency Management of Pneumonia and Diarrhea through 24/7 BHUs

Annually, there are approximately 30 million cases of diarrhea[1] and 5 million cases of pneumonia in the Punjab province (Rudan et al., 2008). Under 5 mortality remains

[1] Estimated at two cases per child annually, with an under 5 population of 15 million children in the province, computed from Punjab Development Statistics published by Punjab Bureau of Statistics

high (93 per 1,000 live births[2]) in Punjab - a child dies every 2 minutes - approximately 240,000 children die annually. More than a quarter of these deaths are due to diarrhea and pneumonia – killing 63,000 children of Punjab annually (UNICEF, 2012). Both these diseases that disproportionally affect the most vulnerable children are preventable as well as treatable.

The reasons for high burden of these two diseases are neither unknown nor impossible to tackle. In fact, globally proven and evidence based highly effective low cost interventions do exist and can help in prevention of a huge number of deaths - if implemented appropriately. Once a child gets sick, death is avoidable through life saving treatment such as antibiotics for bacterial pneumonia and ORS with Zinc Sulphate for diarrhea. There are, however, many challenges in regular and uninterrupted provision of these essential commodities due to different reasons. The initiative for provision of emergency management services for pneumonia and diarrhea through already functional 24/7 BHUs of selected districts will aim at addressing the issue of high mortality associated with these two diseases.

Selected BHUs are already providing 24/7 obstetric care services through LHVs appointed at these health facilities. The same infrastructure and human resource will be utilized for provision of pneumonia and diarrhea management and referral round the clock. Moreover, all LHVs/ Mid wife will be trained on new management protocol of diarrhea and pneumonia.

LEVEL-1.6: CAPACITY BUILDING OF HEALTH CARE PROVIDERS WORKING AT THE COMMUNITY AND FACILITY LEVEL THROUGH DEVELOPMENT PARTNERS

ACTIVITY-1.6.1: Creation of group of master trainers on IYCF, Malnoutrition, etc at Provincial and District level.

Throght increasing experience day by day IRMNCH Program recognized the need of well Competent master trainers' group at provincial and District level. The good professional not only from Government sector but also from private sector may be involved by accommodating them from good Financial benefits.

ACTIVITY-1.6.2: Engagements of private health sector to refer malnourished children to OTPs / SCs

A large and varied private sector plays a dominant role in health in the Pakistan specifically in urban areas in the provision of health services. However, much of this activity does not contribute effectively to reduce the overburden of malnutrition, including affordable universal coverage within an overall primary health care policy approach. Evidence indicates that households in urban areas mostly rely on private provision even for essential services like maternal and child health care. A systematic

[2] MICS Punjab 2014, Punjab Bureau of Statistics, Government of the Punjab.

approach to engaging the private sector has been neglected largely. Private health providers providing services to large segment of population, their role in treating malnourished women & children can't be ignored. Training of qualified private practioners on Nutrition Package will affect promotion of breastfeeding and nutrition services.

Sub-Activity-1.6.3.1: *Conduct mapping of private healthcare providers*
Sub-Activity-1.6.3.2: *Conduct training of healthcare providers from private sector*
Sub-Activity-1.6.3.3: *Certify private sector providers to provide nutrition services (promotional services of breastfeeding, referral of undernourished children etc.*
Sub-Activity-1.6.3.4: *Provision of IEC material and referral slips to private healthcare provider*

LEVEL-1.7: RECORDING, REPORTING, MONITORING AND SUPERVISION MECHANISMS

ACTIVITY-1.7.1: Introduce an information management system (online android app and MIS) for recording, reporting, referral, and monitoring tools for maternal (ANC, SBA, PNC) and child (health check-up, SAM, MAM, underweight and stunted) at health facility (24/7, OTPs, and SCs)

Sub-Activity-1.7.1.1: *LHW–CRC–OTP: monitoring, reporting and community engagement through CRC (*CRC – registration of undernourished children (MAM, SAM, Underweight, Stunted), pregnant women)
Sub-Activity-1.7.1.2: *SMS and Robbo call to household to remind*

ACTIVITY-1.7.2: Develop android app and integrate with management information system for referral case management of children (under 5 years) and newborns, both outpatients and inpatients

ACTIVITY-1.7.3: Conduct internal review/evaluation of CMAM and third party monitoring

The IRMNCH & NP with the assistance of "Research & Development Unit" and "Nutrition Consultant" will undertake internal review/evaluation of the CMAM. This activity will support improvements of the existing guidelines, protocols, training materials, monitoring and reporting formats, including integration of facility and community-based approaches, and the most important the treatment of infants under six months of age. It will support development of a more detailed integrated management of acute malnutrition and chronic malnutrition (stunting), scaling-up nutrition strategy & plan, and its implementation with initial focus in the 11 districts of Southern Punjab. It will include strengthening the capacity on CMAM at all key levels, full integration into the health system, strengthening supply chain management of

RUTF as part of the existing health supply chain management, strengthening monitoring system as core component of the Health Management and Information System (HMIS), support economic feasibility study of local production of RUTF, and strengthening management of moderate acute malnutrition through cost-effective comparisons of some key alternative options – including improved IYCF counselling, targeted supplementary feeding, and cash transfer (incentive) schemes. Based on the outcome of these comparative assessments and analyses, Ready to Use Supplementary Food (RUSF) will be supplied to the targeted districts.

ACTIVITY-1.7.4: Strengthening of monitoring by Setting up a "Monitoring & Evaluation System"

M&E cannot be addressed from the narrow perspective of progress reporting. It is intended to support the process of creating development results. When well-conceived and practiced, M&E guides managers towards achieving their goals, know whether progress is being made – knowing which strategies work and which don't. The starting point for meaningful M&E is then clarity about the goals and objectives, or outcomes, which are being pursued. The main focued of this PC 1 is in the 11 southern districts and distance from head quarter is so far resulting in less provincial check and balance on activities. By setting up regional monitoring unit the vigorous monitoring of Program can be achieved. This unit will be established at PMU, IRMNCH and worked under the administrative control of PD(IRMNCH)/ADGHS with HR, financial support and logistic support.

STRATEGIC AREA-2: STRENGTHEN AND INCREASE EQUITABLE ACCESS TO FACILITY- AND COMMUNITY BASED HEALTH & NUTRITION SERVICES

LEVEL-2.1: STRENGTHEN / IMPROVE FACILITY BASED HEALTH & NUTRITION SERVICES

ACTIVITY-2.1.1: Making facility-based health & nutrition services more "adolescent friendly"

As indicated above, LHWs and LHVs are part of the list of players who need to contribute to the health and development of adolescents. They have two complementary roles to play. Firstly, as service providers, they have important contributions to make in helping well adolescents stay well, and in helping ill adolescents get back to good health.

They do this through:

- The provision of information, advice, counselling and clinical services aimed at promoting health and preventing health problems and problem behaviors;
- The diagnosis, detection and management of health problems and problem behaviors; and
- Referral to other health and social service providers, when necessary.

Many adolescents make the transition to adulthood in good health. Many others do not and may face some of the health problems listed below:

- injuries resulting from accidents or violence;
- mental health problems;
- problems resulting from substance use;
- sexual and reproductive health problems (e.g. too-early pregnancy, mortality and morbidity during pregnancy and child birth including due to unsafe abortion, sexually transmitted infections including HIV, harmful traditional practices such as female genital mutilation, and sexual coercion);
- problems resulting from under nutrition and over nutrition;
- endemic diseases (e.g. tuberculosis and malaria).

Some of these health problems affect the individual during adolescence (e.g. a death caused by suicide or interpersonal violence or from the consequences of an unsafe abortion). Others affect the individual later in life.

STRATEGIC AREA-3: COMMUNICATION, ADVOCACY AND MOBILIZATION (CAM) TO IMPROVE HEALTH AND NUTRITIONAL STATUS OF ADOLESCENT, PREGNANT AND LACTATING WOMEN (PLW) AND UNDER 5 CHILDREN

The communication strategy is taking an integrated approach to health for women and children, focusing on the critical time from pregnancy through the first 1000 days of a baby's life. The IRMNCH & NP intends to use of all available channels of communication to raise awareness and mobilize the community on importance of nutrition, maternal and child health issues using specific themes, identified either through research based on the policy recommendations that needs to be addressed, among the general populace as well as specific segments of the society i.e. religious leaders, opinion leaders and other influencers.

Following are the main activities proposed to be undertaken for advocacy and a strong social mobilization campaign at all levels including provincial, districts, tehsil, UC and village level. The strategic area will be implemented with the support of development partners.

LEVEL-3.1: IMPLEMENTATION OF COMMUNICATION, ADVOCACY AND MOBILIZATION (CAM) TO IMPROVE HEALTH AND NUTRITIONAL STATUS

ACTIVITY-3.1.1: Development of Stunting Reduction CAM strategy

Stunting Reduction CAM strategy: Lack of demand for nutritional services is major issue in Punjab (Pakistan), but demand creation for nutritional services is not addressed as a preventive health strategy such as strategies to promote utilization of available nutritional services (seeking MMS/RUTF, Vitamin-A, Zinc & LO-ORS etc.). Although, the previous national communication strategy framework cover both 'demand-side' and 'supply-side' but the overall focus is medical and emphases

reproductive health issues exclusively. Whereas, the enlist outputs / outcomes lack various nutrition-focused and essential to antenatal & neonatal care outputs / outcomes. However, the proposed strategy framework will include multi-sectoral approach and interaction with the other related sectors such as WASH *(to promote IEC about sanitation & hygiene practices)*, Education (IEC material and awareness), Social Welfare & Protection that can play significant role to achieve target. In particular, strategic actions to improve interpersonal communication skills of service providers will be focused. In overall approach of proposed "Stunting Reduction CAM strategy" will be centralized and it will be devolved the activities/planning at provisional and district level. It will be imperative to devolve activities, implementation, and monitoring & evaluation at district level to address local issues according to local context.

ACTIVITY-3.1.2: Development and advocacy of New Unified Messages (specifically nutrition oriented)

Development and advocacy of New Unified Messages: Poor nutrition contributes to about 50% of all under-five deaths but strategies overall lack various important nutrition-specific and nutrition-sensitive strategic objectives and actions. The only nutrition related strategic objectives include initiation breast feeding, exclusive breast feeding, and complementary feeding. The proposed ***"Unified Health Messages"*** essential to health risk management comprise only few nutrition-specific messages i.e. "breast feeding and weaning initiation". The unified health messages and communication objectives (as given in basic communication package) to promote health risk management to reduce the prevalence of stunting may also include vital nutrition-specific and nutrition-sensitive messages and objectives. The advisory/technical board (group) will be notified that will develop new ***"Unified Health Messages"*** focused on stunted reduction strategic activities.

ACTIVITY-3.1.3: Develop and finalize Basic Communication Package (BCP) on Maternal Neonatal and Child Health

Basic Communication Package (BCP): It is highly recommended to integrate MNCH services and nutrition activities to achieve target. "*Amalgamated Communication Objectives*" and "*BCC Communication to Promote Health Risk Management*" should include following to improve antenatal and neonatal/child care:

- Promote knowledge and behavior/practices about iron & folate supplementation in pregnant and lactating mothers
- Promote knowledge about importance of healthy dietary practices/diversified food consumption on mother and child health
- Promote the knowledge and awareness about Infant Young Child Feeding (IYCF) practices
- Promote knowledge and behavior/practices to increase consumption of fortified and supplemented foods (*such as* iodized salt, vitamin A & D fortified oils, iron fortified flour etc.)

- Promote knowledge about age-specific *(frequency, quality & quantity)* complementary foods
- Promote knowledge and behavior about dietary, hygiene & sanitation practices *(particularly hand-washing with soap)* during diarrhea
- Promote knowledge about prevention and management of ***Hypertension*** and ***Diabetes mellitus*** in pregnancy
- Promote behavior about continuing to feed regular food during illness
- Promote behavior to enable nutrition-friendly environment at school canteens/work-sites
- Promote knowledge about sign & symptoms of malnutrition and behavior to seek health care (MMS/RUTF from OTPs or SCs)

ACTIVITY-3.1.4: Develop, pre-test, and finalize of Targeted / Advanced Communication Package (T/ACP) for adolescent, pregnant and lactating women (PLW) and under 5 children

Sub-Activity-3.1.3.1: *Design interventions based on using modern technologies for reaching adolescents*

Sub-Activity-3.1.3.2: *Develop BCC focusing on husbands, mothers-in-law, and decision makers*

	Key Interventions
Adolescent Health	– Raise awareness among adolescents of available services – Provide clear and accurate technical information on web sites *(Proposed Health & Nutrition E-care web-portal)* – Provide capacity building to community workers (LHWs & CHWs) to facilitate counselling of adolescents on various issues – Train health providers and peer educators in counselling skills and sensitize them to adolescent perspectives and empathetic attitudes – Prepare and distribute a simple guide to help parents talk to adolescents about Reproductive health, FP, MHM, nutrition – Arrange for health experts to go on radio programs to talk about reproductive health, FP, MHM, nutrition – Conduct awareness seminars in schools/colleges to provide education and discussions on adolescent health issues – Advocacy with Government and NGOs to provide more adolescents and youth friendly services/corners with standard package of health services, possibly with especial hours, assured privacy, friendly and competent counselling – Implement more effective RH classes/discussions and activities in schools and communities – NGOs to expand peer to peer education and counselling on Reproductive health, FP, MHM, nutrition issues

Maternal Health	– Build the capacity of providers to counsel more effectively on FP and during ANC – Provide job aids to support this and reminder materials to facilitate adherence at home – Encourage health facility staff to hold more community discussions on MH issues and recommendations – Promote girls' health and nutrition, FP and ANC through print, electronic and interpersonal messages – Community mobilization – Promote male involvement in maternal issues – Provide more FP services that are accessible to adolescents – Encourage mother to make early postpartum (PNC) visit – Introduce the Community Champions initiative
Antenatal Care (ANC)	– Advocate to policy makers for increased number of centres providing MNCH/SBA services – Promote attendance to ANC services and facility deliveries among pregnant women via mass media and community meetings and events – Promote sleeping under Insecticide-treated Nets (ITNs) by pregnant mothers, mothers and their babies/children – Promote birth preparedness among couples Promote family, friends and community involvement in ensuring that expectant mothers are taken to nearest health facility for delivery – Arrange for health experts to go on radio programs to talk about recommendations for pregnancy and childbirth – Provide reminder materials or SMS messages to pregnant mothers for actions they need to take at home (daily iron, folic supplements, sleep under insecticidal net, malaria medicine) and for ANC visits – Teach pregnancy and delivery danger signs CMWs, LHVs, & TBAs. – Ensure SBAs in communities where they do not exist and ensure their functionality – Increased and improved ANC services, including capacity-building and supportive supervision of providers,
Postnatal and New-born Care	– Advocate for increased and improved postnatal services – Advocate for increased and accessible FP services as close to the family as possible – Promote attendance to postnatal clinics among mothers – Promote sleeping under insecticidal net by mothers and their babies – Promote family, friends and community involvement in ensuring that all women who have given birth go to nearest health facility for postnatal care

	– Promote usage of existing FP methods among the rural semi illiterate and young women – Promote involvement of male spouses and family members in planning and enforcing uptake of postnatal care services – Encourage community leaders and groups to organize emergency transportation – Ensure SBAs in communities where they do not exist and ensure they are functional
Child Health	– Introduce CHWs (LHWs &CMWs), LHVs to hold community meeting to discuss safe water and diarrheal diseases – Encourage community leaders (UC level) and groups to water and sanitation days – Establish water and sanitation committees in the community – Use radio programs to reach community with information on diarrhea and the importance of sanitation and good hygiene – Counselling of mother/ house elders to ensure safe play spaces for children – Promote awareness to reduce in household air pollution (smoke, dust, etc.)

ACTIVITY-3.1.5: Implement information / awareness / advocacy campaigns through mobilization of health facility and community health workers (LHVs, LHWs) as well as print, electronic, and social media.

Sub-Activity-3.1.5.1: *Print and distribute booklets and IEC materials to Pregnant and lactating mothers*

Sub-Activity-3.1.5.2: *Counselling of pregnant and lactating mothers about healthy dietary habits, diet diversification, personal hygiene, IYCF practices, and breast feeding etc.*

Sub-Activity-3.1.5.3: *Develop and disseminate messages about the consumption of an adequate diversified diet through the promotion of locally available food rich in iron and vitamin A with improved care and practices for Maternal, Infant and Young Child Nutrition (MIYCN)*

Sub-Activity-3.1.5.4: *Pre-marital counseling of adolescent girl WASH and Menstrual Hygiene Management (MHM)*

Sub-Activity-3.1.5.5: *Demand Generation of fortified foods through Lady Health Workers*

Outreach workers (LHWs) shall be trained to establish health communities in their catchment areas with strong linkages with Primary Care Management Committees (PCMCs) of the facility for ensuring both mobilization and participation of the community in achieving health outcomes. These committees shall have regular monthly meetings, the record and follow-up of which shall be maintained by the LHWs.

Community sessions at the village level by social organizers and SHNS to enhance acceptance of CMWs and trust on public sector facilities.

Socio-cultural beliefs and misperception have a tremendous role in devising behavior and practices of the population. Strong evidence-based advocacy and social mobilization can play a very important role to overcome this issue. Poor health practices of the community can only be changed if proper communication strategies and social mobilization will be carried out at the community level. Community based workers need support to build linkages with the community and social organizers of the IRMNCH & Nutrition program has a very critical role in this regard. It has been proven with evidence that wherever proper social mobilization campaign was carried out, results were achieved up to the entire satisfaction. Gender disparities have reflected in poor women and newborn health. Strategies to enhance women empowerment and their role in decision making need to be adapted. There is also dire need to coordinate with other sectors like education and social welfare and to develop linkages and partnerships with local NGOs and civil society organization. Role of community support group has been proven very effective and it is clear from literature review of different countries.

Key Interventions:

- Adaption/adaptation of uniform communication messages relevant to IRMNCH & N P and their notification
- Notification of provincial and district level communication core group along with TORs involving LHWs Program and other stakeholders like PWD, Nutrition and EPI
- Development of provincial and district level communication plans
- Regular social mobilization and advocacy sessions at the provincial, district, tehsil and UC level according to plan
- Seminars and workshops at provincial and district level
- Health Melas at Health Facilities in coordination with donor partners
- Sharing of Progress of the program with CEO (H) and other stakeholders on monthly basis.
- Dissemination of IRMNCH & N P messages using print and electronic media like local newspapers, cable, FM radio etc.
- Street theatres and announcement with drum beating
- Deployment of CMWs after passing Technical Evaluation by the District Evaluation Committee (DEC) on working protocols and holding of Deployment Ceremony at district level
- Introduction of newly deployed CMWs & LHWs through ceremony in community by District Authorities
- Development of Provincial and District Communication Strategies
- Capacity building of IRMNCH & N Program field staff on communication skills

ACTIVITY-3.1.7: Encourage commercialization of specialized nutrition support (MMS, Wawamum & Mamta) in urban area

The IRMNCH & Nutrition Program will encourage and provide non-financial support in commercialization of specialized nutrition support / ready to use supplementary or therapeutic foods (MMS, LNS, Wawamum, Achamum, etc.) in urban area to increase the equitable access.

LEVEL-3.2: DEVELOPMENT OF HEALTH AND NUTRITION E-CARE PORTAL TO INCREASE EQUITABLE ACCESS TO NUTRITIONAL INFORMATION AND SERVICES

ACTIVITY-3.2.1: Development of website offering Health & Nutrition related information and online nutritional assessment tools

ACTIVITY-3.2.2: Development of Android Apps for various health & nutrition information and assessment services

Highly increasing malnutrition prevalence mainly caused by dietary behavior and food selection. While , lack of information and knowledge about foods and nutrition might play a part, motivation to change is likely to be much more important. Food choice is influenced by many interrelating factors and need to be taken into account when considering dietary interventions. Moreover, in many cases, people lack motivation to change. The 'Nutrition e-Care Portal' will be a possible means for trying to address various motivational, informational and services issues.

Key Component of e-Care Portal

- Easily access to nutritional, sanitation and hygiene related informative material
  - *Nutritional Guideline regarding 'Nutrition throughout the life-cycle'*
  - *Articles on hot topics*
  - *Video messages*
  - *Blogs*
  - *Community + Experts chat rooms*
  - *News/Letters*

- Nutritional Assessment (primarily on the base of anthropometric measurements)
  - *Maintain record/history of each family member*
  - *Growth chart for children*
  - *Email and SMS-Based Alert: If any person falls in risk factor or Nutrition deficiency*

- Diet plan of each individual according to nutritional assessment *(according to energy requirements and food guide pyramid)*

- Email and SMS-Based nutritional services on daily/weekly basis
  - *Daily food consumption guidelines (according to Diet Plan of each individual)*

- *Food Purchasing Guidelines:*
    - *List of foods to be purchased (from each food group) and quantity for whole family according to budget limit*
    - *Variety of foods from each group with same price (such as 3-4 vegetable with prices for choice selection): moreover, food will be varied according to season*
- Tips: for nutritional & basic health care

- Recipes for each age-group and diseased person

STRATEGIC AREA-4: RESEARCH AND DEVELOPMENT (INNOVATIONS AND PILOTING OF NEW INITIATIVES AND EVIDENCE GENERATION)

LEVEL-4.1: STRENGTHENING RESEARCH AND DEVELOPMENT

ACTIVITY-4.1.1: Establishment of Research & Development Unit at PMU-level

The Nutrition Component of the Programme will be augmented by establishing a "Research & Development Unit" at PMU-level to conduct operations research to find gaps and opportunities to build capacity. Human Resource associated with research and development will be hired. The "Research & Development Unit" will conduct some formative research to look into the traditional beliefs, taboos and traditions that are common in Punjab around the issues and causes of maternal and child under-nutrition. The research should investigate into the basic and underlying causes behind prevailing maternal and child feeding and caring practices, diseases and health issues. This will facilitate the development of appropriate behavior change and communication packages, will guide the training and institutional capacity development efforts and will provide evidence-based recommendations for inclusions / exclusions of facilities & policy making, and to improve existing protocols / practices.

ACTIVITY-4.1.2: Offer 6-months exclusive Public Health & Nutrition Training Program at District and/or PMU-level

The "Research & Development Unit" of IRMNCH & Nutrition Program will offer 6-months exclusive trainings and internship programs two time a year at district and/or PMU level. The internship / training program will be offered to students / professional of Nutrition & Dietetics, Food & Nutrition, Public Health Nutrition, MBBS and Mass-Communication.

ACTIVITY-4.1.3: Collaborate with the Academic, Clinical and INGO/NGO in research sectors

The program will collaborate with the academic, clinical and INGO/NGO in research sectors to conduct operation research regarding maternal and child under-nutrition. Moreover, the program shall engage public health professionals in different disciplines (Health Communication Specialists, Research & Development Specialists etc.,)

- Contracting specialists on regular basis.
- Engaging public sector specialists on need basis.
- Engaging private sector specialists on need basis.
- Appointment of postgraduate (PG) trainees on rotation basis.

LEVEL-4.2: CONDUCT OPERATIONAL RESEARCH AND PILOTING OF NEW INITIATIVES FOR EVIDENCE GENERATION

ACTIVITY-4.2.1: Conduct operational research on programme management of low coverage or underutilized interventions
ACTIVITY-4.2.2: Piloting of new initiatives for evidence generation

The "Research & Development Unit" of IRMNCH & Nutrition Program in collaboration with the Academia, Clinical Practitioners and INGOs/NGOs will conduct operational research and piloting of new initiatives for evidence generation. The piloting of new initiatives in some districts/areas are proposed in above strategic areas. Moreover, some proposed research areas (not limited to these) are given as below:

- IFA supplementation Program: effectiveness, gaps, opportunities
- Evaluation of the effectiveness of various interventions in linear growth (stunting) and cognitive behavior (IQ level)
- Effect of RUTF on dietary habits of children
- Study on relapse rate, compliance with RUTF intake
- Assessment of System for counseling of mother / child; practices regarding RUTF intake and BF
- Pilot study of nutrition-specific (specialized nutrition support) intervention for maternal and child health
- Service-seeking behavior of people and their perceptions (in remote areas)

6.2 SECTORAL SPECIFIC INFORMATION:

attached

Background

International Perspective

After years of neglect, stunting has now been identified as a major global health priority and ambitious World Health Assembly have endorsed global targets and committed to reduce stunting by 40% in children under-5 between 2010 and 2025 (World Health Organization). The MNCH commitments in MDGs have now been incorporated and further accentuated in the Sustainable Development Goals (SDGs). SDG-2 is "to End Hunger, achieve Food Security and Improve Nutrition and Promote Sustainable Agriculture". Pakistan is obligated to fulfill a number of International commitments being signatory to international declarations and conventions including Millennium Summit 2000[1]; World Summit for Children[2]; the Programme of Action agreed at the International Conference on Population and Development; the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women[3]; the Economic & Social Council (ECOSOC) UN Ministerial Review on Global Health[4]; United Nations General Assembly (UNGA)[5] and the International Human Rights Council[6].

Situation in Pakistan

Pakistan is the world's sixth most populated country. The country's population has increased by 57 percent between 1998 and 2017 (latest census), totaling 207.8 million in 2017.[7] Sixty percent of the population is younger than 30 years and nearly one-third is living in multidimensional poverty. Projections estimate the population to rise to 250 million by 2030[8], putting additional stress on Pakistan's economy, society, and environment. To meet the needs of its rapidly growing and urbanizing population, the country requires continued strong economic growth of 6-10 percent annually.

Pakistan possesses considerable potential for economic development but continues to struggle with inequality and the provision of opportunities to its population, an estimated 64% of which are under the age of 30. According to the UNDP Human Development Report 2021-22, Pakistan falls in the "low HDI countries" and ranks 165 out of 191 countries, representing a decline of two places since 2019. The World Bank has estimated that poverty in Pakistan has increased from 4.4 per cent to 5.4 per cent in 2020, as over two million people have fallen below the poverty line[9].

The country's Gini Index score for 2018 was estimated to be 29.6[10], implying that levels of inequality were slightly lower than the global average. Nonetheless, huge disparities remain in terms of gender equality, particularly as women's labor force participation is the lowest in the region at an estimated 22% in 2020. This is reflected Pakistan's ranking of 154 out of 156 countries on the Gender Inequality Index in 2019. The persistent exclusion of women from public life in Pakistan is also reflected in relatively low representation in the state apparatus and electoral politics. Inequality is also correlated with Pakistan's internal geography, with major

[1] Commitment to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women
[2] Commitment to improve the well-being of children worldwide
[3] Commitment towards reproductive health rights of women
[4] Strengthening the commitments made at the International Conference for Population & Development (ICPD) and Millennium Summit
[5] Side session on 'Healthy Women, Healthy Children: Investing in Our Common Future'
[6] Recent adaption of specific resolution on maternal mortality
[7] Pakistan Bureau of Statistics, 6th Population and Housing Census, 2017
[8] Pakistan One United Nations Program III (OP III) 2018-2022.
[9] https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf
[10] https://data.worldbank.org/indicator/SI.POV.GINI?locations=PK

cities being wealthier than the countryside, and the provinces of Punjab and KP having higher levels of development than Sindh and Balochistan. Further, levels of inequality and poverty have been exacerbated by the COVID-19 pandemic.

The National Development Vision and Agenda 2030 for Sustainable Development Pakistan's Government elaborates an aspiring and ambitious national development plan and vision. The Pakistan 2025: One Nation – One Vision proposes economic prosperity through a roadmap that is linked to the Agenda 2030 for Sustainable Development and the Sustainable Development Goals (SDGs) and the Government of Pakistan places great importance on meeting the SDG targets. Identifying human and social capital as key drivers to reach its goal, the first pillar of Vision 2025 is 'People First' along with other six pillars: Growth, Governance, Security, Entrepreneurship, Knowledge Economy, and Connectivity.

The most recent National Nutrition Survey[11] conducted in 2018 presented some alarming trends in malnutrition in Pakistan. The prevalence of wasting (acute malnutrition) has gradually increased in Pakistan from 11% in 1965 to 17.7% of children under five years of age are estimated to be affected (a total of 4.9 million children). The prevalence rate is beyond the global emergency threshold of 15%. Lowest rates were observed in 1997 (8.6%). The prevalence of stunting has been persistently high in Pakistan for over 50 years, with only a slight improvement seen in the 2018, where 40.2% of the children under five years of age were estimated to be affected (representing a total of almost 11.5 million children). Stunting rates were highest in 1965 (48%) and lowest in 1990-94 (36.3%). The rate of anemia in children under five years also remains high, increasing from 50.9% in 2011 to 53.9% in 2018 (a total of 14.94 million children).

The Pakistan Stunting Reduction Policy Brief[12] summarizes progress made in key sectors identified in an evidence-based roadmap for improving undernutrition.The brief considers that significant progress has been made in the following areas: coordination support and monitoring; Reproductive Health counselling and reducing high-risk pregnancies and in improving living conditions, especially Water Sanitation and Hygiene (WASH). The brief reports that less progress has been made with relation to improving complementary feeding, dietary diversity and micronutrient supplementation, improving Food Security for marginalized populations, improving education access and outcomes for girls and addressing gender disparities and empowering girls and women.

Post Devolution Scenario

The 18th Constitutional Amendment provided strategic opportunities as well as fiscal space to the provinces so that they can devise evidence-based, contextual approaches towards health issues within the province and define their own priorities and targets. Health Department, Punjab developed **Punjab Health Sector Strategy** (PHSS) 2014-20 which provides strategic direction to the government of Punjab and aims at maximizing health outcomes by developing vibrant policies and launching initiatives in

[11] National Nutrition Survey 2018, Research on the state of nutrition on the country. GoP, MNSHR&C in collaboration with UNICEF. Available at: National Nutrition Survey 2018 - Full Report (3 Volumes) & Key Findings Report | UNICEF Pakistan

[12] PNNCC 2019

alignment with multi-sectoral strategies and programs such as the **Punjab Growth Strategy** and Punjab Multi sectoral Nutrition Strategy.

Commitment & initiatives of Government of The Punjab on stunting reduction

According to this International Commitment Improvement of Nutrition Indicators is Prime responsibility of Government of Punjab. Nutrition interventions for children under-five are fragmented and there are large disparities within the province, and in the absence of targeted investment they are likely to remain as such. Recognizing the need of addressing malnutrition as a top priority, since recent past, efforts are underway at P&D department to focus on nutrition across sectors (policy notes) which are yet to be implemented. Moreover, a number of opportunities are also being paved by the Government of Punjab (GoPb) such as the health sector plan 2020, a health chapter in the growth strategy with commitment to reduce prevalence of underweight and very recently a province specific "Multi Sectoral Nutrition Strategy (MSNS)" and a "Stunting Reduction Framework" encompassing strategies from all the relevant departments and sectors are also developed to organize and roll out a program that will focus on improving stunting and nutrition status in the province; this new program to be called Chief Ministers' Program for Stunting Reduction– Punjab with the goal "to reduce the stunting rate by reducing from current 33.5% to 27.5% by end of 2021 (1.5% per annum) and further reducing it to 14% by 2030".

Consequences / impact of Stunting

Stunting (also refer to linear growth failure) is the most prevalent form of undernutrition in childhood around the world. Although, stunting rates dropped in last decade but about 155 million children (<5 years of age) are still *stunted*, with a height-for-age Z-score (HAZ) below −2, but a larger number of children with HAZ >−2 still have inadequate linear growth and are therefore experiencing *stunting* (Prendergast and Humphrey, 2014; UNICEF-WHO-World Bank, 2015). Undernutrition underlies 45% of all child deaths among children under 5 years of age, although mortality has been described as the 'tip of the iceberg' of malnutrition. Stunting, underweight and wasting frequently co-exist and children with multiple measures of anthropometric failure have a compounded risk of morbidity and mortality (Nandy et al., 2005). For example, analysis of data on 53,767 children in Africa, Asia and Latin America demonstrated that mortality in those who were stunted and underweight was more than three times greater than in well nourished children; this risk rose to >12-fold in children who were stunted, underweight and wasted (McDonald et al., 2013). Moreover, stunting more pervasively hinders developmental potential and human capital of entire societies due to its longer-term impact on neurodevelopmental, cognitive function, elevated risk of chronic disease in adulthood and economic productivity; it is therefore considered the best surrogate marker of child health inequalities (de Onis and Branca, 2016).

Stunting in Punjab

Punjab is the largest and most populous province of the country and plays an imperative role in the economy of Pakistan. Despite the major contribution (about 68%) to the annual food grain production in Pakistan, the food security and malnutrition indicators present a dismal picture. According to the According to latest MICS 2018, acute malnutrition has decline to 7.5% from 17.5% (2014) while stunting is 31% as compared to 33.5% in 2014.

Though stunting and wasting on average has shown a decline in Punjab, some districts of Punjab have extremely high levels of stunting and are amongst the worst ranked districts of the country. However,

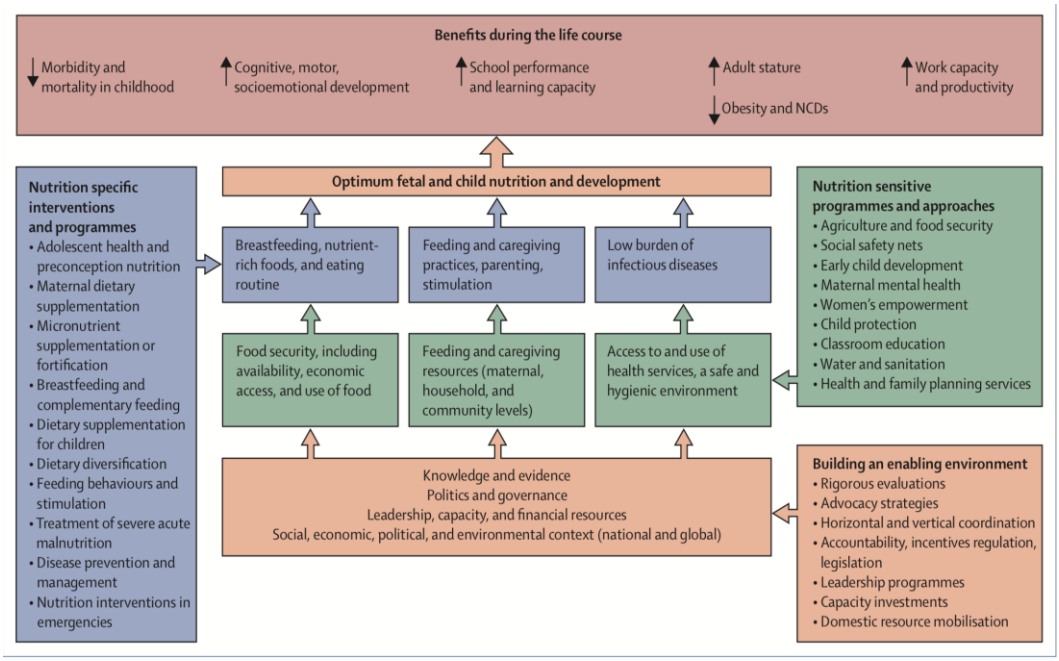
the decline is not sufficient enough to achieve a productive youth, improved economy and fullfil national and international commitments. Therefore, the concerted efforts are required to continue to provide impetus for desired goal. The Government of Punjab has taken up the issue of addressing malnutrition seriously and comprehensively with a commitment to reduce the prevalence of stunting and wasting (particularly in southern districts of Punjab) in the province. "Chief Minister Stunting Reduction Program" aims at reducing stunting and malnourishment.

The Current Proposed Project (Chief Minister's Stunting Reduction Program for all Districts of Punjab

Nutrition case studies in Pakistan and countries of similar demographics show how Nutritional interventions can be used effectively to prevent 20–30% of all maternal deaths, 20–21% of newborn deaths, and 29–40% of all post neonatal deaths in children aged less than 5 years (Bhutta et al., 2008). Keeping in view the commitment of ambitious Government of the Punjab towards the effective/efficient implementation of "**Stunting Reduction Framework**" a separate WB funded Project was executed from June-2016 to July-2018 under IRMNCH &N Program for undertaking nutrition interventions to achieve following visions.

- Vision of Health Department Punjab has been "Healthy population with a sound health care delivery which is effective, efficient and responsive to the needs of the population, especially for the poor, marginalized and vulnerable groups such as women and children'
- Operationalize Stunting Reduction Framework, Punjab Growth Strategy, Punjab Health Sector Strategy and Punjab Multi Sector Nutrition strategy, Health Department is committed to play its vital role in order to meet the Health Needs of the Underserved Population
- For Implementation of MSNS and Stunting Reduction Framework, Health Department has a significant role for providing health and nutrition services. Nutrition Programme (IRMNCH &NP) would also be collaborating with Nutrition cell and SUN Secretariat Based at P&D Department regarding nutrition activities

Figure 1: Framework for Action to achieve optimal fetal and child nutrition and development.



The proposed PC-1 (Chief Minister Stunting Reduction Program) under IRMNCH & Nutrition Program tends to offer the extended and focused/targeted approach to combat the high prevalence of malnutrition in Punjab. To support the nutritional commodities/activities/services of integrated IRMNCH & Nutrition Program has been calculated Rs. 8.993 Billion. If the Proposed Project is not implemented all the gains through constructive efforts made by IRMNCH & Nutrition Program and "Stunting Reduction Framework" shall not be sustainable and all efforts done so far will go wasted.

7. CAPITAL COST ESTIMATES:

Financial Components: Revenue
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4206
Grant Number: Development Revenue - (PC22036)
LO NO:LO17007586
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
		Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig	Local	Foreig
1	**A01101**-Basic Pay	5.390	0.000	32.883	0.000	40.616	0.000	40.320	0.000	40.320	0.000	45.526	0.000	49.660	0.000	28.340	0.000	28.340	0.000
2	**A01203**-Conveyance Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
3	**A01216**-Qualification Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
4	**A01217**-Medical Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
5	**A01250**-Incentive Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
6	**A01252**-Non Practicing Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

7	**A03202**-Telephone And Trunk Call	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.180	0.000	0.180	0.000
8	**A03203**-Telex, Teleprinter and Fax	0.000	0.000	0.011	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.060	0.000	0.060	0.000
9	**A03204**-Electronic Communication	0.207	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
10	**A03205**-Courier and Pilot Service	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.240	0.000	0.240	0.000
11	**A03407**-Rates and Taxes	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.120	0.000	0.120	0.000
12	**A03506**-Medical Machinary And Technical Equipm	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
13	**A03801**-Training - Domestic	0.445	0.000	0.020	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
14	**A03805**-Travelling Allowance	1.984	0.000	0.197	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.588	0.000	4.800	0.000	4.800	0.000

15	**A03806**-Transportation Of Goods (Govt)	0.000	0.000	1.692	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	6.804	0.000	7.000	0.000	7.000	0.000
16	**A03807**-P.O.L Charges A.Planes H.Coptors S.Car	0.773	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	4.800	0.000	4.800	0.000
17	**A03901**-Stationery	0.284	0.000	0.132	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.000	0.000	1.000	0.000
18	**A03903**-Conference / Seminars / Workshops / Sy	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
19	**A03907**-Advertising and Publicity	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
20	**A03919**-Payments To Others For Service Rendere	0.000	0.000	0.183	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	3.000	0.000	3.000	0.000
21	**A03927**-Purchase of Drug and Medicines	145.258	0.000	0.000	0.000	0.000	0.000	158.320	0.000	297.877	0.000	174.934	0.000	390.179	0.000	219.667	0.000	219.667	0.000

22	**A03938**-Insurance of Aircrafts and Pilots	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
23	**A03970**-Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	212.433	0.000	212.433	0.000
24	**A05270**-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
25	**A09201**-Purchase of Hardware	44.725	0.000	0.661	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	2.000	0.000	2.000	0.000
26	**A09470**-Others	0.000	0.000	0.000	0.000	0.000	0.000	268.000	0.000	161.787	0.000	93.218	0.000	499.998	0.000	0.000	0.000	0.000	0.000
27	**A09501**-Purchase of Transport	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	6.000	0.000	0.000	0.000
28	**A13001**-Transport	0.000	0.000	0.032	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.000	0.000	1.000	0.000
29	**A0121B**-Health Professional Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
30	**A0121N**-Personal Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
31	**A0122P**-Special Healthcare Allowance	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

32	**A05235**-Dha Share From Provincial Retained Amount	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
33	**A0124R**-A0124R - Adhoc Relief Allowance 2022	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		**199.065**	**0.000**	**35.811**	**0.000**	**40.616**	**0.000**	**466.640**	**0.000**	**499.984**	**0.000**	**313.677**	**0.000**	**947.228**	**0.000**	**490.640**	**0.000**	**484.640**	**0.000**

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Revenue
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4206
Grant Number: Development Revenue - (PC22036)
LO NO:LO17007586
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2026-2027		2027-2028		2028-2029		2029-2030		2030-2031	
		Local	**Foreign**	**Local**	**Foreign**	**Local**	**Foreign**	**Local**	**Foreign**	**Local**	**Foreign**
1	**A03970**-Others	703.177	0.000	703.177	0.000	703.177	0.000	703.177	0.000	703.177	0.000
2	**A01101**-Basic Pay	37.440	0.000	37.440	0.000	37.440	0.000	37.440	0.000	37.440	0.000
3	**A03202**-Telephone And Trunk Call	0.180	0.000	0.180	0.000	0.180	0.000	0.180	0.000	0.180	0.000
4	**A03203**-Telex, Teleprinter and Fax	0.060	0.000	0.060	0.000	0.060	0.000	0.060	0.000	0.060	0.000
5	**A03205**-Courier and Pilot Service	0.240	0.000	0.240	0.000	0.240	0.000	0.240	0.000	0.240	0.000
6	**A03407**-Rates and Taxes	0.120	0.000	0.120	0.000	0.120	0.000	0.120	0.000	0.120	0.000

7	**A03506**-Medical Machinary And Technical Equipm	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8	**A03570**-Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
9	**A03801**-Training - Domestic	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
10	**A03805**-Travelling Allowance	4.800	0.000	4.800	0.000	4.800	0.000	4.800	0.000	4.800	0.000
11	**A03806**-Transportation Of Goods (Govt)	5.000	0.000	5.000	0.000	5.000	0.000	5.000	0.000	5.000	0.000
12	**A03807**-P.O.L Charges A.Planes H.Coptors S.Car	4.800	0.000	4.800	0.000	4.800	0.000	4.800	0.000	4.800	0.000
13	**A03901**-Stationery	1.000	0.000	1.000	0.000	1.000	0.000	1.000	0.000	1.000	0.000
14	**A03903**-Conference / Seminars / Workshops / Sy	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
15	**A03919**-Payments To Others For Service Rendere	3.000	0.000	3.000	0.000	3.000	0.000	3.000	0.000	3.000	0.000
16	**A03927**-Purchase of Drug and Medicines	1040.243	0.000	1040.243	0.000	1040.243	0.000	1040.243	0.000	1040.243	0.000
17	**A06470**-Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
18	**A09201**-Purchase of Hardware	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
19	**A09470**-Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
20	**A09501**-Purchase of Transport	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
21	**A13001**-Transport	703.177	0.000	703.177	0.000	703.177	0.000	703.177	0.000	703.177	0.000
Total		**2,503.236**	**0.000**	**2,503.236**	**0.000**	**2,503.236**	**0.000**	**2,503.236**	**0.000**	**2,503.236**	**0.000**

Annual Operating and Maintenance cost after completion of the Project

Sr. #	PIFRA Code	Object Head	Approved	Revised-1	Revised-2
1	A01	Salary	146,624,783	37,440,000	37,440,000
2	A03202	Telephone and Trunk Calls	180,000	180,000	180,000
3	A03203	Telex and Fax	60,000	60,000	60,000
4	A03204	Electronic Communication	3,300,000	-	-
5	A03205	Courier & Pilot Services	240,000	240,000	240,000
6	A03407	Rate & Taxes	120,000	120,000	120,000
7	A03506	Medical Machinery & Technical Equipment	-	-	-
8	A03507	Medical Machinery & Technical Equipment	-	-	-
9	A03801	Domestic Training	11,000,000	-	-
10	A03805	Travelling Allowance	4,800,000	4,800,000	4,800,000
11	A03806	Transportation of Goods	5,000,000	5,000,000	5,000,000
12	A03807	POL	4,800,000	4,800,000	4,800,000
13	A03901	Stationery	1,000,000	1,000,000	1,000,000
14	A03903	Conference/ Seminar & Symposia	14,000,000	-	-
15	A03907	Publicity & Advertisement	58,000,000	-	-
16	A03919	Payment to others for Service Rendered	1,275,520,000	3,000,000	3,000,000
17	A03927	Purchase of Drug & Medicine	1,156,232,269	1,040,242,931	1,040,242,931
18	A03938	Research & Training	2,500,000	-	-
19	A03970	Others (Nutrition Commodities)	-	-	703,176,640
20	A06470	Others (Transfer Grant to HC)	-	-	-
21	A09201	Hardware	-	-	-
22	A09470	Others (Nutrition Commodities)	1,054,884,301	703,176,640	-
23	A09501	Purchase of Transport	-	6,000,000	-
24	A13001	Transport Repair	1,000,000	1,000,000	1,000,000
TOTAL			**3,739,261,352**	**1,807,059,571**	**1,801,059,571**

Annual Operating and Maintenance cost after completion of the Project

Sr. #	PIFRA Code	Object Head	Approved	Revised-1	Revised-2
1	A01	Salary	146,624,783	37,440,000	37,440,000
2	A03202	Telephone and Trunk Calls	180,000	180,000	180,000
3	A03203	Telex and Fax	60,000	60,000	60,000
4	A03204	Electronic Communication	3,300,000	-	-
5	A03205	Courier & Pilot Services	240,000	240,000	240,000
6	A03407	Rate & Taxes	120,000	120,000	120,000
7	A03506	Medical Machinery & Technical Equipment	-	-	-
8	A03507	Medical Machinery & Technical Equipment	-	-	-
9	A03801	Domestic Training	11,000,000	-	-
10	A03805	Travelling Allowance	4,800,000	4,800,000	4,800,000
11	A03806	Transportation of Goods	5,000,000	5,000,000	5,000,000
12	A03807	POL	4,800,000	4,800,000	4,800,000
13	A03901	Stationery	1,000,000	1,000,000	1,000,000
14	A03903	Conference/ Seminar & Symposia	14,000,000	-	-
15	A03907	Publicity & Advertisement	58,000,000	-	-
16	A03919	Payment to others for Service Rendered	1,275,520,000	3,000,000	3,000,000
17	A03927	Purchase of Drug & Medicine	1,156,232,269	1,040,242,931	1,040,242,931
18	A03938	Research & Training	2,500,000	-	-
19	A03970	Others (Nutrition Commodities)	-	-	703,176,640
20	A06470	Others (Transfer Grant to HC)	-	-	-
21	A09201	Hardware	-	-	-
22	A09470	Others (Nutrition Commodities)	1,054,884,301	703,176,640	-
23	A09501	Purchase of Transport	-	6,000,000	-
24	A13001	Transport Repair	1,000,000	1,000,000	1,000,000
TOTAL			**3,739,261,352**	**1,807,059,571**	**1,801,059,571**

9. Demand and Supply Analysis:

The proposed program shall attempt to fulfill the Nutrition needs of the general population in the province through provision of family planning, maternal, newborn and child health care, EmONC services and nutrition services.

The program aims to achieve its objectives through strengthening health system through improving facility based and community based interventions and ensuring community participation at all levels. One of the important aspects that the program plans to address is to restore the trust of communities on public sector health services. The increased utilization of public sector, in turn, shall reduce per capita costs of healthcare delivery, particularly with regard to general health and Nutrition. A major constraint in improving availability and quality of health services is inadequate financial space available for provision of these services. The proposed program shall increase cost-effectiveness and efficiency of health services by increasing their quality and access through synergistic action with the ongoing initiatives.

The distribution of health services is unequal with a majority of skilled health personnel being concentrated in urban areas. This program shall improve the quality, access, affordability and utilization of health services in the rural areas by providing 24/7 EmONC and Nutrition Services at selected BHUs and all RHCs.

The supply side of Nutrition services especially in the public sector is limited due to non-availability of trained human resources, and appropriate equipment, in spite of availability of a vast network of health facilities throughout the province.

Although at present the share of inpidual household's out of pocket expenditure on health care is very high, the total expenditure on health is still below the optimum levels when compared internationally. This can only be improved through infusion of additional resources into health system either through Government expenditures, or alternative financing mechanisms. Given the level and distribution of poverty the need for a Government subsidy essentially remains and therefore the best mechanism would be targeting the subsidy to the poorer part of the population. This would create a healthier population base which has access to higher quality of care. The program targets rural areas and urban slums for provision of subsidized Nutrition services and shall lead to a decreased out of pocket expenditure on health care while providing improved quality of care to the population.

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION:

1. Punjab Development Funds
2. Grants/Results Based Aid from multilateral and bilateral donorshare expected to cover the program.

In addition, TA support from DFID, USAID, UNICEF, WFP, UNFPA, WHO, and other international agencies are also expected.

10.2 FINANCIAL PLAN DEBT INFORMATION:

N/A

10.3 FINANCIAL PLAN GRANT INFORMATION:

The source of funding shall be the Provincial Government (Provincial Development Funds).

Funds may also be available from bilateral & multilateral donors and lending agencies.

This Program shall provide funds directly for the District level activities at the disposal of District Coordinator IRMNCH & NP through respective District Accounts Offices.

10.4 WEIGHT COST OF CAPITAL INFORMATION:

N/A

11. PROJECT BENIFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION:

Considering that health is a basic right of every human being, the program shall improve access to health care to all inpiduals of the society, especially the poor and deprived. Access to primary, reproductive and nutrition health care shall improve health status of communities leading to improvement in the overall quality of life. Improvement in social benefits shall be measured by reduction in:

1. Neonatal Mortality Rate;
2. Maternal Mortality Ratio;
3. Under five mortality Ratio;
4. Wasting and stunting (moderate and severe)

Health and poverty are closely linked with each other; already poor people who are also unhealthy and vice versa. It is envisaged that health status improvements shall enable inpiduals to avail more choices/opportunities that can help in improving quality of their lives like attaining education, competing for better employment opportunities and contributing towards their families and society's betterment, hence enjoying their life.

11.2 ENVIROMENTAL IMPACT ANALYSIS:

Nutrition education which includes sensitization about consumption of food and purchasing behavior that decrease the food loss and waste. Moreover, promotion of breastfeeding ultimately reduce the consumption / production of formula milk, which consequently reduce impact of industry on environment. Regarding health perspective, undernutrition significantly effect immunity and increase the risk of communicable diseases (like TB) that generally leads to spread of infection.

11.3 ECONOMIC ANALYSIS:

Currently, the government is indicating commitment to absorb different interventions as regular function of the public health sector. Malnutrition is still a neglected area and too little has been done to address its causes and serious social, economic, and environment implications. However, recently there has been growing interest in nutrition with stronger political involvement at national and international level leading to significant financial pledges and policy commitments. It is now crucial to turn this momentum into results by ensuring the delivery of pledges and accelerating progress on addressing the challenge of undernutrition.
In addition to impacting health (inclusive social development), all proposed interventions in this PC-1 will have the potential to impact on inclusive economic development, and some, on environmental sustainability.
The program shall be having four major outputs:

1. Improved delivery of maternal, child, family planning and nutrition services under Essential Package of Health Services
2. Improved practices and health seeking behavior for Reproductive, Maternal, New born and Child Health and Nutrition
3. Effective management of the Program at provincial and district level
4. Evidence based decision making through efficient monitoring and evaluation

Please refer to the Logical Framework (Annexure-A) of the Programme which includes indicators for each output along with milestones and targets. Improved health behaviors and ensured access to primary health care services shall not only reduce the suffering at inpidual level but shall also reduce the cost of treatment if preventive measures are taken on time or when treated at an early stage. In the end, investment on treatment of complicated cases shall be decreased and would allow planning for the development projects. It is difficult to put these benefits in figures but their significance cannot be overlooked.
Another feature of the program is to organize communities in such a manner that ensures their active participation in planning, administration and management of health care system in their area. This shall facilitate the functioning of health delivery system on one hand and empowering the communities on the other hand. Moreover, in the process, the organized communities are expected to take other development initiatives to identify and solve their local issues.

Programme shall build capacities of local communities by increasing their awareness regarding health issues and adopting healthy behaviors; of local staff by enhancing their skills and knowledge in health care services provision; of community representatives in planning small projects, administering and managing health services; and district health management teams in management, supervision, target setting & better planning for health care delivery system. Although majority of service providers and management cadre are currently working, but over the programme period efforts would be made to absorb service providers in the Health Department and District Health Office as part of the structural reforms. Indirect employment opportunities shall also emerge related to the management/ organizational functions of the Programme.

The program shall certainly have a positive impact on the environment, with improved reproductive health outcomes. The improved health behaviors shall lead to healthy life styles which are not possible without maintaining self-cleanliness (including hand washing), cleanliness at the household, street and society level. The appropriate disposal of human, liquid and solid wastes shall further help improving the environment. There is enormous amount of hospital waste which is not handled safely and generally leads to spread of killer diseases like hepatitis, etc. The programme shall make sure that, in all health facilities, hospitals and at community level, waste is adequately disposed of through implementation of infection control protocols.

This program is a high priority for the government to make speedy progress on health & nutrition outcomes. Delays in the undertaking shall lead to increased cost in achieving health and nutrition targets. Majority of the interventions in the programme are having very low cost per DALYs provided these are implemented on time. Delay in implementation shall lead to continued high burden of mortality and morbidity and serious cost implications on the households.

11.4 FINANCIAL ANALYSIS:

No direct financial gains are expected from the program. However, reduction in morbidity and mortality in the population, control in population and improvement in nutritional status would lead households to have more resources and spend on improving quality of their lives, better learning on children and health life styles.

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART:

Attached at Annexure-8

12.2 RESULT BASED MONITORING (RBM) INDICATORS:

Attached at Annexure-1

12.3 IMPLEMENTATION PLAN:

Attached at Annexure-8

12.4 M&E PLAN:

Attached at Annexure-7

12.5 RISK MITIGATION PLAN:

Attached at Annexure-3

12.6 PROCUREMENT PLAN:

Attached at Annexure-8

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The ultimate objective for implementation of the programme at operational level shall be through the current

Government structure of the Health Department. The PMU/DMU staff of MNCH Program shall work under the Umbrella of IRMNCH & Nutrition Program which shall be implemented with integrated approach. For all practical purpose three programs shall be implemented under one umbrella. Staff employed for the management of the programme through development budget shall be shifted to recurrent side as part of structural reforms at Provincial and District levels and this process is ongoing. The program management and manpower requirement is discussed in detail in the annexure.

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

N/A

Scheme ID	Scheme Name
01981710057	Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab
01981710057	Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab

15. CERTIFICATE

Focal Person Name: Dr.Khaleel-ur-Rehman
Designation:PD IRMNCH
Email:
Tel. No.:
Fax No:
Address:5-Montogomery Road, Lahore

is to be certified that Project titled "**Chief Minister's Stunting Reduction Program**" is prepared on the asis of instructions provided by the Planning Commission for the preparation PC-I for Social Sector rojects.

Prepared By:-

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

Checked By:-

Director General Health Services
Primary & Secondary Healthcare Department, Punjab

Forwarded By:-

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

Approved By:-

Chairman
Planning & Development Board
Govt. of the Punjab

16. REVISION HISTORY

16.1 ORIGINAL

16.2 REVISION 1

Attached

Need for 1st no cost extension	The program activities are necessary to support IRMNCH & Nutrition Program activities specially to support implementation of nutrition activities. As this PC-1 provide major support in the form of provision of nutrition supplies/commodities and medicines for all the existing treatment sites including Stabilization Centers, Outpatient Therapuitic Program sites. This PC-1 also supports the provision of additional HR required for nutrition services planning and successful implementation. The current PC-1 of CMSRP was approved for the period 2017-21. However, the funding support/allocation against approved cost of activities remained only 15% for the total tenure of the instant PC-1. The continuation of this PC-1 against non allocated amount is essential to carry on nutrition program activities to address the prevailing malnutrition situation in the province. Therefore, the PC-1 scheme with one year no change in approved cost extention is proposed for FY 2021-22.
Need for 2nd no cost extension.	Total funds amounting to Rs. 1940.500 million (22% of the approved cost) had been allocated/ released for the instant scheme during its approved period 2017-22, so program has sufficient savings/funds available against each head. It pertinant to mention here that activities under the PC-I of IRMNCH & N Program (Phase-III), Prime Minister Health Initiative (PMHI) and instant scheme are linked in term of activities & target. The gestation period of IRMNCH & N Program (Phase-III) and PMHI are concluding/closing in FY 2022-23, therefore, to align CMSRP with IRMNCH as well as PMHI, it is requested that the extension in the gestation period of the program for another year i.e 2022-23 may kindly be accorded with no change in approved cost and scope of work of scheme.
Need for 1st Revision	1st revision is required due to following reasons 1. The revision in instant project PC-I is required for extension in gestation period with change in scope of interventions (addition of some while removing others), reduction of HR and change in unit cost for various head to streamline the activities for achievement of outcomes aligned with sustainable developments goals(SDGs).

	2. Regularization of unit rates of already procured items with revision in unit cost of items to be procured keeping error of inflation. 3. Reduction of 106 posts in HR from 166 to 60: a. Only two posts of PMU (which are already filled) are retained. The remaining posts are removed because there is sufficient HR is present under the PMU IRMNCH & NP. b. All 72 posts of DMU removed. As IRMNCH & NP has a well-functioning district management system with 36 DMUs which are already performing execution of this project. Therefore, the DMU under this project is removed. c. Only 58 posts of Nurses already working in SCs are retained with attrition policy. The requirement for Nurses will be met from existing staff of concerned HFs from Non-development side. However, the already hired staff will continue to serve and no new hiring will be made. 4. Following project activities have been deleted: a. The uncovered area activity dropped from the instant scheme as this activity also approved in Punjab Family Planning Program (PFPP) PC-I. b. The training activity dropped and to be fulfilled from development partners. c. The activity regarding strengthening of IT resource (Health Information System for reporting, referral and M&E) has been dropped and to be fulfilled by HISDU. d. The activity regarding strengthening research & development unit has been dropped and to be performed through development partners. e. The activity related to Behavior Change Communication (BCC) has been dropped. f. All the activities related to PHCIP district has been dropped and will be met from PC-I of PHCIP to avoid duplication.

	g. Celebration of breastfeeding and nutrition weeks along with activity of deworming shifted to development partners. h. SC incentive and RUSF dropped as this activity carried out under BISP Nashnunuma Program. i. The anthropometric equipment has been provided by UNICEF therefore the activity has dropped. 5. Following project activities have been added as new scope in line with revised guideline as reflected in national nutrition strategy: a. Addition of Folic Acid, Multivitamin and calcium for pregnant women after replacing IFA for pregnant women. b. Introduction of preventive regime for Anemia in Adolescents.
Need for 2nd Revision	2nd revision is required due to following reasons 1. The revision of instant PC-I is required for extension in gestation period with reduction in scope of interventions i.e, reduction of HR, change of object code on the recommendation of AG Punjab, reduction of procurement as per requirements and change in unit cost for various heads to streamline the activities for achievement of outcomes aligned with sustainable developments goals (SDGs). 2. Regularization of unit rates of already procured items with revision in unit cost of items to be procured including inflation factor. 3. Reduction of 20 posts in HR from 60 to 40: i. Only 02 posts of PMU (which are already filled) are retained. ii. Only 38 posts of Nurses already working in SCs are retained with attrition policy. The requirement for Nurses will be met from existing staff of concerned HFs from non-development side. However, the already hired staff will continue to serve and no new hiring will be made. 4. The object code for payment of nutritional commodities has been changed on the advice of AG Punjab (**Annexure-K**) from A09470 to A03970. 5. Total funds amounting to Rs. 2503.02 million (72% of the 1st Revised cost) had been allocated/ released for the instant scheme during its

	approved period 2017-24, so program has sufficient savings/funds available against each head. 6. The Chief Minister's Stunting Reduction Program (CMSRP) is the only flagship initiative in Punjab targeting malnutrition among children under five, adolescents and PLWs. It aligns with the Sustainable Development Goals (SDGs) and has proven vital in reducing stunting and wasting. While some approved activities are still being implemented, others require further strengthening to achieve desired goals. The program has sufficient savings for extension of two years without enhancement in last approved cost.

18. RELATION WITH OTHER PROJECTS

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		
Inculsion/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 Committiees?	NO		
2b	Is there a provision to ensure representation of women in these committees?	NO		

Annexure-A

Logical Framwork

	Indicator	Baseline	Source	Milestone-1	Milestone-2	Milestone-3	Milestone-4	Milestone-5	Milestone-6	Milestone-7	Target
			(Baseline)	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2026
Goal: Improved health and nutritional status of women, children and newborns with the aim to reduce the overwhelming prevalence of stunting specifically in the Southern Punjab by enhancing coverage and providing access to health and nutrition services to the poor and vulnerable in rural and urban areas.	% of children under five years of age, who are stunted	**33.50%**	MICS-2014	32.00%	34.40%	33.00%	31.00%	30.00%	29.00%	28.00%	**28.00%**
	% of children under five years of age, who are wasted	**17.50%**	MICS-2014	16.50%	7.50%	7.00%	6.00%	5.50%	5.00%	4.50%	**4.50%**
	% of children under five years of age, who are underweight	**33.70%**	MICS-2014	32.50%	21.20%	21.00%	20.50%	20.00%	19.50%	19.00%	**19.00%**
	% of low birth weight babies	**29.40%**	MICS-2014	28%	32.20%	32%	31.50%	31.00%	30.50%	30.00%	**30.00%**
	Maternal Mortality Ratio (MMR)	**178/100,000 LB**	WB, UNFPA, WHO & UNICEF 2015	159/100,000 LB	157/100,000 LB	156/100,000 LB	155/100,000LB	150/100,000LB	146/100,000LB	144/100,000LB	**144/100,000LB**
	Neonatal Mortality Rate (NMR)	**62/1,000 LB**	PDHS 2012-13	55/1,000 LB	41/1,000 LB	40/1,000 LB	39/1,000LB	37/1,000LB	35/1,000LB	33/1,000LB	**33/1,000LB**
	Infant Mortality Rate (IMR)	**75/1,000 LB**	MICS-2014	65/1,000 LB	60/1,000 LB	59/1,000 LB	58/1,000LB	55/1,000LB	52/1,000LB	49/1,000LB	**49/1,000LB**
	Under 5 Mortality Rate	**93/1,000 LB**	MICS-2014	81/1,000 LB	69/1,000 LB	67/1,000 LB	65/1,000 LB	63/1,000 LB	60/1,000 LB	58/1,000 LB	**58/1,000 LB**
Purpose: Increased uptake and utilization of health & nutrition services by the women, children and newborns specifically poor and vulnerable in rural and urban areas to reduce the prevalence of stunting	% of pregnant women attending at least 4 ANC visits	**48%**	MICS-2014	50%	53%	53%	53.5%	54%	54.5%	55%	**55%**
	% of identified SAM children with complications successfully treated at SC	**55%**	EMR/MIS	60%	70%	80%	85%	86%	87%	88%	**88%**
	% of MAM & SAM children identified SAM children enrolled and treated in OTPs	**55%**	EMR/MIS	60%	70%	80%	85%	86%	87%	88%	**88%**
Outcome-2: Improved quality of services delivery and system to achieve universal coverage of essential maternal, new-born, child health (MNCH) and nutrition services	% of children under 5 with diarrhoea treated with Zinc and ORS	**9.70%**	MICS-2014	11%	12.8%	13	15%	17%	19%	21%	**21%**
	% of identified MAM children aged 6-59 months who have received MMS sachets	**80%**	EMR/MIS	85%	90%	95%	96%	96%	96%	96%	**96%**

	Indicator	Baseline	Source	Milestone-1	Milestone-2	Milestone-3	Milestone-4	Milestone-5	Milestone-6	Milestone-7	Target
			(Baseline)	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2026
	% of Pregnant women receiving micro nutrient supplimentation during ANC	**70%**	EMR/MIS	75%	80%	85%	90%	90%	90%	90%	**90%**
	Dewornming of children	**50%**	Nutrition week data	50%	50%	60%	65%	70%	75%	80%	**80%**
	blanket supplimentation	**50%**	Nutrition week data	50%	50%	60%	65%	70%	75%	80%	**80%**
	% of adolescent girls receiving preventive regime for anemia.	-	LHW MIS	-	-	-	-	-	-	40%	**40%**
Outcome-3: Improved practices and health seeking behaviour of women, children and new-borns	% of neonates breast fed within one hour of birth	**10.6%**	MICS 2014	12%	9.5%	16%	18%	19%	20%	21%	**21%**
	% of infants, exclusively breast fed for 0 – 6 months	**16.8%**	MICS 2014	19%	42.1%	43%	44%	45%	46%	47%	**47%**
	% of infants age 6-8 months who received solid, sami solid or soft food	**61.1%**	MICS 2014	62%	61.8%	62%	63%	64%	65%	66%	**66%**
	% of eligible couples using contraceptive	**38.7%**	MICS 2014	40%	34.4%	36%	37%	40%	42%	44%	**44%**

Annexure-B

Outputs Wise Summay of Cost for FY 2017-2026

Sr. #	Outputs	Year-1 (2017-18)			Year-2 (2018-19)			Year-3 (2019-20)			Year-4 (2020-21)			Year-5 (2021-22)		Year-6 (2022-23)		Year-7 (2023-24)		Year-8 (2024-25)	Year-9 (2025-26)	Total (2017-25)			1st Revised vs Approved	2nd Revised vs 1st Revised
		Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	2nd Revised	2nd Revised	Approved	1st Revised	2nd Revised		
1	Output-1: Improved health & nutrition related preventive services	50,691,222	145,257,653	145,257,653	953,747,985	-	-	2,153,985,480	-	-	2,195,996,570	426,320,127	426,320,127	459,664,075	459,664,075	351,110,633	268,151,655	1,743,419,571	890,176,738	432,100,467	432,100,468	**5,354,421,257**	**3,125,772,059**	**3,053,771,183**	(2,228,649,198)	(72,000,876)
2	Output-2: Increased equitable access to community based health & nutrition services	67,250,000	-	-	543,640,000	-	-	699,880,000	-	-	1,266,520,000	-	-	-	-	-	-	-	-	-	-	**2,577,290,000**	-	-	(2,577,290,000)	-
3	Output-3: Improved health & nutrition service delivery at health facilities	8,820,000	-	-	4,000,000	-	-	-	-	-	-	-	-	-	-	-	-	32,400,000	-	-	-	**12,820,000**	**32,400,000**	-	19,580,000	(32,400,000)
4	Output-4: Increased demand and uptake of health & nutrition services	7,560,000	-	-	15,120,000	-	-	15,120,000	-	-	15,120,000	-	-	-	-	-	-	-	-	-	-	**52,920,000**	-	-	(52,920,000)	-
5	Output-5: Improved capacity and strengthened human	92,150,000	8,916,535	8,916,535	147,293,000	35,810,826	35,810,826	214,842,650	40,615,743	40,615,743	177,824,783	40,320,000	40,320,000	40,320,000	40,320,000	43,615,676	45,525,744	65,640,000	57,050,808	58,540,000	52,540,000	**632,110,433**	**275,238,780**	**379,639,656**	(356,871,653)	104,400,876

	resources for health & nutrition																								
6	Output-6: Increased health and nutrition knowledge and awareness	60,300,000	206,819	206,819	78,300,000	-	-	68,300,000	-	-	68,300,000	-	-	-	-	-	-	-	-	-	-	**275,200,000**	**206,819**	**206,819**	(274,993,181)	-
7	Output-7: Improved health information systems for reporting, referral, and M&E	58,040,000	44,683,515	44,683,515	3,000,000	-	-	3,000,000	-	-	13,000,000	-	-	-	-	-	-	-	-	-	-	**77,040,000**	**44,683,515**	**44,683,515**	(32,356,485)	-
8	Output-8: Strengthened research development for health & nutrition	3,500,000	-	-	2,500,000	-	-	2,500,000	-	-	2,500,000	-	-	-	-	-	-	-	-	-	-	**11,000,000**	**-**	**-**	(11,000,000)	-
Grand Total Cost		**348,311,222**	**199,064,522**	**199,064,522**	**1,747,600,985**	**35,810,826**	**35,810,826**	**3,157,628,130**	**40,615,743**	**40,615,743**	**3,739,261,352**	**466,640,127**	**466,640,127**	**499,984,075**	**499,984,075**	**394,726,309**	**313,677,399**	**1,841,459,571**	**947,227,546**	**490,640,467**	**484,640,468**	**8,992,801,689**	**3,478,301,173**	**3,478,301,173**	**(5,514,500,516)**	**0**

Input Wise Cost Estimate Summay under PIFRA Coding for FY 2017-2026

Sr. #	PIFRA Code	Object Head	Year-1 (2017-18)			Year-2 (2018-19)			Year-3 (2019-20)			Year-4 (2020-21)			Year-5 (2021-22)		Year-6 (2022-23)		Year-7 (2023-24)		Year-8 (2024-25)	Year-9 (2025-26)	Total (2017-25)			1st Revised vs Approved	2nd Revised vs 1st Revised
			Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	2nd Revised	3rd Revised	Approved	1st Revised	2nd Revised		
1	A01	Salary	63,330,000	5,389,765	5,389,765	132,993,000	32,882,808	32,882,808	139,642,650	40,615,743	40,615,743	146,624,783	40,320,000	40,320,000	40,320,000	40,320,000	43,615,676	45,525,744	37,440,000	49,659,654	28,340,000	28,340,000	**482,590,433**	**240,583,992**	**311,393,714**	**-242,006,441**	**70,809,722**
2	A03202	Telephone and Trunk Calls	-	-	-	180,000	-	-	180,000	-	-	180,000	-	-	-	-	-	-	180,000	-	180,000	180,000	**540,000**	**180,000**	**360,000**	**-360,000**	**180,000**
3	A03203	Telex and Fax	60,000	-	-	60,000	10,787	10,787	60,000	-	-	60,000	-	-	-	-	-	-	60,000	-	60,000	60,000	**240,000**	**70,787**	**130,787**	**-169,213**	**60,000**
4	A03204	Electronic Communication	4,300,000	206,819	206,819	3,300,000	-	-	3,300,000	-	-	3,300,000	-	-	-	-	-	-	-	-	-	-	**14,200,000**	**206,819**	**206,819**	**-13,993,181**	**0**
5	A03205	Courier & Pilot Services	240,000	-	-	240,000	-	-	240,000	-	-	240,000	-	-	-	-	-	-	240,000	-	240,000	240,000	**960,000**	**240,000**	**480,000**	**-720,000**	**240,000**
6	A03407	Rate & Taxes	120,000	-	-	120,000	-	-	120,000	-	-	120,000	-	-	-	-	-	-	120,000	-	120,000	120,000	**480,000**	**120,000**	**240,000**	**-360,000**	**120,000**
7	A03506	Medical Machinery & Technical Equipment	-	-	-	4,000,000	-	-	-	-	-	-	-	-	-	-	-	-	18,900,000	-	-	-	**4,000,000**	**18,900,000**	**0**	**14,900,000**	**-18,900,000**
8	A03507	Medical Machinery & Technical Equipment	8,820,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**8,820,000**	**0**	**0**	**-8,820,000**	**0**
9	A03801	Domestic Training	600,000	444,924	444,924	900,000	19,655	19,655	55,000,000	-	-	11,000,000	-	-	-	-	-	-	-	-	-	-	**67,500,000**	**464,579**	**464,579**	**-67,035,421**	**0**
10	A03805	Travelling Allowance	-	1,983,962	1,983,962	4,800,000	197,256	197,256	4,800,000	-	-	4,800,000	-	-	-	-	-	-	4,800,000	587,595	4,800,000	4,800,000	**14,400,000**	**6,981,218**	**12,368,813**	**-7,418,782**	**5,387,595**
11	A03806	Transportation of Goods	-	-	-	2,000,000	1,692,374	1,692,374	5,000,000	-	-	5,000,000	-	-	-	-	-	-	5,000,000	6,803,559	7,000,000	7,000,000	**12,000,000**	**6,692,374**	**22,495,933**	**-5,307,626**	**15,803,559**
12	A03807	POL	-	772,926	772,926	-	-	-	4,800,000	-	-	4,800,000	-	-	-	-	-	-	4,800,000	-	4,800,000	4,800,000	**9,600,000**	**5,572,926**	**10,372,926**	**-4,027,074**	**4,800,000**
13	A03901	Stationery	1,000,000	283,658	283,658	1,000,000	131,965	131,965	1,000,000	-	-	1,000,000	-	-	-	-	-	-	1,000,000	-	1,000,000	1,000,000	**4,000,000**	**1,415,623**	**2,415,623**	**-2,584,377**	**1,000,000**
14	A03903	Conference/ Seminar & Symposia	12,000,000	-	-	14,000,000	-	-	14,000,000	-	-	14,000,000	-	-	-	-	-	-	-	-	-	-	**54,000,000**	**0**	**0**	**-54,000,000**	**0**

15	A03907	Publicity & Advertisement	38,000,000	-	-	58,000,000	-	-	58,000,000	-	-	58,000,000	-	-	-	-	-	-	-	-	-	-	**212,000,000**	**0**	**0**	**-212,000,000**	**0**
16	A03919	Payment to others for Service Rendered	89,250,000	-	-	552,640,000	183,391	183,391	698,880,000	-	-	1,275,520,000	-	-	-	-	-	-	3,000,000	-	3,000,000	3,000,000	**2,616,290,000**	**3,183,391**	**6,183,391**	**-2,613,106,609**	**3,000,000**
17	A03927	Purchase of Drug & Medicine	24,332,803	145,257,653	145,257,653	900,653,611	-	-	1,133,561,044	-	-	1,156,232,269	158,320,327	158,320,327	297,876,900	297,876,900	257,892,665	174,933,687	1,040,242,931	390,178,936	219,667,263	219,667,263	**3,214,779,727**	**1,899,590,476**	**1,605,902,029**	**-1,315,189,251**	**-293,688,447**
18	A03938	Research & Training	2,500,000	-	-	2,500,000	-	-	2,500,000	-	-	2,500,000	-	-	-	-	-	-	-	-	-	-	**10,000,000**	**0**	**0**	**-10,000,000**	**0**
19	A03970	Others (Nutrition Commodities)																			212,433,204	212,433,205	**0**	**0**	**424,866,409**	**0**	**424,866,409**
20	A06470	Others (Transfer Grant to HC)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,500,000	-	-	-	**0**	**13,500,000**	**0**	**13,500,000**	**-13,500,000**
21	A09201	Hardware	65,840,000	44,724,815	44,724,815	1,000,000	660,950	660,950	-	-	-	-	-	-	-	-	-	-	2,000,000	-	2,000,000	2,000,000	**66,840,000**	**47,385,765**	**49,385,765**	**-19,454,235**	**2,000,000**
22	A09470	Others (Nutrition Commodities)	33,918,419	-	-	68,214,374	-	-	1,035,544,436	-	-	1,054,884,301	267,999,800	267,999,800	161,787,175	161,787,175	93,217,968	93,217,968	703,176,640	499,997,802	-	-	**2,192,561,530**	**1,226,181,583**	**1,023,002,745**	**-966,379,947**	**-203,178,838**
23	A09501	Purchase of Transport	4,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000,000	-	6,000,000	-	**4,000,000**	**6,000,000**	**6,000,000**	**2,000,000**	**0**
23	A13001	Transport Repair	-	-	-	1,000,000	31,640	31,640	1,000,000	-	-	1,000,000	-	-	-	-	-	-	1,000,000	-	1,000,000	1,000,000	**3,000,000**	**1,031,640**	**2,031,640**	**-1,968,360**	**1,000,000**
TOTAL			**348,311,222**	**199,064,522**	**199,064,522**	**1,747,600,985**	**35,810,826**	**35,810,826**	**3,157,628,130**	**40,615,743**	**40,615,743**	**3,739,261,352**	**466,640,127**	**466,640,127**	**499,984,075**	**499,984,075**	**394,726,309**	**313,677,399**	**1,841,459,571**	**947,227,546**	**490,640,467**	**484,640,468**	**8,992,801,689**	**3,478,301,173**	**3,478,301,173**	**-5,514,500,516**	**0**

Staff Salary (Staff for Nutrition Program)

Sr. #	Designation	Category	Status	No. of Posts			BPS			Salary Per Month**			Year wise Salary - PKR																				Total (2017-25)		
													Year-1 (2017-18)			Year-2 (2018-19)			Year-3 (2019-20)			Year-4 (2020-21)			Year-5 (2021-22)		Year-6 (2022-23)		Year-7 (2023-24)		Year -8 (2024-25)	Year -9 (2025-26)			
				Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	Approved	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	1st Revised	2nd Revised	2nd Revised	3rd Revised	Approved	1st Revised	2nd Revised
Strengthening/Establishment of Provincial Management Unit																																		
1	Director Nutrition	PMU	Contract	1	1	1	Fixed Salary/ BS-19/ 18	Fixed Salary/ BS-19/ 18		500000	500000	500000	3,000,000	0	0	6,300,000	0	0	6,615,000	0	0	6,945,750	0	0	0	0	3,295,676	5,205,744	6,000,000	5,405,868	6,000,000	6,000,000	22,860,750	9,295,676	22,611,612
2	Manager Nutrition	PMU		1	1	1	Fixed Salary/ BS-18/ 17	Fixed Salary/ BS-18/ 17		300000	300000	300000	1,800,000	0	0	3,780,000	0	0	3,969,000	0	0	4,167,450	0	0	0	0	0	0	3,600,000	3,933,786	4,100,000	4,100,000	13,716,450	3,600,000	12,133,786
3	Manager M&E	PMU		1	0	0				200000			1,200,000	0	0	2,520,000	0	0	2,646,000	0	0	2,778,300	0	0	0	0	0	0	0	0	0	0	9,144,300	0	0
4	Data Analyst	PMU		1	0	0	Fixed Salary			80000			480,000	0	0	1,008,000	0	0	1,058,400	0	0	1,111,320	0	0	0	0	0	0	0	0	0	0	3,657,720	0	0
5	Research Associate	PMU		3	0	0				80000			1,440,000	0	0	3,024,000	0	0	3,175,200	0	0	3,333,960	0	0	0	0	0	0	0	0	0	0	10,973,160	0	0
6	Communication Specialist	PMU		1	0	0				200000			1,200,000	0	0	2,520,000	0	0	2,646,000	0	0	2,778,300	0	0	0	0	0	0	0	0	0	0	9,144,300	0	0
7	Graphic Designer /Computer Operator	PMU		1	0	0				75000			450,000	0	0	945,000	0	0	992,250	0	0	1,041,863	0	0	0	0	0	0	0	0	0	0	3,429,113	0	0
8	Drivers	PMU		1	0	0				20000			120,000	0	0	252,000	0	0	264,600	0	0	277,830	0	0	0	0	0	0	0	0	0	0	914,430	0	0
Sub-Total				**10**	**2**	**2**							**9,690,000**	**0**	**0**	**20,349,000**	**0**	**0**	**21,366,450**	**0**	**0**	**22,434,773**	**0**	**0**	**0**	**0**	**3,295,676**	**5,205,744**	**9,600,000**	**9,339,654**	**10,100,000**	**10,100,000**	**73,840,223**	**12,895,676**	**34,745,398**
Strengthening of District Management Unit																																		
9	District Support Health & Nutrition Coordinator	DMU	Contract	36	0	0	Fixed Salary			85000			18,360,000	0	0	38,556,000	0	0	40,483,800	0	0	42,507,990	0	0	0	0			0	0	0	0	139,907,790	0	0
10	Data Analyst	DMU		36	0	0				70000			15,120,000	0	0	31,752,000	0	0	33,339,600	0	0	35,006,580	0	0	0	0			0	0	0	0	115,218,180	0	0

11	Charge Nurse		SC		84	58	38		Fixed Salary	Fixed Salary	40000	40000	40000	20,160,000	5,389,765	5,389,765	42,336,000	32,882,808	32,882,808	44,452,800	40,615,743	40,615,743	46,675,440	40,320,000	40,320,000	40,320,000	40,320,000	40,320,000	40,320,000	27,840,000	40,320,000	18,240,000	18,240,000	153,624,240	227,688,316	276,648,316
Sub-Total					**156**	**58**	**38**							**53,640,000**	**5,389,765**	**5,389,765**	**112,644,000**	**32,882,808**	**32,882,808**	**118,276,200**	**40,615,743**	**40,615,743**	**124,190,010**	**40,320,000**	**40,320,000**	**40,320,000**	**40,320,000**	**40,320,000**	**40,320,000**	**27,840,000**	**40,320,000**	**18,240,000**	**18,240,000**	**408,750,210**	**227,688,316**	**276,648,316**
Total					**166**	**60**	**40**							**63,330,000**	**5,389,765**	**5,389,765**	**132,993,000**	**32,882,808**	**32,882,808**	**139,642,650**	**40,615,743**	**40,615,743**	**146,624,783**	**40,320,000**	**40,320,000**	**40,320,000**	**40,320,000**	**43,615,676**	**45,525,744**	**37,440,000**	**49,659,654**	**28,340,000**	**28,340,000**	**482,590,433**	**240,583,992**	**311,393,714**

Activity Wise Cost for FY 2017-26

Outputs	Activities / Sub activities		PFRA Code	Object Head	Unit Name	No. of Units Approved	No. of Units Revised -1	No. of Units Revised -2	Unit Cost Approved	Unit Cost Revised-1	Unit Cost Revised-2	Period
Output-1: Improved health & nutrition related preventive services	***Introduce nutrition and healthcare preventive and curative package for adolescent girl (screening, counselling, supplementation and treatment)***		--	--								
		Procurement and distribution of IFA to adolescent girl for prevention of Anaemia(Blanket Coverage)	A03927	Purchase of Drug & Medicine	Medicine	-	46,035,792	46,035,792	0.00	1.55	1.55	Annually
		Procurement and distribution of IFA supplementation of adolescent girl for Treatment of Anaemia	A03927	Purchase of Drug & Medicine	Medicine	70,942,731	49,324,074	49,324,074	1.55	1.55	1.55	Annually
	Introduce nutrition and healthcare preventive & curative package for lactating and Pregnant mothers (screening, counselling, and supplementation) for prevention of anaemia and stuntung		--	--								
		Procurement and distribution of LNS to undernourished (MUAC <21cm) / underweight mothers pregnant mothers	A09470	Others (Nutrition Commodities)	Nutrition Commodities	2,563,842	-	-	20.00	0.00	0.00	Annually
		Procurement and distribution of LNS to undernourished (MUAC <21cm) / underweight mothers pregnant mothers	A03970	Others (Nutrition Commodities)	Nutrition Commodities	2,563,842	-	-	20.00	0.00	0.00	Annually
		Procurement and distribution of IFA supplementation of lactating mothers for prevention of Anaemia	A03927	Purchase of Drug & Medicine	Medicine	60,894,944	41,929,838	41,929,838	1.55	1.55	1.55	Annually
		Procurement and distribution of IFA supplementation of Pregnant mothers for prevention of Anaemia	A03927	Purchase of Drug & Medicine	Medicine	210,790,192	-	-	1.55	1.55	1.55	Annually
		Procurement and distribution of MMT/Multivitamins supplementation of Pregnant mothers for prevention of stunting	A03927	Purchase of Drug & Medicine	Medicine	-	81,989,100	81,989,100	0.00	4.00	6.00	Annually
		Procurement and distribution of Folic Acid supplementation of Pregnant mothers for prevention of stunting	A03927	Purchase of Drug & Medicine	Medicine	-	27,329,700	27,329,700	0.00	0.50	1.00	Annually
		Procurement and distribution of calcium & Minerals supplementation of Pregnant mothers for prevention of stunting	A03927	Purchase of Drug & Medicine	Medicine	-	81,989,100	81,989,100	0.00	2.25	4.00	Annually

Implementation of Nutrition and Healthcare Preventive & curative package for children by management of acute malnutrition (both MAM & SAM) through facility- and community based approaches		--	--								
	Blanket coverage of all 6-24 months children by MMS	A09470	Others (Nutrition Commodities)	Nutrition Commodities	262,666,906	26,206,320	26,206,320	2.50	11.00	13.00	Annually
	Blanket coverage of all 6-24 months children by MMS	A03970	Others (Nutrition Commodities)	Nutrition Commodities	262,666,906	26,206,320	26,206,320	2.50	11.00	13.00	Annually
	Procurement and distribution of deworming tablets bi-annual (2-19 Year)	A03927	Purchase of Drug & Medicine	Medicine	42,136,150	-	-	5.00	0.00	0.00	Annually
	Control of diarrhoea and intestinal parasitic infection by provision of Aqua tab/ sachet to household with SAM/MAM (Children aged 6 months – 5 Years)	A03927	Purchase of Drug & Medicine	Medicine	268,579	286,740	286,740	3.00	5.00	5.00	Monthly
	Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years *(Pilot in 1 districts on 1000 children)*	A09470	Others (Nutrition Commodities)	Nutrition Commodities	36,000	36,000	-	20.00	80.00	0.00	Monthly
	Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years *(Pilot in 1 districts on 1000 children)*	A03970	Others (Nutrition Commodities)	Nutrition Commodities	36,000	36,000	-	20.00	80.00	0.00	Monthly
	Provision of RUTFs to SAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	A09470	Others (Nutrition Commodities)	Nutrition Commodities	537,158	286,740	286,740	40.00	85.00	110.00	Monthly
	Provision of RUTFs to SAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	A03970	Others (Nutrition Commodities)	Nutrition Commodities	537,158	286,740	286,740	40.00	85.00	110.00	Monthly
	Provision of MMS to MAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	A09470	Others (Nutrition Commodities)	Nutrition Commodities	797,760	851,760	851,760	2.50	11.00	13.00	Monthly
	Provision of MMS to MAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	A03970	Others (Nutrition Commodities)	Nutrition Commodities	797,760	851,760	851,760	2.50	11.00	13.00	Monthly
	Provision of F-75, F-100 and ReSoMal for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at SCs	A09470	Others (Nutrition Commodities)	Nutrition Commodities	42	40	-	250000	250000	0	Annually
	Provision of F-75, F-100 and ReSoMal for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at SCs	A03970	Others (Nutrition Commodities)	Nutrition Commodities	42	40	-	250,000	250,000	-	Annually
	Procurement and distribution of essential medicines / drugs and other commodities for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at OTPs (Amoxylin + Paracetamol + ORS + Zinc)	A03927	Purchase of Drug & Medicine	Medicine	4,476	4,779	4,779	100	215	215	Monthly

		Nutrition Services under essential package of LHWs (Provision and Distribution of LHWs medicines) (ORS, Syp. Amoxill 125, Syp. Zinc Sulphate, Tab Paracetamol, Syp Paracetamol)										
		ORS for LHWs	A03927	Purchase of Drug & Medicine	Medicine	10,728,000	5,208,000	5,208,000	9.39	16.00	16.00	
		Syp. Amoxill for LHWs	A03927	Purchase of Drug & Medicine	Medicine	3,218,400	-	-	35.00	35.00	35.00	
		Syp. Zinc Sulphate for LHWs	A03927	Purchase of Drug & Medicine	Medicine	5,364,000	2,604,000	2,604,000	19.80	24.00	24.00	
		Tab Paracetamol for LHWs	A03927	Purchase of Drug & Medicine	Medicine	32,184,000	15,624,000	15,624,000	0.75	2.21	2.21	
		Syp. Paracetamol for LHWs	A03927	Purchase of Drug & Medicine	Medicine	3,218,472	1,550,000	1,550,000	35.00	75.00	75.00	
	SUB-TOTAL (OUTPUT-1)											
Output-2: Increased equitable access to community based health & nutrition services	***Increase community based health & nutrition services by reaching the uncovered / unreached populations through LHWs***		--	--								
		CMW Model, INGOs & local NGOs Model, MPHWs Model AND/OR LHWs to cover the uncovered / unreached populations	A03919	Payment to others for Service Rendered	Outsource of Services	7,014	-	-	15,000	-	-	Annually
		Celebration of Health & Nutrition, WASH week on Bi-annual basis in uncovered / unreached areas for delivery of nutrition out reach package including screening/referral counseling, dewormimg, vaccination, nutrition, ANC, PNC etc.	A03903	Conference/ Seminar & Symposia	Outsource of Services	2	-	-	2,000,000	-	-	Bi-annual
	SUB-TOTAL (OUTPUT-2)											
Output-3: Improved health & nutrition service delivery at health facilities	***Establish/extend health and nutrition care facilities***		--	--								
		Cost of equipment for Stabilization Centre	A03506	Medical Machinery & Technical Equipment	Equipment	20	27		200,000	700,000		One time activity
		Branding, repair and maintinance of SCs through Health Councils	A06470	Others (Transfer Grant to HC)	Branding, Repair and Maintinance	-	27		-	500,000		One time activity
		Strengthening of OTP / Health & Nutrition Centers	A03507	Medical Machinery & Technical Equipment	Equipment	441	-		20,000	-		One time activity
	SUB-TOTAL (OUTPUT-3)											

Output-4: Increased demand and uptake of health & nutrition services	***Launch new initiative to increase demand and uptake/utilization of health & nutrition services***		--	--								
		SC Incentive for SAM Children @ Rs.1500/- on Second day of Admission and Rs. 1500/- at the time of discharge.	A09470	Others (Nutrition Commodities)	Nutrition Commodities	5,040	-	-	3000	0	0	Annually
		SC Incentive for SAM Children @ Rs.1500/- on Second day of Admission and Rs. 1500/- at the time of discharge.	A03970	Others (Nutrition Commodities)	Nutrition Commodities	5,040	-	-	3,000	-	-	Monthly
	SUB-TOTAL (OUTPUT-4)											
Output-5: Improved capacity and strengthened human resources for health & nutrition	***Engagements of private health sector to refer malnourished children to OTPs / SCs***		--	--								
		Conduct training of healthcare providers from private sector *(Pilot)*	A03801	Domestic Training	Trainings	500	-	-	3,000	0	0	One time activity
		Conduct training of healthcare providers from public sector	A03801	Domestic Training	Trainings	55,000	500	-	1,000	1,000	1,000	1
	Recruitment at additional positions to strengthen the Human Resource		A01	Salary	Human Resource	166	166	166	--	--	--	--
	Establish Video Conference Rooms at District level		A09201	Hardware	IT Equipment	36	36	36	550,000	550,000	550,000	One time activity
	Operation & Maintenance Cost		A03202	Telephone and Trunk Calls	Operational Cost	1	1	1	15,000	15,000	15,000	12
			A03203	Telex and Fax	Operational Cost	1	1	1	5,000	5,000	5,000	12
			A03205	Courier & Pilot Services	Operational Cost	1	1	1	20,000	20,000	20,000	12
			A03407	Rate & Taxes	Operational Cost	1	1	1	10,000	10,000	10,000	12
			A03805	Travelling Allowance	Monitoring & Evaluation	10	10	10	40,000	40,000	40,000	12
			A03806	Transportation of Goods	Operational Cost	--	--	--	--	--	--	-
			A03807	POL	Operational Cost	10	10	10	40,000	40,000	40,000	12
			A03919	Payment to others for Service Rendered	Rent a car/ Consultant/contigent paid staff	-	-	-	-	0	0	12
			A09201	Hardware	IT Equipment	5	5	5	200,000	200,000	200,000	1
			A03901	Stationery	Operational Cost	--	--	--	--	--	--	-
			A09501	Purchase of Transport	Monitoring & Evaluation	1	1	1	4,000,000	6,000,000	6,000,000	1

			A13001	Transport Repair	Operational Cost	--	--	--	--	--	--	-
	SUB-TOTAL (OUTPUT-5)											
Output-6: Increased health and nutrition knowledge and awareness	***Implement "Communication, Advocacy, and Mobilization (CAM)" to improve health and nutritional status of adolescent, pregnant and lactating women (PLW) and under 5 children***		--	--								
		Cost for development of Basic Communication Package (BCP) and targeted / Advanced Communication Package.	A03919	Payment to others for Service Rendered	BCC	1			10,000,000			One time activity
		Cost of disseminating Basic Communication Package (BCP) on maternal and child health, IYCF, exclusive breast feeding, nutrition and immunization using print and electronic media and radio, social media.	A03907	Publicity & Advertisement	BCC	1			40,000,000			Monthly
		Cost of disseminating Targeted / Advanced Communication Package (T/ACP) for adolescent, pregnant and lactating women (PLW) and under 5 children using advocacy seminars, meetings and events. (District Based Activity)	A03907	Publicity & Advertisement	BCC	1			250,000			Annually
		Printing of IEC Material	A03907	Publicity & Advertisement	BCC	36			250,000			Annually
	Development of Health and Nutrition e-CARE PORTAL to Increase Equitable Access to Nutritional Information and Services		--	--								
		Development of website offering Health & Nutrition related information and online nutritional assessment tools	A03919	Payment to others for Service Rendered	BCC	1			1,000,000			One time activity
		Website Operation Cost (Communication/Internet/Server etc.)	A03204	Electronic Communication	BCC	1						Lumpsum / Monthly
		Health & Nutrition campaign/screening camps in urben-slum	A03903	Conference/ Seminar & Symposia	Events	1			10,000,000			Lumpsum / Annually
	SUB-TOTAL (OUTPUT-6)											
Output-7: Improved health information systems for reporting, referral, and M&E	***CRC – registration of undernourished children (MAM, SAM, Underweight, Stunted), pregnant women***		--	--								
		LHW–CRC–OTP: monitoring, reporting and community engagement through CRC	A03204	Electronic Communication	BCC	1			2,000,000			Lumpsum / Daily
		SMS and Robbo call to household to remind	A03204	Electronic Communication	BCC	1			1,000,000			Lumpsum / Daily
	Introduce E-system (android apps) for recording, reporting and monitoring		--	--								

		Development of monitoring and information management system (online android app and MIS) for recording, reporting and monitoring tools for maternal (ANC, SBA, PNC) and child screening (SAM/MAM, stunted, underweight) at health facilities (24/7, OTPs, and SCs)	A03919	Payment to others for Service Rendered	Outsource of Services	1			5,000,000			One time activity
		Purchase of Android Tablets for online android app and MIS for recording, reporting and monitoring tools at OTPs	A09201	Hardware	IT Equipment	1,126	1,126		40,000	39,683		One time activity
		Develop android app and integrate with management information system for referral case management of children (under 5 years) and new-borns, both outpatients and inpatients	A03919	Payment to others for Service Rendered	Outsource of Services	1			5,000,000			One time activity
	Strengthening monitoring & evaluation system		--	--								
		Conduct internal review/evaluation of CMAM and third party monitoring	A03919	Payment to others for Service Rendered	Outsource of Services	3			10,000,000			One time activity
	SUB-TOTAL (OUTPUT-7)											
Output-8: Strengthened research development for health & nutrition	***Innovations and piloting of new initiatives and evidence generation***		--	--								
		Establishment of Research & development Unit at PMU-level	A09201	Hardware	Equipment (IT & Other)	1			1,000,000			One time activity
		Conduct operational research on programme management of low coverage or underutilized interventions	A03938	Research & Training	Research	1			1,250,000			One time activity
		Support / Conduct research in MNCH and Nutrition related areas	A03938	Research & Training	Research	1			1,250,000			One time activity
	SUB-TOTAL (OUTPUT-8)											
Grand Total												

Outputs	Activities / Sub activities	Year-1 (2017-18) Approved	Year-1 (2017-18) 1st Revised	Year-1 (2017-18) 2nd Revised	Year-2(2018-19)Approved	Year-2(2018-19) 1st Revised	Year-2(2018-19) 2nd Revised	Year-3(2019-20)Approved	Year-3(2019-20) 1st Revised	Year-3(2019-20) 2nd Revised	Year-4(2020-21)Approved	Year-4(2020-21) 1st Revised	Year-4(2020-21) 2nd Revised	Year-5(2021-22) 1st Revised	Year-5(2021-22) 2nd Revised	Year-6(2022-23) 1st Revised	Year-6(2022-23) 2nd Revised	Year-7(2023-24) 1st Revised	Year-7(2023-24) 2nd Revised	Year-8(2024-25) 2nd Revised	Year-9(2025-26) 2nd Revised	Total Approved	Total 1st Revised	Total 2nd Revised
Output-1: Improved health & nutrition related preventive services	***Introduce nutrition and healthcare preventive and curative package for adolescent girl (screening, counselling, supplementation and treatment)***																							
	Procurement and distribution of IFA to adolescent girl for prevention of Anaemia(Blanket Coverage)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71,355,478	39,178,978	14,271,095	14,271,095	-	**71,355,478**	**67,721,168**
	Procurement and distribution of IFA supplementation of adolescent girl for Treatment of Anaemia	19,498,377	73,409,512	73,409,512	112,160,456	-	-	114,403,665	-	-	116,691,737	-	-	-	-	-	-	86,972,174	-	17,394,436	17,394,436	**362,754,235**	**160,381,686**	**108,198,384**
	Introduce nutrition and healthcare preventive & curative package for lactating and Pregnant mothers (screening, counselling, and supplementation) for prevention of anaemia and stuntung																							
	Procurement and distribution of LNS to undernourished (MUAC <21cm) / underweight mothers pregnant mothers	25,638,419	-	-	52,302,374	-	-	53,348,422	-	-	54,415,392	-	-	-	-	-	-	-	-	-	-	**185,704,607**	-	-
	Procurement and distribution of LNS to undernourished (MUAC <21cm) / underweight mothers pregnant mothers																			-	-	-	-	-
	Procurement and distribution of IFA supplementation of lactating mothers for prevention of Anaemia	-	-	-	96,274,907	-	-	98,200,405	-	-	100,164,413	-	-	-	-	-	-	64,991,249	55,000,000	16,247,813	16,247,813	**294,639,725**	**64,991,249**	**87,495,626**
	Procurement and distribution of IFA supplementation of Pregnant mothers for prevention of Anaemia	-	-	-	333,259,296	-	-	339,924,484	-	-	346,722,973	65,000,000	65,000,000	140,300,000	140,300,000	79,500,000	40,321,022	-	-	-	-	**1,019,906,753**	**284,800,000**	**245,621,022**
	Procurement and distribution of MMT/Multivitamins supplementation of Pregnant mothers for prevention of stunting	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	327,956,400	152,999,928	98,386,920	98,386,920	-	**327,956,400**	**349,773,768**
	Procurement and distribution of Folic Acid supplementation of Pregnant mothers for prevention of stunting	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,664,850	6,000,022	5,465,940	5,465,940	-	**13,664,850**	**16,931,902**
	Procurement and distribution of calcium & Minerals supplementation of Pregnant mothers for prevention of stunting	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184,475,475	86,000,013	65,591,280	65,591,280	-	**184,475,475**	**217,182,573**

Implementation of Nutrition and Healthcare Preventive & curative package for children by management of acute malnutrition (both MAM & SAM) through facility- and community based approaches																							
	Blanket coverage of all 6-24 months children by MMS	-	-	-	-	-	-	669,800,614	-	-	683,196,628	-	-	-	-	-	-	288,269,520	137,567,382	-	-	**1,352,997,242**	**288,269,520**	**137,567,382**
	Blanket coverage of all 6-24 months children by MMS																			85,170,540	85,170,540	-	-	**170,341,080**
	Procurement and distribution of deworming tablets bi-annual (2-19 Year)	-	-	-	-	-	-	214,894,363	-	-	219,192,252	-	-	-	-	-	-	-	-	-	-	**434,086,615**	-	-
	Control of diarrhoea and intestinal parasitic infection by provision of Aqua tab/ sachet to household with SAM/MAM (Children aged 6 months – 5 Years)	4,834,426	2,880,000	2,880,000	9,862,248	-	-	10,059,492	-	-	10,260,683	-	-	-	-	-	-	17,204,400	-	-	-	**35,016,849**	**20,084,400**	**2,880,000**
	Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years *(Pilot in 1 districts on 1000 children)*	720,000	-	-	792,000	-	-	871,200	-	-	-	-	-	-	-	-	-	-	-	-	-	**2,383,200**	-	-
	Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years *(Pilot in 1 districts on 1000 children)*																			-	-	-	-	-
	Provision of RUTFs to SAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	-	-	-	-	-	-	262,992,744	-	-	268,252,598	267,999,800	267,999,800	161,787,175	161,787,175	93,217,968	93,217,968	292,474,800	249,998,100	-	-	**531,245,342**	**815,479,743**	**773,003,043**
	Provision of RUTFs to SAM children (without complication) (Children aged 6 months – 5 Years) at OTPs																			94,624,200	94,624,200	-	-	**189,248,400**
	Provision of MMS to MAM children (without complication) (Children aged 6 months – 5 Years) at OTPs	-	-	-	-	-	-	24,411,456	-	-	24,899,683	-	-	-	-	-	-	112,432,320	112,432,320	-	-	**49,311,139**	**112,432,320**	**112,432,320**
	Provision of MMS to MAM children (without complication) (Children aged 6 months – 5 Years) at OTPs																			32,638,464	32,638,465	-	-	**65,276,929**
	Provision of F-75, F-100 and ReSoMal for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at SCs	-	-	-	-	-	-	9,000,000	-	-	9,000,000	-	-	-	-	-	-	10,000,000	-	-	-	**18,000,000**	**10,000,000**	-
	Provision of F-75, F-100 and ReSoMal for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at SCs																			-	-	-	-	-

	Procurement and distribution of essential medicines / drugs and other commodities for treatment of children (under 5 Years) with severe acute malnutrition (SAM) admitted at OTPs (Amoxylin + Paracetamol + ORS + Zinc)	-	-	-	5,371,584	-	-	5,479,013	-	-	5,588,596	1,908,000	1,908,000	1,986,900	1,986,900	2,977,665	2,977,665	11,548,906	-	2,309,779	2,309,779	**16,439,193**	**18,421,471**	**11,492,123**
	Nutrition Services under essential package of LHWs (Provision and Distribution of LHWs medicines) (ORS, Syp. Amoxill 125, Syp. Zinc Sulphate, Tab Paracetamol, Syp Paracetamol)																				-	-	-
	ORS for LHWs	-	24,607,420	24,607,420	100,735,920	-	-	102,750,638	-	-	104,805,651	-	-	11,590,000	11,590,000	21,075,000	21,075,000	83,328,000	-	-	-	**308,292,210**	**140,600,420**	**57,272,420**
	Syp. Amoxill for LHWs	-	-	-	112,644,000	-	-	114,896,880	-	-	117,194,818	34,650,000	34,650,000	72,720,000	72,720,000	36,360,000	36,360,000	-	-	-	-	**344,735,698**	**143,730,000**	**143,730,000**
	Syp. Zinc Sulphate for LHWs	-	44,360,721	44,360,721	106,207,200	-	-	108,331,344	-	-	110,497,971	29,258,327	29,258,327	43,780,000	43,780,000	90,480,000	46,700,000	62,496,000	50,999,995	-	-	**325,036,515**	**270,375,048**	**215,099,043**
	Tab Paracetamol for LHWs	-	-	-	24,138,000	-	-	24,620,760	-	-	25,113,175	27,504,000	27,504,000	27,500,000	27,500,000	27,500,000	27,500,000	-	-	-	-	**73,871,935**	**82,504,000**	**82,504,000**
	Syp. Paracetamol for LHWs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116,250,000	-	-	-	**-**	**116,250,000**	-
	SUB-TOTAL (OUTPUT-1)	**50,691,222**	**145,257,653**	**145,257,653**	**953,747,985**	**-**	**-**	**2,153,985,480**	**-**	**-**	**2,195,996,570**	**426,320,127**	**426,320,127**	**459,664,075**	**459,664,075**	**351,110,633**	**268,151,655**	**1,743,419,571**	**890,176,738**	**432,100,467**	**432,100,468**	**5,354,421,257**	**3,125,772,059**	**3,053,771,183**
Output-2: Increased equitable access to community based health & nutrition services	***Increase community based health & nutrition services by reaching the uncovered / unreached populations through LHWs***																						
	CMW Model, INGOs & local NGOs Model, MPHWs Model AND/OR LHWs to cover the uncovered / unreached populations	65,250,000	-	-	539,640,000	-	-	695,880,000	-	-	1,262,520,000	-	-	-	-	-	-	-	-	-	-	**2,563,290,000**	-	-
	Celebration of Health & Nutrition, WASH week on Bi-annual basis in uncovered / unreached areas for delivery of nutrition out reach package including screening/referral counseling, dewormimg, vaccination, nutrition, ANC, PNC etc.	2,000,000	-	-	4,000,000	-	-	4,000,000	-	-	4,000,000	-	-	-	-	-	-	-	-	-	-	**14,000,000**	-	-
	SUB-TOTAL (OUTPUT-2)	**67,250,000**	**-**	**-**	**543,640,000**	**-**	**-**	**699,880,000**	**-**	**-**	**1,266,520,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**2,577,290,000**	**-**	**-**
Output-3: Improved health & nutriti	***Establish/extend health and nutrition care facilities***																						
	Cost of equipment for Stabilization Centre	-	-	-	4,000,000	-	-	-	-	-	-	-	-	-	-	-	-	18,900,000	-	-	-	**4,000,000**	**18,900,000**	-

on service delivery at health facilities	Branding, repair and maintinance of SCs through Health Councils	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,500,000	-	-	-	-	13,500,000	-
	Strengthening of OTP / Health & Nutrition Centers	8,820,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,820,000	-	-
	SUB-TOTAL (OUTPUT-3)	**8,820,000**	-	-	**4,000,000**	-	-	-	-	-	-	-	-	-	-	-	-	**32,400,000**	-	-	-	**12,820,000**	**32,400,000**	-
Output-4: Increased demand and uptake of health & nutrition services	***Launch new initiative to increase demand and uptake/utilization of health & nutrition services***																							
	SC Incentive for SAM Children @ Rs.1500/- on Second day of Admission and Rs. 1500/- at the time of discharge.	7,560,000	-		15,120,000	-		15,120,000	-		15,120,000	-		-		-		-	-	-	-	**52,920,000**	-	-
	SC Incentive for SAM Children @ Rs.1500/- on Second day of Admission and Rs. 1500/- at the time of discharge.																			-	-	-	-	-
	SUB-TOTAL (OUTPUT-4)	**7,560,000**	-	-	**15,120,000**	-	-	**15,120,000**	-	-	**15,120,000**	-	-	-	-	-	-	-	-	-	-	**52,920,000**	-	-
Output-5: Improved capacity and strengthened human resources for health & nutrition	***Engagements of private health sector to refer malnourished children to OTPs / SCs***																							
	Conduct training of healthcare providers from private sector *(Pilot)*	600,000	-	-	900,000	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1,500,000**	-	-
	Conduct training of healthcare providers from public sector	0	444,924	444,924	0	19,655	19,655	55,000,000	-	-	11,000,000	0	0	0	0	0	0	0	0	0	0	**66,000,000**	**464,579**	**464,579**
	Recruitment at additional positions to strengthen the Human Resource	63,330,000	5,389,765	5,389,765	132,993,000	32,882,808	32,882,808	139,642,650	40,615,743	40,615,743	146,624,783	40,320,000	40,320,000	40,320,000	40,320,000	43,615,676	45,525,744	37,440,000	49,659,654	28,340,000	28,340,000	**482,590,433**	**240,583,992**	**311,393,714**
	Establish Video Conference Rooms at District level	19,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**19,800,000**	-	-
	Operation & Maintenance Cost	-	-	-	180,000	-	-	180,000	-	-	180,000	-	-	-	-	-	-	180,000	-	180,000	180,000	**540,000**	**180,000**	**360,000**
		60,000	-	-	60,000	10,787	10,787	60,000	-	-	60,000	-	-	-	-	-	-	60,000	-	60,000	60,000	**240,000**	**70,787**	**130,787**
		240,000	-	-	240,000	-	-	240,000	-	-	240,000	-	-	-	-	-	-	240,000	-	240,000	240,000	**960,000**	**240,000**	**480,000**
		120,000	-	-	120,000	-	-	120,000	-	-	120,000	-	-	-	-	-	-	120,000	-	120,000	120,000	**480,000**	**120,000**	**240,000**
		-	1,983,962	1,983,962	4,800,000	197,256	197,256	4,800,000	-	-	4,800,000	-	-	-	-	-	-	4,800,000	587,595	4,800,000	4,800,000	**14,400,000**	**6,981,218**	**12,368,813**
		-	-	-	2,000,000	1,692,374	1,692,374	5,000,000	-	-	5,000,000	-	-	-	-	-	-	5,000,000	6,803,559	7,000,000	7,000,000	**12,000,000**	**6,692,374**	**22,495,933**
		-	772,926	772,926	-	-	-	4,800,000	-	-	4,800,000	-	-	-	-	-	-	4,800,000	-	4,800,000	4,800,000	**9,600,000**	**5,572,926**	**10,372,926**

		3,000,000	-	-	3,000,000	183,391	183,391	3,000,000	-	-	3,000,000	-	-	-	-	-	-	3,000,000	-	3,000,000	3,000,000	**12,000,000**	**3,183,391**	**6,183,391**
		-	41,300	41,300	1,000,000	660,950	660,950	-	-	-	-	-	-	-	-	-	-	2,000,000	-	2,000,000	2,000,000	**1,000,000**	**2,702,250**	**4,702,250**
		1,000,000	283,658	283,658	1,000,000	131,965	131,965	1,000,000	-	-	1,000,000	-	-	-	-	-	-	1,000,000	-	1,000,000	1,000,000	**4,000,000**	**1,415,623**	**2,415,623**
		4,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000,000	-	6,000,000	-	**4,000,000**	**6,000,000**	**6,000,000**
		-	-	-	1,000,000	31,640	31,640	1,000,000	-	-	1,000,000	-	-	-	-	-	-	1,000,000	-	1,000,000	1,000,000	**3,000,000**	**1,031,640**	**2,031,640**
	SUB-TOTAL (OUTPUT-5)	**92,150,000**	**8,916,535**	**8,916,535**	**147,293,000**	**35,810,826**	**35,810,826**	**214,842,650**	**40,615,743**	**40,615,743**	**177,824,783**	**40,320,000**	**40,320,000**	**40,320,000**	**40,320,000**	**43,615,676**	**45,525,744**	**65,640,000**	**57,050,808**	**58,540,000**	**52,540,000**	**632,110,433**	**275,238,780**	**379,639,656**
Output-6: Increased health and nutrition knowledge and awareness	***Implement "Communication, Advocacy, and Mobilization (CAM)" to improve health and nutritional status of adolescent, pregnant and lactating women (PLW) and under 5 children***																						
	Cost for development of Basic Communication Package (BCP) and targeted / Advanced Communication Package.	10,000,000	-	-	10,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**20,000,000**	-	-
	Cost of disseminating Basic Communication Package (BCP) on maternal and child health, IYCF, exclusive breast feeding, nutrition and immunization using print and electronic media and radio, social media.	20,000,000	-	-	40,000,000	-	-	40,000,000	-	-	40,000,000	-	-	-	-	-	-	-	-	-	-	**140,000,000**	-	-
	Cost of disseminating Targeted / Advanced Communication Package (T/ACP) for adolescent, pregnant and lactating women (PLW) and under 5 children using advocacy seminars, meetings and events. (District Based Activity)	9,000,000	-	-	9,000,000	-	-	9,000,000	-	-	9,000,000	-	-	-	-	-	-	-	-	-	-	**36,000,000**	-	-
	Printing of IEC Material	9,000,000	-	-	9,000,000	-	-	9,000,000	-	-	9,000,000	-	-	-	-	-	-	-	-	-	-	**36,000,000**	-	-
	Development of Health and Nutrition e-CARE PORTAL to Increase Equitable Access to Nutritional Information and Services																						
	Development of website offering Health & Nutrition related information and online nutritional assessment tools	1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**1,000,000**	-	-
	Website Operation Cost (Communication/Internet/Server etc.)	1,300,000	206,819	206,819	300,000	-	-	300,000	-	-	300,000	-	-	-	-	-	-	-	-	-	-	**2,200,000**	**206,819**	**206,819**

	Health & Nutrition campaign/screening camps in urben-slum	10,000,000	-	-	10,000,000	-	-	10,000,000	-	-	10,000,000	-	-	-	-	-	-	-	-	-	-	**40,000,000**	-	-
	SUB-TOTAL (OUTPUT-6)	**60,300,000**	**206,819**	**206,819**	**78,300,000**	-	-	**68,300,000**	-	-	**68,300,000**	-	-	-	-	-	-	-	-	-	-	**275,200,000**	**206,819**	**206,819**
Output-7: Improved health information systems for reporting, referral, and M&E	***CRC – registration of undernourished children (MAM, SAM, Underweight, Stunted), pregnant women***																							
	LHW–CRC–OTP: monitoring, reporting and community engagement through CRC	2,000,000	-	-	2,000,000	-	-	2,000,000	-	-	2,000,000	-	-	-	-	-	-	-	-	-	-	**8,000,000**	-	-
	SMS and Robbo call to household to remind	1,000,000	-	-	1,000,000	-	-	1,000,000	-	-	1,000,000	-	-	-	-	-	-	-	-	-	-	**4,000,000**	-	-
	Introduce E-system (android apps) for recording, reporting and monitoring																							
	Development of monitoring and information management system (online android app and MIS) for recording, reporting and monitoring tools for maternal (ANC, SBA, PNC) and child screening (SAM/MAM, stunted, underweight) at health facilities (24/7, OTPs, and SCs)	5,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**5,000,000**	-	-
	Purchase of Android Tablets for online android app and MIS for recording, reporting and monitoring tools at OTPs	45,040,000	44,683,515	44,683,515	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**45,040,000**	**44,683,515**	**44,683,515**
	Develop android app and integrate with management information system for referral case management of children (under 5 years) and new-borns, both outpatients and inpatients	5,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**5,000,000**	-	-
	Strengthening monitoring & evaluation system																							
	Conduct internal review/evaluation of CMAM and third party monitoring	-	-	-	-	-	-	-	-	-	10,000,000	-	-	-	-	-	-	-	-	-	-	**10,000,000**	-	-
	SUB-TOTAL (OUTPUT-7)	**58,040,000**	**44,683,515**	**44,683,515**	**3,000,000**	-	-	**3,000,000**	-	-	**13,000,000**	-	-	-	-	-	-	-	-	-	-	**77,040,000**	**44,683,515**	**44,683,515**
Output-8: Strengthened research development for health &	***Innovations and piloting of new initiatives and evidence generation***																							
	Establishment of Research & development Unit at PMU-level	1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**1,000,000**	-	-
	Conduct operational research on programme management of low coverage or underutilized interventions	1,250,000	-	-	1,250,000	-	-	1,250,000	-	-	1,250,000	-	-	-	-	-	-	-	-	-	-	**5,000,000**	-	-

nutrition	Support / Conduct research in MNCH and Nutrition related areas	1,250,000	-	-	1,250,000	-	-	1,250,000	-	-	1,250,000	-	-	-	-	-	-	-	-	-	**5,000,000**	-	-
	SUB-TOTAL (OUTPUT-8)	**3,500,000**	-	-	**2,500,000**	-	-	**2,500,000**	-	-	**2,500,000**	-	-	-	-	-	-	-	-	-	**11,000,000**	-	-
Grand Total		**348,311,222**	**199,064,522**	**199,064,522**	**1,747,600,985**	**35,810,826**	**35,810,826**	**3,157,628,130**	**40,615,743**	**40,615,743**	**3,739,261,352**	**466,640,127**	**466,640,127**	**499,984,075**	**499,984,075**	**394,726,309**	**313,677,399**	**1,841,459,571**	**947,227,546**	**490,640,467**	**484,640,468**	**8,992,801,689**	**3,478,301,173**	**3,478,301,173**

Annexure-C

FINANCIAL MANAGEMENT REVIEW & DEVELOPMENT OF RISK MITIGATION PLAN

Background

The overarching goal of the programme is to improve the health status of mothers, new-borns and children especially of the poor and marginalized segment of the community. This is to be achieved through five programme components:

a) Integrated comprehensive Nutrition services by districts;
b) Training of Health Care Providers on Nutrition Intervention;
c) Provision of comprehensive Nutrition service;
d) Strategic communication about IYCF & Maternal services;
e) Strengthening programme management;

However, the development partners including WB are supporting the Government to improve Nutrition health outcomes and achieve MDG's, now SDG's targets. As part of the design process for WB support to the Nutrition Programme, a fiduciary risk assessment to be carried out. The overall level of risk for the Nutrition activities was estimated as substantial.

a) Weaknesses in annual budget submissions for the Annual Development Programme (ADP)
b) Lengthy delays in preparation of IRMNCH& N Programme cash plans;
c) Lengthy delays in the process of securing fund releases and moving resources to the point of expenditure; and
d) Other weaknesses with implications for fiduciary risk in the IRMNCH& N Programme.

The findings flagged the need to revisit the funds flow mechanism being outlined for the IRMNCH & N programme and explore options for alternative funds flow that are successfully implemented in other health sector programmes. The 2015 FRA also proposed mitigating action, which are partly acted upon and partly not requiring deeper analysis and assessment including the training and capacity building needs assessment.

The Report and Structure

Solutions, the expected outputs are agreed to be review in two phases. First focused on the Mini Review requirements and the second on the final expected outputs. The Mini Review focused Preliminary Findings to be followed by a presentation of the findings and the way forward, at the Mini Review. The opportunity shall also be used by Solutions to present the "Plan for Strengthening the Financial Management System and Mitigation of Fiduciary Risks" to all key stakeholders, for review and comments to test the do-ability. The PMU and DMUs fieldwork was then undertaken to submit this draft final report for review and comments to finalize.

- Effectiveness of Financial Management Systems;

- Plan for Strengthening Financial Management System;
- Framework for Measuring Improvements

Scope of Review

The draft final report to be based on fieldwork at provincial and district levels. The review covers the Provincial Management Unit (PMU). At the district level, two districts have to be covered in Punjab.

Methodology

The review adopts both primary and secondary data collection techniques. The primary technique includes, formal questionnaires and personal interviews with concerned DMUs and relevant Government officials from Finance, Health, Accounting and Planning departments. The secondary technique includes, review of available material relating to financial management system assessment, funds flow and expenditure tracking surveys, audit reports, Public Expenditure and Financial Accountability (PEFA) and Fiduciary Risk Assessment (FRA) assessments, to further enrich the study.

Data Collection Constraints

Data collection has been cumbersome and a real challenge, due to multiple factors. Three deserve special mention, including: dispersed data and fragmented availability at the various activity centres in the funds flow cycle, geographically disbursed record keeping (provinces / district PIUs), and lack of complete project data since inception.

Firstly, there is no single source with complete IRMNCH funds flow cycle project data. The available data is dispersed, and available in fragments at the activity centres related only to actions that each activity centre undertakes. The number of activity centres varies, depending on provincial / district government level set up. However, even for the PMU within sole Provincial government domain, five to six activity centre's are engaged in affecting the funds release: the IRMNCH& N Programme Provincial PIU; the Primary & secondary Healthcare Department (P&SHD), Planning Commission (PC); Finance Division (FD) through the Financial Advisor Organization (FAO); and Accountant General (AG) of Punjab. Each activity centre is working in a functional silo, and has minimal coordination with the others. For the IRMNCH& N programme, for instance, the P&SHD maintains data relating to submission of cash / work plans and release sanction, only. The PMU, maintains data relating to funds receipt from GoP and release to DMUs. The PMU will maintain data relating to funds release request, receipt and disbursement to contractors / consultants and transfers to the IRMNCH& N Program DMUs. It is an extremely tedious and time intensive effort to engage with more than five set of officials, to collect simple and small pieces of data to arrive at a programme wide finding.

Secondly, the same activity centre's federal / provincial geographic location affects data availability. The AG Punjab, for instance, can make available data for IRMNCH& N Program disbursements in the provincial territory, only. Data relating to disbursements through provincial / regional sub-offices, is available with the respective sub-offices, only.

Thirdly, the older the data the higher is the data collection challenge. The IRMNCH& N Program's complete information is neither available at the provincial / District levels. The initial start-up problems and staff turnover makes it a challenge to extract the complete data, for the full implementation period.

Analytical Approach

Public Expenditure and Financial Accountability (PEFA), Fiduciary Risk Assessment (FRA) frameworks and Criteria for Assessing Systems, provided TORs have been adopted as the analytical frameworks for the financial management review and development of the risk mitigation plan. Aiming to contextualize IRMNCH& N Program's risk assessments, the PEFA scoring for the respective district governments, where possible, have been juxtaposed against IRMNCH& N Program respective DMUs. The review applies PEFA methodology based fiduciary risk assessment for PMU.

SWOT Analysis of IRMNCH & Nutrition Program

A SWOT analysis is a tool that can provide prompts to the managers, strategy, implementation, results, lesson learning and staff involved in the analysis of what is effective and less effective in Healthcare systems and procedures, in preparation for a plan of some form (that could be an audit, assessments, quality checks etc.,). In fact, a SWOT can be used for any planning or analysis activity which could impact future finance, planning and management decisions. It can enable you (the management& clinical staff) to carry out a more comprehensive analysis.

Steps in a planning cycle:

1. Conduct Need Assessment/Gap Analysis
2. Identify strategic goals, priorities, and resources
3. Develop an action plan (to address key gaps in achieving priorities) and a resource mobilization plan
4. Organize capacity development in weak areas
5. Implementation
6. Monitor plan at each stage of development and implementation
7. Evaluation - midterm and end of cycle

Strengths:

To achieve the goals and objectives of PC-1 logical Frame Work following are the strengthening areas for IRMNCH & N Program:

- Established PMU/DMUs for effective implementation of strategies
- 45,000 LHWs working in field
- 4,000 CMWs
- 1,810 LHSs, 36 social organizers, 14 Field Program Officer, Provincial and District monitors & MEAs for monitoring, supervision
- 1,400 LHVs with Aayas and Security Guards working on 700 24/7 BHUs and OTPs
- 302 WMOs working at RHCs for provision of 24/7 and OTPs services
- 1,234 OTPs at 24/7 BHUs, RHCs and THQ Hospitals

- 42 SCs at DHQ Hospital level
- Ambulances in the field at the level of 24/7 BHUs and OTPs for effective Referral system
- Comprehensive Behavior Change Communication strategy through Women Health/Mohallah Committee, Seminars, Advocacy Sessions and specific messages and Spot Shows through Electronic Media
- Integrated, Effective and strengthened E-Monitoring System and MIS Cell at PMU and DHIS System at DMU level
- Provision of Nutritional commodities, Medicines and Equipment to help in achievement of Goals and Objectives

Weaknesses

- Working conditions are fraught with constraints or are precarious, characterized by a lack of basic supplies, low wages, an excessive workload, a lack of incentives, high staff turnover, and heavy administrative responsibilities that have nothing to do with professional practice.
- The accreditation and evaluation processes required to be standardized in each district which has an impact on the quality of care & services.
- Conflicts of interest among professional groups in the health sector, who seek an active role, where individual interests prevail over group interests, interfere with the operation of the services.
- Delayed Provision of funds
- Timely completion of Procurement Process of Nutrition commodities
- Non availability of Nutritional Commodities at local level.

Opportunities

- There has been greater recognition at the global or regional meetings of WHO, DFID, UNICEF, UNFPA, World Bank Jhpiego, Marie-stops and other development partners for the role of LHWs, CMWs, 24/7 BHUs & Nutrition intervention in Primary and Secondary health systems and services; of its potential to bring about a chance in the quality and effectiveness of the service delivery.
- Political-administrative processes, such as decentralization and health system reforms based on the principles of equity, universality, and integrity, foster local development and the development of Maternal, New-born and Child Health under IRMNCH & Nutrition Program expanding its possibilities to participate in local development.
- The application of strategies such as evidence-based practice and the redesign of processes strengthen the quality assurance system for Maternal, New-born and Child Health under IRMNCH & Nutrition Program.
- Develop a plan on how to conduct the needs assessment or gap analysis. Plan should include assigning responsibilities to persons for various tasks
- Administer gap analysis questionnaire developed by ICM (either by focus groups or relevant key stakeholders in the country)
- As a team, collate findings, analyze and identify strengths, weaknesses, opportunities and challenges (SWOT) in midwifery education, regulation and association

- Compile report on findings and note all gaps identified
- Greater opportunities for training, in addition to those that follow from the reform of the health systems and the legislation governing professional practice, facilitate the development of independent practice by CMWs, either individually or through development partners, National/International assistance.
- The political and economic trends toward globalization and technology development and the advances in informatics worldwide facilitate access to knowledge and information in real time through the creation of Primary and Secondary Healthcare networks.
- Mobilize a team representing all components of Nutritional - educators,
- Collect and compile all materials, assessments and reports on midwifery in the country for review/reference by the team
- Develop a plan on how to conduct the needs assessment or gap analysis. Plan should include assigning responsibilities to persons for various tasks
- Administer gap analysis questionnaire developed by ICM (either by focus groups or relevant key stakeholders in the country)
- As a team, collate findings, analyze and identify strengths, weaknesses, opportunities and challenges (SWOT) in midwifery education, regulation and association
- Compile report on findings and note all gaps identified
- Compare information with previous reports and documents and prepare final report

Threats

- Changes generated by the sectoral reforms have produced a fragmentation of responsibilities in the delivery of services. This has adversely affected public health activities, along with the coverage and accessibility of the health services, and has heightened the risks to the community.
- The practices or fields that have traditionally been the responsibility of IRMNCH & Nutrition Program, especially those related to health promotion and disease prevention, have been taken over by professionals from other disciplines, in most cases without the necessary academic preparation.
- State reforms and changes in the economic model of each country have decreased the fiscal resources available for health, introduced mechanisms to make the labor market more flexible, increased economic and social inequity, and affected health service management and Programs in particular.

FINANCIAL MANAGEMENT

Finance Officer of PMU, IRMNCH shall prepare budget statements (detailed activity plan with costs, responsibilities and timelines) for coming financial year(s) and submit to P&SHD for approval.

The PMU shall submit the budget release request to the Primary & Secondary Health Care Department, Government of the Punjab for release of funds from Planning & Development and Finance Department.

P&SHC Department, shall forward the budget request of PMU to the Finance Department, of Punjab for release of budget. Finance Department shall release the funds into the Account-I(Normal Mode) maintained at AG Punjab and in A/C-VI of all districts in Punjab on the request of Provincial PMU. The PD(IRMNCH)/ADGHS, IRMNCH & N Program shall have full authority to allocate/re-allocate the program funds under different heads of accounts out of released budget, as and when he/she deems it necessary to run the program activities efficiently in the province, after recording proper justifications.

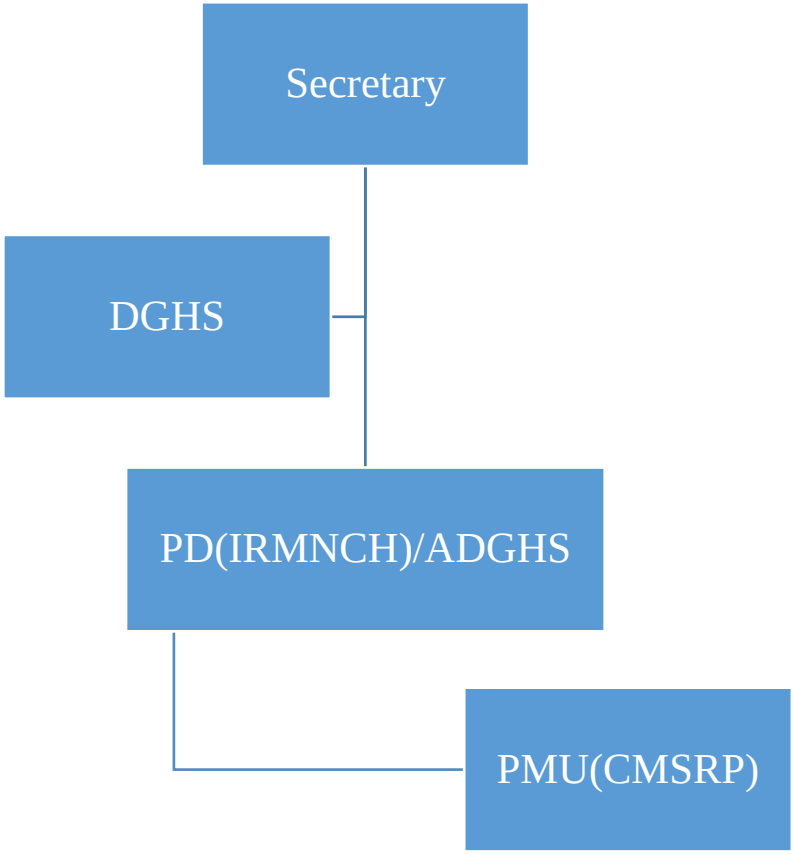
Finance Officer of PMU shall responsible for reconciliation with TO/AG Punjab. The District Coordinators and its staff shall be responsible for reconciliation with District Accounts Offices for account VI, on monthly basis.

Internal audit of Program units i.e. PMUs and DMUs shall be carried out by the Internal Audit Wing of Health Department as and when required

Audit Team of the Auditor General of Pakistan shall conduct external audit of accounts of the Program at PMU and DMUs level.

Annexure-D

Hierarchical Organogram for Initiative



Annexure-E

MANAGEMENT STRUCTURE

ADMINISTRATIVE ARRANGEMENTS

The administrative arrangements for program implementation consist of establishment of:

1. Provincial and district steering committees
2. Provincial and district management units

PROVINCIAL STEERING COMMITTEE (PSC)

Provincial steering committee shall comprise of:

1.	Chairman P&D	Chairman
2.	Secretary P&SHD	Member
3.	Director General Health Services	Member
4.	Program Director PSPU	Member
5.	PD(IRMNCH)/ADGHS	Secretary
6.	Director General Population Welfare Department	Member
7.	Secretary Finance Department	Member
8.	Diretor Nutrition	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

- Resolve all the issues related to project

DISTRICT STEERING COMMITTEE (DSC)

District steering committee shall comprise of:

1.	Deputy Commissioner	Chairman
2.	Chief Executive Officer (DHA)	Member
3.	District Coordinator IRMNCH	Secretary
4.	District Officer Health (Preventive Services)	Member
5.	EDO F&P	Member

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.

PROVINCIAL LEVEL MANAGEMENT COMMITTEE

A Provincial level Management Committee will be notified for the purpose of selection of Districts and health facilities for implementation of the proposed programme activities. Headed by Secretary Primary & Secondary Healthcare, the Committee will comprise of the following memberships:

1. PD(IRMNCH)/ADGHS
2. Additional Director Operation IRMNCH
3. Director Nutrition
4. Manager Nutrition
5. Representative from DGHS Office
6. Representative from PSPU Office

TOR

- Responsible for implementation and overall operations of the project
- Overview and will provide guidance to the physical progress of the project
- Review the functions and will approve course of action.
- Recommend changes in the project for placing before the project steering committee
- Receive planning and monitoring issues and will resolve accordingly
- Report its reviews and recommendation to the project steering committee

MEDIA ADVISORY COMMITTEE

The Program will establish a media advisory committee will be comprising on following:-

1.	Secretary P&SHCD	Chairman
2.	Director General Health Services	Member
3.	Program Director PSPU	Member
4.	PD(IRMNCH)/ADGHS	Secretary
5.	Director General Population Welfare Department	Member
6.	Two Member from social sector	Member

TORs

- Advising the program on media engagement strategies and effective communication techniques.
- Assisting in the development and implementation of media campaigns to promote government initiatives and policies related to program.
- Providing guidance on media relations, including managing media inquiries, press releases, and official statements.
- Monitoring media coverage and public sentiment, and providing feedback.
- Collaborating with media organizations.
- Advising on crisis communication strategies and assisting in managing media during emergencies or sensitive situations.
- Conducting research and analysis on media trends and best practices to inform the government's media strategy.
- Any other specific responsibilities assigned by the provincial government related to media advisory and public communication.

Annexure-F

HR Management Plan

HUMAN RESOURCE *(Eligibility Criteria and Responsibilities)*

Sr. #	Designation & Pay Scale	Eligibility Criteria	ToRs / Responsibilities	Appointing Authority
Strengthening/Establishment of Provincial Management Unit				
1	Director Nutrition (Fix pay)	MBBS with post graduation in Public Health or Healthcare System Management. At least 12 years of experience including 5 year experience in senior level management in Public health project/ community based program preferably in nutrition.	The Programme Director Nutrition report to the PD IRMNCH and work as head of Nutrition Program in Punjab,He or She will be responsible for overall management, planning and successful implementation of the Nutrition Program 1. He will be employed through transfer or an open competitive recruitment process. 2. He will provide all necessary management and technical skills to the project 3. He will provide leadership in planning, technical, and Financial Management, disbursement, and auditing issues arising from implementation of the project activities. 4. Monitoring and facilitating all programme components within the implementation, legal financial and technical requirements of the project. 5. Undertaking the monitoring and evaluation of performance indicators and outcomes against the targets, as given by PD IRMNCH & Primary & Secondary Healthcare Department 6. Prepare the periodic reports for Government and Donors as required. 7. Review, development and testing of new intervention of the Programme.	Secretary, P&SHD

2	Manager Nutrition (Fix pay)	MBBS with post graduate qualification in public health or Healthcare System Management At least 8 years of experience including 3 to 5 years experience in mid or senior level position in Public health project/ Field based program preferably in nutrition .	Manager (Nutrition) reporting to Director (Nutrition) shall be responsible for affairs related to all nutrition interventions and assignments given by the PD if and when required. She/he will be employed through transfer/deputation from Health Department. In case Health Department not depute any officer within six months after the requisition by this office and repeated requests the officer may be appointed on contract basis through open competition.	Secretary, P&SHD
3	Manager M&E (Fix pay)	M.Phil / Master in Medical Sciences, Public Health, Nutrition, Management Sciences degree recognized by HEC with atleast 5 years experience at Public / private sector prefably in Nutrition Program	He/She will report to the Director Nutrition IRMNCH and Program Manager Nutrition , shall be responsible for managing programme activities and assignments given by the PD if and when required. He will be responsible for all payments, audit and reconcilation. The post may be filled on contract basis through open competition.	Secretary, P&SHD
5	Data Analyst (BPS 17 Or Fix pay @ Rs. 80,000/-)	- M.Phil in Biostatistics - M.Phil in Statistics (in case of non-availability of M.Phil. Biostatistics) - M.Sc. Biostatistics (In case of non-availability of M.Phil. Biostatistics/Statistics) At least 3-5 years of experience as 'Data Analyst' in leading organization	He/She reporting to Director (Nutrition) & Manager (Nutrition) and shall be responsible for affairs related to all nutrition interventions/reasearch and assignments given by the PM if and when required. The post may be filled on contract basis through open competition.	Secretary, P&SHD
6	Research Associate (BPS 17 Or Fix pay @ Rs. 80,000/-)	The potential candidate should have at least Master Degree in Management Sciences/ Social Sciences recognized by HEC. Two years relevant experience in Research, Data Processing/ Analysis	He/She reporting to the Program Manager Nutrition. He/She shall be responsible for Verification of programme data, analysis and generation of reports and assignments given by the PD if and when required. Any other duty assigned The post may be filled on contract basis through open competition.	Secretary, P&SHD

		preferably in public sector		
8	Communication Specialist (Fix pay)	Master degree in Journalism/ Mass Communication. Three year experience in leading National News Channel / News Paper	He/She reporting to Director Nutrition and assists in the implementation of communications, publication, knowledge management and advocacy, raise awareness on health & Nutrition program among key audiences, including the public, government, media, and mobilize. Ensures planning and design of internal and external strategies for communications. Planning and elaboration of communications needs assessments. Constructive and timely advice on inclusion of communications components in programme formulations to integrate advocacy and communication strategies. Coordination and management of all activities, including content management, norms for publishing, design, liaison with development partner and media industries. Design of the office web sites in incoordination with IT staff. Supervision and preparation of the content for the Management, promotion and dissemination of advocacy materials for launching flagship initiatives and publications.	Secretary, P&SHD
9	Graphic Designer (BPS 16 Or Fix pay @ Rs. 75,000/-)	BS in Graphic Design OR M.Sc./ BS in computer science with diploma in graphic designer	He/She report to Director Nutrition and Responsible to visual communicators who design and develop print and electronic media, such as magazines, television graphics, logos and websites. Creative and have strong verbal, visual and written communication skills	PD(IRMNCH)/ADGHS

11	Driver (BPS 04 Or Fix pay @ Rs. 20,000/-)	At least Middle with 05 years experience with computerized LTV license. OR Matric with 03 years experience with computerized LTV license.	He will be responsible for maintainance of vehicle/Log book/History Book/Movement Register issued to him for field visit with PMU Officers as per duty assigned to him time to time by the office.	PD(IRMNCH) /ADGHS
District Management Unit				
13	Health & Nutrition Coordinator (BPS 17 Or Fix pay @ Rs. 85,000/-)	MBA Finance / MBA HR / M.Sc. in Finance / ACCA / M.Com. Atleast 3-5 years experience in management (must be proficient in computer skill / MS Office)	He / she will work at DMU in program selected districts. And will be responsible to Project management in the district and must have ability to manage and develop, administer and monitor budget and contract expenditures Ability to facilitate complex issues, manage and resolve conflict.	Secretary, P&SHD
14	Data Analyst at District level (BPS 17 Or Fix pay @ Rs. 70,000/-)	- M.Phil in Biostatistics - M.Phil in Statistics (in case of non-availability of M.Phil. Biostatistics) - M.Sc. Biostatistics/ Statistics (In case of non-availability of M.Phil. Biostatistics/Statistics) At least 3-5 years of experience as 'Data Analyst' in leading organization	He/She report to DC IRMNCH and shall be responsible for analys Nutrition and other program related post affairs related to all nutrition interventions/reasearch and assignments given by the DC IRMNCH if and when required. The post may be filled on contract basis through open competition.	Secretary, P&SHD
15	ChargeNurse(Fix pay)	B. Sc Nursing Generic (Four Years) and valid registration from Pakistan Nursing Council OR Diploma in General Nursing and Midwifery and valid registration from Pakistan Nursing Council.	The nurses posted in the SC unit will be responsible for nursing care including weight record; measure, mix and dispense feed; give oral drugs; supervise intra venous fluids; assess clinical signs and record the routine information. The nurse will also counsel mothers/caregivers on the emotional needs of her child and encourage them to give sensory stimulation. The post may be filled on contract basis through open competition.	PD(IRMNCH) /ADGHS

Annexure-G

MONITORING AND EVALUATION PLAN

This is the most important area to ensure effective implementation of nutritional activities. To improve Efficiency and effectiveness of program by identifying aspects that are working as planned and those that need correction and to modify program as per identified need.

Monitoring and evaluation framework will provide a framework for collection of data on all relevant indicators in order to access and evaluate impact, outcomes and outputs.

The monitoring and evaluation framework will provide a framework for the collection of data on all relevant indicators in order to assess and evaluate impact, outcomes and outputs. To measure impact, the framework will use secondary data collected through routine reporting by sectors at the provincial level and collated by the Nutrition Cell.

Provincial monitoring will be results-based and focused. A uniform monitoring checklist will be developed and shared with all sectors. Each sector will be responsible for sharing its monitoring reports with the Nutrition Cell. The Nutrition Cell of IRMNCH will analyse send feedback.

LHS, SH & NS, DMU Team and Nutrition Cell of PMU Team will be responsible for monitoring and supervision of Nutrition activities in community, FLCF and district level.

SUPERVISION

Monitoring and Supervision of Both LHWs and CMWs (Preventive Component)

LHS Would be an administrative supervisors of both LHWs and CMWs. She shall be given additional POL for monitoring of CMWs as well while technical supervision of CMWs shall be undertaken by CMW tutors using vehicle provided to the CMW School

MONITORING AND SUPERVISION OF (CURATIVE COMPONENT)

Responsibility for supervision should be established during the planning stages. Supervisors are responsible for ensuring the programme is running smoothly and overall programme quality. The Supervisor should pick up on errors and correct them as well as address any issues that arise in the programme.

Supervision visits must be conducted by the Provincial Managers, District Health Management Team, FPOs, LHS, SH&NS and may be part of an integrated supervisory visit. Check list is attached herewith.

Supervisors should be responsible for ensuring cards are filled in correctly. Supervisory visits should review the OTP cards particularly the cards of children who have died, defaulted and those not responding to treatment. The supervisor should ensure admission and discharges are made according to the protocol and treatment protocols are performed correctly. The supervisor should check the action protocol is properly followed so cases are transferred and followed up where appropriate.

Supervisors should work closely with the health care providers, community health workers and community volunteers at the health facility to ensure any issues in programme delivery, follow up (outreach visits) or in the management of individual children can be identified and followed up. The appropriateness and acceptability of the programme can also be discussed.

Supervisors and health workers and community health workers and volunteers should have monthly meetings to discuss any programme issues. This should cover the issues below.

Review the caseload number - whether this is manageable for the number of staff available

Any expected increases/decreases in the caseload because of season or sudden population influx should be discussed.

Factors that may affect attendance.

Staff issues.

Supply issues and planning.

- A review of deaths in OTP and SC to identify any problems.
- A review of defaulters, children failing to gain weight.
- A review of transfers to ensure effective tracking between components.
- Issues in the community that may affect access and uptake
- Review of monitoring and reporting systems
- Review of weekly and monthly report

MONITORING BY LHS

Lady Health Supervisor will supervise screening of all less than five years' children and PLWs and will be responsible for capacity building of LHWs/CMWs for identification of malnourished children and PLWs. She will arrange meeting with OTP incharge and LHWs to cover absent, due and defaulter children and their proper referral.

Monitoring and evaluation framework will provide a framework for collection of data on all relevant indicators in order to access and evaluate impact, outcomes and outputs.

Role of SH&Ns

School Health & Nutrition supervisor will be the focal person for all community based intervention and will play lead role in improvement of program indicators. He will perform activities as per his /Her revised JDs in nutrition program.

SOCIAL ORGANIZER IRMNCH & NUTRITION PROGRAM

- Conduct at least one monitoring and supervision visit of each SC and OTP per month.
- Responsible to establish referral mechanism of OTP and SC
- Capacity building of OTP staff and LHS/LHWs

Submit monitoring report to district and provincial office

EDO/DISTRICT COORDINATOR IRMNCH & NUTRITION PROGRAM

The district management team specially District Coordinator IRMNCh and Nutrition Program will be the responsible for overall monitoring and supervision of Nutrition Program he/she will be responsible to:

- Improve quality of nutrition program through effective monitoring through district team (SO, ADCO, SH & NS LHS)
- Provide logistic support to all OTPs and SC and ensure availability of stock.
- Check quality of OTP and SC reports.
- Coordinate with different department to implement MSNS
- Conduct at least one visit per OTP/SC per month.
- Conduct time by time refresher training to OTP staff and Community health workers
- Responsible to ensure Minimum standards of Nutrition program at OTP/SC.
- Develop referral system between OTP and SC.
- Conduct meeting of SC and OTP staff on monthly basis
- Arrange refresher training for OTP/SC staff and for community workers.

FIELD PROGRAM OFFICERS

- All Field program Officers of PMU will be responsible for monitor and supervision of Nutrition activities in their allocated district.
- They will report PD(IRMNCH)/ADGHS, IRMNCH and Program Manager Nutrition and share monitoring reports at PMU.
- They will share and discuss Monitoring report with EDO, Dc. IRMNCH and Medical Superintendent of SC
- Attend meeting of OTP and SC staff and capacity

OTHERS

- Capacity building of LHSs on supervision of CMAM and IYCF activities of LHWs for Implementation of Nutrition Package
- Monthly reporting of screening, referrals and follow-ups.
- Monitoring visits to all LHWs by LHS at least once a month
- Regular Monitoring visit to all LHWs by the District Nutrition focal person in 34 Districts
- For Two Districts Nutrition assistant would monitor additional activities Related to Supplementation of MAM Children and PLWs
- Development of E-monitoring and reporting through SMS based system
- SCH&Ns will also play an important role in monitoring activities in the Union Council Level

Annexure-H

IMPLEMENTATION PLAN CHIEF MINISTER STUNTED REDUCTION PROGRAM

Output	Activities / Sub activities	Timeline																																	
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Output-1: Improved access to healthcare and nutrition services	***Introduce nutrition and healthcare preventive package for adolescent girl (screening, counselling, and supplementation)***																																				
	IFA supplementation of adolescent girl for prevention of Anaemia																																				
	Introduce screening of adolescent girls (BMI, Anaemia, etc.)																																				
	Introduce nutrition and healthcare preventive & curative package for lactating and Pregnant mothers (screening, counselling, and supplementation)																																				
	Review, development, implementation the guidelines for treatment of severe anaemia in women																																				
	Introduce screening of pregnant & lactating mothers (BMI, Anaemia, etc.)																																				
	Introduce special follow-up of low weight gain in pregnancy																																				
	Provision of LNS to undernourished (MUAC <21cm AND/OR BMI>18.5) pregnant mothers																																				
	Blanket coverage of all married women of reproductive age for prevention of micronutrient deficiencies																																				
	IFA supplementation of pregnant & lactating women for prevention of Anaemia																																				
	Calcium & vitamin D supplementation for prevention of deficiency in pregnant & lactating mothers																																				
	Provision of multi-vitamins to underweight married women of reproductive age																																				

Output	Activities / Sub activities	Timeline																																					
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Promotion of Birth Spacing																																						
	Introduce nutrition and Healthcare preventive package for Children (<5 Years)																																						
	Promotion of growth monitoring and counselling of 6-24 months children																																						
	Introduce special Follow-up of LBW children																																						
	Blanket coverage of all 6-24 months children by MMS																																						
	Control of diarrhoea and intestinal parasitic infection by provision of Zinc																																						
	Control of infection by bi-annual Vitamin A supplementation to children 12-59 months																																						
	Control of diarrhoea and intestinal parasitic infection by bi-annual deworming through single dose of deworming tablet to children 13-59 months																																						
	Control of diarrhoea and intestinal parasitic infection by provision of Aqua tab/ sachet to household with SAM																																						
	Implementation of Nutrition and Healthcare curative package for children (<5 Years) by management of acute malnutrition (both MAM & SAM) through facility- and community based approaches																																						
	Provision of RUSF and Multi Micronutrient Sachets (MMS) to MAM Children with age 6 month – 5 Years *(Pilot in 1 districts)*																																						
	Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years *(Pilot in 1 districts)*																																						
	Provision of RUTFs to SAM children (without complication) at OTPs																																						
	Provision of F-75 and F-100 for treatment of children with severe acute malnutrition (SAM) admitted at SCs																																						

Output	Activities / Sub activities	Timeline																																			
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Procurement and distribution of essential medicines / drugs and other commodities for treatment of children with severe acute malnutrition (SAM) admitted at SCs																																				
	Provision of Rehydration Solution for Malnutrition (ReSoMal) for treatment of diarrhoea in children with severe acute malnutrition (SAM)																																				
	Provision of Oral Rehydration Solution (ORS) and Zinc Syrup for the treatment of children with diarrhoea (under 5-Years) through facility- and outreach workers																																				
	Establish/extend health and nutrition care facilities																																				
	Establish Stabilization Center at THQs level in districts of Southern Punjab																																				
	Establish OTP / Health & Nutrition Centers at BHUs in all 36 districts of Punjab																																				
	Strengthening of existing OTPs and SCs																																				
	Making facility based health & nutrition services more "adolescent and youth friendly"																																				
Output-2: Increased equitable access to community based health & nutrition services	***Increase community based health & nutrition services by reaching the uncovered / unreached populations through LHWs***																																				
	Mapping of the district to identify the uncovered / unreached populations in 11-districts of Southern Punjab																																				
	Pilot of CMW model in two district to cover the LHW uncovered / unreached populations																																				
	Involvement of INGOs/local NGOs to provide services in uncovered / unreached areas																																				
	Celebration of Health & Nutrition week on quarterly basis in uncovered / unreached areas for screening/referral and register under 5 children and PLWs																																				

Output	Activities / Sub activities	Timeline																																			
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	for vaccination, nutrition, ANC, PNC, SBA etc.																																				
	Arrange weekly screening, ANC/PNC/New-born check-up by WMO/LHV/Midwife in community																																				
	Provision of IEC material, equipment, referral slips etc. for weekly ANC/PNC/newborn checkup camps																																				
Output-3: Increased demand and uptake of health & nutrition services	***Launch new initiative to increase demand and uptake/utilization of of health & nutrition services***																																				
	Launch Cash Transfer (incentive) Pilot Project for undernourished pregnant and under 2 year children in 5 extremely poor districts of Punjab on compliance with ANC, PNC, SBA Delivery, and regular health checkup in collaboration with PSPA																																				
	Encourage commercialization of specialized nutrition food /support (Wawa mum & Mamta etc.) in urban areas																																				
Output-4: Improved capacity and strengthened human resources for health & nutrition	***Training of School Teachers and local NGOs on healthy dietary practices, IYCF, nutritional screening and personal hygiene***																																				
	Engagements of private health sector to refer malnourished children to OTPs / SCs																																				
	Conduct mapping of private healthcare providers																																				
	Conduct training of healthcare providers from private sector (Pilot)																																				
	Certify private healthcare providers to provide nutrition services (promotional services of breastfeeding, referral of undernourished children etc.)																																				
	Recruitment at additional positions to strengthen the Human Resource																																				

Output	Activities / Sub activities	Timeline																																			
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Recruitment of Data Analyst in each district of Southern Punjab to strengthened DMU																																				
	Recruitment of District Health & Nutrition Support Coordinator at each district of Punjab to strengthened DMU																																				
	Recruitment of Research Associate at PMU level for R&D Unit																																				
	Recruitment of Data Analyst at PMU level for R&D Unit																																				
	Recruitment of intern / trainee from public health and nutrition sector for 6 months																																				
	Recruitment of CMW/CHWs for uncovered areas																																				
	Recruitment of Regional Monitoring Unit Staff																																				
Output-6: Increased health and nutrition knowledge and awareness	***Implement "Communication, Advocacy, and Mobilization (CAM)" to improve health and nutritional status of adolescent, pregnant and lactating women (PLW) and under 5 children***																																				
	Development of Stunting Reduction CAM strategy																																				
	Develop, pre-test, and finalize Basic Communication Package (BCP) on Maternal Neonatal and Child Health																																				
	Develop, pre-test, and finalize of Targeted / Advanced Communication Package (T/ACP) for adolescent, pregnant and lactating women (PLW) and under 5 children																																				
	Subactivity: BCC focusing on husbands, mothers-in-law, and decision makers																																				
	Subactivity: Design interventions based on using modern technologies for reaching adolescents																																				
	Development and advocacy of New Unified Messages (specifically nutrition oriented)																																				

Output	Activities / Sub activities	Timeline																																			
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Implement information / awareness / advocacy campaigns through mobilization of health facility and community health workers (LHVs, LHWs, CMWs) as well as print, electronic, and social media.																																				
	Subactivity: Counselling of pregnant and lactating mothers about healthy dietary habits, diet diversification, personal hygiene, IYCF practices, and breast feeding etc.																																				
	Subactivity: Develop and disseminate messages about the consumption of an adequate diversified diet through the promotion of locally available food rich in iron and vitamin A with improved care and practices for Maternal, Infant and Young Child Nutrition (MIYCN)																																				
	Subactivity: Pre-marital counseling of adolescent girl WASH and Menstrual Hygiene Management (MHM)																																				
	Demand Generation of fortified foods through Lady Health Workers																																				
	Print and distribute booklets and IEC materials to Pregnant and lactating mothers																																				
	Improving knowledge about service availability at Public health facilities																																				
	Advocacy campaigns through private healthcare provider to raise awareness and increase access and utilization nutritional services by Public-private partnership (Provision of IEC material and referral slips)																																				
	Upscale the community promotion of Infant and young child feeding (IYCF)																																				
	Development of Health and Nutrition e-CARE PORTAL to Increase Equitable Access to Nutritional Information and Services																																				

Output	Activities / Sub activities	Timeline																																			
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	Development of website offering Health & Nutrition related information and online nutritional assessment tools																																				
	Development of Android Apps for various health & nutrition information and assessment services for community																																				
Output-7: Improved health information systems for reporting, referral, and M&E	***CRC – registration of undernourished children (MAM, SAM, Underweight, Stunted), pregnant women***																																				
	LHW–CRC–OTP: monitoring, reporting and community engagement through CRC																																				
	SMS and Robbo call to household to remind																																				
	Introduce E-system (android apps) for recording, reporting and monitoring																																				
	Development of monitoring and information management system (online android app and MIS) for recording, reporting and monitoring tools for maternal (ANC, SBA, PNC) and child screening (SAM/MAM, stunted, underweight) at health facilities (24/7, OTPs, and SCs)																																				
	Develop android app and integrate with management information system for referral case management of children (under 5 years) and newborns, both outpatients and inpatients																																				
	Review Green Book to add graph to monitor low weight gain in pregnancy																																				
	Strengthening monitoring & evaluation system																																				
	Strengthening monitoring by setting up *"Regional Monitoring Unit"*																																				
	Conduct internal review/evaluation of CMAM and third party monitoring																																				
Output-8: Strengthene	***Innovations and piloting of new initiatives and evidence generation***																																				

Output	Activities / Sub activities	Timeline																																					
		Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
d research development for health & nutrition	Establishment of Research & Development Unit at PMU-level																																						
	Conduct operational research on programme management of low coverage or underutilized interventions																																						
	Support / Conduct research in MNCH and Nutrition related areas																																						
	Collaborate with the Academic, Clinical and INGO/NGO in research sectors																																						

PROCUREMENT PLAN (GANTT CHART) UNDER PC-1

Procurement Plan

	Timeline																																			
	Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 1	Q 2	Q 3	Q 4	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Procurement of Screening equipment (anthropometry: weighing scale, MUAC Tape, Stadiometer)																																						
Procurement of Screening equipment (HB Kit for anaemia, etc.)																																						
Procurement of IFA supplements for prevention of Anaemia																																						
Procurement of Calcium & vitamin D supplements																																						
Procurement of multi-vitamins Tablets																																						
Procurement of LNS (for underweight and low weight gain pregnant) (Pilot in 2 district)																																						

	Timeline																																			
	Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 1	Q 2	Q 3	Q 4	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Procurement of MMS for blanket coverage of all 6-24 months children																																				
Procurement of ORS and Zinc Syrup																																				
Procurement of Vitamin A																																				
Procurement of deworming tablet																																				
Procurement of Aqua tab/ sachet																																				
Procurement of RUSF for MAM & underweight children (Pilot in 1 districts)																																				
Procurement of RUTFs																																				
Procurement of of F-75 and F-100																																				
Procurement of essential medicines/drugs and other commodities for SC																																				
Procurement of ReSoMal for treatment of diarrhoea in																																				

	Timeline																																			
	Year-I				Year-II				Year-III				Year-IV				Year-V				Year-VI				Year-VII				Year-VIII				Year-IX			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 1	Q 2	Q 3	Q 4	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
children with SAM																																				
Procurement of IT Equipment (Android Tablets and Internet Sims) for LHVs (Cash transfer)																																				
Procurement of IT Equipment (Laptop Server)																																				
Procurement of IT Equipment (Camera's, LED, Laptop) for establishment of Video Conference Room																																				
Furniture & Fixture for Development of *"Regional Monitoring Unit"*																																				

PROCUREMENT TIMELINE (GANTT CHART)

Detail of Working	Time Line for one Financial Year												Remarks
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Initiation of Demand													Procedure will be completed by IRMNCH & N Program.
Prequalification of Firms													
Advertisement													
Opening of Technical Bids													
Evaluation of Technical Bids													
Opening of Financial Bids of Successful Firms													
Preparation of Comparative Statement													
Grievances (if any)													
Issuance of Advance Acceptance of Tender													
Signing of Agreement Contract with successful Firms													
Issuance of Purchase Order (For Supply within 60 days)													
Award of Grace Period (if any)													
Receipt of Supply													
DTL Reports (In case of Drug/Non Drug Items)													
Physical Inspection													
Payments to Firms													

Annexure08 -

PHYSICAL PHASING (YEAR-WISE)

Sr. #	Name of District	Nutrition Interventions									Uncovererd Area								
		2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
1	Bahawalnagar																		
2	Bahawalpur																		
3	D. G. Khan																		
4	Khanewal																		
5	Layyah																		
6	Lodhran																		
7	Multan																		
8	Muzaffargarh																		
9	R. Y. Khan																		
10	Rajanpur																		
11	Vehari																		
12	Attock																		
13	Bhakar																		
14	Chakwal																		
15	Chiniot																		
16	Faisalabad																		
17	Gujranwala																		
18	Gujrat																		
19	Hafizabad																		
20	Jhang																		
21	Jhelum																		
22	Kasur																		
23	Khushab																		
24	Lahore																		
25	M. B. Din																		
26	Mianwali																		

Annexure08 -

Sr. #	Name of District	Nutrition Interventions									Uncovererd Area								
		2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
27	Nankana Sb																		
28	Narowal																		
29	Okara																		
30	Pakpattan																		
31	Rawalpindi																		
32	Sahiwal																		
33	Sargodha																		
34	Sheikhupura																		
35	Sialkot																		
36	T. T. Singh																		

Annexure-I (Financial & Physical Progress)

I. Financial Progress

Sr. No.	Project Component	Approved	1st Revised	Expenditure upto June-2024	Balance	Funds required for 2024-26	Total Estimation for 2017-26
A	**Project Staff**						
i	PMU Staff Salary	73,840,223	12,895,676	14,545,398	-1,649,722	20,200,000	34,745,398
ii	District Staff Salary	408,750,210	227,688,316	240,168,316	-12,480,000	36,480,000	276,648,316
	Sub-Total (A)	**482,590,433**	**240,583,992**	**254,713,714**	**-14,129,722**	**56,680,000**	**311,393,714**
B	**Operational Expense**						
i	Utilities/Printing/rent etc	45,620,000	21,585,643	12,576,797	9,008,846	36,800,000	49,376,797
ii	Vehical Purchases, Repair and POL	16,600,000	12,604,566	804,566	11,800,000	17,600,000	18,404,566
	Sub-Total (B)	**62,220,000**	**34,190,209**	**13,381,363**	**20,808,846**	**54,400,000**	**67,781,363**
C	**Machinery & Equipment**						
i	Machinery & Equipment for SC	4,000,000	18,900,000	0	18,900,000	0	0
ii	Branding, Repair and Maintenance	0	13,500,000	0	13,500,000	0	0
iii	Anthropometric Equipments for OTPs	8,820,000	0	0	0	0	0
iv	Android Tabs for OTPs	45,040,000	44,683,515	44,683,515	0	0	44,683,515
	Sub-Total (C)	**57,860,000**	**77,083,515**	**44,683,515**	**32,400,000**	**0**	**44,683,515**
D	**Medicine and Consumable**						
i	Medicines	3,214,779,727	1,899,590,476	1,166,567,503	733,022,973	439,334,526	1,605,902,029
	Sub-Total (D)	**3,214,779,727**	**1,899,590,476**	**1,166,567,503**	**733,022,973**	**439,334,526**	**1,605,902,029**
E	**Nutritional Commodities**						
i	Nutritional commodities including RUSF, RUTF, F75, F100 etc	2,192,561,530	1,226,181,583	1,023,002,745	203,178,838	424,866,409	1,447,869,154
	Sub-Total (E)	**2,192,561,530**	**1,226,181,583**	**1,023,002,745**	**203,178,838**	**424,866,409**	**1,447,869,154**
F	**Trainings**						
i	Domestic Trainings	67,500,000	464,579	464,579	0	0	464,579
	Sub-Total (F)	**67,500,000**	**464,579**	**464,579**	**0**	**0**	**464,579**
G	**Behavior Change Communication**						

i	Improved Practices and Health Seeking Behaviour for Reproductive, Maternal, Newborn and Child Health and Nutrition	232,000,000	0	0	0	0	0
	Sub-Total (G)	**232,000,000**	**0**	**0**	**0**	**0**	**0**
H	**Uncovered Area**						
i	CMW Model, INGOs & local NGOs Model, MPHWs Model AND/OR LHWs to cover the uncovered / unreached populations	2,563,290,000	0	0	0	0	0
	Sub-Total (H)	**2,563,290,000**	**0**	**0**	**0**	**0**	**0**
I	**Health & Nutrition Weeks**						
i	Celebration of Health & Nutrition, WASH week on Bi-annual basis in uncovered / unreached areas	14,000,000	0	0	0	0	0
ii	Health & Nutrition campaign/screening camps in urben-slum	40,000,000	0	0	0	0	0
	Sub-Total (I)	**54,000,000**	**0**	**0**	**0**	**0**	**0**
J	**Improved health information systems for reporting, referral, and M&E**						
i	Development of website offering Health & Nutrition related information and online nutritional assessment tools	1,000,000	0	0	0	0	0
ii	Website Operation Cost (Communication/Internet/Server etc.)	2,200,000	206,819	206,819	0	0	206,819
iii	development of information systems for reporting, referral, and M&E	22,000,000	0	0	0	0	0
iv	Conduct internal review/evaluation of CMAM and third party monitoring	10,000,000	0	0	0	0	0
v	Establish Video Conference Rooms at District level	19,800,000	0	0	0	0	0
	Sub-Total (J)	**55,000,000**	**206,819**	**206,819**	**0**	**0**	**206,819**
K	**Strengthened research development for health & nutrition**						
i	Establishment of Research & development Unit at PMU-level	1,000,000	0	0	0	0	0
ii	Conduct operational research on programme management of low coverage or underutilized interventions	5,000,000	0	0	0	0	0
iii	Support / Conduct research in MNCH and Nutrition related areas	5,000,000	0	0	0	0	0
	Sub-Total (K)	**11,000,000**	**0**	**0**	**0**	**0**	**0**
Total		**8,992,801,689**	**3,478,301,173**	**2,503,020,238**	**975,280,935**	**975,280,935**	**3,478,301,173**

II. Physical Progress

Sr. No.	Project Component	Unit	Approved Target	Revised	Done	Remarks
A	**Human Resource**					The execution of all activity were not under way according to approved plan due to insufficient allocation/release of budget as approved in PC-I during each FY.
i	Hiring of PMU Post	No.	10	2	2	
ii	Hiring of DMU Post	No.	72	-	-	
iii	Hiring of Nurses for SCs	No.	84	58	38	
B	**Machinery & Equipment**					
i	Machinery & Equipment for establishment of 20 new SCs	No.	20	27	-	
ii	Anthropometric Equipments for establishment of 441 OTPs	No.	441	441	-	
iii	Android Tabs for OTPs	No.	1,126	1,126	1,126	
iv	Establish Video Conference Rooms at District level	No.	36	-	-	
C	**Procurement of Medicine and Consumable**					
i	Medicines	Rs. In million	3,214,779,727	1,899,590,476	1,166,567,503	
D	**Procurement of Nutritional Commodities**					
i	Nutritional commodities including RUSF, RUTF, F75, F100 etc	Rs. In million	2,192,561,530	1,226,181,583	1,023,002,745	
E	**Trainings**					
i	Trainings of HCPs on RMNCH	No.	55,500	-	-	
F	**Behavior Change Communication**					
i	Improved Practices and Health Seeking Behaviour for Reproductive, Maternal, Newborn and Child Health and Nutrition	Rs. In million	232,000,000	-	-	
G	**Establishment of Nutrition sites**					
i	No. of SCs	No.	20	24	24	
ii	No. of OTPs	No.	441	650	650	
H	**Celeberation of weeks**					
i	Health, Nutrition & Breastfeeding weeks	No.	8	4	4	
I	**Uncovered area**					
i	CMW Model, INGOs & local NGOs Model, MPHWs Model AND/OR LHWs to cover the uncovered / unreached populations	Rs. In million	2,563,290,000	-	-	

Annexure-J (As Desired by P&D Board)

Format-a

Detail of Imported Items

(Amount in Rs.)

Sr. No.	Description of imported items	Approved PC-I				Detail of L/C opening				Detail of L/C Retiring			
		Qty	Unit Cost	Total Cost	Exch. Rate	Qty	Unit Cost	Total Cost	Exch. Rate	Qty	Unit Cost	Total Cost	Exch. Rate
There is no imported items were procured													

Format-b

Annex-B

Detail of Project Cost

(Amount in Rs.)

Sr. No.	Description of imported items	Approved PC-I (2017-2023)				1st Revised PC-I (2017-24)			Work Done/Procurement made/Utilization (2017-2024)			Work Yet to be Done (2024-26)			Revised PC-I (2017-26)			Difference 1st Revised vs2nd Revised
		Unit	Qty	Rate	Amount	Qty	Rate	Amount	Qty	Rate	Amount	Qty	Rate	Amount	Qty	Rate	Amount	Amount
1	Salary	Director Nutrition	1	500,000	22,860,750	1	500,000	9,295,676	1	442,151	10,611,612	1	500,000	12,000,000	1	500,000	22,611,612	13,315,936
2		Manager Nutrition	1	300,000	13,716,450	1	300,000	3,600,000	1	327,816	3,933,786	1	300,000	8,200,000	1	300,000	12,133,786	8,533,786
3		Manager M&E	1	200,000	9,144,300	0	0	0	0	0	0	0	0	0	0	0	0	0
4		Data Analyst	1	80,000	3,657,720	0	0	0	0	0	0	0	0	0	0	0	0	0
5		Research Associate	3	80,000	10,973,160	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Communication Specialist	1	200,000	9,144,300	0	0	0	0	0	0	0	0	0	0	0	0	0
7		Graphic Designer/Computer Operator	1	75,000	3,429,113	0	0	0	0	0	0	0	0	0	0	0	0	0

8		Drivers	1	20,000	914,430	0	0	0	0	0	0	0	0	0	0	0	0	0
9		District Support Health & Nutrition Coordinator	36	85,000	139,907,790	0	0	0	0	0	0	0	0	0	0	0	0	0
10		Data Analyst	36	70,000	115,218,180	0	0	0	0	0	0	0	0	0	0	0	0	0
11		Charge Nurse	84	40,000	153,624,240	58	40,000	227,688,316	58	40,000	240,168,316	58	40,000	36,480,000	58	40,000	276,648,316	48,960,000
12	Operations	Telephone and Trunk Calls	36	15,000	540,000	12	15,000	180,000	0	0	0	24	15,000	360,000	1	15,000	360,000	180,000
13		Telex and Fax	48	5,000	240,000	14	5,000	70,787	1	10,787	10,787	24	5,000	120,000	1	5,000	130,787	60,000
14		Courier & Pilot Services	48	20,000	960,000	12	20,000	240,000	0	0	0	24	20,000	480,000	1	20,000	480,000	240,000
15		Rate & Taxes	48	10,000	480,000	12	10,000	120,000	0	0	0	24	10,000	240,000	1	10,000	240,000	120,000
16		Travelling Allowance	360	40,000	14,400,000	175	40,000	6,981,218	69	40,000	2,768,813	240	40,000	9,600,000	10	40,000	12,368,813	5,387,595
17		Transportation of Goods	4	3,000,000	12,000,000	1	5,000,000	6,692,374	1	1,692,374	8,495,933	3	5,000,000	14,000,000	2	5,000,000	22,495,933	15,803,559
18		POL	240	40,000	9,600,000	139	40,000	5,572,926	55	14,053	772,926	240	40,000	9,600,000	10	40,000	10,372,926	4,800,000
19		Service Render to others	4	3,000,000	12,000,000	1	3,000,000	3,183,391	1	183,391	183,391	2	3,000,000	6,000,000	2	3,000,000	6,183,391	3,000,000
20		Hardware	5	200,000	1,000,000	14	200,000	2,702,250	3	234,083	702,250	20	200,000	4,000,000	5	200,000	4,702,250	2,000,000
21		Stationery	4	1,000,000	4,000,000	1	1,000,000	1,415,623	1	415,623	415,623	2	1,000,000	2,000,000	2	1,000,000	2,415,623	1,000,000
22		Electronic Communication	4	550,000	2,200,000	1	206,819	206,819	1	206,819	206,819	0	0	0	1	206,819	206,819	0
23		Health & Nutrition campaign/screening camps in urben-slum	4	10,000,000	40,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Establish Video Conference Rooms at District level	36	550,000	19,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
25		Purchase of Transport	1	4,000,000	4,000,000	1	6,000,000	6,000,000	0	0	0	1	6,000,000	6,000,000	1	6,000,000	6,000,000	0
26		Transport Repair	4	750,000	3,000,000	2	500,000	1,031,640	1	31,640	31,640	2	1,000,000	2,000,000		1,000,000	2,031,640	1,000,000
27	Functionalization of SCs	Cost of Stabilization Centre Kit including Refrigerator, Blender, Microwave, stove, utensils, anthropemtric equipment, Android Tab etc	20	200,000	4,000,000	27	700,000	18,900,000	0	0	0	0	0	0	27	700,000	0	(18,900,000)
28		Branding, repair and maintinance of SCs	0	0	0	27	500,000	13,500,000	0	0	0	0	0	0	27	500,000	0	(13,500,000)

		through Health Councils															
29	Functionalization of OTPs	Anthropomitry equipments including (Weighing Scale, Height & Length Scale, MUAC Tap(adult & Child), for OTP	441	20,000	8,820,000	0	0	0	0	0	0	0	0	0	0	0	0	0
30		Purchase of Android Tablets for online android app and MIS for recording, reporting and monitoring tools at OTPs	1,126	40,000	45,040,000	1,126	39,683	44,683,515	1,126	39,683	44,683,515	0	0	0	1,126	39,683	44,683,515	0
31	Trainings	Conduct training of healthcare providers from private sector (Pilot)	500	3,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
32		Conduct training of healthcare providers from public sector	55,000	1,000	66,000,000	500	1,000	464,579	0	0	464,579	0	0	0	500	1,000	464,579	0
33	Research	Conduct operational research on programme management of low coverage or underutilized interventions	1	1,250,000	5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
34		Support / Conduct research in MNCH and Nutrition related areas	1	1,250,000	5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Drug & Medicine	IFA Suppliments (Adolescent Girls) forpreventionof Anemia (Blanket coverage)	0	0.00	0	46,035,792	1.55	71,355,478	0	1.55	39,178,978	18,414,316	1.55	28,542,190	43,691,076	1.55	67,721,168	(3,634,310)
36		IFA Supplements (Adolescent Girls) for treatment of Anemia	0	1.55	362,754,235	103,472,055	1.55	160,381,686	47,360,975	1.55	73,409,512	22,444,434	1.55	34,788,872	146,009,123	1.55	108,198,384	(52,183,302)
37		IFA for Lactating Mothers	190,090,145	1.55	294,639,725	41,929,838	1.55	64,991,249	35,483,871	1.55	55,000,000	20,964,920	1.55	32,495,626	56,448,791	1.55	87,495,626	22,504,377
38		IFA for Pregnant Mothers	658,004,357	1.55	1,019,906,753	183,741,935	1.55	284,800,000	158,465,175	1.55	245,621,022	0	1.55	0	158,465,175	1.55	245,621,022	(39,178,978)
39		MMT/Multivitamins (Pregnant)	0	0.00	0	81,989,100	4.00	327,956,400	38,249,982	4.00	152,999,928	32,795,640	6.00	196,773,840	163,978,200	4.00	349,773,768	21,817,368
40		Foic acid (Pregnant)	0	0.00	0	27,329,700	0.50	13,664,850	12,000,044	0.50	6,000,022	10,931,880	1.00	10,931,880	54,659,400	0.50	16,931,902	3,267,052

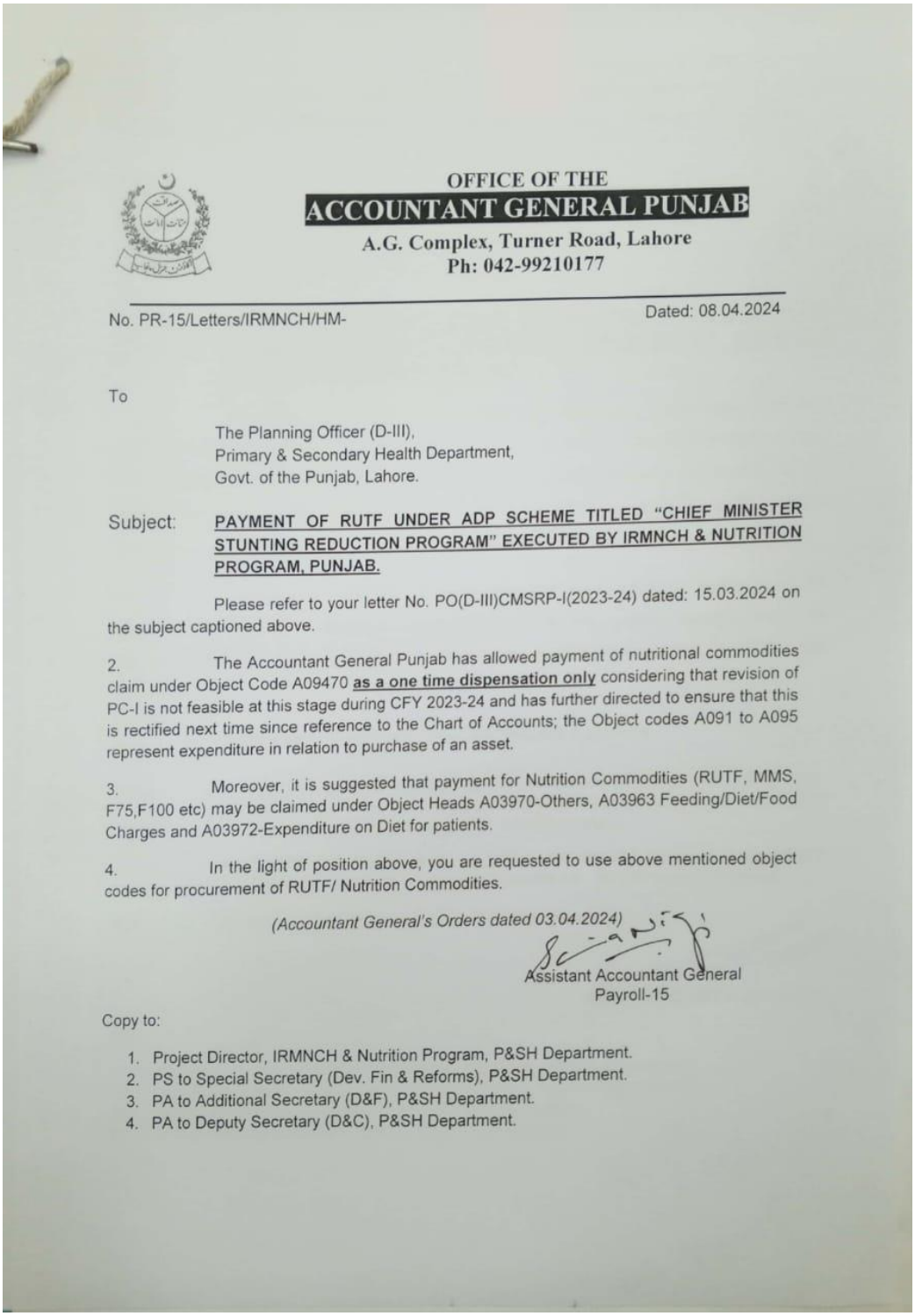
41		Calciums Minrals complex (Pregnant)	0	0.00	0	81,989,100	2.25	184,475,475	38,222,228	2.25	86,000,013	32,795,640	4.00	131,182,560	163,978,200	2.25	217,182,573	32,707,098
42		Cost of Aqua Tab for SAM Children register at OTP	11,672,283	3.00	35,016,849	4,016,880	5.00	20,084,400	576,000	5.00	2,880,000	0	0.00	0	7,457,760	5	2,880,000	(17,204,400)
43		Mebandazole	86,817,323	5.00	434,086,615	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0
44		Medicine for SAM Child (Amoxylin + Paracetamol + ORS + Zinc)	164,392	100.00	16,439,193	85,681	215.00	18,421,471	31,965	215	6,872,565	21,486	215.00	4,619,558	145,533	215	11,492,123	(6,929,348)
45		ORS for LHWs	32,831,971	9.39	308,292,210	8,787,526	16.00	140,600,420	3,579,526	16	57,272,420	0	0.00	0	13,995,526	16	57,272,420	(83,328,000)
46		Syp. Amoxill for LHWs	9,849,591	35.00	344,735,698	4,106,571	35.00	143,730,000	4,106,571	35	143,730,000	0	0.00	0	4,106,571	35	143,730,000	0
47		Syp. Zinc Sulphate for LHWs	16,415,986	19.80	325,036,515	11,265,627	24.00	270,375,048	8,962,460	24	215,099,043	0	0.00	0	14,170,460	24	215,099,043	(55,276,005)
48		Tab Paracetamol for LHWs	98,495,914	0.75	73,871,935	37,332,127	2.21	82,504,000	37,332,127	2	82,504,000	0	0.00	0	68,580,127	2	82,504,000	0
49		Syp. Paracetamol for LHWs	0	35.00	0	1,550,000	75.00	116,250,000	0	75	0	0	0.00	0	3,100,000	75	0	(116,250,000)
50	Nutritional Commodities	LNS for pregnant women	8,973,447	20.00	185,704,607	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0
51		RUTF for OTPs for treatment of SAM Children without severe medical complications	13,281,134	40	531,245,342	9,593,879	85.00	815,479,743	9,094,153	85	773,003,043	1,720,440	110.00	189,248,400	11,320,605	110	962,251,443	146,771,700
52		F-75+F-100+Resomal for Stabilization Centers for treatment of SAM children with severe medical complications	72	250,000	18,000,000	40	250,000.00	10,000,000	0	0	0	0	0.00	0	0	0	0	(10,000,000)
53		MMS for 6 months to 24 months for blanket coverage	541,198,897	2.50	1,352,997,242	26,206,320	11.00	288,269,520	0	0	137,567,382	13,103,160	13.00	170,341,080	27,991,678	13	307,908,462	19,638,942
54		Provision of RUSF and MMS to underweight Children aged 6 months – 5 Years (Pilot in 1 districts on 1000 children)	119,160	20.00	2,383,200	0	80.00	0	0	0	0	0	0.00	0	0	0	0	0
55		MMS for OTPs for treatment of MAM Children	19,724,456	2.50	49,311,139	10,221,120	11.00	112,432,320	0	0	112,432,320	5,021,302	13.00	65,276,930	16,155,386	13	177,709,250	65,276,930

56	Incentive allowance	SC Incentive for SAM Children @ Rs.1500/- on Second day of Admission and Rs. 1500/- at the time of discharge.	17,640	3,000.00	52,920,000	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0
57	Out Source	CMW Model, INGOs & local NGOs Model, MPHWs Model AND/OR LHWs to cover the uncovered / unreached populations	7,014	15,000.00	2,563,290,000	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0
58		Celebration of Health & Nutrition, WASH week on Bi-annual basis in uncovered / unreached areas for delivery of nutrition out reach package including screening/referral counseling, dewormimg, vaccination, nutrition, ANC, PNC etc.	7	2,000,000	14,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
59		Development of monitoring and information management system (online android app and MIS) for recording, reporting and monitoring tools for maternal (ANC, SBA, PNC) and child screening (SAM/MAM, stunted, underweight) at health facilities (24/7, OTPs, and SCs)	1	5,000,000	5,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
60		Develop android app and integrate with management information system for referral case management of children (under 5 years) and new-borns,	1	5,000,000	5,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0

		both outpatients and inpatients																
61		Development of website offering Health & Nutrition related information and online nutritional assessment tools	1	1,000,000	1,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
62		Development of website offering Health & Nutrition related information and online nutritional assessment tools	1	1,000,000	1,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
63		Conduct internal review/evaluation of CMAM and third party monitoring	1	10,000,000	10,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
64	BCC	Cost for development of Basic Communication Package (BCP) and argeted / Advanced Communication Package.	2	10,000,000	20,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
65		Cost of disseminating Basic Communication Package (BCP) on maternal and child health, IYCF, exclusive breast feeding, nutrition and immunization using print and electronic media and radio, social media.	4	40,000,000	140,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
66		Cost of disseminating Targeted / Advanced Communication Package (T/ACP) for adolescent, pregnant and lactating women (PLW) and under 5 children using advocacy seminars, meetings and events. (District Based Activity)	144	250,000	36,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0

67		LHW–CRC–OTP: monitoring, reporting and community engagement through CRC	4	2,000,000	8,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
68		SMS and Robbo call to household to remind	4	1,000,000	4,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
69		Printing of IEC Material	144	250,000	36,000,000	0	0	0	0	0	0	0	0.00	0	0	0	0	0
Total					**8,992,801,689**			**3,478,301,173**			**2,503,020,238**			**975,280,936**			**3,478,301,174**	**1**

Annexure-K



OFFICE OF THE
ACCOUNTANT GENERAL PUNJAB
A.G. Complex, Turner Road, Lahore
Ph: 042-99210177

No. PR-15/Letters/IRMNCH/HM- Dated: 08.04.2024

To

The Planning Officer (D-III),
Primary & Secondary Health Department,
Govt. of the Punjab, Lahore.

Subject: **PAYMENT OF RUTF UNDER ADP SCHEME TITLED "CHIEF MINISTER STUNTING REDUCTION PROGRAM" EXECUTED BY IRMNCH & NUTRITION PROGRAM, PUNJAB.**

Please refer to your letter No. PO(D-III)CMSRP-I(2023-24) dated: 15.03.2024 on the subject captioned above.

2. The Accountant General Punjab has allowed payment of nutritional commodities claim under Object Code A09470 **as a one time dispensation only** considering that revision of PC-I is not feasible at this stage during CFY 2023-24 and has further directed to ensure that this is rectified next time since reference to the Chart of Accounts; the Object codes A091 to A095 represent expenditure in relation to purchase of an asset.

3. Moreover, it is suggested that payment for Nutrition Commodities (RUTF, MMS, F75,F100 etc) may be claimed under Object Heads A03970-Others, A03963 Feeding/Diet/Food Charges and A03972-Expenditure on Diet for patients.

4. In the light of position above, you are requested to use above mentioned object codes for procurement of RUTF/ Nutrition Commodities.

(Accountant General's Orders dated 03.04.2024)

Assistant Accountant General
Payroll-15

Copy to:

1. Project Director, IRMNCH & Nutrition Program, P&SH Department.
2. PS to Special Secretary (Dev. Fin & Reforms), P&SH Department.
3. PA to Additional Secretary (D&F), P&SH Department.
4. PA to Deputy Secretary (D&C), P&SH Department.

Annexure-L

GOVERNMENT OF THE PUNJAB
P&SHC DEPARTMENT

Dated Lahore the 14-12 2017

ORDER

No.PO(D-II)1-202/2017: Consequent upon the decision of Provincial Development Working Party (PDWP) taken during its meeting held on 28.11.2017, Governor of the Punjab is pleased to accord Administrative Approval of the scheme titled **"Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab"** at a total cost of **Rs.8,993.000-Million** (Rupees Eight Thousand Nine Hundred Ninety Three Million Only).

2. The expenditure involved will be debitable under the following heads of account.

Revenue
Rs.8,993.000- Million

Grant No. PC-22036 (036) Development -07Health - 073 –Hospital Seravices-0731-General Hospital Services -073101 General Hospital Services.- LE4206 General Hospital Services

14/12/17

(ALI JAN KHAN)
SECRETARY, P&SHC DEPARTMENT

NO. & DATE EVEN:

A copy is forwarded for information and necessary action to the.-

1. Chief (Health-II) Planning & Development Department, Lahore.
2. Accountant General, Punjab, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Program Director, IRMNCH & Nutrition Program.
5. Section Officer (Health-I), Finance Department.
6. Budget Officer-I & III Finance Department.
7. Section Officer (ND), P&SH Department.
8. Planning Officer (ADP), P&SH Department.
9. PSO to Secretary, P&SH Department.
10. PA to Special Secretary, P&SH Department.
11. PA to Additional Secretary (Dev), P&SH Department.

(M.ASIF RASHEED)
PLANNING OFFICER (D-II)

Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated Lahore the 24-06-, 2021

ORDER

No.PO(D-II) 1-202/2017 (I): Consequent upon the decision of Provincial Development Working Party (PDWP), taken in its meeting held on 12.02.2019 vide P&D Board letter No. 35(231)PO(COORD-II) P&D/2019 dated 23.03.2019, the gestation period of scheme titled **"Chief Minister's Stunting Reduction Programme for 11 Districts of Southern Punjab"** is hereby extended for further (01) one year (till 30-06-2022) at already approved scope and already approved cost of Rs. 8,993.000-Million (Rupees Eight Thousand Nine Hundred Ninety Three Million Only).

(SARAH ASLAM)
SECRETARY P&SH DEPARTMENT

NO. & DATE EVEN:

A copy is forwarded for information and necessary action to the.-

1. Accountant General, Punjab, Lahore.
2. Chief (Health-II) Planning & Development Department, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Program Director, IRMNCH &Nutrition Program, P&SHC Department.
5. Section Officer (Health-I), Finance Department.
6. Budget Officer-I&III Finance Department.
7. Planning Officer (ADP), P&SHC Department.
8. PSO to Secretary, P&S Health Department.
9. PA to Additional Secretary (Dev & Fin), P&S Health Department.
10. PA to Additional Secretary (Admin), P&S Health Department.

(M. ASIF RASHEED)
PLANNING OFFICER (D-II)

Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated: 25-04- 2022

ORDER

No.PO(D-II)1-202/2017(I): Exercising the powers delegated by the Provincial Development Working Party (PDWP) during its meeting held on 26.06.2021, conveyed via P&D Board's letter No. 35(231)PO(COORD-II)P&D/2021 dated 09.07.2021, the gestation period of scheme titled **"Chief Minister's Stunting Reduction Programme for 11 Districts of Southern Punjab"** is hereby extended for further one year (upto 30.06.2023), at already approved scope and cost of the scheme.

(IMRAN SIKANDAR BALOCH)
SECRETARY, P&SH DEPARTMENT

NO. & DATE EVEN:
A copy for information and necessary action is forwarded to the:

1. Accountant General Punjab, Lahore.
2. Chief (Health-II), Planning & Development Board, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Program Director, IRMNCH & Nutrition Program, P&SH Department.
5. Section Officer (Health-I), Finance Department.
6. Budget Officer-I&III, Finance Department.
7. Planning Officer (ADP), P&SH Department.
8. PSO to Secretary, P&SH Department.
9. PA to Special Secretary (Development), P&SH Department.
10. PA to Additional Secretary (Dev. & Fin.), P&SH Department.
11. PA to Additional Secretary (Dev. & Coord.), P&SH Department.

PLANNING OFFICER (D-II)

Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated: 15 / 11 / 2023

ORDER

No. PO(D-III) CMSRP-I (2023-24): Consequent upon decision of Provincial Development Working Party (PDWP), taken in its 18th meeting held on 22-09-2023 and subsequently, cost clearance issued by P&D Board vide No. 6(559)PO(H)/P&SH/P&D/2021, dated 14-11-2023, Governor of the Punjab is pleased to accord 1st revised Administrative Approval of the scheme titled **"Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab"** at a total cost of **Rs.3,478.303-Million** (Rupees Three Thousand Four Hundred Seventy Eight Million and Three Hundred Three Thousand Only), with gestation period of seven (07) years, starting from 01-07-2017 to 30-06-2024.

2. The expenditure involved will be debitable under the following heads of account.

Revenue Component
(Rs. 3,478.303-Million)

Grant No. PC-22036 (036) Development -07-Health -073-Hospital Services-0731-General Hospital Services -073101 General Hospital Services – LE4206 General Hospital Services

15/11/23

(ALI JAN KHAN)
SECRETARY, P&SH DEPARTMENT

NO. & DATE EVEN:
A copy is forwarded for information and necessary action to the:

1. Accountant General Punjab, Lahore.
2. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
3. Chief (Health-II), Planning & Development Board, Lahore.
4. Treasury Officer, Lahore.
5. Project Director, IRMNCH & Nutrition Program, P&SH Department.
6. Deputy Secretary (B&A), P&SH Department.
7. Section Officer (Health-I), Finance Department.
8. Budget Officer-I & III, Finance Department.
9. Section Officer (ND), P&SH Department.
10. Planning Officer (ADP), P&SH Department.
11. PS to Secretary, P&SH Department.
12. PS to Special Secretary (Dev. Fin. & Ref.), P&SH Department.
13. PA to Additional Secretary (Dev. & Fin.), P&SH Department.
14. PA to Deputy Secretary (Dev. & Coord.), P&SH Department.

15/11/2023

PLANNING OFFICER (D-III)