



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

WORKING PAPER FOR PDWP

PART-A

1.	Name of the Project	Chief Minister's Stunting Reduction Programme for 11 Southern Districts of Punjab (2nd Revision)			
2.	Location	Punjab			
3.	Sponsoring Agency	Health & Population (H&P) Department			
4.	Executing Agency	Health & Population (H&P) Department			
5.	Operation and Maintenance	<ul style="list-style-type: none"> • Health & Population (H&P) Department • IRMNCH & Nutrition Program • District Health Authorities 			
6.	Cost	(Rs. in Million)			
		Component	Original Approval (28.11.2017)	1st Revision (22.09.2023)	2nd Revision (Proposed)
		Capital	-	-	-
		Revenue	8,992.802	3,478.301	3,478.301
		Total	8,992.802	3,478.301	3,478.301
7.	ADP 2024-25 (GS. No. 395)	Rev. Allocation:- Rs. 71.4 million P&D Release:- Rs. 71.4 million			
8.	Actual Expenditure (SMDP)	Rs. 2,661.30 Million			
9.	Gestation Period	Original Approval	1st Extension	2nd Extension	1st Revision
		July, 2017- June, 2021	July, 2017- June, 2022	July, 2017- June, 2023	July, 2017- June, 2024
					2nd Revision (Proposed)
					July, 2017- June, 2026

10. Approval History:-

- i. The scheme was initially approved by PDWP on November 28, 2017 at a cost of **Rs. 8,992.802** million (Revenue) with gestation period up to June, 2021;
- ii. A one year extension in gestation period up to June, 2022 was granted by Secretary, H&P Department on June 24, 2021;
- iii. Another one year extension in gestation period up to June, 2023 was accorded by Secretary, H&P Department on April 25, 2022;
- iv. 1st Revision of the scheme was approved by PDWP September 22, 2023 at a cost of **Rs. 3,478.301** million (Revenue) with gestation period up to June, 2024;
- v. Now, the H&P Department has submitted the 2nd revision of PC-I for extension in gestation period up to June, 2026 with no change in cost.

11. Reasons for Revision:-

- i. 2nd revision of the PC-I is required for extension in gestation period with reduction in scope of interventions i.e., reduction in HR, change of object code as recommended by Accountant General Punjab, reduction in procurement bases on requirements and adjustments in unit cost for various heads to streamline activities and ensure alignment with Sustainable Developments Goals (SDGs);
- ii. Unit rates of already procured items are being utilized;
- iii. Revision of unit costs of items yet to be procured including the impact of inflation;
- iv. A Reduction of **20** posts in HR from **60** to **40**, is proposed as under:
 - a. Only 02 posts of PMU, which are already filled, will be retained,
 - b. Only **38** posts of Nurses already working in Stabilization Centres will be retained under an attrition policy. The requirement for Nurses will be met from existing staff of concerned Health Facilities from non-development side. The already hired staff will continue to serve and no new hiring will be made;
- v. The object code for payment of nutritional commodities needs to be changed on the advice of AG Punjab from **A09470** to **A03970**;
- vi. Total funds amounting to **Rs. 2,503.02** million (72% of the 1st Revised cost) has been allocated/ released for the instant scheme during its approved period from 2017 to 2024, therefore, sufficient savings/funds are available under each head to support the proposed revision;

The Chief Minister's Stunting Reduction Program (CMSRP) is the only flagship initiative in Punjab aimed at addressing malnutrition among children under five, adolescents and PLWs. It aligns with the Sustainable Development Goals (SDGs) and has played a critical role 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 to support a two years extension without any increase in the previously approved cost.

12. Project Objectives:-

- i. To improve the nutrition status of women, children and adolescents by delivering a comprehensive set of preventive & curative nutrition interventions integrated into the health system;
- ii. To increase equitable access to community based health & nutrition services for the most vulnerable and marginalized populations;
- iii. To contribute to the reduction of malnutrition in PLWs and children by integrating nutrition into the health sector by and improving health & nutrition service delivery at health facilities;
- iv. To raise awareness among stakeholders including policy makers, development partners, communities, target population about good nutrition through Social and Behaviour Change Communication(SBCC) initiatives ;
- v. To establish nutrition governance structures and monitoring and evaluation (M&E) systems to ensure accountability, support the resource allocation and facilitate mobilization.

13. Targets:-

- i. To Reduce the prevalence of wasting among children under 5 years of age from 17% to 4.5% by the end of 2024;
- ii. To Reduce the prevalence of stunting among children under 5 years of age from 33.5% to 28% by the end of 2024;
- iii. To reduce the prevalence of underweight children under 5 years of age from 33.7% to 19% by the end of 2024;
- iv. To Increase the rate of exclusive breast feeding from 16.8% to 47% by the end of 2024;
- v. To improve the rate of early initiation of breast feeding from 10.6% to 21% by the end of 2024.

14. Year Wise Financial Phasing:-**(Rs. in Million)**

2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
199.07	35.81	40.62	466.64	499.98	313.68	947.23	490.64	484.64

15. Financial Progress:**(Rs. in Million)**

FY	Allocation	Releases	Utilization	Lapsed
2017-18	200.000	200.000	199.065	0.935
2018-19	262.500	262.500	35.811	226.689
2019-20	500.000	500.000	40.616	459.384
2020-21	478.000	478.000	466.640	11.359
2021-22	500.000	500.000	499.984	0.0159
2022-23	400.000	400.000	313.677	86.322
2023-24	947.228	947.228	947.228	0.000
2024-25	396.885	396.885	0.000	0.000
Total	3,684.613	3,683.913	2,503.020	784.708

16. Physical Progress:

Sr. No.	Project Component	Approved Target	Revised	Done	Remarks
A.	Human Resource				The execution of all activities have not proceeded according to approved plan due to insufficient allocation / release of budget.
i	Hiring of PMU Post	10	2	2	
ii	Hiring of DMU Post	72	-	-	
iii	Hiring of Nurses for SCs	84	58	38	
B.	Machinery & Equipment				
i	Machinery & Equipment for establishment of 20 new SCs	20	27	-	
ii	Anthropometric Equipment for establishment of 441 OTPs	441	441	-	
iii	Android Tabs for OTPs	1,126	1,126	1,126	
iv	Establish Video Conference Rooms at District level	36	-	-	
C.	Procurement of Medicine and Consumable				
i	Medicines	3,214,779,727	1,899,590,476	1,166,567,503	
D.	Procurement of Nutritional Commodities				
i	Nutritional commodities including RUSF, RUTF, F75,	2,192,561,530	1,226,181,583	1,023,002,745	

Sr. No.	Project Component	Approved Target	Revised	Done	Remarks
	F100 etc.				
E.	Trainings				
i	Trainings of HCPs on RMNCH	55,500	-	-	
F.	Behavior Change Communication				
i	Improved Practices and Health Seeking Behavior for Reproductive, Maternal, Newborn and Child Health and Nutrition	232,000,000	-	-	
G.	Establishment of Nutrition sites				
i.	No. of SCs	20	24	24	
ii.	No. of OTPs	441	650	650	
H.	Celebration of weeks				
i	Health, Nutrition & Breastfeeding weeks	8	4	4	
I	Uncovered area				
i	CMW Model, INGOs & local NGOs Model, MPHWS Model AND/OR LHWs to cover the uncovered / unreached populations	2,563,290,000	-	-	

17. Cost Summary:

(Rs. In Million)

Sr. #	Description	Total			Difference
		Approved	1 st Revision	2 nd Revision (Proposed)	
(a)	(b)	(c)	(d)	(e)	f = (e-d)
1	Salary	482.590	240.584	311.394	70.810
2	Telephone and Trunk Calls	0.540	0.180	0.360	0.180
3	Telex and Fax	0.240	0.071	0.131	0.060
4	Electronic Communication	14.200	0.207	0.207	0.000
5	Courier & Pilot Services	0.960	0.240	0.480	0.240
6	Rate & Taxes	0.480	0.120	0.240	0.120
7	Medical Machinery & Technical Equipment	4.000	18.900	0.000	-18.900
8	Medical Machinery & Technical Equipment	8.820	0.000	0.000	0.000
9	Domestic Training	67.500	0.465	0.465	0.000
10	Travelling Allowance	14.400	6.981	12.369	5.388
11	Transportation of Goods	12.000	6.692	22.496	15.804
12	POL	9.600	5.573	10.373	4.800
13	Stationery	4.000	1.416	2.416	1.000
14	Conference/ Seminar & Symposia	54.000	0.000	0.000	0.000

15	Publicity & Advertisement	212.000	0.000	0.000	0.000
16	Payment to others for Service Rendered	2,616.290	3.183	6.183	3.000
17	Purchase of Drug & Medicine	3,214.780	1,899.590	1,605.902	-293.688
18	Research & Training	10.000	0.000	0.000	0.000
19	Others (Nutrition Commodities)	0.000	0.000	424.866	424.866
20	Others (Transfer Grant to HC)	0.000	13.500	0.000	-13.500
21	Hardware	66.840	47.386	49.386	2.000
22	Others (Nutrition Commodities)	2,192.562	1,226.182	1,023.003	-203.179
23	Purchase of Transport	4.000	6.000	6.000	0.000
23	Transport Repair	3.000	1.032	2.032	1.000
Total		8,992.802	3,478.301	3,478.301	0.000

a) Sector Issues

Health sector needs institutional reforms for the improvement of existing facilities and betterment of health care delivery system in Punjab.

b) Sector Strategy

The Government of the Punjab is firmly committed to provide quality health care services at the doorstep of the community through an integrated approach. Health & Population Department strives to reform and strengthen the critical aspects of the health systems and enable it to:

- Ensure the delivery of a basic package of quality, essential health care services.
- Train and manage skilled and committed health care providers.
- Generate reliable health data to effectively manage and evaluate healthcare services.
- Adopt appropriate health technology to deliver quality services.
- Finance the costs of providing basic healthcare services for all segments of population.
- Reform the health administration to ensure transparency and
- accountability to the public

18. Other Major Ongoing & Potential Projects in the Sector

ADP 2024-25 reflects various schemes of Preventive Healthcare, Primary Healthcare, Research and Development, Secondary Healthcare, District Development Package and Special Initiatives. Major initiatives of the sector includes Enhanced HIV / AIDS Control Programme Punjab; Prevention and Control of Non-communicable Diseases; Chief Minister's Stunting Reduction Programme; Integrated Reproductive

Maternal New Born and Child Health (IRMNCH); Up-gradation of DHQ Hospital, Hafizabad; Establishment of DHQ Hospital, Mandi Bahaudin; Establishment of 200 bedded Mother and Child Hospitals in Attock, Bahawalnagar, and Mianwali.

19. **Unit Cost:-** (Not given in PC-I)

20. **Annual Operation & Maintenance Cost (Post completion):**(Not given in PC-I)

21. **Requirement of Staff:** (Not Applicable)

22. **Impact Assessment**

It is pertinent to mention that a meeting regarding review of ADP 2024-25 was held on 09-01-2025 chaired by Senior Minister, P&D Board. It was decided that the department would provide last 10-Years progress data on the scheme titled “**Chief Minister’s Stunting Reduction Program for 11 Southern Districts of Punjab**”. However, the department has not yet submitted the requisite data. Additionally, the department was directed to conduct an **impact assessment study** to evaluate the success / effectiveness of this initiative. This part of the directive has been complied with, and the Impact Assessment Study has been submitted. The key findings of the report highlight that ***“the program has played an important role in reducing malnutrition and improving child health in Punjab through cost effective interventions and strategic partnerships. To continue this progress, sustained investment in nutrition, awareness campaign and collaboration with sectors like education and agriculture and social protection sectors is essential. Regular monitoring and evaluation will improve strategies and ensure better health outcomes for future generations.”***

It is important to note that the assessment has not been conducted independently. Instead, the study was conducted internally through **IRMNCH** and the report was prepared and submitted by the implementing agency itself. This raises concerns regarding the impartiality of the findings, as independent third-party verification was not carried out. In order to ensure credibility, transparency, and unbiased evaluation, third-party evaluation must be conducted. However, the submitted report has been examined as under:

- i. Wasting in children under five increased from **7.5% to 10.2%**, contrary to the target of reducing it to **4.5%**.
- ii. Stunting improved from **31.5% to 27.3%**, surpassing the target of **28%**, indicating that the initiative exceeded expectations in this area.

- iii. Underweight cases dropped from **33.7%** to **20.9%**, nearing the goal of **19%**.
- iv. Exclusive breastfeeding improved from **22.6%** to **33.9%**, though still significantly below the target of **47%**.
- v. Early initiation of breastfeeding was targeted to increase from **10.6% to 21%**; **however, this indicator was not measured in the latest report.**

From a financial perspective, out of the **PKR 3.47** billion planned for **2017- 2024**, a total of **PKR 2.5** billion was utilized, reflecting an overall utilization rate of **72%**. However, under the component aimed at improving health and nutrition-related preventive services, out of **PKR 3.1 billion**, **2.1 billion** was utilized. Furthermore, under the component aimed at improving health and nutrition-related preventive services and service delivery at health centers, no funds have been utilized, despite an allocation of **PKR 32.4 million**. This partial and non-utilization may adversely impact the quality and accessibility of health services.

(Part-B)

The Pre-PDWP meeting of the scheme was held on **05-11-2024** under the chairmanship of Member (HNP), P&D Board. During the meeting, Health Section of P&DB raised certain observations and the annotated replies of the department are given below.

S. #	Observations	Response	Remarks
1	PDWP in its meeting held on 22-09-2023 approved the 1st revised PC-I of instant scheme with gestation period up to June, 2024 with the direction, inter alia, for rationalization of the scope by H&P Department. The Administrative Department may provide cogent justification for the proposed 02 years extension in gestation period up to June, 2026.	H&P Department proposed a new scheme in ADP 2024-25 titled "Integrated MCH program for Primary Health level" to cover & integrate all the activities being executed through various Program/schemes (i.e., IRMNCH & Nutrition Program, Chief Minister's stunting reduction program, Prime Minister Health Initiative etc.), however, during finalization of ADP 2024-25, the said scheme was dropped and Department left only option to extend/revise this scheme. The scheme was executed to address malnutrition among Pregnant & Lactating Women (PLWs), Adolescent Girls and children under 5 years of age. Currently, there is only one scheme which is addressing malnutrition and it is pertinent to	The scheme may be completed by June, 2025. Accordingly, the project targets may be updated and incorporated into PC-I.

S. #	Observations	Response	Remarks
		mention here that budget was not released according to the approval of PC-1 due to which a saving of Rs. 975 million accrued. Therefore, two years extension with need based minor changes are required to streamline the activities for achievement of outcomes aligned with sustainable developments goals (SDGs).	
2	The year-wise allocation, releases and utilization of funds provided by the Department do not match with the data reflected on SMDP portal. For example, cumulative utilization shown on SMDP portal is Rs. 2,661.3 million, while the utilization amount mentioned in the PC-I is Rs. 2,503.020 million. Department may review and incorporate updated figures.	The already mentioned expenditure in PC-I is as per actual expenditure incurred. The expenditure mentioned on SMDP portal will be corrected in line with the actual expenditure incurred.	SMDP Portal may be updated, accordingly.
3	The instant PC-I (2nd Revised) is submitted for approval of No Cost Extension in Gestation Period proposed up to June, 2026. However, the provided reasons for revision indicate change in scope such as reduction in procurement, HR, object code, unit rates etc. The Administrative Department may certify that instant 2nd revision of PC-I is required only to the extent of extension of gestation period of scheme without altering its scope, cost, or any other aspect.	There is no change in overall approved cost of PC-1, however, there are minor changes in activities (according to need) as already reflected in cost summary of 2nd revised PC-I.	<p>The changes in activities, proposed in the 2nd revised PC-I, are as under:</p> <p>Output 1: "Improved health & nutrition related preventive services" is downward revised by Rs. 72.0M.</p> <p>Output 3: "Improved health nutrition service delivery at health facilities" (Rs. 32.4M) deleted in this revision.</p> <p>Output 5: "Improved capacity and strengthened human resource for health and nutrition" increased by Rs. 104.4M. The Department may</p>

S. #	Observations	Response	Remarks
			justify these changes at this stage.
4	The tabs procured purpose may be explained.	The tabs were procured and distributed in FY 2017-18 for OTP sites to digitalize the data of patients on real time basis and analysis. These Tabs are already reflected in inventory submitted to P&D Board for scheme titled "Provision of Equipment and Furniture & Fixture of BHUs and RHCs".	Noted.
5	Department may give a detailed presentation on physical progress (original scope, revised, completed).	The financial and physical progress of the scheme is attached in instant 2nd revised PC-1.	Noted.
6	It is observed that the instant 2nd Revised PC-I has been signed by the Secretary, H&P D and forwarded for approval of Chairman, P&D Board. The Administrator Department may submit the PC-I duly approved by Secretary, H&P department.	It is submitted that the PC-I was duly signed by the Secretary, H&P D but at time of uploading the same on SMDP old-signed page was uploaded. The signed page is enclosed herewith for information. Same will be replaced in amended PC-I.	Noted.

23. **Recommendation:**

The 2nd revised PC-I of the scheme titled "Chief Minister's Stunting Reduction Program for 11 Southern Districts of Punjab" is placed before PDWP for its consideration.