



# Situation Analysis of Health Services in South Punjab

Interventions proposed



**PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, SOUTH PUNJAB**

May 16, 2022

## Disclaimer

In these unprecedented times, what priorities should health care system focus on to prepare for 2022 and beyond? As Department manage through the pandemic, we expect continued disruption to be the norm, and pathways to success will increasingly depend on collaboration, innovation, digitization and scaling ahead of the competition.

Primary & Secondary Healthcare Department, South Punjab, considering the dismal state of health status, upcoming challenge of double BOD, SDGs, scientific and technological advancements, is keen to address all issues related to health services under the auspices of the Universal Healthcare agenda to improve the health status of people in South Punjab.

Primary and Secondary Healthcare Department, South Punjab has prepared this report for the assessment of the eleven districts of the region. Maximum care and caution were observed while developing this document. It aims to identify the key issues in the region, identify the actions taken by the Department and propose a way forward. The opinions expressed in the document are solely those of the authors.

## Task Lead

Mr. Tanwir Iqbal Tabassum, Secretary, Primary & Secondary Healthcare Department, South Punjab

## Technical Team

Dr Maria Mumtaz DS Primary and Secondary HealthCare Department

Dr Zohaib DS Primary and Secondary Healthcare Department

Dr Zulqarnain Saleem Wattoo SO Tech Primary and Secondary Healthcare Department

Ms. Nazish Zahra, Consultant, P&SHD, South Punjab

## Data Collection/ Analysis

Muhammad Ahsan, M&EO IRMNCH Punjab / Data Analyst (RPMU-SP)

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## List of Abbreviation

<b>ADP</b>	Annual Development Programme
<b>AE</b>	Actual Expenditures
<b>ANC</b>	Antenatal Care
<b>BCC</b>	Behavior Change Communication
<b>BE</b>	Budget Estimates
<b>BHU</b>	Basic Health Unit
<b>CD</b>	Civil Dispensary
<b>CMW</b>	Community Midwife
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CEO</b>	Chief Executive Officer
<b>DGHS</b>	Director General Health Services
<b>DHIS</b>	District Health Information System
<b>DHO</b>	District Health Officer
<b>DHQ</b>	District Headquarter
<b>DHA</b>	District Health Authority
<b>DDHO</b>	Deputy District Health Officer
<b>EmONC</b>	Emergency Obstetric & Newborn Care
<b>EPHS</b>	Essential Package of Health Services
<b>EML</b>	Essential Medical List
<b>FD</b>	Finance Department
<b>FY</b>	Financial Year
<b>FWWs</b>	Female Welfare Workers
<b>GDP</b>	Gross Domestic Product
<b>GNI</b>	Gross National Income
<b>GNP</b>	Gross National Products
<b>GoP</b>	Government of Pakistan
<b>HD</b>	Health Department
<b>IMR</b>	Infant Mortality Rate
<b>IEC</b>	Information Education and Communication
<b>IRMNCH &amp; NP</b>	Integrated Reproductive Maternal, Newborn & Child Health and Nutrition Program
<b>LHS</b>	Lady Health Supervisor
<b>LHV</b>	Lady Health Visitor
<b>LHW</b>	Lady Health Worker
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MCH</b>	Mother & Child Health
<b>MDG</b>	Millennium Development Goal
<b>MMR</b>	Maternal Mortality Rate
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>MSDS</b>	Minimum Service Delivery Standards
<b>MTBF</b>	Medium Term Budgetary Framework
<b>MTDF</b>	Medium Term Development Framework
<b>MWRA</b>	Married Women of Reproductive Age

<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MPI</b>	Multidimensional Poverty Index
<b>MEA</b>	Monitoring and Evaluation Assistant
<b>NCD</b>	Non-Communicable Disease
<b>NGO</b>	Non-Government Organization
<b>PMA</b>	Pakistan Medical Association
<b>NNS</b>	National Nutrition Survey
<b>PMU</b>	Project Management Unit
<b>PDHS</b>	Pakistan Demographic Health Survey
<b>PHC</b>	Primary Healthcare
<b>PHC</b>	Punjab Healthcare Commission
<b>PMDC</b>	Pakistan Medical & Dental Council
<b>PMF</b>	Punjab Medical Faculty
<b>PNC</b>	Pakistan Nursing Council
<b>PPP</b>	Public Private Partnership
<b>PSPU</b>	Policy & Strategic Planning Unit
<b>PITB</b>	Punjab Information Technology Board
<b>RHC</b>	Rural Health Centre
<b>SBA</b>	Skilled Birth Attendant
<b>SDG</b>	Sustainable Development Goal
<b>SOPs</b>	Standard Operation Procedures
<b>TFR</b>	Total Fertility Rate
<b>THQ</b>	Tehsil Headquarter Hospital
<b>UHC</b>	Universal Health Coverage
<b>WHO</b>	World Health Organization
<b>WASH</b>	Water and Sanitation Hygiene

## Executive Summary

Health is coexistent with other sectors, such as economy, environment, education, transport, food security and other non-health sectors and a holistic approach is necessary to achieve the desired objectives for a better performing health sector. The southern parts of Punjab have faced considerable neglect during the course of the Pakistan's history. Due to this historical neglect; health and education are below par, compared to the rest of the province. In many aspects, South Punjab has worse health outcomes compared to Central & North Punjab. However, given Punjab's relative poor socio economic condition, this is not unexpected. This report looks behind the aggregate figures to uncover areas of health where South Punjab is lagging behind and can improve. Hence, it is imperative to understand and remedy the current factors that impede the services provided to the people of South Punjab, and pave a way for an equitable system.

The report addresses three sectors of health: 1) Infrastructure, 2) Service delivery particularly for Mother and Child health care, Nutrition & Family Planning, 3) Diseases trend both for Communicable and Non Communicable and analyze them district wise. Health records of 11 districts of South Punjab from February 2021 to March 2022 are retrieved and comparison is made. The analysis is followed by enumerations of problems and recommendations to improve the health sector.

This health report also aims at suggesting potential ways forward for the South Punjab region that can contribute to equitable and inclusive quality healthcare services to the masses of the region. The unique feature of this analysis is that it uses a blend of both quantitative data (spatial and non-spatial secondary data sets) and qualitative data (collected through field visits and stakeholders' consultations in conjunction with on-ground assessments with local stakeholders) to rapidly develop a health sector plan. Such a plan will provide a strategic vision for the development of the region as the local community will have a voice in the overall planning and development process of Primary and Secondary Healthcare Department in South Punjab.



## Goals and Objectives

- Provides the framework for the future planning, management and service delivery by the Punjab Health Department, to address health outcomes
- Reinforces vision of the Primary and Secondary Healthcare Department to bring equitable improvement in health facilities of South Punjab and performance for attaining the desired goal of providing quality healthcare to the people of South Punjab.
- Analyze the present disease burden trends especially with non-communicable diseases, up scaling of clinical services will need to be undertaken and provide direction for future interventions
- Coordination and linkage with each other for the prevention, cure and rehabilitation will be further enhanced and strengthened
- strengthening health systems for better governance;
- Collaborating with health and non-health sectors, public and private sectors and with the citizens for a common vision and interest.

# HEALTHCARE DELIVERY SYSTEM SOUTH PUNJAB

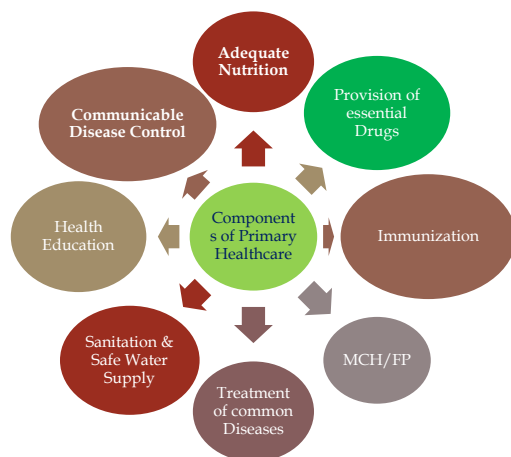
## Chapter 1: Primary & Secondary Healthcare Services

### 1.1 Punjab Context

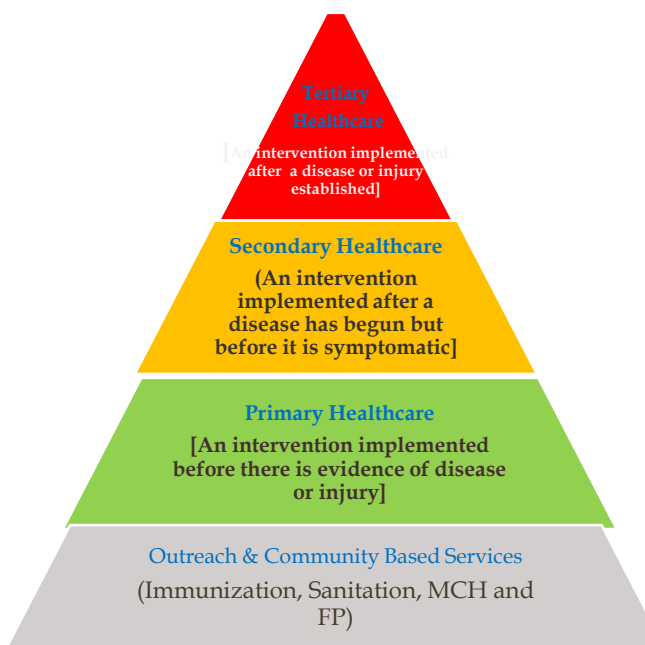
In November 2015, Health Department was bifurcated into two discrete departments with their separate line of command and staffing, Specialized Health and Medical Education (SH&ME) and Primary and Secondary Healthcare Department (P&SHD). The Primary & Secondary Healthcare Department (P&SHD) is concerned with improving health service delivery at primary and secondary level of care, while the Specialized Healthcare & Medical Education Department (SH&MED) deals with improving patient care Tertiary and specialized level coupled with quality medical education. The P&SH includes the Secretary and Special Secretary at the secretariat level, the DGHS for supervising health services in the periphery. He/she is further supported by the Directors of Communicable Disease Control, EPI, Basic Health Services/Headquarters, Policy and Strategic Planning Unit (PSPU), IRMNCH & Nutrition, Planning & Evaluation, number of Additional and Assistant Directors Health Services at the Provincial Directorate and Directors Health Services at Divisional Headquarters.

### 1.2 Overview of Health Care Delivery System

In 1978, Pakistan signed Alma-Ata Declaration, which adapted primary health care (PHC) as an approach to Health for All (HFA). During the 1980s, Basic Health Services Project and Primary Health Care Project laid down framework for Minimum Service Delivery Standards (MSDS), again on the basis of population. The health infrastructure was expanded so that each Union Council had a Basic Health Unit (BHU) and at each Markaz/ Thana level Rural Health Centre (RHC) was established. Similarly a Tehsil Headquarters Hospital (THQH) and District Headquarters Hospital (DHQH) were established at each Tehsil and District headquarters respectively.



As per analogy of Pakistan, Punjab has a mixed health system that includes public, parastatal, private, civil society, philanthropic contributors, and donor agencies. In South Punjab health care delivery to the consumers is systematized through four modes of preventive, promotive, curative, and rehabilitative services. The private sector attends 70% of the population through a diverse group of trained health team members to traditional faith healers. Both vertical and horizontal HCDS exists in South Punjab. The major strength of HCDS of South Punjab is an outreach primary health care services delivered at the community level by Lady Health Workers (LHWs), Lady Health Visitors (LHVs), and Community Midwives (CMWs) who have earned success and trust in the communities. In Pakistan, these LHVs, LHWs, and CMWs are attached to the government facilities, from which they receive training, and serve the community at the doorstep in order to get desired health outcomes. After the 18th constitutional amendment the health care services are the obligations of provincial government except for the federal area. The public health delivery system functions through a three layer approach primary, secondary, and tertiary.



Tier	Facility/services
First	Outreach and community-based services, which focus on immunization, sanitation, malaria control, maternal and child health and family planning;
Second	The primary care facilities include Basic Health Units (BHUs) and Rural Health centres (RHCs) mainly preventive, outpatient and basic inpatient care
Third	The Secondary health care facilities which include Tehsil Headquarters Hospital (THQH) and District Headquarters Hospital (DHQH) for out patient, inpatient and also specialist care
Fourth	Tertiary care hospitals located in the major cities for more specialized inpatient care.

### 1.3 Organization of Services

Within P&SH Department the first level care facility is a Basic Health Unit (BHU) and is located at a Union Council. BHUs offer services to a population of approximately twenty-five to fifty thousand within its catchment area. BHUs provide promotive, preventive, curative services and referral to higher-level facilities when needed. For example, eight essential components of primary healthcare (PHC) services are implemented at BHU level and include 1. Health education, 2. Nutrition 3. Basic sanitation 4. Maternal and child healthcare (MCH) 5.

Immunization. Control of endemic diseases 7. Treatment of common diseases comprising basic medical and surgical care and 8. Essential drugs .

The types of health facilities at primary level care facilities may also vary, which is given as under:








		BHU	RHC	Dispensary
	All PHC Services	✓	✓	✗
	Morning OPD	✓	✓	✓
	24-hours Basic Emergency Service	✗	✓	✗
	Indoor patient facility	✗	✓	✗
	Referral Support	✓	✓	✗
	Diagnostic Facilities	✗	✓	✗
	Operation Theatre	✗	■	✗
	Gynae/ Labour Services	✓	✓	✗
	Dental Care	✗	✓	✗
	Pharmacy	✗	✓	✗
	Training Services	✗	✗	✗
	Ambulatory Services	✓ (outsourced)	✓ (outsourced)	✗
	MLC Services	✗	✓	✗
	Outreach / Preventive Services	✓	✓	✗

The second level care facility is Rural Health Center (RHC) which provides health services to a population of one hundred thousand. In addition to service package delivered at the BHU, the RHCs provide diagnostic and inpatient services as well. Both BHUs and RHCs form the primary healthcare delivery system within Pakistan
























At secondary level, Tehsil Head Quarter (THQ) hospital serves a population of 0.5 to 1.0million. At present majority of THQ hospitals have 40 to 60 beds. The THQ hospital provides promotive, preventive, curative, diagnostics, in patients, referral services and also specialized care. THQ hospitals are supposed to provide basic and comprehensive Emergency Obstetric and Newborn Care .THQ hospital provides referral care to the patients including those referred by the Rural Health Centers, Basic Health Units, Lady Health Workers and other primary care facilities.

The District Head Quarter (DHQ) Hospital serves a population of 1 to 3 million, depending upon the category of the hospital. The DHQ hospital provides promotive, preventive, curative, advance diagnostics, inpatient services, advance specialist and referral services. All DHQ hospitals are supposed to provide basic and comprehensive. DHQ provides referral care to the patients including those referred by primary level health facilities and THQ hospitals

### THQ Hospital

	All Primary Healthcare Activities	✓
	Morning and Evening OPD	✓
	24-hour emergency care	✓
	Special Disaster Plans/ services	✓
	In patient facility	✓
	Specialist Services (Essential Surgery, Gyn & Obs, Paediatrician and Anaesthesia)	✓
	Blood Transfusion Services	✓
	Diagnostic Services	✓
	Radiology	✓
	Laboratory	✓
	Cardiology Wards	✗
	Dialysis Unit	✓
	Operation Theatre	✓
	Reproductive health services	✓
	Dental Care	✓
	Nursing care	✓
	Pharmacy	✓
	Training Services	✓
	Ambulance Services	✓
	Hospital Record/ DHIS	✓
	Kitchen and Dietary services	✓
	Laundry/ Linen and sterilization	✓
	Repair and maintenance of Bio medical Equip	✗
	Hospital Waste, environment and estate management	✓

### DHQ Hospital

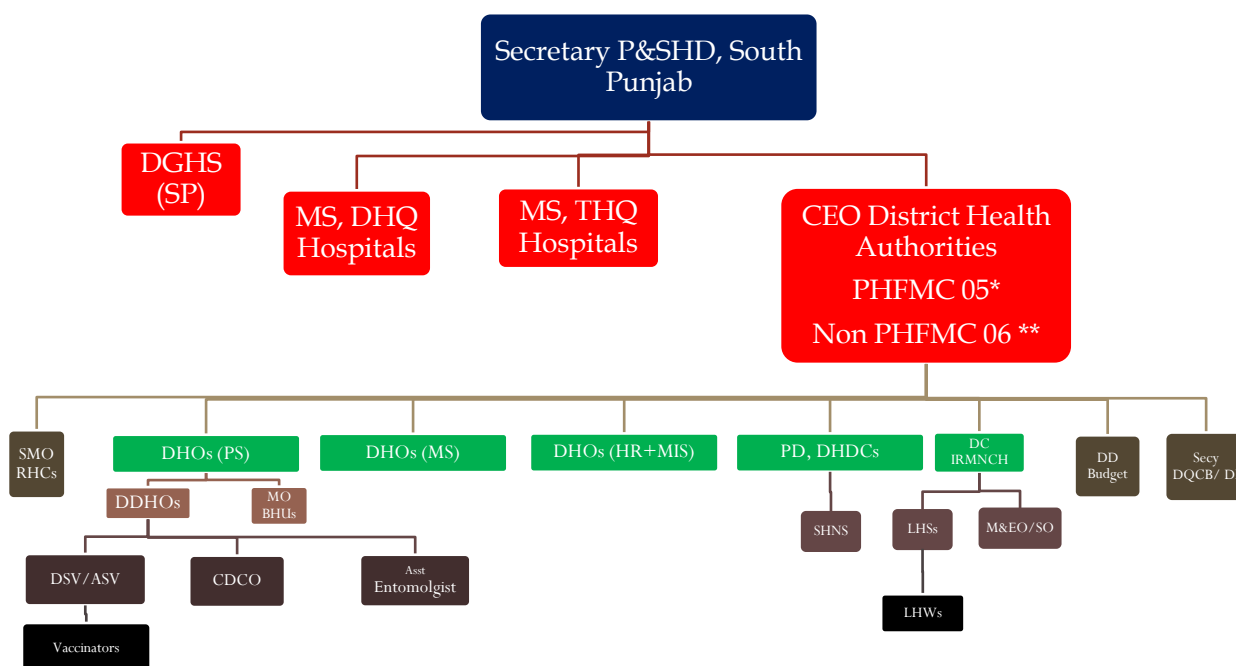
	All Primary Healthcare Activities	✓
	Morning and Evening OPD	✓
	24-hour emergency care	✓
	Special Disaster Plans/ services	✓
	In patient facility	✓
	Specialist Services (Essential Medicine, Surgery, Eye, ENT, Gyn & Obs, Paediatrician, Anesthesia (1+1), Radiology, Pathology, Physiotherapy, Psychiatry, TB chest, Cardiology, Orthopedics, Urology, Dermatology)	✓
	Blood Transfusion Services	✓
	Diagnostic Services	✓
	Radiology	✓
	Laboratory	✓
	Cardiology Wards	✓
	Dialysis Unit	✓
	Operation Theatre	✓
	Reproductive health services	✓
	Dental Care	✓
	Nursing care	✓
	Pharmacy	✓
	Training Services	✓
	Ambulance Services	✓
	Hospital Record/ DHIS	✓
	Kitchen and Dietary services	✓
	Laundry/ Linen and sterilization	✓
	Repair and maintenance of Bio medical Equip	✓
	Hospital Waste, environment & estate management	✓

## 1.4 South Punjab Context:

South Punjab comprises of eleven districts to the south of the province. Historically, this region has been neglected in terms of provision of essential services. Therefore, it also lags behind the rest of the province on crucial health outcomes. Health Department South Punjab Secretariat was operationalized on 15 October 2020 after amendment in rule of business of Government of Punjab with the name of Health and Population welfare Department to improve service delivery in South Punjab. It was bifurcated into specialized healthcare and primary and secondary health care after another amendment in rule of business 2011 in September 2021.

## 1.5 Health Infrastructure in South Punjab:

Eleven districts including Bahawalpur, Bahawalnagar, and Rahim Yar Khan in Bahawalpur Division; Multan, Lodhran, Vehari, Khanewal in Multan Division; and D.G. Khan, Layyah, Muzaffargarh, Rajanpur in D.G. Khan Division make up South Punjab. District Health Authorities (DHA) of each district are responsible for the delivery of key health services to the people, through DHQs (District Headquarter Hospitals), THQs (Tehsil Headquarter Hospitals), Rural Health Centres (RHC), Basic Health Units (BHU), and Rural Dispensary (RD) at urban and rural level. The administrative control of these Primary and Secondary level facilities is under Secretary Primary and Secondary Healthcare Department, South Punjab. Furthermore, the field formation and attached departments are best represented as following Organogram. Primary and secondary health care department is gradually asserting its autonomy and fully operational and all record pertaining to human resource of districts of South Punjab has been transferred to South Punjab



## 1.6 Rules of Business, South Punjab (notified on 14th September, 2021)

- ❖ Under Article 139 of the Constitution, Punjab Government Rules of Business, 2011, are framed.
- ❖ ROB stipulate the working of the Secretariat, besides dispensing and bifurcating the allocation of business.
- ❖ Recommendations made for amendments by SCCLB : 28-07-2020
- ❖ Amendments approved by Provincial Cabinet : 13-08-2020
- ❖ Further amendments were required to improve the functioning of SP Secretariat
- ❖ Ministerial Committee was constituted for further amendments : 04-04-2021
- ❖ Sub-committee was constituted by Ministerial committee to finalize draft amendments : 22-04-2021
- ❖ Provincial Cabinet approved amendments in its 47<sup>th</sup> meeting : 31-08-2021
- ❖ Amended Rules of Business notified: 14-09-2021
- ❖ Health Dept. South Punjab is bifurcated and two separate departments are created i.e., Specialized Healthcare & Medical Education Department, SP and Primary & Secondary Healthcare Department, SP

Following powers have been delegated under amended Rules to Primary & Secondary Healthcare Department, South Punjab

### 1. Services Matters

- (a) Recruitment or appointment in respect of posts in BS-01 to BS-16
- (b) Adhoc or contract appointment (BS-01 to BS-16), subject to Government policy
- (c) Posting and transfer of officers or staff as per policy
- (d) Deputation Cases
- (e) Appointment of Government servant against a vacant post in a substantive or officiating capacity
- (f) Appointment of Government servant in a substantive or officiating capacity at two or more posts at one time
- (g) Disciplinary proceedings against Government servant against relevant laws and rules
- (h) Suspension of employees

### 2. Human Resource Management

- (a) Training and capacity building of employees including nomination for mandatory trainings, fellowship, fully funded scholarship etc
- (b) Grant of additional pay where charge of more than one independent post is held by an officer
- (c) Permit an employee to accept other employment during leave preparatory to retirement
- (d) Sanction of all kind of leave except Study Leave
- (e) Extension of joining time upto thirty days
- (f) Sanction of arrears of salary/ allowance
- (g) Issuance of No demand Certificate for the purpose of pension, and General Provident Fund
- (h) Final Payment of General Provident Fund to the retired or retiring employees

- (i) Encashment of leave preparatory to retirement of BS1 to BS-18 employees
- (j) Fixation of pay of Officers/ Officials
- (k) Sanction of Pension and commutation of the pension according to title confirmed by the Accountant General of Pakistan

### **3. Budget Accounts & Audit Matters**

### **4. Procurement of Goods and Services under relevant law and rules**

### **5. Administration and Management of Attached Department, Autonomous Bodies and Companies:**

- (a) Seeking comments, Information, clarification of relevant points from Attached Departments or Autonomous Bodies and other relevant agencies or organizations
- (b) Inviting comments of Attached Departments or Autonomous Bodies and other relevant agencies or organization on appeals, petitions and representations
- (c) Appellate Forum against the decision of Head of Attached Department and Autonomous Bodies under the prevailing Acts, rules and regulations of the concerned Attached Department, Autonomous Bodes and Companies

### **6. Disposal of complaints received from Prime Minister's portal, Chief Minister Complain Cell, Chief Secretary complaint Cell, Overseas Pakistani and general applications**

### **7. Initiation of Summaries and identification of development schemes**

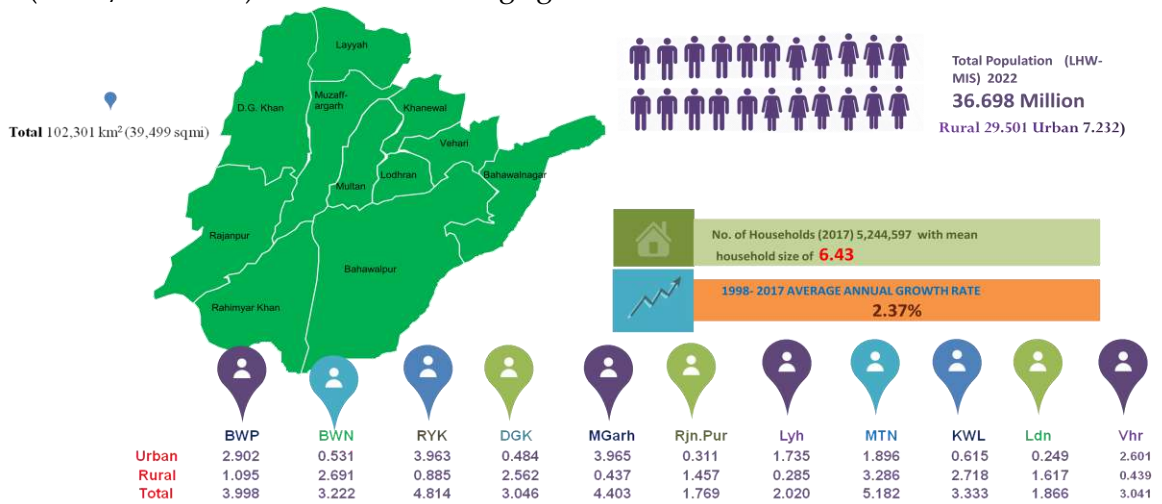
### **8. Implementation of relevant Laws, Rules, Functions and Policies of the Government related to Primary and Secondary Healthcare Department**



## Chapter 2: Situation Analysis

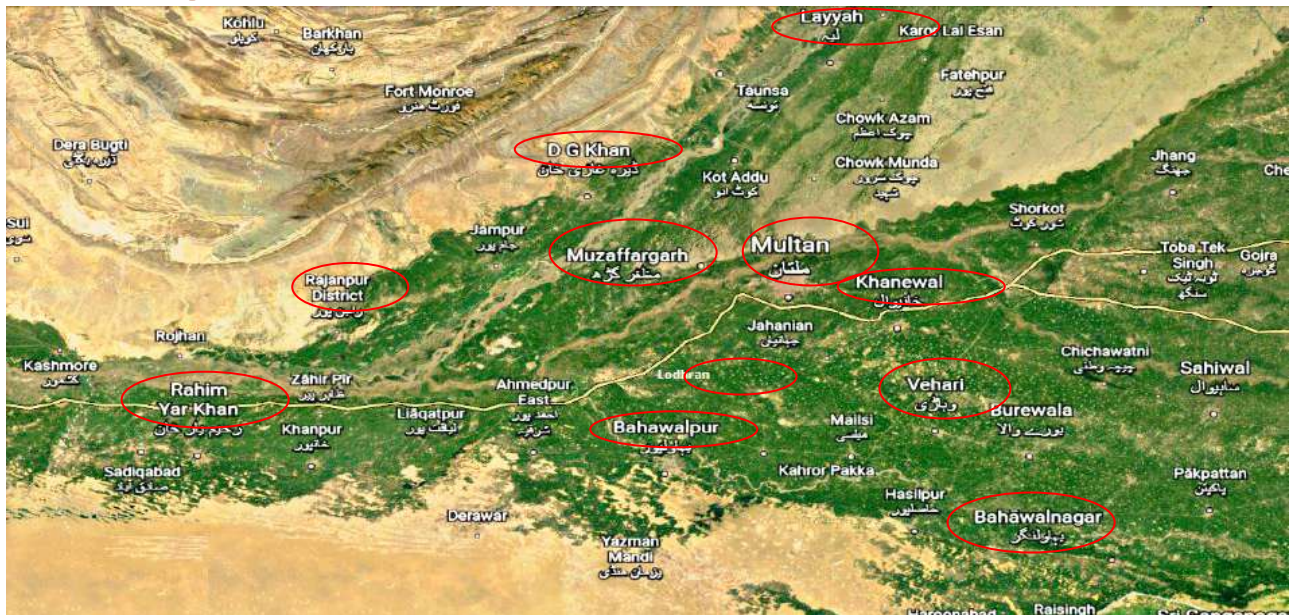
### 2.1 Demography of South Punjab

South Punjab consists of 11 Districts situated in three Divisions of Punjab i.e. Multan, Bahawalpur and Dera Ghazi Khan. The total area is 102,301 km<sup>2</sup> (39,499 sq mi). The total population was 23.507 Million (Census 2017) and current population is around Rs. 36.698 Million (LHW/MIS 2022) with annual average growth rate of 2.37%



SOURCE: LHW-MIS 2022

#### 2.1.1 Google map of South Punjab:

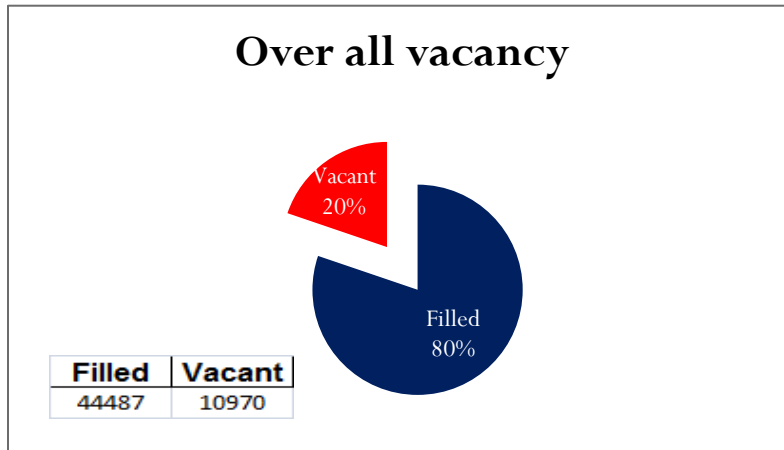


## 2.1.2 South Punjab Districts at a glance

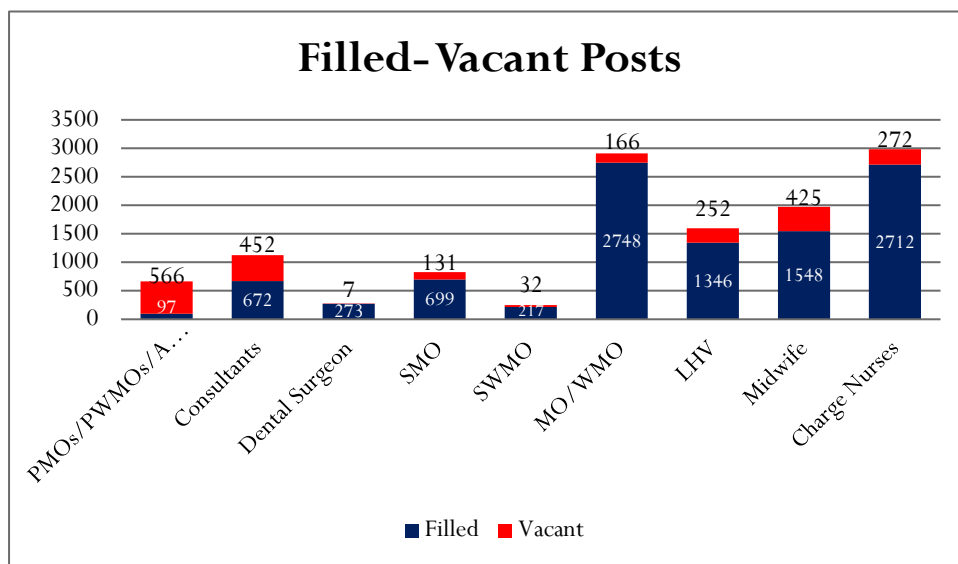
Description	BWN	BWP	DGK	KWL	LYH	LDH	MZG	RYK	RjP	VHR	MTN
Area	8878 Sq.Km	24830 Sq.Km	11922 Sq.K.	4349 Sq.Km	6291 Sq.Km	2778 Sq.Km	8249 Sq.Kms.	11880 Sq.Km	12318 Sq.Km	4364 Sq.Km	3720 Sq.Km.
Population - 1998	2061447 persons	2433091 persons	1643118 persons	2068490 persons	1120951 persons	1171800 persons	2635903 persons	3141053 persons	1103618 persons	2090416 persons	3116851 persons
Male	1067411 (51.78%)	1278775 (52.56%)	853782 (51.96 %)	1072492 (51.85 %)	579009 (51.65%)	609202 (51.98%)	1373036 (53.09%)	1636864 (52.11%)	580822 (52.63%)	1083812 (51.85%)	1635768 (52.48%)
Female	994036 (48.22 %)	1154316 (47.44 %)	789336 (48.04 %)	995998 (48.15 %)	541942 (48.35 %)	562598 (48.01 %)	1262867 (47.91 %)	1504189 (47.89 %)	522796 (47.37 %)	1006604 (48.15 %)	1481083 (47.52 %)
Sex Ratio (males per 100 females)	107.4	110.8	108.2	107.7	106.8	108.3	108.7	108.8	111.1	107.7	110.4
Population Density	232.2 per Sq. Km	98.0 per Sq. Km	137.8 per Sq. Km	475.6 per Sq. Km	178.2 per Sq. Km	421.8 per Sq. Km	319.5 per Sq. Km	264.4 per Sq. Km	89.6 per Sq. Km	479.0 per Sq. Km	837.9 per Sq. Km
Urban Population	392801 (19.05%)	665304 (27.34 %)	228839 (13.93 %)	364261 (17.61 %)	144203 (12.86%)	170088 (14.51%)	341345 (12.95 %)	616582 (19.63 %)	160155 (14.51 %)	335432 (16.05 %)	1314748 (42.18 %)
Rural Population	1668646 (80.95 %)	1767787 (72.66 %)	1414279 (86.07 %)	1704229 (82.39 %)	976748 (87.14 %)	1001712 (85.48 %)	2294558 (87.05 %)	2524471 (80.37 %)	943463 (85.49 %)	1754984 (83.95 %)	1802103 (57.82 %)
Average Household Size	6.7	6.9	7.9	7.1	7.3	7.3	7.4	7.5	7.3	6.9	7.2
Literacy Ratio (10 +)	35.10%	35.00%	30.60%	39.90%	38.70%	29.90%	28.50%	33.10%	20.70%	36.80%	43.40%
Male	45.52%	44.86%	42.10%	53.60%	52.98%	42.70%	40.87%	43.40%	29.00%	49.40%	53.25%
Female	23.78%	23.95%	18.10%	25.10%	23.39%	16.00%	14.77%	21.82%	11.30%	23.18%	32.28%
Population - 1981	1373747 persons	1453438 persons	943663 persons	1369766 persons	66651 persons	739912 persons	1497736 persons	1841451 persons	638921 persons	1328808 persons	1970075 persons
Average Annual Growth Rate (1981 - 98)	2.41%	3.08%	3.31%	2.45%	3.10%	2.74%	3.38%	3.19%	3.27%	2.70%	2.73%
Total Housing Units	307133	354356	209255	292796	152050	161437	358144	416215	151733	301201	433362
Pacca Housing Units	116901 (38.06%)	164666 (46.47%)	59228 (28.30 %)	102955 (35.16 %)	42311 (27.82%)	54369 (33.67%)	100064 (27.94%)	185771 (44.63%)	25598 (16.87%)	133031 (44.17%)	215429 (49.71%)
Housing Units having Electricity	162926 (53.05 %)	176982 (49.94 %)	117121 (55.97 %)	165200 (56.42 %)	70888 (46.62 %)	83988 (52.03 %)	183554 (51.25 %)	220167 (52.90 %)	61372 (40.44 %)	191163 (63.47 %)	301527 (69.58 %)
Housing Units having Piped Water	82601 (26.89 %)	56860 (16.04 %)	40770 (19.48 %)	35220 (12.03 %)	7850 (5.16 %)	21510 13.32 %)	21362 (5.96 %)	63894 (15.35 %)	12895 (8.49 %)	51888 (17.23 %)	93825 (21.65 %)
Housing Units using Gas for Cooking	6924 (2.25 %)	39837 (11.24 %)	10240 (4.89 %)	27034 (9.23 %)	1609 (1.05 %)	1866 (1.15 %)	14228 (3.97 %)	38187 (9.17 %)	953 (0.63 %)	7640 (2.54 %)	125548 (28.97 %)
Administrative Units											
Tehsils	5	5	2	4	3	3	4	4	3	3	4
Union Councils	118	108	59	101	44	75	93	121	47	89	124
Mauzas	1098	1216	826	670	720	438	975	1504	532	774	527
Municipal Committees	3	4	1	2	3	2	2	3	2	3	2
Town Committees	5	3	1	6	1	2	6	5	4	3	3
Cantonment		1									1

## 2.2 Human Resource

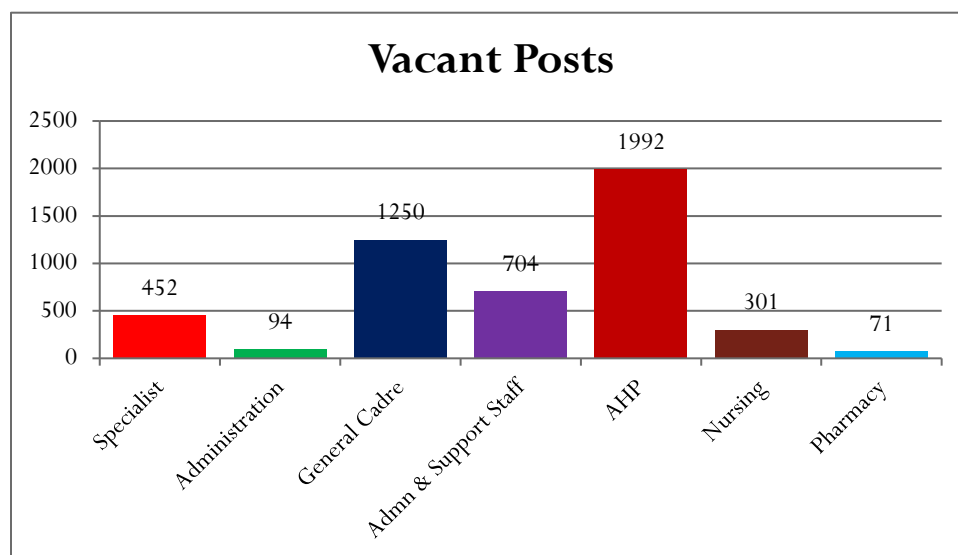
The statistics of vacant posts in South Punjab for employees in health sector is around 20% It also comprised of unqualified allopathic providers (e.g., rural doctors, drug shop retailer), traditional healer, faith healer, Unani, and semi qualified allopathic providers (e.g., medical assistants, technician, and community health worker). Though these are not part of mainstream health system but a major health care provider to poor rural population, especially in remote and hard to reach an area:



South Punjab has critical health workforce deficiency. Today, doctor to patient ratio is 1:1300, doctor nurse ratio is 1:2.7, and nurse-patient ratio is 1:20. The WHO suggests that doctor to patient ratio should be 1:1000 and doctor nurse ratio 1:4 is appropriate. Moreover, Pakistan Nursing Council recommends that nurse-patient ratio in general area is 1:10, and in specialized are is 2:1



The shortage of doctors has hit hard south Punjab districts as government's major focus is on tertiary care hospitals of the provincial capital. Take the example of Specialist Cadre, out of 1124 sanctioned positions of Specialist at DHQ/THQ and RHCs, 452 seats are vacant.



As per the standards of WHO, there should be 5.9 skilled health professionals per 1000 population. According to this set benchmark, the overall number of health professionals working in South Punjab is approximately 3,021. However, the coverage of specialized doctor in peripheries is still less than the required need. At RHC level, a post of Senior Medical Officer is sanctioned but there is no seat of Consultant which is hindering the way of service delivery. The referral linkages from primary to secondary level is increasing day by day resulting in over burdenization of Secondary level health facilities in addition to extended burden on Tertiary Hospitals as well. People in rural areas have to travel miles long just to see a specialist doctor.

There is need to carefully allocate the available resources among the rural and urban population. The health care providers to be trained in the use of modern technology, and policies to develop for E-health, HMIS, and promote development in the profession. Budget to be increased so they can become able to provide effective and efficient health to its population and achieve goals and expectations. The Government may create conditions whereby the people have the opportunity to reach and maintain the highest attainable level of health. Above all South Punjab should immediately translate Provincial health policies into action to benefit the people of the countries by ensuring humanity, equity, accessibility, and disease alleviation.

**At DHQ level, Seats of Specialist doctors may be created through revision of SNE:**

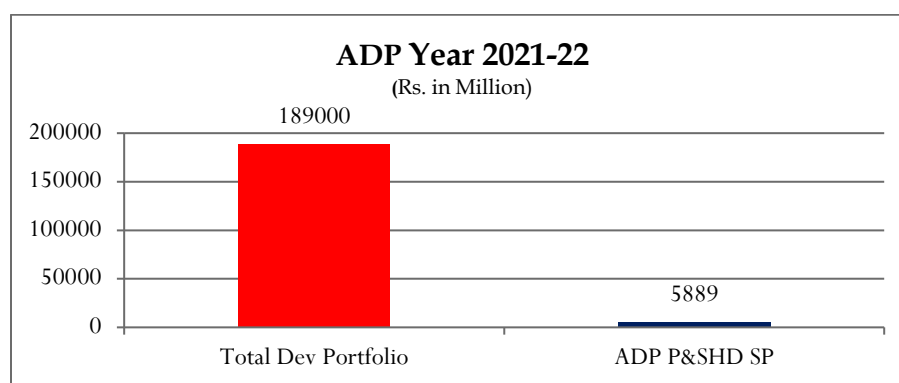
1. Post of Consultant Oncologist to be created at DHQ level. Currently, there is zero availability of Consultant Oncologist at all DHQs across South Punjab making it utmost difficult for cancer patients to get the services.
2. Post of Consultant Neurologist and Nephrologist to be increased from 1 Sanctioned seat at DHQ to at least 4 Seats on 1 DHQ.

At THQ level, following Seats of Specialist doctors may be created through revision of SNE:

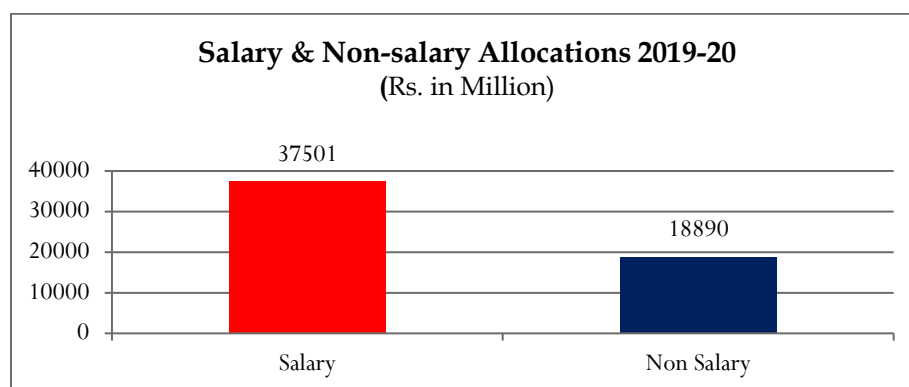
Post of Consultant Neurologist and Nephrologist to be created at THQ level- Currently no sanctioned seat of above-mentioned specialty exists in THQs making it harder for the provision of healthcare services.

## 2.3 Health Budgeting

For the first time eve in the development history of the Punjab, separate volume of ADP 2021-22 South Punjab has been published. Government of the Punjab has allocated Rs.189 Billion out of total development budget of 560 Billion to South Punjab. Due to ring fencing the above amount would not be utilized elsewhere in the Punjab.



On the other hand, overall health budget comprising of salary and non salary portion of Health Sector of south Punjab by 18% increase in over all outlay of Provincial budget remained as under:



Efforts are underway to implement pledges made in National Health Vision 2016-25 to increase health spending and quality and coverage of PHC to achieve UHC, including through the rollout of costed UHC benefit packages for community and primary health care centres and secondary and tertiary hospitals by mid-2020; evaluation and strengthening of the country's flagship Lady Health Worker Program; strengthening and digitization of the District Health

Information System; development and implementation of a national family practice model; and health financing reforms in (RMNCH, infectious disease, NCDs and health services) based on 88 priority district-level interventions selected for immediate implementation. Other opportunities for financing primary health care are also emerging, including through the upcoming National Health Support Project supported by the World Bank, GFF and other partners, building on the success of National Immunisation Support Project (NISP) co-funded by the Bill and Melinda Gates Foundation, Gavi, USAID and the World Bank.

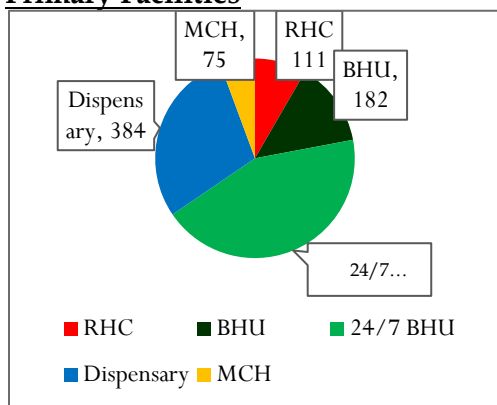
## 2.4 Health Infrastructure

There are 1448 health facilities of public sector in South Punjab varying from level of healthcare, service providers and establishment. In South Punjab health care delivery to the consumers is systematized through four modes of preventive, promotive, curative, and rehabilitative services.

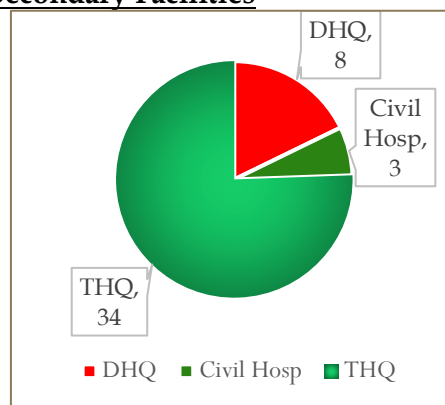
The detail of Health facilities in P&SHD-SP falling in South Punjab is given as under:

Sr. No	Name of District	No. of Tehsil	No of Teaching Hospitals	No of DHQs	No of THQs	No of RHCs	No of BHUs	No of Dispensaries	No of MCH Center
1	Bahawalpur	6	2	0	4	12	75	63	10
2	Rahim Yar Khan	4	1	0	3	19	104	62	8
3	Layyah	3	0	1	6	6	36	33	2
4	Muzaffargarh	4	0	1	4	13	72	37	5
5	Rajanpur	3	0	1	2	7	32	29	1
6	Multan	4	3	1	2	8	82	25	24
7	Vehari	3	0	1	2	14	74	40	8
8	Lodhran	3	0	1	2	4	48	16	1
9	Bahawalnagar	5	0	1	4	10	103	37	7
10	Khanewal	4	0	1	3	9	81	14	5
11	DG Khan	4	1	0	2	9	53	28	5
	<b>Total</b>	<b>43</b>	<b>7</b>	<b>8</b>	<b>34</b>	<b>111</b>	<b>760</b>	<b>384</b>	<b>76</b>

**Primary Facilities**



**Secondary Facilities**



District Health Authorities (DHA) of each district are responsible for the delivery of key health services to the people, through above mentioned Health facilities at urban and rural level. The

administrative control of these Primary and Secondary level facilities is under Secretary Primary and Secondary Healthcare Department, South Punjab.

According to the data analysis, Patient to Bed Ratio in South Punjab is **1 Bed per 2275 patients**. This alarming figure highlights the immediate need for the construction of Public level health facilities to handle huge gap of 37334 beds. The current health infrastructure in South Punjab in terms of availability of beds is given below:

DHQs/Civil Hospital	Total	8+3=11
	Beds	2250+180
THQs	Total	34
	Beds	2242
RHCs (all)	Total	111
	Beds	2240
BHUs (all)	Total	760
	Beds	1520
Dispensaries (GRDs/RDs/CDs)	Total	383
	Beds	0
i. Total Beds in all Public Sector		15385
ii. Total Beds in Private Sector		17666

As per Bureau of Statistics, Punjab, Health Institutions by Division, District and Tehsil in South Punjab including Health Department, Auqaf Department, Government of the Punjab, Punjab Employee's Social Security Institutions, Pakistan Railways, Director General Medical Services, WAPDA is as under:

Division/ District / Tehsil	Hospitals		Dispensaries		RHCs		BHUs		TB Clinics		S.H Centres		MCH Centre	
	Nos.	Beds	No.s	Beds	Nos.	Beds	NO.s	Beds	Nos.	Beds	Nos.	Beds	Nos.	Beds
<b>The South Punjab</b>	<b>83</b>	<b>11453</b>	<b>419</b>	<b>16</b>	<b>111</b>	<b>2240</b>	<b>760</b>	<b>1520</b>	<b>5</b>	<b>0</b>	<b>60</b>	<b>0</b>	<b>75</b>	<b>0</b>
<b>Bahawalpur Division</b>	<b>24</b>	<b>4261</b>	<b>173</b>	<b>4</b>	<b>42</b>	<b>840</b>	<b>295</b>	<b>564</b>	<b>5</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>Bahawalpur District</b>	<b>12</b>	<b>2293</b>	<b>67</b>	<b>4</b>	<b>13</b>	<b>260</b>	<b>84</b>	<b>150</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>
Ahmadpur East	1	92	21	0	4	80	25	50	0	0	0	0	2	0
Bahawalpur City	7	2036	9	0	1	20	14	10	1	0	0	0	6	0
Bahawalpur Sadar	1	45	15	0	3	60	11	22	0	0	0	0	0	0
Hasilpur	1	40	9	0	2	40	11	22	1	0	0	0	2	0
Khairpur Tamewali	1	40	1	0	0	0	8	16	0	0	0	0	0	0
Yazman	1	40	12	4	3	60	15	30	0	0	0	0	0	0
<b>Bahawalnagar District</b>	<b>6</b>	<b>775</b>	<b>37</b>	<b>0</b>	<b>10</b>	<b>200</b>	<b>103</b>	<b>206</b>	<b>1</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>9</b>	<b>0</b>
Bahawalnagar	2	543	8	0	2	40	26	52	1	0	8	0	4	0

Chishtian	1	60	7	0	3	60	24	48	0	0	10	0	1	0
Fort Abbas	1	72	8	0	2	40	14	28	0	0	9	0	1	0
Haroonabad	1	60	9	0	1	20	21	42	0	0	4	0	2	0
Minchinabad	1	40	5	0	2	40	18	36	0	0	2	0	1	0
<b>R.Y.Khan District</b>	<b>6</b>	<b>1193</b>	<b>69</b>	<b>0</b>	<b>19</b>	<b>380</b>	<b>108</b>	<b>208</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>
Khanpur	2	110	14	0	4	80	22	44	1	0	0	0	1	0
Liaquatpur	1	60	14	0	5	100	28	56	0	0	0	0	0	0
R. Y. Khan	2	963	26	0	5	100	34	60	0	0	0	0	5	0
Sadiqabad	1	60	15	0	5	100	24	48	1	0	0	0	1	0
<b>D.G.Khan Division</b>	<b>26</b>	<b>2832</b>	<b>142</b>	<b>0</b>	<b>39</b>	<b>780</b>	<b>199</b>	<b>384</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>13</b>	<b>4</b>
<b>D.G.Khan District</b>	<b>6</b>	<b>934</b>	<b>34</b>	<b>0</b>	<b>11</b>	<b>220</b>	<b>54</b>	<b>106</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>
D. G. Khan	2	734	9	0	6	120	15	28	0	0	0	0	4	0
Kot Chutta	2	80	3	0	2	40	15	30	0	0	0	0	0	0
Taunsa Sharif	1	100	6	0	2	40	16	32	0	0	0	0	1	0
Tribal Area	1	20	16	0	1	20	8	16	0	0	0	0	0	0
<b>Layyah District</b>	<b>8</b>	<b>612</b>	<b>34</b>	<b>0</b>	<b>6</b>	<b>120</b>	<b>36</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
Layyah	5	452	10	0	5	100	14	28	0	0	0	0	1	0
Karor	2	120	16	0	1	20	16	32	0	0	0	0	0	0
Choubara	1	40	8	0	0	0	6	12	0	0	0	0	1	0
<b>Muzaffargarh District</b>	<b>7</b>	<b>973</b>	<b>44</b>	<b>0</b>	<b>15</b>	<b>300</b>	<b>77</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>5</b>	<b>0</b>
Muzaffargarh	3	739	26	0	8	160	31	50	0	0	12	0	3	0
Kotadu	2	140	9	0	4	80	20	40	0	0	8	0	1	0
Alipur	1	62	6	0	2	40	13	26	0	0	6	0	1	0
Jatoi	1	32	3	0	1	20	13	26	0	0	1	0	0	0
<b>Rajanpur District</b>	<b>5</b>	<b>313</b>	<b>30</b>	<b>0</b>	<b>7</b>	<b>140</b>	<b>32</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>
Jampur	1	80	22	0	4	80	13	26	0	0	0	0	1	4
Rajanpur	2	141	8	0	2	40	12	24	0	0	0	0	0	0
Rojhan	2	92	0	0	1	20	7	14	0	0	0	0	0	0
Multan Division	33	4360	104	12	38	760	293	582	0	0	0	0	31	2
Multan District	20	3170	34	0	12	240	89	174	0	0	0	0	21	0
Jalalpur Pirwala	1	60	8	0	1	20	16	32	0	0	0	0	1	0
Multan City	17	3042	10	0	4	80	9	14	0	0	0	0	14	0
Multan Sadar	0	0	10	0	5	100	50	100	0	0	0	0	5	0
Shujabad	2	68	6	0	2	40	14	28	0	0	0	0	1	0
Khanewal District	6	433	14	0	8	160	82	164	0	0	0	0	4	0
Khanewal	3	273	3	0	2	40	20	40	0	0	0	0	2	0
Mian Channu	1	60	4	0	1	20	20	40	0	0	0	0	1	0
Kabirwala	1	60	4	0	4	80	31	62	0	0	0	0	1	0
Jahanian	1	40	3	0	1	20	11	22	0	0	0	0	0	0

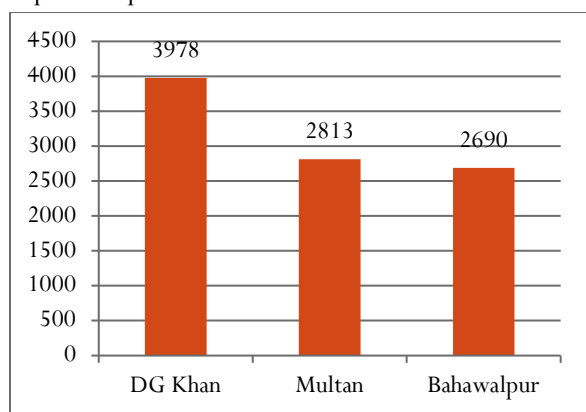


Lodhran District	3	205	16	12	4	80	48	96	0	0	0	0	1	2
Dunyapur	1	40	7	4	2	40	14	28	0	0	0	0	0	0
Karor Pacca	1	40	3	2	0	0	16	32	0	0	0	0	1	2
Lodhran	1	125	6	6	2	40	18	36	0	0	0	0	0	0
Vehari District	4	552	40	0	14	280	74	148	0	0	0	0	5	0
Vehari	2	310	16	0	7	140	22	44	0	0	0	0	2	0
Mailsi	1	160	14	0	4	80	28	56	0	0	0	0	1	0
Burewala	1	82	10	0	3	60	24	48	0	0	0	0	2	0

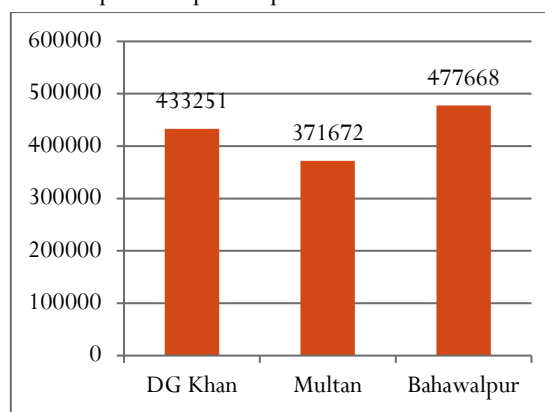
**Source:-** Health Department, Government of the Punjab, Home Department (I.G. Prisons), Auqaf Department, Government of the Punjab, Punjab Employee's Social Security Institutions, Pakistan Railways, Director General Medical Services, WAPDA (BOS-Pb 2020)

### 2.4.1 Hospitals & their Beds strength By Division, In South Punjab is as under:

Population per bed

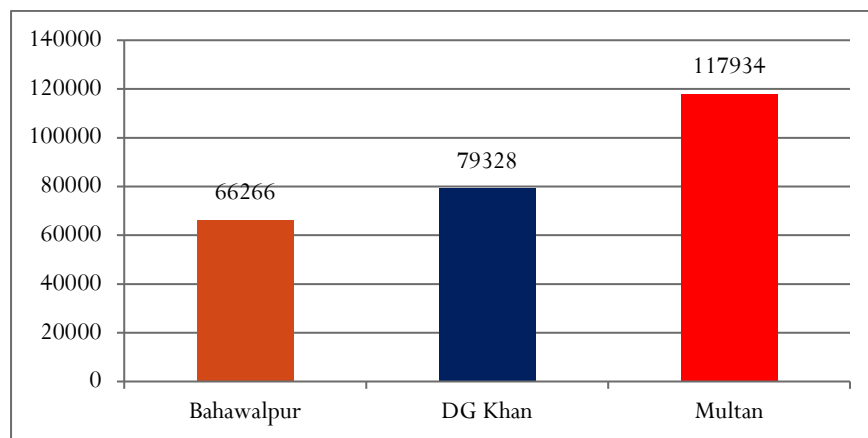


Population per hospital



Source: Population Census 2017, Pakistan Bureau of Statistics, Government of Pakistan, Islamabad. D.G Health Service, Punjab

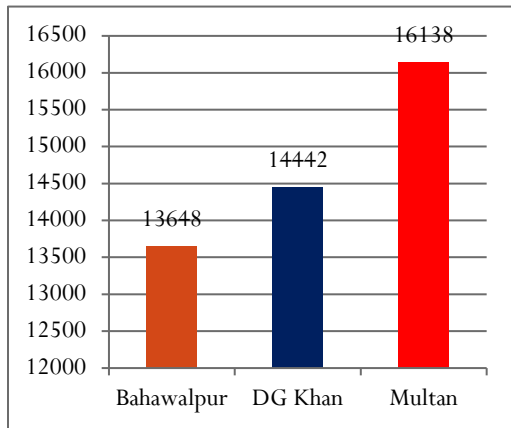
### 2.4.2 Dispensaries by Division in South Punjab are as under:



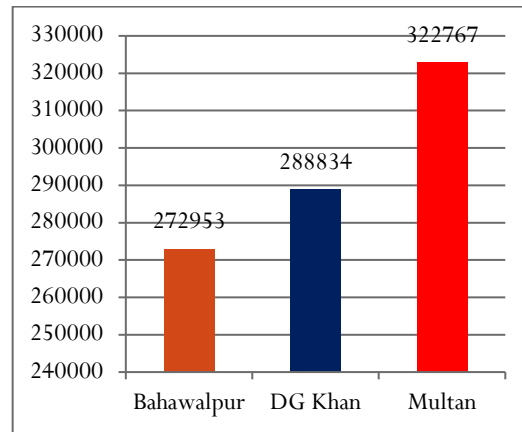
Source: Population Census 2017, Pakistan Bureau of Statistics, Government of Pakistan, Islamabad. D.G Health Service, Punjab

### 2.4.3 RHCs by Division in South Punjab are as under:

Population Per Beds of RHC By Division



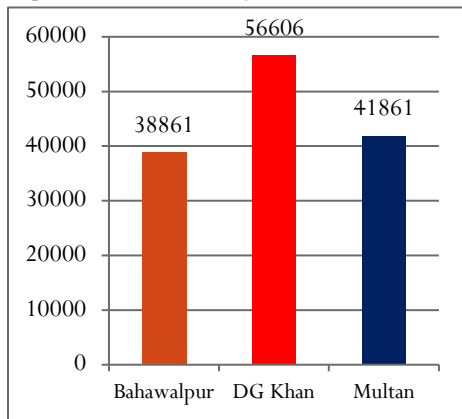
Population Per RHC per Division



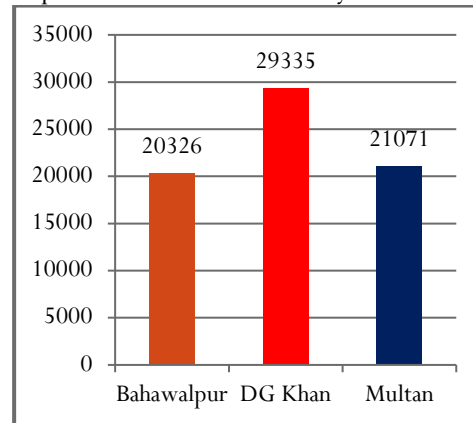
Source: Population Census 2017, Pakistan Bureau of Statistics, Government of Pakistan, Islamabad. D.G Health Service, Punjab

### 2.4.4 BHUs by Division in South Punjab

Population Per BHU By Division

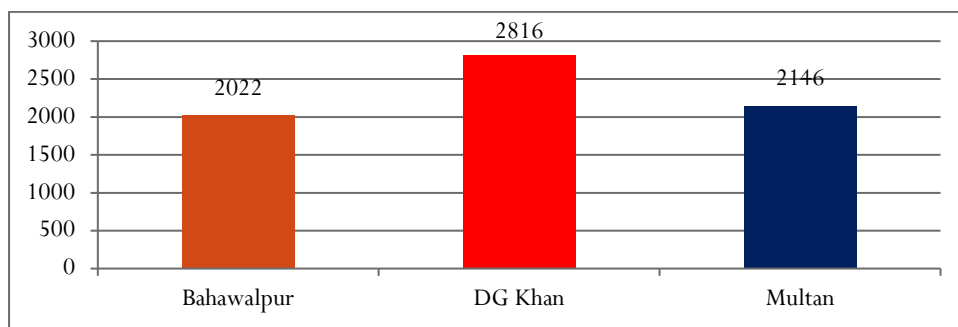


Population Per Beds of BHU By Division



Source: Population Census 2017, Pakistan Bureau of Statistics, Government of Pakistan, Islamabad. D.G Health Service, Punjab

### 2.4.5 Population Per Total Facilities By Division in South Punjab are as under:

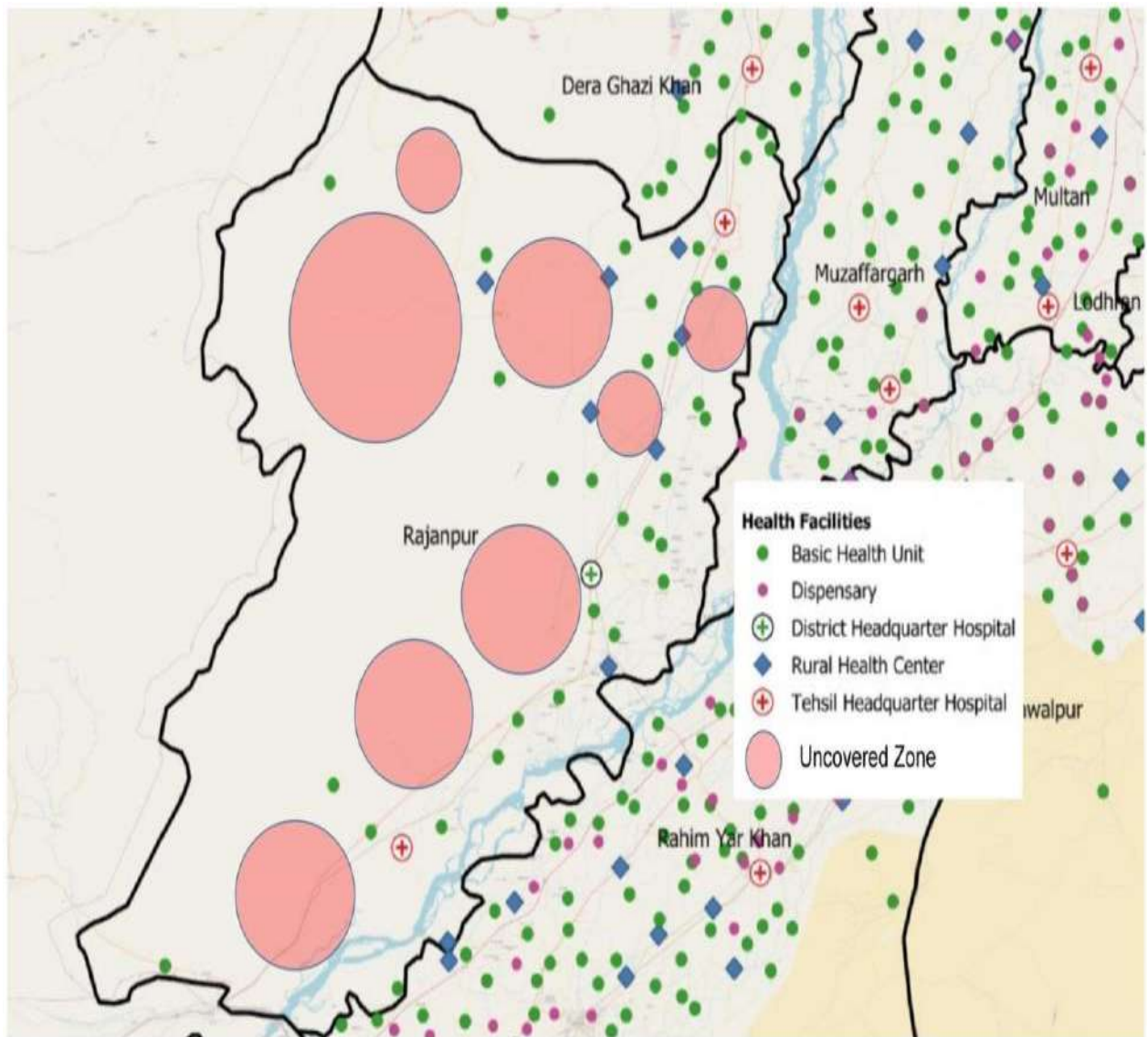


## 2.5. GIS Mapping- Limited Infrastructure

Geo tagging of health facilities have been carried out to unearth uncovered areas in terms of availability of any Health facility like DHQ Hospital, Trauma/ Emergency Unit, RHCs, BHUs or Sehat Ghar and uncovered areas has been identified elaborated in pink circles. The shortfall of around 37334 hospital beds have been identified to meet WHO standards in South Punjab: For the purpose proposals for left over UCs have also been obtained from DHA alongwith suggested Health facility with justification to redress Primary Healthcare Services gap

### 2.5.1 Geo-tagged Map of District Rajanpur:

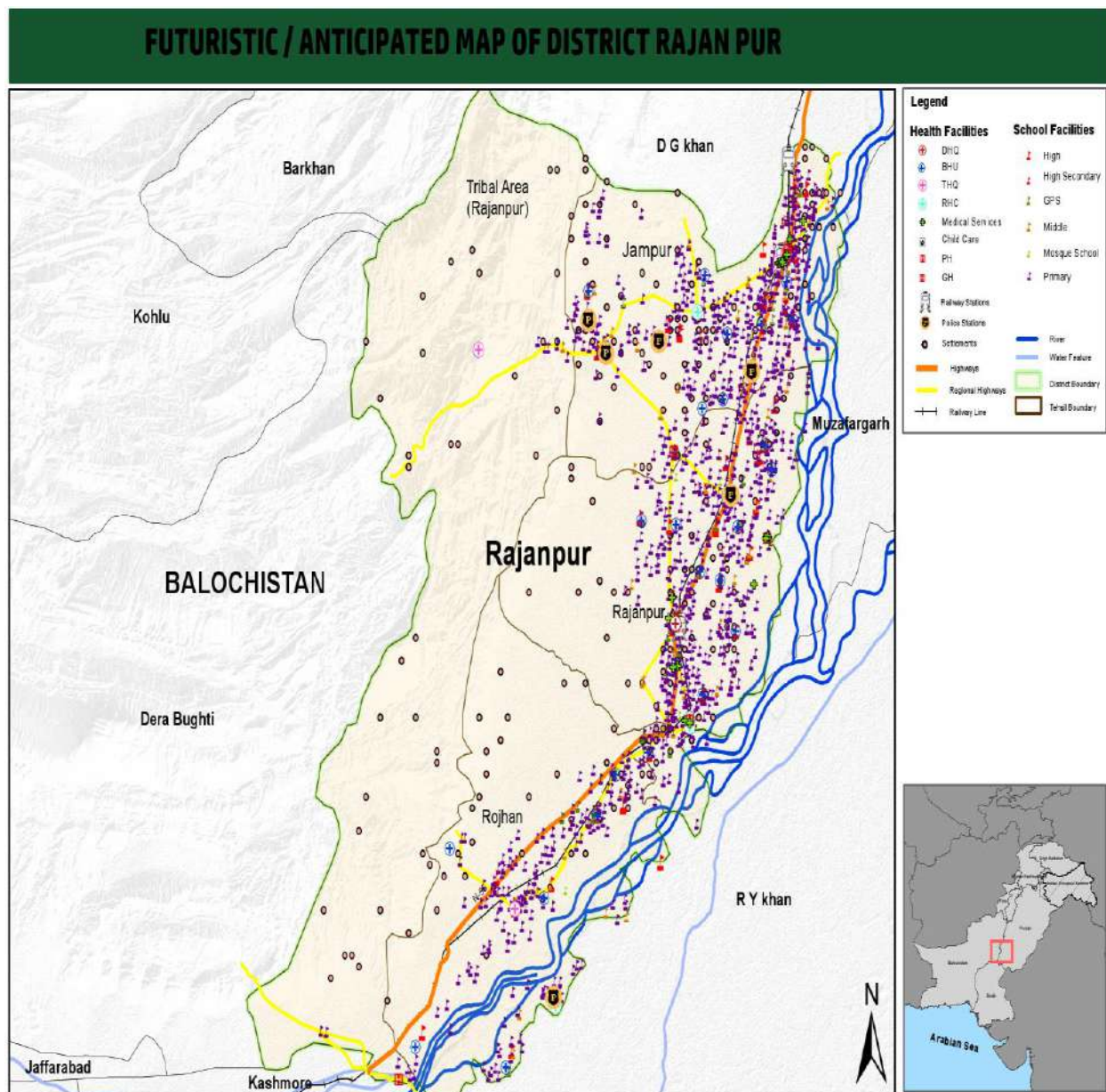
Pink circles are elaborating uncovered areas in terms of Health Facility in District Rajan Pur



This uncovered area immediately demands a health facility to improve the service delivery in Rajanpur.

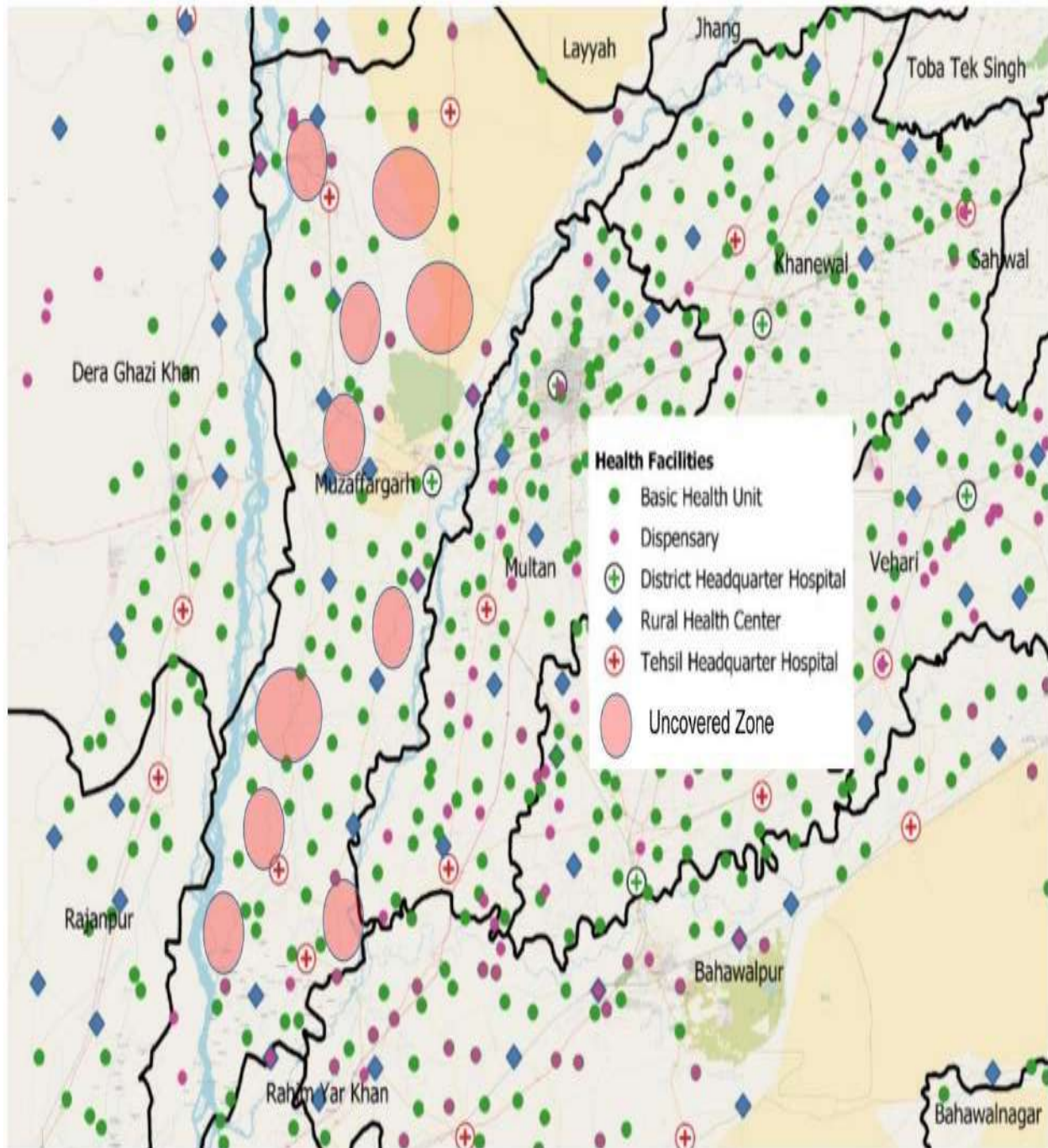
Sr.	Name of Union Council	Tehsil	Population	Proposed HF
1	Noshehra Gharbi	Jampur	26506	Basic Health Unit
2	Noorpur Manju Wala	Jampur	27415	Basic Health Unit
3	Rakh Fazilpur	Rajanpur	47900	Basic Health Unit
4	Town Hospital Fazil Pur	Rajan Pur	134556	Town Hospital
5	Sehat Ghar			53 Mouzas

The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Rajanpur as depicted in anticipated map below:



## 2.5.2 Geo-tagged Map of District Muzaffargarh:

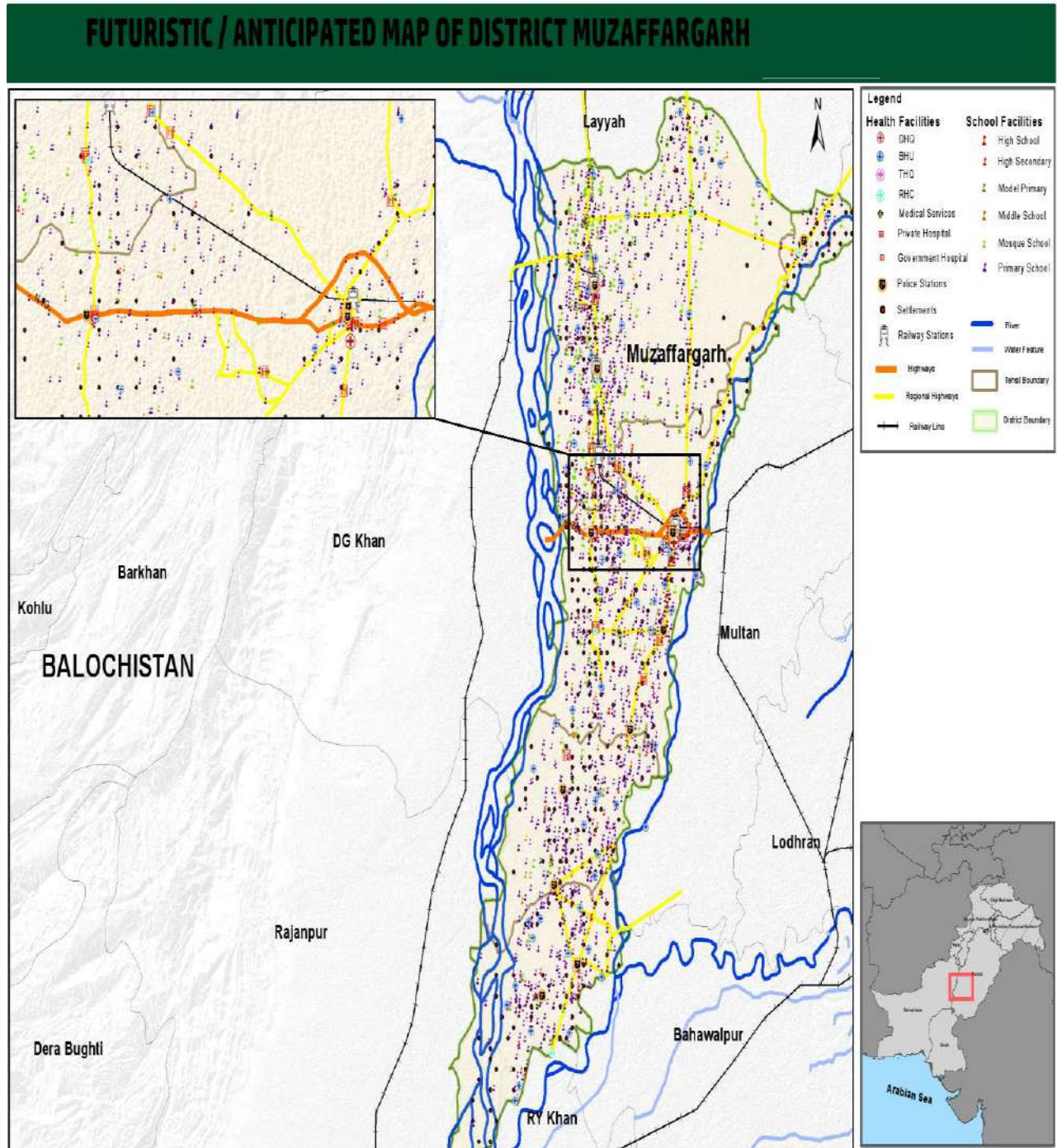
Pink circles are elaborating uncovered areas in terms of Health Facility in District Muzaffargarh



The district Health Quarter Hospital is far away from THQs costing people thousand of miles for referrals. This uncovered area immediately demands a health facility to improve the service delivery in Muzaffargarh:

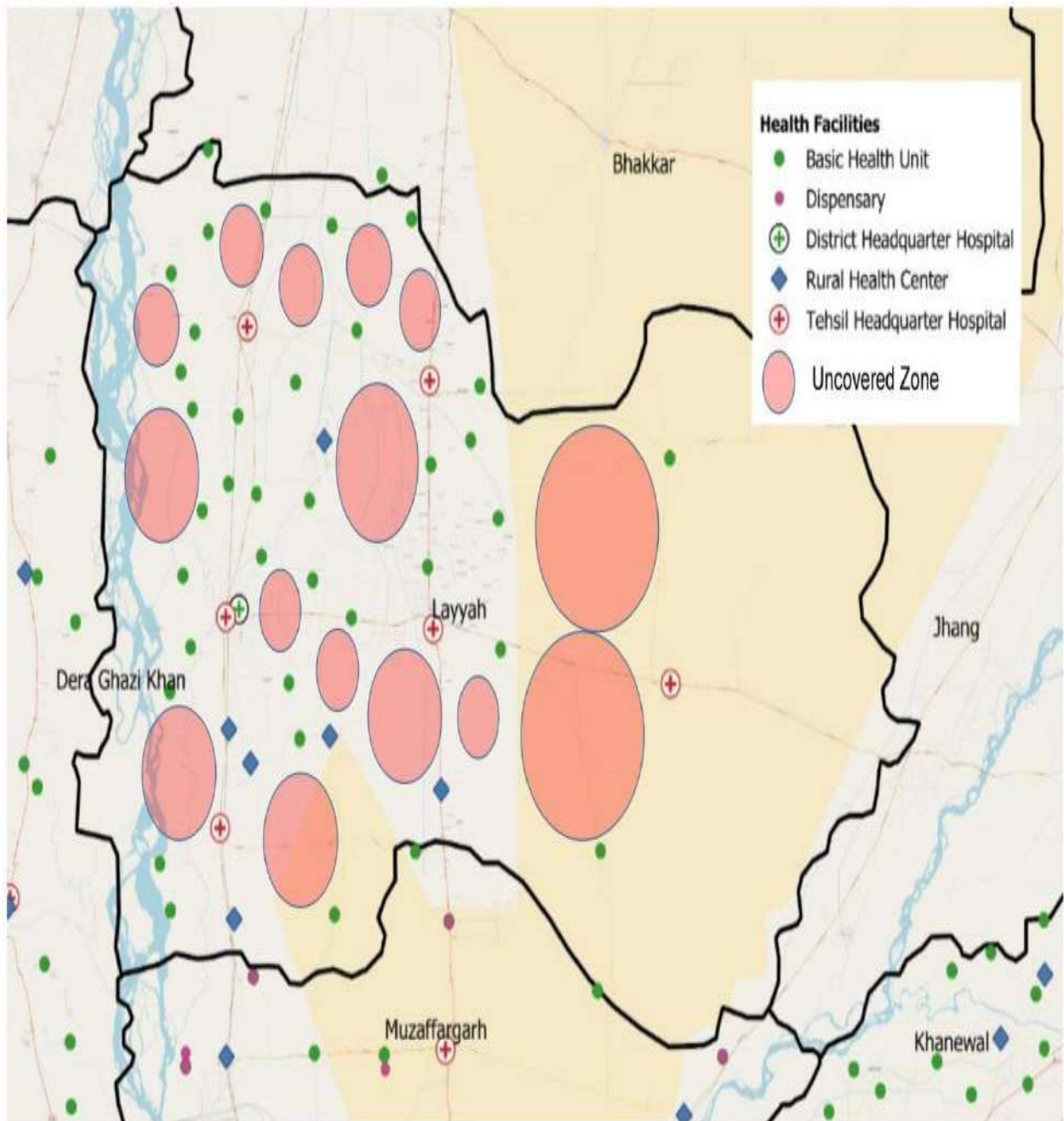
1. 03 Sehat Ghar - 1 Sehat Ghar on the population of 10,000.
2. 09 BHUs (Bait Qaim Wala, 547/TDA, Bhryog, Manika Bhutta, Manik Pur, Ahmad Mohana, Wan Pitafi, Binda Ishaq and Langer Wah)
3. 3 Hospitals in Tehsil Ali Pur, Jatoi and Kot Addu

The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Muzaffargarh as depicted in anticipated map below:



### 2.5.3 Geo-tagged Map of District Layyah:

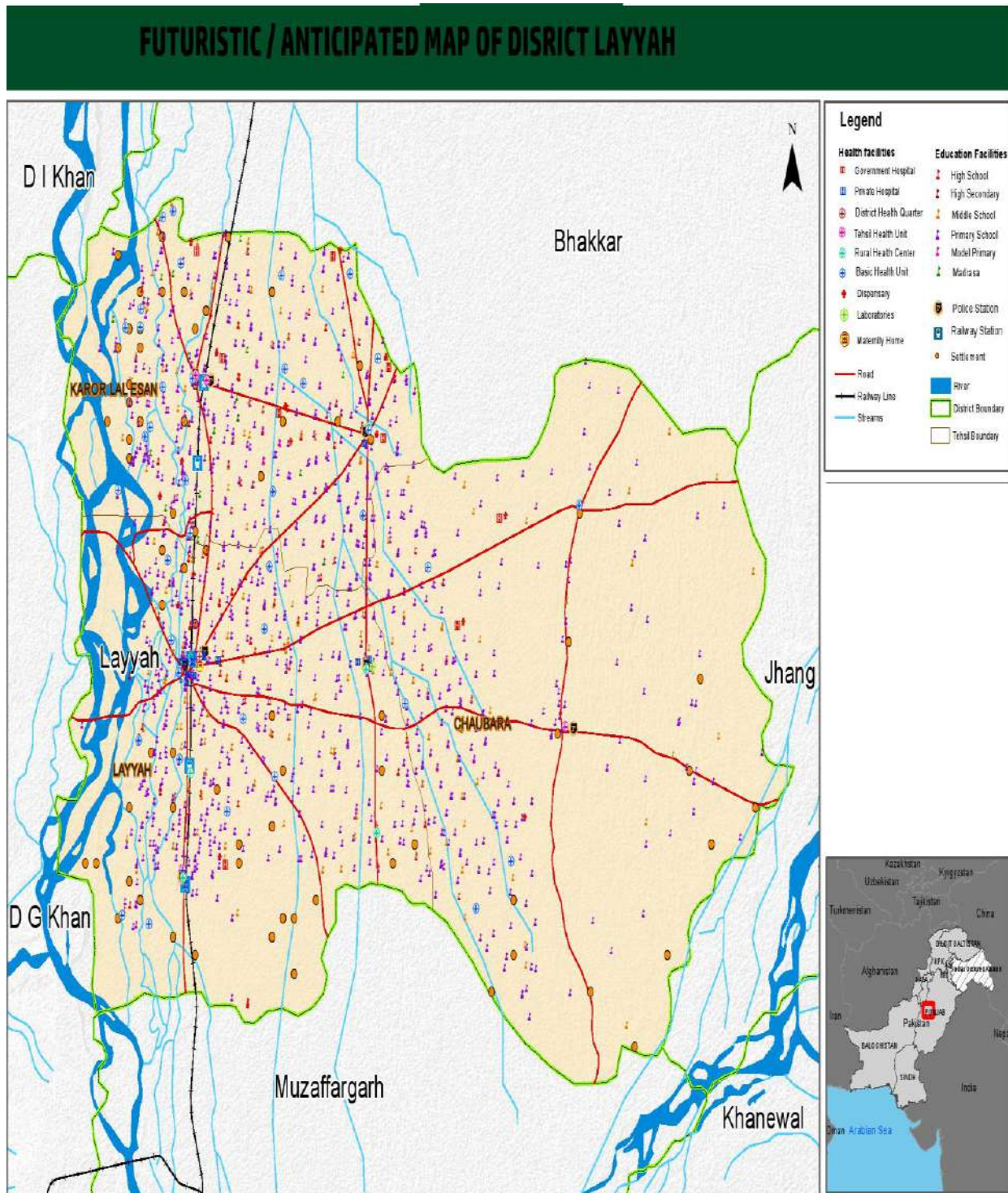
Pink circles are elaborating uncovered areas in terms of Health Facility in District Layyah



Uncovered Urban Population in Layyah is approximately 105,752 which do not have easy access to any primary level health facility. For this, a town hospital must be constructed to cater the urban population. This uncovered area immediately demands a health facility to improve the service delivery in Layyah:

1. 85 Sehat Ghar – Already in Progress (PC-1 approved)
2. 1 Town Hospitals- at Chaubara

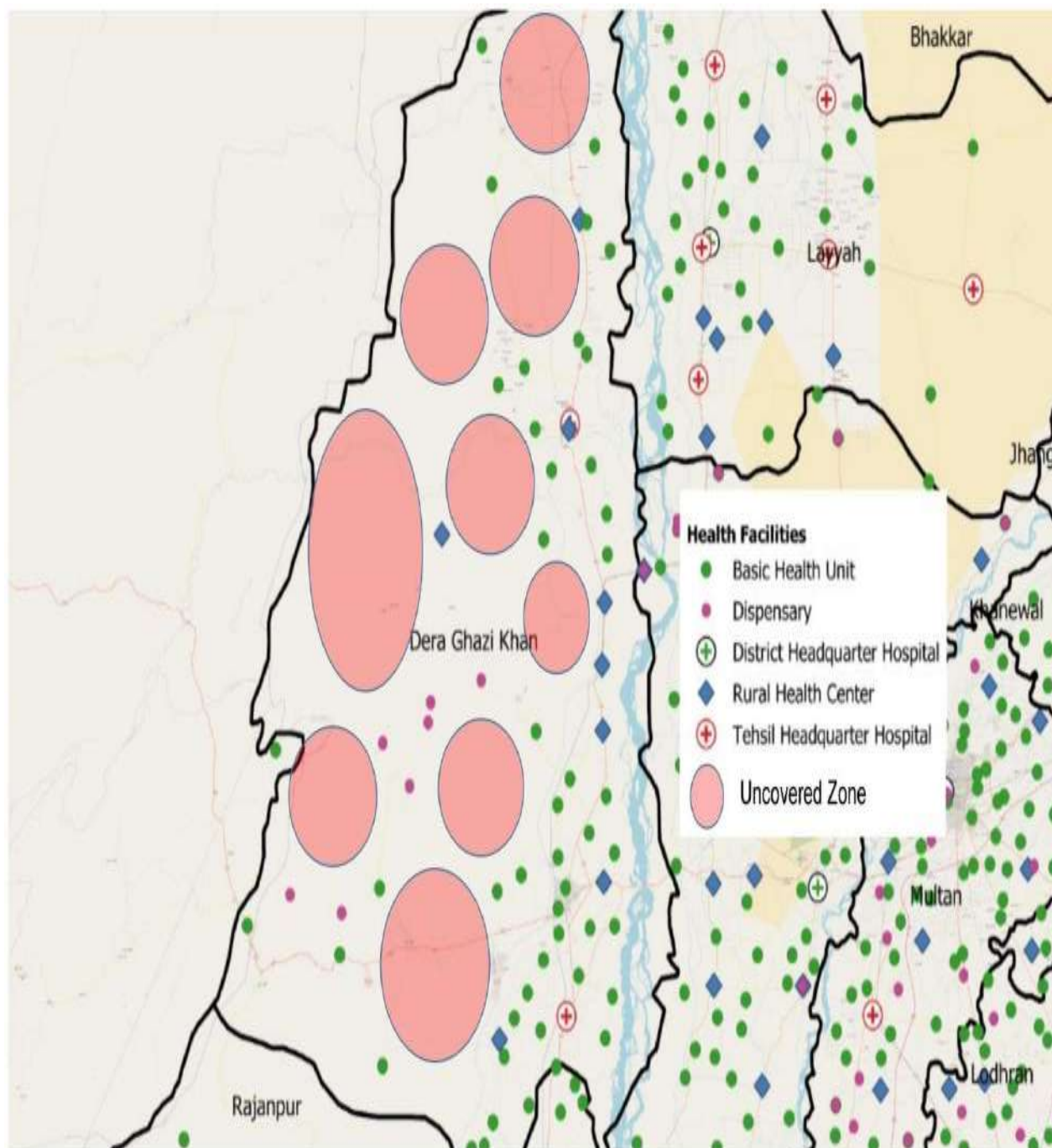
The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Layyah as depicted in anticipated map below:





## 2.5.4 Geo-tagged Map of District Dera Ghazi Khan:

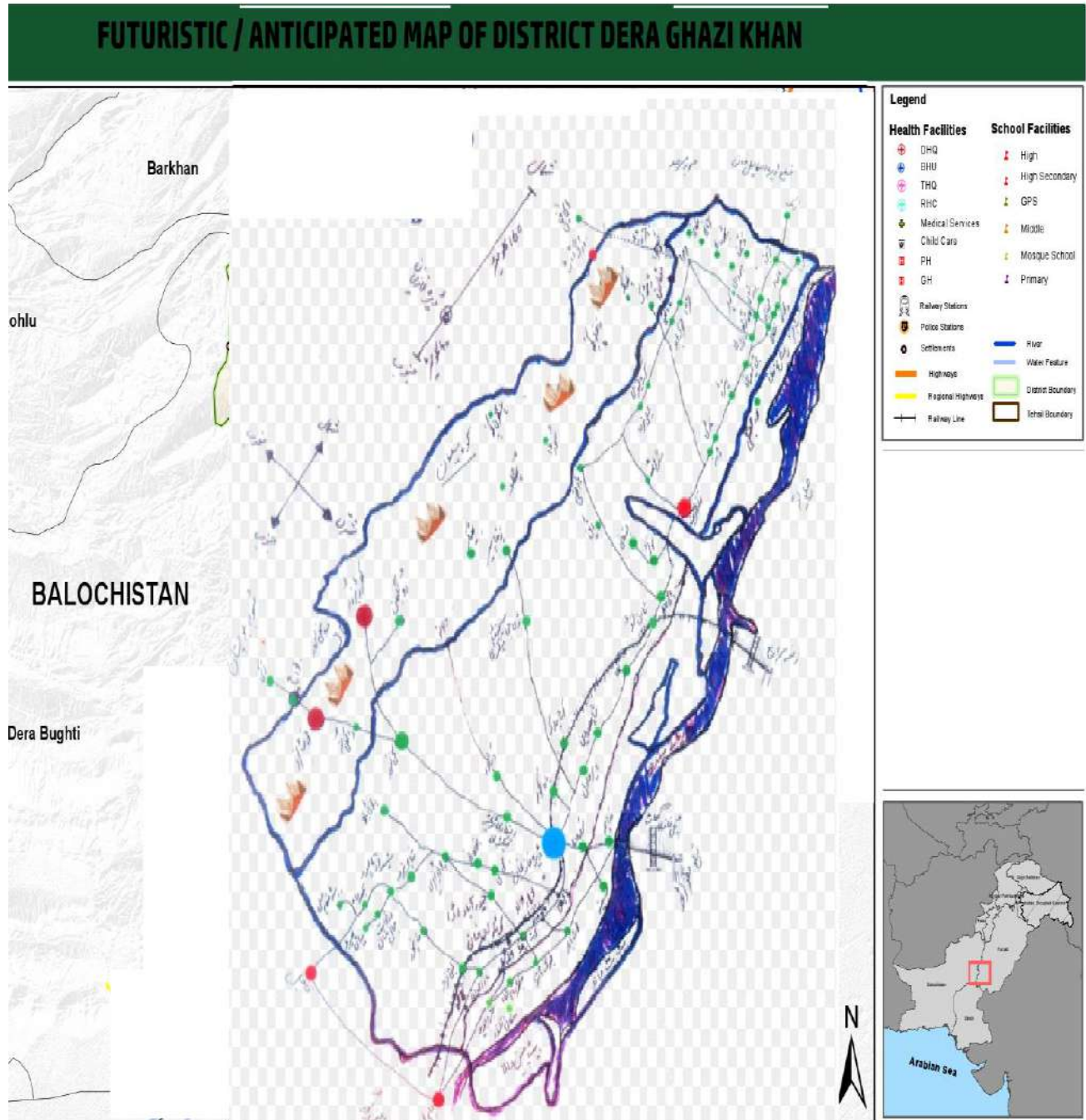
Pink circles are elaborating uncovered areas in terms of Health Facility in District Dera Ghazi Khan



This uncovered area immediately demands a health facility to improve the service delivery in Dera Ghazi Khan:

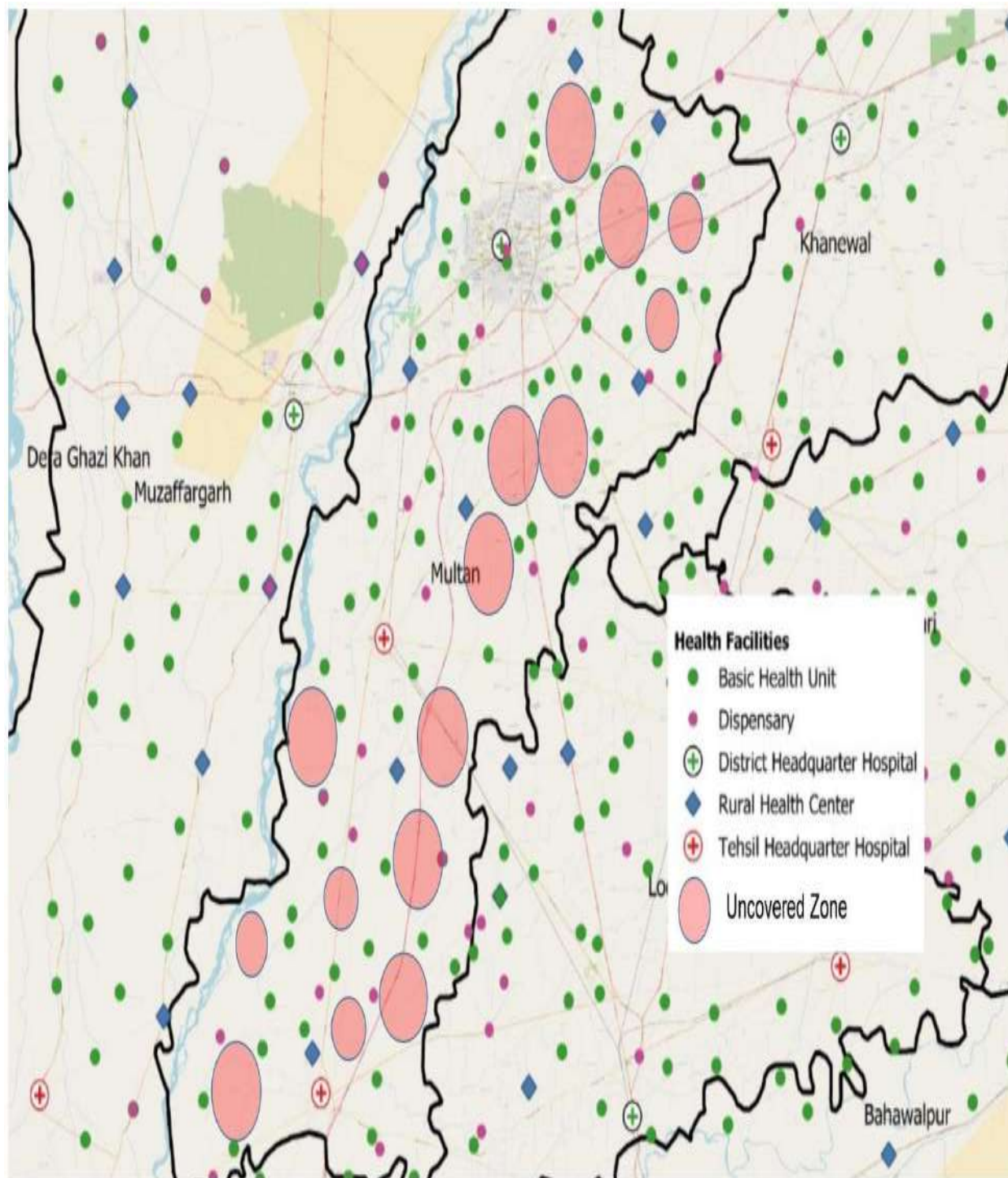
- I. One District Head Quarter Hospital
- II. 110 Sehat Ghar- 1 Sehat Ghar on the population of 10,000
- III. 2 Town Hospitals- Choti Zerin, Mangrotha

The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Dera Ghzi Khan as depicted in anticipated map below:



### 2.5.5 Geo-tagged Map of District Multan:

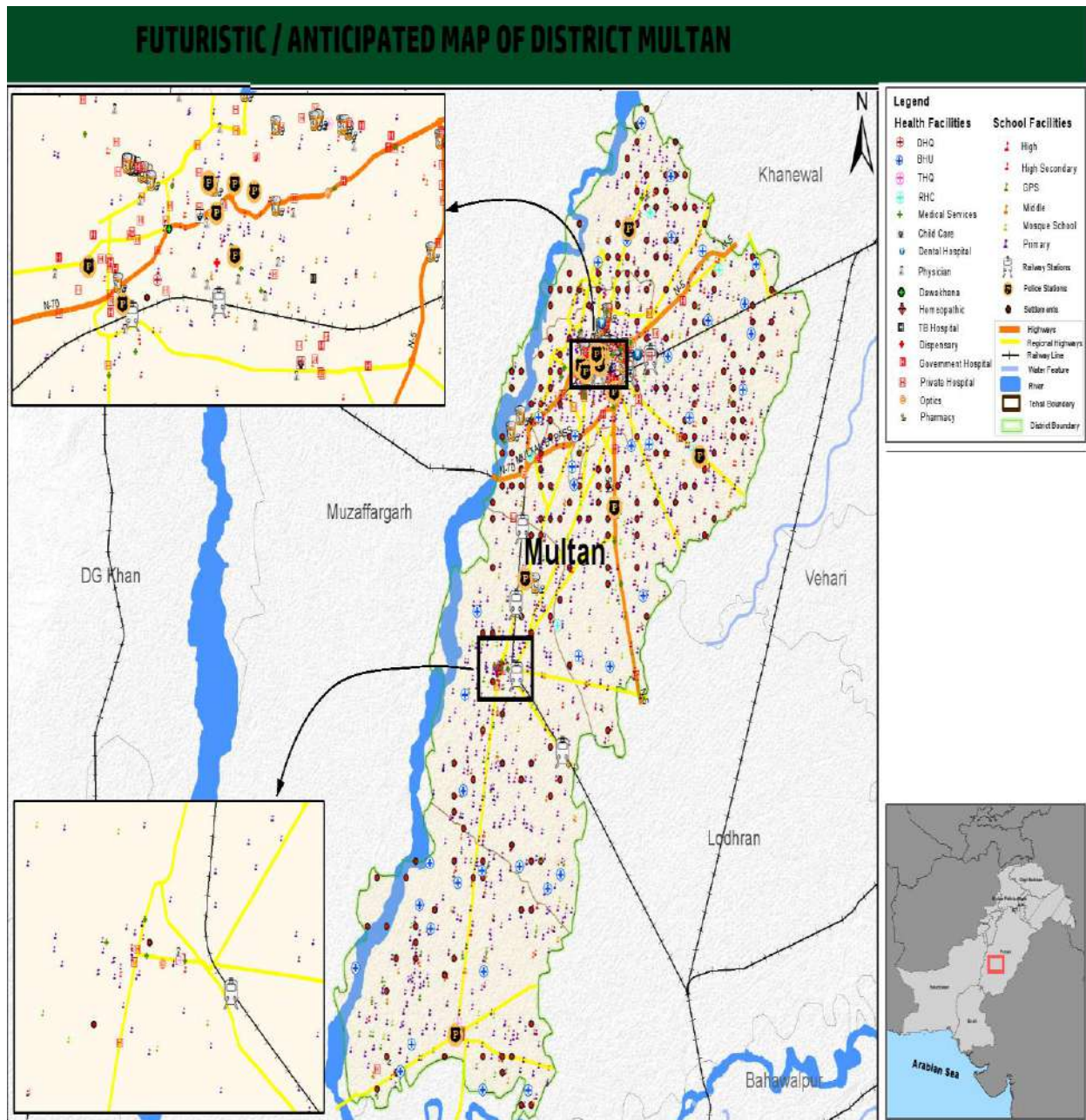
Pink circles are elaborating uncovered areas in terms of Health Facility in District Multan



This uncovered area immediately demands a health facility to improve the service delivery in Multan:

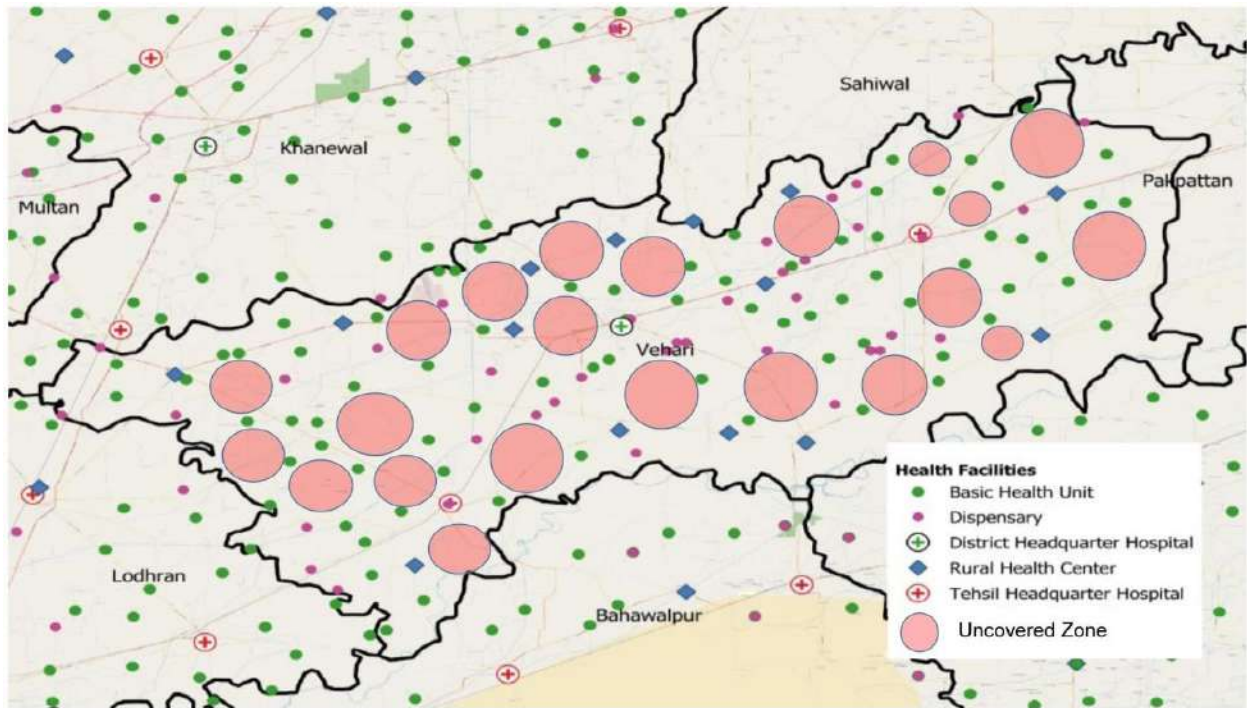
1. 16 Sehat Ghar - 1 Sehat Ghar on the population of 10,000.
2. 1 Town Hospitals- Sher Shah Town
3. 3 RHC (Basti Mithoo, Khan Bela and Budhla Sant)
4. 6 BHUs Qasba Larr, Alam pur, Inayat Pur, Shehni, Khoja, Mian Pur Bailay Wala)

The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Multan as depicted in anticipated map below:



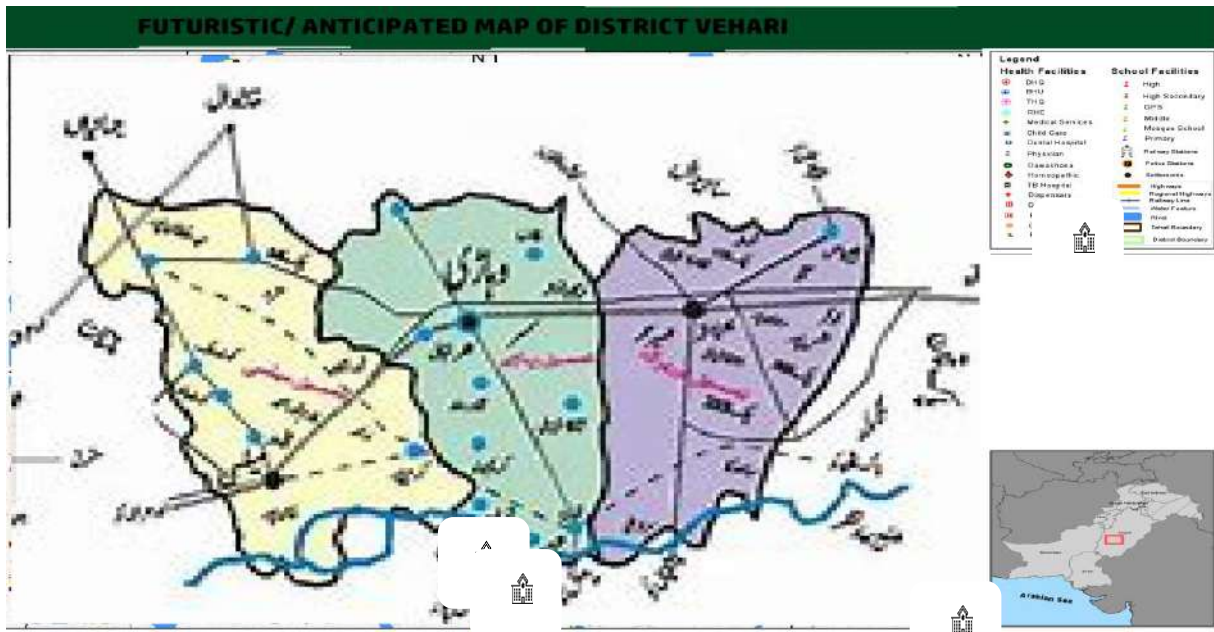
### 2.5.6 Geo-tagged Map of District Vehari:

Pink circles are elaborating uncovered areas in terms of Health Facility in District Vehari



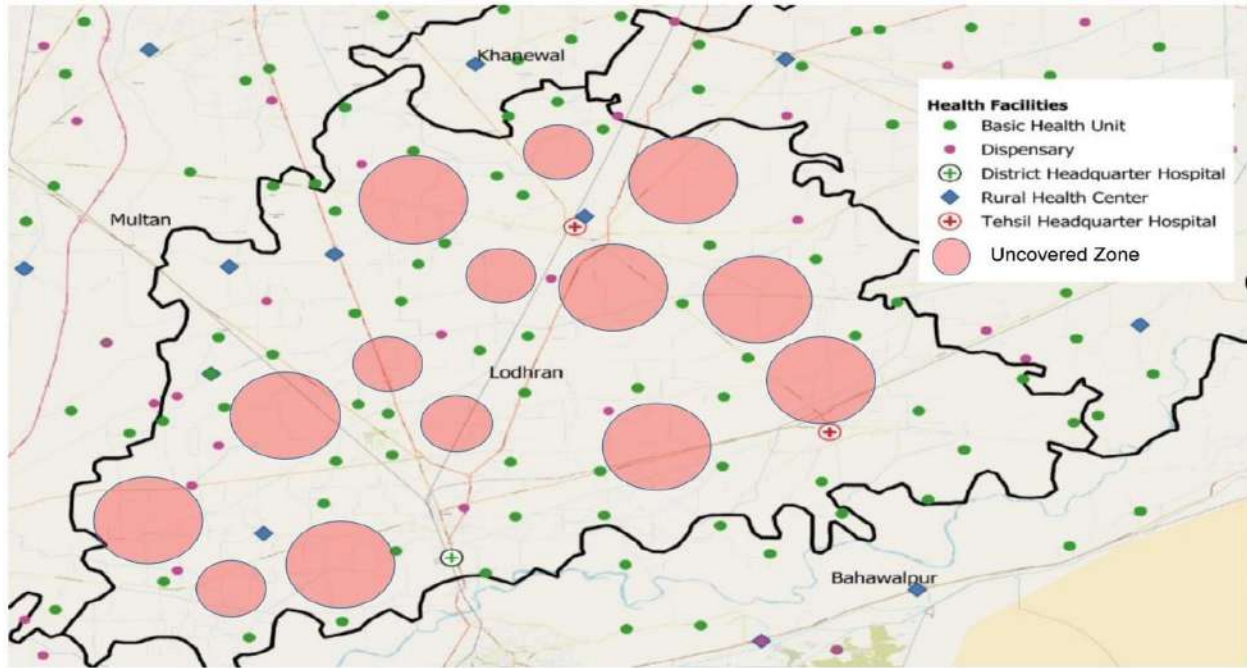
This uncovered area immediately demands a health facility to improve the service delivery in Vehari:

1. 11 Sehat Ghar – one Sehat Ghar at population of 10,000
2. 3 Town Hospitals- Borewala, Mailsi, Chishtian
3. 8 BHUs UC#66, UC#523, UC#70, UC#71, UC#72, UC#76, UC#77 & UC#83



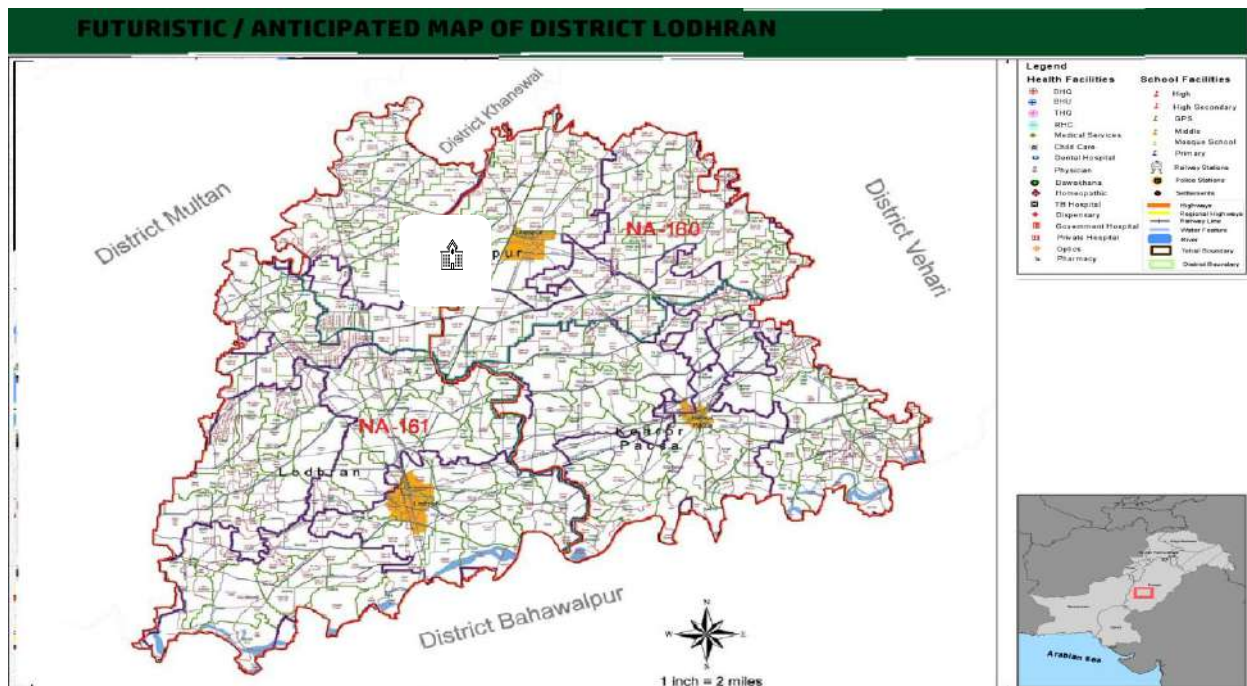
### 2.5.7 Geo-tagged Map of District Lodhran:

Pink circles are elaborating uncovered areas in terms of Health Facility in District Lodhran:



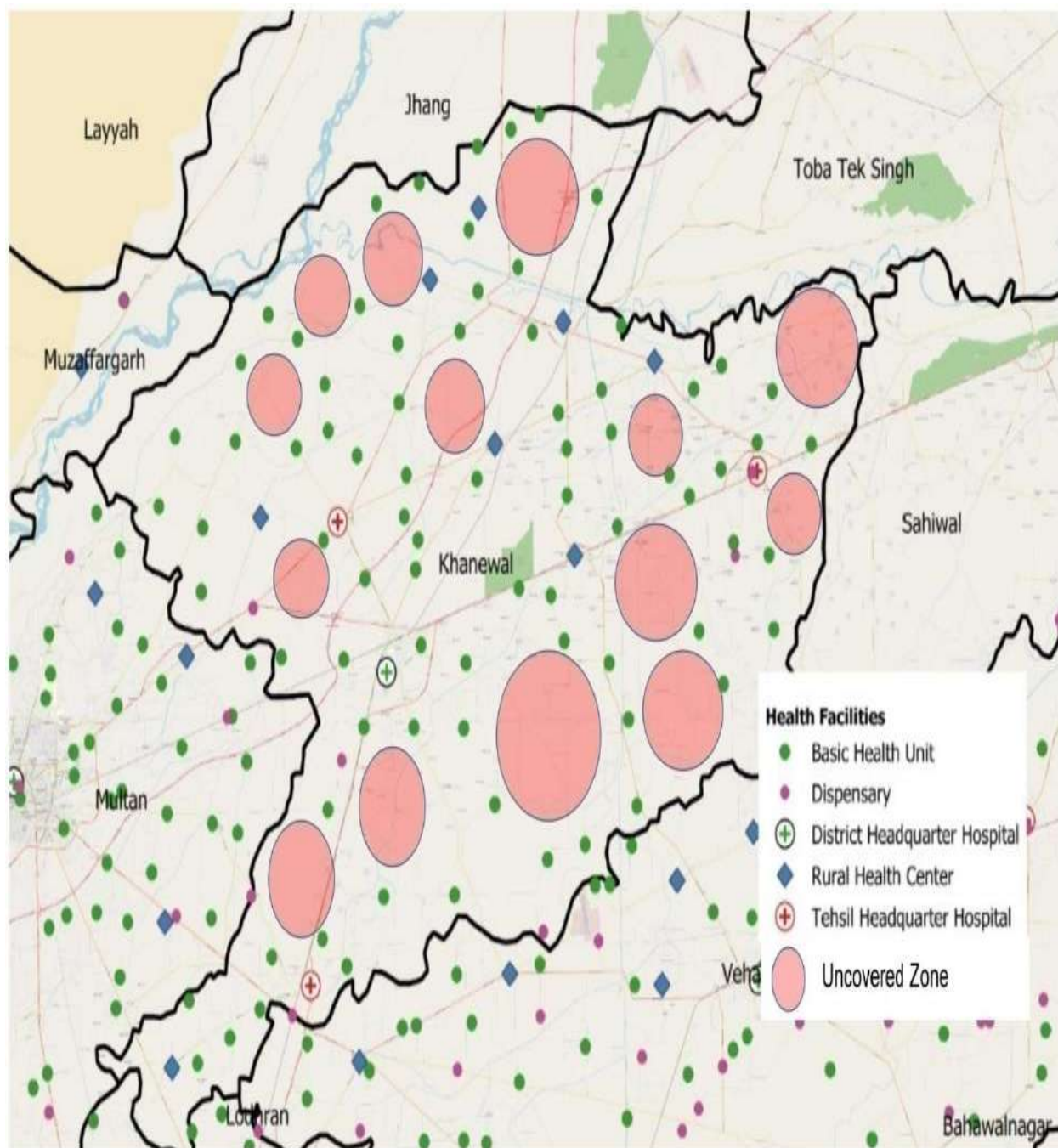
This uncovered area immediately demands a health facility to improve the service delivery in Lodhran:

1. 45 Sehat Ghar - 1 Sehat Ghar on the population of 10,000.
2. 1 Town Hospitals- Duniya Pur



### 2.5.8 Geo-tagged Map of District Khanewal:

Pink circles are elaborating uncovered areas in terms of Health Facility in District Khanewal:

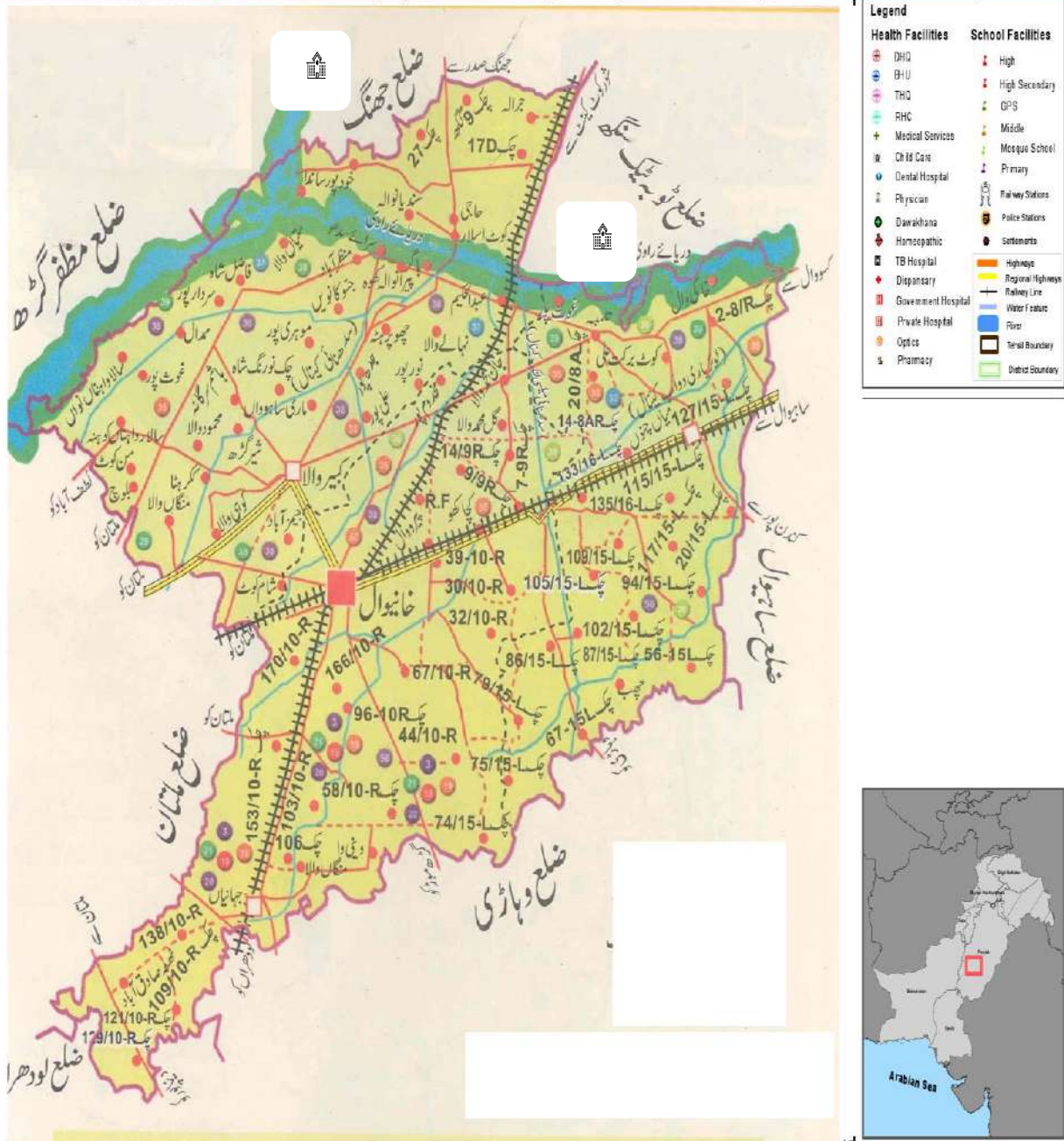


This uncovered area immediately demands a health facility to improve the service delivery in Khanewal:

1. BHU Khanewal Kohna
2. BHU 4/8A-R Khanewal

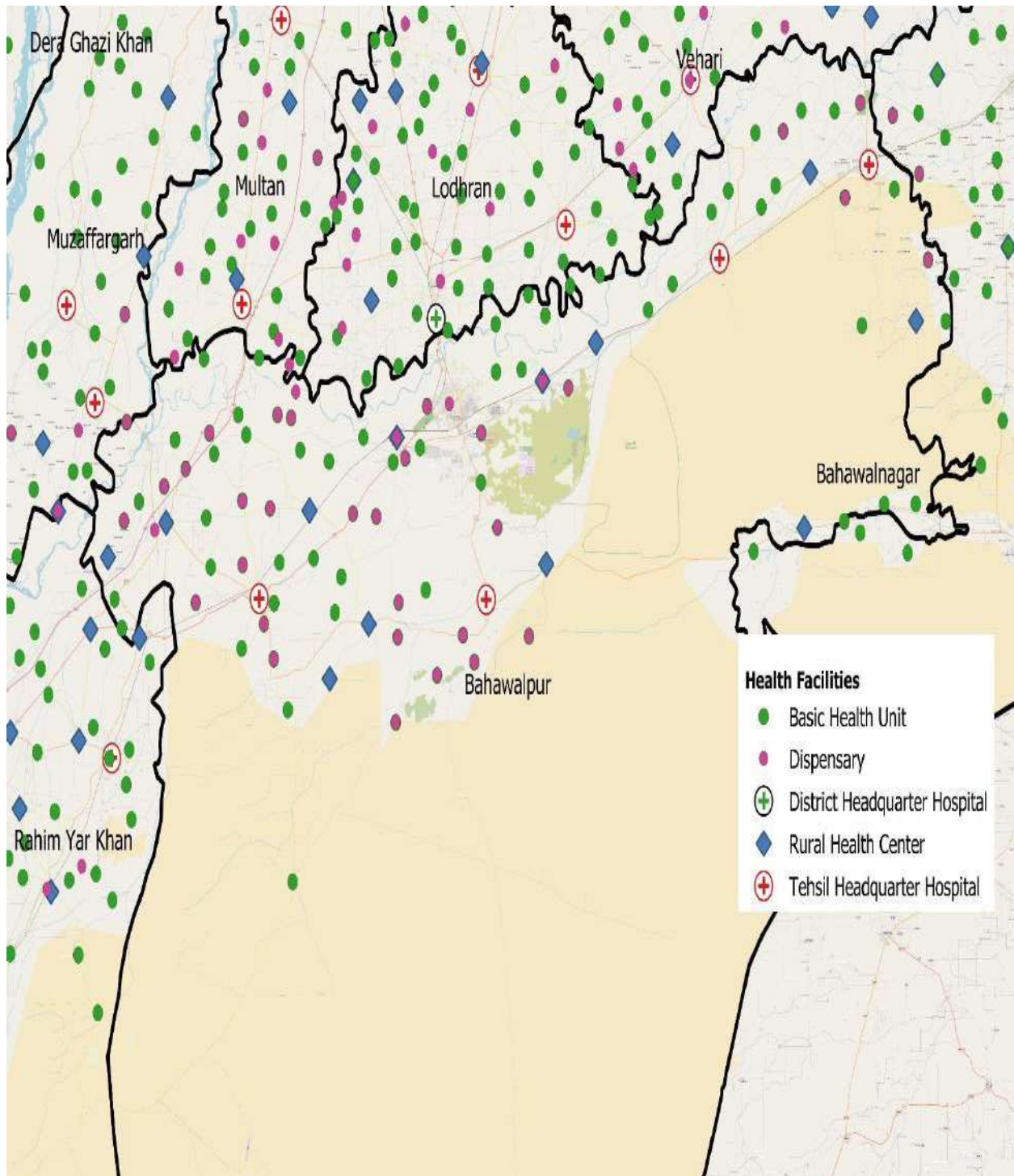
3. BHU 149/10-R Jahanian
4. BHU 126/15-L Mian Chunnu
5. BHU 57/15-L Mian Chunnu
6. 60 Sehat Ghar - 1 Sehat Ghar on the population of 10,000.
7. 2 Town Hospitals- 1 Town Hospital on the population of 1000,000

## FUTURISTIC/ ANTICIPATED MAP OF DISTRICT KHANEWAL





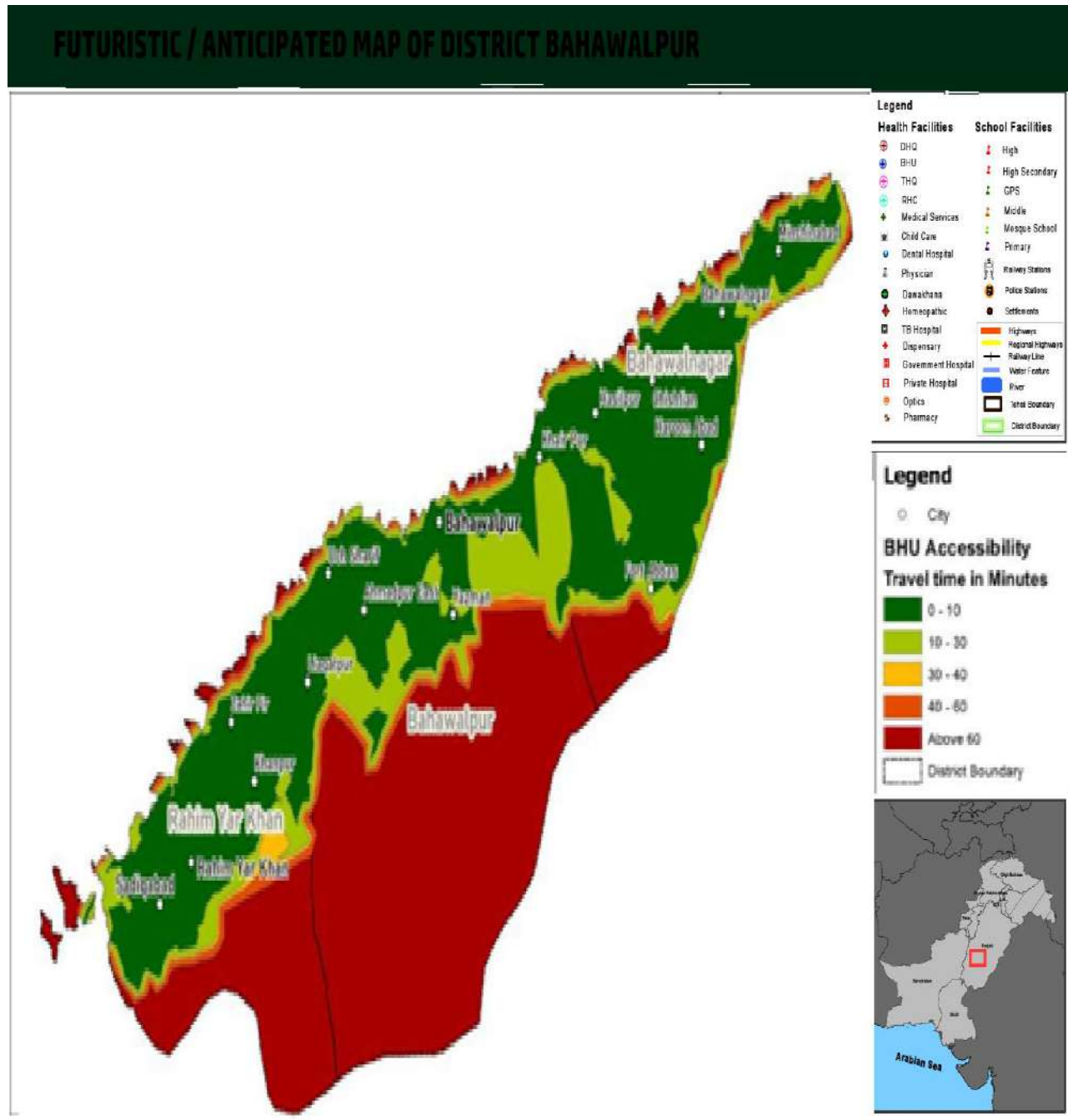
### 2.5.9 Geo-tagged Map of District Bahawalpur:



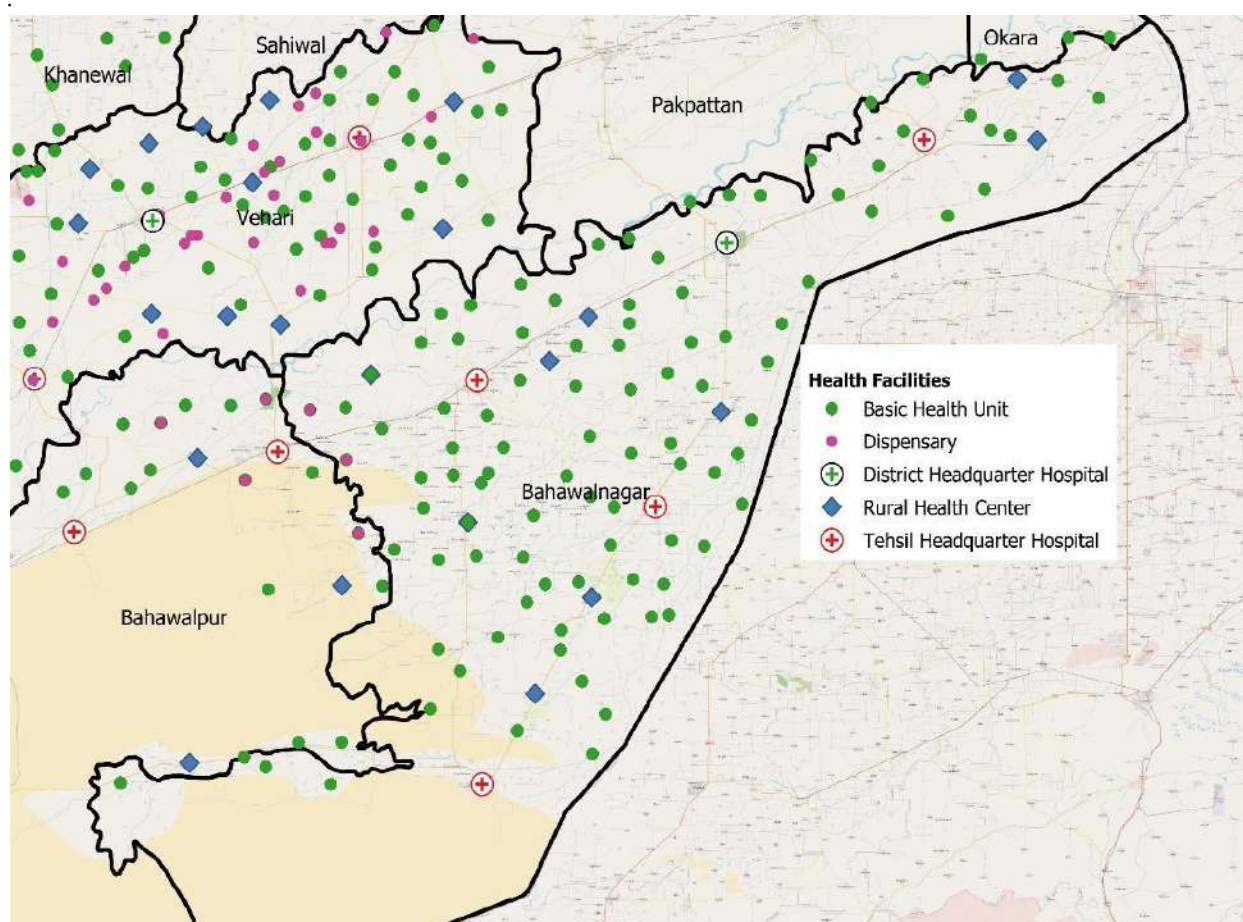
This uncovered area immediately demands a health facility to improve the service delivery in Bahawalpur:

1. 1 District Head Quarter Hospital should be made in District Bahawalpur
2. 90 Sehat Ghar - 1 Sehat Ghar on the population of 10,000.
3. 5 Town Hospitals- Ahmad pur East, Bwp City, Bwp Saddar, Hasilpur, Khairpur & Yazman

The coverage of uncovered areas with provision of above proposed health facilities will result into universal health coverage in District Bahawalpur as depicted in anticipated map below:

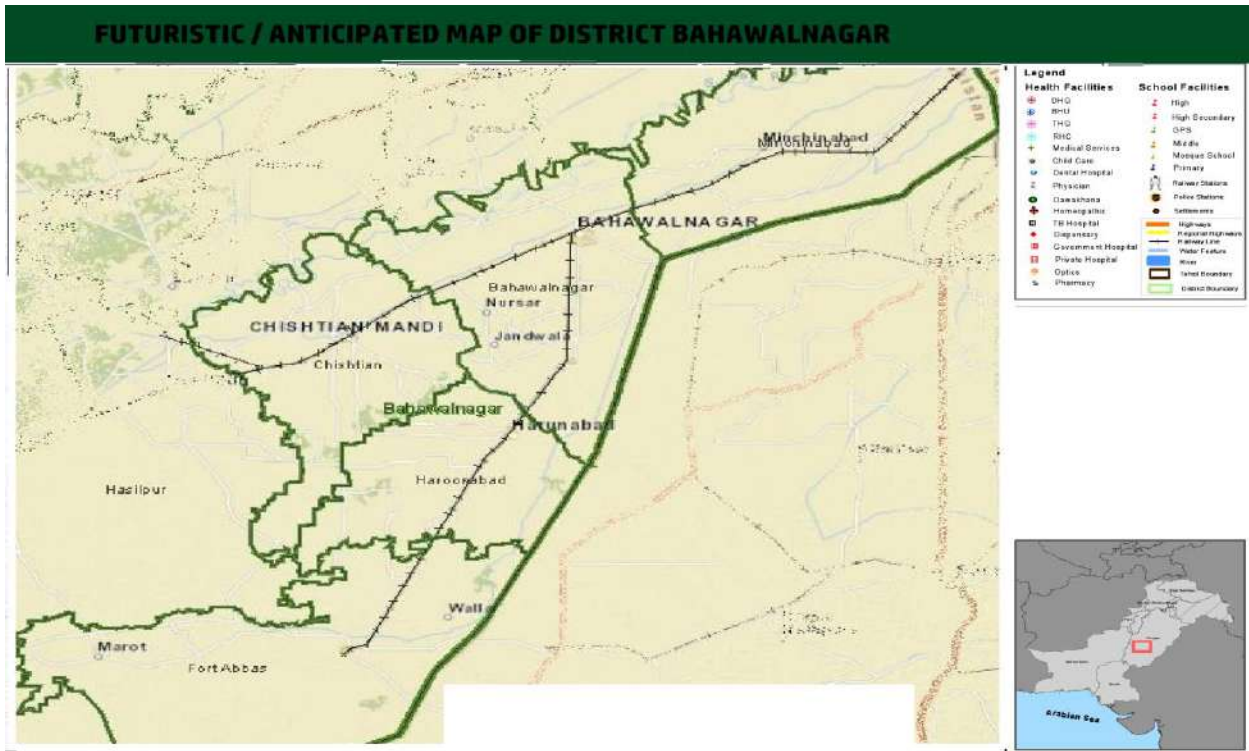


### 2.5.10 Geo-tagged Map of District Bahawalnagar:



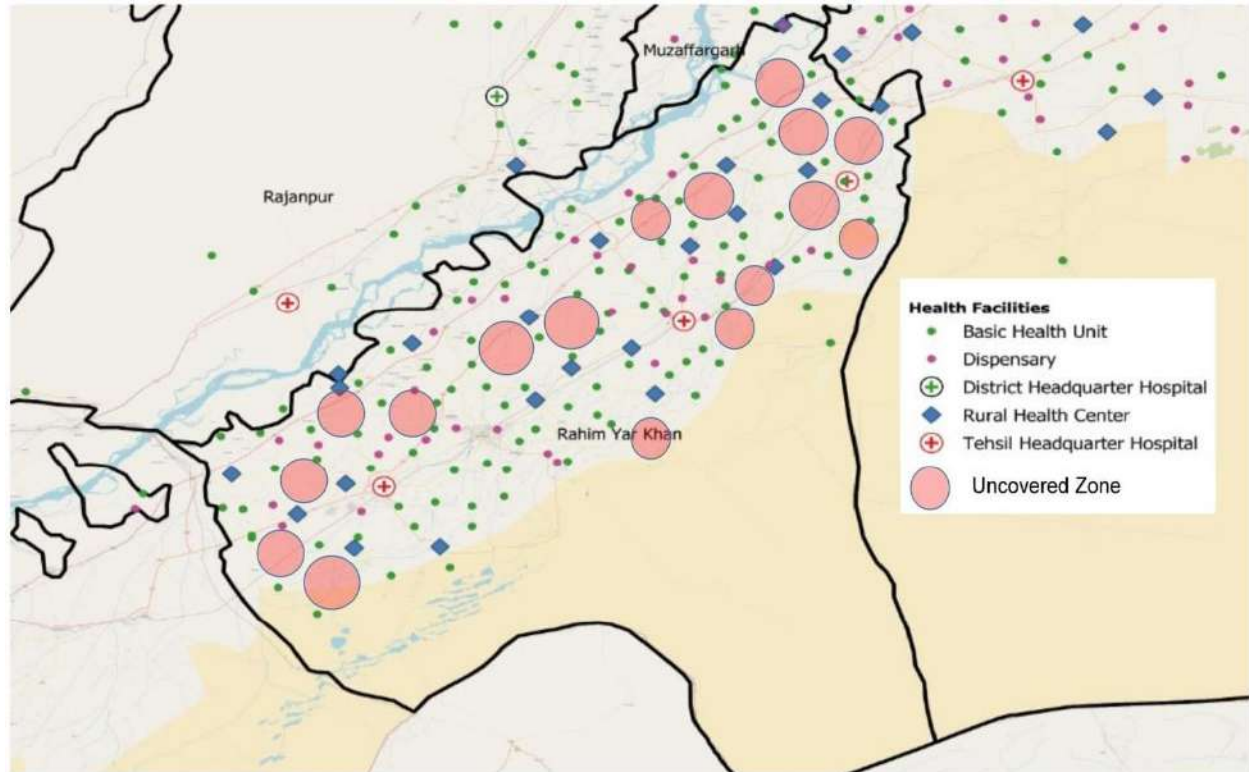
This uncovered area immediately demands a health facility to improve the service delivery in Bahawalnagar:

1. BHU Qabool Fatani Chishtian
2. BHU Old Chishtian Chishtian
3. BHU 135/F Chishtian
4. BHU 7FW Chishtian
5. BHU 264/HR Fortabbas
6. BHU 281/HR Fortabbas
7. BHU 432/6R /Fortabbas
8. BHU 86/5R Fortabbas
9. BHU Fadai Shah Minchinabad
10. BHU Mattwala Minshinabad
11. BHU Rohana Minchinabad
12. MCH Centre Musum Colony Haroonabad
13. Sehat Ghar - Muhammad Pur Bahawalnagar
14. Sehat Ghar - Muslim Colony Bahawalnagar
15. 1 Town Hospitals- 1 Town Hospital on the population of 1000,000
16. Trauma Centre Baldia Colony Haroonabad
17. Trauma Centre Hashim Colony Haroonabad



### 2.5.11 Geo-tagged Map of District Rahim Yar Khan:

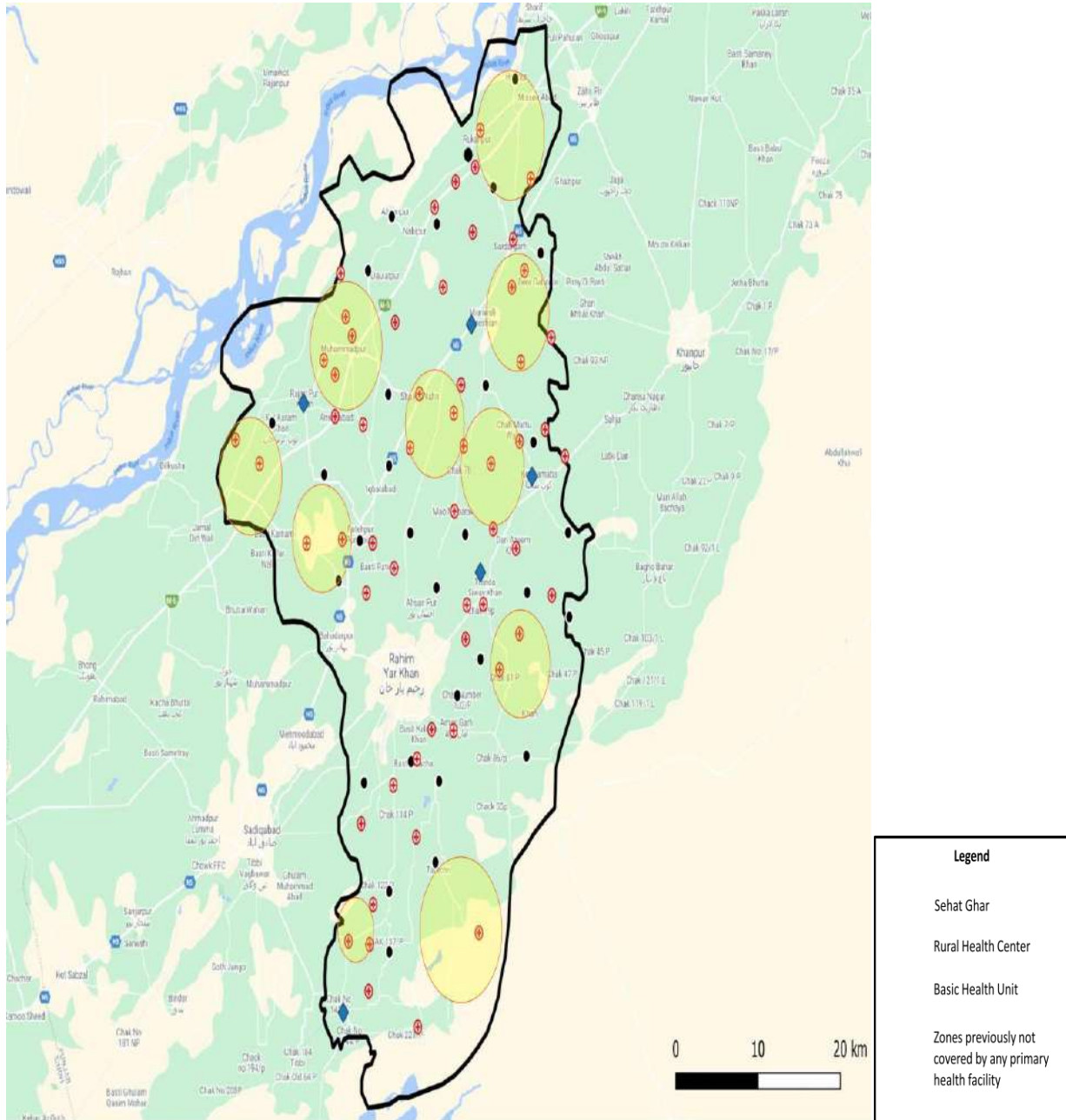
Pink circles are elaborating uncovered areas in terms of Health Facility in District Rahim Yar Khan:



This uncovered area immediately demands a health facility to improve the service delivery in Rahimyar Khan:

1. 1 District Head Quarter Hospital should be made in District Bahawalpur
2. 103 Sehat Ghar – Already in Progress (PC-1 Approved)
3. 3 BHUs in left over UCs

Which will result into maximum coverage in terms of provision of health infrastructure at Village/ Mouzas and UC level:



## Chapter 3: Condition and Functionality Status of Infrastructure

### 3. Revamping and renovation of Primary Healthcare facilities in South Punjab

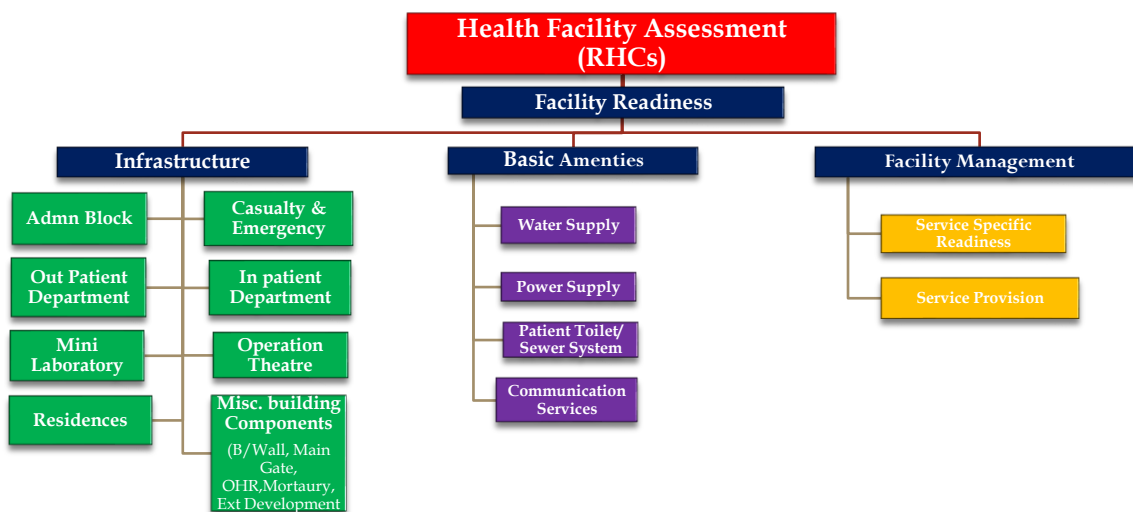
Though Primary & Secondary Healthcare Department South Punjab tends to focus on facility readiness to improve service delivery yet over the time, no special emphasis has been laid on regular maintenance & repair of Primary healthcare facilities (RHCs/BHUs/GRDs/CDs) which resulted in deterioration of outlook and damaged the structure of the buildings. With the passage of time, some of these buildings have either turned unfit for use or become life threatening.

To revamp and renovate Primary Healthcare facilities in South Punjab, Primary & Secondary Healthcare Department, South Punjab has gone through assessment of Health facilities to analyze existing Infrastructure for which following framework was deployed:

#### 3.1 Conceptual Framework (RHCs)

Based on the data extracted from the applications developed for daily monitoring of RHCs/ BHUs by P&SHD, South Punjab and of MEAs monitoring data for the period from March- April, 2022, the assessment of health facilities has been carried out for availability, facility readiness, and service specific readiness. The building status was particularly assessed in areas of infrastructure, physical amenities.

Figure 1: Health Facility Assessment in South Punjab



### 3.1.1 General Facility Readiness for RHCs

General facility readiness focused on to assess general facility readiness for delivering its mandated services. These domains are **basic amenities, infrastructure, and facility management**. It studied Infrastructure and building conditions for future planning to improve facility outlook by streamlining M&R work.

### 3.1.2 Infrastructure- RHCs

A functioning infrastructure at a health facility is essential for delivery of its level - specific package services. It is an essential requirement for service delivery as well as a building block. Within the ambit of the HFA, infrastructure was assessed for availability and functional status of building components of RHCs, as part of assessment of general service readiness.

The domain of infrastructure was sub- divided into nine sub domains: administration, casualty and emergency, outpatient departments, in -patient departments, intensive care units, operation theaters, diagnostic service areas, residences, and miscellaneous areas. Each sub-domain was assessed for availability of optimum components for service delivery. Casualty & Emergency, for instance, was assessed for consultation area, ward area, and emergency operation theater. Majority of the infrastructure components (building structures) were either missing or had minor or major issues hampering their use for delivery of services.

#### Assessment of Infrastructure

**‘No repair required’** means that the infrastructure is in good condition and does not require any type of repair to optimally perform its functions.

**‘Minor repair’** includes small issues like whitewash, polish or paint work, broken hinges, locks, or handles, leakage of water pipes without gross seepage, mal-functioning electricity wires.

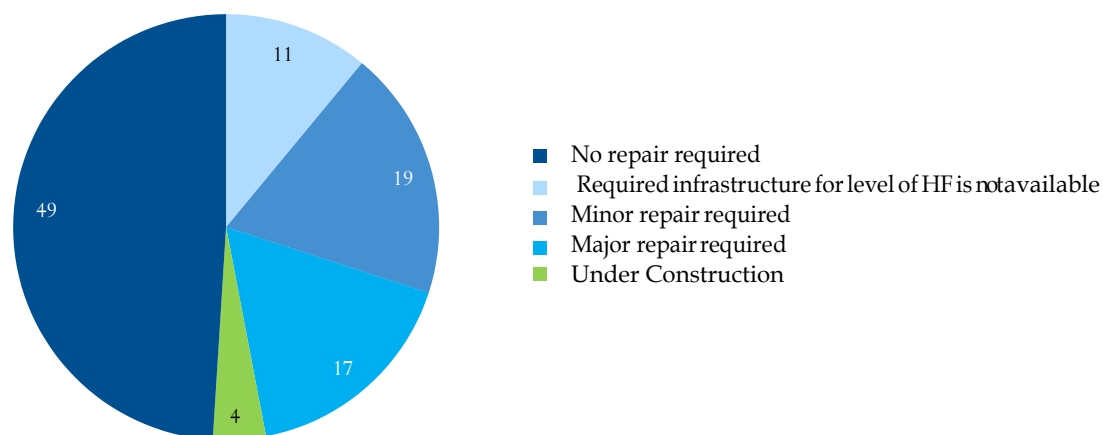
**‘Major repair’** comprises of major issues requiring major plastering or concrete work, repair of major seepage like roof treatment, re-fixing of doors/windows panels, drainage treatment for major blockage, replacement required for parts of water and sewage pipes and electricity rewiring.

**‘Under-construction’** means new construction for any building component is underway.

**‘Non-availability’** means completely missing infrastructure component that is required as per the level of the assessed health facility.

On average, only 49% of the building structures components were available in good condition at the RHCs with a the number of building structures (11%) not available. Furthermore, only a small component of building structures were under construction (4%).

### 3.1.3 Condition of Infrastructure Components (in %) available at Rural Health Centers



The availability of specific infrastructure as well as condition of each component was assessed to see whether it was in good condition, needed minor or major repair work, or if any part was undergoing new construction. Availability and functional status of each sub domain are shown as averages.

### 3.1.4 Infrastructure at Rural Health Centers

Table: Number of RHCs having infrastructure components, by type of their condition

Infrastructure Components	Situation at RHCs (n=111)				
	No repair required %	Minor repair required %	Major repair required %	Under Construction %	Required infrastructure for level of HF is not available %
Administration block	50	21	14	4	22
Casualty & Emergency	56	20	13	4	18
Out-Patient department	41	24	17	4	25
In-Patient department	51	19	17	5	19
Mini laboratory	37	24	20	3	27
Operation Theater	67	8	12	4	20
Residences	57	6	27	17	4
Miscellaneous building component (B/wall, OHR, Mortuary/ Main Gate with Pillars & External Development (Lawns/ Pathway)	50	21	15	4	21



### 3.1.5 Basic Amenities

The domain of basic amenities relates to the extent to which the physical conditions of a health facility are welcoming and favorable for the delivery of health care services. It includes communication services, water supply, power supply, transport for emergency services, patient Toilets, and general cleanliness. The status of basic amenities assessed in 111 Rural Health center is as follows.

#### 3.1.5 Water Supply

As defined by the WHO/UNICEF, improved source of water includes: 1) piped water into dwelling, 2) piped water to yard/plot, 3) public tap or standpipe, 4) tube well or borehole, 5) protected dug well, 6) protected spring, and 7) rainwater. Out of the 111 RHCs, 109 were found using improved watersourceseitherintheformof‘pipedintofacilityorontofacilityground’,or through ‘tubewell or borehole’ (Table). On the other hand 03 RHCs (2%) reported non-availability of improved water source

**Table: Water supply at Rural Health Centers**

*Number of RHCs having improved water supply*

Source of Water	Availability at RHCs (n=111)	
	Number	Percentage
Piped into facility or onto facility ground	109	98
Tubewell or borehole	60	54

#### 3.1.6 Power Supply

The power supply from WAPDA electricity grid was reported by all 111 RHCs.. Interruption in the supply (break in power supply) was reported by all the facilities, which was covered through alternatesourcesincludingfuel-operatedgenerator,UPSandsolarsystem

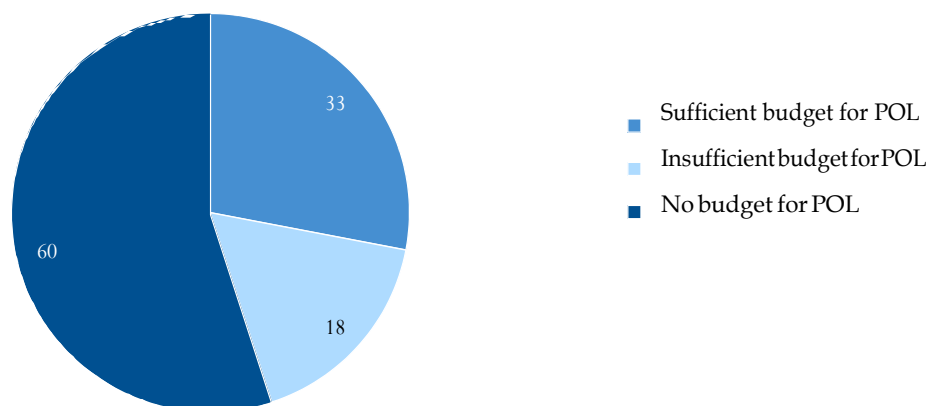
**Table: Power supply at Rural Health Centers**

*Number of RHCs having electricity supply and availability of alternative sources*

Type of Power Supply	Availability at RHCs (n=111)	
	Number	Percentage
Supply from electricity grid (WAPDA)	111	100
<b>Major Alternative Source</b>		
Functional fuel-operated generator	58	52
UPS	108	97
Solar system	13	11

Out of the 58 Rural Health Centers having functional generators, only 16 RHCs (14%) had sufficient petroleum, oils & lubricants (POL), 10 RHCs (9%) reported insufficient budget whereas 32 RHCs (29%) reported non-availability of budget for POL

**Figure: Percentage of RHCs having budget for POL for fuel-operated generator**



### 3.1.7 Patient Toilets/ Sewer System

Functional Toilets- meeting improved sanitation criteria defined by UNICEF/WHO (flush toilet, piped sewer system, septic tank, flush/pour flush to pit latrine, ventilated improved pit latrine, pit latrine with slab, composting toilet) - for clients in outpatients departments were available at 89 assessed facilities whereas, a separate latrine for female was lacking in one third of facilities.

**Table: Client latrine at Rural Health Centers**

*Number of RHCs having functional client latrine*

Patient Toilet	Availability at RHCs Hospitals (n=121)	
	Number	Percentage
Functional client latrine in outpatient services area	89	80
Separate latrine for female clients	84	75

### 3.1.8 Communication Services

Communication services at health facilities were assessed by observing availability of functional communication equipment including landline telephone, *vfone/Jazz/Zong* or facility paid/supported cellular phone. Functional landline phones were those that were accessible round the clock to the facility staff, to be used for the delivery of health care to the patients. Functioning communication equipment did not include private cell phones unless the facility had provided the cellular phone or reimbursed the cost. The assessment showed that only 29 RHCs had landline telephone.

**Table : Communication (Telephone) at Rural Health Centers**

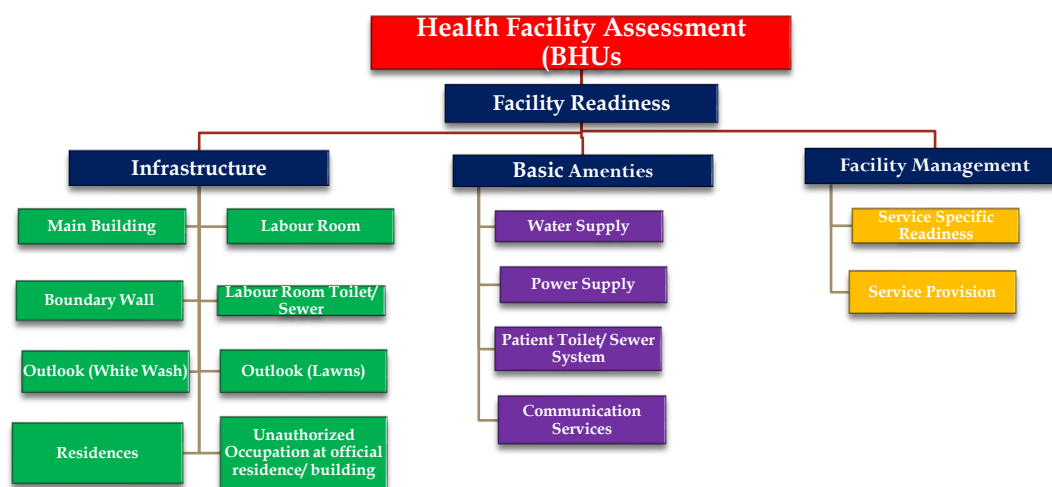
*Number of RHCs having Telephone Coverage*

Type of Communication	Availability at RHCs (n=111)	
	Number	Percentage
Functional landline telephone	29	24
Functional facility-owned/ supported cellular phone	74	84
<b>Total (any functional)</b>	<b>103</b>	<b>92</b>

### 3.2 Conceptual Framework (BHUs)

Based on the data extracted from the applications developed for daily monitoring of RHCs/ BHUs by P&SHD, South Punjab and of MEAs monitoring data for the period from March- April, 2022, the assessment of health facilities has been carried out for availability, facility readiness, and service specific readiness. The building status was particularly assessed in areas of infrastructure, physical amenities.

**Figure 2: Health Facility Assessment in South Punjab**



#### 3.2.1 General Facility Readiness for BHUs

General facility readiness focused on to assess general facility readiness for delivering its mandated

services. These domains are **basic amenities, infrastructure, and facility management**. It studied Infrastructure and building conditions for future planning to improve facility outlook by streamlining M&R work.

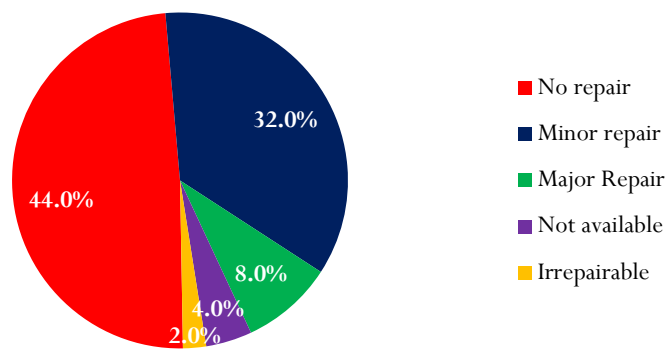
### 3.2.2 Infrastructure- BHUs

A functioning infrastructure at a health facility is essential for delivery of its level - specific package services. It is an essential requirement for service delivery as well as a building block within the ambit of the HFA, infrastructure was assessed for availability and functional status of building components of BHUs, as part of assessment of general service readiness.

The domain of infrastructure was sub- divided into eight sub domains: main building, Labour Room, Boundary Wall condition, Labour Room Toilet and Sewer condition, Outlook of building particularly white wash, maintenance of lawns and staff residences condition and its occupation status. Each sub-domain was assessed for availability of optimum components for service delivery. Majority of the infrastructure components (building structures) were either missing or had minor or major issues hampering their use for delivery of services.

On average, only 44% of the building structures components were available in good condition at the BHUs with a small number of building structures (4%) not available. Furthermore, 8% building structure require major repair while 32% of minor repair.

#### Condition of Infrastructure Components (in %) available at Basic Health Units



The availability of specific infrastructure as well as condition of each component was assessed to see whether it was in good condition, needed minor or major repair work, or if any part was undergoing new construction. Availability and functional status of each sub domain are shown as averages.

### 3.2.3 Infrastructure at Basic Health Units

Table: Number of BHUs having infrastructure components, by type of their condition

Infrastructure Components	Situation at RHCs (n=760)				
	No repair required %	Minor repair required %	Major repair required %	Not Available required %	Irrenairable HF is not available %
Main building	39.3%	57.0%	1.6%	0.3%	1.8%
Labour Room	46.8%	52.1%	0.8%	0.3%	-
Boundary Wall	63%	3%	27%	7%	-
Labour Room Toilet	47.9%	3.4%	0.3%	0.9%	-
White Wash	67%	29%	3%	-	-
Lawns	30%	46%	14%	9%	-
Staff Residences condition	11%	35%	12%	-	-
Buildings illegally occupied	51 health facilities have illegal occupation				

### 3.2.4 Basic Amenities

The domain of basic amenities relates to the extent to which the physical conditions of a health facility are welcoming and favorable for the delivery of health care services. It includes water supply, power supply, referral of emergency cases, patient Toilets/ Sewer condition, communication services, and general cleanliness. The status of basic amenities assessed in 760 Basic Health Unit is as follows.

### 3.2.5 Water Supply

As defined by the WHO/UNICEF, improved source of water includes: 1) piped water into dwelling, 2) piped water to yard/plot, 3) public tap or standpipe, 4) tube well or borehole, 5) protected dug well, 6) protected spring, and 7) rainwater. Out of the 760 BHUs, 746 were found using improved water sources either in the form of 'piped into facility or onto facility ground', or through Pump or borehole' (Table). On the other hand 14 BHUs (1.5%) reported non-availability of improved water source

**Table: Water supply at Basic Health Units***Number of BHUs having improved water supply*

Source of Water	Availability at BHUs (n=760)	
	Number	Percentage
Piped into facility or onto facility ground	746	98
Available but non functional	4	0.5
Not Available	10	1

### 3.2.6 Power Supply

The power supply from WAPDA electricity grid was reported by 740 BHUs while 10 HFs were found unelectrified and 10 HFs were facing disconnection of power source. However Interruption in the supply (break in power supply) was reported by electrified facilities, which was covered through alternate sources including, UPS and solar system

**Table: Power supply at Basic Health Unit***Number of BHUs having electricity supply and availability of alternative sources*

Type of Power Supply	Availability at BHUs (n=760)	
	Number	Percentage
Supply from electricity grid (WAPDA)	740	97
Available but non functional	10	1.3
Not Available	10	1.3
<b>Major Alternative Source</b>		
UPS non functional	76	10
Solar system	48	6

### 3.2.7 Patient Toilets/ Sewer System

Functional Toilets- meeting improved sanitation criteria defined by UNICEF/WHO (flush toilet, piped sewer system, septic tank, flush/pour flush to pit latrine, ventilated improved pit latrine, pit latrine with slab, composting toilet) - for clients in outpatients departments were available in good condition at 364 facilities whereas, a separate latrine for female was lacking in 28 health facilities.

### Table: Client latrine at Basic Health Unit

Number of BHUs having functional client Toilets

Patient Toilet	Availability at RHCs Hospitals (n=760)	
	Number	Percentage
Functional client latrine in services area	364	48
Toilet in Poor Condition	28	4
Sewer System Not available	8	1
Sewer System non functional	7	1

### 3.2.8 Communication Services

Communication services at health facilities were assessed by observing availability of functional communication equipment including landline telephone, vfone/Jazz/Zong or facility paid/supported cellular phone. Functional landline phones were those that were accessible round the clock to the facility staff, to be used for the delivery of health care to the patients. Functioning communication equipment did not include private cell phones unless the facility had provided the cellular phone or reimbursed the cost. The assessment showed that only 104 BHUs had landline telephone, out of which 77 are functional. At 98 BHUs, LHV were not provided Android Tablet

### Table: Communication (Telephone) at Basic Health Unit

Number of BHUs having Telephone Coverage

Type of Communication	Availability at BHUs (n=760)	
	Number	Percentage
Functional landline telephone	104	14
Out of 584 Facility, LHV deficient of support of Android Tablet	77	13

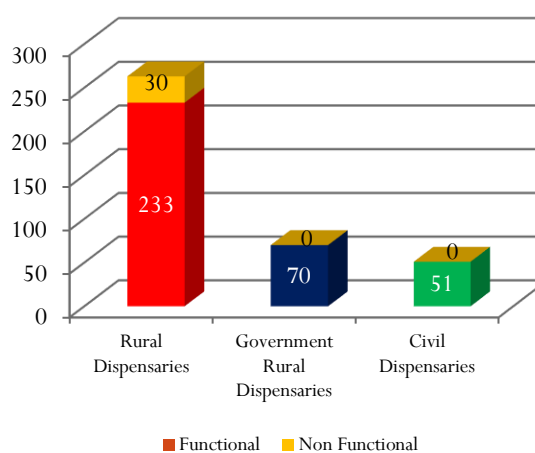
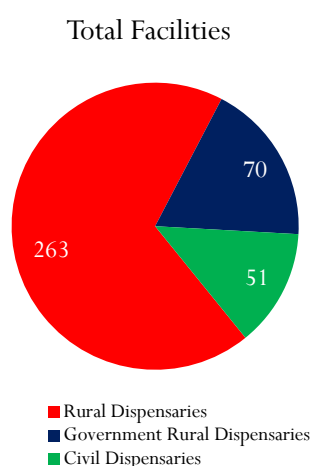
### 3.3 Infrastructure and physical amenities condition of Government Rural Dispensaries (GRDs), Rural Dispensaries (RDs) and Civil Dispensaries (CDs)

For condition Assessment, data for Rural Dispensaries, Government Rural Dispensaries and Civil Dispensaries, facility data was collected through DHAs to identify the gaps

#### 3.3.1 Conceptual Framework (RDs/GRDs/CDs)

The Health Facility Assessment (HFA) of Government Rural Dispensaries/ Rural Dispensaries and Civil Dispensaries was conducted in South Punjab. The assessment covered 70 GRD, 263 RD and 51 CDs. The main focus was laid to assess physical conditions of a health facility with respect to welcoming and favorable for the delivery of health care services. It includes mainly functionality status, Building status and building condition. The objective of assessment was to:

- Prioritize the deficiencies in infrastructure identified through the HFA
- Perform civil works assessment of the priority components for repair, renovation, expansion, or new construction of building components
- To fill the gaps by obtaining additional funding from the government and donors and to evolve mechanism for Health Council funds for these health facilities as well



#### 3.3.2 Detail of non functional health facilities:

District	Name of GRD/RD/CD	Status of GRD/RD/CD (Functional / Non Functional)	Reason of Non Functionality
Muzaffargarh	RD Sherye Wali Hatti	Non Functional	Building condition is poor and HR not available
Muzaffargarh	RD Rodan Wali	Non Functional	
Muzaffargarh	RD Peer Kamal	Non Functional	



District	Name of GRD/RD/CD	Status of GRD/RD/CD (Functional / Non Functional)	Reason of Non Functionality
Khanewal	Rural Dispensary, Chak No. 164/10-R, Khanewal	Non Functional	The seats are abolished due the retirement / death of employees.
Khanewal	Rural Dispensary, Jungle Miryala, Khanewal	Non Functional	The seats are abolished due the retirement / death of employees.

District	Name of GRD/RD/CD	Status of GRD/RD/CD (Functional / Non Functional)	Reason of Non Functionality
Lodhran	Rural Dispensary Sultan Nagar	Non Functional	24/7 BHU is beside it

District	Name of GRD/RD/CD	Status of GRD/RD/CD (Functional / Non Functional)	Reason of Non Functionality
VEHARI	RD 166/EB	Non Functional	Post of Dispenser, Dai & Class IV is lying vacant
VEHARI	RD 68/KB	Non Functional	Post of Dispenser, Dai & Class IV is lying vacant
VEHARI	RD 261/WB	Non Functional	Post of Dispenser, Dai & Class IV is lying vacant
VEHARI	RD 168/WB	Non Functional	Post of Dispenser, Dai & Class IV is lying vacant
VEHARI	RD Murad Pur	Non Functional	Post of Medical Tech, Dispenser, Dai & Class IV is lying vacant
VEHARI	Unani Dispensary Shergarh	Non Functional	Post of Hakeem & Class IV is lying vacant

District	Name of GRD/RD/CD	Status of GRD/RD/CD (Functional / Non Functional)	Reason of Non Functionality
Bahawalpur	RD BaqirPur	Non Functional	No Staff Available and also Building condition is very poor
Bahawalpur	RD Chak No. 32/BC		
Bahawalpur	RD 35/BC Tehsil BWP		
Bahawalpur	RD Noorpur		
Bahawalpur	RD Habib Mission		
Bahawalpur	RD Abbas Nagar		
Bahawalpur	Rural Unani Dispensry Chak Makhdoom		
Bahawalpur	RD Jahanpur		
Bahawalpur	RD Chak No. 88/ DB		
Bahawalpur	Chak No. 107/ DB Unani		
Bahawalpur	RD Channan Peer		
Bahawalpur	RD Chak 15/DNB		
Bahawalpur	RD Chak No. 116 / DNB		
Bahawalpur	Homeo Dispensry Qaimpur		
Bahawalpur	RD Chak No. 79/Fateh		
Bahawalpur	RD Chak No. 158/M		
Bahawalpur	RD 76/Fateh		
Bahawalpur	RD Sheikh Wahin		

3.3.3 There is different type of schemes involved to house RDs/GRDs and CDs. The ownership detail of these buildings is given as under:

Description	Government Building	Donated Building	Rented Building	Other arrangement
<b>Government Rural Dispensaries</b>	67	3	0	0
<b>Rural Dispensaries</b>	225	34	4	0
<b>Civil Dispensaries</b>	50	0	0	1

The availability of specific infrastructure as well as condition of each component was assessed to see

whether it was in good condition, needed minor or major repair work, or if any part was undergoing new construction. Availability and functional status of each sub domain are shown as averages.

### 3.3.4 Infrastructure at RDs/GRDs & CDs

Table: Number of RDs/GRDs/CDs having infrastructure components, by type of their condition

Infrastructure Components	Situation at Disp (n=HFs)				
	No repair required %	Minor repair required %	Major repair required %	Not Available required %	Irrenairable HF is not available %
Rural Dispensaries (259)	8	0	42	2	48
Government Rural Dispensaries (70)	54	0	46	0	0
Civil Dispensaries (51)	14	0	53	2	31



RD Hati Mota Mall, Lodhran



RD Sardar pur Jhandir, Vehari



RD Badana , Bahawalpur



GRD 178/WB, Vehari



GRD Ali Pur, Muzaffargarh

### 3.4 Infrastructure at RDs/GRDs & CDs

No regular mechanism for maintenance of Primary health facilities exist which resulted into deterioration of Infrastructure. It is either proposed that special maintenance schemes may be approved through block allocation in ADP or special mechanism may be devised to get it repair through health council funds by placing required funds

Maintenance & repair services are severely poor. Works & Services Department of Punjab has failed to deliver. The need is to establish an attached department of Works and Services within Health Department headed by Chief Engineer alongwith three SEs, XEN and 11 SDOs and 34 Sub Engineers to look after the maintenance and repair work of all health facilities and residence of Health department

Further similar mechanism for Health Council Funds operations may also be devised for Rural Dispensaries / Government Rural Dispensaries and Civil Dispensaries

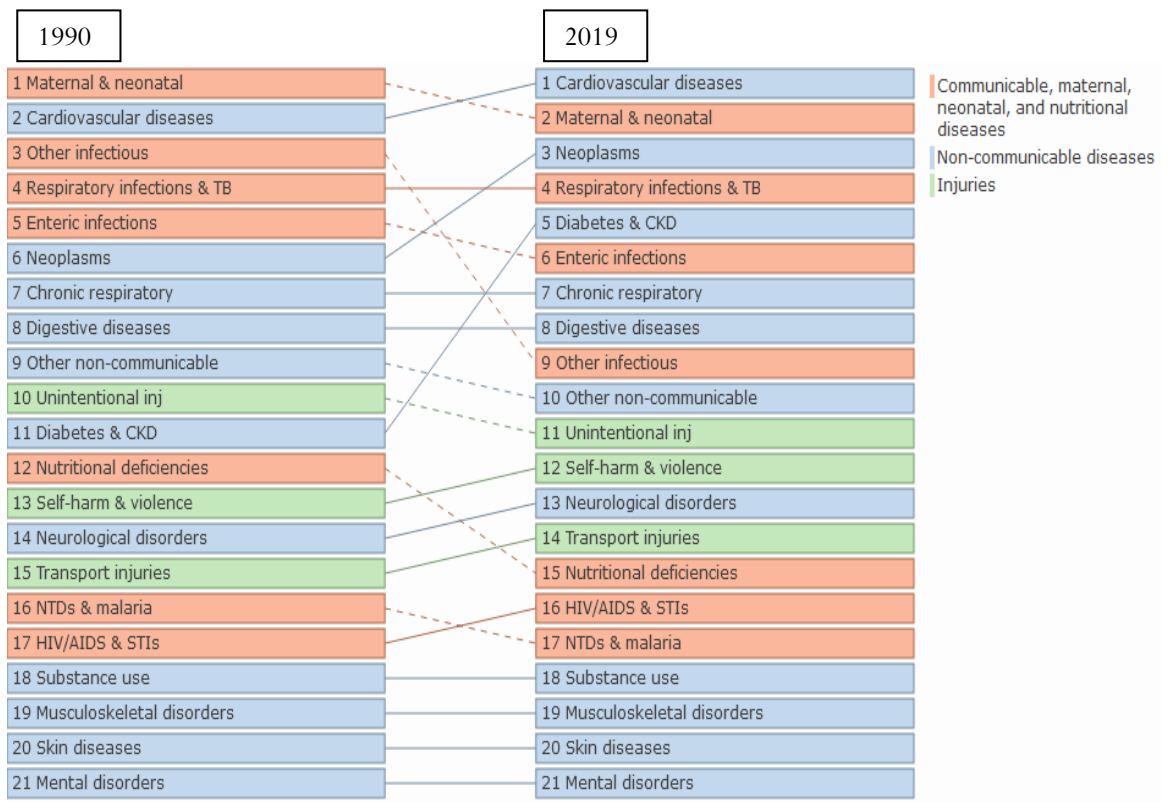
**Table: Financial Resource available with DHAs under Health Council Funds (status upto 30.04.22)**

Sr. #	Districts	No. of RHCs	Morning OPD (%age)	Evening OPD (%age)	Deliveries (%age)	MLC (%age)	Health Council Budget
1	Bahawalnagar	10	1079	282	22	3	962865
2	Bahawalpur	12	1803	187	18	3	405500
3	DG Khan	9	1836	413	19	4	644964
4	Khanewal	8	1251	245	9	0	1256727
5	Layyah	6	614	94	5	0	662000
6	Lodhran	4	427	72	6	5	73000
7	Multan	8	1806	202	17	4	374415
8	Muzaffargarh	13	2973	494	28	19	1303009
9	Raheem Yar Khan	20	2746	375	19	9	1076474
10	Rajan Pur	7	1199	210	16	1	792252
11	Vehari	14	1902	320	16	19	824752
	Total	111	17636	2894	175	67	8375958

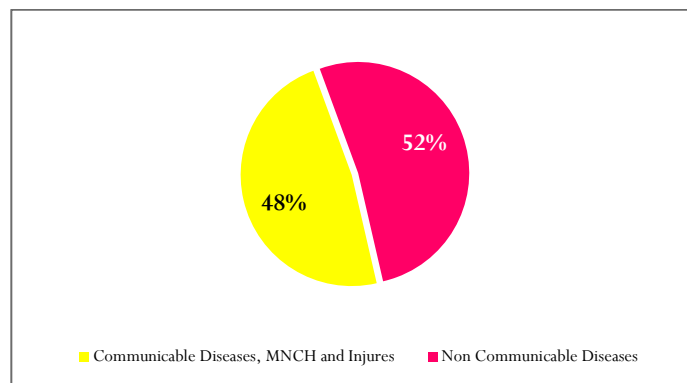
# Chapter 4: Disease Pattern and Treatment Facilities

## 4.1 Burden of Disease (BOD)

A systematic, scientific effort to quantify the comparative magnitude of health loss from all major diseases, injuries, and risk factors by age, sex, and population and over time is disease burden. The trend of health problems faced by the population of Punjab continued to face extraordinary burden of both the communicable and non-communicable diseases in 2019 and the concerned government authorities come up with almost little success in devising a strategy to safeguard population from the infectious diseases and their epidemics.

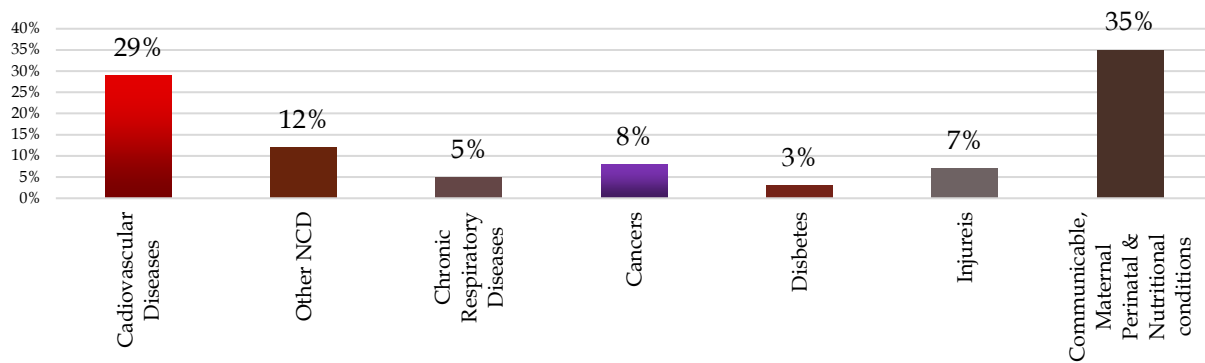


Both Sexes, All ages, Deaths per 100,000



## 4.2 Disability Adjusted Life Year (DALY)

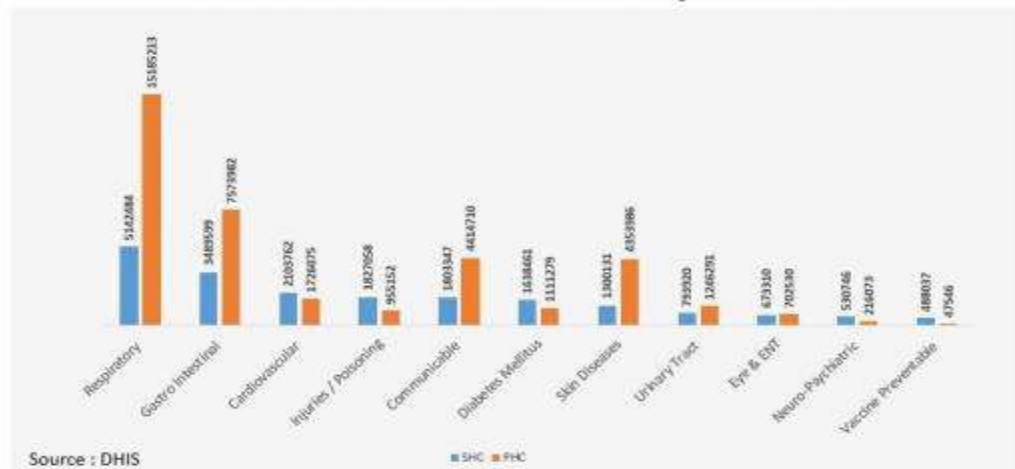
Disability adjusted life years (DALY) per 100,000 population represents 35% of its volume due to RMNCH & Communicable diseases, 58% for Non Communicable diseases and 7% for injuries in Punjab.



Diseases	South Punjab
Communicable, maternal, perinatal, and nutritional diseases	35%
Injuries	7%
<b>Non-communicable diseases</b>	<b>58%</b>
CVDs	29%
Cancer	8%
Diabetes	3%
Respiratory diseases	5%
Other Chronic diseases	12%

As per the data of District Health Information System and Punjab Healthcare Commission, the below mentioned graph shows the disease burden in South Punjab

Disease Burden of South Punjab 2021



This shows the highest surge in cases of Acute Respiratory Infections in last year whereas the second being the Gastro intestinal. The medicine procurement plan of districts must be aligned with the given disease burden to ensure the maximum service delivery and decrease in avoidable deaths.

## A. Preventive Services:

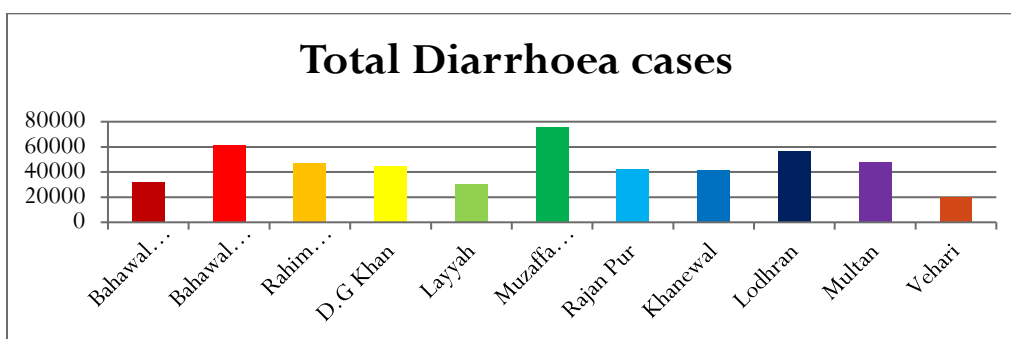
### 4.2.1 Communicable Diseases Control (CDC)

Communicable diseases still account for 35 percent of the total burden of disease in South Punjab. The main ones, in terms of their disease burden, include diarrhoeal diseases (12.5 percent of total BOD), respiratory infections (8 percent of BOD), tuberculosis (5 percent of BOD), the childhood cluster of immunizable diseases (measles, pertussis, poliomyelitis, diphtheria, tetanus; 6.7 percent of BOD), and sexually transmitted diseases (2.2 percent of BOD). Diarrhoeal diseases, respiratory infections, and the childhood cluster of immunizable diseases, take their greatest toll from young children (under five years of age). Tuberculosis affects both children and adults.

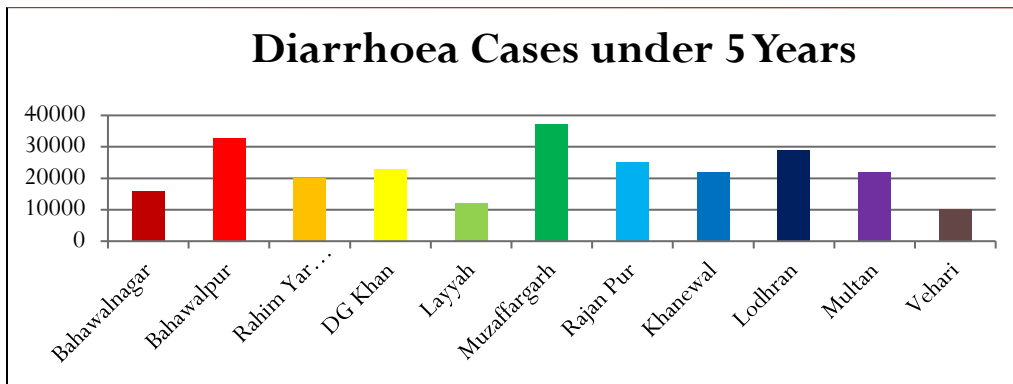
Integrated Management of Childhood Illness (IMCI) approach was piloted in a few Districts and has been proved to be a cost effective strategy. This could be scaled up in the whole South Punjab. The government should adopt a very proactive stance on preventing and treating communicable diseases. An important part of this effort should be health education together with public health measures. Government also should seek actively to identify and treat those already affected by communicable disease, and to maintain high levels of immunization coverage on a sustained basis. Government's health staff should take advantage of all available opportunities. For instance, when a mother brings her sick child to an outpatient facility for treatment, the staff should seize the opportunity to find out whether the child has been fully immunized.

#### i. Diarrhoea

The DHIS data about number of diarrhea cases reported in 24/7 BHUs in South Punjab during February 2020 to February 2021 reveals that out of total 509599 reported cases, most were reported from Muzaffargarh (75733) followed by Bahawalpur (61016) and Lodhran (56682)

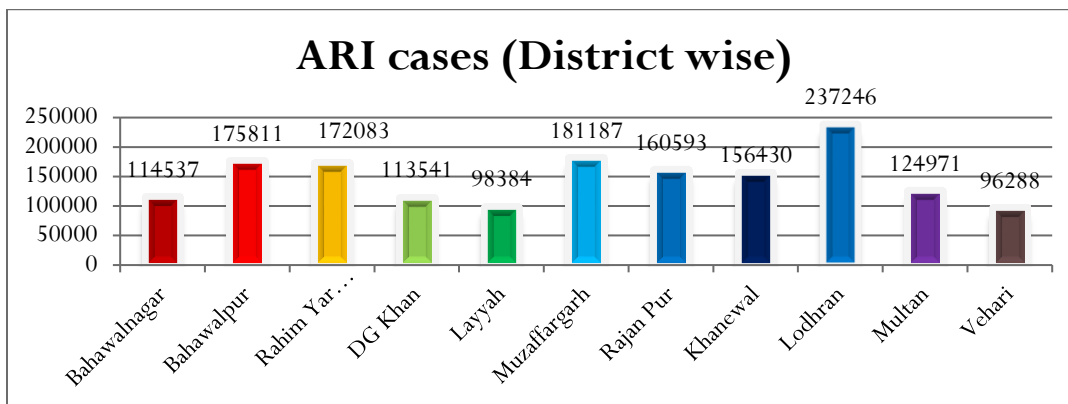


District wise analysis reveals that among children of less than five years of age most number of cases (37146) were reported from Muzaffargarh (from February 2020 to January 2021) followed by Bahawalpur (32781) and Lodhran (28909)

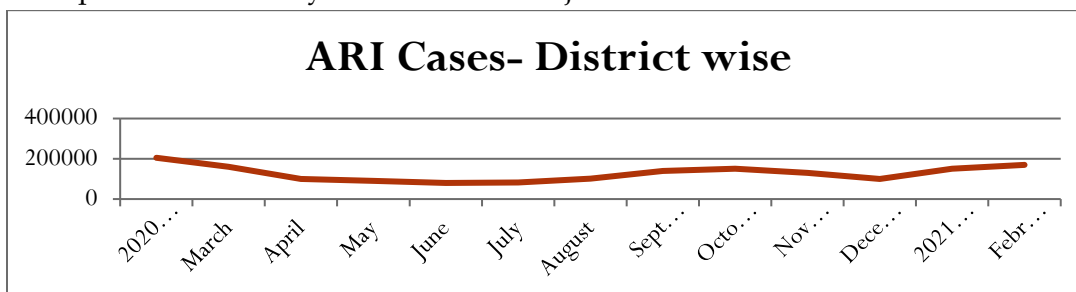


## ii. Acute Respiratory Infection

Acute Respiratory Infection particularly lower respiratory tract infections are responsible for 1.9 million and 2.2 million childhood deaths globally. In South Punjab, most number of ARI cases during February 202 to February 2021 was reported from Lodhran (237246). As per data reported through DHIS the least number of ARI cases was reported from Vehari (6288) during this time period



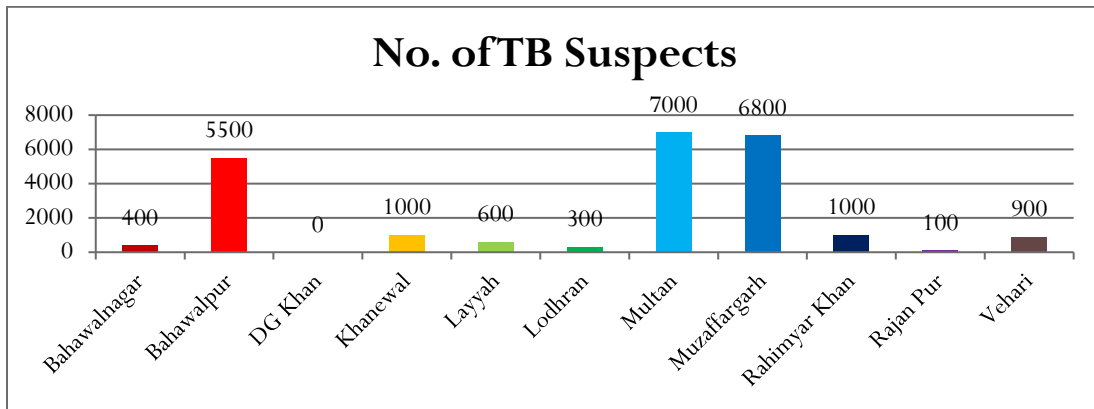
Likewise, during the same period (February 2020 to February 2021) maximum number of ARI cases were reported in February 2020 in South Punjab



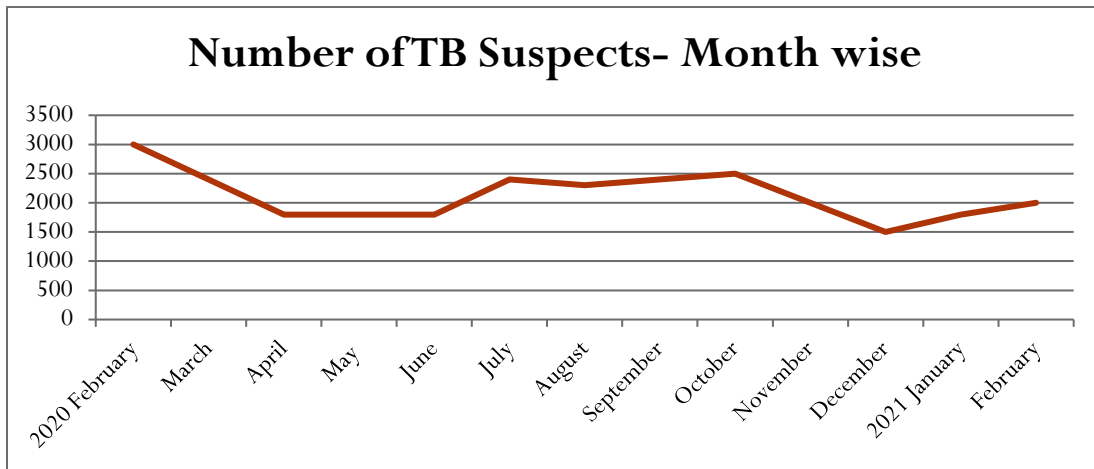


### iii. Tuberculosis

Tuberculosis (TB) is one of the most persistent human infections in the world. Pakistan ranked 6th in drug resistant tuberculosis, one among the highest tuberculosis burden. The number of cases suspected to be TB patients in south Punjab from February 2020 to February 2021 interestingly reveal no case at health facility from Dera Ghazi Khan. On the other hand, maximum suspected TB cases (8116) were reported from Multan during this period



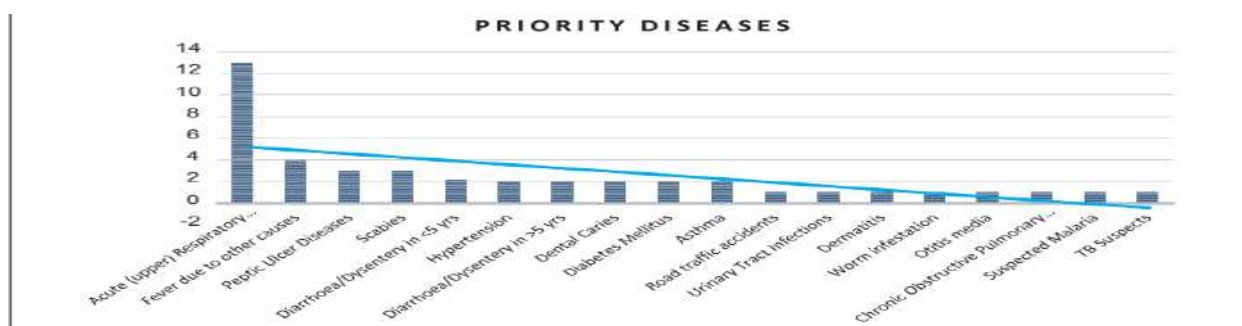
A monthly analysis reveals that the maximum number of suspected TB cases were reported in February 2020 to February 2021 at HFs in South Punjab are as under:



### 4.2.2 Disease Pattern

Disease Pattern of the 53 priority diseases reported by the DHIS, 48 are communicable and 52 are non-communicable. The analysis in **Figure 21**, shows the most common diseases and disease wise break up. The proportion of communicable diseases was more than the non-communicable diseases out of 53 diseases throughout the year, the total number of communicable disease patients were 52% and the non-communicable disease patients were 48% during year 2021-2022

Observing the patterns given in DHIS 2021-22, Punjab - it becomes clear that acute upper respiratory infections are the most common, followed by fever and diarrhoea / dysentery. Hence, communicable diseases still make the bulk of reported visits to the hospital. This can be attributed to either lack of vaccinations and or the specific regional environmental condition. Judging by this graph the number of people attending the hospitals for diarrhoea/dysentery has been reduced, in spite diarrhoea is still the most common and prevalent disease in the region. This can be attributed to the spread of common knowledge regarding the care of diarrhoea among the general population and the widespread use of antibiotic like Metronidazole and ciprofloxacin to combat the wide spectrum of bacterial causes. However, antimicrobial resistance is bound to become a widespread problem in the coming years



### 4.2.3 Vertical Programmes

#### I. TB Control Program

Estimates of TB Burden by age & Sex, 2017

Regions	0-14 Years	>14 Years	Total
Females	27	207	235
Males	30	261	291
<b>Total</b>	<b>57</b>	<b>468</b>	<b>525</b>

Thousands

In Pakistan, each year approximately 510,000 new cases of TB emerge with 15,000 developing drug resistant cases every year. In the Eastern Mediterranean region of WHO, Afghanistan, Morocco, Pakistan, Somalia and Sudan are considered as high burden countries for Tuberculosis, while Pakistan accounts for 61% of TB Burden in the region.

## II. Infection Prevention and Hepatitis Control Program

Pakistan has the world's second highest prevalence of hepatitis C, second only to Egypt. A survey done in 2007 found that close to 7% of people in the province of Punjab had hepatitis C, while around 5% of people were infected in the entire country. Unsafe injections and unhygienic instruments are major cause of spread

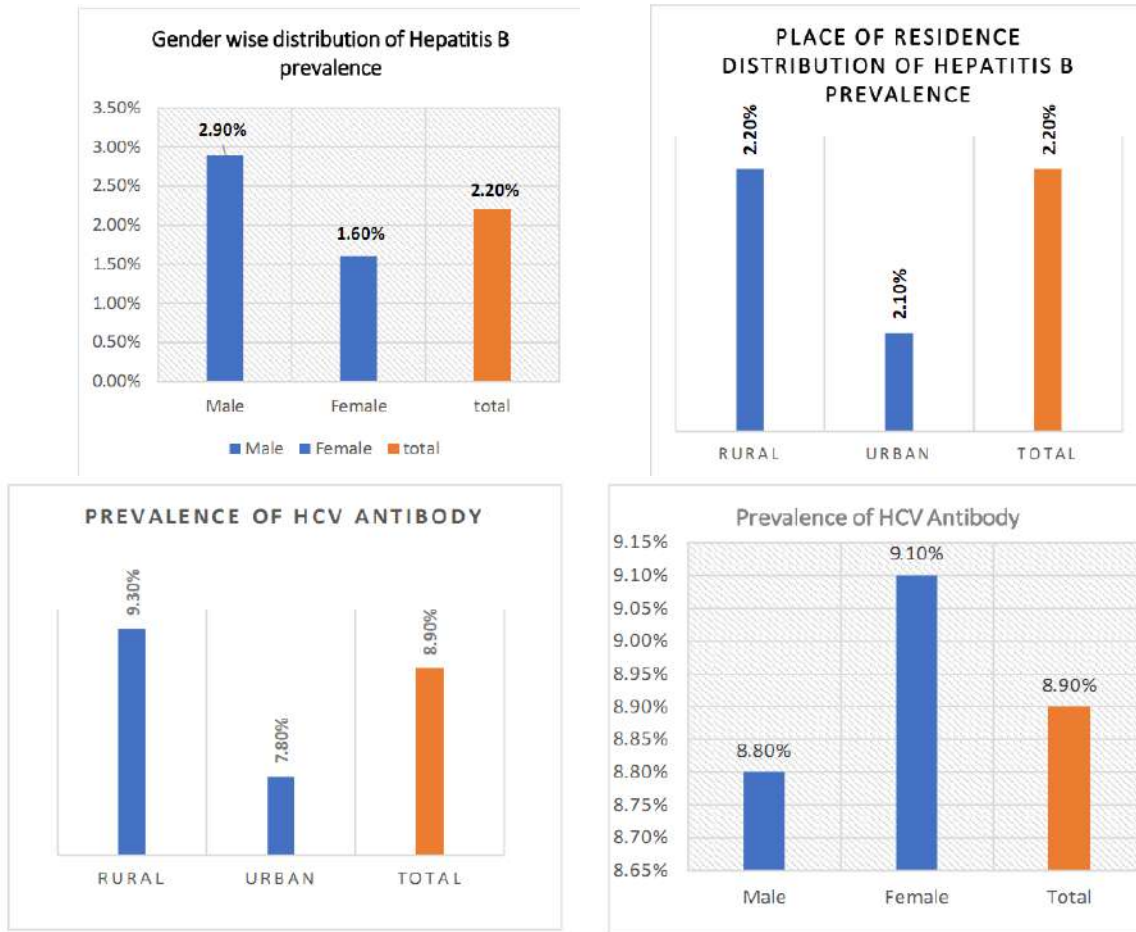


Figure 7: Prevalence of anti HCV by Residence and Gender in Punjab

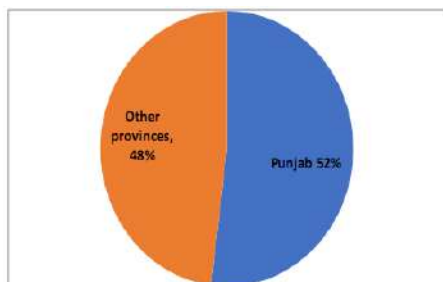


Figure 3: Burden of Hepatitis B in Pakistan. 2008 Data

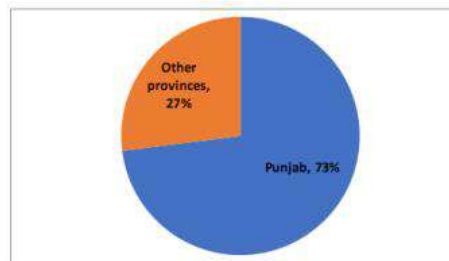


Figure 4: Burden of Hepatitis C in Pakistan. 2008 Data

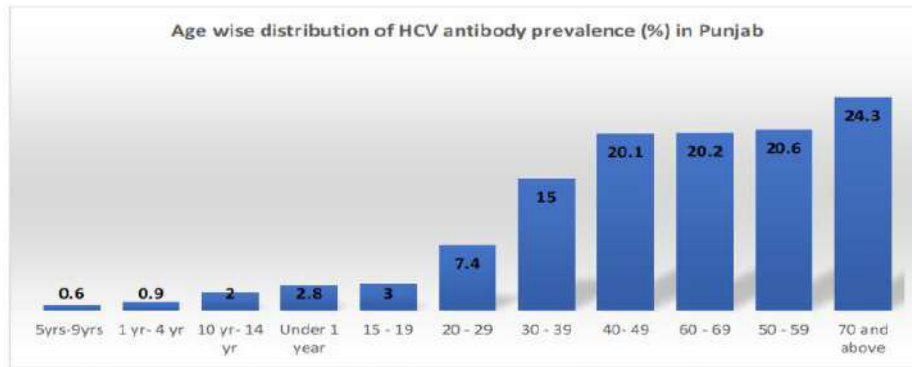


Figure 8: Age-wise Distribution of anti-HCV Prevalence (%) in Punjab

Coverage of Hepatitis Control Program in South Punjab is very limited and operative in only 05 districts against total 11

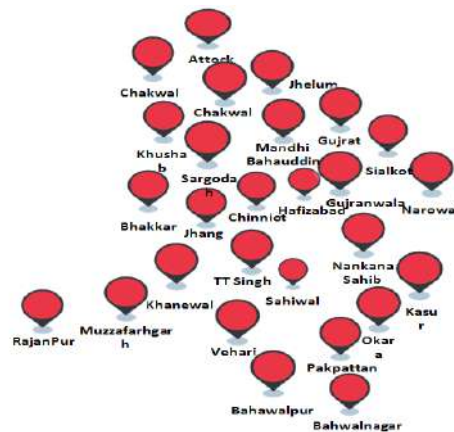


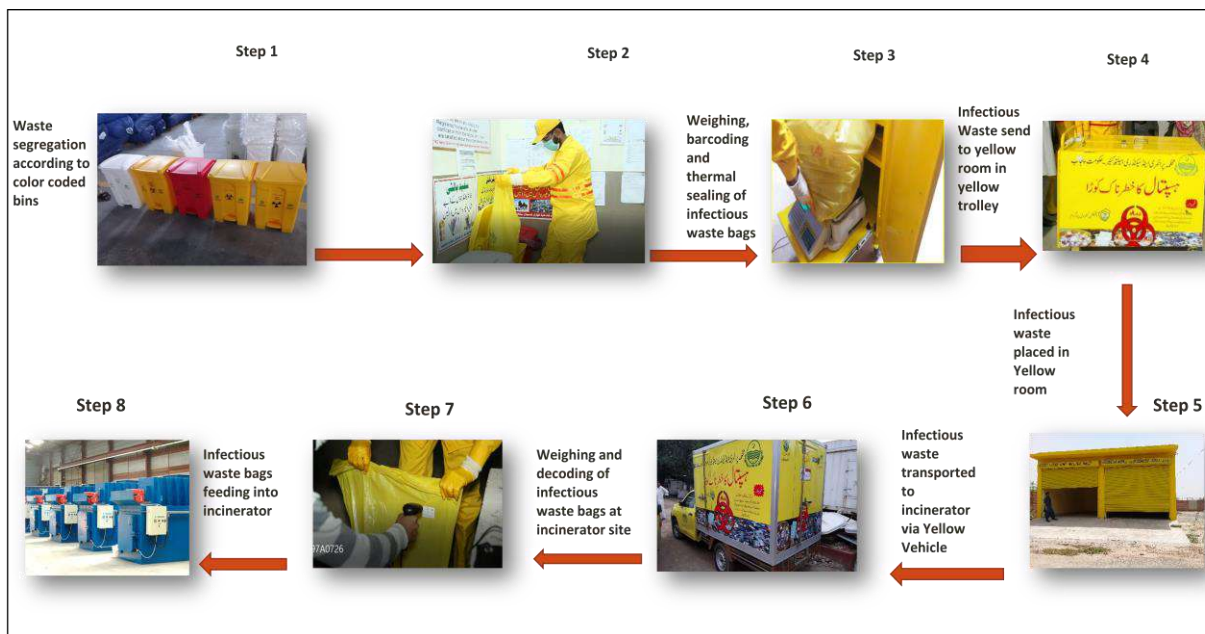
1. Sheikh Zaid Hospital, Rahim Yar Khan
2. DHQ Hospital, DG Khan
3. Civil Hospital, Multan
4. DHQ Hospital, Muzaffargarh
5. DHQ Hospital, Bahawalnagar

27 Environment friendly Incinerators Installation completed across Punjab in 2020 including 06 in South Punjab

### III. Infection Control Program

Prime function of program is Biomedical Waste Management and launched in 27 District of Punjab including 07 Districts of South Punjab





It is astonishing to note that except TB Control Program, no vertical program has its separate District/ Regional representative in South Punjab for smooth functioning of program in the entire terrain. It is proposed that all vertical programs should have its Sub/ Regional office in South Punjab as per analogy of IRMNCH/ TB Control Program.

#### IV. Immunization

Immunization is carried out under Expanded Programme of Immunization which is a WHO and UNICEF assisted programme. The objective of the Expanded Programme of Immunization (EPI) is to immunize children against vaccine preventable childhood diseases and women against neonatal tetanus. Immunization is done at the health facilities, outreach sites and through mobile teams to provide immunization services for children against Measles, Diphtheria, Tetanus, Polio, Tuberculosis, Pertussis, and Hepatitis-B. In addition to this, mothers of child bearing age receive 5 doses of TT or 2 doses during pregnancy. The current overall coverage in Punjab as per EPI CES for children 12 to 23 months was 77.0% and for mothers against Tetanus, it was 63% respectively

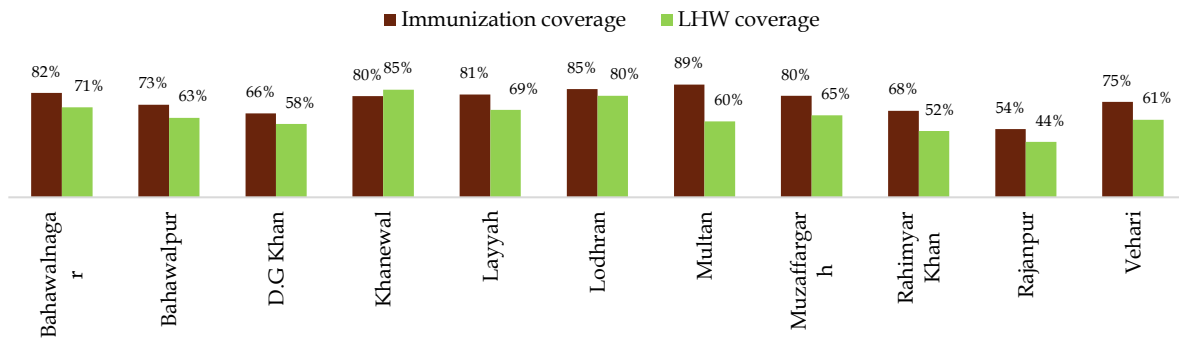
Immunization coverage in Pakistan has improved in recent years but remains below the national targets. The programmatic aspects are fully decentralized to the District Governments for reaching the target population with a well-defined package of immunization services. A strategy to expand coverage through private health sector has not yet taken hold.

Situational Analysis of Expanded Program on Immunization in South Punjab is given as under:

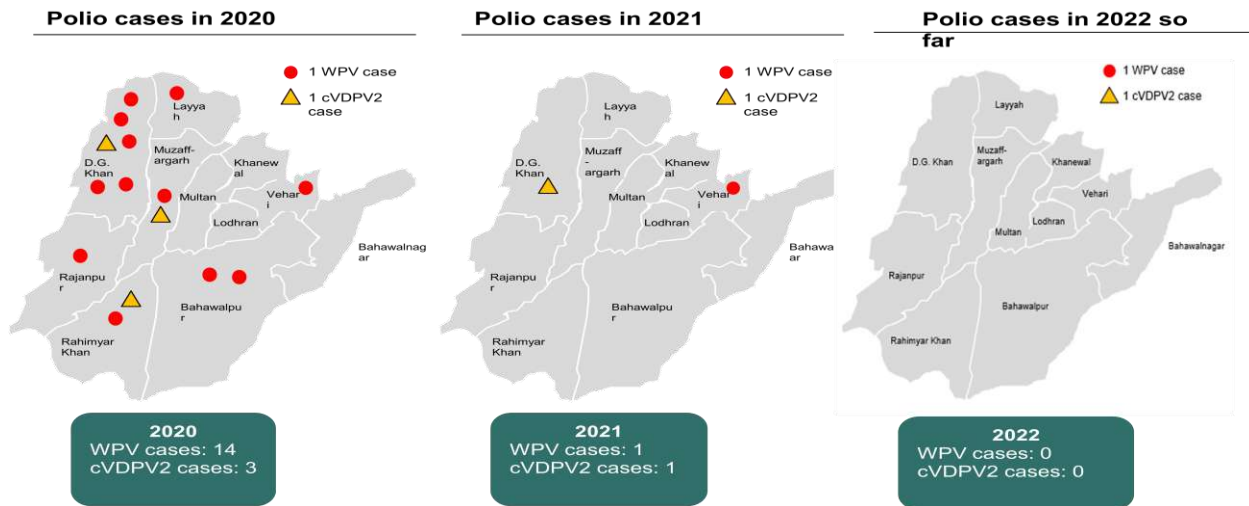
Immunization - MICS 201

Districts	BCG	OPV3	Measles-1	Fully Immunized
Bahawalnagar	92.5	83.2	73.5	69.0
Bahawalpur	95.1	86.0	76.3	72.0
DG Khan	72.5	77.4	59.4	54.8
Khanewal	96.6	89.0	79.5	73.2
Layyah	97.5	86.2	79.4	75.0
Lodhran	97.8	95.7	89.5	85.9
Multan	98.8	87.9	92.3	83.0
Muzaffargarh	99.2	91.0	88.4	81.7
Rajanpur	86.4	83.0	65.9	61.3
RY Khan	92.1	86.3	78.5	71.6

The situation varies area wise from covered to uncovered population. It is observed that EPI and PEI drives give improved results in LHW covered area



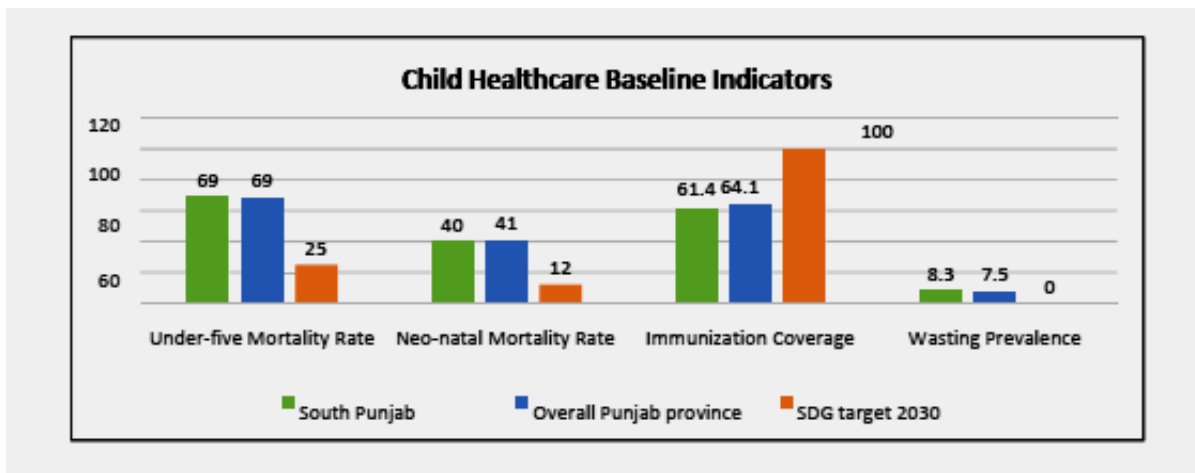
Polio cases have significantly decreased in South Punjab in 2021, compared to last year



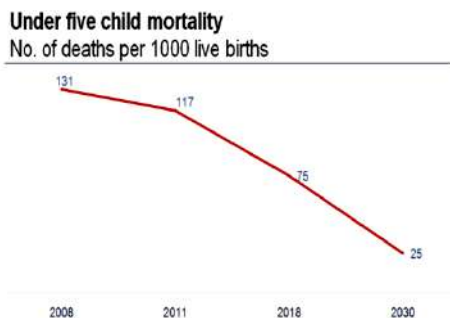
#### 4.2.4 Maternal and Child Health Services (Including Family Planning)

Presently only 63% of the natal care is being provided by a skilled birth attendant. 15% of the pregnant women suffer from pregnancy related complications and only 5% of these reach a health facility (UNFPA: CPA Report 2000). Therefore, RHCs should be equipped to provide Basic EmONC and comprehensive EmONC services should be provided at THQ and DHQ hospitals.

As compared to North Punjab, South has an alarming rate of under-five mortality i.e., 69 lives per 1000 births. This is very far away from SGD target 2030 of 25 lives per 1000 births. The figure below shows the major child healthcare indicators in South Punjab as compared to the overall province average and the global Sustainable Development Goals (SDG) target for the year 2030.

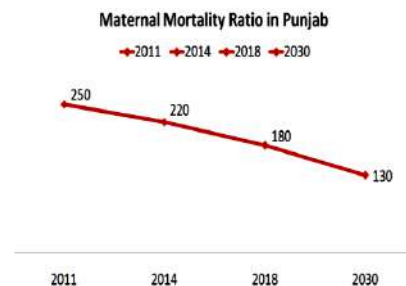


The region needs to work on maternal and child health to reduce mortality



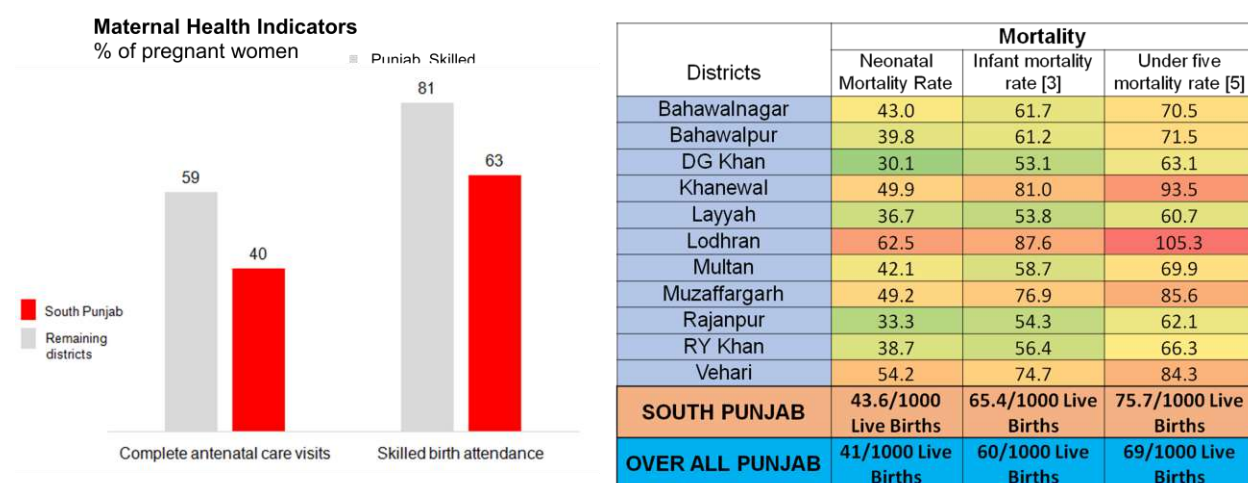
SOURCE: MICS 2008 - 2018, UN SDG tracker

34



SOURCE: 2008 - 2018, UN SDG tracker

## 11 Districts of South Punjab lags behind RMNCH indicators leading to severe mother and child health problems resulting in avoidable deaths



Most interventions to address communicable diseases, and maternal and child services, would be provided most cost effectively at the lower levels of the health system (in the household themselves, in the communities, and at first-level health care facilities). However, reliable referral services are also needed to handle emergencies and more serious cases. For most people in the South Punjab, the first level of referral is Tehsil and District Headquarters hospitals.

Maternal and peri-natal conditions account for about 12 percent of the total BOD. This large disease burden is due to several causes. First presently, in the South Punjab only 44% of the antenatal care is being provided by a skilled birth attendant and only about 33% percent of women are assisted by an appropriately trained provider during delivery. Secondly, one-third of births occur less than two years apart, which doubles the mortality risk of newborns as compared to a more normal spacing. Third, about one-third of pregnant women are underweight, which is correlated with low birth weight – a risk factor for the newborn. Basic new born care should also be provided at all levels and comprehensive EMonC should be available at THQ and DHQ hospitals.

The above factors explaining poor reproductive health in South Punjab are in turn largely explained by poor consumer education. There is a massive information deficit concerning reproductive health, and the consequence has been the weak demand for family planning services for spacing (although this is changing) and for pre- and post-natal and delivery services by qualified personnel. A second explanation for poor reproductive health in many rural areas is prohibition placed on women seeking care from male providers, in a situation where qualified female providers are often not within reach.

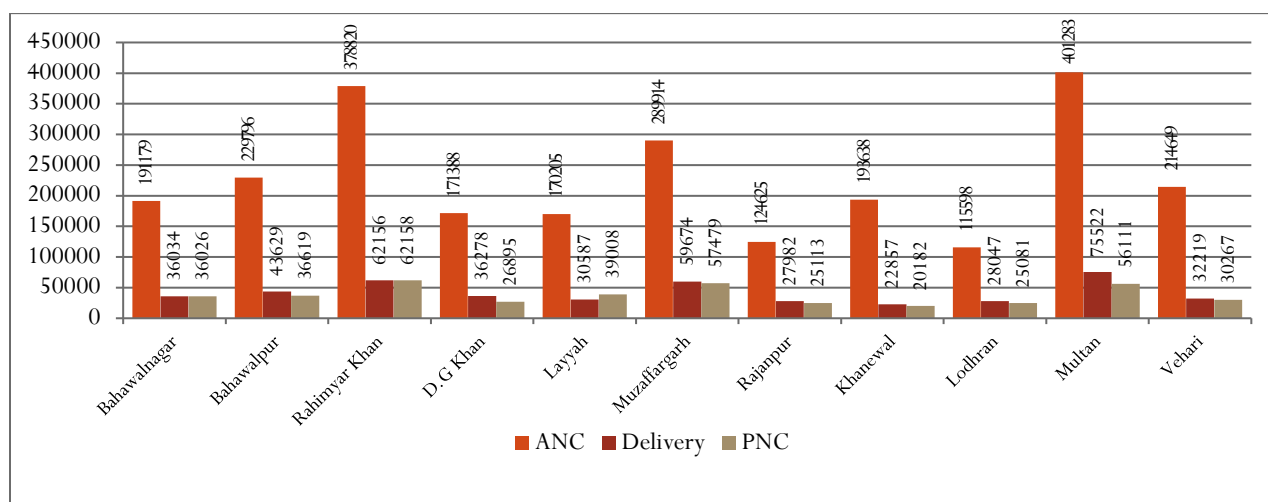


### i. Basic EmONC services provided

Facility based obstetric services have been improved compared to preceding year as the number of functional facilities has increased upto 578. The average caseload per health facility has also increased despite the fact that 88 additional 24/7 BHUs started functioning in March 2022. The total number of deliveries conducted at primary health care facilities 454985. Similarly the antenatal and postnatal care visits are also higher in 24/7 BHUs compared to the regular BHUs

### ii. Comprehensive EmONC services Provided

As far as the number of cesarean sections is concerned, a total of 180,211 procedure were performed at THQs, DHQs and Teaching Hospital in total. Thus the proportion of cesarean sections out of total obstetric cases in the public sector was 14% during year 2021:



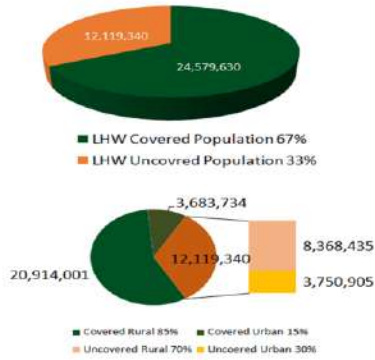
Deliveries, ANC & PNC conducted from Feb 2021 to March 2022

The 24/7 BHUs are provided with additional HR in form of additional LHVs, Ayas and Security Guard for evening and night shift. These BHUs provide the same package of services as any other BHU; however the obstetric services are provided round the clock. Additional supplies and support is also provided to these BHUs to cater for the increased consumption due to extended working hours.

For provision of community healthcare services, the role of Lady Health Worker is pivotal, but South Punjab has 33% uncovered area from LHWs. To cover 100% rural and urban area, 6767 LHWs are additionally required.

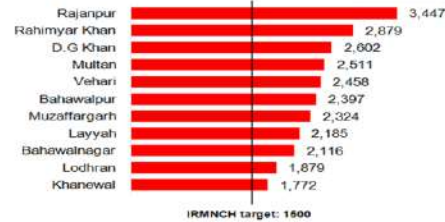
## Human Resource: P&SHD-SP

HUMAN RESOURCE



Detail	LHS	LHS Driver	LHWs
Sanctioned	608	513	15004
Total working	593	494	14444
Vacant	15	19	560

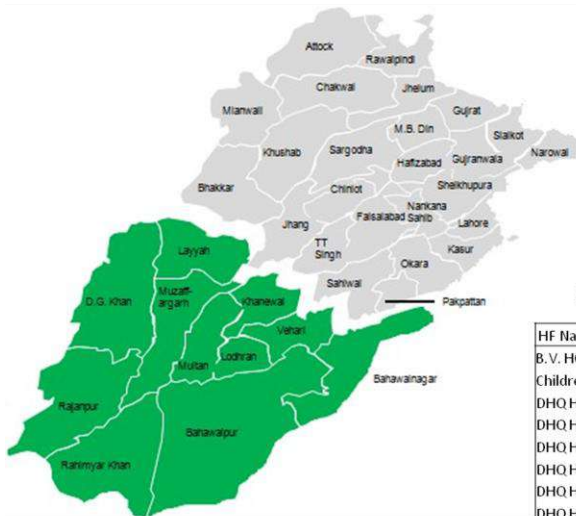
### Average number of people covered by one LHW at present



SOURCE: LHS-MIS 2022

6

## 24/7 BHUs IRMNCH SP



District Name	BHU_PH						24/7 BHU	Grand Total
	ASE_1	ASE_2	ASE_3	ASE_4	ASE_5	ASE_6 (2020-21)		
Bahawalnagar	5	24	4	12		3	2	50
Bahawalpur	5	17	11	13		20		66
D.G.Khan	14	2	6	5	23			50
Khanewal	5	18	3	7		2	14	49
Layyah	12		9	8				29
Lodhran		14	6	8	18			46
Multan	10	8	10	9		2	14	53
Muzaffargarh	20	1	5	10		27	3	66
R.Y.Khan	7	22	16	10			37+4	96
Rajanpur	14		3	4	4			25
Vehari		21	4	7		2	14	48
Grand Total	92	127	77	93	45	56	88	578

## SC IRMNCH SP    OTP IRMNCH    RHC SP

HF Name	Total	SP District Name	Total	RHC SP District Name	Total
B.V. HOSPITAL BAHAWALPUR	1	Bahawalnagar	62	Bahawalnagar	10
Children Hospital Complex Multan	1	Bahawalpur	66	Bahawalpur	12
DHQ Hospital Bahawalnagr	1	D.G.Khan	62	D.G.Khan	9
DHQ HOSPITAL KHANEWAL	1	Khanewal	47	Khanewal	9
DHQ HOSPITAL LAYYAH	1	Layyah	44	Layyah	6
DHQ HOSPITAL LODHRAN	1	Lodhran	53	Lodhran	4
DHQ Hospital Muzaffargarh	1	Multan	55	Multan	8
DHQ HOSPITAL RAJANPUR	1	Muzaffargarh	55	Muzaffargarh	14
DHQ Hospital Vehari	1	R.Y.Khan	82	R.Y.Khan	19
GOVT. THQ HOSPITAL SHUJABAD	1	Rajanpur	39	Rajanpur	7
TEACHING HOSPITAL D.G. KHAN	1	Vehari	49	Vehari	14
Teaching Hospital Sheikh Zayed RYK	1	Grand Total	614	Grand Total	112
THQ HOSPITAL HAROON ABAD.	1				
THQ CHOWKAZAM	1				
THQ HOSPITAL AHMADPUR EAST.	1				
THQ Hospital Alipur	1				
THQ HOSPITAL JAMPUR	1				
THQ HOSPITAL KEHROR PACCA	1				
THQ Hospital Kot Adu	1				
THQ HOSPITAL LIAQUATPUR	1				
THQ HOSPITAL MIAN CHANNU	1				
THQ HOSPITAL TAUNS	1				
THQ BUREWALA	1				
Grand Total	23				

### iii. Strengthening linkage between community and health facility

The LHWs working at community level are the strongest connection between the communities and health facilities. In order to further strengthen the linkages and to reduce the second delay

i.e. delay in provision of transport service for obstetric cases, a special initiative of rural ambulance service was launched in May 2017. This ambulance service caters the following:

- Pick up of pregnant women from household and drop at the nearest functional basic EmONC centre (24/7 BHU/RHC)
- Transfer of complicated cases from basic to comprehensive EmONC facilities
- Drop back service from BHU to household for cases discharged during night shift (7pm-7am)

The information deficit and restrictions on women justify government interventions in the reproductive health area. In this intervention, government must also make reliable services available, especially in rural areas, where qualified private providers are generally not present. In addition to front-line services provided by community health workers and staff of first level care facilities, referral services for serious cases (e.g., obstetric emergencies) should be made available at all Tehsil and District Headquarters hospitals. Prevention and management of STIs and RTIs

Stigma associated with sex and STIs/RTIs is a major hindrance to prevention efforts and early treatment. Therefore, in order to understand STIs, it is important to take into account social, economic, cultural and other factors that pave the way for the infected organism to enter the human body. Treatment of the infection would cure a single episode of STI, but simultaneously addressing other determinants of STIs empowers the community to lessen the chances of getting infected. STIs are predominantly linked to poverty. Currently there is not enough information available on STIs and on their prevention. There is also a requirement for provision of information and treatment of patients at all levels, according to WHO protocols of Syndromic Case Management.

## 4.2.5 Nutrition Services

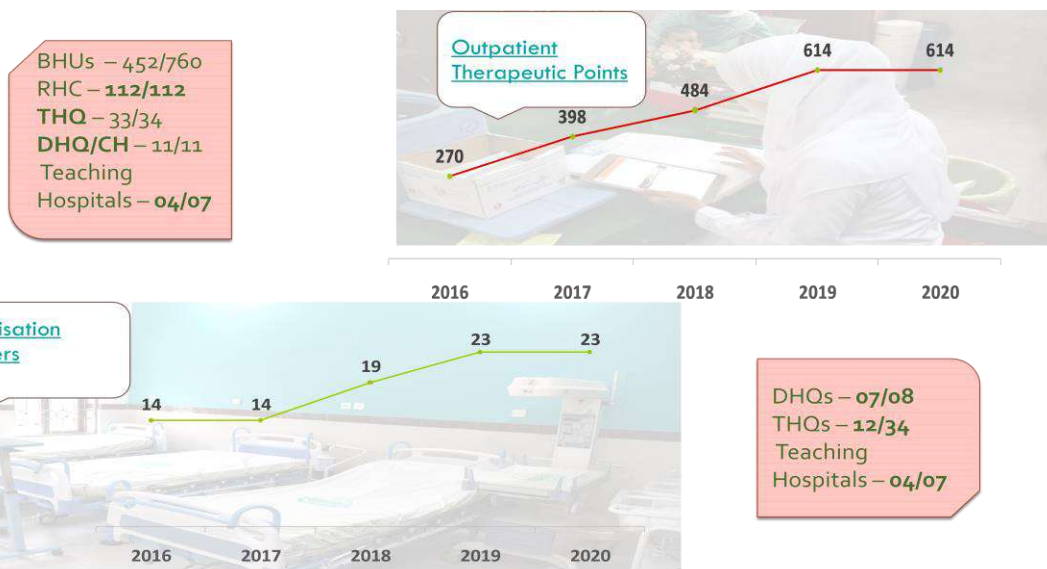
### Facility Based Nutrition Services- OTPs and SCs

Current status shows that there is 9.9% and 3.0% deficiency of Vitamin A among mothers and children under five respectively. Iodine deficiency among mothers is 21%, and among school age children 6.6%, Iron deficiency among children below 5 years is 64% and mothers of under 5 years of age is 45%.

Districts	Under Weight	Stunting	Wasting	Over Weight
Bahawalnagar	26.8	39.4	7.4	1.7
Bahawalpur	26.5	36.8	8.6	2.2
DG Khan	32.0	46.4	8.9	1.2
Khanewal	25.4	36.3	9.7	1.3
Layyah	16.7	29.6	7.0	1.7
Lodhran	26.9	44.0	9.3	4.5

Multan	22.0	35.6	7.4	1.5
Muzaffargarh	24.4	39.2	6.1	2.2
Rajanpur	33.6	47.4	8.7	1.5
RY Khan	33.4	46.2	8.6	1.3
Vehari	23.0	33.0	7.9	1.8
<b>SOUTH PUNJAB</b>	<b>26.4</b>	<b>39.4</b>	<b>8.1</b>	<b>1.9</b>

The nutrition related services, one of the most recently scaled up interventions by the program, has successfully treated 88,313 children through outdoor Therapeutic Program (OTP) and Stabilization Centres (SCs) from January to December 2021. These children were enrolled at the OTPs/SCs after initial screening. The total number of SAM and MAM cases identified during screening at facility level were 98873. Thus , the cure rate turned out to be 89%



Currently there are programmes such as fortification of salt for Iodine, vegetable oils for Vitamins A & D, wheat for Iron and folic acid that can reduce these deficiencies at both national and provincial level. There is requirement of developing and launching media campaigns that would bring awareness to the population at large.

#### 4.2.6 Family Planning

South Punjab is demanding to invest more for the sake of reproductive health. The un-accessibility of Health & Education is resulting into the fewer skilled Birth Attendants. Also,

the socio- cultural dynamics of this region do not allow the maternal health indicators to improve swiftly. South Punjab is facing severe Family Planning Issues due to

1. Socio-cultural barriers made people reluctant to go for FP services.
2. Religious Myths are costing the FP services.
3. Lack of access to contraceptives- not easily available in rural areas.
4. Male dominancy and preference of male child hinders the way of family planning.

Pakistan having Maternal Mortality rate of 186 per 100,000 live births is demanding to invest more for the sake of reproductive health. Although, Punjab has the lowest MMR as compared to other provinces but the major share of 157 Maternal deaths per 1 lac live births is weighed by 3 divisions of South Punjab- as they being less developed and unmarginalized. With baby boom or bust, the solution to shifting fertility rates lies in prioritizing the reproductive health and rights of women. The concerns of Maternal Mortality , Neonatal Mortality, and infant Mortality in South Punjab are much grave as compared to North Punjab, making South a vulnerable region. There are no schools/colleges for Lady Health Visitors in far-flanged districts of South Punjab resulting into the fewer skilled Birth Attendants. Also, the socio-cultural dynamics of this region do not allow the maternal health indicators to improve.

Districts	TFR	Contraceptive Use	Unmet Need
Bahawalnagar	3.7	43.8	11.8
Bahawalpur	3.9	38.7	10.6
DG Khan	5.4	25.7	20.1
Khanewal	4.0	39.8	12.1
Layyah	4.0	40.0	15.4
Lodhran	3.8	31.0	10.4
Multan	3.6	41.8	9.9
Muzaffargarh	4.7	24.7	22.3
Rajapur	5.9	20.3	19.1
RY Khan	4.6	36.1	16.4
Vehari	3.8	37.0	11.7
<b>SOUTH PUNJAB</b>	<b>4.3</b>	<b>34.4</b>	<b>14.5</b>

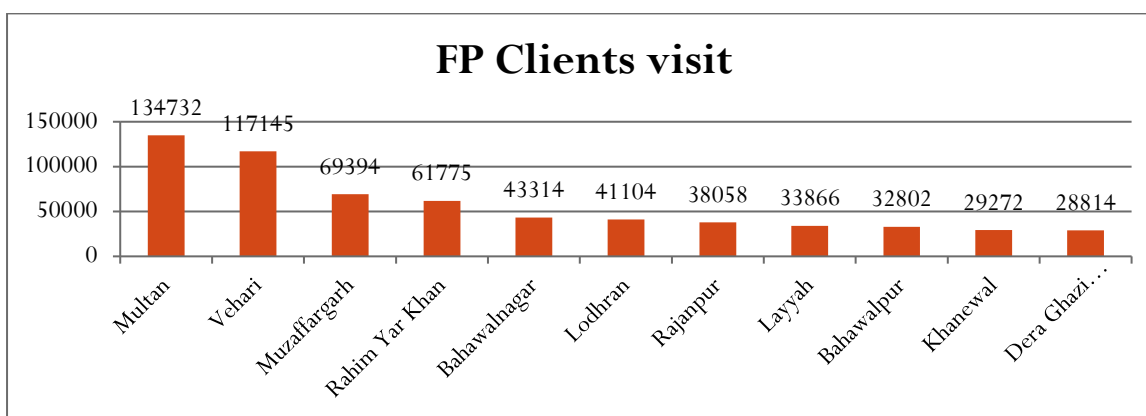
With the growth rate of 2.37%, it is estimated that population of South Punjab would be doubled in just 30 years if concrete efforts are not made. Similarly, with the highest growth rates in the region is a robust call to improve FP services to deal with the challenges of identifying the failures of contraceptive regimes on account of low standard inputs, lifeless style of administration of contraceptive methods, Human resource issue of Population Welfare Department and relying on outdated techniques. Furthermore, deployment of IRMNCH Human Resource as alternative, less dedication, overburdened Lady Health Workers and increased Maternal Mortality Rate(MMR) are a sorry state of affairs. MMR of 186 per 100,000 live births is demanding to invest more for the sake of reproductive health. Although, Punjab

has the lowest MMR as compared to other provinces but the major share of 157 Maternal deaths per 1 lac live births is weighed by 3 divisions of South Punjab, they being less developed and marginalized. With baby boom or bust, the solution to shifting fertility rates in prioritizing the reproductive health and rights of women. The concerns of Maternal Mortality, Neonatal Mortality, and Infant Mortality in South Punjab are much grave as compared to Upper parts of Punjab, making South the most vulnerable region. There are no schools, colleges for Lady Health Visitors (LHVs) in far-flung districts of South Punjab resulting into the fewer skilled Birth attendants. Moreover, the socio-economic dynamics of this region don't allow the Maternal health indicators to improve.

District wise data in figure below portrays how South Punjab lags behind from other regions of Punjab with the overall unmet need of 14.5 percent, where TFR stands at 4.3. Along with it, the use of contraceptives by the people of South Punjab for controlling the frequency, timing and spacing of child birth is only 34.4 percent that is the grave challenge to be dealt with. The inaccessibility of Health and Education is resulting into explosive population growth contradicting to Sustainable Development Growth indicators. So, it is the need of hour for South Punjab demanding to invest more for the sake of reproductive health and controlling population at the earliest.

### District wise FP visits

All across South Punjab, from the latest statistics by DHIS, there were total 0.63 million visits of Family Planning centers to obtain services in 14 months from February 2021 to March 2022. It is on the upward trajectory that is shattering the social cultural barriers that didn't permit to avail FP services. Multan being on the top of the list where 134732 people visited FP centers that is seconded by Vehari with the flux of 117145 people to the centers. Similarly, Muzaffargarh with 69394 at third and District Rahim Yar Khan at fourth on table with the total visits of 61775 to FP centers. In addition to it, 43314 people went to Bahawalnagar; Lodhran at sixth with 41104 people; Rajanpur being at seventh position with the total visits of 38058 people; and Layyah with 33866 stands at eight rank. Bahawalpur at ninth position, with 32802 people visiting the Family planning centers and at no. 10th is District Khanewal with 29272 people and Dera Ghazi Khan at the end of the list with the total of 28814 people visiting FP centers to seek advises and services being provided by the staff to controlled Family size and contribute towards Sustainable development in the region in peculiar, and to the country in general.



## Primary & Secondary Health Care

Key Area	Facility Type/ Program	Key Indicators	South Punjab Districts (11)	Remaining Districts (25)
Primary Health	BHUs, 24/7 BHUs, RHCs	Immunization	83%	87%
		Skill Birth Attendance (Safe deliveries/BEmONC)	96%	98%
		Medicines Availability	98%	98%
		Facility Outlook	98%	97%
		Equipment Functionality	98%	97%
		Utilities	99%	99%
		Supplies	98%	98%
		Covid-19	62%	62%
		Dengue (Hotspots)	33%	32%
		Dengue (Indoor Surveillance)	100%	100%
		SH&NS (Children Screened Coverage)*	57%	52%
		Polio	-	-
		Clinical Staff Posting (Consultants, Doctors*, Nurses)	88%	87%
		Clinical Staff Presence (Consultants, Doctors*, Nurses)	81%	80%
Secondary Health	THQs, DHQs	CEmONC Functionality	67%	60%
		Cleanliness	81%	86%
		Medicines Availability	83%	89%
		Equipment Functionality	94%	96%
		Utilities Outlook	80%	85%
		Consultants Filled	60%	59%
		Medical Officer Filled	73%	74%
		Nurses Filled	82%	92%
		Non-Clinical Staff Posting	74%	79%
Verticle Programs	TB	TB	73%	70%
	Hepatitis	HCP	97%	96%
IRMNCH	Mother & Child Health	Screening at OTPs	49%	67%
		Compliance with data systems	100%	97%
		% Stunted Child (Height-for-	39%	30%

		age)		
		% Wasted Child (Weight-for-height)	8%	30%
		% Underweight Child (Weight-for-age)	26%	30%
		Infant Mortality Rate (Per 1,000 Live Births)	65%	62%
		Under-5 Mortality Rate	76%	70%

## B. Promotive Services

### 4.2.7 Health Education and Promotion

Many of the health problems in South Punjab are the result of very poor consumer education. Health education is a classic example of a public good; the government must take responsibility for it and fund it. Some of the most important types of health education needed in Pakistan are as follows:

- a) Creation of greater awareness of, and demand for: (i) immunization of infants and tetanus toxoid vaccination for women of reproductive age; (ii) pre- and post-natal checkup and deliveries by trained health care providers; (iii) the health benefits of proper spacing of children through family planning; and (iv) good nutrition practices, not only for pregnant women and young children, but also for adults (so as to prevent cardiovascular disease)
- b) Basic hygienic practices to prevent various types of communicable diseases (personal hygiene, proper cleaning of kitchen utensils, boiled water, proper disposal of human waste, etc)
- c) Education about HIV/AIDS and other sexually transmitted diseases and their prevention
- d) Anti-smoking campaigns, to lower the incidence of cardiovascular diseases and other diseases associated with smoking
- e) Education of people as health consumers to enable them to develop a better understanding of service quality. Consumers should be educated as to what they should expect and demand from a health care provider, public or private. They should also be educated to be able to distinguish among various types of health care providers, and especially to create awareness about the dangers of seeking care from untrained providers and quacks.

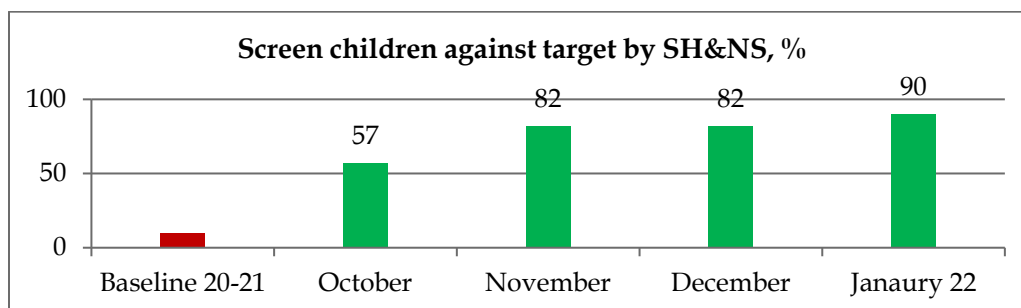
An important point to note is that there is potentially a great deal of synergy between general education levels and specific health education efforts. The efficacy of health education is likely to rise as education levels rise. Nevertheless, health education efforts can have a



significant effect even under present low levels of general education. For example, levels of immunization in Pakistan and South Punjab have risen in the past when information, education and communication activities related to the immunization programme were stepped up. Another example of a successful and recent (information, education and communications) campaign in Pakistan is the campaign associated with the Green Star Network of private family planning clinics.

#### 4.2.8 School Health Nutrition Program

The School Health & Nutrition Program was initiated by the Punjab Health Sector Reforms Project in partnership with UNICEF and other development partner in 2009. The program aims to improve child health outcomes in the country through screening of children in public primary and middle schools for detection of common health problems and referring them to medical facilities for treatment, if required. In recent months, the performance of districts in South Punjab on SHNP has improved significantly owing to a keen interest by the P&SHD South Punjab. In the last four months, the average percentage of children screened against the assigned targets has increased significantly.



For the optimal functioning of program, following gaps have been identified in the current process:

1. SHNS do not complete screening as per target
2. Children do not complete referral visits
3. No mechanism exists for ensuring and tracking referral (detail of facility, follow up not tracked)

The following interventions could be made to plug the gaps

1. Penalties for SHNSs
2. Improving referral visits by 4 ways
  - a. Students should be referred to the BHU in closest geographical proximity, instead of the BHU of the concerned SHNS
  - b. Availability of medicines for screened diseases should be ensured at primary facilities

- c. Department should direct all primary and secondary facilities to great children with SHNS referral card free of cost and on priority. To this end, a SHNP counter can be established at secondary facilities
  - d. Replace existing referral mechanism with a clinical loop with involvement of stakeholder from the education department. A new schedule visits section will be added to SHNP application which the headmaster will use to schedule referral visits
3. Tracking referral in the app
  4. Monitoring performance
    - a. Geo-tagging
    - b. MEAs monitoring of SHNS
  5. Monthly SHNS Review

Further following tasks were also assigned to SHNS but not being implemented yet:

- Constitution of Infant Feeding Boards and notification of Inspectors
- Establishment of Breastfeeding corner at health facilities
- Pneumonia & Diarrhoea Emergency services

### 4.3 Universal Health Coverage (UHC)

Pakistan, has a population exceeding 212 million people. Life expectancy for men is 66 years and 67 years for women. The mixed health system faces social, economic, political and cross-border challenges and is frequently disrupted. The National Health Vision 2016-2025 recognises universal health coverage (UHC) as top priority among Pakistan's health objectives and is aligned with national programs and policies such as the Poverty Reduction Strategy and pro-poor social protection initiatives.

National Health Support Program has been included in the draft of 12th 5-year plan. The plan has four simultaneous and interdependent strategic lines in accordance with internationally accepted and adopted approach:

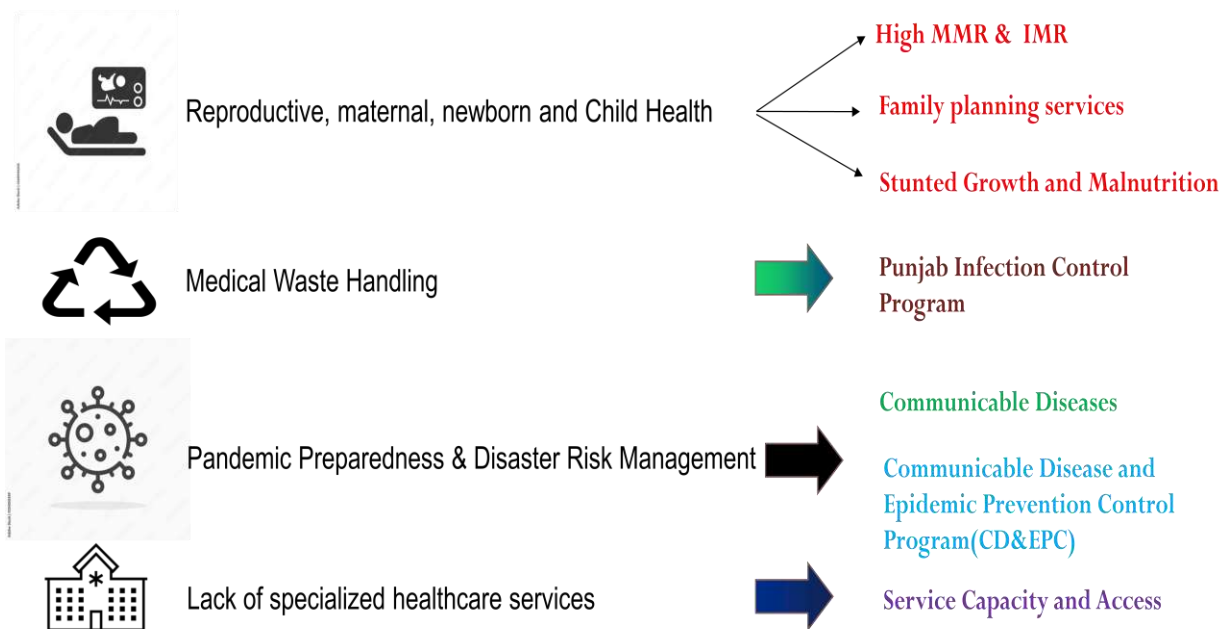
- ✓ Advancing Universal Health Coverage
- ✓ Addressing Health Emergencies and Disease Epidemics
- ✓ Promoting Healthier Populations
- ✓ More Effective and Efficient health organizations at national, provincial, district and autonomous bodies level and better supporting the health system in the country

Universal Health Coverage is key to ending extreme poverty and boosting shared prosperity through

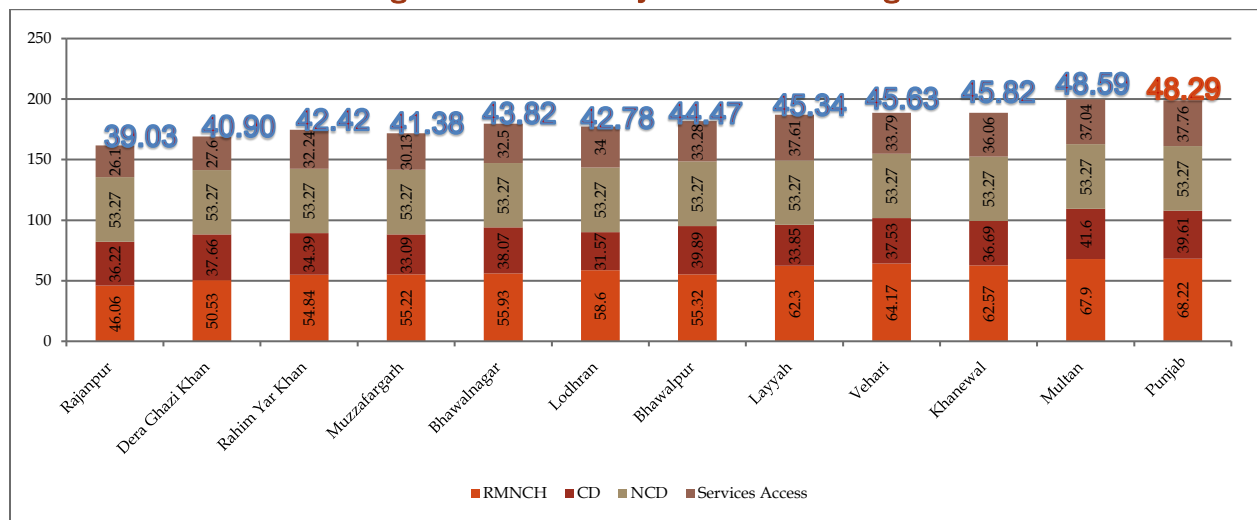
- Sehat Sahulat Program
- Essential Package of Health Services

- Contribution of effective promotive, preventive and basic curative services at the community and Primary Healthcare Level particularly Women and Children in selected districts
- Disease Control Priorities leverages the global investment to support acceleration of progress towards UHC

Universal Health Coverage has following four tracer areas and sixteen tracer indicators (Pregnancy & Delivery, Immunisation, family Planning and Child treatment, Tuberculosis, HIV/AIDS, Malaria, Water & Sanitation, Cardiovascular Diseases, Diabetes, Cancer and Tobacco control and finally Hospital Access, health worker density, essential medicine and health security) :



Universal Health Coverage in South Punjab Districts is given below:



Universal Health Coverage is an investment in Human Capital and a functional driver of inclusion and sustainable economic growth and development of country. It is a way to support people so they can reach their full potential and fulfill their aspiration. But unfortunately against the Target of 55% (2023) South Punjab Districts lags behind in the index:

District/ Provincial Area	UHC Index / Ranking	FP demand satisfied with	ANC - 4+ visits (%)	Child immunization (Penta 3) (%)	Careseeking behavior for child pneumonia (%)	RMNCH Score	TB effective treatment (%)	HIV treatment (%)	Insecticide treated nets for malaria	At least basic Sanitation (%)	Infectious Diseases Score
Rajanpur	95	34.77	27.2	71.8	66.3	46.06	73.04	11.81	NA	55.06	36.22
DGKhan	84	36.76	36.3	63.1	77.4	50.53	77.49	11.81	NA	58.37	37.66
Muzzafargarh	78	40.13	37.5	94.6	65.3	55.22	58.02	11.81	NA	52.86	33.09
RY Khan	75	42.95	30.8	84.6	80.8	54.84	48.85	11.81	NA	70.48	34.39
Lodhran	74	45.28	36.5	93.6	76.2	58.6	48.35	11.81	NA	55.06	31.57
Bhawalnagar	69	43.29	40.3	80.8	69.4	55.93	60.58	11.81	NA	77.09	38.07
Bhawalpur	64	44.32	35.5	85.5	69.6	55.32	69.68	11.81	NA	77.09	39.89
Layyah	56	50.09	44.5	86.4	78.2	62.3	39.24	11.81	NA	83.7	33.85
Vehari	52	45.01	44.8	91.2	92.2	64.17	65.52	11.81	NA	68.28	37.53
Khanewal	49	48.03	45.3	87.6	80.4	62.57	55.81	11.81	NA	74.89	36.69
Multan	26	49.34	56.8	97.5	77.8	67.9	73.81	11.81	NA	82.59	41.6
<b>Punjab</b>		<b>50.3</b>	<b>56.2</b>	<b>89</b>	<b>86.1</b>	<b>68.22</b>	<b>59.52</b>	<b>12</b>	<b>NA</b>	<b>87</b>	<b>39.61</b>

### C. Curative Services

Prevention and Treatment of Non Communicable Diseases Cardiovascular diseases account for another 10 percent of the total BOD. Other important problems are Diabetes Mellitus, cardiovascular diseases, Rheumatoid Arthritis, and different causes of blindness, Obesity, mental and conditions associated with aging (geriatric problems). These diseases are less easily treatable; the most promising approach would be health education campaigns to prevent their onset and promoting healthy life style behaviours. Anti-smoking campaigns and nutrition education to promote a healthier diet would be the main types of health education aimed at preventing cardiovascular diseases.

Non communicable diseases don't transmissible directly from one person to another. NCDs include autoimmune diseases, strokes, most heart diseases, most cancers, diabetes, chronic kidney disease, osteoarthritis, osteoporosis, Alzheimer's disease, cataracts, and others. Non-communicable Diseases are estimated to account for 58% of all deaths in South Punjab but

required medicines for treatment are not properly arranged at Primary level healthcare facilities. It is imperative to generate demand and include in procurement plan and ensure its availability at RHC/BHUs as well by keeping in mind the disease pattern. Also important are injuries, which account for about 11 percent of the total BOD. Their incidence could be reduced through public education programmes on accident prevention, better work safety requirements, better automobile safety requirements, and other similar preventive measures.

### 4.3.1 Emergency Services

Timely availability of emergency services and critical care can prevent and reduce number of deaths. Comprehensive emergency services should be available at RHC and above. BHUs should have a proper referral and transport system to carry patients to the higher facility. There is a need to increase capacity and to develop emergency services supporting critically ill patients throughout RHC and higher health care facility. Comprehensive information and data collection is required to support emergency services unit. Strengthening of Emergency Services at SHC and SHC like Tertiary care hospitals is needed; in terms of physical infrastructure, human resource deployment and provision of drugs and supplies.

### 4.3.2 Dental Care

Oral health is very important and is a crucial aspect of maintaining general health. Problems in the mouth may be the first symptom of diseases like HIV infection and can also signify clinical progression. Open sores and exposed tissue is a potential entrance for infections into the body and proper dental care can reduce the presence of bacteria. Regular dental visits allow for early identification of conditions and infections. This allows for early treatment of these issues before they develop into serious problems. Specialist dental care both medical and surgical should be provided at RHC and above. THQ and DHQ Hospitals should be well equipped to deal with dental emergencies and surgeries.

### 4.3.3 Medical and Surgical Care

Basic medical and surgical care is available at BHU and RHC. Specialist medical and surgical care and advice for proposed specialties are available at THQ and DHQ hospitals. But despite the availability of required Specialist personnel, the infrastructure does not support the him to fully operationalize i.e. ICU, HDU coverage not available, for Neonates, PICU and NICU services are non existent and in some cases, Anaesthesia facilities are not available

Another obstacle in the way of better service delivery at primary level is the limited time of Outpatient Department (OPD) services. The OPD services at Dispensaries, BHU, and RHC level is from 8 AM to 2 PM, making it difficult for the daily-wage workers to visit health facility in day hours.

#### 4.3.4 Diagnostic Services

Basic diagnostic services that include Routine Blood and Urine examination, Malarial Parasite, X-ray, and Ultrasound should be provided at BHU and RHC. Advance services including sophisticated tests, Ultrasound, Gastroscopy, and Endoscopy will be provided at THQ and DHQ levels and CT scan at DHQs only. But major equipment and items needed for improved healthcare outcomes is missing at large. In addition to this, lack of Dental Unit/ dental X-ray Units, Ultrasound Machines, Digital X-rays , and equipment related to Pathological services is costing the health services too dearly.

#### 4.3.5 Rehabilitative Services

Rehabilitative services, when offered timely and appropriately, can help people, with disabilities, to get gainfully employed and do away with reliance on others. This includes meeting the physical, psychosocial, emotional and spiritual needs of patients and their families while incorporating the nursing and rehabilitative processes. Such Services should be provided to all patients in both inpatient and outpatient settings at all levels of care.

The importance of Rehabilitative Services should not be under emphasized. These Services are part and parcel of any type of treatment and most of the times are indistinguishable as separate entities. It should be kept in mind that patients are receiving some type of rehabilitation during treatment or interaction with health care providers, as for example while receiving treatment for typhoid fever he/she is also being rehabilitated psychologically/nutritionally. Putting this in another way, it goes without saying that health care providers must avail all opportunities to provide right type of the rehabilitative services according to prevailing circumstances and level of care.

## Chapter 5: Way Forward

### 5. Identification of Gaps and Challenges with proposed solutions

Based on stakeholder consultations and rapid assessments, the following gaps were identified:

#### 5.1 Access and Coverage

As per the population Census of 2017, the average growth rate of South Punjab comprising of 11 Districts is about 2.32% which is more than that of Upper Punjab having an average growth rate of 2.17%. These figures show the severity of issues related to service delivery in general and health sector in particular. As per the current ongoing health systems, there is at least one BHU on a population of 10k- 25k having 8 to 12 Kanal of land and one RHC (on 25-50k population) on a cluster of BHUs with the area of 40 Kanal. In addition to these facilities, the Government has been credited with Dispensaries categorized as Govt. Rural Dispensary, Rural Dispensary, and Civil Dispensary in different areas of Union Council but unfortunately the building condition of these dispensaries is vulnerable.

##### 5.1.1. Identification of missing Infrastructure

The exercise of GIS geo-tagging emphasize to focus on consolidation of Primary & Secondary Healthcare facilities as RHCs have become non functional/ redundant and their revitalization is necessary. However missing infrastructure has also been identified as 3 out of 11 Districts of South Punjab don't have prime referral point i.e. DHQ Hospital and 22 Secondary Care level Hospitals are needed in missing/ uncovered areas as identified through geo tagging. To strengthen PHC services at community level, establishment of new 45 BHUs and additional 392 Sehat Ghar are also proposed.

##### Misc. Health Facilities required:

Division / District / Tehsil	No. of Units		Population (Census 2017)	Population Per		Health Facilities required			
	Health Facilities	Beds		Health Facility	Beds	Hospital	RHC	BHU	Sehat Ghar
South Punjab	1543	15385	34993724	22679	2275	25	3	45	392

##### DHQ level:

DHQ to be made in three districts across South Punjab

1. Bahawalpur
2. Rahimyar Khan
3. D.G.khan

**RHC level:**

The Decades old RHCs are now outdated. Almost 50% of RHCs should be given RHC Plus Status which makes 56 RHCs across South Punjab to be made RHC plus having the following seats sanctioned in revised SNE.

- 1) Consultant Surgeon
- 2) Consultant Pediatrician
- 3) Consultant Gynecologist
- 4) Consultant Anesthetist

**BHU level:**

- All 24/7 BHUs that are almost 578 in number across all South Punjab should be made BHU Plus with evening OPD ( 2 PM- 8 PM) to be started.
- A seat of Women Medical officer at 24/7 BHUs should be sanctioned for the sake of better service delivery.

**Community level:**

Lady Health Workers play a pivotal role in Health Department but more than 33% area is uncovered in South Punjab. For the improvement in FP/ EPI and PEI activities and all vertical programs/ campaigns, recruitment of ~6767 LHWs are necessary

**5.2 Infrastructure and Outlook Standards**

Since more than a decade, a little to zero development has been done on Facility outlook and infrastructure upgradation in Primary level health facilities of South Punjab. The building condition of Rural Dispensaries highlight the severity of poor infrastructure. Out of 384 Dispensaries in South Punjab, more than 80% have damaged buildings. Similarly, the infrastructure and outlook condition of BHUs and RHCs is questionable as well.

**5.2.1 Improvement in Facility Outlook:**

To improve the public sector health facilities, the outlook and infrastructure development is the key priority area of Primary and Secondary Health Department. The department has already taken the initiative to improve the facility outlook of 760 BHUs, 112 RHCs, 34 THQs, and 8 DHQs. According to recent update, out of above-mentioned facilities, following Hospitals- both at Primary and Secondary level- has done a great job in overall building condition

(whitewash, repair and maintenance, horticulture etc.)

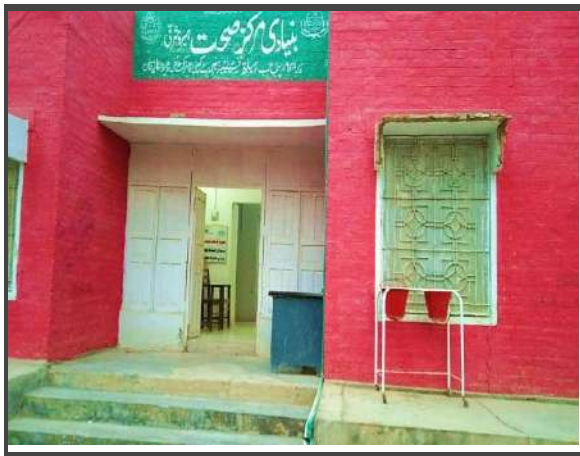
Total BHUs Renovated	424
Total RHCs Renovated	96
Total THQs Renovated	34
Total DHQs Renovated	8



Before



After



DHQ Muzaffargarh



### 5.2.2 Maintenance & Repair Mechanism

The statistics highlight the grave issue of coverage and the reason being old and damaged building at the grass root level. Though with the advancements, the geographical access and

coverage has been improved yet the ghost health facilities are hampering the way of health sector outcomes.

Due to BHU's poor infrastructure as well RHCs, most people are not willing to go health services provided by the public health system and as a result, the people in the rural areas are diverted tertiary care hospitals. Life span resources and lack of bad roads restrict their access to these services. Moreover, it is also found that the public sector in Pakistan is underutilized due to human weakness, lack of health education, lack of openness and barriers to language and cultural gap.

Integration of C&W Department is direly needed to improve the status. As per anomaly of Specialized Healthcare Department, a maintenance unit of C&W Department may be established in the development wing of South Punjab with following proposed structure to carry out maintenance work on regular basis:

1. Superintending Engineer	South Punjab
2. Executive Engineer	District Level
3. SDOs	Tehsil Level
4. Sub Engineer	Tehsil Level

For the sake of renovation work, more budget allocation is required as the building conditions of Health facilities need immediate intervention. Furthermore, the provision of important equipment and item is highly required for the best quality service delivery. Given the budget constraints, certain things are not feasible to get done. It is recommended to include the purchase of items and equipment in the Annual Development Plan 2022-23.

- Financial implication may be met out of ADP/ Discretionary funds of MNA/MPA, Philanthropy support and Health Councils funds
- Creation of posts through SNE and recruitment of officers or deployment through deputation
- As per analogy of RHC/ BHUs, Dispensaries may also be provided Health Council funds

### 5.3 Equipment Functionality & Health Facility Readiness

Another gap identified is equipment un-availability at health facilities. The major equipment and items needed for improved healthcare outcomes is missing at large. In addition to this, lack of dental X-ray Units, Ultrasound Machines, Digital X-rays , and equipment related to Pathological services is costing the health services too dearly. Moreover, following gaps were also identified during field visits conducted by the officers of P&SHD to various health facilities:

- The baby warmer machine and Ultrasound on 24/7 BHUs is very much necessary but missing in various facilities.

- Absence of dental room laboratory which should be available per the Minimum Service Delivery Standards.
- The management and the facility staff highlighted that sometimes there no proper utilization of medicine in the facility, but the minimum medicine stock is maintained for M&E purposes only. It was also highlighted that the monthly stipend received for minor repairs is not enough.
- Absence of boundary wall at BHUs is a security hazard for the facility. This lack further highlighted the presence of street dogs which might bite patients and the staff and cause rabies.
- Further need of improvement in building maintenance, ventilation, sewerage system and filtered water system, as well as the need of provision of Trauma centers, delivery tables, operation lights, X-Ray facility etc.

#### 5.4 Shortage of HR at Primary and Secondary Level

As per the standards of WHO, there should be 5.9 skilled health professionals per 1000 population. According to this set benchmark, the overall number of health professionals working in South Punjab is approximately 3,021. However, the coverage of specialized doctor in peripheries is still less than the required need. At RHC level, a post of Senior Medical Officer is sanctioned but there is no seat of Consultant which is hindering the way of service delivery. The referral linkages from primary to secondary level is increasing day by day resulting in over burdenization of Secondary level health facilities in addition to extended burden on Tertiary Hospitals as well. People in rural areas have to travel miles long just to see a specialist doctor. Another obstacle in the way of better service delivery at primary level is the limited time of Outpatient Department (OPD) services. The OPD services at Dispensaries, BHU, and RHC level is from 8 AM to 2 PM, making it difficult for the daily-wage workers to visit health facility in day hours.

Moreover, following gaps were also identified during field visit to the health facilities:

- Retention of doctors and consultants at rural areas and remote urban centers is an issue. Sometimes, doctors accept appointments in remote areas but tries to get general duties in main cities.
- Lack of reasonable furnished residence is also an issue. Most of existing residential areas are declared as dangerous buildings and are non-functional.
- Further need of capacity building and trainings for Health Staff to meet the modern-day requirements (for instance infection control training, waste management training, training in public & patient dealing etc.)

### 5.4.1 Missing Specialties

Certain specialties may also be lacking on secondary level health facilities resulting in overburdenization of tertiary care hospital. Following Specialties do not have any sanctioned seat at DHQ level.

1. Consultant Oncologist
2. Consultant Neurologist
3. Consultant Nephrologist

Following Specialties have no sanctioned seat at THQ level:

1. Consultant Neurologist
2. Consultant Nephrologist
3. Consultant Psychiatrist

### 5.4.2 Creation of Consultant Seats at RHC Level

To mitigate the issue of specialized cadre doctors at RHC level, the Primary and Secondary Health Department has started various initiative in this regard. On weekly basis, consultants round have been scheduled for RHCs where consultants of below mentioned specialties would visit the designated RHCs:

- Consultant Gynecologist
- Consultant Pediatrician
- Consultant Surgeon
- Consultant Anesthetist

These specialist cadre doctors would visit the Rural Health Centers as per their duty roster and check the patients in OPD in addition to extracting out the patients for Surgical Procedures. Up till now, more than 1100 Patients have been checked by consultants and 100 surgical procedures have been performed. With many departmental initiatives in place, Primary and Secondary Healthcare Department, South Punjab has kicked start the evening OPD at 111 Rural Health Centers in South. From 2 PM to 8 PM, a medical officer is designated to do OPD services in RHCs to cater the maximum rural population. Up till now, 80000 patients have been checked in evening OPD at 112 RHCs of South Punjab.





## 5.5 Inadequate Primary structure in Urban Areas

At present there is no setup of Primary healthcare in urban area. In comparison with rural Areas, urban areas have less health facilities at primary level. BHUs and RHCs both cover the maximum rural population leaving the Urban areas mostly unentertained. Maximum of the Urban Population is catered by Tertiary Level Hospitals making them overburdened to a greater extent. Although there lies a concept of Filter Clinics and Civil Dispensaries for Urban. Population but that too is staggering behind. In some districts like Rahimyar Khan, Bahawalpur, D.G.Khan , the District Head Quarter Hospital is missing overcrowding the Tertiary/Teaching Hospitals and diminishing the trust on primary facility. Out of 11 Districts, only District Multan has 15 City Medical Centers and 4 Town Hospitals catering the Urban Population of District Multan. This intervention has benefited the population of Multan making it easy for the general public to access government facilities in their vicinity. However, the urban population of other 10 districts is suffering, making Teaching Hospitals their only reliance.



### 5.5.1 Construction of Town Hospitals for uncovered urban Population

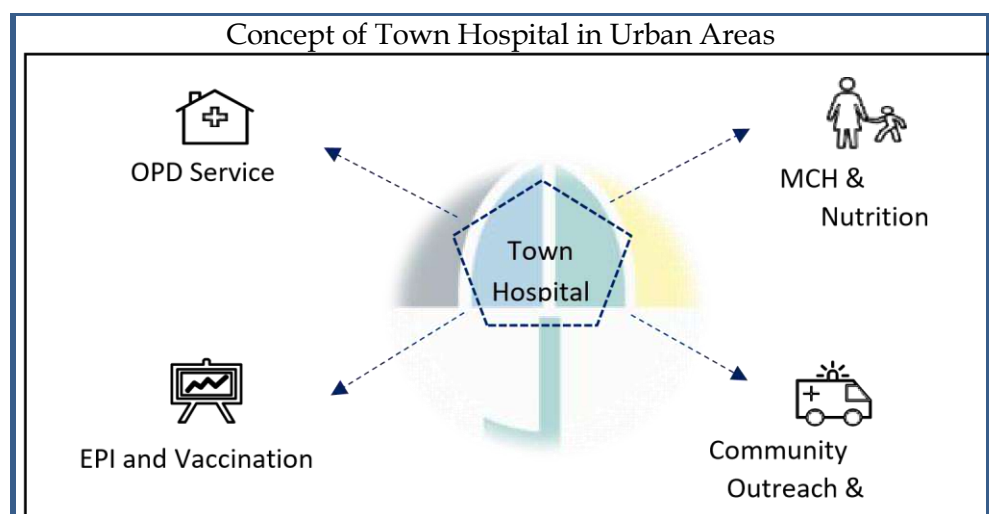
In order to cover the majority Urban Population, the concept of filter clinics is workable. Town Hospital should be made in each Union Council of Urban Areas to reduce the burden on Tertiary level hospitals. The proposed services on Town Hospital may be as follows:

- OPD Services
- Surgical Procedures Services
- Mother and Child Services
- Family Planning
- Expanded Program for Immunization
- Screening of patients for AIDS, TB, Hepatitis
- Health Education and Hygiene

The proposed HR required for establishing filter clinic is:

- ✦ Medical Officer
- ✦ Women Medical Officer
- ✦ Consultant Specialties (Gynae, Pathologist, Anesthetist, Surgeon, Peds)
- ✦ Dental Surgeon
- ✦ Lady Health Visitor
- ✦ Dispenser
- ✦ Class-4 Staff

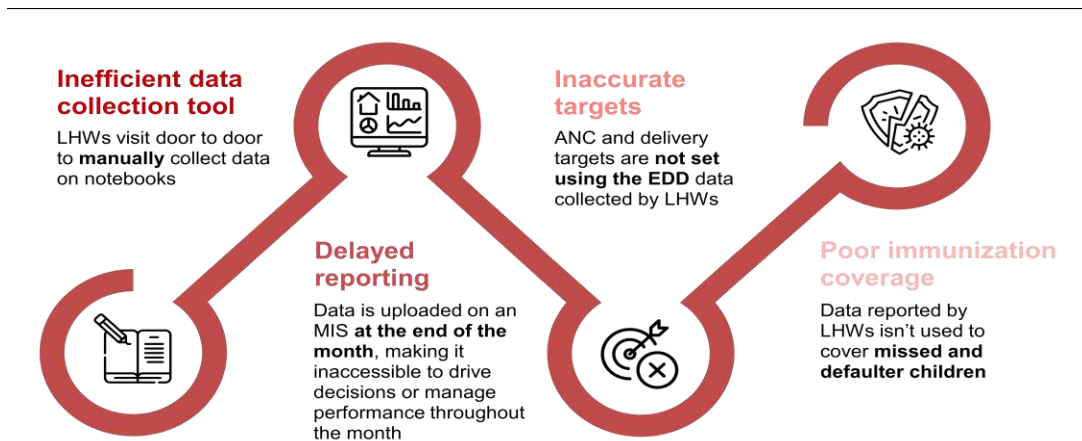
Given the above-mentioned services, the burden of minor ailments on Secondary and Tertiary level facilities could be minimized





Similarly, the town hospitals with extended set of services could be made in urban Areas with each town hospital on a population of 3-5 lacs. The town Hospitals are already entertaining the Urban Population of Multan City. The same arrangement could be well designed for remaining 10 districts of South Punjab.

## 5.6 Lack of family/HH level data

The existing MIS / Dashboards in the region are catering to the data /record needs of health facilities, medicines and M&E only. There is no individual clients records or family / household data such as data about children, women of childbearing age etc. to monitor the vaccination coverage and SDGs targets. In addition to this, only aggregated district level estimates are available from national and provincial surveys including MICS, PSLM, PDHS etc. These surveys are done periodically after a lag of 2-4 years and provide estimates at provincial and district level. Thus, there is a need to maintain a family / household data, which can be integrated with the province wide network of LHWs / LHV's for collecting and updating data through tabs or android apps.



	 <b>Target setting</b>	 <b>Planning</b>
<div style="background-color: #2e7d32; color: white; padding: 10px; text-align: center;"> <b>Maternal health</b> </div>	<ul style="list-style-type: none"> <li>• <b>Accurate numbers for expected deliveries</b> in catchment area through EDDs recorded on the app</li> <li>• <b>Pragmatic delivery targets for public health facilities</b> by mining data on deliveries administered at private health facilities and households</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Automated LHW visit plans</b> to prioritize visits to women approaching due dates for ANC</li> <li>• <b>Accurate forecasting of required inputs</b> for family planning and deliveries e.g. contraceptives, medicines and equipment etc.</li> </ul>
<div style="background-color: #2e7d32; color: white; padding: 10px; text-align: center;"> <b>Child health</b> </div>	<ul style="list-style-type: none"> <li>• <b>Accurate target setting for antigen coverage, due &amp; defaulter children</b> in EPI</li> <li>• <b>Accurate targets for coverage</b> in PEI</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Improved forecasting of vaccines and other essential inputs</b> for vaccination</li> <li>• <b>Enhanced quality of microplans</b> due to accurate target figures</li> </ul>

### 5.6.1 Digitalized System for improving Maternal and Child Health

The Department has taken considerable steps to digitalize data systems in the department. One of these initiatives includes Family Folders- an application developed to digitalize household data being collected by Lady Health Workers for effective target setting and planning for antenatal care visits, postnatal care visits, skilled birth attendance and immunization. The initiative is in its pilot stage and aims to improve maternal and child health outcomes. Moreover, IRMNCH is also in the process of developing an integrated digital data system with a component of LHW level household data (EMR). The Department has engaged with HISDU to coordinate the efforts being made in this regard and integrate the data from both systems when required. Moving forward, the pace of trainings for LHWs on the use of digital applications to record data needs to be increased, along with facilitating them with smartphones, which requires considerable funding.<sup>1</sup>

### 5.7 Fewer Family Planning and highest Mortality Rate

Pakistan having Maternal Mortality rate of 186 per 100,000 live births is demanding to invest more for the sake of reproductive health. Although, Punjab has the lowest MMR as compared to other provinces but the major share of 157 Maternal deaths per 1 lac live births is weighed by 3 divisions of South Punjab as they being less developed and unmarginalized. With baby boom or bust, the solution to shifting fertility rates lies in prioritizing the reproductive health and rights of women. The concerns of Maternal Mortality , Neonatal Mortality, and infant Mortality in South Punjab are much grave as compared to North Punjab, making South a vulnerable region. There are no schools/colleges for Lady Health Visitors in far-flanged districts of South Punjab resulting into the fewer skilled Birth Attendants. Also, the socio-cultural dynamics of this region do not allow the maternal health indicators to improve.

Following indicators shows the gravity of family planning issue.

INDICATORS	COVERAGE BY WEALTH QUINTILES (%)		
	LOWEST	HIGHEST	DISPARITY
Proportion of Pregnant Mother receiving ANC by SBA	67.70%	98.20%	30.50%
Proportion of Pregnant Women receiving 2/+ Doses of TT	43.80%	89%	45.20%
Proportion of Women Delivering in Health Facility	42.80%	91.80%	49%
Proportion of Mother receiving PNC for Last Birth within first 24 hr.	44.10%	86.70%	42.60%
Current Use of Modern Contraceptives in MWRA	17.30%	29.60%	12.30%
Proportion of Fully immunized Children 12-23 Months of Age	35.60%	80.20%	44.60%

<sup>1</sup> There is a need to reach out to donors to facilitate this digitalization process.



South Punjab is demanding to invest more for the sake of reproductive health. The unavailability of Health & Education is resulting into the fewer skilled Birth Attendants. Also, the socio-cultural dynamics of this region do not allow the maternal health indicators to improve swiftly

The Population of Punjab is going to be doubled in next 30 years if growth rate is not controlled

Sr	Indicator	Value
1	Population Punjab	114 Million
2	Expected to be doubled	in 30 Years
3	Growth Rate	2.37%
4	Population Density	238 per Sq KM 1981 536 per Sq KM 2017
5	Total Fertility Rate	4.3%

Family planning topic has to one indicating the high growth rate, identifying the failure of contraceptive regimes on account of low standard inputs, lifeless style of administration of contraceptive methods, HR issues of population welfare department, outdated techniques, deployment of IRMNCH HR, less dedication, overburdened LHWs cadre, least check and balance of Department, lack of educated and technical HR, Socio economic conditions, literacy rate, poverty being the main issues of family planning.

### 5.7.1 Construction of Sehat Ghar as Family Planning Filter clinics

Outpatient Department (OPD) bears the major burden of patients coming to a facility resulting in over-burdenization coming at the cost-of-service delivery. For this to cater, the foremost thing is to strengthen the primary level hospitals starting from Dispensaries to Rural Health Centers. As out of these three primary facilities, 383 Dispensaries in overall South Punjab are in a much pathetic condition. However, this can be corrected by converting the Dispensaries into Model Sehat Ghar according to international best practices. The Sehat Ghar

Model has already been implemented in District Rahimyar Khan and District Layyah.



District	Approved Sehat Ghar in ADP 2021-22
Rahimyar Khan	103
Layyah	85

Sehat Ghar will be made on the population of 10,000 facilitating the maximum people at the grass root level. Sehat Ghar will be having following key features:

1. It will ensure geographical spread of health services
2. It will provide referral linkages to BHUs and RHCs
3. The dilapidated/damaged and redundant dispensaries' buildings will be converted into Model Sehat Ghar.
4. The Sehat Ghar will be established in the uncovered areas.
5. It will increase the provision of healthcare services at Primary level in addition to reducing the burden on Secondary level Hospitals.

In addition, Sehat Ghar will provide following services:

- OPD Services
- **Family Planning**
- Immunization
- Preventive Services

Proposed Sehat Ghar for South Punjab	Cost
600 Sehat Ghar	600× 12 Million Rs= 7200 Million

### 5.7.2. Sustainable Family Planning System

A lot has been done by multiple international and national stakeholders to strengthen the family planning services in the outskirts of South Punjab yet a room for improvement and dedicated efforts lies there. The myths related to contraceptives and family planning should break away at the first place. For this , role of religious scholars, health education, easy access to public health facilities, and gender equality plus equity is the core need. However, the family planning services should be integrated into health outcomes. Without making the maternal and child health indicators the integral component of Public Health, Sustainable development could not be achieved. Pakistan, in general, and South Punjab, in particular, look forward to achieving UN SDGs sooner and better.

Further Interventions proposed for Family Planning Services are:

- Incentivize Family Planning for all
- Family Planning Education and Awareness Sessions at Community level.
- Uninterrupted Contraceptives Supply
- Promotion of Exclusive Breast Feeding and establishment of Breast feeding corner at particular places.
- Sehat Ghar to be made on the population of 10,000 across all South Punjab.

## 5.8 Detachment of EPI from PHC

Immunization is vast field and a continuous process. The main focus on one component of primary health care has resulted into negative effect on remaining components and have become recessive.

It is the time to separate Immunization from Primary Healthcare and established separate EPI Unit with dedicated staffing for Immunization particularly for EPI & PEI.

## 5.9 Sub Unit of all vertical programs in South Punjab

Vertical Programs are being run Provincially by setting up PMUs but hardly their sub units are existent at grass route level. TB, Hepatitis Control Program, Infection Control Program, AIDs control Program etc. are hardly have their separate HR and Sub PMUs at District level except IRMNCH & NP Program

At the stage of extension/ revision of vertical program, provision for establishment of Sub offices at South Punjab with minimal staffing and Financial allocations may be considered

It is not out of place to mention here that all vertical programs rely on patients attended at HFs/ passive screening. No mechanism is existent for Active screening particularly for TB control Program, AIDs/ Hepatitis Control Program and Non Communicable Diseases NCD

## 5.10 Operationalization of Directorate General Health Services South Punjab

Directorate General Health Services, South Punjab is not functioning optimally due to shortage of essential posts to be created from SNE, allocation of requisite financial resources and delegation of powers

The JDs and RoBs for Directorate General Health Services as attached department needs to framed out.

## 5.11 Non utilization of IT tools

E governance is being promoted in the developed countries to improve service delivery. It is observed that IT is either utilized either in special campaigns or collection of data. But utilization of IT based tools for staff monitoring, service delivery and consumer facilitation are not emphasized. If IT tools are integrated in health sector, it shall improve governance and service delivery. P&SHD has intended to utilize IT in monitoring of staff as well as in digital reporting

### 5.11.1 Development of Daily Monitoring App for RHCs and BHUs

Daily reporting App has been launched at all 111 RHCs in South Punjab to get reports regarding Presence of staff through morning attendance, staff involved in performing Other Duties, involved in campaign or performing general duty, knocked down criteria fulfillment status, Operationalization of key equipment like X-Ray, Dental Unit, USG machine or other key equipment like OT Ceiling, Chemistry Analyzer, Baby Warmer etc., Availability of medicines and Sera like ARV or ASV and statistics of daily clinical status OPD, Deliveries, MLC and utilization of Health Council funds

### 5.11.2 Issuance of online MLCs

Issuance of MLC in the past was a cumbersome activity which remained a cause of undue litigation. The doctors dealing with MLCs were not updated with MLC related knowledge and their issuance of MLCs contain a wide range of deficiencies. There were also flaws in manual reporting, handwriting and incomplete filling of columns which are manipulated later on. To curb this menace, a software was got developed and now digital MLCs are being issued online.

### 5.11.3 Digital Lab in South Punjab

In private sector, reporting of pathological findings have improved and customers obtain online results of their tests through Internet/ Mail. But no such reporting technique, collection of samples were being implemented in public sector particularly Primary & Secondary Healthcare. Now South Punjab has initiated Digital Lab for reporting of pathological findings and collection of samples. The 1<sup>st</sup> Lab has been established at Mian Muhammad Shahbaz Sharif DHQ Hospital Multan

## 5.12 Disease pattern and procurement of medicines

Sustainable Development Goals recognizes NCDs as a major challenge for sustainable development. To strengthen national efforts to address the burden of NCDs, the global action plan offers a paradigm shift by providing a road map and a menu of policy options to implement collectively to help in attaining the target of 25% relative reduction in risk of premature mortality from **cardiovascular diseases, diabetes, cancer, chronic respiratory diseases** set globally by 2025. Special attention is needed for demand generation and its incorporation in procurement plan for provision of required medicines relating to Non Communicable Diseases at all HFs under your jurisdiction to address most common and preventable diseases of 42% of total volume of burden of Disease in the region.

Keeping in view the disease pattern and burden of diseases, revision of pharmacopeia/ EDL for health facilities also required to be reviewed

## 5.13 Conclusion

This health plan has identified seven key issues facing the health sector in South Punjab. Although efforts are being made to address these issues by the Department, this plan aims to identify the strategic direction that must be continued to solve these concerns. Situational Analysis of each district highlight the need of health facilities for uncovered population across all South Punjab.

South Punjab is mired in Health crisis for decades, but the establishment of Secretariat in South has helped addressing the chronic issues of service delivery. With each passing day, new initiatives are being taken to maximize the efforts of health professionals and paramedics for the good of public. A lot has been done in one and a half year and more could be done in years to come. However, the budgetary constraints are becoming the obstacles. The health facilities need to be renovated, new machinery and equipment are required, the management structure of District Health Authorities are supposed to be revamped and much more is in line. Therefore, it is essential to address these key issues strategically in order to improve health outcomes in South Punjab.

## ANNEXURES

ANNEXURE- VACANCY POSITION OF HR IN SOUTH PUNJAB AS STOOD ON 03.04.2022

Designation	Scale	Sanctioned	Filled	Vacant
Chief Consultant	20	20	14	6
Principal Medical Officer	20	53	16	37
Principal Women Medical Officer	20	10	0	10
Additional Medical Superintendent	19	11	0	11
Additional Principal Medical Officer	19	452	67	385
Additional Principal Women Medical Officer	19	148	14	134
Chief Executive Officer (Health)	19	11	11	0
Deputy District Officer Health	19	42	35	7
District Officer Health (MIS & HRM)	19	9	7	2
District Officer Health (MS)	19	8	5	3
District Officer Health (Preventive)	19	10	10	0
Drug Controller	19	11	10	1
Medical Superintendent	19	67	47	20
Principal Dental Surgeon	19	10	3	7
Senior Consultant	19	76	48	28
Assistant Director (Nursing)	18	2	0	2
Assistant Manager Monitoring	18	6	4	2
Consultant Anaesthetist	18	128	67	61
Consultant Cardiologist	18	43	24	19
Consultant Dermatologist	18	46	19	27
Consultant ENT Specialist	18	48	11	37
Consultant Gynaecologist	18	138	133	5
Consultant Nephrologist	18	14	3	11
Consultant Neurologist	18	5	2	3
Consultant Ophthalmologist	18	53	37	16
Consultant Orthopaedic	18	47	46	1
Consultant Paediatrician	18	133	82	51
Consultant Pathologist	18	60	15	45
Consultant Physician	18	66	49	17
Consultant Psychiatrist	18	1	0	1
Consultant Psychiatrist / Neuro Psychiatrist	18	6	2	4
Consultant Radiologist	18	59	22	37
Consultant Surgeon	18	105	61	44
Consultant TB/Chest Specialist	18	45	22	23
Consultant Urologist	18	19	14	5
Deputy Drug Controller	18	32	26	6

Deputy Medical Superintendent	18	41	10	31
District Coordinator (IRMNCH)	18	4	3	1
District Medicolegal Officer	18	6	0	6
Finance & Planning Officer	18	1	0	1
Neuro Surgeon	18	9	1	8
Nursing Superintendent	18	7	1	6
Pediatric Surgeon	18	3	0	3
Pharmacologist	18	2	1	1
Secretary DQCB	18	11	9	2
Senior Blood Transfusion Officer	18	15	5	10
Senior Dental Surgeon	18	20	17	3
Senior Entomologist	18	1	0	1
Senior Medical Officer	18	830	699	131
Senior Microbiologist	18	2	1	1
Senior Statistical Officer	18	1	0	1
Senior Women Medical Officer	18	249	217	32
Admin Officer	17	44	25	19
Assistant Bacteriologist	17	1	1	0
Assistant Manager Finance	17	6	6	0
Assistant Nursing Instructor	17	18	8	10
Audiology Technologist	17	7	7	0
Audit Officer	17	8	5	3
Bio Chemist	17	2	2	0
Bio Medical Engineer	17	10	3	7
Blood Transfusion Officer	17	28	15	13
Budget and Account Officer	17	6	2	4
Casualty Medical Officer	17	1	0	1
CDC Officer	17	13	4	9
Clinical Psychologist	17	14	11	3
Dental Surgeon	17	260	256	4
Dental Technologist	17	14	11	3
Deputy Director (Budget & Account)	17	9	5	4
Deputy Nursing Superintendent	17	3	1	2
District Sanitary Inspector	17	9	3	6
Drug Inspector	17	31	28	3
Emergency Medical Officer	17	368	30	338
Emergency Medical Technologist	17	56	17	39
Finance & Budget Officer	17	35	18	17
Head Nurse	17	224	102	122
Health Education Officer	17	8	1	7
Human Resource & Legal Officer	17	34	27	7

House Officer	17	18	2	16
IT/Statistical Officer	17	33	17	16
Medical Assistant	17	26	9	17
Medical Imaging Technologist	17	14	12	2
Medical Laboratory Technologist	17	35	30	5
Logistic Officer	17	25	9	16
Medical Officer	17	1188	1129	59
Medical Officer (HCP)	17	7	4	3
Medical Officer / Women Medical Officer	17	803	754	49
Medical Officer School Health Services	17	11	6	5
Nursing Instructor	17	11	4	7
Nutritionist	17	13	6	7
Nutritionist Technologist	17	5	3	2
Operation Theater Technologist	17	49	30	19
Optometrist Scientist	17	15	14	1
Pharmacist	17	234	173	61
Physiotherapist	17	53	31	22
Procurement Officer	17	37	25	12
Program Director DHDC	17	9	8	1
Quality Assurance Officer	17	23	10	13
Renal Urology Technologist	17	21	5	16
Respiratory Technologist	17	4	0	4
Respiratory Therapist	17	9	0	9
School Health and Nutrition Supervisor	17	770	610	160
Social Organizer	17	10	10	0
Speech Therapist	17	7	6	1
Statistical Officer	17	11	11	0
Technologist (entomology)	17	20	16	4
Urology Technologist	17	3	0	3
Women Medical Officer	17	905	855	50
Account Officer	16	1	0	1
Assistant	16	73	32	41
Assistant Admin Officer	16	72	16	56
Assistant Entomologist	16	14	7	7
Assistant Internal Audit Officer	16	2	0	2
Assistant Superintendent vaccinator	16	5	4	1
Assistant Woman Medical Officer	16	1	0	1
Asst Store Keeper	16	5	5	0
Charge Nurse	16	2760	2610	150
Chief Food Inspector	16	2	2	0



Chief Laboratory Technician	16	1	0	1
Chief Medical Technician	16	28	13	15
Computer Assistant	16	5	4	1
CT Scan Technician	16	4	0	4
DAE Electronics	16	2	0	2
Head Clerk	16	49	27	22
LHV Trainer	16	9	6	3
Multi Purpose Paramedic Trainer	16	10	5	5
Public Health Nursing Supervisor	16	5	2	3
Refractionist	16	28	11	17
Senior Computer Operator	16	132	130	2
Computer Operator	15	775	442	333
stenographer	15	26	9	17
Accountant	14	15	9	6
Assistant Inspector of Health Center	14	3	2	1
Auditor	14	8	2	6
District Superintendent Vaccination	14	11	2	9
Senior Clerk	14	231	171	60
Tehsil Sanitary Inspector	14	28	17	11
Assistant Inspector	12	1	0	1
Assistant Superintendent Vaccination	12	41	11	30
CDC Inspector	12	39	10	29
Data Entry Operator	12	220	159	61
Inspector Vaccination	12	44	7	37
Junior Computer Operator	12	9	2	7
Lady Health Visitor	12	1598	1346	252
Medical Technician	12	622	414	208
Microscopist	12	41	19	22
Senior Microscopist	12	10	3	7
Account Assistant (IRMNCH)	11	7	6	1
Accounts Assistant	11	11	8	3
Junior Clerk	11	296	218	78
Statistical Assistant	11	4	0	4
Ahlmad (Civil)	9	2	0	2
Almoner	9	4	1	3
Anaesthesia Assistant	9	132	51	81
Assistant Physiotherapist	9	1	0	1
Blood Technician	9	4	0	4
CDC Supervisor	9	892	689	203
Dental Technician	9	155	110	45
Dialysis Technician	9	21	11	10

Dispenser	9	2066	1710	356
ECG Technician	9	57	25	32
Health Technician	9	169	85	84
House Keeper	9	3	1	2
Insect Collector	9	19	14	5
Junior Microscopist	9	12	5	7
Laboratory Assistant	9	302	212	90
Laboratory Technician	9	195	157	38
Lady Health Visitor (IRMNCH)	9	763	695	68
Midwife	9	1973	1548	425
Operation Theater Assistant	9	245	171	74
Operation Theater Technician	9	13	13	0
Ophthalmic Technician	9	66	23	43
Radiographer	9	211	164	47
Rural Health Inspector	9	186	88	98
Sanitary Inspector	9	790	641	149
Sanitary Supervisor	9	7	1	6
Tracer	9	7	6	1
X-Ray Technician	9	28	17	11
Artist	8	2	0	2
Electro Medical Technician	8	4	2	2
Imam Cum Khateeb	8	2	1	1
Junior Accountant	8	11	4	7
Account Clerk / Cashier	7	1	0	1
Account Supervisor (IRMNCH)	7	14	10	4
Lady Health Supervisor	7	824	693	131
Dresser	6	143	109	34
Store Keeper	6	73	43	30
Dental Assistant	5	30	19	11
Electrician	5	14	6	8
Junior Mechanic	5	7	1	6
Lady Health Worker	5	16022	14936	1086
Mechanic	5	4	3	1
Plumber	5	10	3	7
Vaccinator	5	1651	1338	313
Carpenter	4	4	2	2
Driver	4	1156	831	325
Security Guard	4	496	209	287
Security Guard (IRMNCH)	4	558	265	293
Daftry	3	19	5	14
Dark Room Assistant	3	20	8	12

Laboratory Attendant	3	82	60	22
Tubewell Operator	3	151	117	34
Ambulance Cleaner	2	2	1	1
Aya (IRMNCH)	2	568	317	251
Bahishti	2	26	17	9
Dental Attendant	2	4	3	1
Khalasi	2	5	5	0
Operation Theater Attendant	2	36	29	3
Dai	2	365	146	219
Ward Cleaner	2	413	260	153
Sanitary Patrol	2	618	501	117
Sweepress or Sweeper	2	497	328	169
Ward Attendant	2	45	25	20
Ward Aya	2	43	28	15
Ward boy	2	145	89	56
X-Ray Attendant	2	9	5	4
AC Mechanic	1	2	0	2
Aya	1	517	252	265
Baildar	1	138	122	16
Bearer	1	76	42	34
Chowkidar	1	1400	1213	187
Cook	1	148	80	68
Dhobi	1	66	46	20
Mali	1	303	241	62
Masalchi	1	26	15	11
Peon	1	1709	1508	201
Sanitary Worker	1	1575	1309	266
Stretcher Bearer	1	84	44	40
Ward Servant	1	998	760	238
Water Carrier	1	348	259	89
		55809	44746	11059

Annexure: Dispensaries by Division, District, Tehsils and Population in South Punjab are as under:

Division / District / Tehsil	No. of Dispensaries	Population (Census 2017)	Population Per Dispensary
<b>South Punjab</b>	<b>419</b>	<b>34993724</b>	<b>83517</b>
<b>Bahawalpur Division</b>	<b>173</b>	<b>11464031</b>	<b>66266</b>
<b>Bahawalpur District</b>	<b>67</b>	<b>3668106</b>	<b>54748</b>
Ahmadpur East	21	1078683	51366
Bahawalpur City	9	681696	75744
Bahawalpur Sadar	15	574950	38330
Hasilpur	9	456006	50667
Khairpur Tamewali	1	262628	262628
Yazman	12	614143	51179
<b>Bahawalnagar District</b>	<b>37</b>	<b>2981919</b>	<b>80592</b>
Bahawalnagar	8	815143	101893
Chishtian	7	691221	98746
Fort Abbas	8	423529	52941
Haroonabad	9	525598	58400
Minchinabad	5	526428	105286
<b>R.Y.Khan District</b>	<b>69</b>	<b>4814006</b>	<b>69768</b>
Khanpur	14	983415	70244
Liaquatpur	14	1035509	73965
R. Y. Khan	26	1530330	58859
Sadiqabad	15	1264752	84317
<b>D.G.Khan Division</b>	<b>142</b>	<b>11264532</b>	<b>79328</b>
<b>D.G.Khan District</b>	<b>34</b>	<b>3084631</b>	<b>90724</b>
D. G. Khan	9	1439042	159894
Kot Chutta	3	757403	252468
Taunsa Sharif	6	675756	112626
Tribal Area	16	212430	13277
<b>Layyah District</b>	<b>34</b>	<b>1824230</b>	<b>53654</b>
Layyah	10	977391	97739
Karor	16	594639	37165
Choubara	8	252200	31525
<b>Muzaffargarh District</b>	<b>44</b>	<b>4325483</b>	<b>98306</b>
Muzaffargarh	26	1624472	62480
Kotadu	9	1346687	149632
Alipur	6	639748	106625
Jatoi	3	714576	238192
<b>Rajanpur District</b>	<b>30</b>	<b>2030188</b>	<b>67673</b>
Jampur	22	849086	38595

Rajanpur	8	775328	96916
Rojhan	0	405774	n.a
<b>Multan Division</b>	<b>104</b>	<b>12265161</b>	<b>117934</b>
<b>Multan District</b>	<b>34</b>	<b>4745109</b>	<b>139562</b>
Jalalpur Pirwala	8	554152	69269
Multan City	10	2258570	225857
Multan Sadar	10	1322756	132276
Shujabad	6	609631	101605
<b>Khanewal District</b>	<b>14</b>	<b>2921986</b>	<b>208713</b>
Khanewal	3	856793	285598
Mian Channu	4	761971	190493
Kabirwala	4	959861	239965
Jahanian	3	343361	114454
<b>Lodhran District</b>	<b>16</b>	<b>1700620</b>	<b>106289</b>
Dunyapur	7	495013	70716
Karor Pacca	3	500939	166980
Lodhran	6	704668	117445
<b>Vehari District</b>	<b>40</b>	<b>2897446</b>	<b>72436</b>
Vehari	16	928166	58010
Mailsi	14	953895	68135
Burewala	10	1015385	101539

RHCs by Division, District, Tehsils and Population in South Punjab are as under:

Division / District / Tehsil	No. of Units		Population (Census 2017)	Population Per	
	RHC	Beds		RHC	Beds
<b>South Punjab</b>	<b>374</b>	<b>2380</b>	<b>34993724</b>	<b>93566</b>	<b>14703</b>
<b>Bahawalpur Division</b>	<b>42</b>	<b>840</b>	<b>11464031</b>	<b>272953</b>	<b>13648</b>
<b>Bahawalpur District</b>	13	260	<b>3668106</b>	<b>282162</b>	<b>14108</b>
Ahmadpur East	4	80	1078683	269671	13484
Bahawalpur City	1	20	681696	681696	34085
Bahawalpur Sadar	3	60	574950	191650	9583
Hasilpur	2	40	456006	228003	11400
Khairpur Tamewali	0	0	262628	n.a	n.a
Yazman	3	60	614143	204714	10236
<b>Bahawalnagar District</b>	<b>10</b>	<b>200</b>	<b>2981919</b>	<b>298192</b>	<b>14910</b>
Bahawalnagar	2	40	815143	407572	20379
Chishtian	3	60	691221	230407	11520
Fort Abbas	2	40	423529	211765	10588
Haroonabad	1	20	525598	525598	26280
Minchinabad	2	40	526428	263214	13161

<b>R.Y.Khan District</b>	<b>19</b>	<b>380</b>	<b>4814006</b>	<b>253369</b>	<b>12668</b>
Khanpur	4	80	983415	245854	12293
Liaquatpur	5	100	1035509	207102	10355
R. Y. Khan	5	100	1530330	306066	15303
Sadiqabad	5	100	1264752	252950	12648
<b>D.G.Khan Division</b>	<b>39</b>	<b>780</b>	<b>11264532</b>	<b>288834</b>	<b>14442</b>
<b>D.G.Khan District</b>	<b>11</b>	<b>220</b>	<b>3084631</b>	<b>280421</b>	<b>14021</b>
D. G. Khan	6	120	1439042	239840	11992
Kot Chutta	2	40	757403	378702	18935
Taunsa Sharif	2	40	675756	337878	16894
Tribal Area	1	20	212430	212430	10622
<b>Layyah District</b>	<b>6</b>	<b>120</b>	<b>1824230</b>	<b>304038</b>	<b>15202</b>
Layyah	5	100	977391	195478	9774
Karor	1	20	594639	594639	29732
Choubara	0	0	252200	n.a	n.a
<b>Muzaffargarh District</b>	<b>15</b>	<b>300</b>	<b>4325483</b>	<b>288366</b>	<b>14418</b>
Muzaffargarh	8	160	1624472	203059	10153
Kotadu	4	80	1346687	336672	16834
Alipur	2	40	639748	319874	15994
Jatoi	1	20	714576	714576	35729
<b>Rajanpur District</b>	<b>7</b>	<b>140</b>	<b>2030188</b>	<b>290027</b>	<b>14501</b>
Jampur	4	80	849086	212272	10614
Rajanpur	2	40	775328	387664	19383
Rojhan	1	20	405774	405774	20289
<b>Multan Division</b>		<b>760</b>	<b>12265161</b>	<b>322767</b>	<b>16138</b>
	293				
<b>Multan District</b>		<b>240</b>	<b>4745109</b>	<b>395426</b>	<b>19771</b>
	89				
Jalalpur Pirwala		20	554152	554152	27708
	16				
Multan City		80	2258570	564643	28232
	9				
Multan Sadar		100	1322756	264551	13228
	50				
Shujabad		40	609631	304816	15241
	14				
<b>Khanewal District</b>		<b>160</b>	<b>2921986</b>	<b>365248</b>	<b>18262</b>
	82				
Khanewal		40	856793	428397	21420
	20				
Mian Channu		20	761971	761971	38099
	20				
Kabirwala		80	959861	239965	11998
	31				
Jahanian		20	343361	343361	17168
	11				
<b>Lodhran District</b>		<b>80</b>	<b>1700620</b>	<b>425155</b>	<b>21258</b>
	48				
Dunyapur		40	495013	247507	12375
	14				

Karor Pacca	16	0	500939	na	na
Lodhran	18	40	704668	352334	17617
<b>Vehari District</b>	<b>74</b>	<b>280</b>	<b>2897446</b>	<b>206960</b>	<b>10348</b>
Vehari	22	140	928166	132595	6630
Mailsi	28	80	953895	238474	11924
Burewala	24	60	1015385	338462	16923

#### BHUs by Division , District and Tehsil and Population in South Punjab

Division / District / Tehsil	No. of Units		Population (Census 2017)	Population Per	
	BHU	Beds		BHU	Beds
<b>South Punjab</b>	<b>787</b>	<b>1530</b>	<b>34993724</b>	<b>44465</b>	<b>22872</b>
<b>Bahawalpur Division</b>	<b>295</b>	<b>564</b>	<b>11464031</b>	<b>38861</b>	<b>20326</b>
<b>Bahawalpur District</b>	<b>84</b>	<b>150</b>	<b>3668106</b>	<b>43668</b>	<b>24454</b>
Ahmadpur East	25	50	1078683	43147	21574
Bahawalpur City	14	10	681696	48693	68170
Bahawalpur Sadar	11	22	574950	52268	26134
Hasilpur	11	22	456006	41455	20728
Khairpur Tamewali	8	16	262628	32829	16414
Yazman	15	30	614143	40943	20471
<b>Bahawalnagar District</b>	<b>103</b>	<b>206</b>	<b>2981919</b>	<b>28951</b>	<b>14475</b>
Bahawalnagar	26	52	815143	31352	15676
Chishtian	24	48	691221	28801	14400
Fort Abbas	14	28	423529	30252	15126
Haroonabad	21	42	525598	25028	12514
Minchinabad	18	36	526428	29246	14623
<b>R.Y.Khan District</b>	<b>108</b>	<b>208</b>	<b>4814006</b>	<b>44574</b>	<b>23144</b>
Khanpur	22	44	983415	44701	22350
Liaquatpur	28	56	1035509	36982	18491
R. Y. Khan	34	60	1530330	45010	25506
Sadiqabad	24	48	1264752	52698	26349
<b>D.G.Khan Division</b>	<b>199</b>	<b>384</b>	<b>11264532</b>	<b>56606</b>	<b>29335</b>
<b>D.G.Khan District</b>	<b>54</b>	<b>106</b>	<b>3084631</b>	<b>57123</b>	<b>29100</b>
D. G. Khan	15	28	1439042	95936	51394
Kot Chutta	15	30	757403	50494	25247
Taunsa Sharif	16	32	675756	42235	21117
Tribal Area	8	16	212430	26554	13277
<b>Layyah District</b>	<b>36</b>	<b>72</b>	<b>1824230</b>	<b>50673</b>	<b>25337</b>
Layyah	14	28	977391	69814	34907

Karor	16	32	594639	37165	18582
Choubara	6	12	252200	42033	21017
<b>Muzaffargarh District</b>	<b>77</b>	<b>142</b>	<b>4325483</b>	<b>56175</b>	<b>30461</b>
Muzaffargarh	31	50	1624472	52402	32489
Kotadu	20	40	1346687	67334	33667
Alipur	13	26	639748	49211	24606
Jatoi	13	26	714576	54967	27484
<b>Rajanpur District</b>	<b>32</b>	<b>64</b>	<b>2030188</b>	<b>63443</b>	<b>31722</b>
Jampur	13	26	849086	65314	32657
Rajanpur	12	24	775328	64611	32305
Rojhan	7	14	405774	57968	28984
<b>Multan Division</b>	<b>293</b>	<b>582</b>	<b>12265161</b>	<b>41861</b>	<b>21074</b>
<b>Multan District</b>	<b>89</b>	<b>174</b>	<b>4745109</b>	<b>53316</b>	<b>27271</b>
Jalalpur Pirwala	16	32	554152	34635	17317
Multan City	9	14	2258570	250952	161326
Multan Sadar	50	100	1322756	26455	13228
Shujabad	14	28	609631	43545	21773
<b>Khanewal District</b>	<b>82</b>	<b>164</b>	<b>2921986</b>	<b>35634</b>	<b>17817</b>
Khanewal	20	40	856793	42840	21420
Mian Channu	20	40	761971	38099	19049
Kabirwala	31	62	959861	30963	15482
Jahanian	11	22	343361	31215	15607
<b>Lodhran District</b>	<b>48</b>	<b>96</b>	<b>1700620</b>	<b>35430</b>	<b>17715</b>
Dunyapur	14	28	495013	35358	17679
Karor Pacca	16	32	500939	31309	15654
Lodhran	18	36	704668	39148	19574
<b>Vehari District</b>	<b>74</b>	<b>148</b>	<b>2897446</b>	<b>39155</b>	<b>19577</b>
Vehari	22	44	928166	42189	21095
Mailsi	28	56	953895	34068	17034
Burewala	24	48	1015385	42308	21154



## Population Per Total Facilities By Division

Keeping in view the population and health facilities in South Punjab, following HFs are required to fill the gap as per P&D Department guidelines:

DHQ Hospital	District level for population of 2.0 Million
THQ Hospital	Tehsil level for population of about 0.5 to 1.0 Million
RHC	Police Station/ Markaz level for pop of 0.1 Million
BHU	UC level for population of 25000

Division / District / Tehsil	No. of Units		Population (Census 2017)	Population Per		Health Facilities required			
	Health Facilities	Beds		Health Facility	Beds	Hospital	RHC	BHU	Sehat Ghar
<b>South Punjab</b>	<b>1543</b>	<b>15385</b>	<b>34993724</b>	<b>22679</b>	<b>2275</b>	<b>25</b>	<b>3</b>	<b>45</b>	<b>392</b>
<b>Bahawalpur Division</b>	<b>598</b>	<b>5669</b>	<b>11464031</b>	<b>19171</b>	<b>2022</b>	<b>10</b>	<b>-</b>	<b>14</b>	<b>94</b>
<b>Bahawalpur District</b>	<b>188</b>	<b>2707</b>	<b>3668106</b>	<b>19511</b>	<b>1355</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>90</b>
Ahmadpur East	53	222	1078683	20353	4859	1	-	-	15
Bahawalpur City	38	2066	681696	17939	330	1	-	-	20
Bahawalpur Sadar	30	127	574950	19165	4527	1	-	-	15
Hasilpur	26	102	456006	17539	4471	1	-	-	15
Khairpur Tamewali	10	56	262628	26263	4690	1	-	-	10
Yazman	31	134	614143	19811	4583	1	-	-	15
<b>Bahawalnagar District</b>	<b>199</b>	<b>1181</b>	<b>2981919</b>	<b>14985</b>	<b>2525</b>	<b>3</b>	<b>-</b>	<b>11</b>	<b>4</b>
Bahawalnagar	51	635	815143	15983	1284	1	-	-	4
Chishtian	46	168	691221	15027	4114	2	-	4	-
Fort Abbas	35	140	423529	12101	3025	-	-	2	-
Haronabad	38	122	525598	13832	4308	-	-	2	-
Minchinabad	29	116	526428	18153	4538	-	-	3	-
<b>R.Y.Khan District</b>	<b>211</b>	<b>1781</b>	<b>4814006</b>	<b>22815</b>	<b>2703</b>	<b>1</b>	<b>-</b>	<b>3</b>	<b>-</b>

Khanpur	44	234	983415	22350	4203	1	-	-	-
Liaquatpur	48	216	1035509	21573	4794	-	-	1	-
R. Y. Khan	72	1123	1530330	21255	1363	-	-	1	-
Sadiqabad	47	208	1264752	26910	6081	-	-	1	-
<b>D.G.Khan Division</b>	<b>446</b>	<b>4000</b>	<b>11264532</b>	<b>25257</b>	<b>2816</b>	<b>8</b>	<b>-</b>	<b>12</b>	<b>166</b>
<b>D.G.Khan District</b>	<b>110</b>	<b>1260</b>	<b>3084631</b>	<b>28042</b>	<b>2448</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>110</b>
D. G. Khan	36	882	1439042	39973	1632	-	-	-	36
Kot Chutta	22	150	757403	34427	5049	1	-	-	22
Taunsa Sharif	26	172	675756	25991	3929	1	-	-	26
Tribal Area	26	56	212430	8170	3793	1	-	-	26
<b>Layyah District</b>	<b>86</b>	<b>804</b>	<b>1824230</b>	<b>21212</b>	<b>2269</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>
Layyah	35	580	977391	27925	1685	1	-	-	-
Karor	35	172	594639	16990	3457	-	-	-	-
Choubara	16	52	252200	15763	4850	-	-	-	-
<b>Muzaffargarh District</b>	<b>175</b>	<b>1415</b>	<b>4325483</b>	<b>24717</b>	<b>3057</b>	<b>3</b>	<b>-</b>	<b>9</b>	<b>3</b>
Muzaffargarh	83	949	1624472	19572	1712	-	-	4	2
Kotadu	44	260	1346687	30607	5180	3	-	2	1
Alipur	29	128	639748	22060	4998	-	-	2	-
Jatoi	19	78	714576	37609	9161	-	-	1	-
<b>Rajanpur District</b>	<b>75</b>	<b>521</b>	<b>2030188</b>	<b>27069</b>	<b>3897</b>	<b>1</b>	<b>-</b>	<b>3</b>	<b>53</b>
Jampur	41	190	849086	20709	4469	1	-	2	8
Rajanpur	24	205	775328	32305	3782	-	-	1	15
Rojhan	10	126	405774	40577	3220	-	-	-	20
<b>Multan Division</b>	<b>499</b>	<b>5716</b>	<b>12265161</b>	<b>24579</b>	<b>2146</b>	<b>7</b>	<b>3</b>	<b>19</b>	<b>132</b>
<b>Multan District</b>	<b>176</b>	<b>3584</b>	<b>4745109</b>	<b>26961</b>	<b>1324</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>16</b>
Jalalpur	27	112	554152	20524	4948		1	4	4

Pirwala									
Multan City	54	3136	2258570	41825	720	1		-	4
Multan Sadar	70	200	1322756	18897	6614	-	1	1	4
Shujabad	25	136	609631	24385	4483	-	1	1	4
<b>Khanewal District</b>	<b>114</b>	<b>757</b>	<b>2921986</b>	<b>25631</b>	<b>3860</b>	<b>2</b>	<b>-</b>	<b>5</b>	<b>60</b>
Khanewal	30	353	856793	28560	2427	1	-	2	15
Mian Channu	27	120	761971	28221	6350	-	-	2	15
Kabirwala	41	202	959861	23411	4752	1	-	-	15
Jahanian	16	82	343361	21460	4187	-	-	1	15
<b>Lodhran District</b>	<b>72</b>	<b>395</b>	<b>1700620</b>	<b>23620</b>	<b>4305</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>45</b>
Dunyapur	24	112	495013	20626	4420	1	-	-	15
Karor Pacca	21	76	500939	23854	6591	-	-	-	15
Lodhran	27	207	704668	26099	3404	-	-	-	15
<b>Vehari District</b>	<b>137</b>	<b>980</b>	<b>2897446</b>	<b>21149</b>	<b>2957</b>	<b>3</b>	<b>-</b>	<b>8</b>	<b>11</b>
Vehari	49	494	928166	18942	1879	1	-	2	4
Mailsi	48	296	953895	19873	3223	1	-	2	4
Burewala	40	190	1015385	25385	5344	1	-	8	3

Annexure-

**BAHAWALNAGAR DISTRICT AT A GLANCE**

Area	8878Sq.Kms.
Population - 1998	2061447 persons
Male	1067411 (51.78%)
Female	994036 (48.22 %)
Sex Ratio (males per 100 females)	107.4
Populaltion Density	232.2 per Sq. Km
Urban Population	392801 (19.05%)
Rural Population	1668646 (80.95 %)
Average Household Size	6.7
Literacy Ratio (10 +)	35.1%
Male	45.52 %
Female	23.78 %
Population - 1981	1373747 persons
Average Annual Growth Rate (1981 - 98)	2.41 %
Total Housing Units	307133
Pacca Housing Units	116901 (38.06%)
Housing Units having Electricity	162926 (53.05 %)
Housing Units having Piped Water	82601(26.89 %)
Housing Units using Gas for Cooking	6924 (2.25 %)
Administrative Units	
Tehsils	05
Union Councils	118
Mauzas	1098
Municipal Committees	03
Town Committees	05

Annexure-

**BAHAWALPUR DISTRICT AT A GLANCE**

Area	24830Sq.Kms.
Population - 1998	2433091 persons
Male	1278775 (52.56%)
Female	1154316 ( 47.44 %)
Sex Ratio (males per 100 females)	110.8
Populaltion Density	98.0 per Sq. Km
Urban Population	665304 (27.34 %)
Rural Population	1767787 (72.66 %)
Average Household Size	6.9
Literacy Ratio (10 +)	35.0%
Male	44.86 %
Female	23.95%
Population - 1981	1453438 persons
Average Annual Growth Rate (1981 - 98)	3.08%
Total Housing Units	354356
Pacca Housing Units	164666 (46.47%)
Housing Units having Electricity	176982 (49.94 %)
Housing Units having Piped Water	56860 (16.04 %)
Housing Units using Gas for Cooking	39837 (11.24 %)
Administrative Units	
Tehsils	05
Union Councils	108
Mauzas	1216
Municipal Committees	04
Town Committees	03
Cantonment	01

Annexure-

**DERA GHAZI KHAN DISTRICT AT A GLANCE**

Area	11922 Sq.Kms.
Population - 1998	1643118 persons
Male	853782 (51.96 %)
Female	789336 (48.04 %)
Sex Ratio (males per 100 females)	108.2
Population Density	137.8 per Sq. Km
Urban Population	228839 (13.93 %)
Rural Population	1414279 (86.07 %)
Average Household Size	7.9
Literacy Ratio (10 +)	30.6 %
Male	42.1 %
Female	18.1 %
Population - 1981	943663 persons
Average Annual Growth Rate (1981 - 98)	3.31 %
Total Housing Units	209255
Pacca Housing Units	59228 (28.30 %)
Housing Units having Electricity	117121 (55.97 %)
Housing Units having Piped Water	40770 (19.48 %)
Housing Units using Gas for Cooking	10240 (4.89 %)
Administrative Units	
Tehsils	02
Union Councils	59
Mauzas	826
Municipal Committee	01
Town Committee	01

Annexure-

**KHANEWAL DISTRICT AT A GLANCE**

Area	4349 Sq.Kms.
Population - 1998	2068490 persons
Male	1072492 (51.85 %)
Female	995998 (48.15 %)
Sex Ratio (males per 100 females)	107.7
Population Density	475.6 per Sq. Km
Urban Population	364261 (17.61 %)
Rural Population	1704229 (82.39 %)
Average Household Size	7.1
Literacy Ratio (10 +)	39.9 %
Male	53.6 %
Female	25.1 %
Population - 1981	1369766 persons
Average Annual Growth Rate (1981 - 98)	2.45 %
Total Housing Units	292796
Pacca Housing Units	102955 (35.16 %)
Housing Units having Electricity	165200 (56.42 %)
Housing Units having Piped Water	35220 (12.03 %)
Housing Units using Gas for Cooking	27034 (9.23 %)
Administrative Units	
Tehsils	04
Union Councils	101
Mauzas	670
Municipal Committees	02
Town Committees	06

Annexure-

**LAYYAH DISTRICT AT A GLANCE**

Area	6291Sq.Kms.
Population - 1998	1120951 persons
Male	579009 (51.65%)
Female	541942 (48.35 %)
Sex Ratio (males per 100 females)	106.8
Populaltion Density	178.2 per Sq. Km
Urban Population	144203 (12.86%)
Rural Population	976748 (87.14 %)
Average Household Size	7.3
Literacy Ratio (10 +)	38.7%
Male	52.98%
Female	23.39 %
Population - 1981	66651 persons
Average Annual Growth Rate (1981 - 98)	3.10%
Total Housing Units	152050
Pacca Housing Units	42311 (27.82%)
Housing Units having Electricity	70888 (46.62 %)
Housing Units having Piped Water	7850 (5.16 %)
Housing Units using Gas for Cooking	1609 (1.05 %)
Administrative Units	
Tehsils	03
Union Councils	44
Mauzas	720
Municipal Committees	03
Town Committees	01



Annexure-

**LODHRAN DISTRICT AT A GLANCE**

Area	2778Sq.Kms.
Population - 1998	1171800 persons
Male	609202 (51.98%)
Female	562598 (48.01 %)
Sex Ratio (males per 100 females)	108.3
Population Density	421.8 per Sq. Km
Urban Population	170088 (14.51%)
Rural Population	1001712 (85.48 %)
Average Household Size	7.3
Literacy Ratio (10 +)	29.9%
Male	42.7 %
Female	16.0 %
Population - 1981	739912 persons
Average Annual Growth Rate (1981 - 98)	2.74 %
Total Housing Units	161437
Pacca Housing Units	54369 (33.67%)
Housing Units having Electricity	83988 (52.03 %)
Housing Units having Piped Water	21510(13.32 %)
Housing Units using Gas for Cooking	1866 (1.15 %)
Administrative Units	
Tehsils	03
Union Councils	75
Mauzas	438
Municipal Committees	02
Town Committees	02

Annexure-

**MUZAFFARGARH DISTRICT AT A GLANCE**

Area	8249Sq.Kms.
Population - 1998	2635903 persons
Male	1373036 (53.09%)
Female	1262867 ( 47.91 %)
Sex Ratio (males per 100 females)	108.7
Populaltion Density	319.5 per Sq. Km
Urban Population	341345 (12.95 %)
Rural Population	2294558 (87.05 %)
Average Household Size	7.4
Literacy Ratio (10 +)	28.5%
Male	40.87 %
Female	14.77%
Population - 1981	1497736 persons
Average Annual Growth Rate (1981 - 98)	3.38%
Total Housing Units	358144
Pacca Housing Units	100064 (27.94%)
Housing Units having Electricity	183554 (51.25 %)
Housing Units having Piped Water	21362 (5.96 %)
Housing Units using Gas for Cooking	14228 (3.97 %)
Administrative Units	
Tehsils	04
Union Councils	93
Mauzas	975
Municipal Committees	02
Town Committees	06

Annexure-

**RAHIM YAR KHAN DISTRICT AT A GLANCE**

Area	11880Sq.Kms.
Population - 1998	3141053 persons
Male	1636864 (52.11%)
Female	1504189 (47.89 %)
Sex Ratio (males per 100 females)	108.8
Populaltion Density	264.4 per Sq. Km
Urban Population	616582 (19.63 %)
Rural Population	2524471 (80.37 %)
Average Household Size	7.5
Literacy Ratio (10 +)	33.1%
Male	43.40 %
Female	21.82%
Population - 1981	1841451 persons
Average Annual Growth Rate (1981 - 98)	3.19%
Total Housing Units	416215
Pacca Housing Units	185771 (44.63%)
Housing Units having Electricity	220167 (52.90 %)
Housing Units having Piped Water	63894 (15.35 %)
Housing Units using Gas for Cooking	38187 (9.17 %)
Administrative Units	
Tehsils	04
Union Councils	121
Mauzas	1504
Municipal Committees	03
Town Committees	05

Annexure-

**RAJANPUR DISTRICT AT A GLANCE**

Area	12318Sq.Kms.
Population - 1998	1103618 persons
Male	580822 (52.63%)
Female	522796 ( 47.37 %)
Sex Ratio (males per 100 females)	111.1
Populaltion Density	89.6 per Sq. Km
Urban Population	160155 (14.51 %)
Rural Population	943463 (85.49 %)
Average Household Size	7.3
Literacy Ratio (10 +)	20.7%
Male	29.0 %
Female	11.3 %
Population - 1981	638921 persons
Average Annual Growth Rate (1981 - 98)	3.27 %
Total Housing Units	151733
Pacca Housing Units	25598 (16.87%)
Housing Units having Electricity	61372 (40.44 %)
Housing Units having Piped Water	12895(8.49 %)
Housing Units using Gas for Cooking	953 (0.63 %)
Administrative Units	
Tehsils	03
Union Councils	47
Mauzas	532
Municipal Committees	02
Town Committees	04

Annexure-

**VEHARI DISTRICT AT A GLANCE**

Area	4364Sq.Kms.
Population - 1998	2090416 persons
Male	1083812 (51.85%)
Female	1006604 (48.15 %)
Sex Ratio (males per 100 females)	107.7
Populaltion Density	479.0 per Sq. Km
Urban Population	335432 (16.05 %)
Rural Population	1754984 (83.95 %)
Average Household Size	6.9
Literacy Ratio (10 +)	36.8%
Male	49.40 %
Female	23.18%
Population - 1981	1328808 persons
Average Annual Growth Rate (1981 - 98)	2.70%
Total Housing Units	301201
Pacca Housing Units	133031 (44.17%)
Housing Units having Electricity	191163 (63.47 %)
Housing Units having Piped Water	51888 (17.23 %)
Housing Units using Gas for Cooking	7640 (2.54 %)
Administrative Units	
Tehsils	03
Union Councils	89
Mauzas	774
Municipal Committees	03
Town Committees	03

Annexure-

**MULTAN DISTRICT AT A GLANCE**

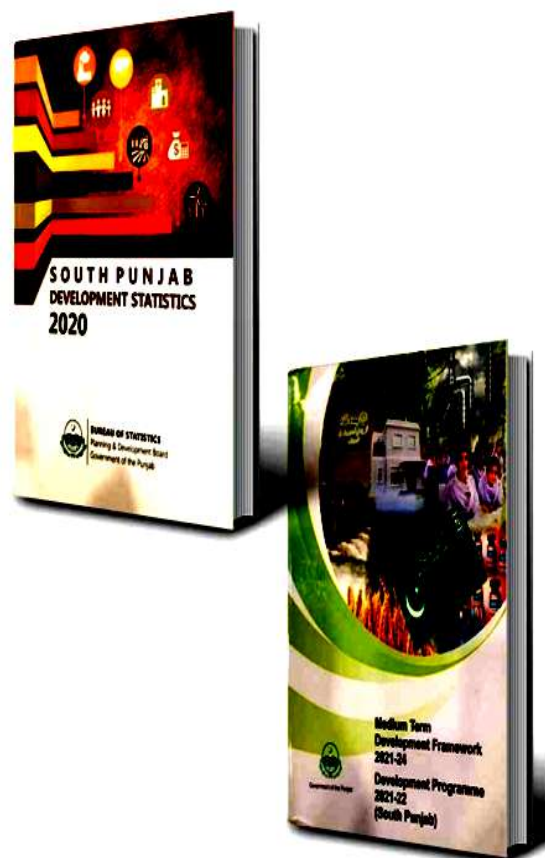
Area	3720Sq.Kms.
Population - 1998	3116851 persons
Male	1635768 (52.48%)
Female	1481083 ( 47.52 %)
Sex Ratio (males per 100 females)	110.4
Populaltion Density	837.9 per Sq. Km
Urban Population	1314748 (42.18 %)
Rural Population	1802103 (57.82 %)
Average Household Size	7.2
Literacy Ratio (10 +)	43.4%
Male	53.25 %
Female	32.28%
Population - 1981	1970075 persons
Average Annual Growth Rate (1981 - 98)	2.73%
Total Housing Units	433362
Pacca Housing Units	215429 (49.71%)
Housing Units having Electricity	301527 (69.58 %)
Housing Units having Piped Water	93825 (21.65 %)
Housing Units using Gas for Cooking	125548 (28.97 %)
Administrative Units	
Tehsils	04
Union Councils	124
Mauzas	527
Municipal Committees	02
Town Committees	03
Cantonment	01

## Annexure- Development Outlay of South Punjab

### ADP 2021-22 (SOUTH PUNJAB)

For the first time ever in the development history of the Punjab, separate volume of ADP 2021-22 South Punjab has been published. Government of the Punjab has allocated Rs.189 Billion out of total development budget of Rs. 560 Billion to South Punjab. Due to ring fencing the above amount would not be utilised elsewhere in the Punjab.

SECTOR	ALLOCATION 2021-22 SOUTH PUNJAB (PKR Million)
School Education	15,362
Higher Education	4,866
Special Education	157
Literacy & Non-Formal Education	1,015
Sports & Youth Affairs	1,806
Specialized Health Care & Medical Education	28,304
Primary & Secondary Healthcare	5,886
Population Welfare	664
Water Supply & Sanitation	4,889
Social Welfare	349
Women Development	46
LG&CD	7,361
Roads	22,520
Irrigation	7,901
Energy	1,898
Public Buildings	7,679
Urban Development	3,967
Agriculture	11,086
Forestry	1,127
Wildlife	213
Fisheries	274
Food	236
Livestock & Dairy Development	1,987
Industries, Commerce & Investment	4,057
Mines & Minerals	340
Tourism	316
Governance & Information Technology	1,205
Labour & HR Development	147
Transport	365
Emergency Service (1122)	464
Environment & Climate Change	1,488
Information & Culture	152
Archaeology	193
Auqaf & Religious Affairs	248
Human Rights & Minority Affairs	875
Planning & Development	14,083
Special Programme / Initiatives	35,702
<b>Grand Total</b>	<b>189,22</b>



## Salary Wise South Punjab Vs All Punjab

Row Labels	Final Budget	Budget Released	Expenditure	South Final	South Released	South Exp
<b>Health</b>						
<b>2017-18</b>						
Non Salary	92,368,729,663	89,939,813,802	72,176,985,806	12,700,020,866	12,182,837,746	10,840,257,037
Salary	97,624,829,425	89,841,020,380	91,833,426,214	27,335,205,482	24,246,032,469	26,386,037,821
<b>2017-18 Total</b>	<b>189,993,559,088</b>	<b>179,780,834,182</b>	<b>164,010,412,020</b>	<b>40,035,226,348</b>	<b>36,428,870,215</b>	<b>37,226,294,858</b>
<b>2018-19</b>						
Non Salary	99,310,315,198	95,968,578,856	89,664,230,799	17,043,280,516	15,858,529,182	14,238,316,708
Salary	115,909,107,416	112,844,623,643	108,317,294,656	33,733,460,442	32,360,119,752	31,600,417,144
<b>2018-19 Total</b>	<b>215,219,422,614</b>	<b>208,813,202,499</b>	<b>197,981,525,455</b>	<b>50,776,740,958</b>	<b>48,218,648,934</b>	<b>45,838,733,852</b>
<b>2019-20</b>						
Non Salary	116,591,958,106	114,271,995,379	105,023,616,928	18,890,275,047	18,416,034,424	16,597,582,537
Salary	124,857,811,770	122,926,682,595	117,336,867,721	37,506,765,322	36,616,363,182	34,188,700,711
<b>2019-20 Total</b>	<b>241,449,769,876</b>	<b>237,198,677,974</b>	<b>222,360,484,649</b>	<b>56,397,040,369</b>	<b>55,032,397,606</b>	<b>50,786,283,248</b>



## ANNEXURES

### Infrastructure at Basic Health Units

Table: Number of BHUs having infrastructure components for **main building**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)				
	No repair required	Minor repair required	Major repair required	Not Available	Irreparable
Bahawalnagar	21	73	4	1	4
Bahawalpur	33	37	4		1
Dera Ghazi Khan	23	23	3		4
Khanewal	33	45	1		2
Layyah	16	20			
Lodhran	19	29			
Multan	33	46		1	2
Muzaffargarh	35	37			
Rahim Yar Khan	56	47			1
Rajanpur	6	26			
Vehari	24	50			
<b>Grand Total</b>	<b>299</b>	<b>433</b>	<b>12</b>	<b>2</b>	<b>14</b>

Table: Number of BHUs having infrastructure components for **Labour Room**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)				
	No repair required	Minor repair required	Major repair required	Not Available	Irreparable
Bahawalnagar	50	52	1		-

Bahawalpur	49	25		1	-
Dera Ghazi Khan	36	15	2		-
Khanewal	48	32		1	-
Layyah	25	11			-
Lodhran	18	30			-
Multan	57	25			-
Muzaffargarh	14	56	2		-
Rahim Yar Khan	23	80	1		-
Rajanpur	11	21			-
Vehari	25	49			-
<b>Grand Total</b>	<b>356</b>	<b>396</b>	<b>6</b>	<b>2</b>	<b>-</b>

Table: Number of BHUs having infrastructure components for **Labour Room Toilet**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)				
	No repair required	Minor repair required	Major repair required	Not Available	Irreparable
Bahawalnagar	71	2	1	5	-
Bahawalpur	48	10	1	1	-
Dera Ghazi Khan	38	2			-
Khanewal	33	1		1	-
Layyah	22				-
Lodhran	16				-
Multan	72	4			-
Muzaffargarh	23	1			-
Rahim Yar Khan	14	2			-

Rajanpur	3				-
Vehari	24	4			-
<b>Grand Total</b>	<b>364</b>	<b>26</b>	<b>2</b>	<b>7</b>	<b>-</b>

Table: Number of BHUs having infrastructure components for **Boundary Wall**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)				
	No repair required	Raising required	Portion missing	Not Available	Irreparable
Bahawalnagar	51	5	34	13	-
Bahawalpur	41	5	23	6	-
Dera Ghazi Khan	21		23	9	-
Khanewal	53	1	26	1	-
Layyah	32		4		-
Lodhran	28		15	5	-
Multan	61	2	16	3	-
Muzaffargarh	60	3	8	1	-
Rahim Yar Khan	47		50	7	-
Rajanpur	22	2	7	1	-
Vehari	63	7		4	-
<b>Grand Total</b>	<b>479</b>	<b>25</b>	<b>206</b>	<b>50</b>	<b>-</b>

Table: Number of BHUs having Infrastructure component for **staff residence**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)		
	Not Available	Need Minor repair	Need Major repair
Bahawalnagar	4	50	3
Bahawalpur	60	15	30
Dera Ghazi Khan	6	28	6
Khanewal	1	30	5
Layyah		9	3
Lodhran	1	5	15
Multan	3	30	11
Muzaffargarh	2	28	4
Rahim Yar Khan	2	50	8
Rajanpur	0	5	2
Vehari	5	15	3
<b>Grand Total</b>	<b>84</b>	<b>265</b>	<b>90</b>

Table: Number of BHUs having Out look component of **White Wash**, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)		
	Good Condition	Averaged Condition	Poor Condition
Bahawalnagar	73	19	11
Bahawalpur	73	0	2
Dera Ghazi Khan	35	15	3

Khanewal	48	32	1
Layyah	22	9	5
Lodhran	18	30	0
Multan	100	-18	0
Muzaffargarh	76	-5	1
Rahim Yar Khan	44	59	1
Rajanpur	3	29	0
Vehari	19	54	1
<b>Grand Total</b>	<b>525</b>	<b>224</b>	<b>25</b>

Table: Number of BHUs having Out look component of *Lawns*, by type of their condition

Infrastructure Components	Situation at BHUs (n=760)				
	Good Condition	Averaged Condition	Poor Condition	Not Available	
Bahawalnagar	38	1	40	24	38
Bahawalpur	29	38	5	3	29
Dera Ghazi Khan	21	9	8	15	21
Khanewal	13	54	7	7	13
Layyah	9	20	4	3	9
Lodhran	8	34	6		8
Multan	33	35	11	3	33
Muzaffargarh	27	32	6	7	27
Rahim Yar Khan	21	66	13	4	21
Rajanpur	8	21	2	1	8

Vehari	21	41	11	1	21
<b>Grand Total</b>	<b>228</b>	<b>351</b>	<b>104</b>	<b>68</b>	<b>228</b>

**Table: Total 51 HEALTH FACILITIES HAVING ILLEGAL OCCUPATION EITHER IN PART OF MAIN BUILDING OR OFFICIAL RESIDENCES AT BASIC HEALTH UNITS IN SOUTH PUNJAB**

<b>Bahawalnagar</b>	
<b>1</b>	0310010010020130001 Rural Health Center, Madrissa, Bahawalnagar
<b>2</b>	0310010010020130002 Rural Health Center, Dunga Bunga, Bahawalnagar
<b>3</b>	0310010010020140001 Basic Health Unit, Khatranwala, Bahawalnagar
<b>4</b>	0310010010040140005 Basic Health Unit, Kot Makhdoom, Bahawalnagar
<b>5</b>	0310010010040140006 Basic Health Unit, Malik Pura, Bahawalnagar
<b>6</b>	0310010010040140007 Basic Health Unit, Mohib Ali, Bahawalnagar
<b>7</b>	0310010010040140009 Basic Health Unit, Mousa Bhutta, Bahawalnagar
<b>8</b>	0310010010040140021 Basic Health Unit, Kalia Shah, Bahawalnagar
<b>9</b>	0310010010040140022 Basic Health Unit, Kot Ahmad Yaar, Bahawalnagar
<b>10</b>	0310010010040140024 Basic Health Unit, Ghulab Ali, Bahawalnagar
<b>11</b>	0310010020020130001

	Rural Health Center, Meclod Ganj, Minchanabad, Bahawalnagar
<b>12</b>	0310010020020130002
	Rural Health Center, Mandi Sadiq Ganj, Minchanabad, Bahawalnagar
<b>13</b>	0310010020040140001
	Basic Health Unit, Said Ali, Minchanabad, Bahawalnagar
<b>14</b>	0310010020040140003
	Basic Health Unit, Bairwala, Minchanabad, Bahawalnagar
<b>15</b>	0310010020040140004
	Basic Health Unit, Bella Singh Kokera, Minchanabad, Bahawalnagar
<b>16</b>	0310010020040140010
	Basic Health Unit, Laleka, Minchanabad, Bahawalnagar
<b>17</b>	0310010020040140011
	Basic Health Unit, Akbar Mari Nihal, Minchanabad, Bahawalnagar
<b>18</b>	0310010020040140012
	Basic Health Unit, Khola Mirzeka, Minchanabad, Bahawalnagar
<b>19</b>	0310010020040140013
	Basic Health Unit, Muhammad Pur Sansaran, Minchanabad, Bahawalnagar
<b>20</b>	0310010020040140018
	Basic Health Unit, Dubber Shuker Gunj, Minchanabad, Bahawalnagar
<b>21</b>	0310010030020130004
	Rural Health Center, Shaheer Farid, Chishtian, Bahawalnagar
<b>22</b>	0310010030040140017
	Basic Health Unit, Dulla Bhederan, Chishtian, Bahawalnagar
<b>23</b>	0310010030040140024
	Basic Health Unit, Mahar Sharif, Chishtian, Bahawalnagar
<b>24</b>	0310010050020130002
	Rural Health Center, Khichi Wala, Fortabbas, Bahawalnagar

<b>25</b>	0310010050040140005
	Basic Health Unit, Chak No. 302/HR, Fortabbas, Bahawalnagar
<b>26</b>	0310010050040140011
	Basic Health Unit, Chak 260/HR, Fortabbas, Bahawalnagar
<b>27</b>	0310010050040140013
	Basic Health Unit, Chak 235/9R, Fortabbas, Bahawalnagar
<b>Bahawalpur</b>	
<b>1</b>	0310020020020130001
	Rural Health Center, Head Rajkan, Yazman, Bahawalpur
<b>2</b>	0310020020040130001
	Rural Health Center, Khutri Banglow, Yazman, Bahawalpur
<b>Dera Ghazi Khan</b>	
<b>1</b>	0320010010020130004
	Rural Health Center, Sarwar Wali, Dera Ghazi Khan
<b>2</b>	0320010010040140026
	Basic Health Unit, Wadoor, Dera Ghazi Khan
<b>3</b>	0320010030040140014
	Basic Health Unit, Mana Ahmadani, Kot Chutta, Dera Ghazi Khan
<b>Khanewal</b>	
<b>1</b>	0360040010040140003
	Basic Health Unit, 67/10-R, Khanewal
<b>2</b>	0360040030040140015
	Basic Health Unit, 121/15L, Mian Channu, Khanewal
<b>3</b>	0360040050020130001
	Rural Health Center, Thatha Sadiqabad, Jahanian, Khanewal
<b>Lodhran</b>	
<b>1</b>	0360060010020130001



	Rural Health Center, Gogran, Lodhran
2	0360060010040140016
	Basic Health Unit, Salsadar, Lodhran
3	0360060030040140006
	Basic Health Unit, Dakhna Gharoo, Kahrora Pacca, Lodhran
4	0360060030040140013
	Basic Health Unit, Noor Shah Gillani, Kahrora Pacca, Lodhran
<b>Multan</b>	
1	0360010010040140021
	Basic Health Unit, Khairabad, Multan Sadar, Multan
<b>Rahim Yar Khan</b>	
1	0310030010020130001
	Rural Health Center, Manthar Bangla, Rahim Yar Khan
2	0310030010020130005
	Rural Health Center, Rajan Pur Kalan, Rahim Yar Khan
3	0310030010040140024
	Basic Health Unit, Abadpur, Rahim Yar Khan
4	0310030040020130001
	Rural Health Center, Ahmad Pur Lamma, Sadiqabad, Rahim Yar Khan
5	0310030040040130001
	Rural Health Center, Bhong, Sadiqabad, Rahim Yar Khan
<b>Vehari</b>	
1	0360030010020130005
	Rural Health Center, Luddan, Vehari
2	0360030030020130003
	Rural Health Center, Tibba Sultan Pur, Mailsi, Vehari
3	0360030030020130004

	Rural Health Center, Jallah Jeem, Mailsi, Vehari
4	0360030030040140009
	Basic Health Unit, 335/WB, Mailsi, Vehari
5	0360030030040140011
	Basic Health Unit, Ali Wah, Mailsi, Vehari
6	0360030030040140023
	Basic Health Unit, Malko, Mailsi, Vehari
<b>Grand Total = 51</b>	

**Table: Detail of repair work at BHUs in District Vehari particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Vehari	Basic Health Unit, 155/WB, Vehari	N/A
2	Vehari	Basic Health Unit, 145/WB, Mailsi, Vehari	N/A
3	Vehari	Basic Health Unit, 535/EB, Vehari	N/A
4	Vehari	Basic Health Unit, Mirali, Mailsi, Vehari	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Vehari	Basic Health Unit, 128/EB, Burewala, Vehari	Incomplete
2	Vehari	Basic Health Unit, Chak No. 1/WB, Vehari	Incomplete
3	Vehari	Basic Health Unit, Kharala, Mailsi, Vehari	Incomplete
4	Vehari	Basic Health Unit, 231/EB, Burewala, Vehari	Incomplete
5	Vehari	Basic Health Unit, Chak No. 515/EB, Burewala, Vehari	Incomplete
6	Vehari	Basic Health Unit, 553/EB, Vehari	Incomplete
7	Vehari	Basic Health Unit, 199/EB, Burewala, Vehari	Incomplete
8	Vehari	Basic Health Unit, 158/WB, Mailsi, Vehari	Incomplete
9	Vehari	Basic Health Unit, Jamlera, Burewala, Vehari	Incomplete
10	Vehari	Basic Health Unit, 409/EB, Burewala, Vehari	Incomplete
11	Vehari	Basic Health Unit, Kot Kabir, Mailsi, Vehari	Incomplete
12	Vehari	Basic Health Unit, Chak No. 287/EB, Burewala, Vehari	Incomplete
13	Vehari	Basic Health Unit, 305/EB, Burewala, Vehari	Incomplete
14	Vehari	Basic Health Unit, 168/EB, Vehari	Incomplete
15	Vehari	Basic Health Unit, Kikri Kalan, Mailsi, Vehari	Incomplete
16	Vehari	Basic Health Unit, 190/WB, Mailsi, Vehari	Incomplete

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17	Vehari	Basic Health Unit, 187/WB, Mailsi, Vehari	Incomplete
18	Vehari	Basic Health Unit, Shatab Garh, Mailsi, Vehari	Incomplete
19	Vehari	Basic Health Unit, 455/EB, Burewala, Vehari	Incomplete
20	Vehari	Basic Health Unit, 5/WB, Vehari	Incomplete
21	Vehari	Basic Health Unit, 499/EB, Burewala, Vehari	Incomplete
22	Vehari	Basic Health Unit, Ali Wah, Mailsi, Vehari	Incomplete
23	Vehari	Basic Health Unit, Fazal Wah, Vehari	Incomplete
24	Vehari	Basic Health Unit, Chak No.10/WB, Vehari	Incomplete
25	Vehari	Basic Health Unit, Chak No.52/WB, Vehari	Incomplete
26	Vehari	Basic Health Unit, Chak No. 495/EB, Burewala, Vehari	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Vehari	Basic Health Unit, Chak No. 44/KB, Burewala, Vehari	N/A
2	Vehari	Basic Health Unit, Kikri Khurd, Mailsi, Vehari	N/A
3	Vehari	Basic Health Unit, 155/WB, Vehari	N/A
4	Vehari	Basic Health Unit, 145/WB, Mailsi, Vehari	N/A
5	Vehari	Basic Health Unit, 535/EB, Vehari	N/A
Sr.No	District	Facility Name	Residence Condition
1	Vehari	Basic Health Unit, 60/WB, Vehari	Not resideable
2	Vehari	Basic Health Unit, 195/WB, Mailsi, Vehari	Not resideable
3	Vehari	Basic Health Unit, 227/EB, Burewala, Vehari	Not resideable
4	Vehari	Basic Health Unit, 199/EB, Burewala, Vehari	Not resideable
5	Vehari	Basic Health Unit, 151/WB, Mailsi, Vehari	Not resideable
6	Vehari	Basic Health Unit, Budh Ghulam, Vehari	Not resideable
7	Vehari	Basic Health Unit, 409/EB, Burewala, Vehari	Not resideable

8	Vehari	Basic Health Unit, Kot Kabir, Mailsi, Vehari	Not resideable
9	Vehari	Basic Health Unit, Chak No. 287/EB, Burewala, Vehari	Not resideable
10	Vehari	Basic Health Unit, Kot Sadat, Vehari	Not resideable
11	Vehari	Basic Health Unit, 190/WB, Mailsi, Vehari	Not resideable
12	Vehari	Basic Health Unit, Chak No.53/WB, Vehari	Not resideable
13	Vehari	Basic Health Unit, 521/EB, Burewala, Vehari	Not resideable
14	Vehari	Basic Health Unit, 187/WB, Mailsi, Vehari	Not resideable
15	Vehari	Basic Health Unit, 325/EB, Burewala, Vehari	Not resideable
16	Vehari	Basic Health Unit, 5/WB, Vehari	Not resideable
17	Vehari	Basic Health Unit, Ali Wah, Mailsi, Vehari	Not resideable
18	Vehari	Basic Health Unit, Chak No.52/WB, Vehari	Not resideable

**Table : Detail of repair work at BHUs in District Bahawalnagar particularly for Boundary Wall and residences as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Bahawalnagar	Basic Health Unit, Bairwala, Minchanabad, Bahawalnagar	N/A
2	Bahawalnagar	Basic Health Unit, Jhadwan, Chishtian, Bahawalnagar	N/A
3	Bahawalnagar	Basic Health Unit, Kot Roda Singh, Bahawalnagar	N/A
4	Bahawalnagar	Basic Health Unit, Rajoo Wala, Bahawalnagar	N/A
5	Bahawalnagar	Basic Health Unit, Chak No. 58/4-R, Haroonabad, Bahawalnagar	N/A
6	Bahawalnagar	Basic Health Unit, Jand Wala, Bahawalnagar	N/A
7	Bahawalnagar	Basic Health Unit, Mohib Ali, Bahawalnagar	N/A
8	Bahawalnagar	Basic Health Unit, Ghulab Ali, Bahawalnagar	N/A

9	Bahawalnagar	Basic Health Unit, Chak No. 42/F, Chishtian, Bahawalnagar	N/A
10	Bahawalnagar	Basic Health Unit, Dubber Shuker Gunj, Minchanabad, Bahawalnagar	N/A
11	Bahawalnagar	Basic Health Unit, Shafia Abad, Bahawalnagar	N/A
12	Bahawalnagar	Basic Health Unit, Usman Pur Rateka, Minchanabad, Bahawalnagar	N/A
13	Bahawalnagar	Basic Health Unit, Sadiq Nagar, Bahawalnagar	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Bahawalnagar	Basic Health Unit, Chak No. 112/M, Chishtian, Bahawalnagar	Incomplete
2	Bahawalnagar	Basic Health Unit, Kot Ganaga Singh, Bahawalnagar	Incomplete
3	Bahawalnagar	Basic Health Unit, Punj Kossi, Bahawalnagar	Incomplete
4	Bahawalnagar	Basic Health Unit, Chak No. 137/6-R, Haroonabad, Bahawalnagar	Incomplete
5	Bahawalnagar	Basic Health Unit, Kot Makhdoom, Bahawalnagar	Incomplete
6	Bahawalnagar	Basic Health Unit, Sundha, Bahawalnagar	Incomplete
7	Bahawalnagar	Basic Health Unit, Chak No. 171/M, Chishtian, Bahawalnagar	Incomplete
8	Bahawalnagar	Basic Health Unit, Qasim Ka Uttar, Bahawalnagar	Incomplete
9	Bahawalnagar	Basic Health Unit, Akan Wali, Minchanabad, Bahawalnagar	Incomplete
10	Bahawalnagar	Basic Health Unit, Haran Wala, Minchanabad, Bahawalnagar	Incomplete
11	Bahawalnagar	Basic Health Unit, Chak No. 20/G, Chishtian, Bahawalnagar	Incomplete
12	Bahawalnagar	Basic Health Unit, Chak No. 142/6-R, Haroonabad, Bahawalnagar	Incomplete
13	Bahawalnagar	Basic Health Unit, Chak No. 215/9R, Fortabbas, Bahawalnagar	Incomplete

14	Bahawalnagar	Basic Health Unit, Mongharan Sharif, Chishtian, Bahawalnagar	Incomplete
15	Bahawalnagar	Basic Health Unit, Muhammad Pur Sansaran, Minchanabad, Bahawalnagar	Incomplete
16	Bahawalnagar	Basic Health Unit, Chak No. 117/6-R, Haroonabad, Bahawalnagar	Incomplete
17	Bahawalnagar	Basic Health Unit, Chak No. 2/1-R, Haroonabad, Bahawalnagar	Incomplete
18	Bahawalnagar	Basic Health Unit, Chak No. 177/M, Chishtian, Bahawalnagar	Incomplete
19	Bahawalnagar	Basic Health Unit, Toba Qalanadar Shah, Bahawalnagar	Incomplete
20	Bahawalnagar	Basic Health Unit, Chak No. 3/G, Chishtian, Bahawalnagar	Incomplete
21	Bahawalnagar	Basic Health Unit Khatranwala, Bahawalnagar	Incomplete
22	Bahawalnagar	Basic Health Unit, Muhar Wali, Bahawalnagar	Incomplete
23	Bahawalnagar	Basic Health Unit, Dulla Bhederan, Chishtian, Bahawalnagar	Incomplete
24	Bahawalnagar	Basic Health Unit, Hasil Saroo, Minchanabad, Bahawalnagar	Incomplete
25	Bahawalnagar	Basic Health Unit, Bella Singh Kokera, Minchanabad, Bahawalnagar	Incomplete
26	Bahawalnagar	Basic Health Unit, Chak No. 10/F.W, Chishtian, Bahawalnagar	Incomplete
27	Bahawalnagar	Basic Health Unit, Lala Amar Singh, Minchanabad, Bahawalnagar	Incomplete
28	Bahawalnagar	Basic Health Unit, Kot Ahmad Yaar, Bahawalnagar	Incomplete
29	Bahawalnagar	Basic Health Unit Malik Pura, Bahawalnagar	Incomplete
30	Bahawalnagar	Basic Health Unit, Said Ali, Minchanabad, Bahawalnagar	Incomplete
31	Bahawalnagar	Basic Health Unit, Kalia Shah, Bahawalnagar	Incomplete

32	Bahawalnagar	Basic Health Unit, Peer Skindar, Bahawalnagar	Incomplete
33	Bahawalnagar	Basic Health Unit, Chak No. 160/7-R, Haroonabad, Bahawalnagar	Incomplete
34	Bahawalnagar	Basic Health Unit, Chak 235/9R, Fortabbas, Bahawalnagar	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Bahawalnagar	Basic Health Unit, Jhadwan, Chishtian, Bahawalnagar	N/A
2	Bahawalnagar	Basic Health Unit, Mongharan Sharif, Chishtian, Bahawalnagar	N/A
3	Bahawalnagar	Basic Health Unit, Jand Wala, Bahawalnagar	N/A
4	Bahawalnagar	Basic Health Unit, Shafia Abad, Bahawalnagar	N/A
Sr.No	District	Facility Name	Residence Condition
1	Bahawalnagar	Basic Health Unit, Kaloka Hithar, Minchanabad, Bahawalnagar	Not resideable
2	Bahawalnagar	Basic Health Unit, Mousa Bhutta, Bahawalnagar	Not resideable
3	Bahawalnagar	Basic Health Unit, Noor Sar, Bahawalnagar	Not resideable
4	Bahawalnagar	Basic Health Unit, Bairwala, Minchanabad, Bahawalnagar	Not resideable
5	Bahawalnagar	Basic Health Unit, Qila Mir Ghar Or 289/HR, Fortabbas, Bahawalnagar	Not resideable
6	Bahawalnagar	Basic Health Unit, Mooti Pura, Minchanabad, Bahawalnagar	Not resideable
7	Bahawalnagar	Basic Health Unit, Chak No. 137/6-R, Haroonabad, Bahawalnagar	Not resideable
8	Bahawalnagar	Basic Health Unit, Chak No. 88/5-R, Haroonabad, Bahawalnagar	Not resideable
9	Bahawalnagar	Basic Health Unit, Kot Makhdoom, Bahawalnagar	Not resideable
10	Bahawalnagar	Basic Health Unit, Chak No. 129/M, Chishtian,	Not resideable



		Bahawalnagar	
11	Bahawalnagar	Basic Health Unit, Chak No. 110/6-R, Haroonabad, Bahawalnagar	Not resideable
12	Bahawalnagar	Basic Health Unit, Sundha, Bahawalnagar	Not resideable
13	Bahawalnagar	Basic Health Unit, Chak No. 127/M, Chishtian, Bahawalnagar	Not resideable
14	Bahawalnagar	Basic Health Unit, Qasim Ka Uttar, Bahawalnagar	Not resideable
15	Bahawalnagar	Basic Health Unit, Akan Wali, Minchanabad, Bahawalnagar	Not resideable
16	Bahawalnagar	Basic Health Unit, Akbar Mari Nihal, Minchanabad, Bahawalnagar	Not resideable
17	Bahawalnagar	Basic Health Unit, Haran Wala, Minchanabad, Bahawalnagar	Not resideable
18	Bahawalnagar	Basic Health Unit, Rajoo Wala, Bahawalnagar	Not resideable
19	Bahawalnagar	Basic Health Unit, Kabutri, Minchanabad, Bahawalnagar	Not resideable
20	Bahawalnagar	Basic Health Unit, Peer Ghar Chishti, Minchanabad, Bahawalnagar	Not resideable
21	Bahawalnagar	Basic Health Unit, Khola Mirzeka, Minchanabad, Bahawalnagar	Not resideable
22	Bahawalnagar	Basic Health Unit, Chak No. 142/6-R, Haroonabad, Bahawalnagar	Not resideable
23	Bahawalnagar	Basic Health Unit, Chak No. 215/9R, Fortabbas, Bahawalnagar	Not resideable
24	Bahawalnagar	Basic Health Unit, Chak No. 58/4-R, Haroonabad, Bahawalnagar	Not resideable
25	Bahawalnagar	Basic Health Unit, Muhammad Pur Sansaran, Minchanabad, Bahawalnagar	Not resideable
26	Bahawalnagar	Basic Health Unit, Chak No. 117/6-R, Haroonabad, Bahawalnagar	Not resideable
27	Bahawalnagar	Basic Health Unit, Chak No. 112/6-R, Haroonabad,	Not resideable

		Bahawalnagar	
28	Bahawalnagar	Basic Health Unit, Mohib Ali, Bahawalnagar	Not resideable
29	Bahawalnagar	Basic Health Unit, Chak No. 2/1-R, Haroonabad, Bahawalnagar	Not resideable
30	Bahawalnagar	Basic Health Unit, Toba Qalanadar Shah, Bahawalnagar	Not resideable
31	Bahawalnagar	Basic Health Unit, Kot Fatah Muhammad, Bahawalnagar	Not resideable
32	Bahawalnagar	Basic Health Unit, Chak No. 24/3-R, Haroonabad, Bahawalnagar	Not resideable
33	Bahawalnagar	Basic Health Unit, Chak No. 3/G, Chishtian, Bahawalnagar	Not resideable
34	Bahawalnagar	Basic Health Unit Khatranwala, Bahawalnagar	Not resideable
35	Bahawalnagar	Basic Health Unit, Ghulab Ali, Bahawalnagar	Not resideable
36	Bahawalnagar	Basic Health Unit, Chak No. 116/M, Chishtian, Bahawalnagar	Not resideable
37	Bahawalnagar	Basic Health Unit, Chak No. 331/HR, Fortabbas, Bahawalnagar	Not resideable
38	Bahawalnagar	Basic Health Unit, Chak No. 42/F, Chishtian, Bahawalnagar	Not resideable
39	Bahawalnagar	Basic Health Unit, Dulla Bhederan, Chishtian, Bahawalnagar	Not resideable
40	Bahawalnagar	Basic Health Unit, Hasil Saroo, Minchanabad, Bahawalnagar	Not resideable
41	Bahawalnagar	Basic Health Unit, Chak No. 10/F.W, Chishtian, Bahawalnagar	Not resideable
42	Bahawalnagar	Basic Health Unit, Lala Amar Singh, Minchanabad, Bahawalnagar	Not resideable
43	Bahawalnagar	Basic Health Unit, Chak No. 134/M, Chishtian, Bahawalnagar	Not resideable
44	Bahawalnagar	Basic Health Unit, Dubber Shuker Gunj,	Not resideable

		Minchanabad, Bahawalnagar	
45	Bahawalnagar	Basic Health Unit Malik Pura, Bahawalnagar	Not resideable
46	Bahawalnagar	Basic Health Unit, Said Ali, Minchanabad, Bahawalnagar	Not resideable
47	Bahawalnagar	Basic Health Unit, Kalia Shah, Bahawalnagar	Not resideable
48	Bahawalnagar	Basic Health Unit, Usman Pur Rateka, Minchanabad, Bahawalnagar	Not resideable
49	Bahawalnagar	Basic Health Unit, Peer Skindar, Bahawalnagar	Not resideable
50	Bahawalnagar	Basic Health Unit, Chak No. 132/6-R Yateem Wala, Haroonabad, Bahawalnagar	Not resideable
51	Bahawalnagar	Basic Health Unit, Chak No. 10/1-R, Haroonabad, Bahawalnagar	Not resideable
52	Bahawalnagar	Basic Health Unit, Mehtha Jhedu, Chishtian, Bahawalnagar	Not resideable
53	Bahawalnagar	Basic Health Unit, Sadiq Nagar, Bahawalnagar	Not resideable

**Table: Detail of repair work at BHUs in District Bahawalpur particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Bahawalpur	Basic Health Unit, Khuda Bukhsh Mahar, Ahmedpur East, Bahawalpur	Not Availabale
2	Bahawalpur	Basic Health Unit, Karam Pur, Khairpur Tamewali, Bahawalpur	Not Availabale
3	Bahawalpur	Basic Health Unit, Rajar Hoo, Ahmedpur East, Bahawalpur	Not Availabale
4	Bahawalpur	Basic Health Unit, Syed Imam Shah, Khairpur Tamewali, Bahawalpur	Not Availabale
5	Bahawalpur	Basic Health Unit, Theri Zebti, Ahmedpur East, Bahawalpur	Not Availabale

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6	Bahawalpur	Basic Health Unit, Sheikh Wahin, Khairpur Tamewali, Bahawalpur	Not Availabale
Sr.No	District	Facility Name	Boundary Wall Condition
1	Bahawalpur	Basic Health Unit, Chak No. 47/DNB, Yazman, Bahawalpur	Incomplete
2	Bahawalpur	Basic Health Unit, Kotla Mousa Khan, Ahmedpur East, Bahawalpur	Incomplete
3	Bahawalpur	Basic Health Unit, Goth Mehro, Bahawalpur Saddar, Bahawalpur	Incomplete
4	Bahawalpur	Basic Health Unit, Budhoo Wali, Ahmedpur East, Bahawalpur	Incomplete
5	Bahawalpur	Basic Health Unit, Chak No. 183/M, Hasilpur, Bahawalpur	Incomplete
6	Bahawalpur	Basic Health Unit, Kulab, Ahmedpur East, Bahawalpur	Incomplete
7	Bahawalpur	Basic Health Unit, Chak No. 88/F, Hasilpur, Bahawalpur	Incomplete
8	Bahawalpur	Basic Health Unit, Noonari, Ahmedpur East, Bahawalpur	Incomplete
9	Bahawalpur	Basic Health Unit, Chak No. 20/DNB, Yazman, Bahawalpur	Incomplete
10	Bahawalpur	Basic Health Unit, Khanpur Nouranga, Bahawalpur Saddar, Bahawalpur	Incomplete
11	Bahawalpur	Basic Health Unit, Khanu Wali, Bahawalpur City, Bahawalpur	Incomplete
12	Bahawalpur	Basic Health Unit, Chak No. 39/DNB, Yazman, Bahawalpur	Incomplete
13	Bahawalpur	Basic Health Unit, Khurram Pur, Ahmedpur East, Bahawalpur	Incomplete
14	Bahawalpur	Basic Health Unit, Agha Pur, Bahawalpur City, Bahawalpur	Incomplete

15	Bahawalpur	Basic Health Unit, Mehrab Wala, Ahmedpur East, Bahawalpur	Incomplete
16	Bahawalpur	Basic Health Unit, Chak No. 8/DNB, Yazman, Bahawalpur	Incomplete
17	Bahawalpur	Basic Health Unit, Rasool Pur, Ahmedpur East, Bahawalpur	Incomplete
18	Bahawalpur	Basic Health Unit, Chak No. 163/M, Hasilpur, Bahawalpur	Incomplete
19	Bahawalpur	Basic Health Unit, Chak No. 63/DB, Yazman, Bahawalpur	Incomplete
20	Bahawalpur	Basic Health Unit, Chak No. 105/DNB, Yazman, Bahawalpur	Incomplete
21	Bahawalpur	Basic Health Unit, Chak Loharan, Ahmedpur East, Bahawalpur	Incomplete
22	Bahawalpur	Basic Health Unit, Chak No. 44/DB, Yazman, Bahawalpur	Incomplete
23	Bahawalpur	Basic Health Unit, Haider pur, Ahmedpur East, Bahawalpur	Incomplete
<b>Sr.No</b>	<b>District</b>	<b>Facility Name</b>	<b>Residence Condition</b>
1	Bahawalpur	Basic Health Unit, Khuda Bukhsh Mahar, Ahmedpur East, Bahawalpur	Not Availabale
2	Bahawalpur	Basic Health Unit, Dera Nawab, Ahmedpur East, Bahawalpur	Not Availabale
3	Bahawalpur	Basic Health Unit 59/DB, Yazman, Bahawalpur	Not Availabale
4	Bahawalpur	Basic Health Unit, Chak No. 88/F, Hasilpur, Bahawalpur	Not Availabale
5	Bahawalpur	Basic Health Unit, Bukhtiari, Ahmedpur East, Bahawalpur	Not Availabale
6	Bahawalpur	Basic Health Unit, Noonari, Ahmedpur East, Bahawalpur	Not Availabale
7	Bahawalpur	Basic Health Unit, Chak No. 20/DNB, Yazman, Bahawalpur	Not Availabale

8	Bahawalpur	Basic Health Unit, Chak No. 75/DB, Yazman, Bahawalpur	Not Availabale
9	Bahawalpur	Basic Health Unit, Goth Mehrab, Bahawalpur Saddar, Bahawalpur	Not Availabale
10	Bahawalpur	Basic Health Unit, Khanpur Nouranga, Bahawalpur Saddar, Bahawalpur	Not Availabale
11	Bahawalpur	Basic Health Unit, Chak No. 194/M, Hasilpur, Bahawalpur	Not Availabale
12	Bahawalpur	Basic Health Unit, Chak No. 29/BC, Bahawalpur Saddar, Bahawalpur	Not Availabale
13	Bahawalpur	Basic Health Unit, Tahir Wali, Ahmedpur East, Bahawalpur	Not Availabale
14	Bahawalpur	Basic Health Unit, Khanu Wali, Bahawalpur City, Bahawalpur	Not Availabale
15	Bahawalpur	Basic Health Unit, Pipli Rajan, Ahmedpur East, Bahawalpur	Not Availabale
16	Bahawalpur	Basic Health Unit, Chak No. 15/FW, Hasilpur, Bahawalpur	Not Availabale
17	Bahawalpur	Basic Health Unit, Chak No. 39/DNB, Yazman, Bahawalpur	Not Availabale
18	Bahawalpur	Basic Health Unit, Chak No. 1/DNB, Yazman, Bahawalpur	Not Availabale
19	Bahawalpur	Basic Health Unit, 24/BC, Bahawalpur Saddar, Bahawalpur	Not Availabale
20	Bahawalpur	Basic Health Unit, Hakra, Bahawalpur Saddar, Bahawalpur	Not Availabale
21	Bahawalpur	Basic Health Unit, Khurram Pur, Ahmedpur East, Bahawalpur	Not Availabale
22	Bahawalpur	Basic Health Unit, Jamal pur, Hasilpur, Bahawalpur	Not Availabale
23	Bahawalpur	Basic Health Unit, Rattar Lal, Ahmedpur East, Bahawalpur	Not Availabale

24	Bahawalpur	Basic Health Unit, Hatheji, Ahmedpur East, Bahawalpur	Not Availabale
25	Bahawalpur	Basic Health Unit, Agha Pur, Bahawalpur City, Bahawalpur	Not Availabale
26	Bahawalpur	Basic Health Unit, Jamal Channar, Bahawalpur Saddar, Bahawalpur	Not Availabale
27	Bahawalpur	Basic Health Unit, Aali Wahan, Ahmedpur East, Bahawalpur	Not Availabale
28	Bahawalpur	Basic Health Unit, Mangwani, Bahawalpur City, Bahawalpur	Not Availabale
29	Bahawalpur	Basic Health Unit, Mehrab Wala, Ahmedpur East, Bahawalpur	Not Availabale
30	Bahawalpur	Basic Health Unit, Chak No. 8/DNB, Yazman, Bahawalpur	Not Availabale
31	Bahawalpur	Basic Health Unit, Chak No. 113/DB, Yazman, Bahawalpur	Not Availabale
32	Bahawalpur	Basic Health Unit, Karam Pur, Khairpur Tamewali, Bahawalpur	Not Availabale
33	Bahawalpur	Basic Health Unit, Mari Shiekh Shujra, Bahawalpur Saddar, Bahawalpur	Not Availabale
34	Bahawalpur	Basic Health Unit Bahawalpur Ghalwan, Ahmedpur East, Bahawalpur	Not Availabale
35	Bahawalpur	Basic Health Unit, Rasool Pur, Ahmedpur East, Bahawalpur	Not Availabale
36	Bahawalpur	Basic Health Unit, Derawar, Yazman, Bahawalpur	Not Availabale
37	Bahawalpur	Basic Health Unit, Chak No. 163/M, Hasilpur, Bahawalpur	Not Availabale
38	Bahawalpur	Basic Health Unit, Kotla Qaim Khan, Khairpur Tamewali, Bahawalpur	Not Availabale
39	Bahawalpur	Basic Health Unit, Rajar Hoo, Ahmedpur East, Bahawalpur	Not Availabale

40	Bahawalpur	Basic Health Unit, Chak No. 63/DB, Yazman, Bahawalpur	Not Availabale
41	Bahawalpur	Basic Health Unit, Shah Pur, Hasilpur, Bahawalpur	Not Availabale
42	Bahawalpur	Basic Health Unit, Basti Rana Iqbal, Khairpur Tamewali, Bahawalpur	Not Availabale
43	Bahawalpur	Basic Health Unit, Chak No. 68/F, Hasilpur, Bahawalpur	Not Availabale
44	Bahawalpur	Basic Health Unit, Chak No. 105/DNB, Yazman, Bahawalpur	Not Availabale
45	Bahawalpur	Basic Health Unit, Ali Kharik, Ahmedpur East, Bahawalpur	Not Availabale
46	Bahawalpur	Basic Health Unit, Chak Loharan, Ahmedpur East, Bahawalpur	Not Availabale
47	Bahawalpur	Basic Health Unit, Ahmad Naich, Ahmedpur East, Bahawalpur	Not Availabale
48	Bahawalpur	Basic Health Unit, Bhinda Ghulam Hussain, Bahawalpur City, Bahawalpur	Not Availabale
49	Bahawalpur	Basic Health Unit, Bheli,, Khairpur Tamewali, Bahawalpur	Not Availabale
50	Bahawalpur	Basic Health Unit, Jhangi Wali, Bahawalpur City, Bahawalpur	Not Availabale
51	Bahawalpur	Basic Health Unit, Syed Imam Shah, Khairpur Tamewali, Bahawalpur	Not Availabale
52	Bahawalpur	Basic Health Unit, Jhandani, Khairpur Tamewali, Bahawalpur	Not Availabale
53	Bahawalpur	Basic Health Unit, Mithra, Yazman, Bahawalpur	Not Availabale
54	Bahawalpur	Basic Health Unit, Chak No. 44/DB, Yazman, Bahawalpur	Not Availabale
55	Bahawalpur	Basic Health Unit, Theri Zebti, Ahmedpur East, Bahawalpur	Not Availabale



56	Bahawalpur	Basic Health Unit, Sanjar, Bahawalpur Saddar, Bahawalpur	Not Availabale
57	Bahawalpur	Basic Health Unit, Jalalabad, Bahawalpur Saddar, Bahawalpur	Not Availabale
58	Bahawalpur	Basic Health Unit, Challay Wahan, Khairpur Tamewali, Bahawalpur	Not Availabale
59	Bahawalpur	Basic Health Unit, Haider pur, Ahmedpur East, Bahawalpur	Not Availabale
60	Bahawalpur	Basic Health Unit, Sheikh Wahin, Khairpur Tamewali, Bahawalpur	Not Availabale
Sr.No	District	Facility Name	Residence Condition
1	Bahawalpur	Basic Health Unit, Chak No. 47/DNB, Yazman, Bahawalpur	Not resideable
2	Bahawalpur	Basic Health Unit, Goth Mehro, Bahawalpur Saddar, Bahawalpur	Not resideable
3	Bahawalpur	Basic Health Unit, Budhoo Wali, Ahmedpur East, Bahawalpur	Not resideable
4	Bahawalpur	Basic Health Unit, Kulab, Ahmedpur East, Bahawalpur	Not resideable
5	Bahawalpur	Basic Health Unit, Jannu Wala, Ahmedpur East, Bahawalpur	Not resideable
6	Bahawalpur	Basic Health Unit, Chak Katoora, Hasilpur, Bahawalpur	Not resideable
7	Bahawalpur	Basic Health Unit, Chak No. 90/F, Hasilpur, Bahawalpur	Not resideable
8	Bahawalpur	Basic Health Unit, Chak No. 33-A/BC, Bahawalpur Saddar, Bahawalpur	Not resideable
9	Bahawalpur	Basic Health Unit, Chak No. 88/F, Hasilpur, Bahawalpur	Not resideable
10	Bahawalpur	Basic Health Unit, Bukhtiari, Ahmedpur East, Bahawalpur	Not resideable
11	Bahawalpur	Basic Health Unit, Noonari, Ahmedpur East,	Not resideable

		Bahawalpur	
12	Bahawalpur	Basic Health Unit, Chak No. 20/DNB, Yazman, Bahawalpur	Not resideable
13	Bahawalpur	Basic Health Unit, Chak No. 75/DB, Yazman, Bahawalpur	Not resideable
14	Bahawalpur	Basic Health Unit, Khanpur Nouranga, Bahawalpur Saddar, Bahawalpur	Not resideable
15	Bahawalpur	Basic Health Unit, Chak No. 194/M, Hasilpur, Bahawalpur	Not resideable
16	Bahawalpur	Basic Health Unit, Chak No. 29/BC, Bahawalpur Saddar, Bahawalpur	Not resideable
17	Bahawalpur	Basic Health Unit, Tahir Wali, Ahmedpur East, Bahawalpur	Not resideable
18	Bahawalpur	Basic Health Unit, Khanu Wali, Bahawalpur City, Bahawalpur	Not resideable
19	Bahawalpur	Basic Health Unit, Pipli Rajan, Ahmedpur East, Bahawalpur	Not resideable
20	Bahawalpur	Basic Health Unit, Chak No. 15/FW, Hasilpur, Bahawalpur	Not resideable
21	Bahawalpur	Basic Health Unit, Chak No. 39/DNB, Yazman, Bahawalpur	Not resideable
22	Bahawalpur	Basic Health Unit, Chak No. 1/DNB, Yazman, Bahawalpur	Not resideable
23	Bahawalpur	Basic Health Unit, Hakra, Bahawalpur Saddar, Bahawalpur	Not resideable
24	Bahawalpur	Basic Health Unit, Khurram Pur, Ahmedpur East, Bahawalpur	Not resideable
25	Bahawalpur	Basic Health Unit, Rattar Lal, Ahmedpur East, Bahawalpur	Not resideable
26	Bahawalpur	Basic Health Unit, Agha Pur, Bahawalpur City, Bahawalpur	Not resideable
27	Bahawalpur	Basic Health Unit, Aali Wahan, Ahmedpur	Not resideable

		East, Bahawalpur	
28	Bahawalpur	Basic Health Unit, Mangwani, Bahawalpur City, Bahawalpur	Not resideable
29	Bahawalpur	Basic Health Unit, Mari Shiekh Shujra, Bahawalpur Saddar, Bahawalpur	Not resideable
30	Bahawalpur	Basic Health Unit Bahawalpur Ghalwan, Ahmedpur East, Bahawalpur	Not resideable
31	Bahawalpur	Basic Health Unit, Derawar, Yazman, Bahawalpur	Not resideable
32	Bahawalpur	Basic Health Unit, Chak No. 163/M, Hasilpur, Bahawalpur	Not resideable
33	Bahawalpur	Basic Health Unit, Chak No. 63/DB, Yazman, Bahawalpur	Not resideable
34	Bahawalpur	Basic Health Unit, Chak No. 68/F, Hasilpur, Bahawalpur	Not resideable
35	Bahawalpur	Basic Health Unit, Chak No. 105/DNB, Yazman, Bahawalpur	Not resideable
36	Bahawalpur	Basic Health Unit, Ali Kharik, Ahmedpur East, Bahawalpur	Not resideable
37	Bahawalpur	Basic Health Unit, Chak Loharan, Ahmedpur East, Bahawalpur	Not resideable
38	Bahawalpur	Basic Health Unit, Bheli,, Khairpur Tamewali, Bahawalpur	Not resideable
39	Bahawalpur	Basic Health Unit, Jhangi Wali, Bahawalpur City, Bahawalpur	Not resideable
40	Bahawalpur	Basic Health Unit, Mithra, Yazman, Bahawalpur	Not resideable
41	Bahawalpur	Basic Health Unit, Chak No. 44/DB, Yazman, Bahawalpur	Not resideable
42	Bahawalpur	Basic Health Unit, Theri Zebti, Ahmedpur East, Bahawalpur	Not resideable
43	Bahawalpur	Basic Health Unit, Sanjar, Bahawalpur Saddar,	Not resideable

		Bahawalpur	
44	Bahawalpur	Basic Health Unit, Jalalabad, Bahawalpur Saddar, Bahawalpur	Not resideable
45	Bahawalpur	Basic Health Unit, Haider pur, Ahmedpur East, Bahawalpur	Not resideable

**Table: Detail of repair work at BHUs in District Dera Ghazi Khan particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Dera Ghazi Khan	Basic Health Unit, Jhoke Bodo , Taunsa Sharif, Dera Ghazi Khan	N/A
2	Dera Ghazi Khan	Basic Health Unit, Chak Nou Abad, Dera Ghazi Khan	N/A
3	Dera Ghazi Khan	Basic Health Unit, Trimin, Taunsa Sharif, Dera Ghazi Khan	N/A
4	Dera Ghazi Khan	Basic Health Unit, Gaddai, Dera Ghazi Khan	N/A
5	Dera Ghazi Khan	Basic Health Unit, Sheroo, Kot Chutta, Dera Ghazi Khan	N/A
6	Dera Ghazi Khan	Basic Health Unit, Hairo Sharqi, Taunsa Sharif, Dera Ghazi Khan	N/A
7	Dera Ghazi Khan	Basic Health Unit, Talpur, Kot Chutta, Dera Ghazi Khan	N/A
8	Dera Ghazi Khan	Basic Health Unit, Berot Mandwani, Tribal Area, Dera Ghazi Khan	N/A
9	Dera Ghazi Khan	Basic Health Unit, Fazla Katch, Tribal Area, Dera Ghazi Khan	N/A
Sr.No	District	Facility Name	Boundry Wall Condition
1	Dera Ghazi Khan	Basic Health Unit, Haji Ghazi, Dera Ghazi Khan	Incomplete

2	Dera Ghazi Khan	Basic Health Unit, Khakhi, Dera Ghazi Khan	Incomplete
3	Dera Ghazi Khan	Basic Health Unit, Bait Wala, Kot Chutta, Dera Ghazi Khan	Incomplete
4	Dera Ghazi Khan	Basic Health Unit, Lohar Wala, Dera Ghazi Khan	Incomplete
5	Dera Ghazi Khan	Basic Health Unit, Dona, Taunsa Sharif, Dera Ghazi Khan	Incomplete
6	Dera Ghazi Khan	Basic Health Unit, Yaroo Khosa, Dera Ghazi Khan	Incomplete
7	Dera Ghazi Khan	Basic Health Unit, Mian Pheroo, Kot Chutta, Dera Ghazi Khan	Incomplete
8	Dera Ghazi Khan	Basic Health Unit, Samina, Dera Ghazi Khan	Incomplete
9	Dera Ghazi Khan	Basic Health Unit, Nutkani, Taunsa Sharif, Dera Ghazi Khan	Incomplete
10	Dera Ghazi Khan	Basic Health Unit, Ara Jaffar, Kot Chutta, Dera Ghazi Khan	Incomplete
11	Dera Ghazi Khan	Basic Health Unit, Lakhani, Taunsa Sharif, Dera Ghazi Khan	Incomplete
12	Dera Ghazi Khan	Basic Health Unit, Kot Haibat, Dera Ghazi Khan	Incomplete
13	Dera Ghazi Khan	Basic Health Unit, Nawan Shaher, Kot Chutta, Dera Ghazi Khan	Incomplete
14	Dera Ghazi Khan	Basic Health Unit, Thatta Gabolan, Kot Chutta, Dera Ghazi Khan	Incomplete
15	Dera Ghazi Khan	Basic Health Unit, Chabri Zarin, Dera Ghazi Khan	Incomplete
16	Dera Ghazi Khan	Basic Health Unit, Sokar, Taunsa Sharif, Dera Ghazi Khan	Incomplete
17	Dera Ghazi Khan	Basic Health Unit, Ghousabad, Kot Chutta, Dera Ghazi Khan	Incomplete

18	Dera Ghazi Khan	Basic Health Unit, Kot Mubarak, Dera Ghazi Khan	Incomplete
19	Dera Ghazi Khan	Basic Health Unit, Kot Mohi, Taunsa Sharif, Dera Ghazi Khan	Incomplete
20	Dera Ghazi Khan	Basic Health Unit, Litra, Taunsa Sharif, Dera Ghazi Khan	Incomplete
21	Dera Ghazi Khan	Basic Health Unit, Wadoor, Dera Ghazi Khan	Incomplete
22	Dera Ghazi Khan	Basic Health Unit, Chotti Bala, Kot Chutta, Dera Ghazi Khan	Incomplete
23	Dera Ghazi Khan	Basic Health Unit, Khar Buzdar, Tribal Area, Dera Ghazi Khan	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Dera Ghazi Khan	Basic Health Unit, Jhoke Bodo , Taunsa Sharif, Dera Ghazi Khan	N/A
2	Dera Ghazi Khan	Basic Health Unit, Lohar Wala, Dera Ghazi Khan	N/A
3	Dera Ghazi Khan	Basic Health Unit, More Jhangi, Taunsa Sharif, Dera Ghazi Khan	N/A
4	Dera Ghazi Khan	Basic Health Unit, Hairo Sharqi, Taunsa Sharif, Dera Ghazi Khan	N/A
5	Dera Ghazi Khan	Basic Health Unit, Khar Buzdar, Tribal Area, Dera Ghazi Khan	N/A
6	Dera Ghazi Khan	Basic Health Unit, Fazla Katch, Tribal Area, Dera Ghazi Khan	N/A
Sr.No	District	Facility Name	Residence Condition
1	Dera Ghazi Khan	Basic Health Unit, Haji Ghazi, Dera Ghazi Khan	Not resideable
2	Dera Ghazi Khan	Basic Health Unit, Khakhi, Dera Ghazi Khan	Not resideable

3	Dera Ghazi Khan	Basic Health Unit, Chak Nou Abad, Dera Ghazi Khan	Not resideable
4	Dera Ghazi Khan	Basic Health Unit, Bait Wala, Kot Chutta, Dera Ghazi Khan	Not resideable
5	Dera Ghazi Khan	Basic Health Unit, Aali Wala, Kot Chutta, Dera Ghazi Khan	Not resideable
6	Dera Ghazi Khan	Basic Health Unit, Mian Pheroo, Kot Chutta, Dera Ghazi Khan	Not resideable
7	Dera Ghazi Khan	Basic Health Unit, Samina, Dera Ghazi Khan	Not resideable
8	Dera Ghazi Khan	Basic Health Unit, Nutkani, Taunsa Sharif, Dera Ghazi Khan	Not resideable
9	Dera Ghazi Khan	Basic Health Unit, Trimin, Taunsa Sharif, Dera Ghazi Khan	Not resideable
10	Dera Ghazi Khan	Basic Health Unit, Gaddai, Dera Ghazi Khan	Not resideable
11	Dera Ghazi Khan	Basic Health Unit, Ara Jaffar, Kot Chutta, Dera Ghazi Khan	Not resideable
12	Dera Ghazi Khan	Basic Health Unit, Lakhani, Taunsa Sharif, Dera Ghazi Khan	Not resideable
13	Dera Ghazi Khan	Basic Health Unit, Kot Haibat, Dera Ghazi Khan	Not resideable
14	Dera Ghazi Khan	Basic Health Unit, Nawan Shaher, Kot Chutta, Dera Ghazi Khan	Not resideable
15	Dera Ghazi Khan	Basic Health Unit, Mamoori, Dera Ghazi Khan	Not resideable
16	Dera Ghazi Khan	Basic Health Unit, Basti Jam, Kot Chutta, Dera Ghazi Khan	Not resideable
17	Dera Ghazi Khan	Basic Health Unit, Chabri Zarin, Dera Ghazi Khan	Not resideable
18	Dera Ghazi Khan	Basic Health Unit, Sokar, Taunsa Sharif, Dera Ghazi Khan	Not resideable

19	Dera Ghazi Khan	Basic Health Unit, Rakhi Munh, Tribal Area, Dera Ghazi Khan	Not resideable
20	Dera Ghazi Khan	Basic Health Unit, Sheroo, Kot Chutta, Dera Ghazi Khan	Not resideable
21	Dera Ghazi Khan	Basic Health Unit, Ghousabad, Kot Chutta, Dera Ghazi Khan	Not resideable
22	Dera Ghazi Khan	Basic Health Unit, Mangrotha, Taunsa Sharif, Dera Ghazi Khan	Not resideable
23	Dera Ghazi Khan	Basic Health Unit, Kot Mubarak, Dera Ghazi Khan	Not resideable
24	Dera Ghazi Khan	Basic Health Unit, Talpur, Kot Chutta, Dera Ghazi Khan	Not resideable
25	Dera Ghazi Khan	Basic Health Unit, Kot Mohi, Taunsa Sharif, Dera Ghazi Khan	Not resideable
26	Dera Ghazi Khan	Basic Health Unit, Litra, Taunsa Sharif, Dera Ghazi Khan	Not resideable
27	Dera Ghazi Khan	Basic Health Unit, Berot Mandwani, Tribal Area, Dera Ghazi Khan	Not resideable
28	Dera Ghazi Khan	Basic Health Unit, Roughin, Tribal Area, Dera Ghazi Khan	Not resideable

**Table : Detail of repair work at BHUs in District Layyah particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Layyah	Basic Health Unit, Nawan Kot, Chaubara, Layyah	Incomplete
2	Layyah	Basic Health Unit, Khairay Wala, Chaubara, Layyah	Incomplete
3	Layyah	Basic Health Unit, Sumra Nashaib, Layyah	Incomplete
4	Layyah	Basic Health Unit, Chak No. 90/ML,	Incomplete



Sr.No	District	Facility Name	Residence Condition
		Karor Lal-E-Son, Layyah	
1	Layyah	Basic Health Unit, Garray Wala, Karor Lal-E-Son, Layyah	Not resideable
2	Layyah	Basic Health Unit, Shah Pur (Chak No. 116-B/TDA), Karor Lal-E-Son, Layyah	Not resideable
3	Layyah	Basic Health Unit, Bakhari Ahmad Khan, Layyah	Not resideable
4	Layyah	Basic Health Unit, Chak No. 75-A/TDA, Karor Lal-E-Son, Layyah	Not resideable
5	Layyah	Basic Health Unit, Chak No. 366/TDA, Chaubara, Layyah	Not resideable
6	Layyah	Basic Health Unit, Chak No. 136/TDA, Layyah	Not resideable
7	Layyah	Basic Health Unit, Sahu Wala Chak No 100/TDA, Karor Lal-E-Son, Layyah	Not resideable
8	Layyah	Basic Health Unit, Chak No. 218/TDA, Karor Lal-E-Son, Layyah	Not resideable
9	Layyah	Basic Health Unit, Jakhar Pacca, Layyah	Not resideable
10	Layyah	Basic Health Unit, Chak No. 120/TDA, Layyah	Not resideable
11	Layyah	Basic Health Unit, Chak No. 339/TDA, Layyah	Not resideable
12	Layyah	Basic Health Unit, Marrhan Wali, Karor Lal-E-Son, Layyah	Not resideable

**Table : Detail of repair work at BHUs in District Lodhran particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Lodhran	Basic Health Unit, Chak No. 253 WB, Duniapur, Lodhran	N/A
2	Lodhran	Basic Health Unit, Dakhna Gharoo, Kahror Pacca, Lodhran	N/A
3	Lodhran	Basic Health Unit, Amir Pur Sadat, Kahror Pacca, Lodhran	N/A
4	Lodhran	Basic Health Unit, Muhammad Saeed, Kahror Pacca, Lodhran	N/A
5	Lodhran	Basic Health Unit, Shah Pur Phull, Kahror Pacca, Lodhran	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Lodhran	Basic Health Unit, Salsadar, Lodhran	Incomplete
2	Lodhran	Basic Health Unit, Adam Wahan, Lodhran	Incomplete
3	Lodhran	Basic Health Unit, Choki Masti Khan, Kahror Pacca, Lodhran	Incomplete
4	Lodhran	Basic Health Unit, 1-4/MPR, Duniapur, Lodhran	Incomplete
5	Lodhran	Basic Health Unit, Chak No. 34 M, Duniapur, Lodhran	Incomplete
6	Lodhran	Basic Health Unit, Miran Pur, Lodhran	Incomplete
7	Lodhran	Basic Health Unit, Ladha Bohar, Duniapur, Lodhran	Incomplete
8	Lodhran	Basic Health Unit, Sumra, Lodhran	Incomplete
9	Lodhran	Basic Health Unit, Ain Wahin, Kahror Pacca, Lodhran	Incomplete
10	Lodhran	Basic Health Unit, 12 MPR, Lodhran	Incomplete
11	Lodhran	Basic Health Unit, Massa Kotha, Kahror Pacca,	Incomplete

		Lodhran	
12	Lodhran	Basic Health Unit, Chellay Wahin, Kahrora Pacca, Lodhran	Incomplete
13	Lodhran	Basic Health Unit, Jamrani Wah, Kahrora Pacca, Lodhran	Incomplete
14	Lodhran	Basic Health Unit, 53 M, Lodhran	Incomplete
15	Lodhran	Basic Health Unit, Dhanot, Kahrora Pacca, Lodhran	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Lodhran	Basic Health Unit, 353/WB, Duniapur, Lodhran	N/A
Sr.No	District	Facility Name	Residence Condition
1	Lodhran	Basic Health Unit, Salsadar, Lodhran	Not resideable
2	Lodhran	Basic Health Unit, Adam Wahan, Lodhran	Not resideable
3	Lodhran	Basic Health Unit, Choki Masti Khan, Kahrora Pacca, Lodhran	Not resideable
4	Lodhran	Basic Health Unit, Dakhna Gharoo, Kahrora Pacca, Lodhran	Not resideable
5	Lodhran	Basic Health Unit, Matrain, Lodhran	Not resideable
6	Lodhran	Basic Health Unit, 1-4/MPR, Duniapur, Lodhran	Not resideable
7	Lodhran	Basic Health Unit, Chak No. 34 M, Duniapur, Lodhran	Not resideable
8	Lodhran	Basic Health Unit, Miran Pur, Lodhran	Not resideable
9	Lodhran	Basic Health Unit, Ismail Pur, Kahrora Pacca, Lodhran	Not resideable
10	Lodhran	Basic Health Unit, Bahawal Garh, Kahrora Pacca, Lodhran	Not resideable
11	Lodhran	Basic Health Unit, Ladha Bohar, Duniapur, Lodhran	Not resideable

12	Lodhran	Basic Health Unit, Sumra, Lodhran	Not resideable
13	Lodhran	Basic Health Unit, 12 MPR, Lodhran	Not resideable
14	Lodhran	Basic Health Unit, Amir Pur Sadat, Kahrora Pacca, Lodhran	Not resideable
15	Lodhran	Basic Health Unit, Gahi Mummar, Kahrora Pacca, Lodhran	Not resideable
16	Lodhran	Basic Health Unit, 386/WB, Duniapur, Lodhran	Not resideable
17	Lodhran	Basic Health Unit, Ali Pur Kanjoo, Kahrora Pacca, Lodhran	Not resideable
18	Lodhran	Basic Health Unit, Jamrani Wah, Kahrora Pacca, Lodhran	Not resideable
19	Lodhran	Basic Health Unit, Raja Pur, Lodhran	Not resideable
20	Lodhran	Basic Health Unit, 53 M, Lodhran	Not resideable

**Table: Detail of repair work at BHUs in District Multan particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Multan	Basic Health Unit, Jalalabad, Multan Sadar, Multan	Not Available
2	Multan	Basic Health Unit, Abbas Pur, Multan Sadar, Multan	Not Available
3	Multan	Basic Health Unit, Khairabad, Multan Sadar, Multan	Not Available
Sr.No	District	Facility Name	Boundary Wall Condition
1	Multan	Basic Health Unit, Hoot Wala, Jalalpur Pirwala, Multan	Incomplete
2	Multan	Basic Health Unit, Bomb Wala, Jalalpur Pirwala, Multan	Incomplete

3	Multan	Basic Health Unit, Rasool Pur , Multan Sadar, Multan	Incomplete
4	Multan	Basic Health Unit, Bahadur Pur, Jalalpur Pirwala, Multan	Incomplete
5	Multan	Basic Health Unit, Rasool Pur , Shuja Abad, Multan	Incomplete
6	Multan	Basic Health Unit, Jhoke Vains, Multan Sadar, Multan	Incomplete
7	Multan	Basic Health Unit, Hamid Pur Kanora, Multan Sadar, Multan	Incomplete
8	Multan	Basic Health Unit, Kothey Wala, Multan Sadar, Multan	Incomplete
9	Multan	Basic Health Unit, Khan Pur Qazi, Shuja Abad, Multan	Incomplete
10	Multan	Basic Health Unit, Kannu, Jalalpur Pirwala, Multan	Incomplete
11	Multan	Basic Health Unit, Muzafarabad, Multan Sadar, Multan	Incomplete
12	Multan	Basic Health Unit, Chak No. 10.T, Multani Wala, Multan Sadar, Multan	Incomplete
13	Multan	Basic Health Unit, Chak No. 18/MR, Multan Sadar, Multan	Incomplete
14	Multan	Basic Health Unit, Basti Malook, Multan Sadar, Multan	Incomplete
15	Multan	Basic Health Unit, Tatepur, Multan Sadar, Multan	Incomplete
16	Multan	Basic Health Unit, Khadal, Multan Sadar, Multan	Incomplete
<b>Sr.No</b>	<b>District</b>	<b>Facility Name</b>	<b>Residence Condition</b>
1	Multan	Basic Health Unit, Kirri Daud Khan, Multan City, Multan	Not Available

2	Multan	Basic Health Unit, Jhoke Gamoon, Multan Sadar, Multan	Not Available
3	Multan	Basic Health Unit, Khoja, Shuja Abad, Multan	Not Available
Sr.No	District	Facility Name	Residence Condition
1	Multan	Basic Health Unit, Behli, Jalalpur Pirwala, Multan	Not Resideable
2	Multan	Basic Health Unit, Jahan Pur, Jalalpur Pirwala, Multan	Not Resideable
3	Multan	Basic Health Unit, Wahi Khojee, Jalalpur Pirwala, Multan	Not Resideable
4	Multan	Basic Health Unit, Nouraja Bhutta, Jalalpur Pirwala, Multan	Not Resideable
5	Multan	Basic Health Unit, Chak No. 6/MR, Multan Sadar, Multan	Not Resideable
6	Multan	Basic Health Unit, Juggo Wala, Jalalpur Pirwala, Multan	Not Resideable
7	Multan	Basic Health Unit, Hoot Wala, Jalalpur Pirwala, Multan	Not Resideable
8	Multan	Basic Health Unit, Sikandarabad, Shuja Abad, Multan	Not Resideable
9	Multan	Basic Health Unit, Bomb Wala, Jalalpur Pirwala, Multan	Not Resideable
10	Multan	Basic Health Unit, Doomra , Multan Sadar, Multan	Not Resideable
11	Multan	Basic Health Unit, Rasool Pur , Multan Sadar, Multan	Not Resideable
12	Multan	Basic Health Unit, Pounta, Shuja Abad, Multan	Not Resideable
13	Multan	Basic Health Unit, Chak No. 11/MR, Multan Sadar, Multan	Not Resideable
14	Multan	Basic Health Unit, Shah Pur, Multan Sadar, Multan	Not Resideable

15	Multan	Basic Health Unit, Hayat Khan Wala, Shuja Abad, Multan	Not Resideable
16	Multan	Basic Health Unit, Mubarik Pur, Multan Sadar, Multan	Not Resideable
17	Multan	Basic Health Unit, Thath Ghalwan, Shuja Abad, Multan	Not Resideable
18	Multan	Basic Health Unit, Basti Alamgir, Multan Sadar, Multan	Not Resideable
19	Multan	Basic Health Unit, Chak No. 1/MR, Multan Sadar, Multan	Not Resideable
20	Multan	Basic Health Unit, Jalalabad, Multan Sadar, Multan	Not Resideable
21	Multan	Basic Health Unit, Gulzarpur, Multan Sadar, Multan	Not Resideable
22	Multan	Basic Health Unit, Kotla Maharana, Multan Sadar, Multan	Not Resideable
23	Multan	Basic Health Unit, Gajju Hatta, Shuja Abad, Multan	Not Resideable
24	Multan	Basic Health Unit, Durana Lungana, Multan Sadar, Multan	Not Resideable
25	Multan	Basic Health Unit, Rasool Pur , Shuja Abad, Multan	Not Resideable
26	Multan	Basic Health Unit, Muhammad Pur, Multan Sadar, Multan	Not Resideable
27	Multan	Basic Health Unit, Mahra , Shuja Abad, Multan	Not Resideable
28	Multan	Basic Health Unit, Buch Khusroabad, Multan Sadar, Multan	Not Resideable
29	Multan	Basic Health Unit, Kothey Wala, Multan Sadar, Multan	Not Resideable
30	Multan	Basic Health Unit, Khan Pur Qazi, Shuja Abad, Multan	Not Resideable
31	Multan	Basic Health Unit, Kannu, Jalalpur Pirwala,	Not Resideable

		Multan	
32	Multan	Basic Health Unit, Abbas Pur, Multan Sadar, Multan	Not Resideable
33	Multan	Basic Health Unit, Bhakal Bhir, Multan Sadar, Multan	Not Resideable
34	Multan	Basic Health Unit, Muzafarabad, Multan Sadar, Multan	Not Resideable
35	Multan	Basic Health Unit, Punjani, Shuja Abad, Multan	Not Resideable
36	Multan	Basic Health Unit, Chak No. 10.T, Multani Wala, Multan Sadar, Multan	Not Resideable
37	Multan	Basic Health Unit, Rana Wahin, Multan Sadar, Multan	Not Resideable
38	Multan	Basic Health Unit, Basti Malook, Multan Sadar, Multan	Not Resideable
39	Multan	Basic Health Unit, Bangal Wala, Multan Sadar, Multan	Not Resideable
40	Multan	Basic Health Unit, Khadal, Multan Sadar, Multan	Not Resideable
41	Multan	Basic Health Unit, Khairabad, Multan Sadar, Multan	Not Resideable

**Table: Detail of repair work at at BHUs in District Muzaffargarh particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Muzaffargarh	Basic Health Unit, Langar Sarai, Muzaffargarh	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Muzaffargarh	Basic Health Unit, Budh, Kot Adu, Muzaffargarh	Incomplete
2	Muzaffargarh	Basic Health Unit, Khan Pur Bagga Sher,	Incomplete



		Muzaffargarh	
3	Muzaffargarh	Basic Health Unit, Pattal Kot Addu, Kot Adu, Muzaffargarh	Incomplete
4	Muzaffargarh	Basic Health Unit, Wandhar, Kot Adu, Muzaffargarh	Incomplete
5	Muzaffargarh	Basic Health Unit, Qadir Pur Salih, Muzaffargarh	Incomplete
6	Muzaffargarh	Basic Health Unit, Kanjo Wala, Kot Adu, Muzaffargarh	Incomplete
7	Muzaffargarh	Basic Health Unit, Chak No. 576/TDA, Kot Adu, Muzaffargarh	Incomplete
8	Muzaffargarh	Basic Health Unit, Mochi Wali, Muzaffargarh	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Muzaffargarh	Basic Health Unit, Lundi Pitafi, Jatoi, Muzaffargarh	N/A
2	Muzaffargarh	Basic Health Unit, Damar Wala Shumali, Jatoi, Muzaffargarh	N/A
Sr.No	District	Facility Name	Residence Condition
1	Muzaffargarh	Basic Health Unit, Basti Chunjan, AliPur, Muzaffargarh	Not resideable
2	Muzaffargarh	Basic Health Unit, Budh, Kot Adu, Muzaffargarh	Not resideable
3	Muzaffargarh	Basic Health Unit, Langar Sarai, Muzaffargarh	Not resideable
4	Muzaffargarh	Basic Health Unit, Marian, AliPur, Muzaffargarh	Not resideable
5	Muzaffargarh	Basic Health Unit, Khan Pur Bagga Sher, Muzaffargarh	Not resideable
6	Muzaffargarh	Basic Health Unit, Pattal Kot Addu, Kot Adu, Muzaffargarh	Not resideable
7	Muzaffargarh	Basic Health Unit, Wandhar, Kot Adu, Muzaffargarh	Not resideable
8	Muzaffargarh	Basic Health Unit, Mahra, Muzaffargarh	Not resideable
9	Muzaffargarh	Basic Health Unit, Khizar Abad, AliPur,	Not resideable

		Muzaffargarh	
10	Muzaffargarh	Basic Health Unit, Latti, AliPur, Muzaffargarh	Not resideable
11	Muzaffargarh	Basic Health Unit, 133-ML, Kot Adu, Muzaffargarh	Not resideable
12	Muzaffargarh	Basic Health Unit, Jaday Wala, Muzaffargarh	Not resideable
13	Muzaffargarh	Basic Health Unit, Qadir Pur Salih, Muzaffargarh	Not resideable
14	Muzaffargarh	Basic Health Unit, Shadi Khan Munda, Kot Adu, Muzaffargarh	Not resideable
15	Muzaffargarh	Basic Health Unit, Usman Korla, Muzaffargarh	Not resideable
16	Muzaffargarh	Basic Health Unit, Dewala, Muzaffargarh	Not resideable
17	Muzaffargarh	Basic Health Unit, Kanjo Wala, Kot Adu, Muzaffargarh	Not resideable
18	Muzaffargarh	Basic Health Unit, Dasti Wala, Muzaffargarh	Not resideable
19	Muzaffargarh	Basic Health Unit, Chak No. 576/TDA, Kot Adu, Muzaffargarh	Not resideable
20	Muzaffargarh	Basic Health Unit, Thatha Chandair, Jatoi, Muzaffargarh	Not resideable
21	Muzaffargarh	Basic Health Unit, Mehmood Kot, Kot Adu, Muzaffargarh	Not resideable
22	Muzaffargarh	Basic Health Unit, Sarki, AliPur, Muzaffargarh	Not resideable
23	Muzaffargarh	Basic Health Unit, Lasoori, Kot Adu, Muzaffargarh	Not resideable
24	Muzaffargarh	Basic Health Unit, Basti Faqeer Shah, AliPur, Muzaffargarh	Not resideable
25	Muzaffargarh	Basic Health Unit, Fateh Pur Janobi, AliPur, Muzaffargarh	Not resideable
26	Muzaffargarh	Basic Health Unit, Pirhar Sharqi, Kot Adu, Muzaffargarh	Not resideable
27	Muzaffargarh	Basic Health Unit, Thatha Gurmani, Kot Adu, Muzaffargarh	Not resideable
28	Muzaffargarh	Basic Health Unit, Qadir Pur Chajhra, Jatoi, Muzaffargarh	Not resideable

29	Muzaffargarh	Basic Health Unit, Kamal Pur Patni, Muzaffargarh	Not resideable
30	Muzaffargarh	Basic Health Unit, Hamzay Wali, Jatoi, Muzaffargarh	Not resideable
31	Muzaffargarh	Basic Health Unit, Jhuggi Wala, Jatoi, Muzaffargarh	Not resideable
32	Muzaffargarh	Basic Health Unit, Mochi Wali, Muzaffargarh	Not resideable

**Table: Detail of repair work at BHUs in District Rahimyar khan particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Rahim Yar Khan	Basic Health Unit, Chak No. 42/A, Liaqatpur, Rahim Yar Khan	N/A
2	Rahim Yar Khan	Basic Health Unit, Chak No. 92-P, Rahim Yar Khan	N/A
3	Rahim Yar Khan	Basic Health Unit, Chak No. 87/A, Liaqatpur, Rahim Yar Khan	N/A
4	Rahim Yar Khan	Basic Health Unit, Malik Pur, Khanpur, Rahim Yar Khan	N/A
5	Rahim Yar Khan	Basic Health Unit, Goth Mahi, Liaqatpur, Rahim Yar Khan	N/A
6	Rahim Yar Khan	Basic Health Unit, G.K.M. Jhak, Sadiqabad, Rahim Yar Khan	N/A
7	Rahim Yar Khan	Basic Health Unit, Bangla Bhatta Sheikha, Khanpur, Rahim Yar Khan	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Rahim Yar	Basic Health Unit, Chak No. 148/P, Sadiqabad, Rahim	Incomplete

	Khan	Yar Khan	
2	Rahim Yar Khan	Basic Health Unit, Chak No. 125-P, Rahim Yar Khan	Incomplete
3	Rahim Yar Khan	Basic Health Unit, Mud Bhoora, Khanpur, Rahim Yar Khan	Incomplete
4	Rahim Yar Khan	Basic Health Unit, Qadir Pur, Khanpur, Rahim Yar Khan	Incomplete
5	Rahim Yar Khan	Basic Health Unit, Zamin Shah, Liaquatpur, Rahimyarkhan, Liaquatpur, Rahim Yar Khan	Incomplete
6	Rahim Yar Khan	Basic Health Unit, Badli Sharif, Rahim Yar Khan	Incomplete
7	Rahim Yar Khan	Basic Health Unit, Basti Abdul Karim, Sadiqabad, Rahim Yar Khan	Incomplete
8	Rahim Yar Khan	Basic Health Unit, Chak No. 100/P, Rahim Yar Khan	Incomplete
9	Rahim Yar Khan	Basic Health Unit, Tibbi Gul Muhammad, Rahim Yar Khan	Incomplete
10	Rahim Yar Khan	Basic Health Unit, Muhammad Daha, Liaquatpur, Rahim Yar Khan	Incomplete
11	Rahim Yar Khan	Basic Health Unit, Shahbaz Pur Shariqi, Liaquatpur, Rahim Yar Khan	Incomplete
12	Rahim Yar Khan	Basic Health Unit, Haji Pur, Rahim Yar Khan	Incomplete
13	Rahim Yar Khan	Basic Health Unit, Basti Rais G Rasool, Rahim Yar Khan	Incomplete
14	Rahim Yar Khan	Basic Health Unit, Chak No. 94/NP, Khanpur, Rahim Yar Khan	Incomplete
15	Rahim Yar Khan	Basic Health Unit, 1/A- Doshakha, Liaquatpur, Rahim Yar Khan	Incomplete
16	Rahim Yar Khan	Basic Health Unit, Chak No. 107-P, Rahim Yar Khan	Incomplete
17	Rahim Yar	Basic Health Unit Ehsan Pur, Rahim Yar Khan	Incomplete

	Khan		
18	Rahim Yar Khan	Basic Health Unit, Kot Haq Nawaz, Rahim Yar Khan	Incomplete
19	Rahim Yar Khan	Basic Health Unit, Muslim Town, Khanpur, Rahim Yar Khan	Incomplete
20	Rahim Yar Khan	Basic Health Unit, Chak No. 131/IL, Khanpur, Rahim Yar Khan	Incomplete
21	Rahim Yar Khan	Basic Health Unit Unran, Liaqatpur, Rahim Yar Khan	Incomplete
22	Rahim Yar Khan	Basic Health Unit, Adam Arrain, Rahim Yar Khan	Incomplete
23	Rahim Yar Khan	Basic Health Unit, Gulmerg, Rahim Yar Khan	Incomplete
24	Rahim Yar Khan	Basic Health Unit, Chowk Sawaytra, Sadiqabad, Rahim Yar Khan	Incomplete
25	Rahim Yar Khan	Basic Health Unit, Chak No. 116-P, Rahim Yar Khan	Incomplete
26	Rahim Yar Khan	Basic Health Unit, Kot Sabzal, Sadiqabad, Rahim Yar Khan	Incomplete
27	Rahim Yar Khan	Basic Health Unit, Machka, Sadiqabad, Rahim Yar Khan	Incomplete
28	Rahim Yar Khan	Basic Health Unit, Thakal Arain, Khanpur, Rahim Yar Khan	Incomplete
29	Rahim Yar Khan	Basic Health Unit, Zafar Abad, Liaqatpur, Rahim Yar Khan	Incomplete
30	Rahim Yar Khan	Basic Health Unit, 5/NP, Sadiqabad, Rahim Yar Khan	Incomplete
31	Rahim Yar Khan	Basic Health Unit, Wachhani, Rahim Yar Khan	Incomplete
32	Rahim Yar Khan	Basic Health Unit Kandani, Liaqatpur, Rahim Yar Khan	Incomplete
33	Rahim Yar	Basic Health Unit, Chak No. 186/P, Sadiqabad, Rahim	Incomplete

	Khan	Yar Khan	
34	Rahim Yar Khan	Basic Health Unit Chak No. 137-P, Rahim Yar Khan	Incomplete
35	Rahim Yar Khan	Basic Health Unit, Gehna Lar, Khanpur, Rahim Yar Khan	Incomplete
36	Rahim Yar Khan	Basic Health Unit Basti Sabzal Khan, Sadiqabad, Rahim Yar Khan	Incomplete
37	Rahim Yar Khan	Basic Health Unit, Bahishti, Rahim Yar Khan	Incomplete
38	Rahim Yar Khan	Basic Health Unit, Adam Wali, Rahim Yar Khan	Incomplete
39	Rahim Yar Khan	Basic Health Unit, Begar Garhi, Sadiqabad, Rahim Yar Khan	Incomplete
40	Rahim Yar Khan	Basic Health Unit, Meeray Shah, Sadiqabad, Rahim Yar Khan	Incomplete
41	Rahim Yar Khan	Basic Health Unit, Jhok Gulab Shah, Liaqatpur, Rahim Yar Khan	Incomplete
42	Rahim Yar Khan	Basic Health Unit, Chak No. 25/A, Liaqatpur, Rahim Yar Khan	Incomplete
43	Rahim Yar Khan	Basic Health Unit, Chak No. 7/P, Khanpur, Rahim Yar Khan	Incomplete
44	Rahim Yar Khan	Basic Health Unit, Chak No. 45/A, Liaqatpur, Rahim Yar Khan	Incomplete
45	Rahim Yar Khan	Basic Health Unit, Chak Abbas, Rahim Yar Khan	Incomplete
46	Rahim Yar Khan	Basic Health Unit, Allah Jiwaya Lar, Liaqatpur, Rahim Yar Khan	Incomplete
47	Rahim Yar Khan	Basic Health Unit, Rooti Sharif, Sadiqabad, Rahim Yar Khan	Incomplete
48	Rahim Yar Khan	Basic Health Unit, Chak No. 206/P, Sadiqabad, Rahim Yar Khan	Incomplete
49	Rahim Yar	Basic Health Unit, Bindoor Abbasian, Sadiqabad, Rahim	Incomplete

	Khan	Yar Khan	
50	Rahim Yar Khan	Basic Health Unit, Kot Sanjar Khan, Sadiqabad, Rahim Yar Khan	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Rahim Yar Khan	Basic Health Unit, Chak No. 107-P, Rahim Yar Khan	N/A
2	Rahim Yar Khan	Basic Health Unit, Malik Pur, Khanpur, Rahim Yar Khan	N/A
Sr.No	District	Facility Name	Residence Condition
1	Rahim Yar Khan	Basic Health Unit, Chak No. 125-P, Rahim Yar Khan	Not resideable
2	Rahim Yar Khan	Basic Health Unit, Mud Bhoora, Khanpur, Rahim Yar Khan	Not resideable
3	Rahim Yar Khan	Basic Health Unit, Chak No. 42/A, Liaquatpur, Rahim Yar Khan	Not resideable
4	Rahim Yar Khan	Basic Health Unit, Chak No. 45/P, Khanpur, Rahim Yar Khan	Not resideable
5	Rahim Yar Khan	Basic Health Unit Bismillah Pur, Rahim Yar Khan	Not resideable
6	Rahim Yar Khan	Basic Health Unit, Zamin Shah, Liaquatpur, Rahimyarkhan, Liaquatpur, Rahim Yar Khan	Not resideable
7	Rahim Yar Khan	Basic Health Unit, Arif Balouch, Liaquatpur, Rahim Yar Khan	Not resideable
8	Rahim Yar Khan	Basic Health Unit, Badli Sharif, Rahim Yar Khan	Not resideable
9	Rahim Yar Khan	Basic Health Unit, Chak No. 100/P, Rahim Yar Khan	Not resideable
10	Rahim Yar Khan	Basic Health Unit, Chak No. 92-P, Rahim Yar Khan	Not resideable
11	Rahim Yar	Basic Health Unit, Tibbi Gul Muhammad, Rahim Yar	Not

	Khan	Khan	resideable
12	Rahim Yar Khan	Basic Health Unit, Kotla Pathan, Khanpur, Rahim Yar Khan	Not resideable
13	Rahim Yar Khan	Basic Health Unit, Rukan Pur, Rahim Yar Khan	Not resideable
14	Rahim Yar Khan	Basic Health Unit, Dera Faridi, Liaqatpur, Rahim Yar Khan	Not resideable
15	Rahim Yar Khan	Basic Health Unit, Shahbaz Pur Shariqi, Liaqatpur, Rahim Yar Khan	Not resideable
16	Rahim Yar Khan	Basic Health Unit, Ghazi Pur, Khanpur, Rahim Yar Khan	Not resideable
17	Rahim Yar Khan	Basic Health Unit, Haji Pur, Rahim Yar Khan	Not resideable
18	Rahim Yar Khan	Basic Health Unit, Basti Rais G Rasool, Rahim Yar Khan	Not resideable
19	Rahim Yar Khan	Basic Health Unit, Chak No. 94/NP, Khanpur, Rahim Yar Khan	Not resideable
20	Rahim Yar Khan	Basic Health Unit, Said Pur, Liaqatpur, Rahim Yar Khan	Not resideable
21	Rahim Yar Khan	Basic Health Unit Ehsan Pur, Rahim Yar Khan	Not resideable
22	Rahim Yar Khan	Basic Health Unit, Kot Haq Nawaz, Rahim Yar Khan	Not resideable
23	Rahim Yar Khan	Basic Health Unit, Muslim Town, Khanpur, Rahim Yar Khan	Not resideable
24	Rahim Yar Khan	Basic Health Unit, Chak No. 131/IL, Khanpur, Rahim Yar Khan	Not resideable
25	Rahim Yar Khan	Basic Health Unit, Adam Arrain, Rahim Yar Khan	Not resideable
26	Rahim Yar Khan	Basic Health Unit, Chak No. 116-P, Rahim Yar Khan	Not resideable
27	Rahim Yar	Basic Health Unit, Machka, Sadiqabad, Rahim Yar Khan	Not



	Khan		resideable
28	Rahim Yar Khan	Basic Health Unit, Thakal Arain, Khanpur, Rahim Yar Khan	Not resideable
29	Rahim Yar Khan	Basic Health Unit, Gulshan Dara, Rahim Yar Khan	Not resideable
30	Rahim Yar Khan	Basic Health Unit, Zafar Abad, Liaqatpur, Rahim Yar Khan	Not resideable
31	Rahim Yar Khan	Basic Health Unit, 5/NP, Sadiqabad, Rahim Yar Khan	Not resideable
32	Rahim Yar Khan	Basic Health Unit, Wachhani, Rahim Yar Khan	Not resideable
33	Rahim Yar Khan	Basic Health Unit, Ghous Pur, Khanpur, Rahim Yar Khan	Not resideable
34	Rahim Yar Khan	Basic Health Unit Kandani, Liaqatpur, Rahim Yar Khan	Not resideable
35	Rahim Yar Khan	Basic Health Unit, Chak No. 186/P, Sadiqabad, Rahim Yar Khan	Not resideable
36	Rahim Yar Khan	Basic Health Unit Chak No. 137-P, Rahim Yar Khan	Not resideable
37	Rahim Yar Khan	Basic Health Unit, Chak No. 87/A, Liaqatpur, Rahim Yar Khan	Not resideable
38	Rahim Yar Khan	Basic Health Unit, Chak No. 26/NP, Sadiqabad, Rahim Yar Khan	Not resideable
39	Rahim Yar Khan	Basic Health Unit, Chak No. 150/A, Liaqatpur, Rahim Yar Khan	Not resideable
40	Rahim Yar Khan	Basic Health Unit Basti Sabzal Khan, Sadiqabad, Rahim Yar Khan	Not resideable
41	Rahim Yar Khan	Basic Health Unit, Bahishti, Rahim Yar Khan	Not resideable
42	Rahim Yar Khan	Basic Health Unit, Adam Wali, Rahim Yar Khan	Not resideable
43	Rahim Yar	Basic Health Unit, Goth Mahi, Liaqatpur, Rahim Yar	Not

	Khan	Khan	resideable
44	Rahim Yar Khan	Basic Health Unit, Begar Garhi, Sadiqabad, Rahim Yar Khan	Not resideable
45	Rahim Yar Khan	Basic Health Unit, Latki, Khanpur, Rahim Yar Khan	Not resideable
46	Rahim Yar Khan	Basic Health Unit, Meeray Shah, Sadiqabad, Rahim Yar Khan	Not resideable
47	Rahim Yar Khan	Basic Health Unit, Jhok Gulab Shah, Liaqatpur, Rahim Yar Khan	Not resideable
48	Rahim Yar Khan	Basic Health Unit, Chak No. 25/A, Liaqatpur, Rahim Yar Khan	Not resideable
49	Rahim Yar Khan	Basic Health Unit, Chak No. 45/A, Liaqatpur, Rahim Yar Khan	Not resideable
50	Rahim Yar Khan	Basic Health Unit, Allah Jiwaya Lar, Liaqatpur, Rahim Yar Khan	Not resideable
51	Rahim Yar Khan	Basic Health Unit, Haroon Abad, Liaqatpur, Rahim Yar Khan	Not resideable
52	Rahim Yar Khan	Basic Health Unit, Rooti Sharif, Sadiqabad, Rahim Yar Khan	Not resideable
53	Rahim Yar Khan	Basic Health Unit, Jan Pur, Liaqatpur, Rahim Yar Khan	Not resideable
54	Rahim Yar Khan	Basic Health Unit, Chak No.255/P, Sadiqabad, Rahim Yar Khan	Not resideable
55	Rahim Yar Khan	Basic Health Unit, Chak No. 225/A (Head Farid), Liaqatpur, Rahim Yar Khan	Not resideable
56	Rahim Yar Khan	Basic Health Unit, G.K.M. Jhak, Sadiqabad, Rahim Yar Khan	Not resideable
57	Rahim Yar Khan	Basic Health Unit, Kot Sanjar Khan, Sadiqabad, Rahim Yar Khan	Not resideable
58	Rahim Yar Khan	Basic Health Unit, Bangla Bhatta Sheikha, Khanpur, Rahim Yar Khan	Not resideable

**Table : Detail of repair work at BHUs in District Rajan Pur particularly for Boundary Wall and residences is as under:**

Sr.No	District	Facility Name	Boundary Wall Condition
1	Rajanpur	Basic Health Unit, Kotla Eisan, Rajanpur	N/A
Sr.No	District	Facility Name	Boundary Wall Condition
1	Rajanpur	Basic Health Unit, Tatar Wala, Jampur, Rajanpur	Incomplete
2	Rajanpur	Basic Health Unit, Salam Pur, Jampur, Rajanpur	Incomplete
3	Rajanpur	Basic Health Unit, Kotla Dewan, Jampur, Rajanpur	Incomplete
4	Rajanpur	Basic Health Unit, Uzman, Rojhan, Rajanpur	Incomplete
5	Rajanpur	Basic Health Unit, Burray Wala, Jampur, Rajanpur	Incomplete
6	Rajanpur	Basic Health Unit, Tal Shumali, Jampur, Rajanpur	Incomplete
7	Rajanpur	Basic Health Unit, Jahan Pur, Rajanpur	Incomplete
Sr.No	District	Facility Name	Residence Condition
1	Rajanpur	Basic Health Unit, Kotla Hassan Shah, Rojhan, Rajanpur	Not resideable
2	Rajanpur	Basic Health Unit, Tatar Wala, Jampur, Rajanpur	Not resideable
3	Rajanpur	Basic Health Unit, Salam Pur, Jampur, Rajanpur	Not resideable
4	Rajanpur	Basic Health Unit, Kotla Dewan, Jampur, Rajanpur	Not resideable
5	Rajanpur	Basic Health Unit, Bukhara Sharif, Jampur, Rajanpur	Not resideable
6	Rajanpur	Basic Health Unit, Uzman, Rojhan, Rajanpur	Not resideable
7	Rajanpur	Basic Health Unit, Kotla Mughlan, Jampur, Rajanpur	Not resideable

**Table: Detail of repair at BHUs in District Khanewal particularly for Boundary Wall and residences is as under:**

Sr.No	DistrictName	FacilityName	Condition of Boundary wall
1	Khanewal	Basic Health Unit, Ibrahim Pur, Kabirwala, Khanewal	N/A
Sr.No	DistrictName	FacilityName	Condition of Boundary wall
1	Khanewal	Basic Health Unit, 131/15L, Mian Channu, Khanewal	Incomplete
2	Khanewal	Basic Health Unit, 67/10-R, Khanewal	Incomplete
3	Khanewal	Basic Health Unit, Sandian Wala, Kabirwala, Khanewal	Incomplete
4	Khanewal	Basic Health Unit, 22/8R, Mian Channu, Khanewal	Incomplete
5	Khanewal	Basic Health Unit, Marri Sahu, Kabirwala, Khanewal	Incomplete
6	Khanewal	Basic Health Unit, 58/10-R, Khanewal	Incomplete
7	Khanewal	Basic Health Unit, 139/10-R, Jahanian, Khanewal	Incomplete
8	Khanewal	Basic Health Unit, Shamkot, Khanewal	Incomplete
9	Khanewal	Basic Health Unit, 12/AH, Khanewal	Incomplete
10	Khanewal	Basic Health Unit, Hashmat Mirali, Kabirwala, Khanewal	Incomplete
11	Khanewal	Basic Health Unit, 74/15-L, Khanewal	Incomplete
12	Khanewal	Basic Health Unit, Kot Barkat Ali, Mian Channu, Khanewal	Incomplete
13	Khanewal	Basic Health Unit, Behrowal, Khanewal	Incomplete
14	Khanewal	Basic Health Unit, 11-A/8R, Khanewal	Incomplete
15	Khanewal	Basic Health Unit, 67/15L, Mian Channu, Khanewal	Incomplete

16	Khanewal	Basic Health Unit, 106/10-R, Jahanian, Khanewal	Incomplete
17	Khanewal	Basic Health Unit, 121/15L, Mian Channu, Khanewal	Incomplete
18	Khanewal	Basic Health Unit, 9/V, Khanewal	Incomplete
19	Khanewal	Basic Health Unit, 171/10-R, Khanewal	Incomplete
20	Khanewal	Basic Health Unit, 100/15L, Mian Channu, Khanewal	Incomplete
21	Khanewal	Basic Health Unit, 7/8AR, Mian Channu, Khanewal	Incomplete
22	Khanewal	Basic Health Unit, 129/15L, Mian Channu, Khanewal	Incomplete
23	Khanewal	Basic Health Unit, 14/8-R, Khanewal	Incomplete
24	Khanewal	Basic Health Unit, Dandi Sargana, Kabirwala, Khanewal	Incomplete
25	Khanewal	Basic Health Unit, 30/10-R, Khanewal	Incomplete
26	Khanewal	Basic Health Unit, 1/8R, Mian Channu, Khanewal	Incomplete
Sr.No	DistrictName	FacilityName	Residence
1	Khanewal	Basic Health Unit, 129/15L, Mian Channu, Khanewal	N/A
Sr.No	DistrictName	FacilityName	Residence
1	Khanewal	Basic Health Unit, Ibrahim Pur, Kabirwala, Khanewal	Not resideable
2	Khanewal	Basic Health Unit, 70/15-L, Khanewal	Not resideable
3	Khanewal	Basic Health Unit, 131/15L, Mian Channu, Khanewal	Not resideable
4	Khanewal	Basic Health Unit, 67/10-R, Khanewal	Not resideable
5	Khanewal	Basic Health Unit, Sandian Wala, Kabirwala, Khanewal	Not resideable

6	Khanewal	Basic Health Unit, Rahim Shah, Jahanian, Khanewal	Not resideable
7	Khanewal	Basic Health Unit, 22/8R, Mian Channu, Khanewal	Not resideable
8	Khanewal	Basic Health Unit, Marri Sahu, Kabirwala, Khanewal	Not resideable
9	Khanewal	Basic Health Unit, Mahni Sial, Kabirwala, Khanewal	Not resideable
10	Khanewal	Basic Health Unit, 92/10-R, Khanewal	Not resideable
11	Khanewal	Basic Health Unit, 139/10-R, Jahanian, Khanewal	Not resideable
12	Khanewal	Basic Health Unit, 76/10-R, Khanewal	Not resideable
13	Khanewal	Basic Health Unit, 18/8R, Mian Channu, Khanewal	Not resideable
14	Khanewal	Basic Health Unit, 36/10-R, Khanewal	Not resideable
15	Khanewal	Basic Health Unit, 7/9-R, Khanewal	Not resideable
16	Khanewal	Basic Health Unit, Mula Pur, Kabirwala, Khanewal	Not resideable
17	Khanewal	Basic Health Unit, Shamkot, Khanewal	Not resideable
18	Khanewal	Basic Health Unit, 12/AH, Khanewal	Not resideable
19	Khanewal	Basic Health Unit, Hashmat Mirali, Kabirwala, Khanewal	Not resideable
20	Khanewal	Basic Health Unit, 74/15-L, Khanewal	Not resideable
21	Khanewal	Basic Health Unit, Behrowal, Khanewal	Not resideable
22	Khanewal	Basic Health Unit, 11-A/8R, Khanewal	Not resideable
23	Khanewal	Basic Health Unit, 67/15L, Mian Channu, Khanewal	Not resideable
24	Khanewal	Basic Health Unit, Qatal Pur, Kabirwala, Khanewal	Not resideable
25	Khanewal	Basic Health Unit, 121/15L, Mian Channu,	Not resideable

		Khanewal	
26	Khanewal	Basic Health Unit, 100/15L, Mian Channu, Khanewal	Not resideable
27	Khanewal	Basic Health Unit, Umeed Garh, Kabirwala, Khanewal	Not resideable
28	Khanewal	Basic Health Unit, 7/8AR, Mian Channu, Khanewal	Not resideable
29	Khanewal	Basic Health Unit, Ghous Pur, Mian Channu, Khanewal	Not resideable
30	Khanewal	Basic Health Unit, 14/8-R, Khanewal	Not resideable
31	Khanewal	Basic Health Unit, Dandi Sargana, Kabirwala, Khanewal	Not resideable
32	Khanewal	Basic Health Unit, 44/10-R, Khanewal	Not resideable
33	Khanewal	Basic Health Unit, 30/10-R, Khanewal	Not resideable
34	Khanewal	Basic Health Unit, Jungle Deray Wala, Mian Channu, Khanewal	Not resideable
35	Khanewal	Basic Health Unit, 1/8R, Mian Channu, Khanewal	Not resideable

## Appendix

- I. Source: <https://trustees.aha.org/top-10-emerging-trends-health-care-2021-new-normal?msclkid=bcc4c239a8c911ec956e87582ddb0135>
- II. Punjab Bureau of Statistics
- III. Multiple Indicator Cluster Survey 2018
- IV. District Health Information System- Directorate General Health Punjab Human Resource Management System, HISDU Punjab Lahore.