



**The Urban Unit**

Urban Sector Planning & Management Services (Pvt.) Ltd.



# Health Sector

## Faisalabad Regional Development Plan



# **Health Sector**

## **Faisalabad Regional Development Plan**

Urban Sector Planning and Management Sector Unit (Pvt.) Ltd. has prepared this report as Health Plan for Regional Development Plan of Faisalabad division. Maximum care and caution were observed while developing this document.

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# Chapter 1: Introduction

The mandate of providing Health in the division of Faisalabad is split between the primary & secondary healthcare and specialized health care in Punjab. Where the former provides basic healthcare services through the unit like; BHUs, RHC, MCH centers, Dispensaries, THQs and DHQs etc. Specialized health & medical education department caters the units like; specialized hospitals, medical education, medical universities/ colleges/ schools, teaching hospital, nursing education, health agencies, Punjab health foundation, Punjab pharmacy council etc. A great number of private, small clinics and health units also operates in the region.

The situation of the health sector indicates an unsatisfactory picture for the division. Multiple factors contribute to this healthcare situation in Faisalabad. Inadequate quality of services at primary & secondary healthcare level, emergency & waste management and infrastructure development for institutions with meager progress leads poor result towards SDGs targets.

Health situation in Faisalabad division and its districts is lower as compare Punjab's average. A district wise analysis of mother & child health care parameters reveals that they are the poor in the districts of Faisalabad as compare as to Punjab average<sup>1</sup>.

Overall, health indicators are poor in the province and far below the SDGs. The table below shows the key performance indicators of Health, taken from PSLM 2020 and MICS 2018 reports.<sup>2</sup> They provide an overview of Health landscape in Faisalabad division, which are compared against the statistics of Punjab considered as the bare minimum standard. The cells highlighted in green represent satisfactory performance of a district, red cells reveal underperformance and yellow cells are indicative of same performance as of Punjab. As it can be seen, the Faisalabad KPI's for the division are usually highlighted with the red cells. Red performance indicators are needed to invest for development in health sector.

Table 1: Key Performance Indicators PSLM 2019, Health

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<sup>1</sup> See below indicator list of MICS, 2019

<sup>2</sup> Pakistan Social and Living Standards Measurement Survey, 2019 and Multiple Indicator Cluster Survey, 2018

<b>Indicator</b>	<b>Description</b>	<b>Categorization</b>	<b>Punjab</b>	<b>Faisalabad Div</b>
Percentage Distribution of Population Fallen Sick or Injured During Last	(Two Weeks of The Interview and by Health Consultation).	Sick or injured	6.79	9.60
		Health Consultation	96.37	96.41
Percentage of Children Aged 12-23 Months That Have Been Immunized	A: Based on Recall - At Least One Immunization	Urban	99	100.00
		Rural	98	98.25
		Total	98	99.25
Percentage of Children Aged 12-23 Months That Have Been Immunized	B: Based on Record - Fully Immunized	Urban	81	78.50
		Rural	81	80.75
		Total	81	59.50
Percentage of Children Aged 12-23 Months That Have Been Immunized	C: Based on Recall and Record - Fully Immunized	Urban	88	94.25
		Rural	89	94.50
		Total	89	94.50
Percentage of Children 12-23 Months That Have Been Immunized	By Type Of Antigen-Based on Record	BCG	87	82.75
		PENTA1	86	81.50
		PENTA2	84	80.50
		PENTA3	84	80.50
		PNEU1	85	81.25
		PNEU2	84	80.75
		PNEU3	83	80.50
		POLIO1	87	82.00
		POLIO2	83	80.50
		POLIO3	82	80.75
Percentage of Children 12-23 Months that have been Immunized	By Type of Antigen-Based on Record and Recall.	BCG	96	98.50
		PENTA1	95	97.00
		PENTA2	92	95.50
		PENTA3	92	95.00
		PNEU1	94	96.50
		PNEU2	92	95.75
		PNEU3	91	95.00

		POLIO1	94	97.25
		POLIO2	92	96.25
		POLIO3	90	96.50
		MEASLES	91	94.75
CHILDREN UNDER 5 SUFFERING FROM DIARRHEA IN PAST 15 DAYS-BY PROVINCE AND DISTRICT		URBAN	5	4.00
		RURAL	6	5.00
		TOTAL	6	4.75
Treatment Of Diarrhoea In Children Under 5 Years	A. Diarrhoea Cases Where A Practitioner Was Consulted	URBAN	89	87.25
		RURAL	90	94.50
		TOTAL	90	91.50
TREATMENT OF DIARRHOEA IN CHILDREN UNDER 5 YEARS		URBAN	73	32.25
		RURAL	77	43.75
		TOTAL	76	41.50
Pregnant Women that have received Tetanus Toxoid Injection	Percentage of Pregnant Women	Urban	87	82.25
		RURAL	82	81.25
		TOTAL	83	82.25

Table depicts the indicators of mother & children healthcare facilities in Faisalabad. Like considering the baseline of Punjab's average value with comparing Faisalabad division value. For instance, "Percentage distribution of population fallen sick or injured during last with (sick or injured) "value of Faisalabad div is high i.e. 9.60 compare to the Punjab's average i.e. 6.79. Similarly, "Pregnant women that have received tetanus toxoid injection (percentage of pregnant women)" seems low percentage then the Punjab's average so needs to give more focused on it.

Table 2: Key Performance Indicators MICS 2019, Health

<b>Thematic Area</b>	<b>Indicator</b>	<b>Punjab</b>	<b>Faisalabad Div</b>
Neonatal, post-neonatal, infant, child and under-five mortality rates for the five year period preceding the survey, by socioeconomic characteristics, Punjab, 2017-18	Neonatal mortality rate	<b>41.0</b>	<b>41.0</b>
	Post-neonatal mortality rate	<b>19.2</b>	<b>19.2</b>
	Infant mortality rate	<b>60.2</b>	<b>60.2</b>
	Under-five mortality rate	<b>68.9</b>	<b>68.9</b>
Percentage of women currently married who are using:	No method	<b>65.7</b>	<b>60.9</b>
	Any method	<b>34.4</b>	<b>39.1</b>
Family Planning	Unmet need for family planning	<b>17.9</b>	<b>14.3</b>
	Met need for family planning (currently using contraception)	<b>34.4</b>	<b>39.1</b>
	Total demand for family planning	<b>52.2</b>	<b>60.9</b>
ANC	All types of antenatal care (doctor, nurse, LHW, Midwife, tradition, other)	<b>88.7</b>	<b>93.2</b>
	No antenatal care	<b>11.3</b>	<b>6.8</b>
Percentage of women who, during the pregnancy of the most recent live birth, had:	Blood pressure measured, urine and blood sample taken, weight measured, importance of spacing and information provided for family planning methods <sup>2</sup>	<b>11.4</b>	<b>11.0</b>
	Percentage of women who received at least 2 tetanus toxoid containing vaccine doses during the pregnancy of the most recent live birth	69.7	<b>70.9</b>
Place of delivery	Delivered in health facility(public / private)	<b>73.3</b>	<b>76.6</b>
PNC	Post-natal health check for the newborn	<b>69.6</b>	<b>74.9</b>
	Post-natal health check for the mother(in facility or at home)	<b>70.7</b>	<b>76.5</b>

Percentage of ever married women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy-looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Punjab, 2017-18	Percentage with comprehensive knowledge woman HIV	4.3	4.5
	Percentage with comprehensive knowledge men HIV	9.4	10.1

While most of the health indicator of MICS 2019 showed best performance then Punjab average value.

# Chapter 2: Methodology

## 2.1: Strategic Direction

The strategic directions for Health Plan are extracted from the following policy documents of the Government of the Punjab, for synching short-term, medium-term and long-term goals provincial goals:

### Linkages between Health Plan and Punjab Health Sector Strategy 2019-2028

The Punjab Health Sector Strategy 2019-28 provides the framework for the future planning, management and service delivery for Punjab Health Departments for the next decade. The Strategy focuses on leading Punjab towards better performance for attaining the desired goal of providing quality healthcare to the people. Strategic interventions for thematic areas are discussed below;



Table 2: Thematic areas of interventions as per Punjab Health Sector Strategy 2019-2028

Sr.#	Punjab Health Sector Strategy 2019-2028	
	Thematic Areas	Strategic Interventions
1	Reproductive Maternal Newborn Child Health, Nutrition & Family Planning	Establish MNCH Hospitals in public sector as well as in partnership with private sector which may be funded by Punjab Health Foundation
2	Medicines and Biomedical Equipment	Proper storage of medicines at provincial and district level
3	Health Management Information System	Develop and implement a uniform and Tertiary-level Health Information System

## Linkages between Health Plan and National Reference Manual on Planning and Infrastructure Standards 1983

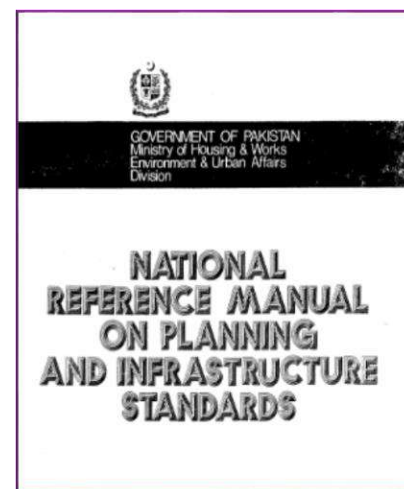
The Manual identifies major standards and guidelines for the establishment of both primary and secondary health facilities such as coverage area, types of facilities provided etc. To facilitate the geographical distribution of health facilities, the manual has set a minimum standard of 2 beds/1000 population in the region. The table below shows the existing bed capacity in health facilities of Faisalabad and the required beds per population as per the National Reference Manual on Planning and Infrastructure Standards.

Table 3: Required Beds as per standards for health facilities

Districts	Population (Census 2017)	Existing Beds (PDS 2021)	Beds per 1000 population	Required beds per population(2021)
<b>FAISALABAD</b>	7.8 million	5598	0.71	10,152
<b>CHINIOT</b>	1.3million	372	0.27	2,367
<b>JHANG</b>	2.7 million	788	0.29	4,700
<b>TOBA TEK SINGH</b>	2.1 million	549	0.25	3,831
<b>Total</b>	14.1 million	7307	1.52	21,050

Thus, to increase the beds to population ratio in the region, following types of intervention are identified in the plan:

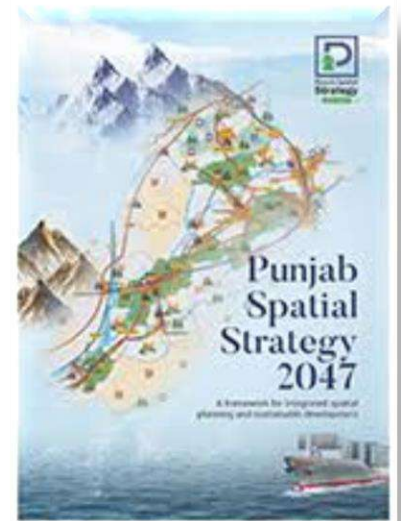
1. Establishment of 10 bedded mother & child healthcare centre at Chak No.215/RB, District Faisalabad.
2. Upgradation of District Headquarter (DHQ) Hospital Toba Tek Singh from 260 bedded to 500 bedded hospital.
3. At City Hospital T.T Singh 20 bedded ward is needed.
4. At Rural Health Centre Rajana, trauma centre 20 Bedded is needed
5. Basich Health Unit 388 JB, Up gradation (trauma centre 20 Bedded) is required.



6. In Gojra, at Rural Health Centre Nia Lahore, for trauma centre 20 Bedded is needed
7. At THQ Hospital Pirmahal, 10 Bedded Dialysis Unit is required
8. DHQ is need to enhance the emergency capacity, needed more bed capacity unit

### **Linkages between Health Plan and Punjab Spatial Strategy 2018-2047**

For the achievement of SDGs, PSS calls for an integrated health ecosystem with adequate expenditure on health sector targeting the most deprived districts on high priority. The figure below depicts the health-related disparities and priority zones, based on the Health Dimension Index, incorporating major health indicators like infant mortality rate, child mortality rate (aged under 5), population diagnosed with major diseases (Hepatitis and Tuberculosis), immunization coverage and percentage of cases for pre- and post-natal consultation. Only focusing on the Faisalabad division, it can be seen that the district Faisalabad Toba Tek Singh are medium priority districts in terms of healthcare provision and performance. While Jhang and Chiniot are high priority districts in terms of healthcare provision and performance as they are lagging behind as compared to their neighboring districts. PSS points out that need remove disparities in health infrastructure development as compare the other region of Punjab.



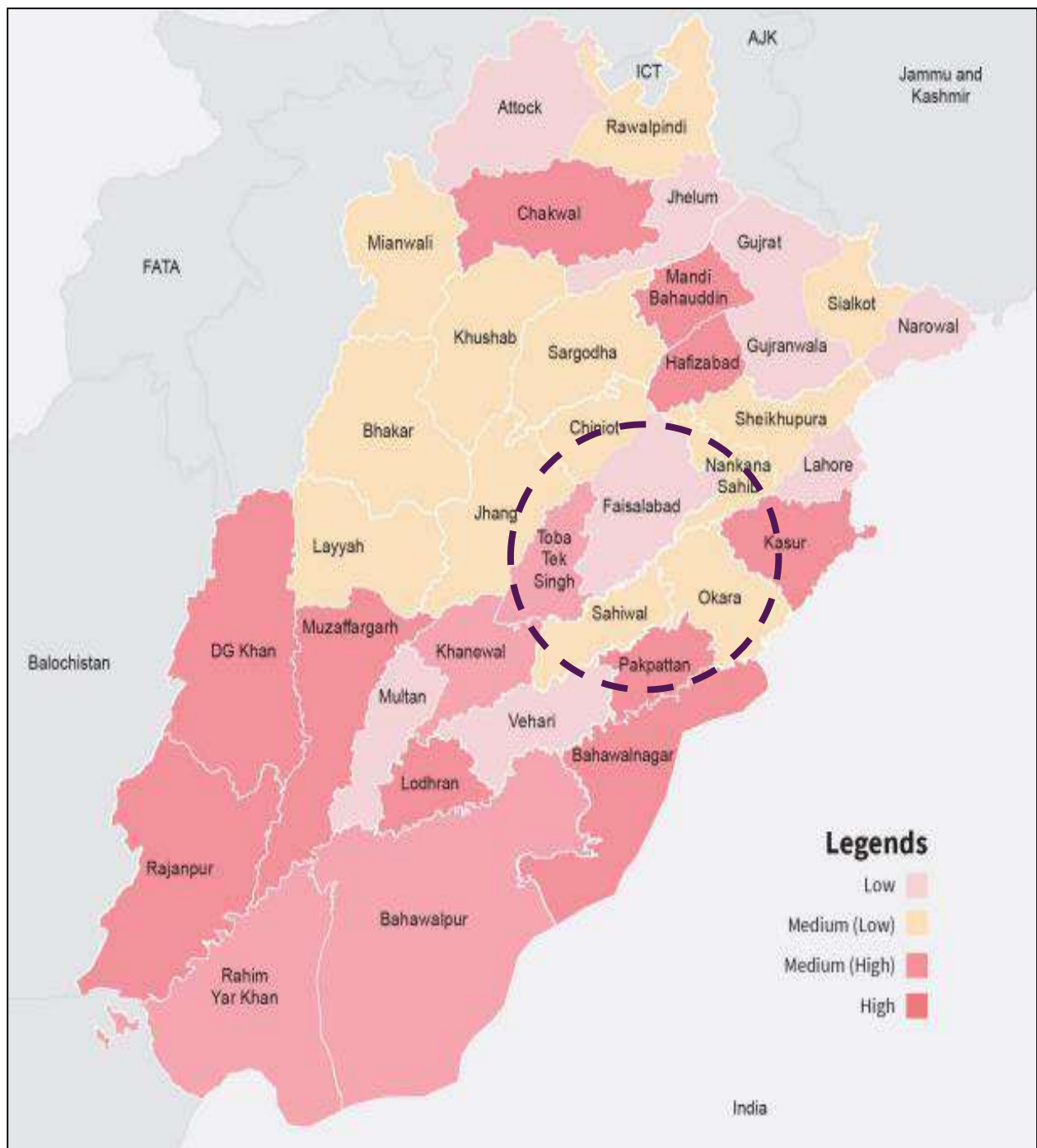


Figure 1: Faisalabad division as a priority area for health interventions

Source: Punjab Spatial Strategy (PSS) 2047

## 2.2 Approach and Methodology

The project had two distinct phases. The first phase includes a detailed assessment and situation analysis of the region and identification of gaps using the mixed method research (quantitative and qualitative) through collection and analysis of data from existing provincial and national surveys and reports, stakeholder consultations and field visits. Additionally, the spatial analysis (wherever the spatial coordinates and data available) using GIS tools was applied, which further assisted in identifying the gaps and operational issues prevailing in the health facilities. The second phase includes recommendations for sustainable interventions which can be implemented to increase the level of development in the region. Following five data collection and analysis techniques were utilized:

- Desk Review (using life course approach)
- Field visits for rapid condition assessment
- Stakeholder Engagement (using SWOT analysis)
- Spatial analysis using GIS tools

The following figure gives a preview of the methodological framework used in this health plan:

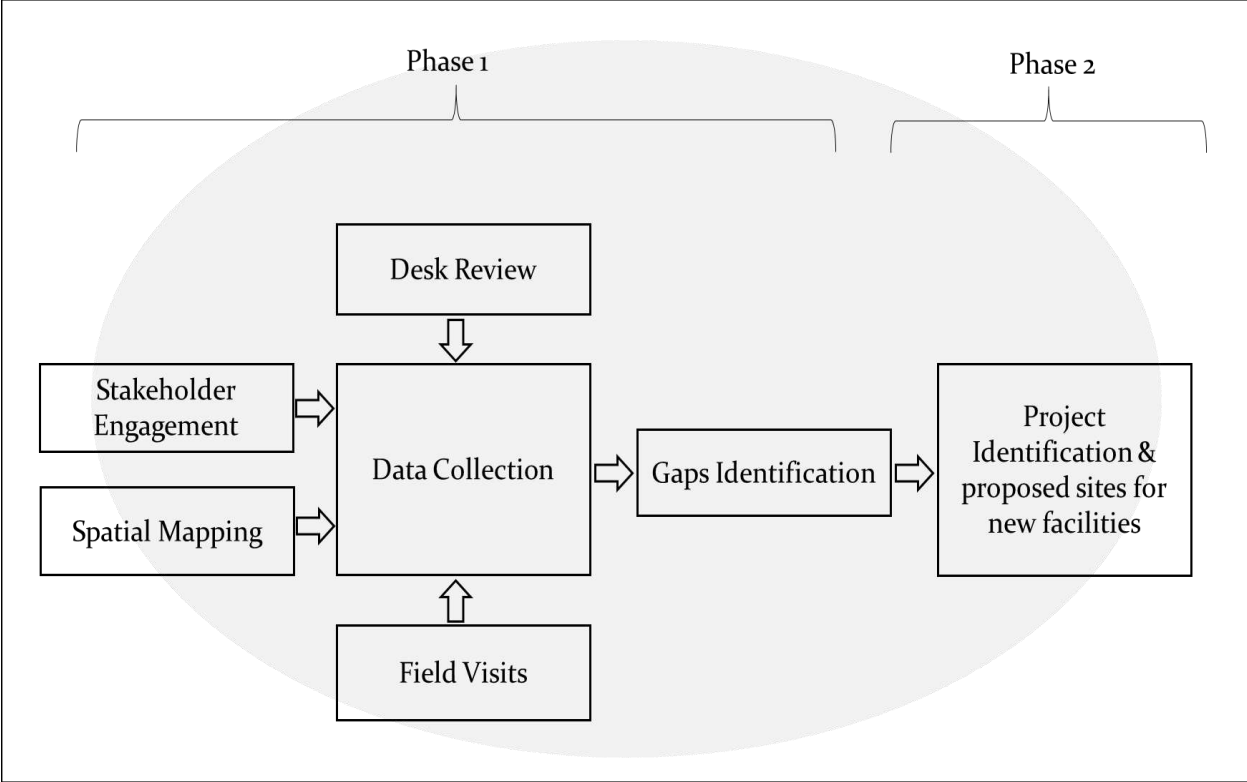


Figure 2: Methodological Framework

### 2.3 Desk Review:

Initial review of existing provincial and national reports and survey related to health was conducted to get collect baseline indicators and overview of the prevailing situation in the region. Secondary sources included District Health Information System (DHIS) dashboard<sup>3</sup>, Population Census 2017, Pakistan Standard of Living Measurement (PSLM) 2019-20, Multiple Indicator Cluster Survey (MICS) 2017-18, Punjab Development Statistics (PDS) 2019 and others. Additionally, the Health Plan is based on the Life Course theoretical model which provided a framework for data collection. Life course model focuses on the importance of general health and wellness over the life course (i.e., childhood adolescence and adulthood) as it relates to maternal and child health. Adopting a life course approach is essential to explore the factors affecting children health and nutrition.

<sup>3</sup> P&SHD (2021). *District Health Information System*. Primary & Secondary Healthcare Department (P&SHD), Government of Punjab. Accessed from <<http://125.209.111.70:88/dhis/>>.

The figure below highlights the framework for analyzing major health indicators at different stages of life course, which gives an opportunity to explore the influencing factors on Mother and Child Health (MCH). At each point in the life course different services are required, for instance outpatient and outreach services can promote behaviour change and provide preventive care, while hospital or clinical care can provide services such as emergency obstetric care and care for small and sick newborns at large scale. This results in a matrix of integrated packages involving different types of care and the impacting health indicators at various points in a woman's life (adolescent, reproductive health, pregnancy and labour birth, post-natal maternal and newborn and child). Thus, mother and child health should be the key pillar of healthcare plan.

	Adolescent	Reproductive Health	Pregnancy, Labour & Birth	Postnatal Maternal & Newborn	Child
<b>Hospital / Clinical Care</b> 	% of children with ARI (infection) for whom no advise or treatment sought <b>lowest</b> (8.2)  Low performing district: <b>TT Singh</b>	% of W who received HIV counselling during antenatal care 5 <sup>th</sup> highest (1.4)  Low performing district: <b>Jhang</b>	% of W whose delivery was assisted by skilled attendant 5 <sup>th</sup> highest (79.7)  Low performing district: <b>Jhang</b>	% of Institutional deliveries 4 <sup>th</sup> highest (76.6)  Low performing district: <b>Jhang</b>	Under-5 mortality (per 1000 lives birth) <b>3<sup>rd</sup> highest</b> (79)  Low performing district: <b>Chiniot</b>
<b>Outpatients &amp; outreach services</b> 	% of children who have clinical anaemia (iron deficiency) 3 <sup>rd</sup> lowest (7.8)  Low performing district: <b>Chiniot</b>	Unmet need for Family planning <b>2<sup>nd</sup> lowest</b> (14.3)  Low performing district: <b>TT Singh</b>	WHO recommended 4 ANC visits 4 <sup>th</sup> highest (56)  Low performing district: <b>Jhang</b>	Post-natal care (newborn) 4 <sup>th</sup> highest (74.9)  Low performing district: <b>TT Singh</b>	Immunization 5 <sup>th</sup> highest (72.1)  Low performing district: <b>Chiniot</b>

**Figure 3: Division and District-wise indicators using Life course approach**

Source: Framework adopted from Oxford Textbook of Global Health of Women<sup>4</sup>, Newborns, Children, and Adolescents and data taken from MICS 2017-18

<sup>4</sup> Lawn, J & Sadoo, S. (2018). Strategies through the lifecourse to improve maternal, newborn, child, and adolescent health. In D. Devakumar (Ed.). *Oxford Textbook of Global Health of Women, Newborns, Children, and Adolescents*. Oxford University Press.

It can be seen that Faisalabad division is performing well against few indicators such as percentage of woman whose delivery was assisted by skilled attendant , percentage of woman who received HIV counselling during antenatal care and immunization coverage etc. On the other hand, the situation of other major indicators such as percentage of children with ARI (infection) for whom no advise or treatment sought, unmet need for Family planning and under-5 mortality (per 1000 lives birth) etc. are worse in the region. The districts wise comparison showed that Jhang and Chiniot districts are the lowest performing districts across the parameters mentioned above.

## 9. Health Facility Visits for Condition Assessment

For condition assessment of the health facilities, the Urban Unit healthcare sector team visited all the districts of Faisalabad division during December 2022. Figure below highlights the pictorial view of health facilities which were visited by the Urban Unit team. A rapid condition assessment survey was done to gauge the existing situation of the health facilities. These surveys were based on Minimum Service Delivery Standards (MSDS) 2017 (Punjab Health Commission) and are attached in the appendix A.



District Health Authority (DHA)  
Faisalabad



Tehsil Headquarter (THQ) Hospital Chak  
Jhumra Faisalabad

 <p>Male and Female Wards in THQ Chak Jhumra</p>	 <p>District Headquarter (DHQ) Hospital Jhang</p>
 <p>Overcrowded Dialysis Unit at DHQ Jhang</p>	 <p>Basic Health Unit (BHU) Kot Lakhana Jhang</p>
 <p>Rural Health Center (RHC) Ahmednagar Chiniot</p>	 <p>Waste Incinerator at District Headquarter (DHQ) Hospital Chiniot</p>

Figure 4: Condition Assessment Field Visits of Health Facilities of Faisalabad Division

Moreover, following observations were made through condition assessment exercise:

Table 4: Observations through condition assessment survey

Sr. #	Name of Health Facilities	Geo-coordinates	No. of Beds	Missing or non-functional services	Others
1	Tehsil Headquarter (THQ) Hospital Chak Jhumra Faisalabad	31.5662573780 36536, 73.1881133694 5672	120	<ul style="list-style-type: none"> <li>• CBC Machine non-functional</li> <li>• No ramp available for 2<sup>nd</sup> floor Gynae ward</li> </ul>	<ul style="list-style-type: none"> <li>• Need expansion of dialysis center</li> <li>• Need for expansion of medicine store, space is available</li> <li>• Need incinerator for waste management, and can also generate revenue by collecting waste from the private health facilities</li> </ul>
2	District Headquarter (DHQ) Hospital Jhang	31.2628044138 03327, 72.3324227101 8678	330	<ul style="list-style-type: none"> <li>• Need upgradation of MRI Scan (64 slice) and endoscope</li> </ul>	<ul style="list-style-type: none"> <li>• Need renovation of TB Clinics and dialysis unit</li> <li>• Need new medical store</li> </ul>
3	District Headquarter (DHQ) Toba Tek Singh	30.9521161073 07265, 72.4942118255 2132	313	<ul style="list-style-type: none"> <li>• Beds are not available upto the maximum capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Need for expansion of the medicine store, space is available</li> <li>• Need for 20 bedded emergency ward</li> <li>• Need new female residential building, space is available</li> </ul>
4	District Headquarter (DHQ) Hospital Chiniot	31.7221373760 23078, 72.9876795255 4502	40	<ul style="list-style-type: none"> <li>• Limited space of medicine store</li> <li>• Limited space for emergency unit</li> </ul>	<ul style="list-style-type: none"> <li>• Need for female residences (space is available within the boundary of DHQ)</li> </ul>
5	Basic Health Unit (BHU) Kot Lakhana Jhang	31.2348457288 7679, 72.4176898678 579	2	<ul style="list-style-type: none"> <li>• Damaged and incomplete boundary wall</li> <li>• No solar system</li> <li>• Non-availability of oxygen gauge</li> </ul>	<ul style="list-style-type: none"> <li>• Need for renovation of residential building</li> </ul>
6	Rural Health Center (RHC) Ahmednagar Chiniot	32.3041718829 27, 73.9928985390 5533	20	<ul style="list-style-type: none"> <li>• Low accessibility from the main road</li> </ul>	<ul style="list-style-type: none"> <li>• Since the area is far from DHQ Chiniot, a Trauma center is needed to cater to the emergency patients</li> </ul>

The Urban Unit healthcare sector team during field visit for condition assessment of various health facilities in the Faisalabad division in November 2022, also met various officials and stakeholder including:

1. Chief Executive Officer (CEO), Jhang
2. Chief Executive Officer (CEO), Toba Tek Singh
3. Chief Executive Officer (CEO), Chiniot
4. District Health Officer (DHO), Faisalabad
5. Medical Superintendent at DHQ Jhang
6. Medical Superintendent at DHQ Toba Tek Singh
7. Medical Superintendent at DHQ Chiniot
8. Medical Superintendent at THQ Hospital Chak Jhumra Faisalabad

Consultations with stakeholders were conducted for the shared understanding of the prevailing health condition in Faisalabad. Majority of the stakeholders involved were from district administration, and the rest of the participants were from primary and secondary healthcare facilities. The data was collected through individual interviews and respondents were asked to provide feedback through open comments approach, where they were asked to identify key challenges with relation to the four types of health facilities:

- Primary Healthcare (PHC) facilities
- Secondary Healthcare (SHC) facilities
- Health Institutions
- Emergency and Waste Management

Challenges to existing health system were identified by the stakeholders and the following recommendations were proposed:

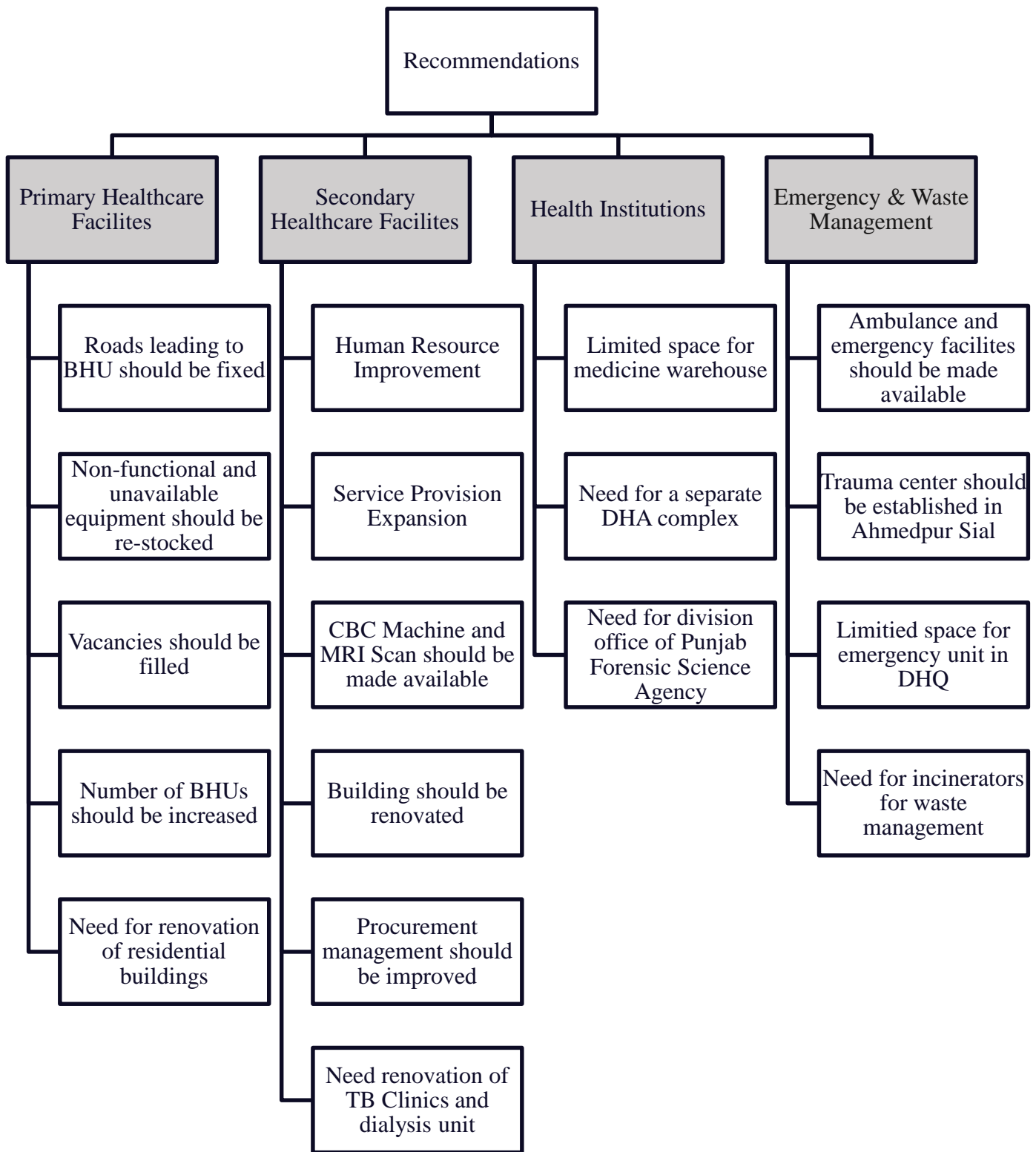


Figure 5: Recommendations proposed by the stakeholders

Recommendations for the primary healthcare facilities includes fixing of approach roads to some of the BHUs, non-functional and unavailable equipment should be re-stocked, vacancies should be filled, number of BHUs should be increased and residential buildings should be renovated. Retention of staff is challenging in far-off facilities such as BHU Kot Lakhana, and damaged residential buildings further demotivate the staff. Most facilities have space available to construct new residential buildings.

Recommendations for the secondary healthcare facilities includes improvement in human resource, expansion in service provision, re-stocking of unavailable equipment like CBC Machine and MRI Scan, renovation of buildings and provision of TB Clinics and dialysis unit in specific health facilities.

Recommendations for health institutions includes provision of medicine warehouse, separate District Health Authority Complex offices and division offices for Punjab Forensic Science Agency. District Health Authority (DHA) Chiniot has no office of its own. Current office is in District Education Authority building, and there's limited space for medicine warehouse. Moreover, Punjab Forensic Science Agency (PFSA) Labs in Faisalabad is limited to only collecting samples from the crime scene and then transporting it to Lahore office, which causes delay in case processing. as per the report, Faisalabad division PFSA lab has 3rd highest number of cases receiving in Punjab<sup>5</sup>. Thus, there is a need for Faisalabad branch of PFSA to increase the capacity of the division as current facility is insufficient.

Recommendations for Trauma and Emergency Management includes provision of missing ambulance and emergency facilities, provision of incinerators for waste management and expansion of emergency unit in some DHQs. In addition to this, Ahmedpur Sial tehsil in Jhang is far from DHQ hospital (about 60 mins away) for higher and specialized healthcare, thus a Trauma center should be established in Ahmedpur Sial, as space is available.

## Chapter 3: Gaps Identification

The Health Sector Plan will highlight the situational analysis of the health system in the region and will identify the lagging areas which needs to be catered to.

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<sup>5</sup> Annual Performance Report 2020. Punjab Forensic Science Agency. Home Department, Government of Punjab.

## 3.1 Challenges and Constraints

### 3.1.1 Poor progress against SDGs

Health is a critical element in human development and has a significant impact on social progress. Investing in the health of a society is essential to enhance the productivity of workforce by increasing their physical capabilities, which include strength and endurance. Moreover, provision of inclusive, affordable and quality healthcare is an important measure of the quality of life. Presently, the Faisalabad region suffers from low performance on the major health indicators like infant mortality rates, antenatal care, number of doctors etc. The overall progress of the Faisalabad



Division is very poor against the major Sustainable Development Goals (SDGs) indicators related to health. It can be seen from the following figure that high rate of under-five mortality of the division i.e., 79 lives per 1000 births, is very far away from SGD target 2030 of 25 lives per 1000 births. Similar is the case for other indicators.

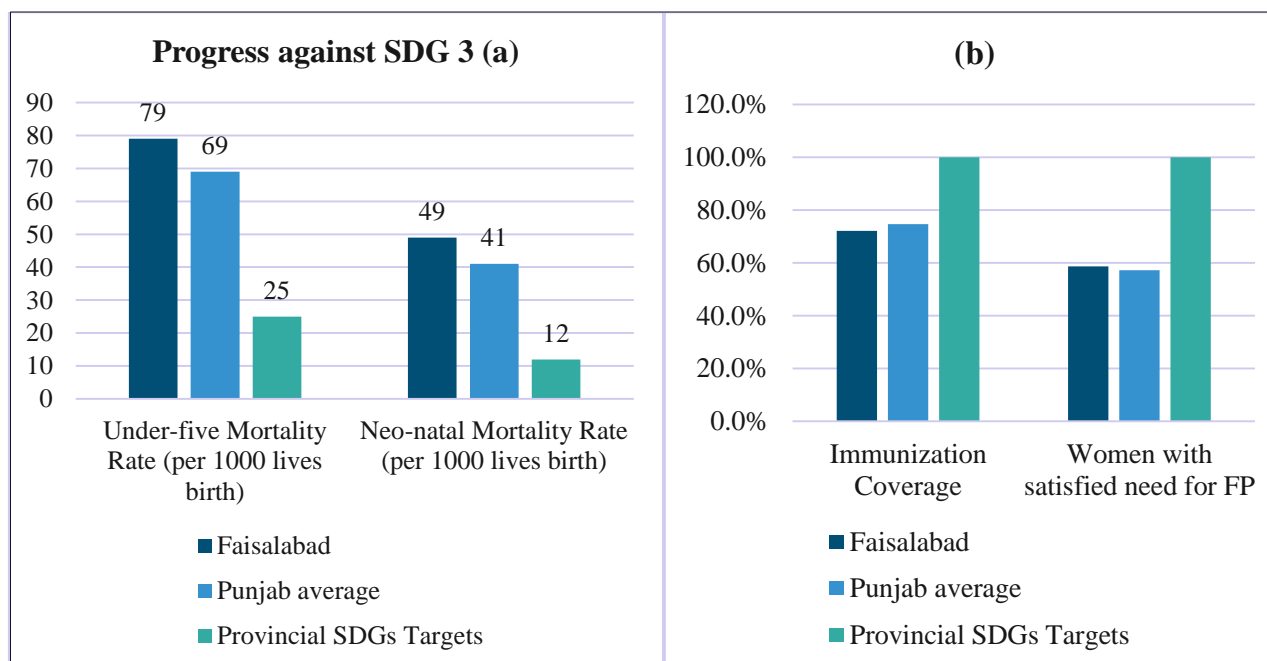


Figure 6(a)&(b): Faisalabad Division's progress against Punjab average and Provincial SDGs Targets 2030 i.e. Good Health & Wellbeing

Source: MICS 2017-18

For the attainment of SDG 2 to ensure zero hunger, the division progress is highlighted in the next figure, which shows that it suffers from high multi-dimensional poverty, food security and stunting prevalence.

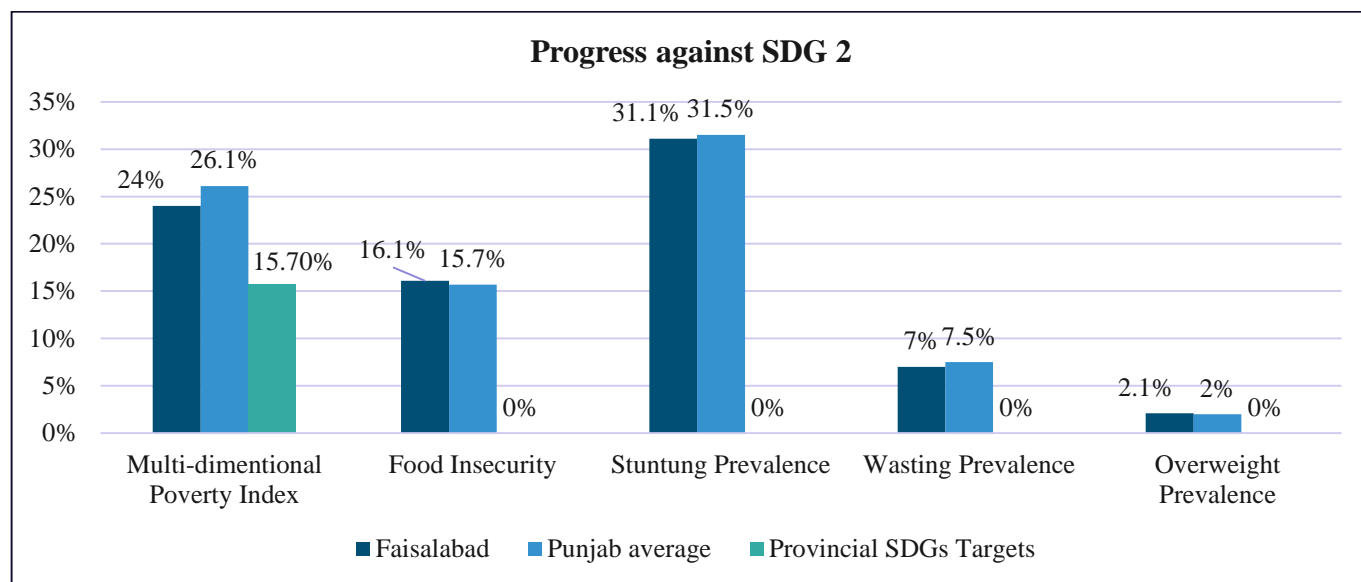


Figure 7: Faisalabad Division’s progress against Punjab average and SDG targets 2030 i.e. Zero Hunger

Source: MICS 2017-18

### 3.1.2 Low Universal Health Coverage (UHC)

Pakistan is focused on achieving Universal Health Coverage (UHC) for all citizens by 2030 with a vision that everybody should have access to affordable and quality essential health services in the country. As defined by World Bank (WB) and World Health Organization (WHO), four groups for UHC monitoring, which are service capacity and access, reproductive, maternal, newborn, child and adolescent health and nutrition, non-communicable diseases and infectious diseases.



Universal Health Coverage is the main outcome of health-related SDGs and is measured with two targets, one for coverage of essential service delivery (3.8.1) and other for financial protection (3.8.2). As per UHC Service Coverage Index<sup>6</sup>, Faisalabad is performing well as compared to other districts, however only half of the population in Faisalabad has access to essential

<sup>6</sup> Pakistan: 2021 Monitoring Report Universal Health Coverage

health services/ universal health coverage, which is far from the global UHC Service Coverage Index target of 80+ by 2030. Jhang and Chiniot are the worst performing districts.

Table 5: District-level UHC Service Coverage Index 2021



	Faisalabad	Jhang	Chiniot	Toba Tek Singh
UHC Service Coverage Index 2021	54.6%	47.1%	46.6%	54.6
Ranking in Punjab	5 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	15 <sup>th</sup>

Source: Pakistan 2021 Monitoring Report Universal Health Coverage

### 3.1.3 Accessibility and quality of health facilities

There is a need to increase the service delivery in geographically poorer areas, to mitigate incidence of poverty. One of the major challenges faced by the region is that infrastructure is incomplete, and equipment are missing or non-functional. The existing capacity of health facility is demonstrated by beds to population ratio, which is a WHO indicator. The figure below shows required beds in some of the health facilities of the region, which is calculated by dividing the number of beds in the facility by its catchment population. Another world bank indicators is skilled health professional (specialists, nurses, lady health visitors and midwives) per 1000 population, whose minimum benchmark is 3.4 per 1000 population.

Table 6: District skilled health professional per 1000 population and beds per 1000 population

Indicators	Skilled health professional per 1000 population	Beds per 1000 population
Minimum threshold	 4.45:1000	 1:1000
Province Average	0.4	0.54
Faisalabad	4.5	0.71

Jhang	1.6	0.29
Toba Tek Singh	3.5	0.25
Chiniot	1.1	0.27

Source: Estimated from DHIS Report 2019-20 and PDS 2019

Doctors to patient ratio is also low in the health facilities. Most of the health facilities are lacking the qualified human resources and many posts are vacant. As per the DHIS report 2019-20, the total number of skilled health professionals (midwives, nurses and physicians) in Faisalabad division is 49,374 covering a population of 8.2 million. Since less than half of the population is currently being covered, the existing capacity is too low against the minimum benchmark laid out by WHO, which is 4.45 skilled health professionals per 1000 population as the workforce requirement for ending preventable maternal deaths<sup>7</sup>.

Apart from this, following is are the proportion of missing infrastructure in health facilities of Faisalabad. It can be seen that many facilities have missing utilities such as public toilets, gas facilities, boundary walls, electricity and approach road.

Table 7: Proportion of facilities with missing infrastructure

District	Missing Infrastructure facilities				
	Gas Facility (Not available)	Piped source of water	Hospital having Katcha Road	Hospital Having Damage Boundary wall	Hospital having no Boundary wall
Faisalabad	77.8%	99%	17.3%	13.9 %	0.3 %
Chiniot	76.6%	83%	8.5%	31.9 %	8.5 %
Jhang	47.2%	79.8%	1.1%	9.0 %	4.5 %
Toba Tek Singh	27%	98%	0.9%	3.6 %	0.9 %



Source: Extracted from DHIS dashboard 2022

<sup>7</sup> Punjab Health Sector Strategy 2019-2028

### 3.1.4 Low Mother and Child Healthcare (MCH) Indicators

Since the introduction of Millennium Development Goals (MDGs), it was identified that almost half of under-five deaths were in the neonatal period, thus led to focus on Maternal, Newborn, and Child Health (MNCH) and Reproductive, Maternal, Newborn, and Child Health + Adolescent health (RMNCH+A) to underline the crucial importance of reproductive health. However, mother and child healthcare indicators in Jhang are worst off, since only 42.8% of the deliveries in the region were attended by a skilled person which is less than SDG 2030 target of 90%. Similar is the case for other districts.

Table 8: WHO-recommended 4 ANC visits and birth attended by skilled personals

Indicators	WHO-recommended 4 Antenatal visits	Births Attended by Skilled Personals
Minimum threshold	 100%	 100%
Province Average	52.9	76.4
Faisalabad	64.7	82.5
Chiniot	48.8	80.1
Jhang	42.8	73.2
Toba Tek Singh	51.5	80.1

Source: MICS 2017-18

### 3.1.5 Low level of facility utilization and public satisfaction level

The overall health situation in the region has improved, however significant challenges still persist which creates inequality and disparities in provision of health facilities especially for the marginalized population. Based on Household (HH) perception of the performance of BHUs in the Faisalabad division, the following table shows the care seeking behavior during Acute Respiratory Infection (ARI), which is one of the top diseases in the region. More than half of the patients of ARI, reached out to private health facilities for advice and treatment as shown in the table below. While only a small proportion of respondents reported availing the facilities of public facilities which raises the question as

to why citizens are not availing the public services. Moreover, HH satisfaction level by BHUs in Faisalabad, Khushab and Bhakkar is low.

Table 9: HH satisfaction level of BHUs

Care seeking behavior during diarrhea - top disease					
		Faisalabad	Jhang	TT Singh	Chiniot
Advice or treatment was sought from	Public HF (%)	18.7	12.6	18.1	-
	Private HF (%)	68.9	55.1	73.2	-
No advice or treatment sought		4.3	8.8	10.4	-
HH satisfaction level by BHUs		76.59	76.19	74.60	85.33

Source: PSLM 2019-20 and MICS 2017-18

### 3.1.6 Coverage of Maternal Healthcare Service

Maternal healthcare services also need improvement in the region. A small percentage of the patients were not provided with ANC and PNC services, which is critical in preventing any serious damage to the mother's health during and after pregnancy. Moreover, only few percentages of women have comprehensive knowledge about HIV, thus there's a need for increased awareness campaigns and behavioral change interventions.

Table 10: Maternal Healthcare Indicators

	Indicator	Description	Punjab	Fsd Division	Faisala -bad	Chiniot	Jhang	TT Singh
1	Antenatal Care (ANC)	All types of ANC (doctor, nurse, LHW, Midwife, tradition, etc)	88.7	93.2	94.9	92.8	88.3	95.2
		No antenatal care	11.3	6.8	5.1	7.2	11.7	4.8

2	Place of delivery	Delivered in health facility (public/ private)	73.3	76.6	79.8	77.9	70.4	74.4
3	Post-natal health care (PNC)	PNC check for the newborn	69.6	74.9	74.9	77.4	74.6	73.9
		PNC check for the mother (in facility or at home)	70.7	76.5	77	79.8	73.7	77.4
4	Percentage with comprehensive knowledge woman HIV		4.3	4.5	6.7	2.4	0.7	3.5
5	Pregnant Women that have received Tetanus Toxoid Injection		83	82.25	82	82	84	81

## 3.2 Spatial Mapping of Uncovered Areas

The Faisalabad division lies in the central region of Punjab. District Health Authorities (DHA) of each district are responsible for the delivery of key health services to the people, through Hospitals, Rural Health Centres (RHC), Basic Health Units (BHU), and Dispensaries, Sub-health (SH) Centers and Mother and Child Healthcare (MCH) Centers at urban and rural level. The total composition of facilities in each district is given below, along with their number of beds:

Table 11: Health facilities in Faisalabad Division

Facility Type		Facilities in Faisalabad Division			
		Faisalabad	Chiniot	Jhang	Toba Tek Singh
Hospital	No.	30	4	9	6
	Beds	5598	372	788	549
RHCs	No.	22	3	10	10
	Beds	440	60	200	200
BHUs	No.	186	36	59	70
	Beds	372	72	118	140
Dispensaries	No.	129	22	74	23

	<b>Beds</b>	0	14	0	0
<b>SH Centers</b>	<b>No.</b>	11	0	0	10
	<b>Beds</b>	0	0	0	0
<b>MCH Centers</b>	<b>No.</b>	6	2	9	2
	<b>Beds</b>	0	4	0	0
<b>T.B. Clinics</b>	<b>No.</b>	0	1	1	1
	<b>Beds</b>	0	0	0	0

*Source: Provincial Development Statistics (PDS) 2020*

The geo-tagged locations of these health facilities are spatially mapped for further analysis. The current model of Punjab health system includes at least one BHU at each UC, while RHC is established on cluster of BHUs. Moreover, one DHQ is established at each district and one THQ at each tehsil. Factors such as geographic spread, low population density, limited infrastructure and higher costs for delivering rural and remote health care create challenges for healthcare system. With increasing population of the region, there is increasing amount of pressure on existing health infrastructure network.

In this section, travel time analysis has been used to quantify populations' physical accessibility to healthcare infrastructure and identify the areas which are covered and not covered by the health services. The travel time analysis is displayed in the maps below.

### **3.2.1 Uncovered areas for BHU services**

Basic Health Unit (BHU) is the lowest level of the health system. Every rural Union Council or District Council should have a BHU facility and it serves to a catchment population of 10,000 to 25,000<sup>8</sup>. By taking out total number of BHU facilities in the region, the data can be used to assume that there is a gap of 53 District Union Councils which does not have the BHU facility, thus new facilities can be constructed here to cater to the health needs of the people.

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<sup>8</sup> Minimum Service Delivery Standards (MSDS) for Primary and Secondary Healthcare in Punjab. Punjab Devolved Social Services Programme (PDSSP) 2008

Table 12: Gaps in the availability of BHUs

	Districts	Existing BHUs	No. of Rural Union Councils	<b>GAP</b> No. of UCs with no BHUs
1	Faisalabad	186	189	3
2	Jhang	59	91	32
3	Toba Tek Singh	70	85	15
4	Chiniot	36	39	3
<b>Total</b>		<b>351</b>	<b>404</b>	<b>53</b>

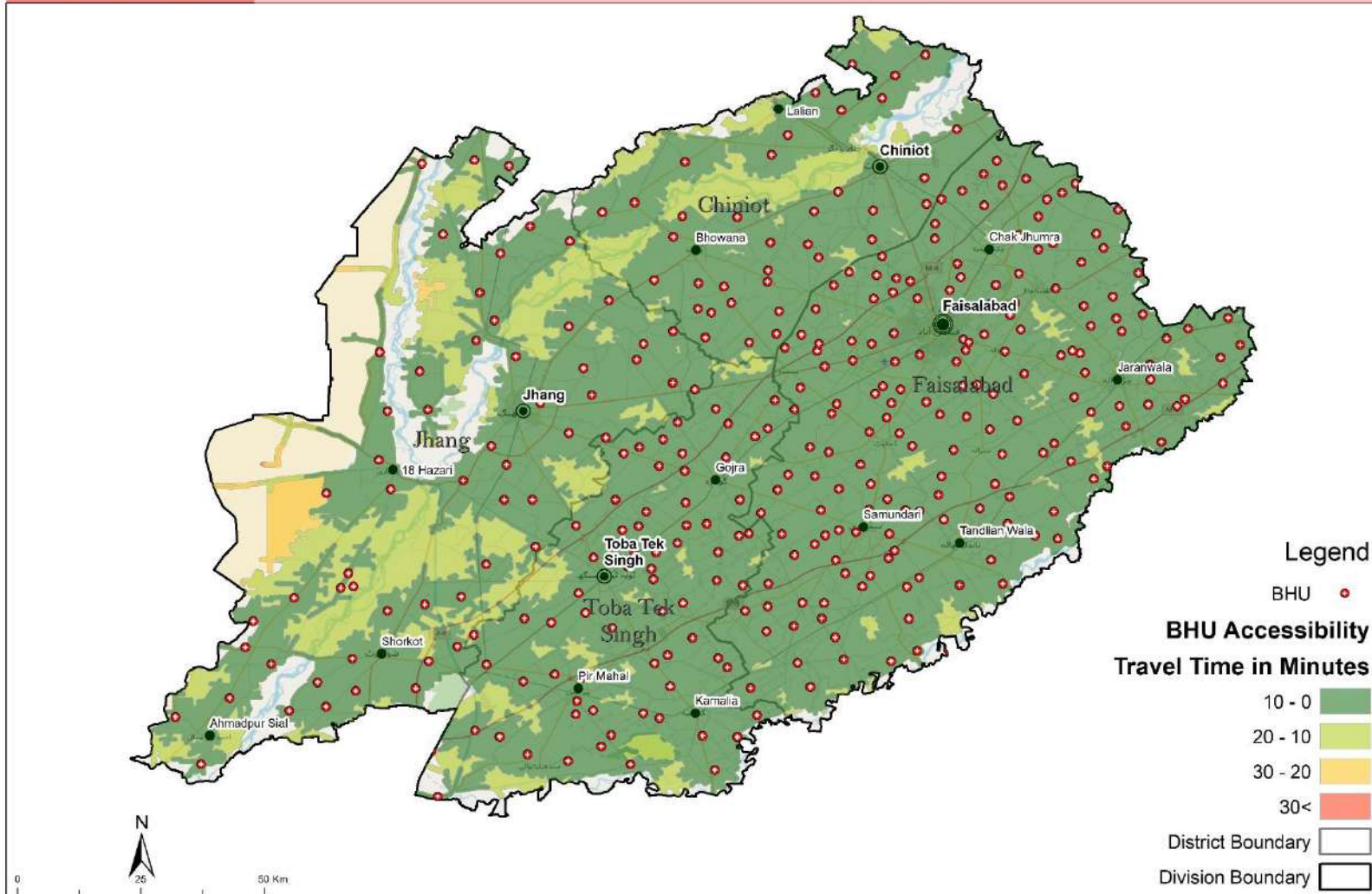


Figure 8: Uncovered areas – BHU

The figure above shows the accessibility of Basic Health Unit (BHUs) facilities, is shown as green areas. 94.7% of the population is adequately covered by BHU. While the rest of the population i.e. 5.3% of the population especially living in the west part of the division, which are more than 10 minutes away from the nearest facilities, as depicted by light green and orange area. Thus, spatial analysis confirms with the data shown in the above table, that there's a need for new BHU facilities in the under-served areas.

Table 13: Proportion of population lying in served and unserved areas

	<b>Travel time in minutes</b>	<b>Associated colours</b>	<b>Proportion of population</b>
1	0-10		94.7%
2	10-20		5.2%
3	20-30		0.1%

### 3.2.2 Uncovered areas for Rural Health Centers (RHCs)

Rural Health Center (RHC) is the primary level facility of the health system in Punjab which serves a catchment population of 73,000<sup>9</sup>. Based on this population, the following table depicts the total number of RHCs and the net required RHCs, which should be available in each district. In Faisalabad district, additional 34 RHCS is required to cater to the health needs of the people, whereas Jhang, Toba Tek Singh and Chiniot district needs 19, 14 and 10 additional RHCs respectively.

Table 14: Gaps in the availability of RHCs

	<b>Districts</b>	<b>Existing RHCs</b>	<b>Rural population (Census 2017)</b>	<b>Total no. of RHCs based on population criteria</b>	<b><span style="color: red;">GAP</span> Net required no. of RHCs</b>
1	Faisalabad	22	4,115,578	56	34
2	Jhang	10	214.4201	29	19
3	Toba Tek Singh	10	174.9524	24	14
4	Chiniot	3	94.6429	13	10

<sup>9</sup> Minimum Service Delivery Standards (MSDS) for Primary and Secondary Healthcare in Punjab. Punjab Devolved Social Services Programme (PDSSP) 2008

The figure below shows the accessibility of Rural Health Centers (RHCs), where the green areas is the served population consisting of 70.7% of the total population of the region. The remaining area which is colour coded in light green, orange and red shows the uncovered population (i.e. 29.3) where population lies at more than 15 minutes away from the nearest health facilities. Thus spatial analysis confirms with the data shown in the above table, that there's a need for new BHU facilities in the under-served areas.

Table 15: Proportion of population lying in served and unserved areas

	<b>Travel time in minutes</b>	<b>Associated colours</b>	<b>Proportion of population</b>
1	0-15		70.7 %
2	15-30		27.9 %
3	30-45		1.3 %
4	45<		0.1 %

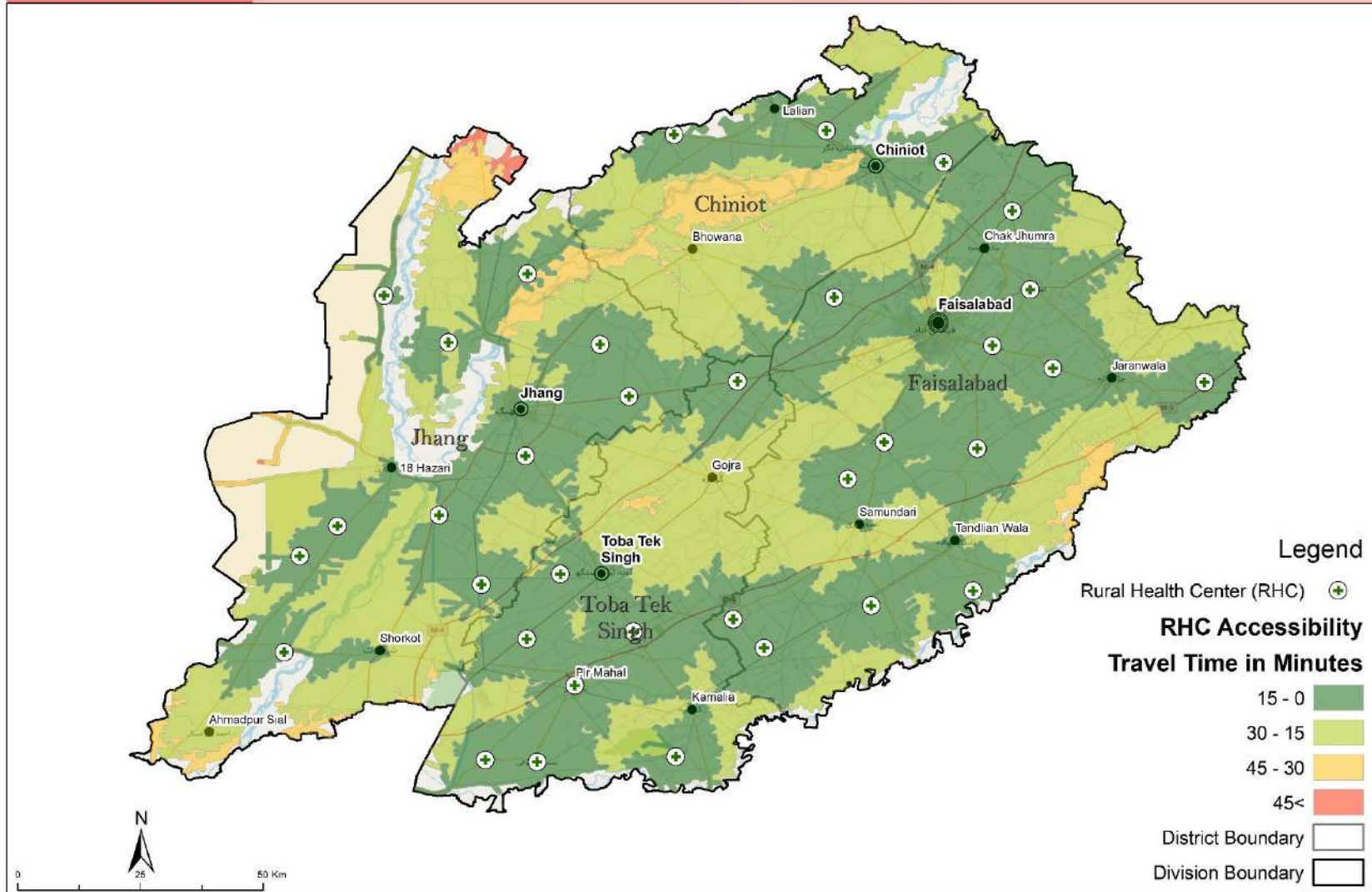






Figure 9: Uncovered areas - RHC

### 3.2.3 Uncovered areas for Tehsil Headquarters (THQ) Hospital

Tehsil Headquarter (THQ) Hospital is a secondary level health facility which is established in each tehsil to cater to the healthcare needs of the population. The figure below shows the accessibility of THQ facilities, is shown as green areas. 91.6% of the population is adequately covered by THQs. While the rest of the population i.e. 8.4% of the population especially living in the west part of the division, which are more than 30 minutes away from the nearest facilities, as depicted by light green and orange area. Thus spatial analysis confirms with the data shown in the above table, that there's a need for new THQ facilities in the under-served areas.

Table 16: Proportion of population lying in served and unserved areas

	<b>Travel time in minutes</b>	<b>Associated colours</b>	<b>Proportion of population</b>
1	0-30		91.6 %
2	30-40		6.5 %
3	40-60		1.3 %
4	60<		0.6 %

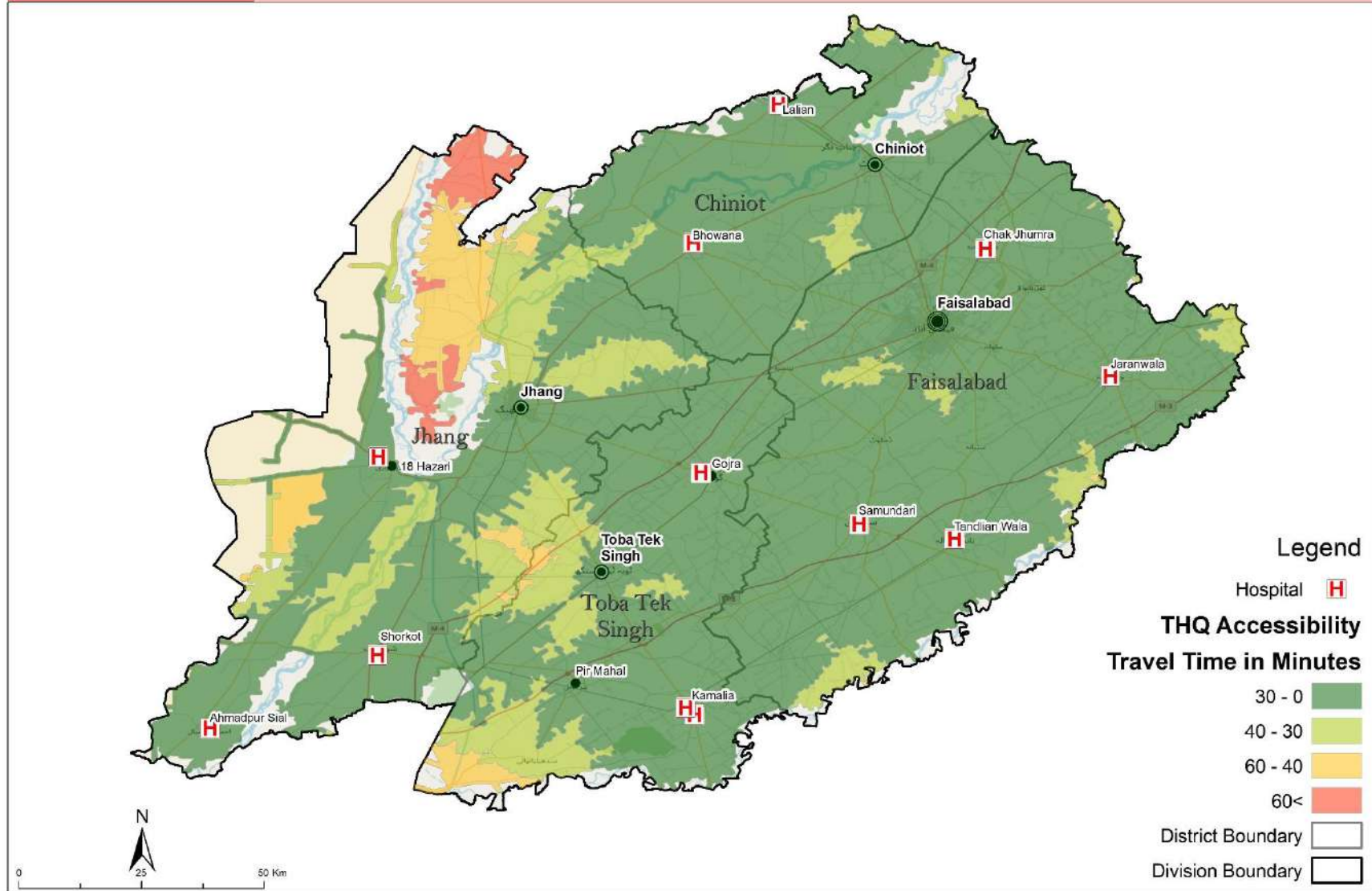





Figure 10: Uncovered areas - THQ

### 3.2.4 Uncovered area for District Headquarter (DHQ) Hospital

District Headquarter (DHQ) Hospital is a secondary level health facility which is established in each tehsil to cater to the healthcare needs of the population. The figure below shows the accessibility of DHQ facilities, is shown as green areas. 85.4% of the population is adequately covered by DHQs. While the rest of the population i.e. 14.6% of the population especially living in the west part of the division, which are more than 30 minutes away from the nearest facilities, as depicted by light green and orange area. Thus, spatial analysis confirms with the data shown in the above table, that there's a need for new THQ facilities in the under-served areas. From the map it can be seen that Ahmedpur Sial tehsil in Jhang is far from DHQ hospital i.e. about 60 mins away, for higher and specialized healthcare.

Table 17: Proportion of population lying in served and unserved areas

	<b>Travel time in minutes</b>	<b>Associated colours</b>	<b>Proportion of population</b>
1	0-40		85.4 %
2	40-60		12.8 %
3	60<		1.8 %

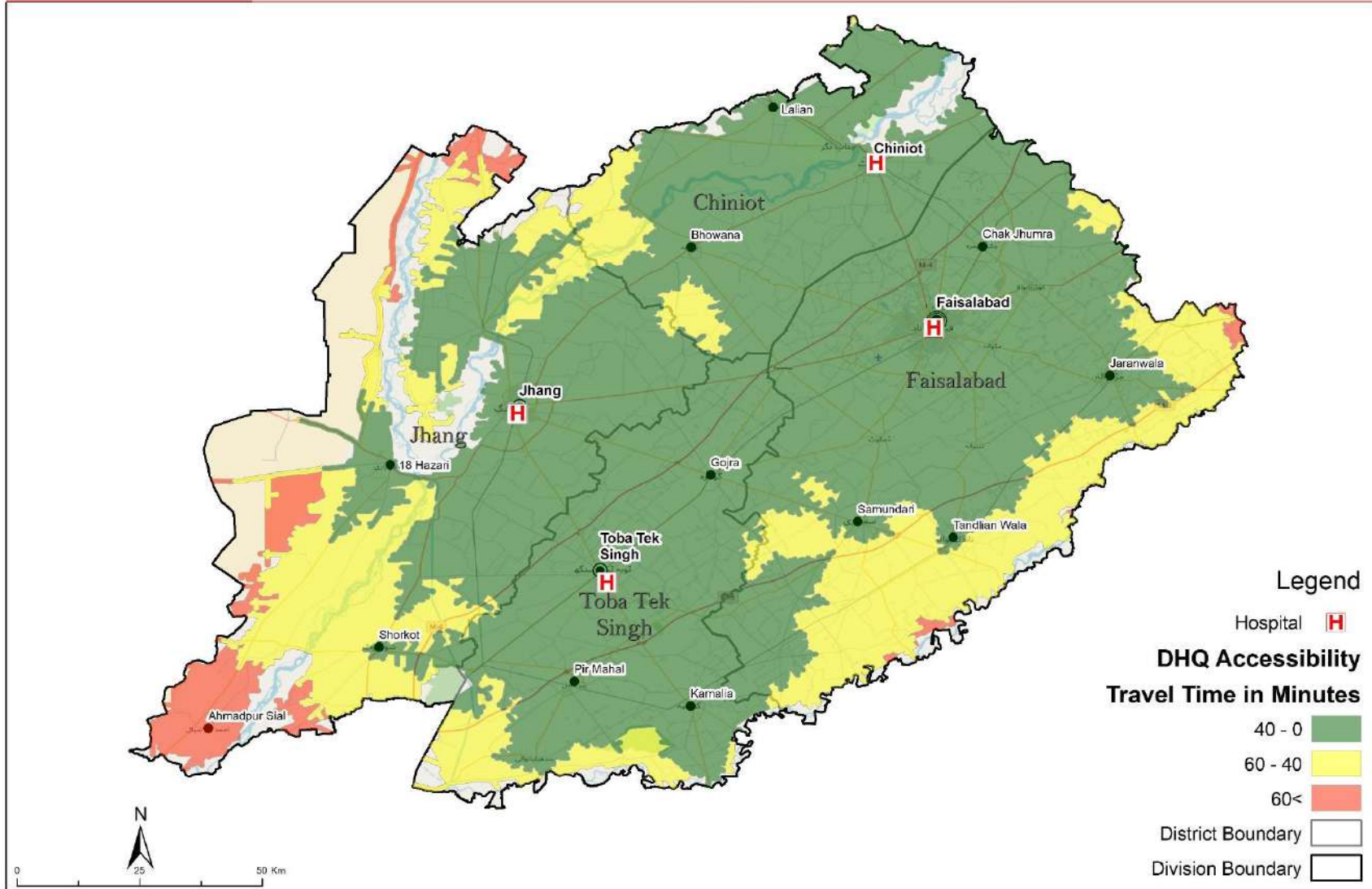


Figure 11: Uncovered areas - DHQ

# Chapter 4: Way Forward

## 4.1 Proposed Healthcare Interventions

Based on rigorous spatial and non-spatial analysis, this section will integrate a future portrayal of short, medium- and long-term health interventions needed to give an overall project direction for the regional development plan. Short term interventions are designed to respond to pressing problems in the existing health system of Faisalabad division. It will include improving the quality of services delivery through construction of missing wards, provision of missing services and equipment in health facilities, etc.

Table 18: Short-term proposed projects

S. No	Project Name	District	Total Cost in PKR Million
1	Construction of District Health Authority (DHA) Office Complex	Chiniot	25
2	Establishment of Dialysis Center at District Headquarter (DHQ) Hospital Jhang	Jhang	80
3	Upgradation of District Headquarter (DHQ) Hospital Toba Tek Singh from 260 bedded to 500 bedded hospital and Construction of Medicine Warehouse.	Toba Tek Singh	80
4	Renovation of Residential buildings, repair of boundary wall and solarization of Basic Health Unit (BHU) Kot Lakhana Jhang	Jhang	50
5	Up-Gradation of Govt. Rural Dispensary Qaim Bharwana to Basic Health Unit Level Tehsil Shorkot District Jhang	Jhang	70
6	Establishment of 10 Bedded Mother & Child Healthcare Centre at Chak No.215/RB, District Faisalabad	Faisalabad	30
7	Establishment of 20 Bedded Ward at City Hospital in T.T Singh.	Toba Tek Singh	60
8	Establishment of 20 Bedded RHC Rajana, TTSingh	Toba Tek Singh	60
9	Up gradation of 20 Bedded at Trauma Centre in Basich Health Unit at 388 JB, TTSingh	Toba Tek Singh	45

10	Establishment of RHC or BhU at UC- 15 Chiniot on Urgent basis.	Chiniot	55
Total			555

Further medium- and long-term healthcare interventions listed below focuses on bringing the institutional and structural changes necessary for achieving the long-term provincial health goals as well as the Sustainable Development Goals (SDGs). These includes establishment of new health services, renovation of rural dispensaries, upgradation of THQs and digital healthcare services. Following are the list of the medium-term proposed projects with their estimated cost:

Table 19: Medium-term proposed projects

S. No	Project Name	District	Total Cost in PKR Million
1	Establishing 7 RHCs in Toba Tek Singh district based on NRM minimum requirement	Toba Tek Singh	420
2	Establishing 5 RHCs in Chiniot district based on NRM minimum requirement	Chiniot	300
3	Establishing 15 BHUs in Toba Tek Singh district based on NRM minimum requirement	Toba Tek Singh	750
4	Establishing 3 BHUs in Chiniot district based on NRM minimum requirement	Chiniot	150
5	Establishing 32 BHUs in Jhang district based on NRM minimum requirement	Jhang	1600
6	Establishing 17 RHCs in Faisalabad district based on NRM minimum requirement	Faisalabad	1020
7	Construction of Medicine Warehouse and Female Residence buildings in District Headquarter (DHQ) Hospital Chiniot	Chiniot	120
8	Introduction of Hospital Waste Management Regime in Tehsil Headquarter (THQ) Hospital Chak Jhumra	Faisalabad	170
9	Establishment of medicines Store warehouse at CEO DHA TTSingh	Toba Tek Singh	120

10	Upgradation of DHQ of Chiniot to enhance bedded capacity in emergency unit and establishment of Urology department	Chiniot	120
11	Establishment of 20 Bedded Trauma Centre in RHC at Gojra, Nia Lahore TTSingh	Toba Tek Singh	60
12	Establishment of 10 Bedded Dialysis Centre at THQ Hospital Pirmahal, TTSingh	Toba Tek Singh	75
Total			4,905

Following are the list of the long-term proposed projects with their estimated cost:

Table 20: Long term proposed projects

S. No	Project Name	District	Total Cost in PKR Million
1	Trauma Center with Rural Health Center (RHC) Ahmednagar Chiniot	Chiniot	500
2	Establishment of Punjab Forensic Science Agency in Faisalabad	Faisalabad	250
3	Establishing 9 RHCs in Jhang district based on NRM minimum requirement	Jhang	500
4	Establishing 3 BHUs in Faisalabad district based on NRM minimum requirement	Faisalabad	250
5	Establishment of Central Sterilization Service department and installation of incinerators at each THQ Hospital	All districts	700
Total			2,200

# Annexure 1: Condition Assessment Forms

## Condition Assessment Form for Basic Health Units (BHUs)

<b>Condition Assessment Form for Basic Health Units</b>			
based on Minimum Service Delivery Standard for Category III HCEs (BHUs)			
<b>General information</b>			
1	UC name		
2	Type of BHU (BHU, BHU plus or BHU 24/7)		
3	Geo-coordinates		
4	Is the facility connected to a street or main road? (MSDS 1)		
5	Name, designation and number of the in-charge		
6	Catchment population (max 25,000 as per MSDS)		
7	Functional/non-functional?		
8	Average OPD in a day		
<b>Facility Outlook</b>			
9	How many beds are available? (max 2)		
10	Which equipment are not functional? (ultra sound machine, baby warmer etc.)		
11	Which health services are missing? (labour, family planning etc.)		
12	How many Lady Health Workers are working under LHVs? (as per IRMNCH)		
		<b>Yes</b>	<b>No</b>
13	Is there a need for whitewash?		
14	Availability of OPD Service?		
15	Availability of patient waiting area?		
16	Is the Labour Room functional?		
17	Availability of electricity, gas, toilet, water (MSDS 4)?		
18	Is free of cost medicine available?		
19	Are the drugs out of stock?		
20	Is the medical doctor available?		
<b>Required Pictures</b>			
21	Sign board and boundary wall (MSDS 1)		
22	Organogram in the in-charge room (MSDS 3)		
23	'Sanctioned vs filled posts' chart in the in-charge room (MSDS 3)		
24	List of essential drugs displayed in the in-charge room (MSDS 17)		

25	Colour coded (yellow, red, white) registers and waste bins for waste generation (as per Infection Control Program)	<input type="checkbox"/>	<input type="checkbox"/>
26	Staff residence building	<input type="checkbox"/>	<input type="checkbox"/>

### Condition Assessment Form for Rural Health Centres (RHCs)

Condition Assessment Form for Rural Health Centres based on Minimum Service Delivery Standard for Category II HCEs (RHCs)			
General information			
1	UC name		
2	Type of RHC (RHC or RHC plus)		
3	Geo-coordinates		
4	Is the facility connected to a street or main road? (MSDS 1)		
5	Name, designation and number of the in-charge		
6	Catchment population (max 100,000 as per MSDS)		
7	Functional/non-functional?		
8	Average OPD in a day		
Facility Outlook			
9	How many beds are available? (max 20 as per MSDS)		
10	Which equipment are not functional? (ultra sound machine, baby warmer etc.)		
11	Which health services are missing? (labour room, dental, family planning etc.)		
12	How many Lady Health Workers are working under LHV's? (as per IRMNCH)		
		Yes	No
13	Is there a need for whitewash?		
14	Availability of OPD Service?		
15	Availability of patient waiting area?		
16	Is the Labour Room functional?		
17	Availability of electricity, gas, toilet, water (MSDS 4)?		
18	Is free of cost medicine available?		
19	Are the drugs out of stock?		
20	Is the medical doctor available?		
Required Pictures			
21	Sign board and boundary wall (MSDS 1)	<input type="checkbox"/>	<input type="checkbox"/>
22	Organogram in the in-charge room (MSDS 3)	<input type="checkbox"/>	<input type="checkbox"/>

23	'Sanctioned vs filled posts' chart in the in-charge room (MSDS 3)		<input type="checkbox"/>	
24	List of essential drugs displayed in the in-charge room (MSDS 17)		<input type="checkbox"/>	
25	Colour coded (yellow, red, white) registers and waste bins for waste management (as per Infection Control Program)		<input type="checkbox"/>	
26	Staff residence building		<input type="checkbox"/>	