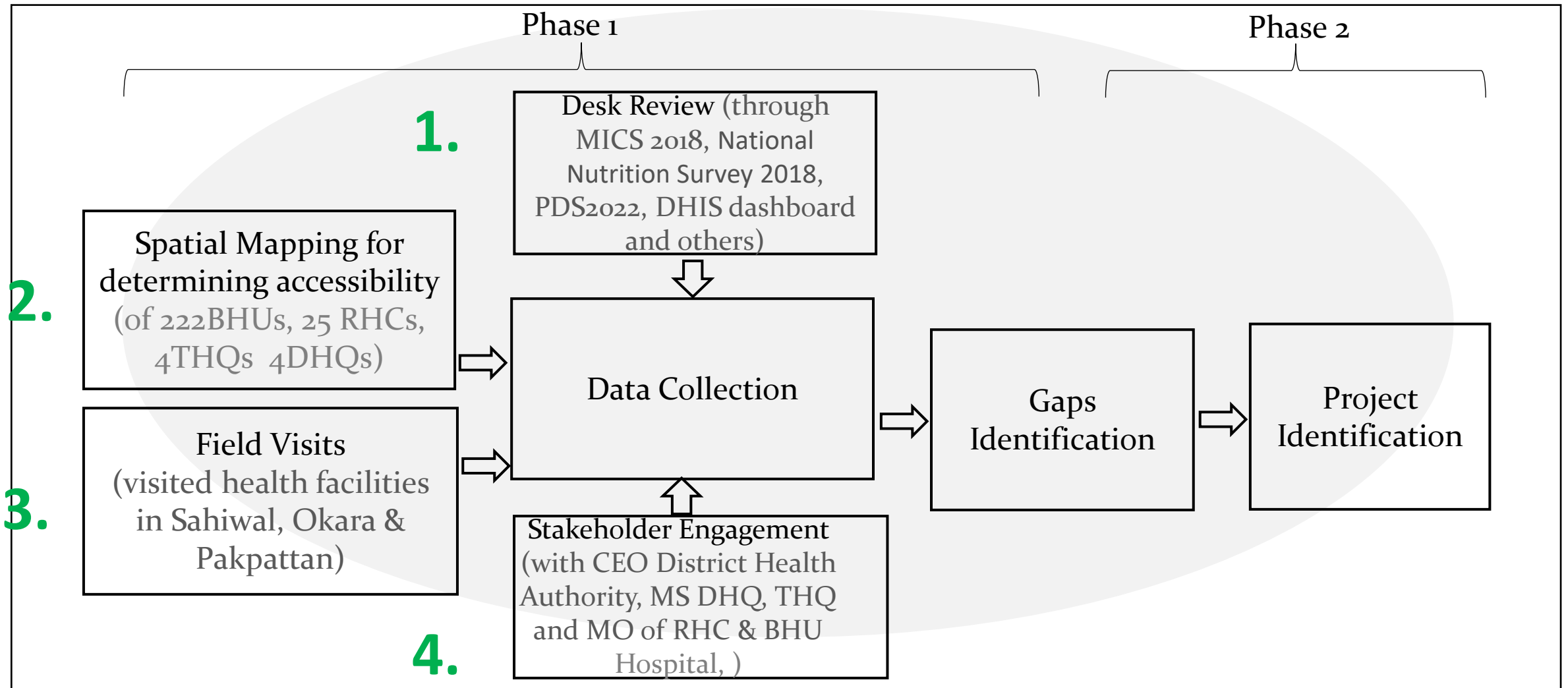









Sahiwal Regional Plan **Health Sector**



Framework for Data collection & project identification



Assessment based on Life-course approach (division-wise)

	 Adolescent	 Reproductive Health	 Pregnancy, Labour & Birth	 Postnatal Maternal & Newborn	 Child
Hospital / Clinical Care 	% of children with ARI (infection) for whom no advice or treatment sought 4th Highest among all division of Punjab (13.8) Low performing district(among Sahiwal division): Pakpattan	% of W who received HIV counselling during antenatal care 1st Lowest among all division of Punjab (0.5) Low performing district(among Sahiwal division): Pakpattan	% of W whose delivery was assisted by skilled attendant 6th Highest among all division of Punjab (76.9) Low performing district (among Sahiwal division): Pakpattan	% of Institutional deliveries 7th Highest among all division of Punjab (73.1) Low performing district:(among Sahiwal division) Pakpattan	Under-5 mortality (per 1000 lives birth) 4th Highest among all division of Punjab (78.4) Low performing district (among Sahiwal division): Pakpattan
Outpatients & outreach services 	% of children who have clinical anemia (iron deficiency) 6th Lowest among all division of Punjab (9.3) Low performing district(among Sahiwal division): Okara	Unmet need for Family planning 6th highest among all division of Punjab (15.4) Low performing district (among Sahiwal division): Sahiwal	WHO recommended 4 ANC visits? 5th Highest among all division of Punjab (48.7) Low performing district (among Sahiwal division): Pakpattan	Post-natal care (newborn) 3rd Highest among all division of Punjab (75.8) Low performing district:(among Sahiwal division): Okara	Immunization 1th Highest among all division of Punjab (73.5) Low performing district:(among Sahiwal division) Okara

Required Beds as per standards for health facilities.

Districts	Total Numbers (RHCs, BHUs, MCH, Dispensaries)	Total Beds (RHCs, BHUs, MCH, Dispensaries)	Human Resource		
			Doctors	Nurses	Assistant Technicians
Sahiwal	129	372	189	146	14
Okara	145	394	373	368	40
Pakpattan	74	210	196	189	18

Source: Sahiwal Departmental Data Of HR health Facilities,
Punjab Development Statistics 2020.

ACCESSIBILITY ANALYSIS

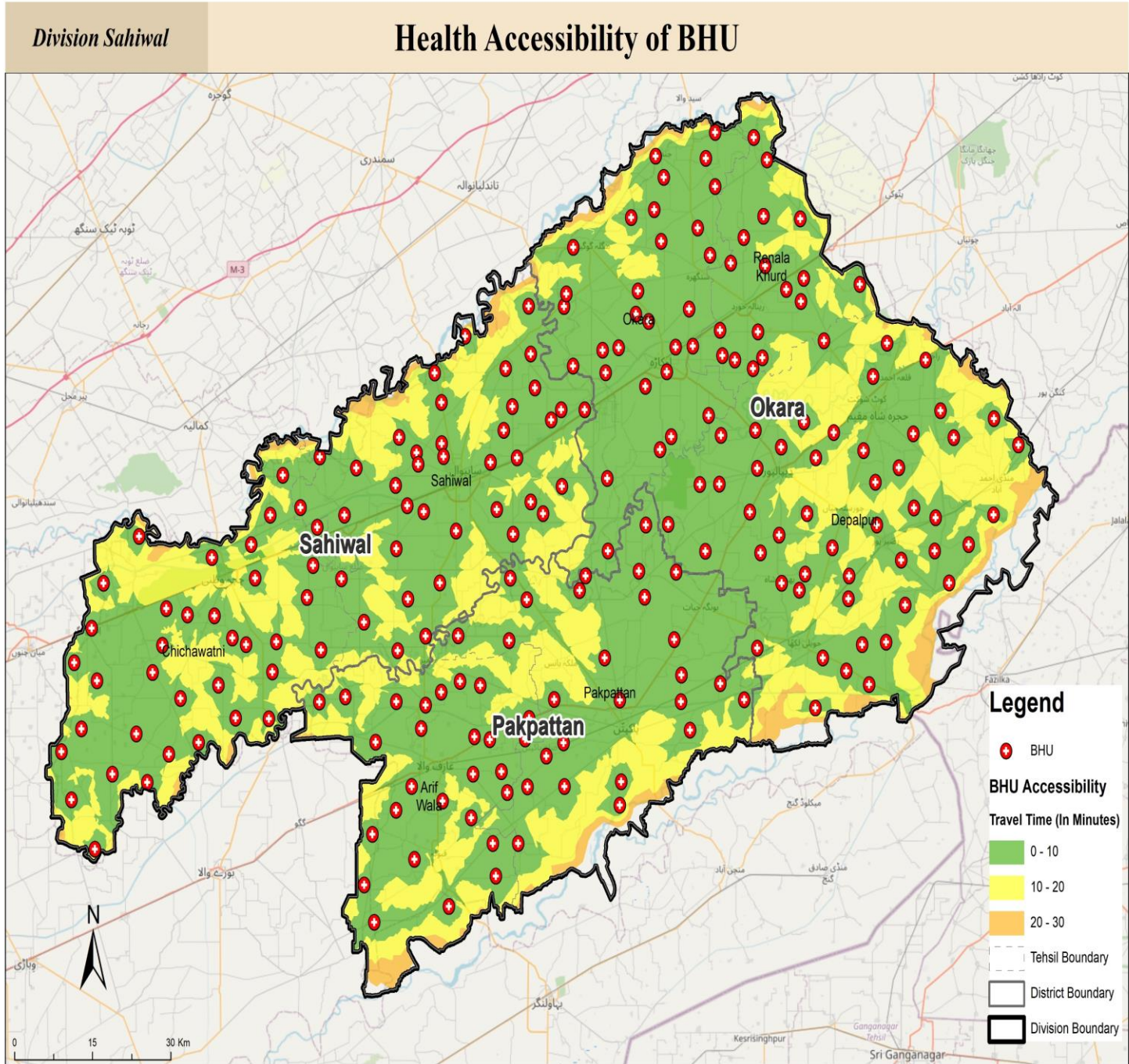
Basic Health Unit (BHU)
NRM Criteria:

- Each UC should have a BHU
- Proportion of unserved area (more than 30mins)

District	BHU Unserved Population
Okara	49500
Pakpattan	28328
Sahiwal	15707
Total	93535

Districts	Existing BHUs	GAP No. of UCs with no BHUs (Rural)
Sahiwal	76	24
Okara	91	53
Pakpattan	55	14
Total	222	91

NRM: National Reference Manual on Planning and Infrastructure 1983
Source: Punjab Health Census 2017



ACCESSIBILITY ANALYSIS

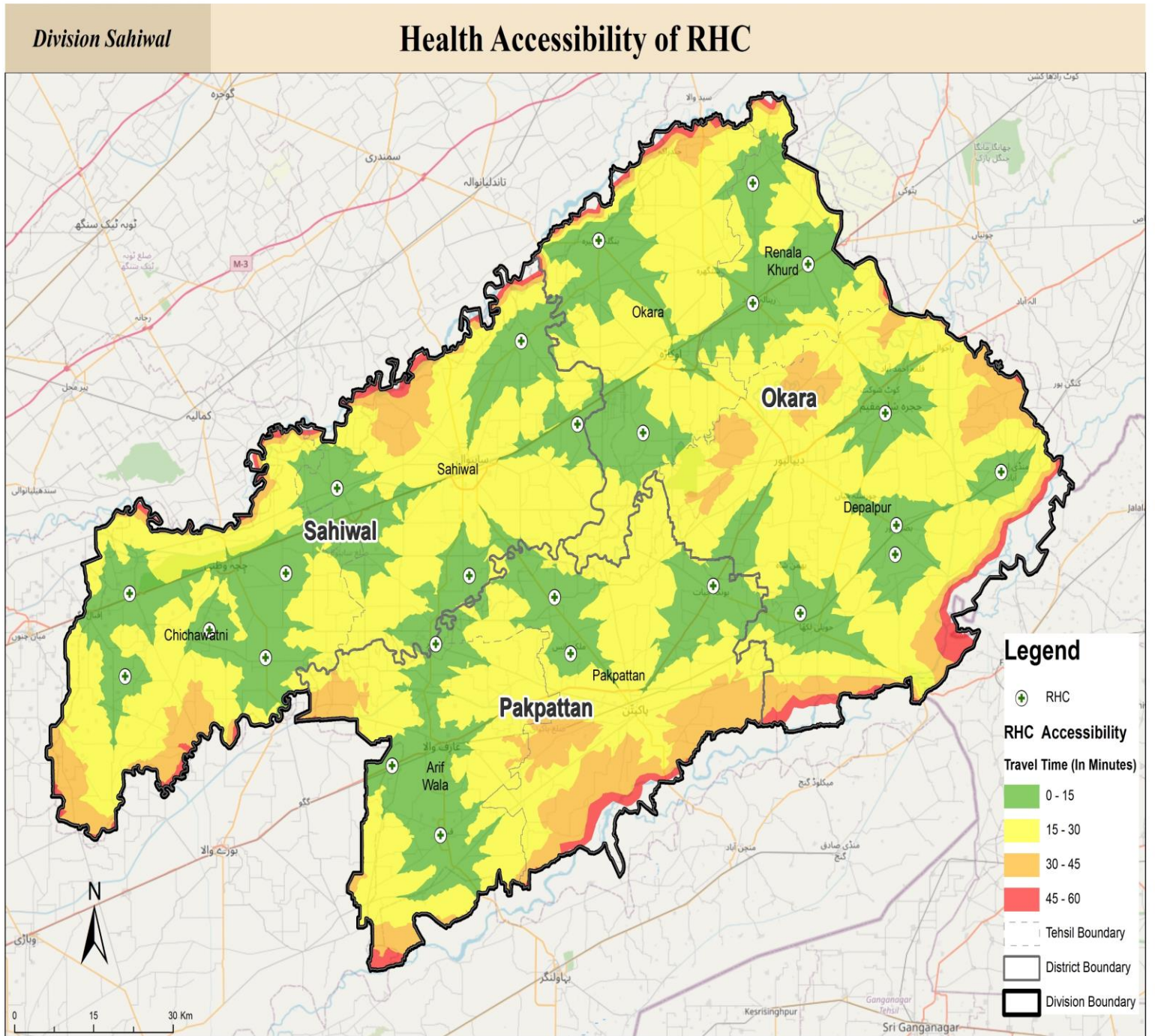
Rural Health Centers (RHC) NRM Criteria:

- Coverage population should be 73,000
- Proportion of unserved area (more than 60 mins)

District	RHC Unserved Population
Okara	41437
Pakpattan	24526
Sahiwal	15357
Total	81320

Districts	Existing RHCs	GAP (required no. of RHCs)
Sahiwal	9	27
Okara	10	30
Pakpattan	6	21
Total	25	78

Source: Punjab Health Census 2017

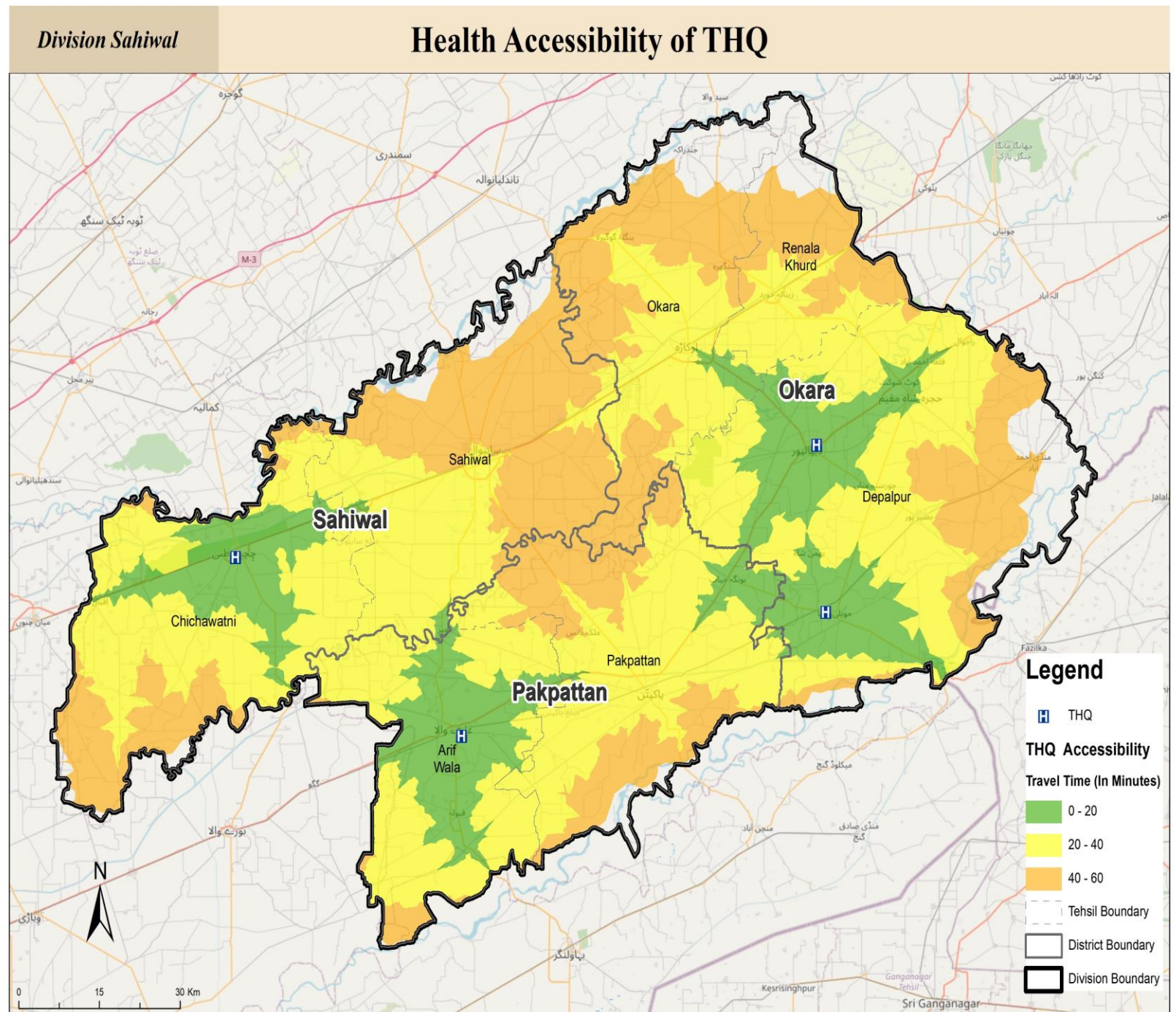


ACCESSIBILITY ANALYSIS

- Each Tehsil should have one THQ.
- Unserved population (more than 60 mins)

District	THQ Unserved Pop
Okara	240413
Pakpattan	85366
Sahiwal	178923
Total	504702

Source: Punjab Health Census 2017



ACCESSIBILITY ANALYSIS

Proportion of unserved area
(more than 80 mins)

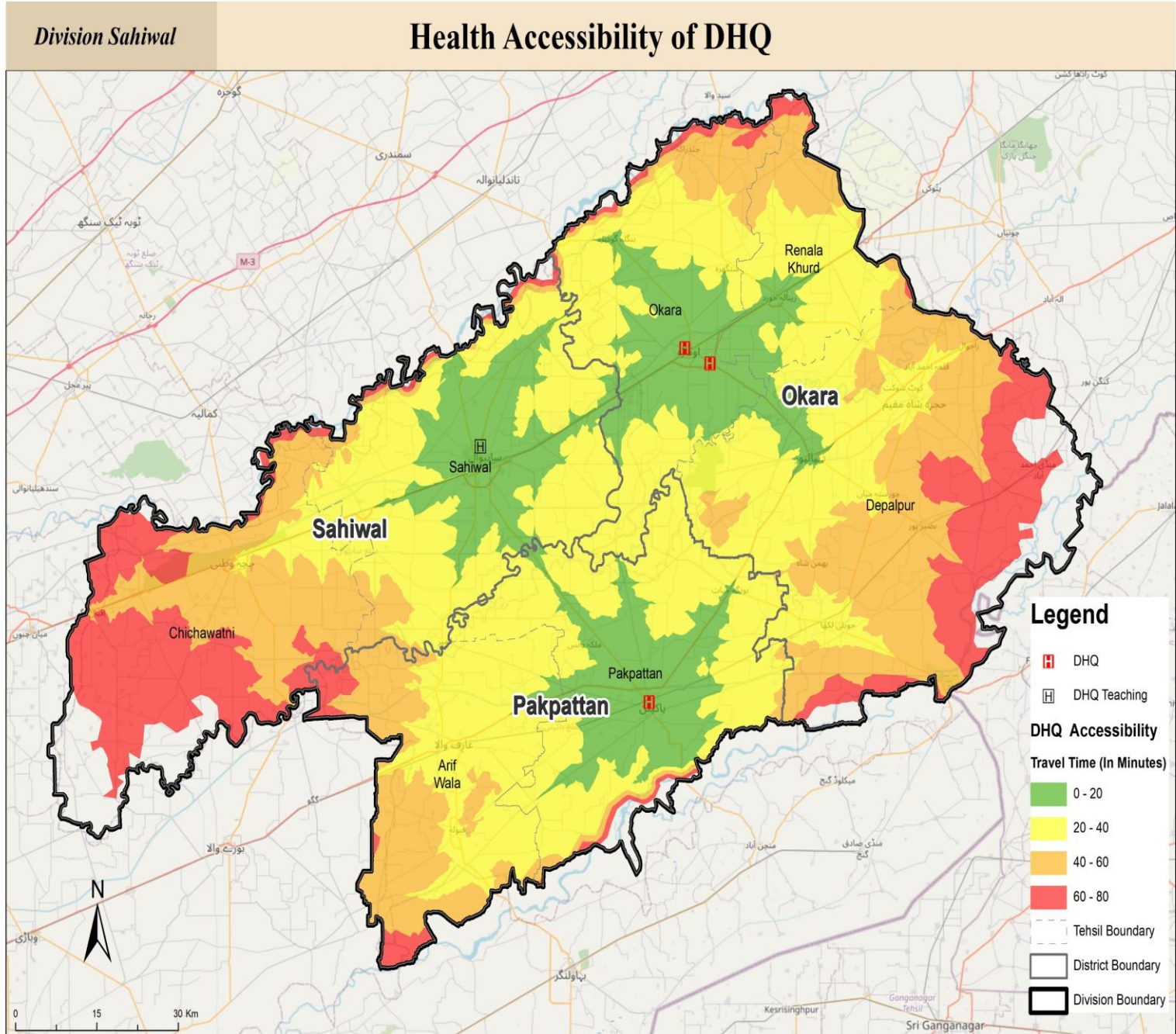
NRM Criteria / WHO

- 2 beds per 1000 population

Districts	Existing beds	GAP (required beds)
Okara	450	6078
Pakpattan	210	5035
Sahiwal	180	3647
Total	840	14761

District	DHQ Unserved Pop
Okara	103432
Pakpattan	24537
Sahiwal	226301
Total	354270

Source: Punjab Health Census 2017



**Challenges Identified through
field visits & stakeholder consultations**

Sahiwal

Type Of Facilities	No. Of Facility	Total No Of Bed (Functional & Non-functional)	Missing HR/Doctor	Missing Services/ Medicines	Missing Health Facilities/ Infrastructure	Missing equipment
BHU	76	154		Medicine Supply, Broad band internet connection	New construction of residencies, ambulance, Boundary wall	Ultra sound
RHC	11	237	Dental HR, Lack of WMO	Medicine Supply, Broad band internet connection	Ambulance, Sewerage system, Lab Machinery need to be updated	Digital X-Ray Machine
DHQ	1	180	House job facility		Ventilator, Autoclave, Operation Theatre Traction Table, Microscope for Laboratory, OT Light for Emergency, image intensifier (C-ARM),	Cardiac monitors, Anesthesia machine, Dialysis Machine, Electric Cautery machine for Emergency and Gynae, Portable X-Ray, CT scan,
THQ	1	140	HR of trauma Center, Nurses, Radiologist	Medicine Supply,	ENT department , Day Care center	Dialysis Machine

Source: Sahiwal Division Departmental data

Sahiwal Site Observations

Hospitals Ambulances

The shortage of Basic Health Units (BHUs) and Rural Health Center (RHC) ambulances in the transfer of patients to higher-level hospitals is a critical issue that needs immediate attention.

1122 Rescue SOP

Changing the Standard Operating Procedure (SOP) for 1122 Rescue Ambulances only facilitate the transfer of patients from first-level hospitals to higher-level of hospitals involves a careful review and adjustment of existing protocols. While often patient cares demands to direct level of hospital emergency treatment.



Medicine Availability

The shortage of medicine throughout the Basic Health Units (BHUs) in Sahiwal district is indeed a significant problem that can have serious consequences for the health and well-being of the community.

Damage Infrastructure

The damage to boundary walls at multiple Basic Health Units (BHUs) in Sahiwal District is a serious concern, as it may compromise the security and safety of the healthcare facilities



OKARA

Type Of Facilities	No. Of Facility	Total No Of Bed (Functional & Non-functional)	Missing HR/Doctor	Missing Services/ Medicines	Missing Health Facilities/ Infrastructure	Missing Equipment
BHU	91	209	Nurses Staff, Lab technician, Doctors/Surgeon staff, General duties staff, Medical officer	Broad band internet connection, Generator, Solar System, AC, Security	Boundary wall, Ambulance, Sewerage system, Patient Screening, road infrastructure	Ultra sound, Autoclave
RHC	10	197	Medical officer General Duties Staff, lab technician, X-Ray technician	Broad band internet connection, security, Solar system, UPS	Boundary wall, Sewerage system, Ambulance, road infrastructure	X-Ray, Dental unit
DHQ	2	450	House Job facility		MRI, Day Care Center, Waiting area, OPD Registration	Dialysis machine, CT Scan
THQ	3	205	Radiologist & ENT, Ophthalmologist, Pathologist, Consultant Dermatologist,	Lack of funds	Repairment of sewerage system, Extension of pediatrician ward , Day Care center	Cardiac Monitor, Dialysis machine, ENT,

Okara Site Observations

Medicine Storage shortage



- Lack of medicine storage facility in DHQ south city Okara.
- Stock of drugs should be increase in Rural Health Centers.

Inadequate Infrastructure



- Unpaved or poorly constructed road for most of Basic Health Units create transportation problems for patients.
- Boundary wall and Residential quarters issues are also there.
- Labor room in is situated on the third floor, posing potential challenges for gynae patients.
- Wideband internet connection is a critical issue in BHU's and RHC's.
- The sewerage system is in poor condition in some of RHC's.



Missing Human Resources

- The absence of a dispenser and lab technician is notable in RHCs.
- X-ray technician is required in RHC Renala Khurd. Unavailability of physician, surgeon and pathologist in THQ.

Insufficient Equipment

- Lack of essential equipment of orthopedic department in THQ.
- CT scan facility is also not available for patients in DHQ south city.



Pakpattan

Type Of Facilities	No. Of Facility	Total No Of Bed (Functional & Non-functional)	Missing HR/Doctor	Missing Services/ Medicines	Missing Health Facilities/ Infrastructure	Missing Equipment
BHU	55	132	Nurses staff, Lab technician staff, Doctors/ Surgeon Staff, General duties staff, Medical Officer	Ambulance (for gynae and all patients), security, internet	Generator, Solar System, AC, Boundary wall, Water cooler, Sewerage system	Ultrasound machine
RHC	5	102	Availability of Doctor/ Surgeon Staff	Ambulance (for Gynae and all patients)	Solar System, Availability of condemned item, Delivery tables	Autoclave
DHQ	1	210	Consultant Dermatologist, Nephrologist, Chest Specialist, Radiologist.	Parking area, network upgradation, sewerage repairment	Bob wire, Electric room, Sewerage system	CCTV
THQ	1	150	Consultant Radiologist, Consultant Pathologist		General Store and Medicine Store, Day Care center	

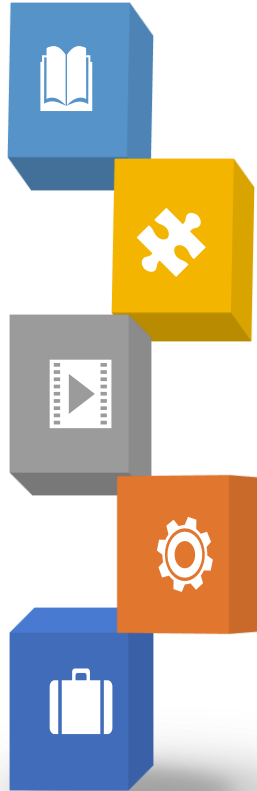
Pakpattan Site Observations

Electronic Medical Record (EMR)

As EMR is based on the Internet and in rural areas internet does not work properly and this makes it difficult for doctors as well as for patients.

Housing Quarters

Housing quarters are not maintained for residence but house rent is detected from employee salary every month.



Medicine

Quantity and quality of medicine in hospitals both are heightened. Quantity according to demand is not met and the quality of medicine is low as per standards.



X-Ray Machine

Most X-ray machines are conventional and their results are with errors. Digital X-ray machines are rarely in hospitals.



Doctor Security

Doctors feel insecure so they try to refer their patients to upstream hospitals, who can be treated at the hospital. By providing security the referral patients can be minimized.



Sr No.	Total purposed Projects Cost= 2386.5(PKR Million)	Status	Tentative Cost	Location
1	Construction of Stoke center in one district of Sahiwal division	Medium Term	180	Sahiwal
2	Construction and repair of boundary walls in 28 in BHU and 4 RHC in Okara	Medium Term	660	Okara
3	Construction and repair of boundary walls in 15 BHU in Pakpattan & 1 BHU of Sahiwal	Medium Term	330	Sahiwal & Pakpattan
4	Improving sewerage system in 4 BHU & in 1 DHQ health facilities in Pakpattan & 1 BHU of Sahiwal	Short Term	12	Sahiwal & Pakpattan
5	Improving sewerage system in 2 BHU , 1 RHC and 1 THQ of Sahiwal health facility in Okara	Medium Term	8	Okara
6	Establishment and expansion of 2 medicines Store warehouse at DHQ & THQ	Medium Term	200	Sahiwal
7	Establishment and expansion of 2 medicines Store warehouse at DHQ & THQ	Medium Term	200	Okara
8	Establishment and expansion of 2 medicines store warehouse at DHQ & THQ	Medium Term	200	Pakpattan
9	Establishment of 2 daycare center at DHQ & THQ of Okara	Medium Term	11	Okara
10	Establishment of 2 daycare centers 1 in THQ Sahiwal and 1 in THQ Pakpattan	Medium Term	11	Sahiwal
11	Provision of Dialysis machine, CT Scan at DHQ Okara	Medium Term	30	
12	Provision of 2 Cardiac Monitor, 2 Dialysis machine at THQ Okara and in DHQ Sahiwal	Short Term	0.5	Okara & Sahiwal
13	Replancement of Digital x-ray Machine in 21 RHCs(10 Okara & 11 Sahiwal)	Short Term	11	Okara & Sahiwal

Sr No.	Total purposed Projects Cost= 2386.5(PKR Million)	Status	Tentative Cost	Location
14	Provision of 76 Ultrasound machine at BHU level	Short to Medium Term	205	Okara
15	Provision of 57 Ultrasound machine at BHU level	Short to Medium Term	154	Sahiwal
16	Provision of 45 Ultrasound machine at BHU level	Short to Medium Term	122	Pakpattan
17	Provision of 5 ambulances for 5 RHC Pakpattan	Short to Medium Term	10	Pakpattan
18	Provision of 10 ambulances for 10 RHC Okara	Short to Medium Term	20	Okara
19	Provision of 11 ambulances for 11 RHC Sahiwal	Short to Medium Term	22	Sahiwal

Way Forward & Recommendation

The Token fee should be charged, it has two major outcomes

- 01.**
- a. Highly important medicine be can locally purchased (LP)
 - b. Unneedy persons will be minimized to take medicine from the hospital

BHUs should be merged into an equipped with HR and machinery RHC

- 02.**
- a. The referral patients will be minimized as they will be treated at RHC.
 - b. Two Ambulances should be given to RHC, to cater the patients in the recommended areas.
 - c. Transport issues will be settled as referral patients minimized

SOP of 1122 should be revised as all hospitals depend on 1122

- 03.**
- Changing the SOP for 1122 Rescue Ambulances only facilitate the transfer of patients from first-level hospitals to higher-level of hospitals involves a careful review and adjustment of existing protocols. While often patient cares demands directly to the higher level of hospital emergency treatment.

- 04.**
- At the THQ level important departments should be there so that at the tehsil level a major number of patients can treated.

- 05.**
- At THQ and QHD one radiologist should there.

Thank you