Socio-Economic Problems in Pakistan

Population Growth, Poverty, Agriculture , Education, Health, Corruption

What is a policy ?

- Supreme Law of the land is constitution
- Legislation : Code, Act, Ordinance, Order, Bill Draft etc (ESTACode, PPC, CrPC, Civil Servants Act, Army Act, Women Empowerment Act etc)
- Rules: Rules of Business, Civil Service Rules
- Regulations: Which a department or an Autonomous Body makes to streamline its work
- Policy: Made by the Government which delineates the framework, action of what Govt intends to do or not to do. NAP, Health Policy, Kachi Abadi Policy, Housing Policy, Economic Policy

Definition

- Fuller and Mayor, “A social problem starts with the awakening of people in a given locality, with the realizations which have become acute ”
- Paul B. Horton, “A condition affecting a significant number of people in ways considered undesirable and about which it is felt that something can be done through collective social action”
- Lawrence Flank, “Any difficulty of misbehaviour of fairly large number of persons which we wish to remove or correct”

Overpopulation

- Overpopulation is a condition where an organism's numbers exceed the carrying capacity of its habitat. The term often refers to the relationship between the human population and its environment, the Earth
- The recent rapid increase in human population over the past two centuries has raised concerns that humans are beginning to overpopulate the Earth, and that the planet may not be able to sustain present or larger numbers of inhabitants.

Thomas Robert Malthus

Must it not then be acknowledged by an attentive examiner of the histories of mankind, that in every age and in every State in which man has existed, or does now existThat the increase of population is necessarily limited by the means of subsistence,

That population does invariably increase when the means of subsistence increase, and,

That the superior power of population is repressed, and the actual population kept equal to the means of subsistence, by misery and vice

History of Population

Population

- Year Billion
- 1800 1
- 1927 2
- 1960 3
- 1974 4
- 1987 5
- 1999 6
- 2011* 7
- estimate 31.10.2011

High Growth Rate in Pakistan

- Pakistan's population suffers from High Birth Rate, Low Per Capita Income, high – dependency Ratio, Under – employment, low participation of labour force, poor health, hygiene and literacy standards
- Crude death rate came down from 30 to 10.1 per thousand since 1947, the crude birth rate declined only slightly from 50 to 39.5 per thousand. (Pakistan's Demographic Surveys)

Characteristics of Growth

- Rural Urban Break up
- Provincial break up
- Populations of Big Cities
- Afghan Refugees
- Crude Birth Rate
- Crude Death Rate
- IMR
- Sex and Age Distribution
- Household Size
- Labour Force and Employment

Population Growth and Sociological Causes

- Control of Infant Mortality
- Introduction of modern medicine
- High fertility among Muslims
- Polygamy
- Re-marriages of widow
- Marriage as religious obligation
- Family Planning antagonism
- Illiteracy
- Least aspiration and action for upward mobility

Population Growth and Sociological Causes

- Large Family as a source of prestige
- Geographical Environment
- Desire for a male child
- Health awareness and Hygiene
- Control over calamities and epidemics
- Aversion towards contraceptives
- Political Power of huge families.

Sociological Solutions

- Adjustment of *numbers* to the resources
  - Birth Control
  - Literacy and Education
  - Industrialization and subsequent modernization
  - Late Marriages
  - Monogamy
  - Immigration
  - Other Recreational facilities

Sociological Solutions

  - Transitioning of value system
  - Redistribution of population
  - Family Planning
- Increasing Resources
  - Political and Economic Solutions
  - Limiting exploitation of resources
  - Introducing culture of conservation

Poverty

- John Lewis Gillin and John Philip Gillin in their book, Cultural Sociology, “Poverty is that condition in which a person either because of inadequate income or inverse expenditures, does not maintain a scale of living high enough to provide for his physical and mental efficiency and to enable him and his natural dependents to function usually according to the standards of society of which he is a member”

Definition

- Adam Smith in Wealth of Nations says, “Man is rich or poor according to the degree in which he can afford to enjoy the necessities, the conveniences and the amusements of life”
- Hutchinson Encyclopaedia, “Poverty is the condition where the basis needs (food and shelter) of human being are not being met”

Poverty in Global Perspective

- Measuring Poverty
- Absolute Poverty
- Relative Poverty
- Realization by the Governments
  - SAP I
  - SAP II
  - PRSP
    - MDGs
- Voluntary Poverty

Measurement of Poverty in Pakistan

- Head Count Ration
- Poverty Gap Ratio
- Severity of Poverty Measure

Conservatism

- Encycolpedia of Social Sciences: A tendency to maintain status quo. Love for tradition and authority
  - Hinders growth, modernity, gender participation, community development programs, entrepreneurship
  - Creates prejudices against science and technology
  - Causes food shortages, fails in bringing quality of life, under employment, and less degree of input/output relationships between man and land
- Solution for conservatism
  - Calivinism and Protestantism
  - Education programs involving families and ulemas

Conservatism

- Increasing contacts with outside world through media, sports and cultural festivals
- Effective leadership to reconstruct rural societies
- Promotion of rationality in place of emotions and past experiences
- Case histories of advanced rural societies to be presented through visual media and induce confidence in rural population
- Government to make liberalism a institutional agenda
- Voluntary associations of youth to be initiated in rural areas

Fatalism

- Fatalism is the belief of individuals that underlying all the events of nature and human life of individuals there is an inscrutable and unchangeable force.
- It is characteristic of rural societies and puts a check over rational thinking and social mobility for a majority of individuals in all walks to life
- Blind faith in fatalism leads to escapism for roles and responsibilities creating lethargic and pessimistic attitude in a society

Fatalism

- Solutions
  - Change in cultural traits through social engineering with the help of cultural anthropologists who should devise ways for transitioning through religion
  - Awareness

Causes of Poverty

- Personal Causes
  - Illness
  - Psychological Problems
  - Accidents
  - Illiteracy
  - Laziness
  - Demoralization

Causes of Poverty

- Geographical Causes
  - Unfavourable climate and weather
  - Absence of natural resources
  - Natural Calamities
- Economic Causes
  - Unequal Distribution
  - Economic Depression
  - Bad Governance
  - Unemployment
  - Unproductive hoarding
  - Unwise economic policies

Causes of Poverty

- Social Causes
  - Education System
  - Absence of training in Home Sciences
  - Evil Customs and traditions
  - Insufficient provision for medical aid
  - War

Solutions

- Change of Values and Mindset
- Calvinism
- Poverty Reduction Strategy Paper
- Social Action Program
- Taxation Base
- Public Sector Development
- TEVTA

Agricultural Sector of Pakistan

AGRICULTURE in PAKISTAN 2015

4th Largest Producer Globally

Cotton

Over 2million bales destroyed post 2010 floods

food & economic security of **100m** people at risk by climate change

47% directly dependent

Mango

40% Production Decline

5th Largest Producer Globally

Livestock

20% - 30% Decrease

Annual Production

- **Wheat** 26.955 million tonnes
- **Cotton** 15.4895 million tonnes
- **Rice** 6,902,000 tonnes
- **Sugar Cane** 68,035,000 tonnes

66% of workers are Women

2010 Flood Devastation Lookback

1,600,00 acres of crop destroyed

200,000 livestock lost

Introduction

- Pakistan's principal natural resources are arable land and water. About 25% of Pakistan's total land area is under cultivation and is watered by one of the largest irrigation systems in the world. Pakistan irrigates three times more acres than Russia. Agriculture accounts for about 21% of GDP and employs about 41% of the labor force.

- Economy of every state depends on three sectors i.e agriculture, industry and commerce. These three are interrelated with each other as the progress or retrogress of one sector effects the other two. Pakistan is an agricultural state thus agriculture gains are of much importance than any other sector. Importance of this sector is manifold as it feeds people, provides raw material for industry and is a base for foreign trade. Foreign exchange earned from merchandise exports is 45% of total exports of Pakistan. It contributes 26% of GDP and 52% of the total populace is getting its livelihood from it. 67.5% people are living in the rural areas of Pakistan and are directly involved in it. There are two crops in Pakistan ie Rabi & Kharif.
- Crop | Sowing season | Harvesting season
  Kharif | April – June | Oct – Dec
  Rabi | Oct – Dec | April – May

Status in the world

- Pakistan is one of the world's largest producers and suppliers of the following according to the 2005 Food and Agriculture Organization of The United Nations given here with ranking:
- Apricot (4th)
- Cotton (4th)
- Sugarcane (4th)
- Milk (5th)
- Onion (5th)
- Date Palm (6th)
- Mango (7th)
- Rice (8th)
- Wheat (9th)
- Oranges (10th)
- Pakistan ranks fifth in the Muslim world and twentieth worldwide in farm output.

Crops

- The most important crops are wheat, sugarcane, cotton, and rice, which together account for more than 75% of the value of total crop output.
- Pakistan's largest food crop is wheat. In 2005, Pakistan produced 21,591,400 metric tons of wheat, more than all of Africa (20,304,585 metric tons) and nearly as much as all of South America (24,557,784 metric tons), according to the FAO
- Pakistan has also cut the use of dangerous pesticides dramatically.
- Pakistan is a net food exporter, except in occasional years when its harvest is adversely affected by droughts. Pakistan exports rice, cotton, fish, fruits (especially Oranges and Mangoes), and vegetables and imports vegetable oil, wheat, cotton, pulses and consumer foods. The country is Asia's largest camel market, second-largest apricot and ghee market and third-largest cotton, onion and milk market.
- The economic importance of agriculture has declined since independence, when its share of GDP was around 53%. Following the poor harvest of 1993, the government introduced agriculture assistance policies, including increased support prices for many agricultural commodities and expanded availability of agricultural credit. From 1993 to 1997, real growth in the agricultural sector averaged 5.7% but has since declined to about 4%. Agricultural reforms, including increased wheat and oilseed production, play a central role in the government's economic reform package.
- Much of the Pakistan's agriculture output is utilized by the country's growing processed-food industry. The value of processed retail food sales has grown 12 percent annually during the Nineties and was estimated at over $1 billion in 2000, although supermarkets accounted for just over 10% of the outlets.
- The Federal Bureau of Statistics provisionally valued *major crop* yields at Rs.504,868 million in 2005 thus registering over 55% growth since 2000 while *minor crop* yields were valued at Rs.184,707 million in 2005 thus registering over 41% growth since 2000. The exports related to the agriculture sector in 2009-10 are Rs 288.18 billion including food grains, vegetables, fruits, tobacco, fisheries products, spices and livestock.

Livestock

- According to the *Economic Survey of Pakistan,* the livestock sector contributes about half of the value added in the agriculture sector, amounting to nearly 11 per cent of Pakistan's GDP, which is more than the crop sector. The leading daily newspaper *Jang* reports that the national herd consists of 24.2 million cattle, 26.3 million buffaloes, 24.9 million sheep, 56.7 million goats and 0.8 million camels. In addition to these there is a vibrant poultry sector in the country with more than 530 million birds produced annually. These animals produce 29.472 million tons of milk (making Pakistan the 5th largest producer of milk in the world), 1.115 million tons of beef, 0.740 million tons of mutton, 0.416 million tons of poultry meat, 8.528 billion eggs, 40.2 thousand tons of wool, 21.5 thousand tons of hair and 51.2 million skins and hides.
- The Food and Agriculture Organization reported in June 2006 that in Pakistan, the world's fifth largest milk producing country, government initiatives are being undertaken to modernize milk collection and to improve milk and milk product storage capacity.
- The Federal Bureau of Statistics provisionally valued this sector at Rs.758,470 million in 2005 thus registering over 70% growth since 2000

USAID Project on Agriculture 2009

Agricultural growth in Pakistan has been well below potential over the past several years despite an unusually favorable set of physical resources, including vast irrigated areas. In consequence, rural incomes are growing little, if at all, and poverty reduction has virtually halted

The agricultural GDP growth rate in Pakistan was only 1.5 percent in 2007, significantly lower than the population growth rate (Pakistan National Income Statistics 2008). This very low rate was due to temporary factors, including unfavorable weather conditions. The 1989-90 to 2004-05 average growth rate was 2.3 percent (Pakistan National Income Statistics 2007). Immediately following that period, the growth rate was about 3 percent a rate that can be expected from smallholder-induced improvements in cultivation practices, growth in the rural labor force, and small changes in cropping intensity (FAOSTAT). Thus, we have selected this rate as a base for the 2 percent increment because it is more representative than that achieved in 2007 and because it is more in line with growth rates in countries with similar characteristics in terms of rural labor force, cropping intensity and related agricultural practices.

Policy Analysis

- Yield per acre
- Increase in cultivable and arable land through colonization of government lands policy
- Fertilizer and Subsidy
- Labor and minimum wages
- Land Rent and Tenancy
- Seed and its Costs
- Tractors and other machinery schemes
- Water scarcity
- Agricultural Income Tax
- Prevention of Profiteering and Hoarding Act
- Micro-financing

Agricultural Policy Analysis in Pakistan by Salman Ahmed and Roger Martini

Problems and Solutions

- Rationalization of Resources
- Efficient practices of Agricultural Production
- Encouragement of Private Sector
- Transformation of Villages into Habitable Points
- Enforcement of Scientific Methods
- Irrigation Management
- Increase Awareness

Radical Solutions

- Feudalism should be abolished and lands should be allotted to poor farmers. This will enhance the productivity and per acre yield of all the crops in Pakistan. Taxes should be levied on Agricultural income but not without devising limit of land holding. Other wise it would directly effect poor farmers.
- Federal Seed Certification and Federal Seed Registration is approved but it should taken responsible steps in approving seeds as it has already approved 36 new kinds of seeds. Specially, those seeds should be banned which can create pest problem in near future. These seeds are of cotton mainly. International seed makers are providing those seeds which are not successful in our country as these seeds are not tested on our soil.

Radical Solutions

- A new Agricultural policy must be framed in which following steps should be focussed on.
  - Small farmer must be focused. The major problems of small farmers should be solved first.
  - Consumer friendly policy must be projected.
  - Productivity enhancement programme must be constituted to adjust and support prices.
  - Different Agricultural zones should be introduced. As Multan in famous for its Mangoes and citrus fruits so it must be made Mango, citrus zone by which Perishable products should be exported. This would enhance agro based industry and increase foreign reserves. Pakistan Agricultural storage & Services Corporation needs to take steps in this regard.
  - Corporate farming like giving lands to Mitehels, Nestle and Multinational companies is also a good idea that will also help those who own a large area of fertile land but can't manage it.

Radical Solutions

- Surplus vegetables and fruits must be exported. A Rs 39 million scheme has been approved for the current fiscal year for establishment of agro export processing zone for fruits, vegetables and flowers. This will also help in commercializing agriculture
- Latest mechinery should be provided to the farmers to increase the per acre yield. This provision should be on easy installments so that the farmers can avoid the burden of loans. If possible subsidy should be given by the government of modern machinery.- Modern techniques of irrigation can solve the problems of irrigation in Pakistan. This includes drip irrigation and sprinkle irrigation methods. By using this technique the farmers can save a huge some of money which he pays for irrigation through tubewells and tracktors.

Radical Solutions

- More dams should be constructed on Indus, Jehlum and Chenab rivers. This will enhance the storage capacity of water and reduce the per acre cost of all the crops. This step will also reduce the salinity chances of the lands as less tubewell water will be flooded to the lands which cause salinity.

EDUCATION POLICY OF PAKISTAN

1: Importance of Education:

Education is a key to development for individual, society and state. It shapes natural qualities and talents of the individuals. It has positive relevance to family and society. It also confers citizens' confidence to deal with environment, a sense of purpose. Education provides a goal orientation and is helpful to others by educating them.

Education provides entitlement to job and professions. It gives effective tanning to the citizens about their rights and duties. It plays a more constructive role in character building of the person and in turn society as a whole.

Education should be integrated to nation building and should be able to transmit the primary values. Education should be responsible for the formation of attitude.

It should transmit socialization among individuals.

Education system is designed according to the ideology of the state and its identity. Education is the indicator of socio-economic development. For the real progress proper educational facilities should be provided. Literacy rate should be enhanced. Trained and qualified human power can make a nation success. Only such educated people can better be equipped to deal with changing situations and challenges of the time. Education provides better understanding of international environment that affects all of us. Islam asks Muslims to get education. Other religions also value education.

2: Educational Issues:

From historical perspective Pakistan has made commendable efforts for spreading education since independence. Funding, facilities and free primary education was introduced to enhance student enrolment. Following steps were taken for uplift of education:

- It made integral to development planning in all Five Year Plans and Yearly Plans.
- Education Commission was established and new Education policies were introduced.
- Critical evaluation points out serious issues requiring immediate attention for enabling education to achieve its goals.

Problem of Resources:

Resource allocation for education is far from satisfactory. It is much less than what a large number of countries spend on education, especially those having developed after World War II. Most of these allocations go to salaries and administration.

Fewer amounts are given for infrastructure, facilities of research and development.

Low Literacy:

In Pakistan literacy rate is 46 per cent. While meaningful literacy is far less. Female literacy is lower. In rural areas literacy is much low.

Enrolment and Retention:

All Children are not enrolled in schools. Drop out at the primary and high school level is very high. The incentive to send children to the school is to retain them there. Poverty and lack of appreciation cause drop out. Not enough schools with proper facilities. Number of schools exist on papers only i.e., Ghost schools.

Teachers related issues:

Shortage of qualified teachers at the lower levels is main cause of less interest of young students towards education. Student-teacher ratio is very high in Pakistan. So the teacher cannot properly treat students. Teachers are not given any incentives for devotion to the profession. Salary and other facilities especially at the lower levels are very disappointing. Training and refresher courses are also inadequate. New techniques of teaching and facilities needed for good teaching should be provided to the teachers.

Examination System:

Examination System remained a problematic issue in Pakistan. How to judge the performance of students is a difficult question. Instead of comprehension and depth of knowledge emphasis is laid on test of memory. Learning is geared to passing the examination. Some people work only at the end of the year and get good marks due to flaw in the system. Some of they use unfair means. Students have were little knowledge of how the papers are actually graded. This becomes a serious problem at the higher levels. Still there is a debate that whether Annual system or Semester system should be adopted.

Politicization:

Student groups have political links with outside groups. Political parties have their sub units in educational institutions, which result in use of violence and threats. This also damages the educational environment.

3: Kinds of Education:

Primary:
From class 1 to 5 years is primary stage. Mosque schools are also working on this level. Efforts are being made to make it universal.

Middle Level:
It is from class 6 to 8.

Secondary:
It is from class 9 to 10.

Higher Secondary:
It is from class 11 to 12.

Degree Level:
It is a university level education for 2 or 3 years for the award of bachelor degree of Science/ Arts.

University, Post Graduate Level:
M. A., M.Sc., M.Phil. and Ph. D. Specialized diplomas and programs are also offered at this level. Colleges are also teaching at Postgraduate level. Now some Colleges are given university status.

Professional:
Professional educational fields are Medical, Dentistry, Engineering, Business and Commerce are Technical and professional degrees.

Adult Education:
For adults who could not get education in their early years adult education is introduced for them.

Distance Education:

People do not go to an institution but stay home and get education. This method is useful for people in service and for those living in remote areas. This is a method of Improvement of qualification without actually going to an institution.
It is a Flexible system in which Lectures and tutorial system are used through media.
Examples are:

- Allama Iqbal Open University.
- Virtual University: TV and Internet.

Privatization of Education:
Schools (English medium), Colleges and Universities are introduced in private sector. Some of them are imparting some good quality education but very expensive.

Military Foundations:

- Medical and IT education
- National University of Science and Technology
- Bharia University
- Air Force University

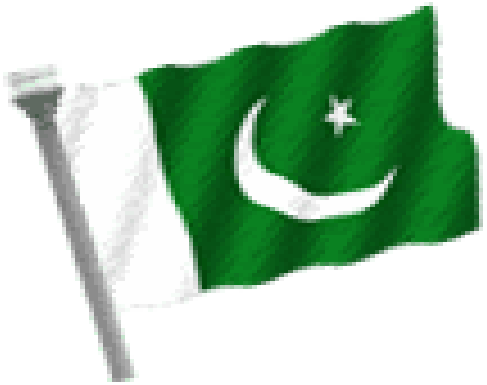
Modern Technology and Education:

Technology education means education of IT, Computers- software and hardware. IT and regular education, Access to knowledge and technical education.

Concluding Remarks:

Education in Pakistan could not play a proper role. That's why Pakistan is much behind of some of the developing countries. The only way to meet the challenges of the time is to provide technical education at all levels. For that purpose spending on education should be raised. Primary education should be universal and women education should be enhanced. Only meaningful education can fulfill the demands of development.

EDUCATION PROFILE



Compulsory Education	N.A
Literacy Rate	57 %
male	69.3 %
female	45 %
Education expenditures	2.3 % GDP
Education system	decentralized
Current Education Policy	2009
EDI Ranking	113/120

NATIONAL OBJECTIVES

- To eliminate illiteracy within the shortest possible time through universalizing of quality Elementary education coupled with institutionalized adult literacy programmes.

- To revive the existing education system with a view to cater social, political and spiritual needs of individuals and society.

Contd……

- To promote social and cultural harmony through the conscious use of the educational process.

- To organize a national process for educational development that will reduce disparities across provinces and support coordination and sharing of experiences.

Contd…….

- To provide and ensure equal educational opportunities to all citizens of Pakistan.

- To encourage research in higher education institutions that will contribute to economic growth of the country.

(Ministry of Education, 2009)

BACKGROUND INFORMATION

- Policy Frameworks

All Pakistan Education Conference (1947)

Education Conference (1951);

Six Year Education Development Plan (1952);

Commission on National Education (1959);

Commission on Student Problems and Welfare (1966);

National Commission on Manpower and Education (1969);

Contd…..

- New Education Policy (1970);
- Educational Policy (1972-80);
- National Educational Policy (1979);
- National Education Conference (1989);
- National Education Policy (1992);
- National Education Policy (1998-2010);

- National Education Policy (2009)

main emphasis of policies……..

(a) Orientation towards Islamic ideology and character building.

(b) Expansion of primary education and eradication of illiteracy.

(c) Quality improvement of education at all levels.

(d) Orientation towards science and technology.

(e) Provision of equal educational opportunities to all citizens of Pakistan.

(Farooq, 1993)

EDUCATIONAL STRUCTURE

Progression and Stages of Education

Pre-Primary Stage

- Elementary Education (Primary and Middle)
  - Primary stage(class I-V)
  - Middle stage (class VI-VIII)
- Secondary Education (class IX-XII)
  - Secondary stage
  - Higher secondary stage

Contd…

- Tertiary Education/ Higher Education (after class XII)

universities and degree awarding institutions

132 higher education institutions

73 are public and 59 are private

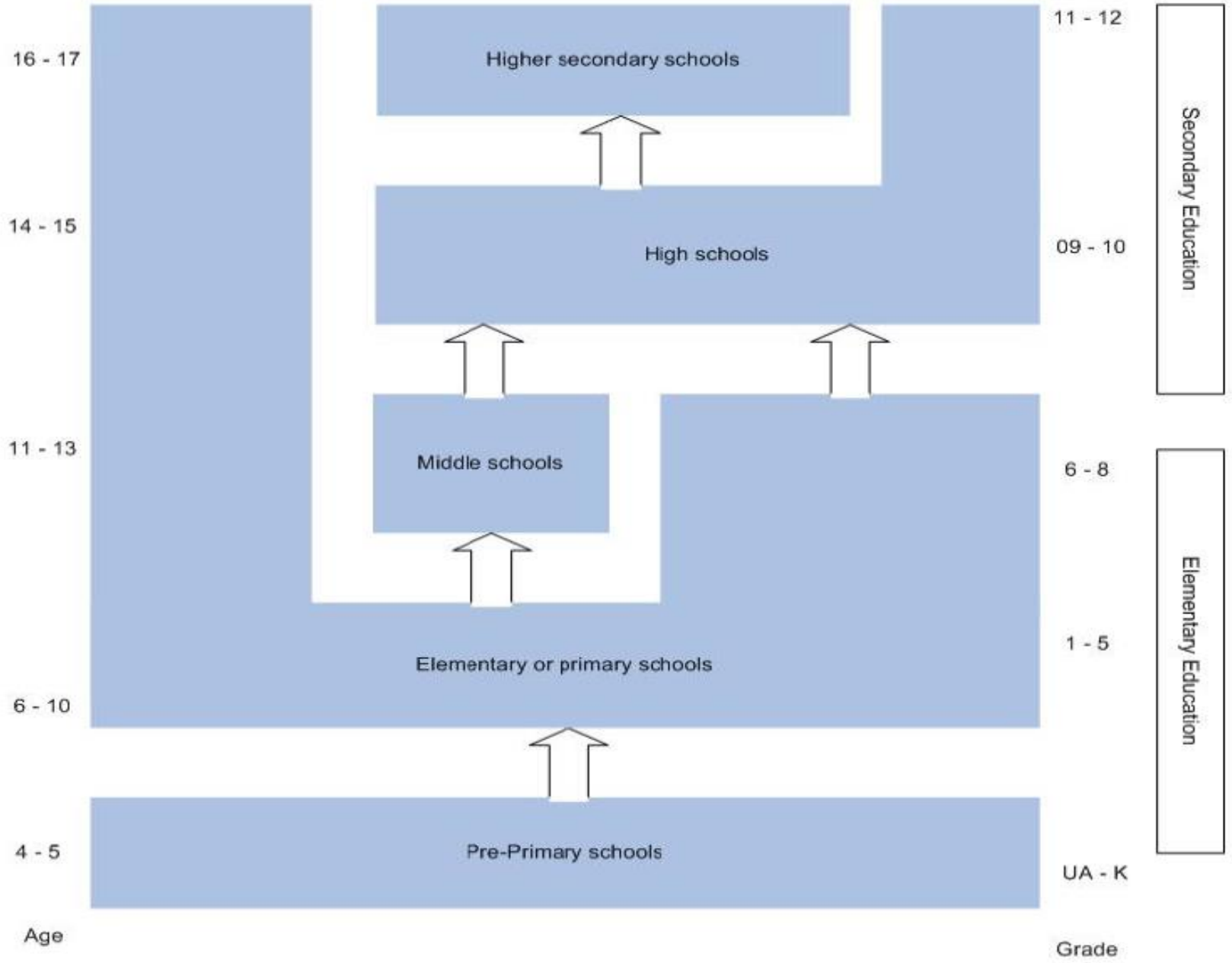
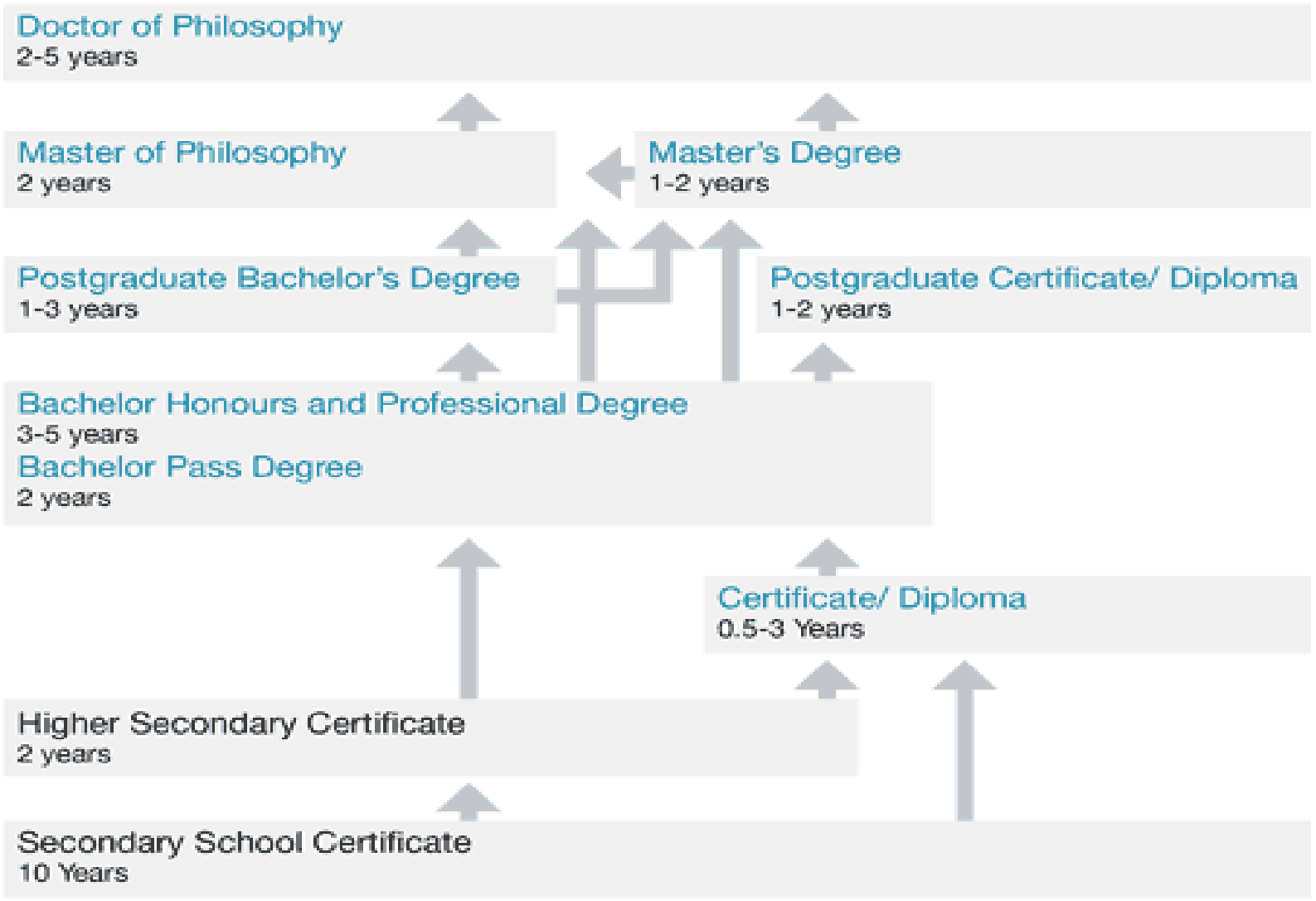


Figure 1.2: The structure of education sector in Pakistan (Pre-Primary to Higher Secondary)

Pakistan Higher Education



EDUCATIONAL STRUCTURE

Diversification of Education

- Vocational Education
- Technical Education
- Commerce/ Business Education
- Agricultural Education
- Medical Education
- Engineering

Non-Formal Education

EDUCATIONAL STRUCTURE

Kinds of Institutions

1. Government Institutions
2. Federal Government Institutions
3. Garrison Institutes
4. Cadet Schools & Colleges
5. Local Bodies Institutions
6. Public Sector Institutions

Contd….

7. Danish Schools
8. Private Elite &
9. Non-Elite English Medium Schools
10. Madrassahs
11. Missionary Schools

Table1. Entry age of students for various levels of education

Level	Age (Year)
Pre-primary	4+ - 5+
Elementary	5+ - 13+
Secondary	13+ - 15+
Higher Secondary	15+ - 17+
Tertiary/ University	17+ - 21+

CURRICULUM (Class I-XII)

Formulation and Responsible Authority

- NBCT in collaboration with;
- Department of Education
- Curriculum Research and Development Centres
- Education Extensions Centres
- Textbook Boards
- Teachers Training Institutions
- Examining Board
- Universities

Contd…

Procedure of Curriculum Development and Implementation

- Initial drafts of curricula are prepared by the Provincial Curriculum Centres and then sent to the Curriculum Wing.

- A National Committee representing all the provinces is constituted.

Contd….

- The committee develops one draft curriculum which is then sent to provinces for comments.
- Micro-testing of the curricula is carried out by the provinces.
- Final curriculum is developed by the National Committee and is implemented throughout the country.

Higher Education Curriculum

- Concerned departments of the universities or colleges.
- The title of courses and broader framework are usually discussed in the faculty, and then
- Each teacher plans in his/her own way to impart instructions in the classrooms.

TEACHER EDUCATION

a. Pre-Service Teacher Education

Level of teaching	Academic qualification	Professional qualification
Primary	B.A	P.T.C/B.Ed
Middle	B.A	C.T/B.Ed
Secondary (high)	B.A/B.Sc	B.Ed
Intermediate	M.A/M.Sc	M.Ed
Degree colleges	M.A/M.Sc	-
University	M.A/M.Sc/M.phil/PhD	-

Contd…

b. In-Service Teacher Education

- INSET is the function of provincial EECs and the GCETs.
- aims to provide in-service training to every teacher at least after every 3-5 years.

- STEP is also working for improving the In-service training of teachers.

Contd…..

- In-Service Teacher Education Institutions

- National Academy of Higher Education (NAHE)

- Education Extension Centres (EEC)

- Academy of Educational Planning and Management (AEPM)

EXAMINATION

- Terminal or Annual examinations are held at the end of the middle and secondary education and is totally external.

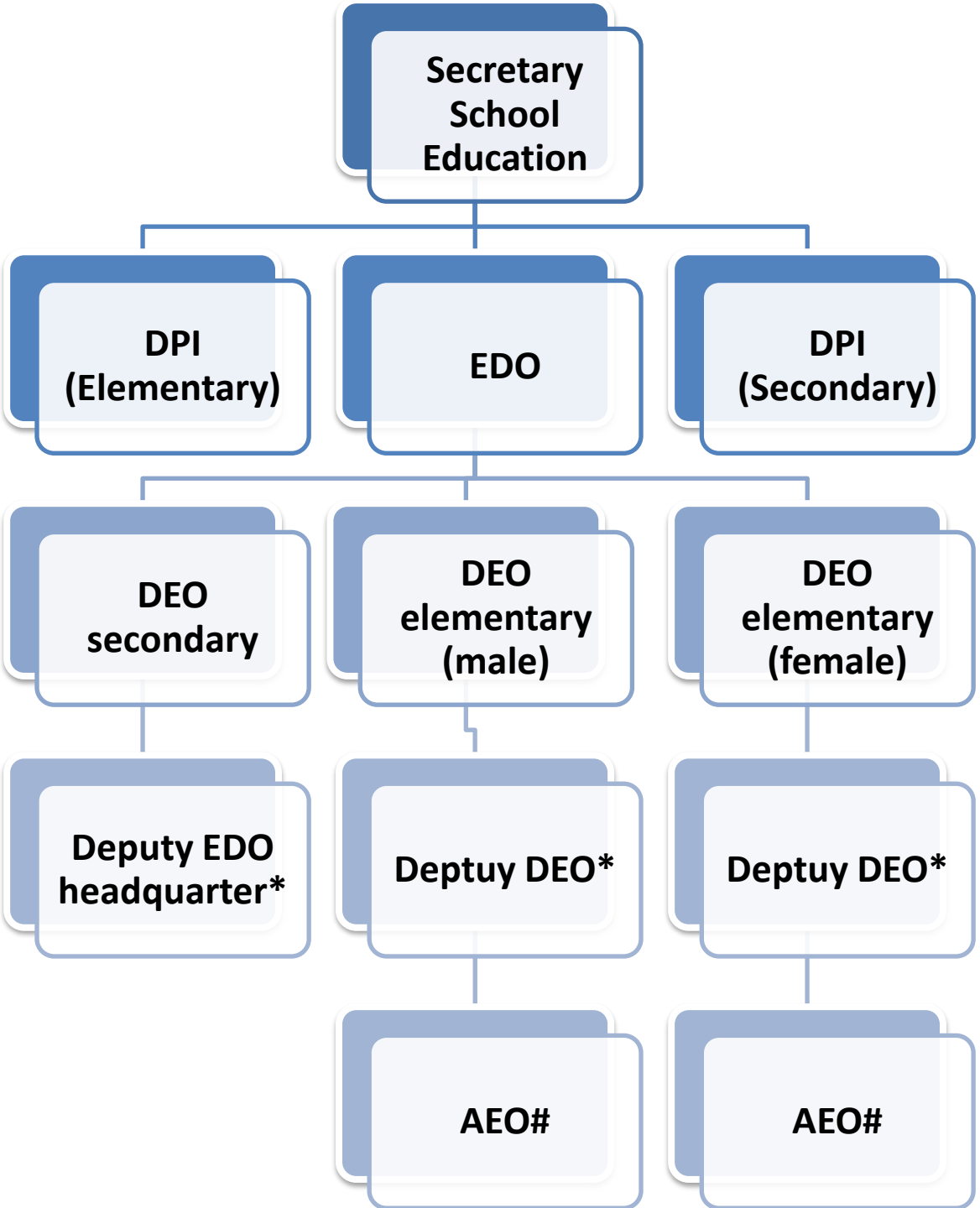
- At secondary and higher secondary level, students are also examined at the end of 2 years course by Boards of Intermediate and Secondary Education (BISEs).

Contd…

- For university degree, examination is held by the universities
- These examinations are held semester-wise as well as annually.

ADMINISTRATIVE ORGANIZATION

- each province is divided into administrative divisions,
- each division into districts,
- each districts into Tehsil and
- each Tehsil into sub-divisions.


Secretary School Education
DPI (Elementary)
EDO
DPI (Secondary)
DEO secondary
DEO elementary (male)
DEO elementary (female)
Deputy EDO headquarter*
Deptuy DEO*
Deptuy DEO*
AEO#
AEO#

Contd…

- Universities and autonomous organizations are supervised and controlled by their own syndicates.

- Each syndicate is headed by a V.C.

- President of Pakistan is Chancellor of the universities located in Islamabad.

(Farooq, 1993)

FINANCING OF EDUCATION

- Federal Government provides funds to provinces to meet the development expenditure.
- Pakistan has allocated only 2.3 % of the budget for education.
- This budget is even significantly lower than that of India which spends 4.1% of GDP.

PLANNING AND MANAGEMENT

- Ministry of Education formulates the policies and plans at national level.
- It involves the provinces in the formulation of national education policies and plans.
- Provinces develop their own plans and execute according to their situations and available resources.

Contd…

- universities are responsible for coordinating instructions and examinations of all post-secondary institutions in their respective province.

Management

- Executive District Officer (Education) is the focal person to look after all affairs of primary, elementary, secondary and higher secondary schools.

- Under the EDO (Education) there are DEOs (Elementary Education) and DEOs (Secondary Education).

FLAWS OF EDUCATION SYSTEM

- Education system is based on unequal lines.
- Low allocation of education budget.
- The quality of education in most of the public schools and colleges is low.
- Lack of trained teaching force.
- Gender discrimination.
- Lack of technical education.

CONCLUSION

- Pakistan’s educational system is stratified according to socio-economic class.
- Every stratum of society has its own different kind of education system with distinct syllabus and textbooks.
- These different systems of education, with their own curricula, are widening the gulf among social classes and drifting them away from national unity.

- In today's world, the benchmark for excellence is education. Moreover, if a country has a distraught academic infrastructure, the chances to survive in current competitive world will be limited.

- In the current scenario the best investment will be on education---but education which promotes tolerance and humane values.

"Our education system must provide quality education to our children and youth to enable them to realize their individual potential and contribute to development of society and nation, creating a sense of Pakistani nationhood, the concepts of tolerance, social justice, democracy, their regional and local culture and history based on the basic ideology enunciated in the Constitution of the Islamic Republic of Pakistan."

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THANK YOU

EDUCATION AND HEALTH FACILITIES

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EDUCATION AND HEALTH FACILITIES

Education and Health are the most important public facilities in an urban area which play an important role in Human Resource Development (HRD). The Education facilities comprise of Nursery, Primary and High schools, colleges, technical institutes, and universities. The urban Health facilities comprise of dispensaries or primary health centers, polyclinics, hospitals and specialized hospitals. The number of these facilities, area requirements and their location in a city are important aspects of urban spatial planning.

EDUCATION ISSUES

- There are different systems of education existing in our cities.
- Some parts of the urban areas are not adequately served by the education facilities.
- The area/ size of plot for some schools is very small and it does not properly serve the requirements of school children.
- The location of some schools causes traffic problems.
- The distance to schools is very large, particularly in the metropolitan cities.
- The standard of education is very poor in government schools.
- Non availability of teachers and Ghost schools.

HEALTH ISSUES

- The health institutions, particularly dispensaries are not adequately provided in most of the cities.
- Non-availability of qualified doctors and other Para-medical staff.
- The location of some health institutions is not proper.
- Non-availability of medicines and other equipment in the hospitals and dispensaries.
- The quakes/ non-qualified doctors are playing with the health of the people.
- Vaccination for some diseases is not provided to all the people.

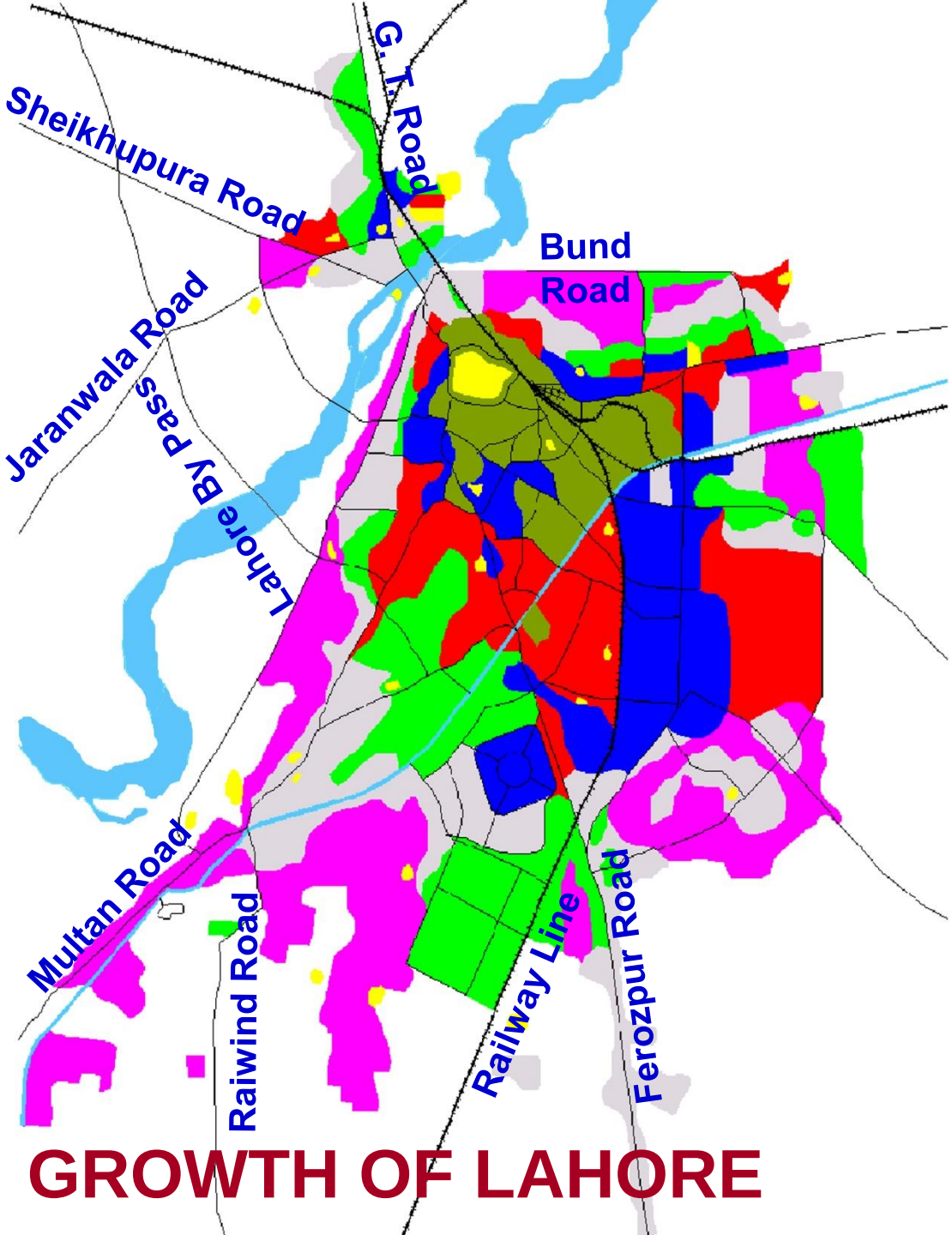
GENERAL PROPOSALS FOR EDUCATION SECTOR

- One system of primary and high education system should be adopted throughout Pakistan.
- Free education should be provided by government at least at primary level to raise the literacy rate to 100%.
- All schools should be built according to an approved space standard.
- The standard of education, and course outlines should be same in all the schools.
- The location of schools should be such that all areas of the city are equally served and they should be available at walking distance.
- The government should ensure provision of sufficient teachers, buildings and equipment in all government schools.
- Private high schools should be allowed to be established by organizations who can provide standard schools in size and standard of education.
- Colleges should also be of standard size and distributed all over the city according to their catchments area. Their location should be determined in a Master Plan or Local Spatial Plan. Private colleges should be established on designated sites only.

GENERAL PROPOSALS FOR HEALTH SECTOR

- Basic Health Units, Dispensaries, and Primary Health Centers should be provided in every neighbourhood unit or in a housing scheme as per size of the scheme.
- Private clinics may also be allowed at the neighbourhood level and in the housing schemes.
- The location of Dispensaries and private clinics and hospitals (private and public) should be decided at Master Plan or Local Plan level.
- All dispensaries and hospitals should be fully equipped with medical apparatus and medicines.
- Qualified Doctors and Para-medical staff should be provided in all dispensaries and hospitals. Quakes and unqualified doctors should not be allowed to practice.
- Vaccination programme should be implemented in all neighbourhoods and housing schemes.
- Open spaces, parks and gyms should be provided for walking and exercises in all neighbourhoods and housing schemes.

EDUCATION AND HEALTH FACILITIES IN LAHORE

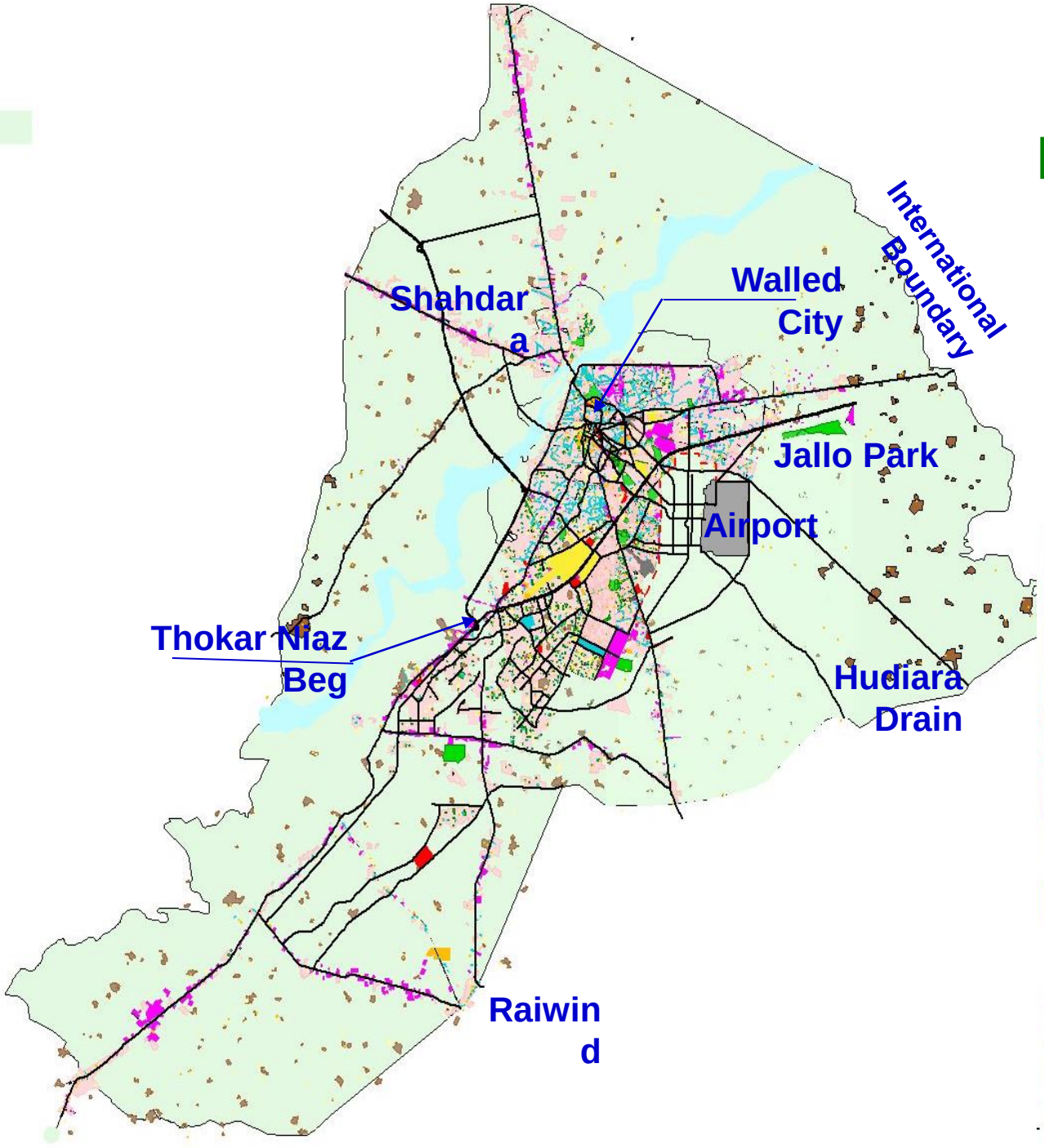


LEGEND

- PRE-BRITISH PERIOD
- 1850 - 1900
- 1901 - 1950
- 1951 - 1965
- 1966 - 1980
- 1981 - 1990
- 1991 - 2000

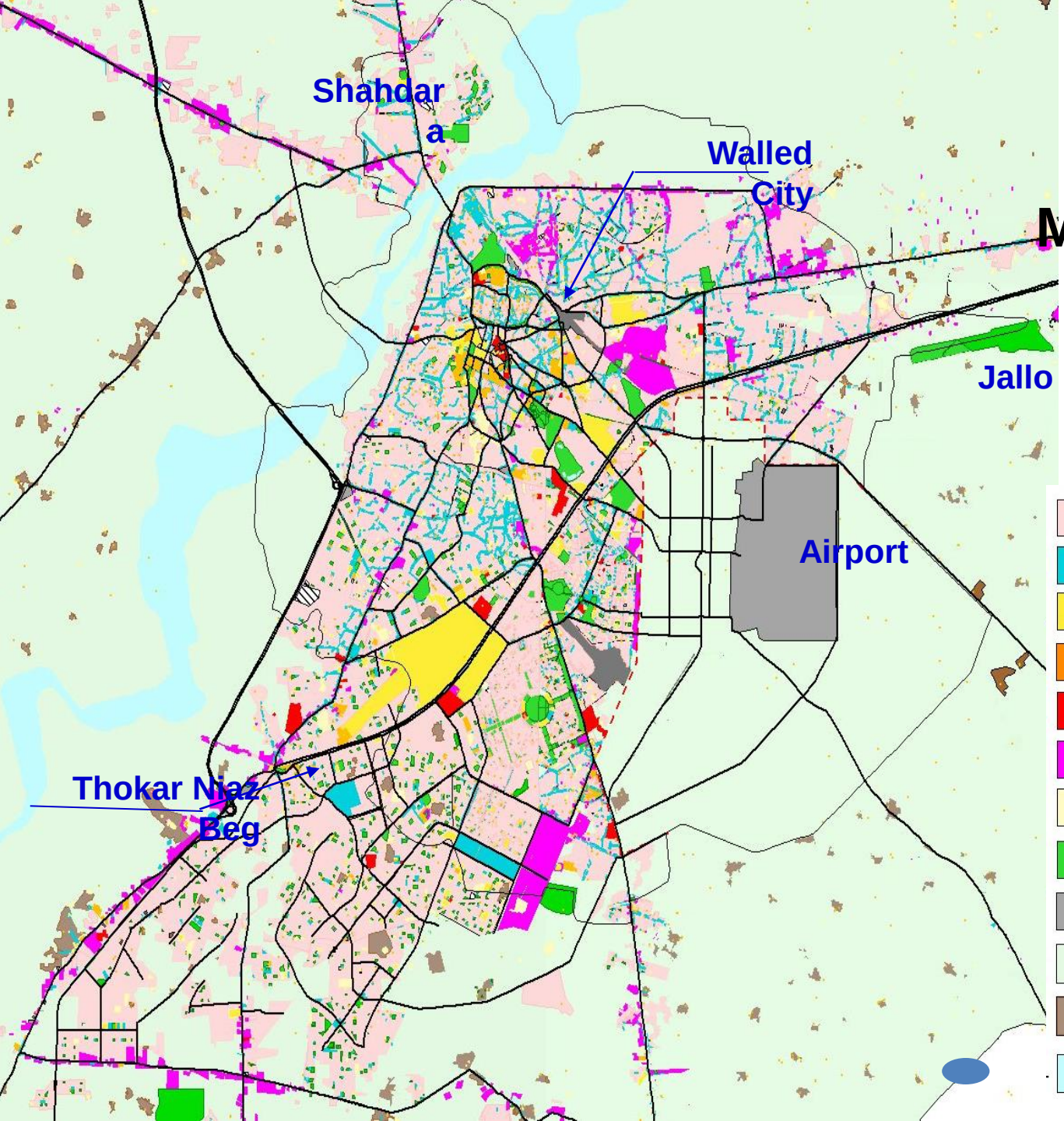
GROWTH OF LAHORE

LAHORE METROPOLITAN AREA
Landuse - 2001



LEGEND

- Residential
- Commercial
- Educational
- Institutional
- Health
- Industrial
- Graveyard
- Parks/Recreational
- Transportational
- Vacant/Agricultural
- Villages
- Water Body

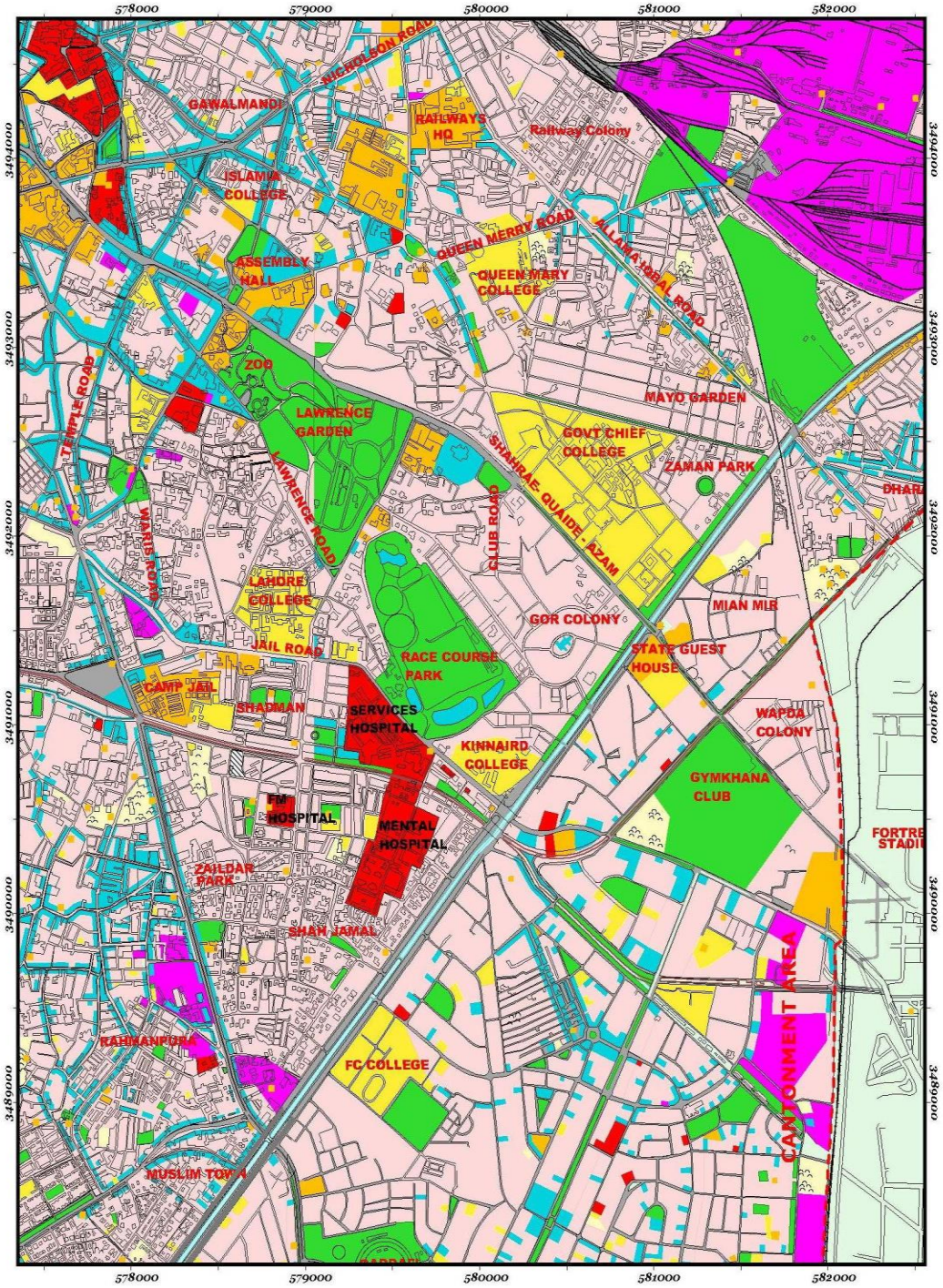


LAHORE INNER METROPOLITAN AREA

Landuse - 2001

LEGEND

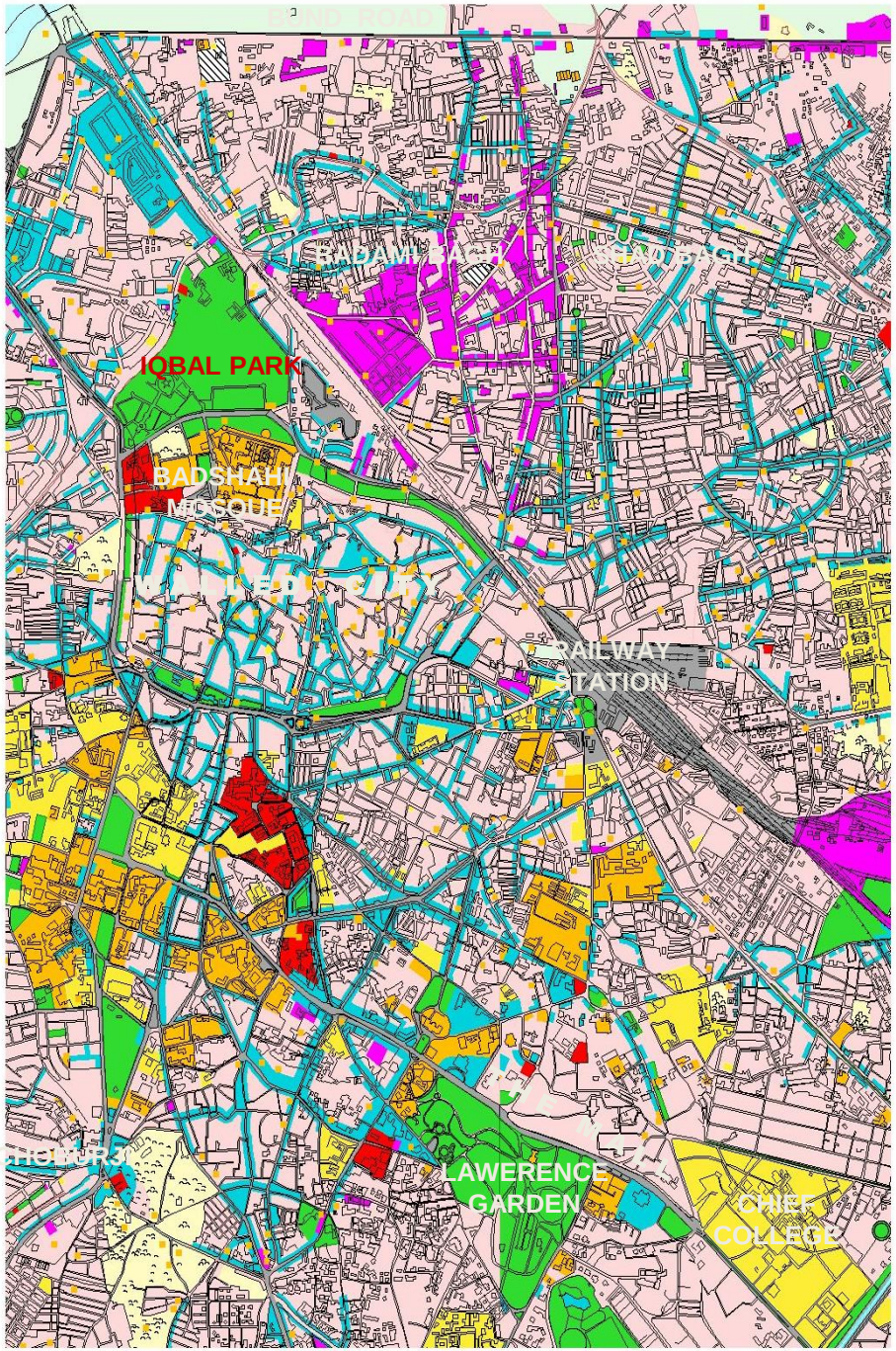
- Residential
- Commercial
- Educational
- Institutional
- Health
- Industrial
- Graveyard
- Parks/Recreational
- Transportational
- Vacant/Agricultural
- Villages
- Water Body



PART OF LAHORE LANDUSE PLAN 2001

LEGEND

- Residential
- Commercial
- Educational
- Institutional
- Health
- Industrial
- Graveyard
- Parks/Recreational
- Transportational
- Vacant/Agricultural
- Villages
- Water Body



PART OF LAHORE LANDUSE PLAN 2001

LEGEND

- Residential
- Commercial
- Educational
- Institutional
- Health
- Industrial
- Graveyard
- Parks/Recreational
- Transportational
- Vacant/Agricultural
- Villages
- Water Body

EXISTING EDUCATION FACILITIES

EDUCATION

BASIC FACTS

	Number
PRIMARY AND MOSQUE SCHOOLS	1,376
MIDDLE SCHOOLS	458
HIGH SCHOOLS	623
HIGHER SECONDARY SCHOOLS	29
INTER & DEGREE COLLEGES	45
UNIVERSITIES, PROFESSIONAL COLLEGES, INSTITUTES, ETC.	40
TECH., COMMERCIAL, VOCATIONAL & TRAINING CENTRES	50
I.T. / COMPUTER COLLEGES	12

LITERACY RATES

LAHORE	1981	1998
- URBAN	53.4 %	69.1 %
- DISTRICT	48.4 %	64.7 %

Source: Population Census

REGISTERED SCHOOL OWNERSHIP
(Lahore Urban)

OWNED BY	PRIMARY	MIDDLE & HIGH
PUNJAB GOVT.	63.4 %	29.5 %
LOCAL GOVT.	16.0 %	13.3 %
FEDERAL AGENCIES	0.6 %	1.8 %
PRIVATE	20.0 %	55.4 %

Source: Directorate of Education (EMIS)

EDUCATION (BASIC FACTS)

URBAN SCHOOLS AND THEIR ENROLMENT

TYPE	PRIMARY	SECONDARY
PUNJAB GOVT.	12.3 %	33.5 %
Ex-MCL	1.4 %	16.1 %
FEDERAL AGENCIES	0.2 %	5.7 %
PRIVATE (Registered)	2.3 %	44.4 %
PRIVATE (Unregistered)	83.8%	0.3 %

CONDITION OF SCHOOLS

BUILDING CONDITION	PRIMARY	SECONDARY
SATISFACTORY	23.7 %	21.8 %
MINOR REPAIR	22.7 %	36.0 %
COMPLETE REPAIR	15.4 %	18.6 %
DANGEROUS	38.2 %	23.6 %

EDUCATION (BASIC FACTS)

FACILITIES IN SCHOOLS

FACILITY	PRIMARY	SECONDARY
BUILDING	78.5 %	86.9 %
BOUNDARY WALL	75.6 %	82.9 %
WATER	74.3 %	90.5 %
ELECTRICITY	51.6 %	82.2 %
LATRINE	70.2 %	88.7 %
CANTEEN	2.9 %	17.1 %
MOSQUE	16.4 %	6.9 %
PLAY GROUND	13.4 %	28.0 %
LIBRARY		55.3 %
LABORATORY		54.0 %

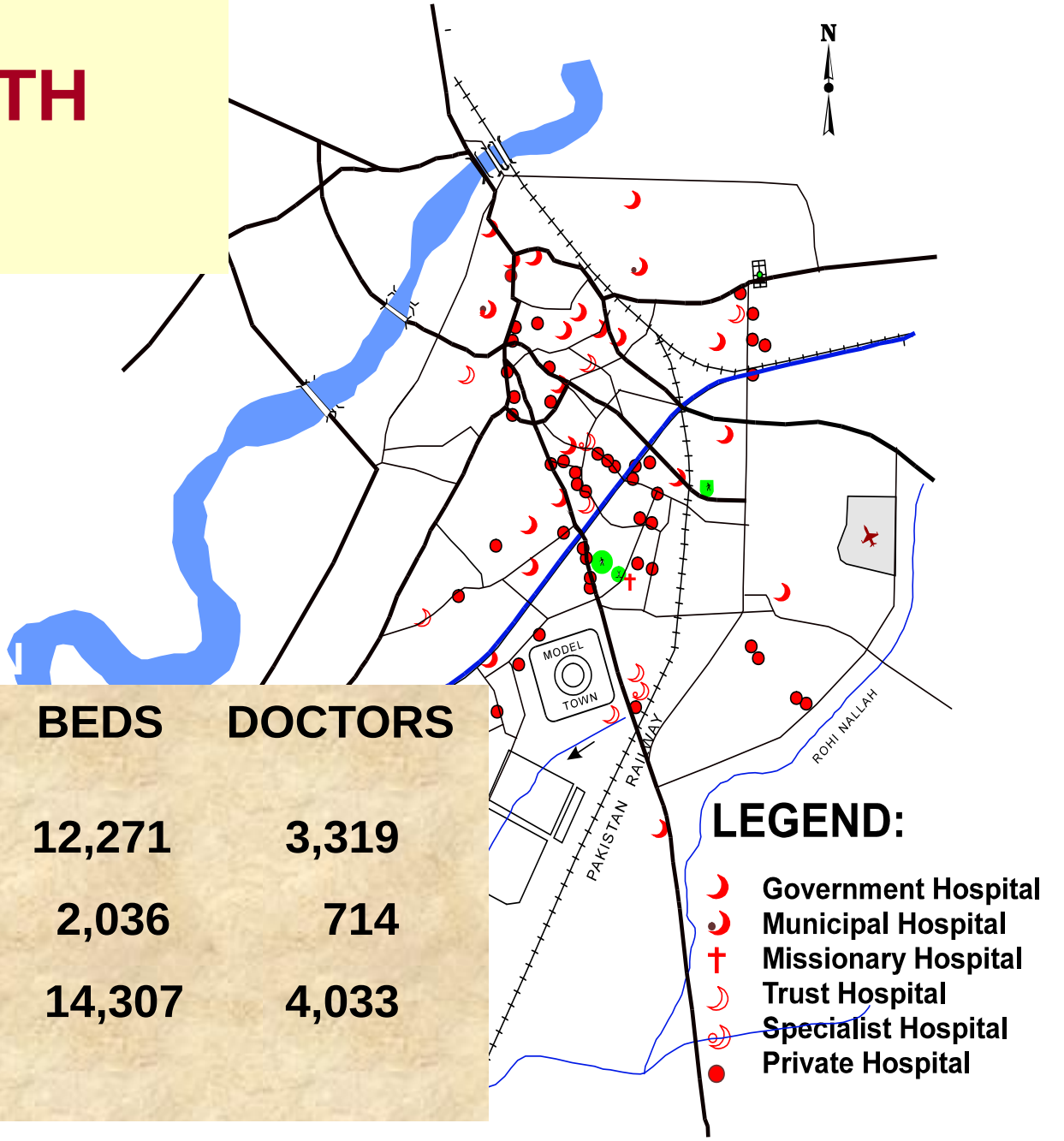
EDUCATION ISSUES

- **INADEQUATE FACILITIES IN NORTHERN, NORTH-EASTERN AND WESTERN PARTS OF THE CITY**
- **HIGH COST OF GOOD QUALITY EDUCATION**
- **HIGH DROPOUT AND FAILURE RATES AT PRIMARY LEVEL**

HEALTH
EXISTING FACILITIES

EXISTING HEALTH SITUATION

	HOSPITALS	BEDS	DOCTORS
GOVT./OTHER AGENCIES	40	12,271	3,319
PRIVATE	85	2,036	714
TOTAL	125	14,307	4,033



HEALTH

GENERAL PROBLEMS / ISSUES

UNHYGIENIC WATER SUPPLY AND ENVIRONMENTAL POLLUTION CONTRIBUTE TO THE SPREAD OF DISEASE AND ILL HEALTH

INADEQUATE PREVENTIVE AND CURATIVE HEALTH SERVICES

FACILITIES OVER-BURDENED DUE TO INCREASING POPULATION AND REGIONAL NEEDS

PROPOSALS FOR EDUCATION

EDUCATION PROPOSALS

- PRIMARY LEVEL ENROLMENT BE INCREASED TO 100% BY YEAR 2010 AND BEYOND TO IMPROVE LITERACY

PROPOSED EDUCATIONAL FACILITIES, 2001 - 2021

PERIOD	PRIMARY SCHOOL	SECONDARY SCHOOL	COLLEGES
2001 - 06	924	184	51
2006 - 11	1055	210	60
2011 - 16	676	239	71
2016 - 21	698	246	87
TOTAL	3353	879	269

* 30% OF EDUCATIONAL FACILITIES ASSUMED TO BE PROVIDED BY THE PUBLIC SECTOR

PROPOSED EDUCATION SHORT TERM PLAN (First 5 Years)

Sr. No.	PROJECT	ESTIMATED COST MILLION Rs.
1	CONSTRUCTION OF 924 PRIMARY SCHOOLS	5,880
2	CONSTRUCTION OF 184 HIGH SCHOOLS	2,920
3	CONSTRUCTION OF 51 COLLEGES	2,640
	TOTAL	11,440

* 30% OF EDUCATIONAL FACILITIES ASSUMED TO BE PROVIDED BY THE PUBLIC SECTOR

PROPOSAL FOR HEALTH

HEALTH

STANDARD

BEDS PER 1000	
CURRENT	2.48
TARGETTED	3.50

RECOMMENDED BEDS / 1000 POPULATION

YEAR	BEDS PER 1000
2006	2.75
2011	3.00
2016	3.25
2021	3.50

REQUIREMENT OF BEDS FOR INCREASE IN POPULATION UP TO 2021

Year	Total Population (Million)	Additional Beds for Increased Pop. in FYP
2006	6.7	4,040
2011	7.7	4,888
2016	8.8	4,972
2021	9.9	6,680
	Total:	20,580

HEALTH

REQUIREMENT OF HEALTH FACILITIES

Year	Primary Health Centre (2-4 Beds)	Polyclinic (20-50 Beds)	General Hospital (250-350 Beds)	Specialist Hospital (500-1000 beds)
2006	44	19	3	-
2011	71	26	6	1
2016	132	31	5	2
2021	145	38	5	2
TOTAL	392	114	19	5

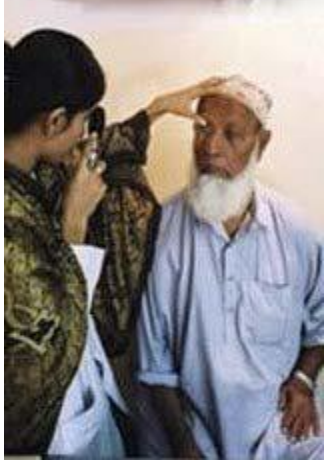
HEALTH
SHORT TERM PLAN (First 5 Years)

Sr. No.	PROJECT	COST Rs. M
1	PROVISION OF 44 PRIMARY HEALTH CENTRES	275
2*	PROVISION OF 19 POLYCLINICS	1,500
3*	PROVISION OF 3 GENERAL HOSPITALS	2,100
4	PROVISION OF 1,100 BEDS IN THE EXISTING HEALTH INSTITUTIONS	255
	TOTAL	4,130

* 50% OF TOTAL REQUIREMENTS TO BE PROVIDED BY THE PUBLIC SECTOR

بسم الله الرحمٰن الرحيم

Health In Devolved Setup



Presented by
Dr. Sajid Yoosuufani

SEQUENCE OF PRESENTATION

- **Introduction**
- **Role of DCO**
- **Functions & Powers of EDO Health**
- **Objectives**
- **Reform Initiatives**
- **Inspection and Monitoring**
- **Sargodha**
- **Issues**

DISTRIBUTION OF BUSINESS

Health

(i) **Public Health, Basic and Rural Health, Child and Women Health, District and Tehsil (Hqrs) Hospitals**.

a) Execution of the functions relating to following areas on the guidelines given by the Provincial Government:

Prevention and control of infectious and contagious diseases;
Tuberculosis;
Eradication/Control of Malaria;
Lepers Act;
Treatment of patients bitten by rabid animals;
Adulteration of foodstuff;
Government Public Analyst;
Nutrition surveys;
Nutrition and publicity in regards to food;
Vaccination and inoculation;
Maternity and child welfare; and
Port Quarantine.

b) Management of health care facilities and provision of health care services in the districts including District Headquarter Hospitals (DHQs), Tehsil Headquarter Hospitals (THQs), Rural Health Centres (RHCs) and Basic Health Units (BHUs) but excluding any hospital/health facility affiliated with the Medical College.

c) Audit Cell to undertake financial, managerial and clinical audit of health facilities in districts.

d) Monitoring and inspection of all health care facilities in respective district.

e) Data collection and compilation of Vital Health Statistics.

f) Planning and Development of Health care Services delivery in order to pursue the “Health for All” goal through Primary Health Care (PHC).

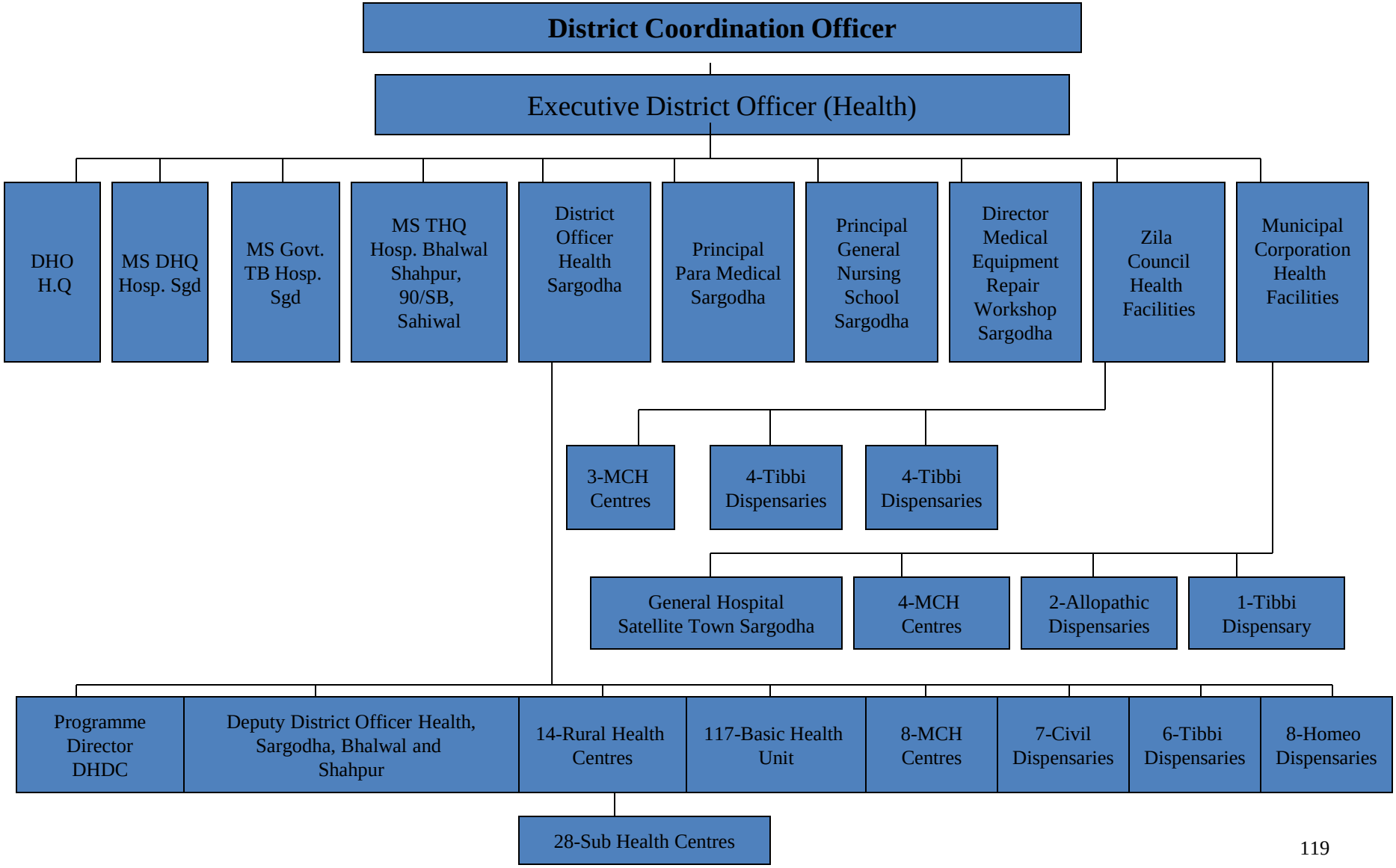
g) Preparation of Development Schemes, Budget, Schedule of new Expenditure and ADP Proposals up to Rs.5 million.

h) Service matters except those entrusted to Health Department/Services & General Administration Department in case of regular employees of the provincial government up to posts and including BS-17.

i) Recruitment of officers and officials in the district on contract basis from\ time to time under the District Government Rules of Business.

i) Health Equipment Maintenance (HEM) for ensuring availability of state-of the art & functional bio-medical technology.
j) Transport maintenance as an essential component of speedy provision of outreach healthcare services.
k) District Quality Control Board (DQCB) under the overall technical support from the PQCB for ensuring supply & availability of quality medicines in line with the National Health Policy.
l) Technical scrutiny, standardization and purchase of stores and capital goods and bio medical equipment for each health care facility in respective districts.
m) Government Medical Stores Depot.(MSD) at each district for ensuring availability of appropriate quantity of reserves and timely distribution of routine and incidental drugs to all health care facilities.
n) Surgeon Medico-legal Office and its functions.
o) All Administrative and related matters of Nursing Cadres up to BS-17.
p) Formulation and implementation of policies pertaining to institution of user charges and levy of related and subsequent fees by Medical Officers in districts.
q) Establishment of the office of District Chemical Examiner.

ORGANOGRAM


District Coordination Officer
Executive District Officer (Health)
DHO H.Q
MS DHQ Hosp. Sgd
MS Govt. TB Hosp. Sgd
MS THQ Hosp. Bhalwal Shahpur, 90/SB, Sahiwal
District Officer Health Sargodha
Principal Para Medical Sargodha
Principal General Nursing School Sargodha
Director Medical Equipment Repair Workshop Sargodha
Zila Council Health Facilities
Municipal Corporation Health Facilities
3-MCH Centres
4-Tibbi Dispensaries
4-Tibbi Dispensaries
General Hospital Satellite Town Sargodha
4-MCH Centres
2-Allopathic Dispensaries
1-Tibbi Dispensary
Programme Director DHDC
Deputy District Officer Health, Sargodha, Bhalwal and Shahpur
14-Rural Health Centres
117-Basic Health Unit
8-MCH Centres
7-Civil Dispensaries
6-Tibbi Dispensaries
8-Homeo Dispensaries
28-Sub Health Centres

REVISED YARD STICK FOR RURAL HEALTH CENTRE IN HEALTH DEPARTEMNT.

SR.NO.	NAME OF THE POST	BS	NO OF POSTS AS PER NEW YARD STICKS SANCTIONED IN EACH RHC
1	SENIOR MEDICAL OFFICER/ SENIOR WOMEN MEDIAL OFFICER	18	1
2	MEDICAL OFFICER	17	1
3	WOMEN MEDICAL OFFICER	17	1
4	DENTAL SURGEON	17	1
5	CHARGE NURSES	16	6
6	COMPUTER OPERATOR	12/15	1
7	DENTAL TECHNICIAN	9	1
8	LABORATORY TECHNICIAN	9	1
9	LADY HEALTH VISITOR	9	2
10	SENIOR CLERK	7	1
11	DRESSER	6	1
12	OPERATION THEATER ASSISTANT	6	1
13	ANESTHESIA ASSISTANT	6	1
14	X-RAY ASSISTANT	6	1
15	DISPENSAR	6	4

16	LABORATORY ASSISTANT	5	1
17	MIDWIFE	4	4
18	DRIVER	4	1
19	TUBE WELL OPERATOR	3	1
20	WARD SERVANT	1	2
21	NAIB QASID	1	2
22	WATER CARRIER	1	1
23	CHOWKIDAR	1	2
24	MALI	1	1
25	SANITARY WORKER	1	4
TOTAL			**43**

REVISED YARD STICK FOR BASIC HEALTH UNIT IN HEALTH DEPARTEMNT.

SR.NO.	NAME OF THE POST	BS	NO OF POSTS AS PER NEW YARD STICKS SANCTIONED IN EACH BHU
1	MEDICAL OFFICER/ WOMEN MEDIAL OFFICER	17	1
2	SCHOOL HEALTH & NUTRITION SUPERVISOR	17	1
3	COMPUTER OPERATOR	12-15	1
4	MEDICAL ASSISTANT / HEALTH TECHNICIAN	16/9	1
5	LADY HEALTH VISITOR	9	1
6	SANITARY INSPECTOR	8	1
7	DISPENSAR	6	1
8	MIDWIFE	4	2
9	NIAB QASID	1	1
10	CHOWKIDAR	1	1
11	SANITARY WORKER	1	1
TOTAL			**12**

ROLE OF DCO

- Being Head of District Administration is over all supervisor of district education service delivery system.
- Closely observes the progress of various reforms initiatives and provides strategic inputs periodically.
- Acts as a link between federal, provincial and district education organs.
- Being Chairman of District Development Committee (DDC) approves the development schemes scrutinized and prioritized in DSC meetings.

ROLE OF DCO

- Also acts as the chairman of District Review Committee to monitor and review the progress of various reforms interventions.

- Plays a vital role in the human resource management of district education department; being competent authority for transfer and postings of teachers (BS-11 to BS-18) within the district.

- Being Chairman of Recruitment Committee is responsible for recruitment of teachers.

FUNCTIONS AND POWERS OF EDO

- **EDO(E) is head of district education department and performs functions and exercises powers of defunct director Health.**
- **According to PLGO 2001:-**
  - ensure that the business of the group of offices under his administrative control is carried out in accordance with law and the rules;
  - co-ordinate and supervise the activities of the offices and ensure efficient service delivery by the functionaries under his administrative control;
  - supply information to the Monitoring Committees of the Zila Council and Union Councils;

FUNCTIONS AND POWERS OF EDO

- take appropriate corrective actions based on the information received from Monitoring Committees;
- prepare and implement development plans and propose budgetary allocations for their execution;
- EDO(H) is member of DSC, DDC and DRC.
- Distribution of budgetary grants.
- Financial powers of category-I Officer.

FUNCTIONS AND POWERS OF EDO

- authorize disbursement of performance bonuses to the employees;
- propose relevant bye laws on service delivery to the District Coordination Officer; and
- act as Departmental Accounting Officer for Education offices before the District Accounts Committee.
- Supervise litigation and defend Government interest.

OBJECTIVES

- **Provision of Primary Health Care to the community including curative, preventive, promotive and rehabilitative services.**
- **Disaster Management at THQ Hospital / RHC Level.**
- **Preventive Services Like:-**

  - Immunization coverage of EPI against seven fatal diseases of childhood.
  - Coverage of Tetanus Toxoid Vaccination in females of 15 to 49 years.
  - Coverage against Polio.
  - Control of Communicable Diseases.
  - Health Education activities like holding advocacy seminars, Workshops, Trainings and Walks on the various Health Issues with special emphasis on safe Motherhood, Breast Feeding, Family planning, Nutritional status, and prevention of Hepatitis and HIV Aids.

Continued……

- National Programme for Family Planning to control population explosion,
- Provision of components of Primary Health Care to the community through Lady Health workers / Lady Health Supervisors, with special emphasis on reduction of IMR & MMR.
- Women Health Project Activities.
- Enforcement of pure food Ordinance 1965 for safeguard adulteration.
- Sanitary Control Measures.
- Enforcement of Drug Act 1976 / Rules to ensure the quality drugs / medicines to the community.
- Contractual Recruitment of Specialist /Medical Officers / Women Medical Officers/Dental Surgeon and other paramedics on monthly basis.
- Establishment of DHDC and capacity building of in-service staff i.e. Medical / Para Medical Staff at DHDC to acquaint them with the latest medical techniques and know how.

CURATIVE SERVICES

- Curative services are rendered to the community through the network of Health Facilities Established in the District, with special emphasis on the Emergency Health Services and free Medicines.

- Strict supervision / monitoring has been ensured at all levels.

- The specialist Doctors are being appointed in the THQ Hospitals on contract basis, which has gone a long way, in benefiting the patients suffering from various complicated diseases, as a result of which the burden of diseases on the tertiary care Hospitals has been reduced.

DISASTER MANAGEMENT AT DHQ, THQ HOSPITALS AND RHC LEVELS.

Comprehensive Disaster Management Plan to deal with any eventuality e.g. Natural Calamities i.e. Floods, Epidemics, Earthquake, Road Side Accidents, Bomb Blasts, Wars etc. has been put in place, containing details of:-

- Functional Equipment, instruments, ambulances, emergency bags (containing drugs / medicines / vaccines / sera) blood donors.
- No. of Medical stores
- No. of Private Hospitals
- NGOs operating in the District
- Contact information of all key persons
- Fire Brigade Services.
- SOPs outlining procedures and responsibilities.

EXPANDED PROGRAMME OF IMMUNIZATION

- The Government of the Punjab health department launched immunization Programme against seven fatal diseases of childhood under the Expanded Programme of immunization.
- The objective of this Programme is to reduce the morbidity, mortality of children under 5 year of age and women of child bearing age CBAs thus reducing the IMR and MMR.

    1. Polio
    2. Measles
    3. Diphtheria
    4. Tuberculosis
    5. Hepatitis
    6. Tetanus
    7. Pertusis

- The Immunization is carried out:-
    - Through static Centres established in each health outlet (where cold chain facility is available)
    - Through out reach teams.

CONTROL OF COMMUNICABLE DISEASES

- The communicable diseases are prevalent in the community in an endemic form and at occasions transforming into epidemics. Some of the major diseases are ARI, Diarrhea Diseases (including Bacillary and amoebic Dysentery), Malaria, Tuberculoses and Measles.

- Effective and efficient strategy has been evolved to combat the menace of these deadly diseases by
  - Early notification,
  - Diagnoses and prompt treatment of the patients isolation (if required),
  - Destruction of the infecting agent,
  - Investigation of an attack of illness and immunization (if required)
  - Health Education.

CONTROL OF ARI.

ARI is still the major killer of Childhood and these infections assume alarming proportions in winter.

Various remedial measures adopted in this regard are:-

- Standardized treatment in accordance with the guidelines of WHO has been provided in all the Health Institutions.
- Ample Drugs / Medicines are available in the Health Facilities to treat these infections.
- The staff deployed in the Health Institution impart necessary Health Education to the community for the prevention of the ARI ailments.
- Moreover the expanded Programme of Immunization and T.B DOTs Programme has been addressing this problem and the results are encouraging.

CONTROL OF DIARRHEAL DISEASES

- Since Diarrhea is still the major killer of childhood after ARI, therefore special emphasis is laid on to control the Diarrhea Diseases prevalent in childhood.
- ORT corners have been established in all the RHCs, BHUs and THQ Hospitals, where the specialized treatment in accordance with the policy guideline of the WHO, is provided to the children.
- Ample Quantity of ORS and Necessary Drugs have been made available in all the Health Institutions for the effective and efficient treatment of Diarrhea Diseases.

MALARIA CONTROL PROGRAMME

Malaria still continues to be a major health problem in the Pakistan, therefore an effective strategy has been formulated, aimed at:-

- Early detection of the positive cases: one of the members of the outreach team i.e. CDC Supervisors visits every locality of the union council assigned to him, prepares the blood slide of every fever case and submits it to the CDC Laboratory of the District for examination .
- Moreover the staff of all the BHUs / RHCs / THQ Hospitals and other Health Facilities , prepare the blood slides of patients of fever (PUO) cases, reporting at Health Facility and submits it to the District CDC Laboratory for examination.
- The patients who are labeled as suffering from Malaria after microscopic examination, the CDC Supervisor provides the Anti Malarial Drugs in accordance with the guidelines of the Punjab Health Department.
- Selective spraying of the localities is also conducted annually, in conformity with the policy guide line of the Punjab Health Department.

TUBERCULOSIS

Tuberculosis is re-emerging in Pakistan and growing number of T.B Patients reporting at health facilities.

- In order to effectively deal with this Health Problem, T.B DOTs Programme has been launched in the District
- Early detection of the cases and prompt treatment.
- Ample Drugs / Medicines have been made available in all the Health Facilities.
- 10 % of the District Budget has been earmarked for the procurement of the Anti Tuberculosis Drugs.
- Diagnosis/Treatment Centres have been established in all the RHCs, T.B Clinics, THQ Hospitals and DHQ Hospital.

HEPATITIS / HIV AIDS CONTROL PROGRAMME

Hepatitis / HIV Aids control Programme has been launched in the District.

- Free HIV Screening is available at DHQ Hospital, including screening of the Patients for HBsAg and HCV at subsidized rates.
- Syringe Cutters and safety boxes are available in all the health outlets.
- Compulsory and Free Screening of Blood bags for HIV, HBsAg and HCV is available.
- All the health personnel have been immunized against Hepatitis –B including all the prisoners.
- Recently the Government of the Punjab has provided anti viral therapy for the patients suffering from HBsAg and HCV infections.
- STD Clinic has been established in the DHQ Hospital where the consultation and medicines are provided to the patients suffering from STI free of charges.
- Recently health educational awareness/preventive measures have been undertaken against deadly and fatal diseases to reduce morbidity and mortality in the population.

- Conduction of advocacy awareness sessions / Seminars for the community is an on-going activity of the health department.
- Capacity building of the health care personnel for disseminating the information at grass root level to create awareness about these lethal and fatal diseases.
- Persuading the private hospitals to have compulsory screening HIV/ HBsAg and HCV.
- Press release / Radio messages for public awareness.
- Liaison with District Social welfare officer to deliver awareness messages for NGOs.
- Strengthening of “REHABILITATION CENTRE FOR DRUGS ADDICTS” at DHQ Hospital.
- NGO “New Zindagi” is involved with the HIV screening amongst Drug users and has been providing them necessary assistance.

ACTIVITIES OF DISTRICT HEALTH DEVELOPMENT CENTRE

The District Health Development Centre was established in the year 1995 with the Key objectives of :

- To plan and conduct in service training Programmes for Primary Health Care Staff in the District.
- To assist field based operational research.
- To assist in the implementation of revised District Health Management System.
- To co- ordinate the training activities of the vertical Programmes in the District.

Sr. No.	Name of Training	Cadre	No. of Person Trained	No. of Courses
1	Hospital Based EmOC Tools	MS / MO / WHOs & DMS	16	01
2	Diabetes Mellitus	SMOs / MOs	24	01
3	Case Management of un completed Malaria	SMOs / MOs	96	04
4	Refresher Training MLC	SMOs / MOs	35	02
5	HMIS	SMOs / MOs	21	01
6	Laproscopic Techniques	SMOs / MOs	23	01
7	Training Manual 2006	MOs / WMOs	113	04
8	Induction Training	MOs / WMOs	26	01
9	Community Bases F-P	MOs / WMOs	12	01
10	MCH Counseling Cards for LHWs	MOs / WMOs	51	04
11	MLC Examination	MOs / WMOs	17	01
12	IPC Skills	MOs / WMOs	79	03
13	CSD & Nutrition	MOs / WMOs	81	04

PUNJAB HEALTH SECTOR REFORMS

HSR Programme has been Launched by the Government of the Punjab Health Department, aimed at revamping and strengthening the health delivery system, mainly focusing on:-

- Health Personnel: Vacant positions
- Equipment
- Building infrastructure, services
- Medicines: Supply Quality
- Improvement of EPI Coverage and integration of all other Programme / projects.
- Monitoring and evaluation

IMPROVED PRIMARY HEALTH CARE SYSTEM UNDER HSRP

- **Provision of Missing Facilities**
- **Human/ Equipment/ Medicine/ Civil Works**
- **Referral System**
- **Integration of Services**
- **Incentivised Package for doctors/ paramedics**
- **Improved Facilities**
- **Motor Cycle/ Car, School pick & drop, better housing**
- **Better M&E**
- **Community Participation**
- **New Programs & Facilities**

MISSING FACILITIES AT BHUs

Civil Works

- Approach Road
- Boundary Wall
- Repair of Main Building & Residences
- Water Supply
- Sewerage
- Repair of Electrification
- Telephone Facilities
- Sui Gas

Main Equipment

- Labour Room equipment
- Hospital Beds.
- Oxygen Cylinder.
- Computer
- Glucometer
- Autoclave
- Safe delivery kit

INCENTIVISED PACKAGE FOR DOCTORS

- Special pay : Rs.25,000
  BS-17 salary + HSRP Allowance Rs. 12,000 +Practice Compensatory Allowance Rs. 2,500
- Performance based increment upto Rs.5,000
- Hard Area Allowance at selected BHUs Rs.5,000
- 25 Extra marks in PPSC
- Preference for admission in Post-graduate courses
- Hire - Purchase of Cars for MOs at BHUs
- Pick & drop for school-going children at RHC
- Residence at BHU optional
- Facility of private practice

EXPECTED OUTCOMES OF HSRP

- Improvement in health service delivery at all levels
- Significantly reduced incidence of disease & better patient management
- Better Health Management Systems
- Community Participation, Public Private Partnership & recognizing private sector’s role in health care
- Social protection for vulnerable population groups
- Enhanced, Optimal utilization of BHU/RHC/other facilities
- Effective and Quality Referral System

MONITORING & EVALUATION

- **Internal Monitoring by Health Deptt.**

  (EDO(H), DOH, DDOH etc.)

  - **Human & Physical Resources**
  - **Service Delivery**

- **Administrative Inspection by DCO office**
  - **DCO, EDO(F&P) & EDO (R)**

- **External Monitoring by Chief Minister's**
  - **Monitoring Force**
  - **HMIS being develo1ped for computerized monitoring**

Health Management Information System (HMIS)

- It is mechanism for the collection, processing, analysis and transmission of information required for organizing, operating health services and also for research and training.

- New Health Institution Data Base (HID) has been developed, all the Health Institutions of Child Health Care, growth monitoring, Immunization Activity, Stock of Drugs, Health Education Activities etc and reports are being received with minimum error rate.

- This HMIS has proved very effective and beneficial for the planners as even at a cursory glance, the Health Planner can know the disease burden, pattern of the disease, identify the problems and plan solutions accordingly.

HEALTH EDUCATION ACTIVITIES

Health Education plays a pivotal role for all the preventive and promotive programmes, launched by the Government. Various activities include:-

- Advocacy Seminars ,Workshops, Awareness Walks
- Trainings about major health problems are being organized in the Districts to create awareness in the community about the Health Hazards.
- In DHDC Sargodha various trainings Workshops both for the community and in service staff of the Health Department, are conducted.
- Moreover, press releases, Seminars / meetings in the rural areas are also arranged by the Health Education Officer of this office on the different discipline relating to the Health and this activity remains the constant salient feature of the Department.

- **Walks** Polio Days, World Health Days, World No Tobacco Days, World Environment Days, International Days against Drug abuse, World Population Days, World Mental Health Days and world Aids Days.

- **Press Releases** Regarding all progressive developmental and Informative activities of the District in creating awareness and providing information to the masses.

- **Training / Workshops** Capacity building, water and sanitation, Aids, Hazarded of Tobacco, Hepatitis- B and C, Rational use of Drugs, T.B Control ,reproductive Health, Diarrheal diseases, ARI, Scabies, Physical activity, mental health, road safety, malaria, nutrition, Vascular Diseases and NIDs

MCH SERVICES

MCH services are being provided to the community through network of health outlets with the key objective of reducing morbidity and mortality among female population and children.

- Antenatal, Natal and post natal services are provided to the pregnant women.
- Provision of safe delivery kits to the service providers.
- Community based family planning services.
- Inputs from Women Health Project are used for:-
  - Civil works for improvement / renovation of labour rooms / Gynae wards and operation theatres.
  - Provision of equipment, instruments, Ambulances, Furniture/Fixture, Disposable Syringes and other logistics.
  - Supply of Drugs / Medicines, Micro Nutrients for improving the reproductive Health services in the community.
  - Funding of T.B DOTS Programme.
  - Funding of National Programme for F.P.
  - Capacity building of the health personnel.

WOMEN HEALTH PROJECT

- Women Health Project Punjab was launched in June - 2000 under a loan agreement with the ADB, UNICEF, and OPEC with counterpart funding of Government of the Punjab. The total cost of the Project is Rs.1260.034 Million.

- The Project was started in the eight District of the Punjab including Sargodha, Bhakkar, Bahawalpur, Rajanpur, Multan, Gujranwala, Jehlum and Hafiz Abad.

- The idea was to improve the quality of the MCH services through community awareness, capacity building of the service providers and provision of adequate supply of medicines and instruments / equipments.

AIMS AND OBJECTIVES

The aim of the Project is to provide comprehensive MCH care services to the Women / children in the target Districts of the Punjab. The project also provides support to improve the BHUs, RHCs, THQs and DHQ Hospitals in the target Districts with the following objectives:-

- To improve the existing MCH services.
- To reduce maternal & infant mortality rates.
- To increase access to priority reproductive health interventions.
- To build institutional and human resource capacity to support MCH/FP with special emphasis on women's health.
- To develop women friendly District health system delivering comprehensive health care at community, primary and first referral levels in eight Districts.

ENFORCEMENT OF PURE FOOD ORDINANCE 1960

- Food adulteration has emerged as major health problem (Cancer, food poisoning, Heart Attacks etc.)

- To deal with the menace of food adulteration, effective steps are taken by District Officer Health, Deputy District Officer Health, District Sanitary Inspector to combat this social evil which include:

    - Frequent food sampling of all the eatables is done by these officers / officials and samples are sent to Government Public Analyst for analysis.
    - In case of substandard and adulterated food articles, the challans under the relevant rules are submitted to the relevant courts.

SANITARY CONTROL MEASURES

- Provision of safe water supply to the community.
- Disposal of garbage and refuse.
- Inspection of restaurants, Schools, Melas to check the Hygienic Measures.
- Chlorination of wells, water reservoirs.
- Vaccination against Cholera and Typhoid.
- Ensuring that the persons handling the eatables, are periodically examined by the duly qualified doctors to ensure that the person involved in food handling is not suffering from any contagious / communicable disease.
- The DOH, DDOH and DSI undertake these activities in the District and the sanitary violation challans are submitted to the Courts.

ENFORCEMENT OF DRUG ACT 1976

To curb the menace of spurious / substandard / adulterated / Misbranded Drugs etc. various activity include:-

- Effective campaign by the Drug Inspectors.
- The District Quality Control Board at District Level have been established, whereby the different violations of Drug Act 1976 are addressed to.
- Quackery: This social evil is being addressed to by organizing the frequent raids on these clinics / premises / Medical Stores under the supervision and guidance of the Senior Drug Inspector.

- Monthly Progress Drug Control Activity Report is discussed in the District Quality Control Board (DQCB) meeting under the chairmanship of DCO. and the challans submitted to the Drug Court.

CONTRACTUAL RECRUITMENT OF MEDICS/PARAMEDICS AND NURSES

- With the implementation of devolution plan, the recruitment of Specialists, Medical Officers, Women Medical Officers, Dental Surgeons and other paramedics has become a District Government Subject and for this purpose, District Recruitment Committee has been specifically notified.

- The recruitment against these posts is done on monthly basis.

- The recruitment of Para medics and other supporting staff is done by the District Recruitment Community duly notified by the S&GAD Punjab, in phases.

SARGODHA

DATA OF SARGODHA DISTRICT

Total Area	5,854 sq km
• Total Population	31,77,668
• Male : Female	111:100
• Population under 1year	111218(3.5%)
• 0-5 Month Children	57198(1.8%)
• 6-11 Month Children	54020(1.7%)
• 12-59 Month Children	397209(12.5%)
• under 5 years POP:	508427(16%)
• Under 15 year POP:	1429950(45%)
• Women of Child bearing age	699087(22%)

Continued

- CBAs (Married) 508427(16%)
- Pregnant Women 130284(4.1%)
- Annual Birth Rate (3.02%)
- Annual Growth Rate (2.1%)
- Infant Mortality Rate 76/1000
- Maternal Mortality rate 350/100000
- Mal- Nourished Children Under 5 year (35%)
- Doctor : Pop 1:5378
- Total Bed (Govt Hospitals) 1279
- Hospital Bed:Pop 1:2484
- Pop:Using Health Facilities (40%)

Continued

- Total No. of Health Facilities 162+44+28(SHC)=234
- DHQ Hospital 1
- T.B Hospital 1
- THQ Hospitals 04
- RHCs 14
- BHUs 117(+9 Under Construction)
- MCH Centres (Govt+Z.C/MC) 08+07=15
- SHC 28
- Civil Dispensaries (Govt) 08
- Zilla Council Disp: 30
- Tibi Disp(Z.C+MC) 04+01=05
- C.D (MC) 02
- Out reach teams 167

FUNDS RELEASED UNDER HSRP

- Funds placed at the disposal of DO Building for M&R work of 14 Nos. RHCs — Rs.31.974
- Funds pending with EDO(F&P) Sargodha for missing facilities. — Rs.06.000
- Funds placed at the disposal of NLC sargodha for M&R work of BHUs. — Rs.30.000

Total — **Rs.67.974**

- Funds for posts newly created according to new yard stick for RHC/BHU — Rs.52.715
- Funds for post newly created according New yard stick for DHQ/THQ Hospitals — Rs.7.240
- 30% HSRP allowance for RHC/BHUs for Doctors — Rs.42.215
- 30% HSRP allowance for RHC/BHU remaining staff — Rs.18.451

Total — **Rs.120.621**

Grand Total: — **Rs.188.595**

BUDGET ESTIMATES(M) 2007-08

Total Distt Budget (Non Dev)	3484
Health (Non Dev)	560 16%
Total Distt Budget (Dev)	360
Health (Dev)	14.6 4%

BUDGETARY ALLOCATION FOR HEALTH SECTOR UNDER VARIOUS ROGRAMES/HEADS

Sr. No	Name of Programme	No. of Schemes	Allocation
1	DADP 2007-08	15	14.653
2	Health Sector Reforms Programme being executed by W&S Department	14	32.000
3	Health Sector Reforms Programme being executed by NLC	9	30.000
4	Punjab Devolved Social Services Programme (including of Hilal-e-Ahmer Hospital, Sargodha)	20	24.857
5	CMAP/LDP	1 (BHU)	5.000
6	Provision for medicines by District Budget 2007-08.	-	48.400
7	Current Expenditure in District Budget 2007-08	-	511.885

VACANCY POSTION FROM BS 1 TO BS 20 HEALTH DEPARTMENT SARGODHA DISTRICT.

SR. NO.	NAME OF POST	BPS	SANCTIONED	FILLED		VACANT
				REGULAR	CONTRACT	
1	EDO HEALTH	20	1	1		-
2	MS	20	1	1		-
3	PRINCIPAL M.O	20	2	2		-
4	PRINCIPAL WMO	20	1	-	-	1
5	CHIEF CONSULTANT	20	4	4	-	-
6	M.S	19	6	6	-	-
7	PRINCIPAL PMS	19	1	1	-	-
8	ADD. PRINCIPAL MEDICAL OFFICER	19	13	11	-	2
9	APWMO	19	9	1	-	8
10	PRINCIPAL D.S	19	1	1	-	
11	DOH (HQ)DOH	19	2	2		
12	DDOH	19	3	3	-	-
13	SENIOR CONSULTANT	19	4	4		-
14	ADN	18	1	1		
15	PHYSICIAN	18	5	2		3

16	OPHTHALMOLOGIST	18	5		5	-
17	SURGEON	18	5	1	3	1
18	ORTHOPEDIC SURGEON	18	1	1		
19	CARDIOLOGIST	18	2			2
20	ENT SPECIALIST	18	1	1		0
21	GYNECOLOGIST	18	6	1		5
22	PEDIATRICIAN	18	5	1	3	1
23	PATHOLOGIST	18	2	1		1
24	UROLOGIST	18	1		1	
25	ANESTHETIST	18	06	2	3	1
26	RADIOLOGIST	18	2	1		1
27	PGNS	18	1	1		
28	DIRECTOR MERW	18	1	1		
29	DMS	18	6	6		
30	SENOR DENTAL SURGEON	18	5	5		
31	SMO	18	21	20		1
32	PROGRAMME DIRECTOR DHDC	18	1	1		
33	SECRETARY DQCB	18	1	1	-	-
34	NURSING SUPERINTENDENT	18	1	1		
35	PHYSIOTHERAPIST	17	1			1

36	NURSING SUPERINTENDENT	17	1	1		
37	M.O	17	202	93	79	30
38	WMO	17	38	6	24	8
39	MREO	17	1	1		
40	D.S	17	16	4	6	4
41	D.I	17	1	1		
42	PHARMACIST	17	4	1	2	1
43	NURSING INSTRUCTOR	17	1			1
44	CLINICAL INSTRUCTOR	17	3			3
45	TUTOR SISTER	17	2	2		
46	STATISTICAL OFFICER	17	1	1		
47	HEALTH EDUCATOR	17	1	1		
48	ASSISTANT TUTOR SISTER	17	3	3		
49	PHN SISTER	17	1	1		
50	HEAD NURSES	17	26	12		14
51	SCHOOL HEALTH & NUTRITION SUPERVISOR	17	117			117
52	CDC OFFICER	16	2	1	-	1
53	MEDICAL ASSISTANT	16	15	12	-	3
54	MPPMT	16	1	-	-	1
55	HEALTH NUTRITION EDUCATION OFFICER	16	1	1	-	1

56	LHV TRAINER	16	1	1	-	-
57	ASSTT: ENTOMOLOGIST	16	1	1	-	-
58	OFFICE SUPERINTENDENT	16	2	2	-	-
59	DSI	16	1	1	-	-
60	CHARGE NURSE	16	265	100	87	78
61	COMPUTER OPERATOR	15	131	-	106-	25
62	HOMEO DOCTOR	15	09	06	03-	-
63	HAKEEM	15	09	07	02	-
64	X-RAY REPAIR TECHN.	15	02	02	-	-
65	A.M.O	14	01	-	-	1
66	AWMO	14	02	02	-	02
67	DSV	14	01	01	-	-
68	HET	14	02	02	-	-
69	STENOGRAPHER	12	05	05	-	-
70	ASV	12	3	2	-	1
71	AIHC	12	02	02	-	-
72	HEAD CLERK	11	04	03	-	01
73	ASSISTANT	11	03	03	-	-
74	ARTIST	11	01	-	-	01
75	STATISTICAL ASSISTANT	11	01	-	-	01

76	PARAMEDICAL TUTOR	10	08	08	-	-
77	WARDEN	10	02	02	-	-
78	BLOOD TECHN:	09	01	01	-	-
79	LAB TECHNICIAN	09	16	02	3	11
80	ECG TECHNICIAN	09	03	01	-	2
81	X-RAY TECHNICIAN	09	01	01	-	-
82	HOUSE KEEPER	09	03	02	01	-
83	DENTAL TECHNICIAN	09	21	08	1	12
84	LADY HEALTH VISITOR	09	156	81	71	4
85	HEALTH TECHNICIAN	09	108	77	11	20
86	FEMALE HEALTH TECHN	09	12	12	-	-
87	PROJECTIONIST	08	1	1	-	-
88	AUDITOR	08	1	1	-	-
89	CDC INSPECTOR	08	4	1	-	3
90	INSPECTOR VACCINATOR	08	3	3	-	-
91	ACCOUNTANT	08	2	2	-	-
92	SENIOR MICROSCOPIST	08	1	1	-	-
93	WELDING MECHANIC	08	1	-	-	-
94	AUDIO VIDEO OPERATOR	08	1	1	-	-
95	STORE KEEPER	08	1	1	-	-

96	SANITARY INSPECTOR	08	118	42	76	-
97	SENIOR CLERK	7	31	17	-	14
98	RHI	7	57	27	12	18
99	ANAESTHIA ASSISTANT	6	14	-	2-	12
100	VACCINATORS	6	133	123	5	5
101	STORE KEEPER	6	02	02	-	-
102	DISPENSER/DRESSER	06	241	161	63	17
103	HOMEO DISPENSER	06	9	5	4	-
104	DAWA SAZ	06	09	06	03	-
105	RADIOGRAPHER	06	34	25	9	-
106	OTA	06	26	11	7	8
107	MICROSCOPIST	06	09	09	-	-
108	LIBERIAN	06	01	01	-	-
109	PHYSIOTHERAPIST AID	06	02	02	-	-
110	JUNIOR CLERK	05	42	42-	-	-
111	STORE KEEPER	05	04	04	-	-
112	MECHANIC	05	02	02	-	-
113	LAB. ASSISTANT	05	30	27	03	-
114	CDC SUPERVISOR	05	97	87	08	02
115	TRACER	05	01	01	-	-

116	INSECT COLLECTOR	05	02	02	-	-
117	SANITARY SUPERVISOR	05	03	03	-	-
118	DRIVER	04	39	39	-	-
119	MIDWIFE	04	312	157	73	82
120	TAILER MASTER	03	01	01	-	-
121	TUBE WELL OPERATOR	03	18	16	-	02
122	DAFTRI	02	01	01	-	-
123	WARD BOY	02	64	60	-	4
124	OT ATTENDANT	02	03	03	-	-
125	LAB/ATTENDANT	02	04	03	-	01
126	X-RAY ATTENDANT	02	01	-	-	01
127	DAI	02	20	18	-	02
128	NAIB QASID	01	206	198	08	-
129	HOMEO NAIB QASID	01	03	-	3	-
130	KHALASI	01	01	-	-	01
131	CHOUKIDAR	01	195	165	30	-
132		01	28	25	03	-
133	WATER CARRIER	01	31	27	42	-
134	TAILER MASTER	03	1	1	-	-
135	BAILDAR	01	13	11	02	-

136	DHOBI	01	13	10	03-	-
137	COOK	01	32	14	10	08
138	GATE KEEPER	01	11	08	02	-
139	BEARER/AYA	01	20	15	05	-
140	HELPER	01	03	02	01	-
141	MASALCHI	01	04	02	02	-
142	DAWA KOB	01	09	09	02	-
143	STRACTURE BEARER	01	09	08	04	02
144	CLEANER	01	01	01	-	-
145	WARD SERVANT	01	117	107	10	-
146	SANITARY PETROL	01	74	67	02	05
147	SANITARY WORKER	01	279	174	53	52
148	WARD CLEANER	01	60	46	14	-

Vacancy Position of National Programme for FP & PHC.

Sr. No.	Name of Institutions	Pay	Sanction	Filled	Vacant
1	LHWs	1900	1800	1675	125*
2	LHSs	3900	72	59	13
3	Drivers	2700	72	35	37
	Total		1944	1769	175

ISSUES

- **Shortage of medical/ para medical staff.**
- **Doctors not willing to go to interior where chances of private practice are less more over lady doctors have their overriding security concerns.**
- **Shortage of Nurses due to overseas demand, less production and poor training.**
- **Shortage of budget for purchase of medicines, x-rays films and other utilities.**
- **Low Utilization in most of the programmes due to locational disadvantages i.e. site suitability.**

ISSUES

- **Staff absenteeism: low incentives [salaries, residences, transport], weak internal management [M&E], little external check [community involvement.**

- **After devaluation the services of staff of medical equipment repair workshop are not being utilized.**

- **Slow pace of repair by NLC. Slow release of funds by provincial authorities.**

- **In special purchase committee for procurement of medicines etc only one technical member included (EDO H), rest of the members are non technical, due to this undue hindrance health department in district is facing a lot of problems for procurement of medicines etc.**

ISSUES

- **Problems at BHU level: due to increase in population proportionally medicine budget has not increased. Due to poor sanitary condition of the union council preventive work is not so effective as desired.**
- **Problems at RHC level: Residential problem, shortage of drivers, low maintenance budget for equipment, shortage of furniture.**
- **Low Quality of Care due to Staff absenteeism, Part time service, Poorly trained staff, Weak pre service training, little in service training/ refresher courses, no SOPs.**
- **Lack of coordination among vertical programmes and excessive executive meeting.**
- **Political interventions. Government should define the role of public representative and not to intervene the merit issues and national/provincial health policies matters.**


THANK YOU

Annual Development Programme
District Development Project for the year 2001-2002

Sr. No.	Name of Scheme	Estimated Cost	Status
1	Establishment of Cardiology unit in DHQ Hospital Sargodha	Rs.1.930(B) Rs.8.061(E) Rs.9.418(T)	Completed
2	Provision of C.T Scan and Dialysis Machine in DHQ Hospital Sargodha.	Rs.0.869(B) Rs.36.500(E) Rs.37.369(T)	Completed
3	Up gradation of existing RHC in to 40 Badded THQ Hospital Sahiwal District Sargodha.	Rs.6.383(B) Rs.2.585(E) Rs.8.968(T)	Completed
4	Construction GNS and M/w Training School Sargodha.	Rs.8.781(B) Rs.1.164(E) Rs.9.945(T)	Completed
5	**Provision of Anesthesia Machine for THQ Hospital Bhalwal and Shahpur**	Rs.0.700(E)	Completed
	Total	Rs.66.973	

District Development Project completed for the year 2003-2004

Sr. No.	Name of Scheme	Estimated Cost	Status
1	Construction of Mortuary at RHC Behra (Bhalwal)	Rs.0.243(B)	Completed
2	Construction of Mortuary at RHC Miani (Bhalwal)	Rs.0.243(B)	Completed
3	Construction of Mortuary at RHC 46-SB	Rs.0.243(B)	Completed
4	Construction of Mortuary at RHC Bhabra (Bhalwal)	Rs.0.243(B)	Completed
5	**Purchase of Equipments for Neuro Surgical at DHQ Hospital S.Town SGD**	Rs.1.000(E)	Completed
6	**Provision of Equipments for Muncipal General Hospital S.Town SGD**	Rs.1.000(E)	Completed
7	**Installation of Central Pipe line of life saving Gas in Emergency department at DHQ Hospital SGD**	Rs.1.399(E)	Completed
8	**Provision of equipments in RHC Jhawrian**	Rs.0448(E)	Completed
	Total	Rs.4.819	

District Development Project ongoing for the year 2005-2006

Sr. No.	Name of Scheme	Estimated Cost	Status
1	**Construction of Multy Storey Surgical Block & Burn Unit at DHQ Hospital,Sargodha. U/C No.159-MC.**	Rs. **19.904(B)**	Work on going
2	**Construction of Residential/Accommodation THQ Hospital Bhalwal. U/C No.23 to 26.**	Rs. **11.123(B)**	Work on going
3	**Up-gradation of RHC Bhera District Sargodha upto Tehsil level Hospital. U/C No.8 & 9**	**12.800(B) 04.952(E) 17.752(T)**	Work on going
4	**Up-gradation of RHC Kot Momin up to THQ Hospital. U/C No.37 & 38.**	**13.874(B) 04.832(E) 18.710(T)**	Work on going
5	**Re-construction of R.D. of Sardarpur Noon at BHU in U/C.No.14 Chawa.**	**05.135(B) 00.105(E) 05.240(T)**	Work on going
6	**Construction of BHU Kot Miana U/C No.48**	**05.435(B) 00.105(E) 05.540(T)**	Work on going
7	**Construction of BHU Talib Wala U/C.No.49**	**05.408(B) 00.105(E) 05.513(T)**	Work on going

District Development Project ongoing for the year 2005-2006

Sr. No.	Name of Scheme	Estimated Cost	Status
8	**Construction of BHU Naseerpur Kalan U/C.No.51**	**05.525(B) 00.105(E) 05.630(T)**	Work on going
9	**Construction of BHU at Jalal Pur Jadid U/C No.68 Sultanpur**	**05.535(B) 00.105(E) 05.640(T)**	Work on going
10	**Construction of BHU 152/NB U/C No.98**	**05.347(B) 00.105(E) 05.452(T)**	Work on going
11	**Construction of BHU at Village Uttian U/C No.100 Sakasar**	**05.406(B) 00.105(E) 05.511(T)**	Work on going
12	**Construction of BHU at Chachar SharifU/C No.59 Kot Pehilwan.**	**05.526(B) 00.105(E) 05.631(T)**	Work on going
13	**Construction of BHU Hidwan U/C No.79 Sialsherif.**	**05.526(B) 00.105(E) 05.631(T)**	Work on going
14	**Construction of Residences for staff of EDOH office,Sargodha, U/C No.159-MC**	**04.456(B)**	Work on going
	TOTAL	**115.004(B) 010.729(E) 125.733(T)**	

VISION STATEMENT

The District Health department has evolved strategies to address all the components of the Primary Health Care in a befitting manner for enhanced utilization of the services by the community through:_

- Intrasectoral and intrasectoral coordination and collaboration
- Social mobilization ensuring access to effective, efficient and equitable health care services
- Ensuring effective monitoring and evaluation, focusing on special risk groups and poor based on equity
- Capacity building of the health personnel
- Expanding the National Programme for FP & PHC to 100% population, with well equipped health outlets
- With special emphasis on high profile Programme launched from time to time, in consonance with the Millennium Development Goals (MDGs)
- Reducing Child Mortality by 2/3 rd and improving maternal health
- Reducing the maternal mortality ratio by three quarters by the year 2015(reducing IMR to 40 per 1000 live births and to increase measles immunization rate >90% and MMR to 140 or less and to increase skilled birth attendance to 90%)

Functions of District Health Department

- **Execution of functions relating to Health Department in the following areas in accordance with the guidelines given by the Provincial Government :**
- Prevention and control of infectious and contagious diseases.
- Tuberculosis.
- Eradication / Control of Malaria.
- Lepers Act 1898.
- Treatment of patients bitten by rabid animals.
- Adulteration of foodstuffs.
- Government Public Analyst.
- Nutrition Surveys.
- Nutrition and publicity in regards to food.
- Vaccination and inoculation.
- Maternity and child welfare and port Quarantine.

Continued……

- Management of Health care facilities and provision of Health care services in the District including District Headquarter Hospital (DHQs), Tehsil Headquarters (THQs) Rural Health Centres (RHCs) and Basic Health Units (BHUs).

- Audit cell to undertake financial, managerial and clinical audit of health facilities in District.

- Monitoring and inspection of all health care facilities in the respective District.

- Data collection and completion of vital health statistics through Health Information system.

- Planning and development of Health care services delivery for improving Health Status of population in accordance with the community perceived and locally ascertained Health care needs in order to pursue the Health for All Health Services.

- Preparation of development schemes, budget schedule of new expenditure and ADP proposals up to Rs. 5 Million.

Continued……

- Service matter except those entrusted to Health Department / Services and General Administration Department in case of regular employees of the provincial Government up to posts and including BS-17 Recruitment of officers and officials in the District on contract basis from time to time under the District Government Rules of Business.

- Health Equipment Maintenance (HEM) for ensuring availability of state of the art and functional Bio Medical Technology.

- Transport maintenance as on essential component of speedy provision of outreach healthcare services.

- District Quality Control Board (DQCB) under the over all technical support from the PQCB for ensuring supply and availability of quality medicines in line with National Health Policy, and elimination of quackery.

- Technical Scrutiny, standardization and purchase of stores and capital goods and Bio Medical equipment for each Health care facility in respective District.

NATIONAL IMMUNIZATION DAY

Social Mobilization

- Social Mobilization activities are started 10 days prior to the campaign after the Meeting with District Nazim and DCO.
- Posters / Banners are displayed at the thoroughfares and prominent places, various roads, 3 days before the campaign to sensitize and motivate the community about this crippling disease and importance of National Immunization Days.
- Meeting of Polio eradication committee under the chairmanship DCO is a regular feature of NIDs in which various participants including representatives from various Government departments / NGOs etc are briefed about NIDs campaign and support from them is ensured.

- Inauguration of Polio campaign is done by DCO or District Nazim regularly.

- Polio control room has been established in the EDOH office and all the relevant information is displayed in that room.

- EDO Revenue is requested through District Nazim and DCO to involve Patwaries for Mass announcement in their UCs.

- DEO (CD) is requested through District Nazim and DCO to involve NGOs for awareness of Polio campaign through its own network.

- EDO Education is requested through District Nazim and DCO to involve their Head of institutions/Teachers to deliver message in the school assembly about Polio Campaign & also provide information about missing children during catch-up days and provide scouts at Transit Points.

DETAIL OF ANNUAL DISTRICT HEALTH PLAN FROM 2003-2006
IN DISTRICT SARGODHA

- Various activities under Annual health plan 2003-04 , 2004-05 and 2005-06 have been completed in the followings categories:-

1. Social Mobilization
2. Service Delivery
3. Management

ANNUAL HEALTH PLAN 2006-07

Activity	
Social Mobilization	**PRESENT STATUS**
Advocacy Seminars / meetings with Union Nazim / CBOs / NGOs / Ulemas / Lady Councilors / one in each of three Tehsil / Medical Practitioners / Notables (One at District level and one at Tehsil Level)	Activity Completed
Meeting with local media people including Radio / Cable / News Paper /Articles / Special Edition / Interviews on quarterly	Activity Completed

Sehat Mela at RHC/BHU on in each of 3 Tehsils the District in the remote periphery in collaboration with the NGOs.	Activity Completed
Orientation of health / staff about Safe Motherhood and infant care at health facility level.	Activity Completed
Purchase of social mobilization material like Banners / diaries / clocks / brief cases / hand bags, bearing the messages / monogram of WHP.	Activity Completed

Management	PRESENT STATUS
Monthly meeting of DHMT	Regular monthly meeting are being held.
Telephone payment of MCH Coordinator	Telephone payments are being made regularly.
POL for supervisory visits + repair of vehicles.	Payments are being made.
Stationary	Activity Completed

Services delivery	PRESENT STATUS
Preparation of Sign Boards for 85 newly established Midwifery Houses in District Sargodha.	Activity Completed
Purchase of Multi Media for presentation in the meetings regarding WHP / MCH Services / EPI etc. in the office of EDO Health Sargodha.	Activity Completed
Provision of deficient instruments / equipments for the improvement and strengthening of 3 Labour rooms at BHU ShahNikdar, Chak 8 ML and Jehanian Shah.	Activity Completed

Purchase of 6 air conditioners (Split Type 1.5 ton) for EDO H Office (MCH, HMIS, TB Dots & EPI offices).	Activity Completed
Purchase of deficient instruments / equipments for the improvement and strengthening of MCH Services at Govt. Maula Bakhsh Hospital Sargodha.	Activity Completed
Purchase of 6 computers (P-4) along with printer for the Office EDO H Sargodha, Govt. Maula Bakhsh Hospital Sargodha, Blood Bank at MB Hospital Sargodha.	Activity Completed
Purchase of 10 Nebulizers & Baby Suckers for DHQ, MB Hosp: and all the THQs in Sargodha District.	Activity Completed
Purchase of instruments / Equipments for the establishment of child Nursery at DHQ / Maula Bakhsh Hospital Sargodha.	Activity Completed

Purchase 20 EPI Refrigerator (8 CF) for MBH, Model BHUs / RHCs, THQs.	Activity Completed
Orientation training of Midwives of newly established 85 Mid wifery houses regarding safe motherhood and infant care.	Activity Completed
Survey / study about the present status of MCH indicators in the District Sargodha by Public Health Nurse.	Activity completed
Provision of instruments / equipments for heat stroke room / ward of DHQ Hospital at Maula Bakhsh Hospital Sargodha.	Activity completed

Purchase of Scanners for EDOH Office and MCH office.	Activity Completed
Purchase of Steel Almirah / File Cabnit for EDOH and DOH office.	Activity Completed
Provision of Purchase of one computers (P-4) along with printer and air conditioners (Split Type 1.5 ton) for Midwifery Student at GNS Sargodha	Activity Completed
Provision of repair of Vehicle and CNG kit Vehicle No. LRN-2580 (WHP)	Activity Completed

Sequence of Presentation

- Millennium Development Goals
- Punjab Health Sector Reforms Program
- Health Sector Profile of District Sargodha
- Problems/Bottlenecks
- Role of the District Government
- Achievements

(ii) Population Welfare

a) To plan, organize and implement programme activities.

b) To organize the assigned communication activities including exhibition of documentaries, workshops, seminars etc.

c) To coordinate with Population Welfare Department and the District Government.

d) Supervise and monitor the activities of Tehsil Offices and service outlets in the District.

e) To identify training needs and impart training as per training schedule in coordination with Population Welfare Department.

f) To provide logistic support to the Programme service outlets and equip them with stock of contraceptives, medicines and necessary equipment.

- In Sargodha District, the system was adopted and implemented in the year 1995, necessary technology along with the tools were supplied.

- **DOTS (Directly Observed Treatment Short course) is a systematic strategy which has five components:**
- **Political and administrative commitment.** TB is the leading infectious cause of death among adults. TB kills more men than women, yet more women die of TB than all causes associated with childbirth combined. Since TB can be cured and the epidemic reversed, it warrants the topmost priority, which it has been accorded by the Government of India. This priority must be continued and expanded at the state, district and local levels.
- **Good quality diagnosis.** Good quality microscopy allows health workers to see the tubercle bacilli and is essential to identify the infectious patients who need treatment the most.
- **Good quality drugs. An uninterrupted supply of good quality anti-TB drugs** must be available. In the RNTCP, a box of medications for the entire treatment is earmarked for every patient registered, ensuring the availability of the full course of treatment the moment the patient is initiated on treatment. Hence in DOTS, the treatment can never interrupt for lack of medicine.
- **Supervised treatment to ensure the right treatment**, given in the right way. The RNTCP uses the best anti-TB medications available. But unless treatment is made convenient for patients, it will fail. This is why the heart of the DOTS programme is "directly observed treatment" in which a health worker, or another trained person who is not a family member, watches as the patient swallows the anti-TB medicines in their presence.
- **Systematic monitoring and accountability.** The programme is accountable for the outcome of every patient treated. This is done using standard recording and reporting system, and the technique of ‘cohort analysis’. The cure rate and other key indicators are monitored at every level of the health system, and if any area is not meeting expectations, supervision is intensified. The RNTCP shifts the responsibility for cure from the patient to the health system.