Government of Pakistan
Ministry of National Health Services,
Regulations & Coordination

Universal Health Coverage (UHC)
Benefit Package of Pakistan

ESSENTIAL PACKAGE OF HEALTH SERVICES AT COMMUNITY AND PRIMARY HEALTHCARE CENTRE LEVEL BASED ON DISEASE CONTROL PRIORITIES-3

World Health Organization

DCP3 Disease Control Priorities

economic evaluation for health

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UNIVERSAL HEALTH COVERAGE (UHC) BENEFIT PACKAGE OF PAKISTAN
Essential Package of Health Services at Community and Primary Healthcare Centre Level
based on Disease Control Priorities – Edition 3

Produced by:
Ministry of Health & Population
Provincial/ Area Departments of Health
and
Health Planning, System Strengthening and Information Analysis Unit (HPSIU),

Supported by:
DCP3 Secretariat and World Health Organization
London School of Hygiene & Tropical Medicine
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Health Services Academy University

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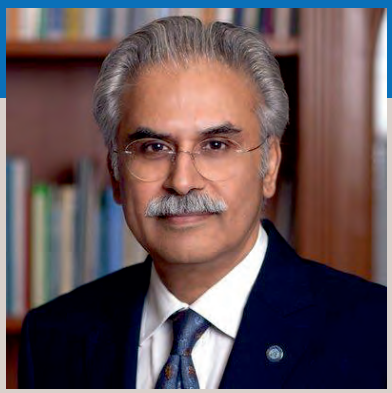
MESSAGE FROM THE MINISTER OF HEALTH



Dr. Zafar Mirza
Minister of Health & Population

Pakistan is committed to the sustainable agenda of 2030 and in health sector 'Universal Health Coverage' is the key policy outcome to ensure progress on health-related goal of 'Good Health'.

A critical step in improving health services in Pakistan is ensuring that our government's funding is spent on those health services that most address needs of our population. The design and implementation of an Essential Package of Health Services (EPHS), that everyone in Pakistan can access, is key to steering the health system towards Universal Health Coverage.

Despite the improving economic situation, identifying what health services to include in the EPHS is challenging. We need to be efficient, but at the same time improve quality and provide services in a fair way. We need to bring together the latest global evidence on health services research on the health needs of Pakistan, and our experience and values.

The Inter-Ministerial Health & Population Forum meeting held on 14 September 2018 unanimously endorsed that Pakistan should go ahead with requesting the Disease Control Priorities (DCP3), an organisation that collates and reviews global evidence on health, and the World Health Organisation (WHO) to help Pakistan define and institutionalise a national UHC benefit package. The proposal was confirmed by the secretariat in October 2018 and Pakistan became the first country in the world to develop its Essential Package of Health Services based on DCP3 recommendations.

We, the Ministers of Health at federal and provincial/area level are committed to implement a stronger primary healthcare and integrated people-centred health, while aiming to fulfil the right to health for all at the highest attainable standard, allocating investment to the right services and implementing reforms on time with appropriate budget in order to achieve universal health coverage in Pakistan. Along with private health sector, civil society organizations and academia, we will be making efforts to ensure provision of essential health services to ALL.

Engagement of our experts in Pakistan, together with valuable support from DCP3 and WHO is ensuring a synthesis of localized evidence on a range of health and inter-sectoral interventions. The evidence has helped our decision makers at the federal and provincial/area level to carefully evaluate on how best to allocate the budgets to move towards UHC in Pakistan. The institutional development and local analysis required to incorporate evidence into national and provincial priority setting processes aims to promote transparency, link with health sector financing mechanisms, and encourages whole of society approach towards defining which health services are essential for our population.

The systematic approach in the development of this document reflects the strong capacities and commitments of all those who were involved in the process, the evidenced based learning and the great interest of sharing experiences with each other.

My gratitude is due to the Disease Control Priorities-3 secretariat & the London School of Hygiene & Tropical Medicine, more specifically Professor Ala Alwan and Professor Anna Vassall for their valuable guidance and support.

I am also grateful to Dr. Mahipala Palitha, WHO Representative in Pakistan, Dr. Assad Hafeez, Vice Chancellor, Health Services Academy University, Professor Sameen Siddiqi, Chair of Department of Community Health Sciences, Aga Khan University, Professor Rob Baltussen,, Radboud University Medical Centre and Dr. Reza Majdzadeh at WHO-Eastern Mediterranean Regional Office and other partners in providing all possible support.

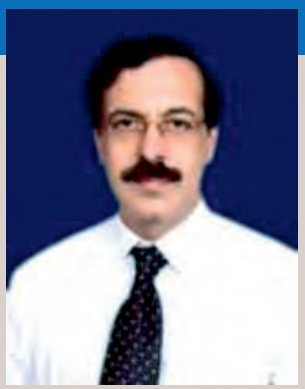
I appreciate the efforts of Dr. Malik Safi, DG (Health) and Dr. Raza Zaidi, Senior UHC Benefit Package consultant and the core team of HPSIU and AKU in successfully steering and developing Pakistan's Essential Package of Health Services at Community and Primary Healthcare Centre level.

While achieving the milestone of evidence based EPHS at community and PHC centre level, we shall be working dedicatedly to finalize the packages at all five platforms, health system interventions and inter-sectoral early implementation policies for a more comprehensive and productive response.

There is no time for either apathy or complacency. This is a time for vigorous and positive action. Let's unite efforts, drawing on our strengths, to ensure holistic improvements to health of all people of Pakistan.

26 January 2020

FOREWORD



Dr. Allah Bakhsh Malik
Secretary, Health & Population

The Ministry of Health & Population is making all possible efforts in providing common strategic vision to guide the health sector, which is to achieve universal health coverage (UHC) through efficient, equitable, accessible and affordable health services to its entire populace; to coordinate public health and population welfare; fulfil international obligations and commitments; and ensure health regulatory functions.

The National Action Plan (2019-23) defines common national priorities of the government and guidance about the most critical actions for achieving UHC in Pakistan. However, to implement the same we need to revisit our structures & systems and make early corrective measures to deliver the best possible results.

Universal Health Coverage is based on the principle that all individuals and communities have equitable access to their needed health care, in good quality, without suffering financial hardship. A set of policy choices about benefits and their rationing are among the critical decisions for moving towards UHC.

Ministers of Health at federal and provincial/area level decided to develop a comprehensive UHC benefit package of Pakistan, while considering the socio-economic context of the country. Development of an essential package of health services (EPHS) at community and primary healthcare centre based on localized scientific evidence and following a rigorous criterion for prioritization of interventions reflects esteeming the decision of political leadership and policy makers in the country.

UHC benefit package of Pakistan defines a model concept of essential universal health coverage services that provides a starting point for country-specific analysis of priorities considering country-specific cost structures, epidemiological needs and ensuring efficiency in service provision.

Availability of essential quality health services at Community and PHC centre level are not enough in Pakistan to make significant progress towards achieving the UHC index, while more than 70% of population is expected to get health services at these levels. The evidence justified prioritizing / concentrating future efforts on defining and implementing community and PHC centre level interventions. A more integrated people-centred approach also needs to be adopted as implementation of selected interventions individually would not only be costly but also less efficient.

EPHS is a live policy framework and should be reviewed regularly by stakeholders and updated as improved evidence on the costs and health impact of these interventions becomes available. With development of EPHS, now the task will be to ensure provision of prioritized services in all parts of the country with the appropriate technology and to a high quality. Each provincial/area department of

health can easily prioritize a sub-set of essential health services considering the burden of disease, needs and fiscal space.

On behalf of the federal and provincial/ area governments, it is a call for all the relevant public and private sectors stakeholders, civil society organizations, nongovernmental organizations (NGOs), academia, United Nations agencies and development agencies to be a partner in extending full support and active engagement to the implementation of UHC benefit package in all parts of the country and leaving no one behind.

I appreciate the dedication and commitment of the Core team at HPSIU and AKU, Technical Working Groups, National and International Advisory Committees especially the DCP3 secretariat & WHO and UHC Benefit Package Steering Committee to the creation of this framework document. However, the task is not over yet and we have a long road to travel for continuous evidence generation, successful implementation and monitoring of the UHC benefit package.

26 January 2020

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AKU	Aga Khan University
BEmONC	Basic Emergency Obstetrical and Neonatal Care
BHU	Basic Health Unit
BOD	Burden of Disease
BP	Benefit Package
CBO	Community Based Organization
CDC	Communicable Diseases Control
CEmONC	Comprehensive Emergency Obstetrical and Neonatal Care
CHC	Community Health Centre
CMW	Community Midwife
DALYs	Disability Adjusted Life Years
DCP3	Disease Control Priorities – Edition 3
DHIS	District Health Information System
DOH	Department of Health
EPHS	Essential Package of Health Services
EUHC	Essential Universal Health Coverage
GP	General Practitioner
HLD	High Level Disinfectants
HIV	Human Immuno-Deficiency Virus
HPN	Health, Population & Nutrition
HPP	Highest Priority Package
IMNCI	Integrated Management of New-born & Childhood Illnesses
LHV	Lady Health Visitor
LHW	Lady Health Worker
LSHTM	London School for Hygiene and Tropical Medicine
MCH	Maternal and Child Health
MDR	Multi Drug Resistance
M/o NHSR&C	Ministry of National Health Services, Regulation & Coordination
NGO	Non-Governmental Organization
PHC	Primary Health Care
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RHC	Rural Health Centre
RUTF	Ready to Use Therapeutic Food
SDGs	Sustainable Development Goals
TT	Tetanus Toxoid
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children Fund
WASH	Water, Sanitation & Hygiene
WB	World Bank
WHO	World Health Organization

Universal Health Coverage (UHC) Benefit Package of Pakistan

ESSENTIAL PACKAGE OF HEALTH SERVICES
Community and PHC Centre Level

INTRODUCTION

The 12th Five Year Plan (health chapter), National Health Vision and National Action Plan (2019-23) are underpinned by the idea to ensure provision of good quality essential health care services to all people of Pakistan through a resilient and equitable health care system. National Health Vision for Pakistan provides a well thought strategic framework for implementation of good governance parameters that can positively influence the achievement of health-related Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) targets within Pakistan.

To transform the National Health Vision into reality, one of the key actions was to develop a UHC Benefit Package for Pakistan. '**UHC Benefit Package'** consist of i) Essential Package of Health Services (EPHS) at five platforms and ii) Inter-sectoral Interventions/ policies.

Pakistan is one of the first countries in the world to use the global review of evidence by Disease Control Priorities (DCP3) to inform the definition of its UHC benefit package. With support of the DCP3 secretariat based at the London School of Hygiene & Tropical Medicine (LSHTM), global evidence was reviewed and adjusted to the needs of Pakistan to inform the prioritization of health interventions at community and PHC centre level for inclusion in the EPHS.

Designing of an essential package of health services considered the burden of disease, budget impact, efficiency, feasibility, fairness and socio-economic context. The aim is to define which services are to be covered by government funding through **five different platforms** (both through public and private sector) for ALL in Pakistan:

i) Community level;

ii) Health centre level;

iii) First level hospitals; and

iv) Referral level hospital; and

v) Population based.

In addition to this, interventions related to health system strengthening and inter-sectoral policies also play an important role in moving towards Universal Health Coverage.

Evidence was gathered on burden of disease in Pakistan, unit cost and cost-effectiveness of each intervention, budget impact, feasibility, financial risk protection, equity and social context of Pakistan. This data was used to organise priority services into **four clusters**.

a) Reproductive, maternal, new-born, child, adolescent health & nutrition/ Life course related cluster,

b) Infectious diseases cluster,

c) Non-communicable diseases & Injury prevention cluster and

d) Health services cluster.

This evidence was then reviewed by technical experts and stakeholders, to select those health services that should be provided immediately and those in the longer-term pathway to Universal Health Coverage, given the best estimates of the funding available to the government.

This document is the explanation of the resulting **prioritized community and PHC centre level interventions** and services. The EPHS and its costing have been carefully developed to represent minimum standards of care at each tier or level of the health service in order to be able to meet the essential needs of people through life course.

The EPHS outlines what services should be provided at each health facility in Pakistan. Where those facilities should be placed (or services contracted to private providers) will depend on further detailed consideration of population demography, geographical consideration, available resources and local needs. However, the following are the types of facilities and their recommended coverage considering typical situation on ground in Pakistan.

- One Health House (community based LHW): covering **1000-1500 people**
- One 8/6 Basic Health Unit (BHU): covering **5,000-25,000 people**
- One 24/7 Community Health Centre (CHC): covering **25,000-40,000 people**
- One Rural Health Centre (RHC): covering **40,000-80,000 people**

  while ensuring r**eferral linkages** with the First Level and Tertiary Hospitals and Population level interventions

The proposed level will require sustained and committed collective effort to finance staff, medicines, supplies, equipment, infrastructure etc. and manage essential services to ensure they function and are used sufficiently to demonstrate efficiency and effectiveness.

The utility and performance of each tier of the public and private health system can be amplified through effective management and having the capacity to define cases requiring referral and being able to assist patients to access services to which they are referred. Again, sustained commitment would be required to ensure **lower levels of the systems** are available, accessible and affordable and these can deal with the health concerns at community level.

More serious health system concerns requiring **higher levels systems** and management especially at district level and above are equally critical. Overall, performance will depend on ensuring inputs (staffing, salaries, equipment, drugs, etc.) but also on supervision, management including effective use of digital information technology.

Finally, not all essential services need to be offered through the public sector only. The **private sector** in Pakistan is accessible and well trusted by people and must be a partner to play its role for effective delivery of essential healthcare services, where feasible. The private sector can be a major provider of essential services where public sector has capacity constraints. The EPHS also seeks to encourage the public sector to play to its advantages in which it can outperform the private sector and protect and promote the health and well-being of the people.

PRINCIPLES AND PURPOSE

Universal Health Coverage (UHC) is based on the principle that all individuals and communities have equitable access to their needed health care, in good quality, without suffering financial hardship. The **three dimensions of UHC** are: i) which services are covered and which needs to be included; ii) covered population and extension to non-covered; iii) reducing cost sharing and fees.

The **guiding principles** for the development process of the 'UHC Benefit Package'/ EPHS design were:

- Impartial, democratic, inclusive and based on country values and clearly defined criteria
- Open and transparent in all steps of the process and decisions
- Trade-offs were clearly data driven and evidence-based
- Progressing from data to dialogue to decision
- Linked to robust financing mechanisms and effective service delivery mechanisms

The 'UHC Benefit Package' is a policy framework for strategic service provision based on scientific localized evidence on essential health services. It helps to clarify health priorities and directs resource allocation. It defines responsibilities in the sector, while this document specifically talks about activities at primary healthcare centre and community levels. It aims to address current poor access to health and inequalities in health service provision. It provides a road map for action and is costed to enable for advocacy purposes and for government, donors, districts and communities to plan on how to align and focus their contributions. While taking into account existing constraints, the document has been developed to act as a blueprint for health sector development.

Details of essential health services' needs for First level and Tertiary hospitals and Population level interventions are in a separate document.

PROCESS FOR THE DEVELOPMENT OF EPHS

A: Defining the governance arrangement for decision and dialogue process

Governance/ coordination arrangement is needed for decision making in setting the strategic priorities. The governance arrangement has been organised at three levels:

- **Political level** for decision making at the ministerial level (UHC-BP Steering Committee and Inter-Ministerial Health & Population Council)
- **Technical level** through the National Advisory Committee (NAC), for developing consensus at the technical level and to propose recommendations to the political level for consideration/ endorsement with backstopping from the International Advisory Group (IAG)
- **Cluster level** through different Technical Working Groups (TWGs) to propose prioritized interventions considering evidence and local context. The membership consisted of wider stakeholders from different constituencies with five types of subject experts (RMNCAH&N, infectious diseases, non-communicable diseases, health services and health system).

A **core team** consisting of Health Planning, System Strengthening and Information Analysis Unit (HPSIU) of the Ministry, Health Services Academy and the Department of Community Health Sciences, Aga Khan University is working with the stakeholders, with backup support from the London School of Hygiene & Tropical Medicine, the World Health Organization and the Radboud University Medical Centre.

B: Defining goals and criteria

More than 100 stakeholders were involved in defining the goals of EPHS and prioritization criteria for the interventions. For this purpose, a survey was also organized to get opinion and to agree on criteria for prioritization of interventions. The criterion that were finalized based on the recommendations of the stakeholders included burden of disease, cost effectiveness of interventions, budget impact, feasibility, financial risk protection, equity and social context of Pakistan.

C: Scoping

Using the agreed criteria, interventions were prioritized in the Pakistani context for further review and analysis. Objective was to preliminary prioritize 218 health interventions labelled as Essential Universal Health Coverage (EUHC), of which a subset of 104 interventions are labelled as the Highest Priority Package (HPP).

D: Defining the Interventions

For evidence-based decisions on what should be priority interventions, it was critical to describe each intervention to explain briefly the process of each interaction between patient/ client and provider along with platform with identification of major direct and indirect cost heads. This helped not only in developing an understanding on what is required to be implemented but also to ensure appropriate estimation of direct cost.

Reference material for the description of interventions was considered and documented according to the priority of: i) national guidelines, training curricula and protocols, followed by ii) WHO global/ regional guidelines, iii) guidelines from other specialized organizations, iv) academic curricula and finally v) Delphi (where needed).

The description of intervention included information relevant to i) Platform and types (both in public and private health sector), ii) Process, iii) Provider/s, iv) Medicines, v) Supplies, vi) Equipment, vii) HMIS tools, viii) Supervision, ix) Availability of standard protocols, x) Availability of in-service training curriculum, xi) Reference document/s and xii) Flow chart for each intervention with estimated time required for each step.

Each intervention was thus broken down to describe not only the process, time required at each step but also an approach to define direct and to some extent indirect costs. Health system at district level and other costs were not considered at this stage. TWGs validated the information in the country context.

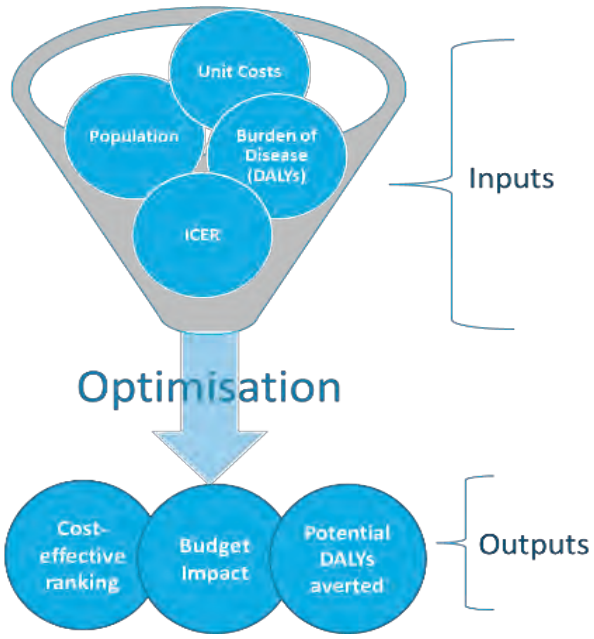
E: Assessment

Evidence was collated for each intervention including: i) burden of disease, ii) unit cost, iii) Incremental Cost Effectiveness (ICER) ratio, and iv) current coverage and target population. In parallel, health systems assessment and health financing assessment/ fiscal space analysis were carried out to identify gaps required for the full costing of UHC benefit package. Detailed costing was done adding all inputs' costs for each intervention. In this regard, both public and commercial data were compared and used for the unit cost estimation.

Population current coverage and target coverage for each intervention was defined using national surveys, specialized surveys, studies and burden of disease data etc. Utilising this, total cost for each intervention was estimated and was divided by total population to estimate cost per capita for each intervention. The information of total spending per intervention was used for assessing budget implication under three scenarios as low, medium or high.

To generate evidence whether interventions are cost-effective (maximise population health for the money spent) or not, information on ICER (incremental cost effectiveness ratios) was gathered. Where available evidence was used from Pakistan or countries in the region, or other relevant low- and middle- income countries. In cases, where information was not available, then global value from the DCP3 was used.

To arrive at the best package of health services given the financial constraints in the health sector, interventions were ranked in terms of which would bring the largest health gain to the population of Pakistan using a tool developed by the World Bank – the 'HiP tool (Health Interventions Prioritization Tool)'. The HiP Tool was used to define and Investment Cascade of Interventions on the pathway to UHC. All the evidence informing the Cascade was prepared and presented to stakeholders & National Advisory Committee in simple formats, to support them finalise the EPHS.



F: Appraisal

All evidence was summarized separately for each intervention along with Investment Cascade. A process of evidence informed deliberation was organised. Technical Working Groups (TWGs) in each Cluster come to a final package, reviewing the investment cascade, but also considering a full range of criteria, such as feasibility, local values and equity. The National Advisory Committee reviewed the recommendations put forth by the TWGs and deliberated to make up final recommendations for the consideration of the Steering Committee.

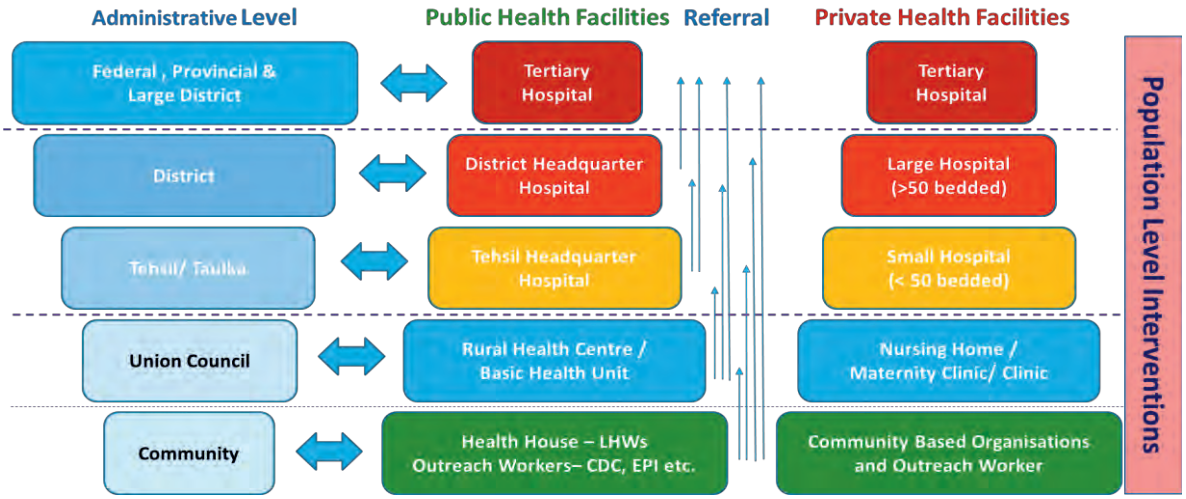
G: Write up of EPHS (community & PHC centre level)

As endorsed by the UHC BP Steering Committee, the core team finally wrote up the EPHS document including list of interventions, required essential medicines, supplies, human resources, equipment, and monitoring & evaluation and estimated budget required by different types of service delivery points.

PRIMARY HEALTHCARE DELIVERY SYSTEM IN PAKISTAN

Pakistan's public health delivery system functions as an integrated health complex that is administratively managed at the district level. The state attempts to provide healthcare through a three-tiered healthcare delivery system (with some variation among provinces) and community-based interventions. The former includes Basic Health Units (BHU), Community Health Centres (CHC) and Rural Health Centres (RHC) forming the core of the primary healthcare centres. Secondary care including first and second referral facilities providing acute, ambulatory and inpatient care is provided through Tehsil/ Taluka Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs) which are supported by tertiary care from teaching hospitals. Services are augmented through a range of public health programmes through healthcare delivery system and through population level interventions.

Figure: Public & Private Healthcare Delivery System in Pakistan



The private healthcare system constitutes of for-profit and not-for-profit (NGOs and CBOs) and constitutes a diverse group of doctors, nurses, pharmacists, traditional healers, drug vendors, as well as laboratory technicians, shopkeepers and unqualified practitioners. The private healthcare delivery system includes clinics, maternity clinics, nursing homes, small hospitals (less than 50 bedded) and large hospitals (more than 50 bedded) and tertiary care from private teaching hospitals. Diagnostic facilities and the sale of drugs from pharmacies are also a part of this system. However, in some cases, the distinction between public and private sectors is not very clear as many public sector practitioners also practice privately.

Whereas, primary and preventive services are largely offered by the public sector, the focus of private sector is generally on the curative care services, with bias towards urban areas.

A brief introduction of different types of community and PHC centre level healthcare delivery system is provided below:

Community based healthcare delivery system

At the household level, services are provided through community-based health providers including Lady Health Workers (LHWs), Community Midwives (CMWs) and workers for community-based organizations (e.g. for provision of HIV & AIDS preventive services). In addition, there are also outreach workers including Lady Health Supervisors, Vaccinators, Health-Population-Nutrition (HPN) Councillor, CDC/Environmental Technologist etc, and have been accounted for as PHC centre staff.

Lady Health Workers (LHWs)

Lady Health Worker (LHW) is a community-based worker and is responsible to register households in her community of around 150-200 households (an average of 1,000-1,500 people) and offer primary, preventive, promotive and some curative care services. LHW is required to visit at least 7-10 households each day to ensure that all registered households are visited at least once every month. During household visit she provide services including health education, counselling, motivation and community organization. She promotes and offer family planning services, maternal and adolescent healthcare, child healthcare including immunization and nutrition services, treatment of common ailments etc.

The LHW's house is designated as a **Health House** where she is expected to establish a 'kit corner' to provide counselling and treatment services to those visiting her for advice. The LHW's house also serves as a vaccination post to vaccinate women and children in coordination with the area vaccinator. LHW is responsible to organize her community by forming health committee and women's groups. LHW submits her monthly report in the monthly 'continuing education' meeting at the health facility. She is replenished with medicines and supplies consumed during last month.

Community Midwives (CMWs)

Community Midwives (CMWs) were introduced through the National Maternal, New-born and Child Health (MNCH) Programme in 2006. CMW is responsible to provide individualized care to the pregnant women throughout the maternity cycle and the new-born and ensure skilled birth attendance for home deliveries or at work station established by her. The catchment population for a CMW is around 5000. In some areas, Lady Health Visitors (LHV), mostly based at PHC centre, also offer home-based delivery services. Considering rapidly increasing institutional deliveries across the country, the need for community midwives is less comparatively in large urbanized districts. Whereas in remote and marginalized districts, this is among the few options to ensure skilled birth attendance.

Community based services to prevent HIV & AIDS

Community based services are also offered through workers of community-based organizations in high-risk populations to ensure provision of preventive services. These services are usually offered to injecting drug users, sex workers, bridging population etc.

In addition, community level services are also offered by the out-reach workers including Vaccinators, Health, Population & Nutrition (HPN) counsellors, Environmental technicians, Lady health supervisors and other health facility staff. For some interventions, other volunteers also contribute to delivery of services e.g. deworming campaign, Vit A supplementation, etc. Nomenclature varies in different provinces. Activities related to out-reach workers have been accounted for at the PHC centre level.

Primary healthcare centre level health system

There are different types of primary healthcare centre level facilities in rural areas commonly known as Basic Health Unit (BHU), Community Health Centre (CHC) or 'BHU+' and Rural Health Centre (RHC), while in urban areas, comparable types of PHC facilities are Dispensary, Medical/ MCH centre while in private sector different types of comparable PHC facilities are General Physician (GP) Clinic, Medical centre and Nursing/ maternity homes etc. A brief explanation of three types of PHC centre facilities is as follows.

Basic Health Unit/ Dispensary/ GP Clinic

Dispensary is the oldest type of a primary healthcare facility mainly in urban areas. After Alma Ata, Basic Health Units (BHUs) were established country wide, mainly in rural areas, to work as the first

formal point of contact to access primary healthcare services. Ideally, each Union Council or Ward (lowest administrative unit) should have one PHC centre usually serving a population of around 5,000 to 25,000. Usually these health facilities offer basic primary healthcare services, which include provision of static and outreach services for maternal & childcare, immunization, family planning, management of diarrhoea, pneumonia, control of communicable diseases and management of common ailment along with health education activities. These facilities are also responsible for provision of management and logistic support to LHWs and other community-based service providers. These facilities offer services usually 8 hours/ 6 days a week.

24-7 BHU+/ Community Health Centre/ Medical Centre

With increasing population and to ensure 24/7 delivery services, the concept of BHU+ or Community Health Centres (CHC) emerged. In comparison to BHU, CHC is envisaged to provide wider range of services including round the clock delivery services. CHC is envisaged to serve a catchment population of 25,000 – 40,000. It is important to offer wide range of services, infrastructure, human resources, equipment and supplies should also be ensured at CHC.

Rural Health Centre / Health Centre/ Nursing Homes

Rural Health Centre (RHC) functions around the clock and serve a catchment area population of 40,000–80,000 or even more, providing a comprehensive range of primary health care services and basic indoor facilities. The services envisaged to be provided at RHC include health education services, general treatment services, Basic EmONC services (delivery and new-born care), emergency services such as management of injuries, accident, dog bite/snake bite; selected surgical services such as stitching, abscess drainage, circumcision etc. and first aid services to stabilize the patient in emergency conditions and refer them to higher level of care in case of complications. RHCs also provide clinical, logistical and managerial support to the BHUs, LHWs, MCH Centres, and Dispensaries that fall within its geographical limits (Markaz level – which is an administrative set of 4-8 union councils). RHC also provides medico-legal, basic surgical, dental and ambulance services. RHCs are equipped with laboratory and X-ray facilities and a 20 bedded inpatient facility. Around 5-8 BHUs are linked with the RHC for referral and other administrative purposes.

Equivalent to RHC, there are private sector Health Centre, Nursing or Maternity homes mostly in urban areas and sometimes offer wider range of services including specialized services.

ESSENTIAL PACKAGE OF HEALTH SERVICES (Community and PHC Centre Level)

UHC Benefit package/ Essential Package of Health Services (EPHS) offers a futuristic vision in the health sector to set strategic direction and accordingly implement prioritized interventions to make progress on achieving Universal Health Coverage/ health-related Sustainable Development Goals.

Based on the evidence informed process outlined above, 82 interventions out of 127 (59 at community and 68 at PHC centre level) recommended interventions by the DCP3 were prioritized by stakeholders to be included in the National EPHS at the community and PHC centre level and recommended to government. Following further consultation within government some further changes in the description of interventions were also made by senior advisors and stakeholders. The final package resulted in **85 prioritized interventions, 45 were recommended for immediate implementation, 17 were high priority to be implemented in 1-2 years, 12 were of medium priority to be implemented in 2-5 years and 8 were low priority**.

In this document only **62 interventions** (45 immediate priority and 17 high priority interventions) at community and PHC centre level are included considering need, scientific evidence and fiscal space available to Pakistan in the coming years.

These 62 immediate and high priority interventions are categorized to four clusters (i: RMNCAH&N cluster; ii: Infectious diseases cluster; iii: Non-communicable disease cluster; and iv: health services access cluster). However, for ease of understanding all interventions, some interventions have been merged or broken down further. After that these interventions were re-classified according to lifecycle approach into following 12 categories:

1. Reproductive health/ birth spacing
2. Antenatal care
3. Delivery care
4. Post-natal care
5. New-born care
6. Nutrition
7. Child care
8. School age child care
9. Adolescent health
10. Infectious diseases
11. Non-communicable diseases
12. Health services access

The description in this section reflects the prioritized set of interventions at community and PHC centre level.

EPHS at Community level

The package of services that are being proposed at the community level reflect the community needs, burden of disease, cost-effectiveness of interventions and the contextual factors to ensure delivery of efficient, effective and quality services at the doorstep. The health care workers, service providers and community-based organizations will provide the proposed services in the communities. Service providers include Lady Health Workers, Lady Health Visitor, Health-Population-Nutrition (HPN) Counsellor and workers of community-based organizations. These frontline workers also get backup support from the out-reach workers including CDC/Environmental Technicians, Vaccinators, Lady Health Supervisors and other health facility staff. The prioritized interventions fall under the categories of Reproductive health/ Birth spacing, Antenatal Care, Delivery care, Post-natal care, New-born care, Nutrition, Child care, School age child care, Adolescent health, Infectious diseases, Non-communicable diseases, and Health services access. The proposed interventions among these categories are provided in the following box.

COMMUNITY LEVEL INTERVENTIONS

Reproductive Health/ Birth spacing

– Education and counselling on birth spacing during antenatal and post-natal care (LHW, CMW, LHV)
– Provision of condoms, hormonal pills and injectable contraceptives (LHW, CMW, LHV)
– Referral and linkages for IUD insertion (LHW)
– Referral and linkages for surgical contraceptive methods (LHW)

Antenatal Care

– Counselling on providing thermal & kangaroo care to new-born (LHW, CMW, LHV)
– Counselling on breastfeeding and growth monitoring (LHW, CMW, LHV)
– Monthly monitoring of pregnant women using MCH card and referral to Skilled birth attendant (LHW)
– Nutrition counselling and provision of Iron and folic acid to pregnant women (LHW)
– Referral/ immunization for TT immunization (CBAs and Pregnant women) (LHW, CMW)
– Screening for hypertension during pregnancy and immediate referral (LHW, CMW. LHV)

Delivery Care

– Referral to skilled birth attendant for low risk labour and delivery (LHW)
– Identification of danger signs and referral to BEmONC or CEmONC facility considering complications (LHW, CMW, LHV)
– Low risk normal delivery (Only where CMW or LHV is available)

Post-Natal Care

– Use of PNC checklist for mother within 24 hours after delivery (LHW) +3 follow up visits for 40 days after delivery (LHW, CMW)
– Education and counselling on birth spacing during post-natal care and service provision/ referral (LHW, CMW)

New-born Care

– Use of PNC checklist for new-born within 24 hours after delivery (LHW) + care of new-born including care or cord (3 follow up visits) (LHW, CMW, LHV)
– Early initiation of breastfeeding (within ½ hour of birth) and initiation of growth monitoring (LHW, CMW, LHV)
– Ensuring thermal & kangaroo care to new-born (LHW)
– Ensure initiation of immunization for BCG and zero dose polio (LHW with support of area Vaccinator)

Nutrition

– Screening for malnutrition in children; growth monitoring, ensure provision of food supplements for moderately acute malnourished cases and refer severely acute malnourished cases to stabilization centre (LHW, HPN counsellor)
– Ensure provision of vitamin A (after National immunization days are stopped) and zinc supplementation (LHW, HPN counsellor, etc)
– Provision of micro-nutrients (iron and folic acid), ensure food supplementation to women/adolescent girls (LHW)

Child care

– Community based integrated management of childhood illnesses (LHW); immediate referral for complications and danger signs and follow up visits (LHW, HPN counsellor)
– Childhood Vaccination (BCG, Polio 0,1,2,3, Penta 1,2,3, Pneumococcal 1,2,3, Rota 1,2, Measles 1,2) – Typhoid vaccine from 2022 (LHW, HPN counsellor with support of Vaccinator)
– Education on handwashing and safe disposal of children's stool (LHW, HPN counsellor)

School age Child Care

– Education of schoolchildren on oral health (LHW, HPN councillor)
– Vision pre-screening and referral if required (LHW, HPN counsellor)
– School based HPV vaccination of girls (vaccinator, LHV) – after 2022
– Drug administration against soil-transmitted helminthiasis (LHW, HPN counsellor, volunteer)

Adolescent Health

– Education and counselling for prevention of sexually transmitted infection, screening and referral (LHW)

Infectious Diseases

– Community based HIV testing, counselling and referral (In high risk groups by CBO worker)
– Provision of condoms and disposable syringes (In high risk groups by CBO worker)
– Health education on Hepatis B and C and referral of suspected cases (LHW, HPN counsellor)
– Health education on STI and HIV (LHW, CBO worker)
– Systematic screening and routine contact tracing exposed to Tuberculosis (LHW, CBO worker)
– Referral of malaria suspect (LHW, HPN counsellor)
– Conduct larvicidal and water management (LHW & HPN Counsellor with backup support from CDC/ Environmental technician)
– Identification and referral of suspected cases of Dengue, Influenza, Trachoma etc. (LHW, HPN counsellor)
– Identification, reporting and referral of notifiable diseases (LHW, HPN counsellor and CDC/ Environmental technician) - Conduct simulation exercises/ training

Non-Communicable Diseases

– Exercise based pulmonary rehabilitation of COPD (LHW)
– Screening for hypertension (LHW)
– Health education on CVD prevention (LHW, HPN counsellor)
– Health education on Diabetes (LHW, HPN counsellor)
– Self-managed treatment of migraine (LHW)
– Clap test for screening of congenital hearing loss among new-borns and referral (LHW)
– WASH behaviour changes interventions (LHW, HPN counsellor with backup support from CDC/ Environmental technician)

Health Services Access

– Health education on dental care (LHW, HPN counsellor)
– Health education scabies, lice and skin infections (LHW, HPN counsellor)
– First aid, dressing and care of wounds and referral (LHW)
– Identification and screening of early childhood development issues and referral (LHW)
– Basic management of musculoskeletal injuries and disorders and referral (LHW)

EPHS at PHC centre level

The prioritized interventions are again based on the life-cycle approach which should be offered at the PHC centre. However, scope of interventions will vary considering different types of PHC centre. The following box reflect the essential services across different types of PHC centres.

PHC CENTRE LEVEL INTERVENTIONS				
Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	Reproductive Health/ Birth Spacing			
1.	Education and counselling on birth spacing during antenatal and post-natal / post abortion care	Yes	Yes	Yes
2.	Provision of condoms, hormonal pills, emergency contraceptive pill and injectable contraceptives	Yes	Yes	Yes
3.	Insertion and removal of intrauterine device (IUD)	Yes	Yes (12/7)	Yes (24/7)
4.	Surgical contraceptive methods	Yes (Referral and Linkages)	Yes (Referral and Linkages)	Yes (Organize mini-lap camps and referral)
	Antenatal care			
5.	Counselling on providing thermal & kangaroo care to new-born	Yes	Yes	Yes
6.	Counselling on breastfeeding and growth monitoring	Yes	Yes	Yes
7.	Monitoring of pregnant women using MCH card (at least 4 ANC visits)	Yes	Yes (12/7)	Yes (24/7)
8.	Nutrition counselling and provision of Iron and folic acid to pregnant women	Yes	Yes	Yes
9.	Immunization against tetanus (CBAs and Pregnant women)	Yes	Yes	Yes
10.	Screening and care/ referral for hypertensive disorders in pregnancy	Yes	Yes (24/7 Care & referral)	Yes (24/7 Care & referral)
11.	Diabetes care in pregnancy	Yes (Only screening and Referral)	Yes (Screening and Referral for diabetes care in pregnancy)	Yes (Screening and Referral for diabetes care in pregnancy)
	Delivery Care			
12.	Low risk Labour and Delivery	No (Only Referral)	Yes (24/7 services for low risk labour & delivery and basic neonatal resuscitation (Availability of seven signal functions for BEmONC)	Yes (Services for low risk labour / delivery and managing complications; Basic neonatal resuscitation (Availability of seven signal functions for BEmONC)
13.	Identification and referral for complications and danger signs	Yes (Referral to 24/7 BEmONC or CEmONC facility)	Yes (24/7 Referral to CEmONC facility)	Yes (24/7 Referral to CEmONC facility)
14.	Management of premature rupture of membranes, including administration of antibiotic	No	No	Yes
15.	Management of miscarriage or post-abortion care	No	No	Yes
	Post-Natal Care			
16.	Post-natal care services +3 follow up visits	Yes	Yes (12/7)	Yes (24/7)

PHC CENTRE LEVEL INTERVENTIONS				
Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
17.	Education and counselling on birth spacing during post-natal/ post abortion care	Yes	Yes	Yes
	New-born Care			
18.	New-born care including care of cord (3follow up visits)	Yes	Yes	Yes
19.	Early initiation of breastfeeding (within ½ hour of birth) and initiation of growth monitoring	Yes	Yes	Yes
20.	Ensuring thermal & kangaroo care to new-born	Yes	Yes	Yes
21.	Initiation of immunization for BCG and zero dose polio	Yes	Yes	Yes
	Nutrition			
22.	Screening for malnutrition in children; growth monitoring, provision of food supplements for moderately acute malnourished cases and refer severely acute malnourished cases to stabilization centre	Yes	Yes (12/7)	Yes (24/7)
23.	Provision of vitamin A (after National immunization days are stopped) and zinc supplementation	Yes	Yes	Yes
24.	Provision of micro-nutrients (iron and folic acid) and food supplementation to women and adolescent girls	Yes	Yes	Yes
	Child Care			
25.	Integrated management of childhood illnesses; immediate referral for danger signs and follow up visits	Yes	Yes (12/7)	Yes (24/7)
26.	Childhood Vaccination (BCG, Polio 0,1,2,3, Penta 1,2,3, Pneumococcal 1,2,3, Rota 1,2, Measles 1,2)	Yes	Yes	Yes
27.	Education on handwashing and safe disposal of children's stool	Yes	Yes	Yes
	School-age Child Care			
28.	Education and counselling on oral health	Yes	Yes	Yes
29.	Vision pre-screening and referral if required	Yes	Yes	Yes
30.	Drug administration against soil-transmitted helminthiasis	Yes	Yes	Yes
	Adolescent Health			
31.	Syndromic management of common sexual and reproductive tract infections	Yes	Yes	Yes
32.	Psychological treatment of depression, anxiety and disruptive behaviour disorders among adolescent; referral if required	Yes	Yes	Yes
33.	Post gender-based violence care including counselling and referral	No	No	Yes (from 2022)
	Infectious Diseases			
34.	HIV testing, counselling and referral for ART	No	No	Yes
35.	Hepatis B and C testing and referral	No (Only Health education on Hepatis B and C)	Yes	Yes
36.	Partner notification and expedited treatment for STI and referral for HIV	No (Only Health education on STI and HIV)	Yes	Yes
37.	Diagnosis and treatment of Tuberculosis (TB)	No (Only Referral of suspected cases)	Yes	Yes (Referral of MDR cases)
38.	Screening of HIV in all individuals with a diagnosis of active TB	No	No	Yes
39.	Screen for TB in all newly diagnosed PLHIV and close contacts	No	No	Yes
40.	Malaria suspect to be diagnosed with RDT and treatment for	Yes	Yes	Yes

PHC CENTRE LEVEL INTERVENTIONS				
Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	positive cases			(Pre-referral treatment in severe and complicated cases)
41.	Early detection and referral of Dengue and Trachoma cases	Yes	Yes	Yes
42.	Identification, reporting and referral of notifiable diseases (Conduct simulation exercises/ training)	Yes	Yes	Yes
	Non-Communicable Diseases			
43.	Low dose corticosteroid and bronchodilator for Asthma and selected COPD	Yes	Yes (12/7 with Nebulizer)	Yes (24/7 with Nebulizer)
44.	Cardiovascular risk factor screening using Non lab-based tools and regular follow up	Yes	Yes (12/7)	Yes (24/7)
45.	Provision of aspirin for suspected acute myocardial cases	Yes	Yes	Yes
46.	Screening of albumin urea kidney disease in diabetics	Yes	Yes	Yes
47.	Secondary prophylaxes with penicillin for Rheumatic fever	Yes	Yes	Yes
48.	Treatment of acute pharyngitis	Yes	Yes	Yes
49.	Self-managed treatment of migraine	Yes	Yes	Yes
50.	Support caregivers of patients with dementia	Yes	Yes	Yes
51.	Management of anxiety and depression disorders	Yes	Yes	Yes
52.	Calcium and Vit D supplementation for prevention of osteoporosis in high risk individuals	Yes	Yes	Yes
53.	Screening of hearing loss using otoscope and basic management/ referral	Yes	Yes	Yes
54.	WASH behaviour changes interventions	Yes	Yes	Yes
	Health Services Access			
55.	Dental Care	Yes (Dental pain and infection management)	Yes (Basic Dental care)	Yes (Treatment of caries, drainage of dental abscess, dental extraction)
56.	Drainage of superficial abscess (Treatment of scabies, lice and skin infections)	Yes	Yes (24/7)	Yes (24/7)
57.	Management of non-displaced fracture and referral	No	Yes (12/7)	Yes (24/7)
58.	Circumcision	No	Yes	Yes
59.	Suturing of small laceration	Yes	Yes (12/7)	Yes (24/7)
60.	Identification and screening of early childhood development issues	Yes	Yes	Yes
61.	Basic management of musculoskeletal injuries and disorders	Yes	Yes	Yes
62.	Laboratory Services	Yes (Basic and rapid diagnostic lab services)	Yes (Essential PHC lab services including radiology)	Yes (RHC level lab services including radiology)

The availability of laboratory and imaging services that are in compliance with the envisioned EPHS intervention package, is a key for effective provision of the EPHS interventions and reaching diagnosis prior to initiating treatment. The following table presents the laboratory tests and imaging services across the PHC health facilities.

PHC CENTRE LEVEL LABORATORY & DIAGNOSTIC INTERVENTIONS

Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
1.	Haemoglobin & Blood Complete Examination	Yes/No	Yes	Yes
2.	Blood Glucose Testing	Yes	Yes	Yes
3.	Lipid Profile	No	No	Yes
4.	Liver Function Tests	No	Yes	Yes
5.	Renal function Test (Such as Serum Urea & Creatinine)	No	Yes	Yes
6.	Urine Chemistry (Qualitative and Quantitative Testing)	Yes (Only Qualitative)	Yes	Yes
7.	Onsite Malaria Testing	No	Yes	Yes
8.	Malaria Rapid Diagnostic Test (RDT)	Yes	Yes	Yes
9.	Gram Staining at facility	Yes/ No	Yes	Yes
10.	Stool Microscopy at Facility	Yes / No	Yes	Yes
11.	Onsite Tuberculosis Testing	No	Yes	Yes
12.	X-Ray Services	No	Yes	Yes
13.	ECG Services	No	Yes	Yes
14.	Ultrasound	No	Yes	Yes

IMPLEMENTATION ARRANGEMENT

Essential Infrastructure

Following the finalisation of the package, protocols in the government were reviewed. The investment required in each type of facility was estimated to ensure the package is delivered at sufficient quality. Investment in infrastructure is primarily relevant for the PHC centre level interventions.

At community level, LHW is also envisaged to establish a kit corner in her house-declared as health house. The space is used to store medicines and supplies and give counselling or treat minor illnesses to those patients/ clients visiting health house. This place should also display relevant protocols and posters. LHW should be provided with the necessary equipment and MIS tools. The health house may also serve as a vaccination post.

For CMW, it is proposed that a room in her community will serve as her work station, which is a place where pregnant mothers will contact for consultation, examination and delivery. CMW conducts safe delivery either at the CMW work station or at the woman's home and give women to choose the place of delivery. Privacy and hygiene practices should be ensured with availability of essential equipment, kit and furniture etc.

With regards to the PHC centre, the following guidelines should preferably be followed especially in the public sector.

- The suggested land area for a BHU / CHC is 10 kanal, while for a RHC 24 kanal land is required to ensure provision of all essential in-patient and outpatient services. Estimated construction cost of the building currently ranges from Rs.3,200 to 3,500 per square foot.
- In a RHC, 20 bedded indoor facility is recommended i.e. 10 bedded ward for male patients and 10 bedded ward for female patients. At the CHC, there should be at least two bedded facility for institutional delivery.
- While choosing the location for a health facility, it should be ensured that the site has metal road access, electricity supply, adequate water supply, gas supply and communication lines for telephone/ mobile phone. The building should be built in a manner to ensure adequate sunlight and cross ventilation and as per government rules.
- The facility compound should have a boundary wall with gate and a facility sign board. A board with listed services, opening times and emergency contacts during closing times should be displayed, adjacent to the main gate so that it is easily visible to people. The text should be in an understandable format and in local and national language.
- The health facility area should have a rubbish pit for disposal of refuse and medical waste. The surroundings of the health facilities should be kept clean with no reservoirs of stagnant/unclean water, which could serve as vector breeding sites.
- The entrance of the building should have a ramp to facilitate physically challenged patients on wheel chairs or stretchers.
- The entrance of the health facility building should have adequate light and ventilation with space for registration and record room, drug dispensing room, and waiting area for patients. The waiting area should have adequate seating arrangements, functional fans/AC and provide protection from extremes of weather. Health education material should be displaced in waiting areas.

- The waiting area should have a list of all fees in local and national languages and a complaint/suggestion box which patients can use to provide feedback on the services.
- Clean drinking water should be available in the facility. Preferably piped water with water storage facility should be available within the facility.
- Separate functional toilets for male and female staff and clients/patients/attendants should be available, while ensuring cleanliness.
- Privacy of patient should be ensured with availability of adequate numbers of functional curtains/screens in the examination room.
- A kitchen should be available for inpatients at RHCs. Cooking should be strictly limited to the kitchen. However, the option of contracting out the food services may also be considered.
- The labour room at the CHCs and RHCs should have an attached toilet, drinking water facility, and a designated space for new-born care. Privacy should be ensured for patients.
- At the RHC, the Operation theatre area should have a changing room, sterilization area operating area and washing area. Separate storage facility for sterile and unsterile equipment/ instruments should be available within the operation theatre.
- Dressing room/ procedure room/ injection room should be well equipped with all the emergency drugs and instruments in all PHC facilities.
- Laboratory should have sufficient space with work stations and separate area for collection and screening should be available. The lab should have marble/stone table top for platform and wash basins.
- Separate area for storage of sterile and common linen and other materials/ drugs/ consumables. The area should be well-lit and ventilated and should be rodent/pest free.
- Besides the above, the health facility should have
    - Dispensing cum store area
    - Vaccine storage and immunisation area
    - BCC and family planning counsel area
    - Office room
    - Utility room for dirty linen and used items
- Laundry: RHC should have its own arrangement for safe washing of bed linen, blankets, sheets etc. used in different areas. The BHUs and CHCs are proposed to send their laundry to the RHCs as per need or there should be a contractual arrangement for linin washing.
- Decent Residential Accommodation with all the amenities, like 24-hrs water supply, electricity, etc. should be available for medical officers, paramedical staff, support staff, and for peon/chowkidar.

The infra structure and basic amenities, recommended at PHC centre facilities are as following:

PHC CENTRE LEVEL INFRASTRUCTURE NEEDS

Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
1.	Land required	10 Kanal (BHU)	10 Kanal (CHC)	24 Kanal (RHC)
2.	Central registration point/ reception (with computerized/ paper records)	Yes	Yes	Yes
3.	Medical officer In-charge room with washroom	No	No	Yes

4. Medical officer room with washroom	Yes	Yes	Yes
5. WMO room with washroom	No	Yes	Yes
6. Examination & procedure room	No	Yes	Yes (MO and minor procedure room)
7. LHV room with washroom	Yes	Yes	Yes
8. Labour room	No	Yes	Yes
9. Operation Theatre (OT) with scrub/washing area, changing room, sterilization room and generator room	Yes	Yes	Yes
10. Indoor Wards with nursing station and washrooms	No	No (Two beds maternity room)	Yes (20 beds, 10 each for males and females)
11. Dental room with washroom	No	Yes	Yes
12. Waiting areas with washrooms	No	Yes	Yes
13. Dispensary	Yes	Yes	Yes (Dispensary and dressing area)
14. EPI room with regular & alternate electricity system	Yes	Yes	Yes
15. Health education / Training room/ ORT corner	Yes	Yes	Yes
16. Laboratory	Yes (Mini-Lab)	Yes	Yes
17. X-ray room with darkroom facility	No	Yes	Yes (Radiology room with darkroom)
18. Storeroom	Yes	Yes	Yes
19. Ramps for disabled	Yes	Yes	Yes
20. Kitchen	No	No	Yes
21. Mortuary and postpartum room	No	No	Yes
22. Garage	No	Yes	Yes
23. Boundary wall	Yes	Yes	Yes
24. Residences for staff	Yes	Yes	Yes
25. Waste disposal area with proper infection control measures / protocols	Yes	Yes	Yes
26. Water supply & storage facility	Yes	Yes	Yes
27. Green area with plantation	Yes	Yes	Yes
28. Carpeted road access	Yes	Yes	Yes
29. Electricity, Water and Gas Facility	Yes	Yes	Yes
30. Telephone and Internet	Yes	Yes	Yes
31. Facility Sign board	Yes	Yes	Yes
32. Board with listed services, opening times and emergency contacts	Yes	Yes	Yes
33. Fuel operated generator	No	Yes	Yes

Essential Human Resources for Health

Human Resources for Health (HRH) plays a central role in delivery of essential health services and for achieving UHC. HRH is a critical factor in long term planning, implementation and sustaining of health care services. The human resource for the PHC centre is critical in view the range of essential health services/ interventions prioritized.

At the community level, LHW, fulfilling the criteria, is required to cover 1,000-1,500 population. To ascertain the total number of required LHWs, a standard of 100 percent coverage of the rural areas and 30 percent coverage for urban areas, focussing on the urban slums/densely populated communities is recommended. A CMW should be deployed to cover a population of 5,000 people and this cadre is not recommended for urban and socio-economically better off areas as institutions are usually available. Each union council should have at least two vaccinators to provide vaccination services in the PHC centre and community. Also, the CDC/Environmental technician and HPN councillors are recommended as outreach workers. For some of the interventions such as HIV, the

Community Based Organisations (CBOs) staff working in the community where high-risk population is concentrated. Linkages with the First Level/ Tertiary hospital staff may be ensured through e-facility.

The essential human resource across the PHC centre level is reflected in the following table.

PHC CENTRE LEVEL HUMAN RESOURCES FOR HEALTH

Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
1.	Medical Officer In charge	1	1	1 (Senior)
2.	Gynaecologist/ Obstetrician (optional)	0	PG students on rotation	1
3.	Medical Specialist (optional)	0	0	1
4.	General Surgeon (optional)	0	0	1
5.	Paediatrician, Eye and ENT specialist (optional)	0	0	(on rotation)
6.	Male Medical Officer	0	2	3
7.	Women Medical Officer	0	2	3
8.	Dental Surgeon	0	0	1
9.	Head Nurse	0	0	1
10.	Staff Nurse	0	2	6
11.	Lady Health Visitor/ Midwife/ FWW	1	3	3
12.	Vaccinator	2	2	2
13.	CDC/ Environmental technician	1	1	1
14.	Health Technician/ Medical Assistant	1	2	3
15.	Dental Technician	0	1	1
16.	Dispenser/ Dresser	1	2	2
17.	OT Technician	0	0	3
18.	Lab Technician	0	2	2
19.	Radiography Technician	0	2	2
20.	Microscopist	0	0	1
21.	Data Entry Operator	1	2	3
22.	Lower Division Clerk	0	0	1
23.	Health, Population & Nutrition (HPN) Councillor	2	3	3
24.	Lady Health Supervisor & Driver		As per LHWP standards	
25.	Storekeeper	0	0	1
26.	Ward boy	0	0	3
27.	Generator/ Fog machine operator	0	0	1
28.	Driver	1 (if ambulance)	3	3
29.	Dai/Aya	0	3	3
30.	Cook & Tandorchi*	0	0	4
31.	Washer for Laundry*	0	0	2
32.	Naib Qasid / Sanitary Patrol	1	2	4
33.	Mali	1	1	2
34.	Chowkidar	2	2	3
35.	Sanitary worker*	1	2	3

* Cooking, Washing and Sanitary services may be contracted out.
Staff mentioned in Blue font is critical to ensure essential interventions

Essential Medicines and Supplies

Considering implementation of prioritized interventions for the EPHS at community and PHC centre level, the essential medicines and supplies have been mentioned in this section (in blue font). However, some additional medicines and supplies have also been included which health care providers use as alternate medicines or for management of other common illnesses (in black font).

At the community level, the essential medicines and supplies defined by the Lady health Workers' programme are as following:

Essential Medicines and Supplies at Community Level	
For Lady Health Worker	**For other community level interventions**
– Tab Paracetamol – Syrup Paracetamol – Syrup Amoxicillin – Tab Mebendazole – ORS (Sachet) – Eye ointment – Tab. Ferrous salt + Folic Acid – Syrup Zinc – Syrup B complex – Benzyl Benzoate Lotion – Condoms – Oral Contraceptive Pills – Injectable contraceptive (Depo Provera) with syringes – Antiseptic Lotion – Cotton Bandages – Cotton roll	– Vaccine along with auto-destructible syringes and cold chain o BCG Vaccine o Oral Polio Vaccine o Injectable Polio Vaccine o Hepatitis B Vaccine o Measles Vaccine o Tetanus Toxoid o Pentavalent Vaccine o Pneumococcal Vaccine o Rota vaccine – Clean Delivery kits (for LHV) – Vitamin A – Deworming medicines – Medicines and Supplies for high-risk populations – (RUSF provision at community level to be explored especially in food insecure areas)

Following groups of essential medicines have been proposed at the 8/6 BHUs, 24/7 CHCs, and RHCs considering the conditions/illnesses that are proposed to be managed in the EPHS package of services.

Groups of Essential Medicines and Supplies at PHC centre Level	
– Anaesthetics (Local) – Analgesics (NSAIDs) – Anti-Allergic (Anaphylaxis) – Antidotes and other substances used in poisoning – Anti-Epileptics Anticonvulsants – Antibiotics/Antimicrobial – Anti-Helminthic – Anti-Fungal – Anti-Tuberculosis Drugs – Anti-Diabetics – Anti-Malarial – GIT Medicines	– Cardiovascular Medicines – Medicines Affecting Coagulation – Oxytocic Medicines – Ophthalmic Medicines – ENT Medicines – I/V Infusions (Plasma Substitutes) – Vitamins, Minerals and Food supplements – Medicines for Mental and Behavioural Disorders & Tranquilizers – Anxiolytics – Contraceptives – Vaccines and Sera

The detailed list of medicines and supplies (essential and alternate + additional medicines) recommended at the PHC centre level facilities are provided in the Annexure A.

Essential Equipment and Furniture

A standard list of equipment for community level and PHC facilities have been developed to compliment the EPHS package of the interventions to achieve the goals of the UHC.

At the community level, following equipment are required.

Essential Equipment at Community Level	
– LHW Kit Bag – Stethoscope – BP Apparatus (Dial) – Thermometer Clinical/ Infra-red thermometer	– Weighing machine (salter) – Weighing machine (Adult) – Mid upper arm circumference (MUAC) tape – Plain Scissors

In order to effectively implement the prioritized EPHS interventions at different types of PHC centre level facilities, a group of essential equipment and furniture is recommended, which is as following

Group of Essential Equipment and Furniture at PHC centre Level	
– Equipment for Emergency and General services	– Operation theatre
– Equipment for Growth monitoring and Delivery room	– Dental unit
– Dilatation & Curettage (D&C) set	– Lab equipment and reagents
– Caesarean section set	– Linen
– Indoor equipment including hospital beds	– Transport
– Procedure room	– Miscellaneous including furniture

A detailed list of essential equipment and miscellaneous items including furniture by different types of PHC centre level facilities is provided in Annexure B.

HEALTH SYSTEM AND MANAGEMENT

A key element in ensuring successful implementation of the EPHS is to strengthen the supporting functions of the health system. There are different health system and health management components which are critical to ensure effective delivery of essential health services. These systems are usually managed at district level or above to ensure efficiency and uniformity. Options for different health system components and their costing/ effectiveness will be discussed separately.

In this section, some of the key health management arrangement at the community and PHC centre level are as following:

Supervision

Supervision is the act or function of overseeing something (health facility/ services) or service providers. Generally, supervision contains elements of providing knowledge, helping to organize tasks, enhance motivation, and monitoring activity and results; the amount of each element is varying in different contexts.

- At community level, there is a dedicated supervisor (Lady Health Supervisor) to supervise the activities of LHWs in the catchment area. She is supposed to visit each LHW at least once in a month and do structured supervision using checklist. In addition, concerned health facility in-charge or LHV trainer should carry out supervision activities. The services which are offered by community-based organizations, have its own supervisory mechanism considering the design of intervention.
- At PHC centre (BHU), at least one visit should be ensured on monthly basis by the district level supervisor and more frequently by the tehsil/ taluka level supervisor.
- At PHC centre (CHC), at least two visits should be ensured on monthly basis by the district level supervisor and more frequently by the tehsil/ taluka level supervisor.
- At PHC centre (RHC), at least three visits should be ensured on monthly basis by the district level supervisor and more frequently by the tehsil/ taluka level supervisor.

The following should be ensured during supervision activities at all levels:

a. Use of checklist for quality supervision. Option for smartphone application-based checklist may also be considered for immediate reporting to district health management team and action by the concerned

b. Written comments with signature should be ensured on registers for follow up actions

c. Verbal/ written feedback should be provided to supervisee with few actionable points, and discussion of supervisee performance

d. Supervisee should be supported in decision making using the available data

Management Meetings

Community based workers should attend monthly meeting at the health facility to submit report, collect medicines and supplies, hold discussion with trainers on service delivery related issues and continuing education.

At PHC centre level, short and structured weekly management meetings should be held to discuss issues and agree on few actionable points. Agenda items of these meeting should be but not limited to: Health information data quality and timeliness reporting, maintenance of record, utilization of services and their quality, disease data and preventive measures, community engagement, work conditions, finance & budget, decision-making and follow up actions.

Community Engagement and Feedback System

At community level, each LHW is expected to organize Health committee and Women group and call meeting on monthly basis to discuss health related issues. A new cadre of HPN counsellor has been formed to ensure community level health awareness and education sessions in collaboration with LHWs, while supporting the health facility staff in organizing health education sessions of patients/ clients visiting health facilities. CBO workers are also involved in health education and awareness raising activities among high-risk groups.

For getting Patient/ Client opinion and feedback on the LHW service provision, LHS can use her checklist or informal discussion to ensure feedback from some community members. At the PHC centre level, different options for opinion/ feedback from patients/ clients could be by fixing a complaint box in the facility, regular official meeting with community members, informal discussion with community members, using website of the ministry/ departments of health, toll free number etc.

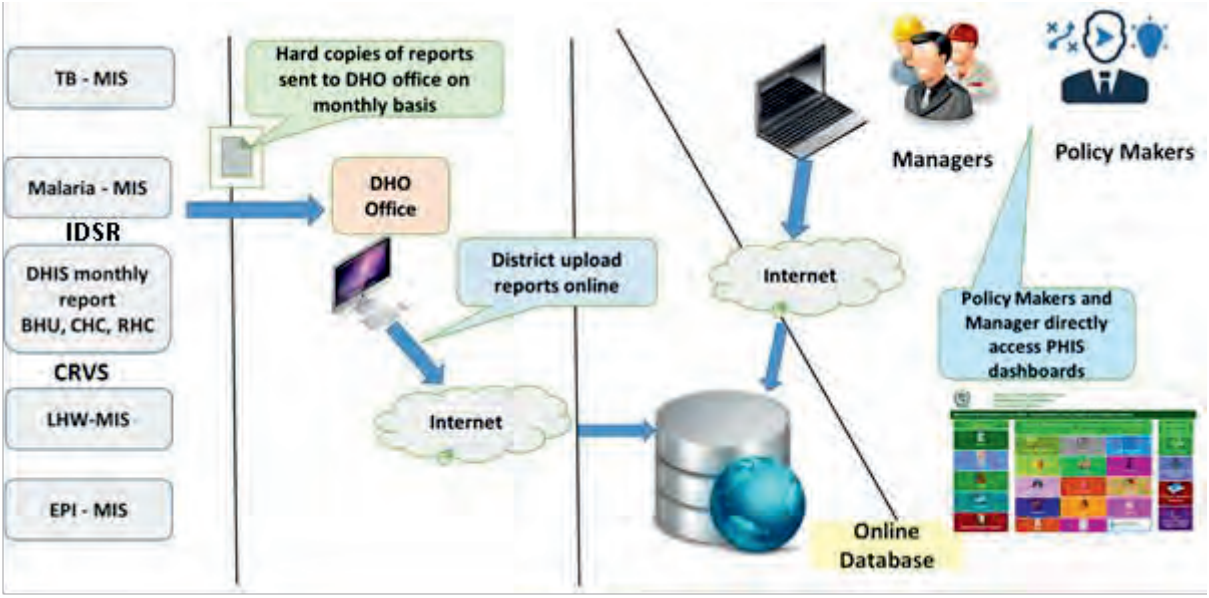
Health Management Information System

Monitoring reflects the periodic collection and review of information on services implementation, coverage and use for comparison with implementation plans. Monitoring identifies shortcomings well in time and thus of critical importance for providing quality care. Timely and reliable data is needed which is helpful for decision-making and strengthening of health systems. Monitoring data could be used to better adapt strategies to local conditions, with the aim of increasing effectiveness.

It is important that the supervision activities should have focus on the data recording and reporting and triangulate/ cross-check the monitoring data relayed through information system and the actual service provision. If the monitoring data relayed through the information system is of reasonable quality, then it should be used for planning the supervisory visits, focussing on the weaker service delivery points. Monitoring and routine supervision complement each other and are central to bringing transparency and accountability within the health system.

At the present, the information flow from the service providers in PHC centre is not digitised. There are multiple health information systems including LHW-MIS, EPI-MIS, Malaria-MIS, TB-MIS and PHC

centre level District Health Information System (DHIS). The reports for all these health information systems are sent in hard copy to the district office on monthly basis where they are entered into the system and the data becomes available at central repository for the respective information system. All these individual systems have been linked to a common platform "Pakistan Health Information System" where the managers and the policy makers can have ready access to these systems. A schematic description of current information flows has been depicted in the picture below.



Government is considering the option of a (paperless) digital health information system at all levels. In the meantime, following MIS tools are required at community and PHC centre level.

Essential MIS Tools at Community and PHC Centre Level

For Lady Health Worker

- Map of catchment area
- Family/ *Khandan* register
- Dairy
- Treatment register
- Mother/ New-born checklist
- Referral slip
- MCH card
- Health Education material
- Flip chart
- Monthly report
- Catchment population chart

For PHC Centre

- Map of catchment area
- Central registration point register
- OPD ticket
- Medicine requisition slip
- Outpatient department register
- OPD abstract form
- Laboratory register
- Referral slip
- Radiology/Ultrasonography/CT Scan/ECG register

For PHC Centre

- Indoor Patient Register
- Indoor Abstract Form
- Daily Bed Statement register
- Operation Theatre (OT) register
- Family Planning register
- Family Planning card
- Maternal Health register
- TB register
- TB treatment card
- Antenatal card
- Obstetric register
- Health education material
- Monthly report
- Daily medicine expense register
- Stock register (Medicine/Supplies)
- Stock register (Equipment/Furniture/Linen)
- Community meeting register
- Facility staff meeting register
- Secondary facility report form
- Catchment area population chart
- Procedures manual for DHIS
- LQAS form

District Monitoring & Evaluation System

Main outcome level indicator at district level is 'Universal Health Coverage Index' which is a cumulative indicator of 4 priority areas and 16 priority indicators. This information should preferably be gathered using national and provincial health & social sector surveys. In case, information is not available than district level survey may be considered to collect information.

For services access and readiness assessment (SARA) of health facility/ district for delivery of EPHS, SARA tool has been adopted for Pakistan with support of WHO and University of Manitoba. The same has been aligned with the EPHS prioritized interventions. It is recommended to repeat the survey at district level with 3-5 years intervals. In addition, it is important to conduct qualitative research to assess community needs, health seeking behaviours and perceptions about quality of health services. Formative research to understand and monitor behaviours and prioritize communication messages is also important, along with other research agenda.

Infection Prevention

The infection prevention at community and PHC centre is proposed for

Separate Washrooms for patients/ clients

- Functional washrooms adjacent to waiting areas must be ensured with availability of soap / sanitizers, tissue papers etc.
- Cleanliness must be ensured at all times with waste disposable bins

Individual/ Staff

- Ensure cleanliness
- Maintain hand hygiene, for preventing cross-contamination (person to person or contaminated object to person) – availability of sanitizers
- Have personal protective equipment available (caps, masks, aprons, eyewear, gloves, closed-toe shoes) and use it appropriately
- Prevent needle/sharp injuries

Facility

- Adequate supply of clean drinking water
- Use containers for sharps disposal and dispose these safely
- Ensure that clean supplies are available at all sites (gauze, cotton wool, instruments, plastic containers etc)
- Ensure that antiseptics and disinfectants are available and are used appropriately
- Develop and maintain shelf-life system to store High-Level Disinfectants (HLD) and sterile items
- Ensure proper collection and cleaning of soiled linen
- Follow waste handling, collection and disposal guidelines properly

Processing/ Sterilization of equipment

- Perform point-of-use decontamination of instruments and other items.
- Have a separate area for instrument cleaning, where instruments and items are properly cleaned.
- Ensure proper instrument processing, with facilities for HLD and sterilization.
- The proposed equipment for decontamination of instruments at the 24/7 CHC and RHC include electric autoclave, non-electric autoclave, electric dry heat sterilizer, electric boiler/steamer, non-electric boiler/steamer and chemical HLD. At the 8/6 BHU, electric autoclave and chemical HLD is proposed.

Waste Management

PHC centre level facilities should have the waste management guidelines available in order to reduce the amount of waste, and avoid mixing of general waste (paper, empty juice box, toffee wrappers, packaging) with infectious waste (e.g. dressings, needles) and have regular capacity building of the staff to improve practices related to waste management.

Waste management inside the facility should focus on

Waste collection

- Use appropriate Personal Protective Equipment (utility gloves, eye protection and toe covered, long plastic shoes)
- Remove gloves immediately after disposing waste, and perform hand hygiene by washing hands with plain soap and water
- Collect waste in leak proof containers
- Leak proof containers once when three quarters full should be emptied. Do not wait for them to get full
- Human waste, such as the placenta, must be placed in double bags in the leak proof container
- Keep waste collection area clean and free of spills

Waste disposal

- General waste should be discarded in the nearby waste disposal area
- Contaminated Liquid waste (blood, urine, faeces and other body fluids) should be emptied in a toilet/sink to get them drained into a sewer system
- Solid waste (used dressings and other materials contaminated with blood and organic matter) should be buried in the rubbish pit or incinerated
- Sharps containers should be buried in rubbish pit or incinerated or open burning with protection
- Sharps may also be stored in a protected manner for offsite removal / burning in district incinerator

Referral Services

Referral system is an essential element of an efficient health care delivery system where the patient load is distributed according to services need. For effective referral within the primary health care following propositions are made to make the referral system more effective.

There are different options for establishing a functional referral system including provision of ambulance to each health facility, pooling of ambulances at specific hubs and linking with on line services, using the services of philanthropist ambulance services or 1122 initiatives. Details of these interventions will be further explored in the district health system report. At this stage, following should be considered:

- The community level health workers and all PHC centre level facilities should be linked to each other and referral hospitals digitally with a bed registry and ambulance service system.
- Functional ambulances should be available in all PHC centre level facilities and position of drivers and paramedics should be filled.
- The referral forms should be available and the record of the referred patients adequately maintained.
- Referral protocols should be displayed in the health facilities

– The list of the referral facilities with contact numbers should be displayed/provided to community health worker so that in instances of emergency, a timely referral could be made and the referred facility is informed well in time to be able to provide requisite services.

Capacity Development

All community and PHC centre level, staff must receive training/s for at least 15 days every year. An assessment is being done to identify training needs aligned with UHC Benefit Package of Pakistan. However, following key trainings are recommended for the technical staff at community and PHC centre level at this stage.

Training for Community Level Workers
Training of Trainers (LHWs)
LHW Training and Inservice Training
Lady Health Supervisor Training
15 Days Refresher Training (Annual)
Specialised/ Refresher Training including *Maan ki Sehat* and *Bachay ki Sehat*
Training for Vaccinators
Training of HPN Counsellor
Training on Infection Control and Disease Surveillance (for surveillance staff)
Training of CBO staff on HIV prevention

Training for PHC Centre Level Technical Staff
Family Planning (FP)
Integrated Management of Pregnancy and Childbirth (IMPAC)
Emergency Obstetric and New-born Care (EmONC)
Emergency New-born Care and Helping Baby Breathe
Integrated Management of Neonatal and Childhood Illnesses (IMNCI)
Syndromic Management of Sexually Transmitted Infections including HIIV
Malaria, Dengue and Vector Control
TB-DOTS
Non-Communicable Diseases (e.g. Diabetes, Cardio-Vascular Diseases, Respiratory Diseases)
Infection Control and Waste Management
Mid-level management of EPI
Management of malnutrition + Infant & Young Child Feeding
Anaesthesia and Surgical procedures at PHC level
District Health Information System (DHIS) and Use of Information
Logistic and Supply management

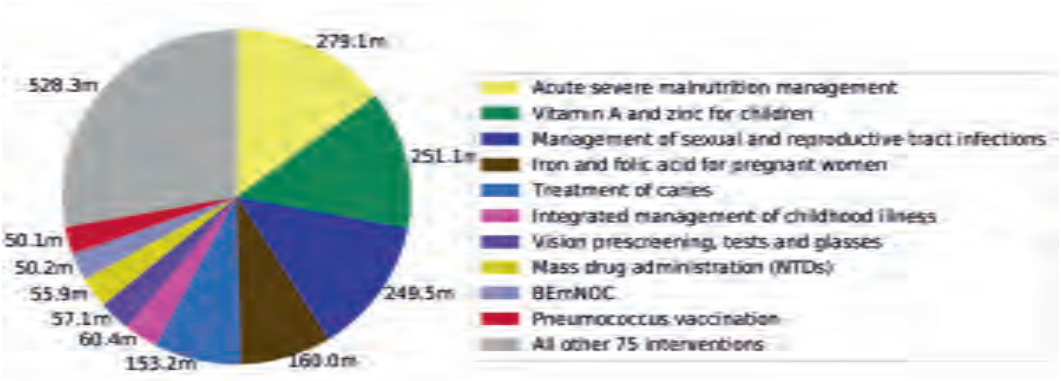
INVESTMENT IN EPHS (Community and PHC Centre Level)

The EPHS definition process was conducted explicitly considering the fiscal space available in the coming years to expand government funding to the health sector. The fiscal space analysis was supported by the DCP3 and the World Bank. As such the definition of the EPHS should make a major contribution to fiscal space by ensuring that services provided are those that maximise population health, considering the current feasibility and financial constraints faced in Pakistan.

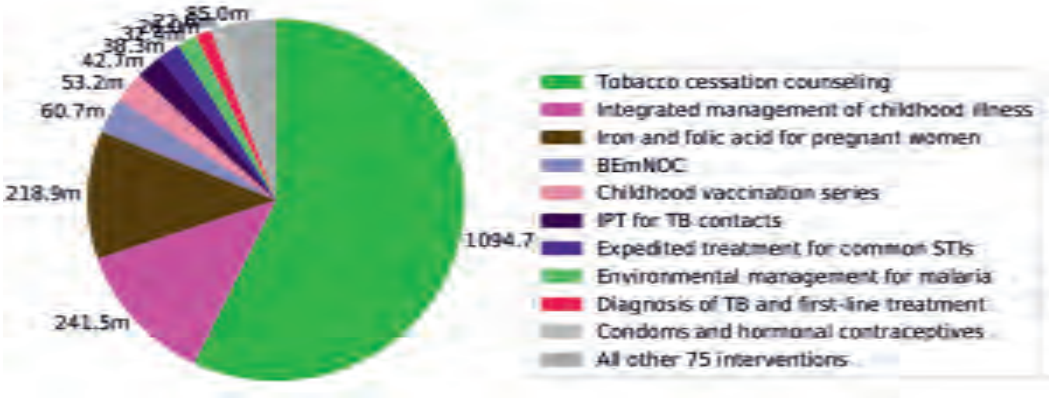
The prioritisation of interventions considered the direct costs of each intervention – those costs that are required at the service level and are specific for each intervention. For drug regimens, equipment and supplies priority was given to prices used for procurement in the public sector. When unavailable, prices in the private sector within Pakistan were used. For some commodities, (e.g. vaccine) international best prices were also used. To estimate the staff costs, average public sector pay scales were used. The costing was done in current prices for the year 2019-20, which are expected to change every year, therefore a regular monitoring of these prices needs to be maintained in the ministry and department.

As described above Pakistan-specific incremental cost-effectiveness ratio (ICER) approximations were estimated using publicly available data for 2010-2019. Other factors related to epidemiology, demography, relative prices, capacities of health systems, political and cultural conditions, affordability were also considered. Optimization of interventions based on localized evidence was done using – 'HiP Tool (Health Interventions Prioritization Tool)'. This consequently led to the **Investment Cascade of Interventions** based on Optimization by the HIP Tool, which recommended which interventions may be prioritized for inclusion in EPHS, while considering fiscal space.

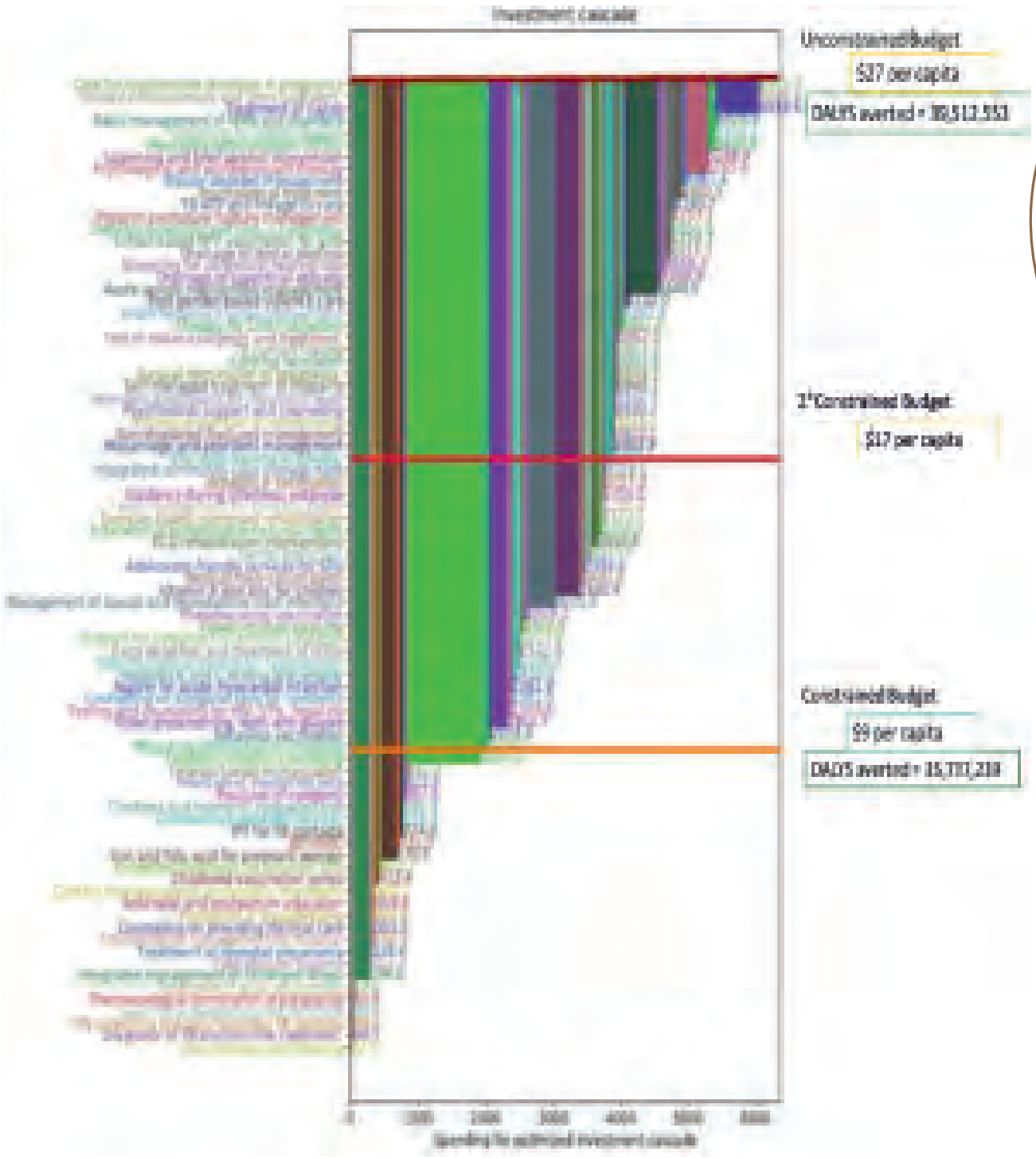
Estimated current spending distribution (USD)



Optimized current spending distribution (USD)



The cascade below shows which interventions can be afforded under different budget constraints; ordered by projected impact to maximise public health and other criteria deemed important by technical experts and local stakeholders (as outlined above).

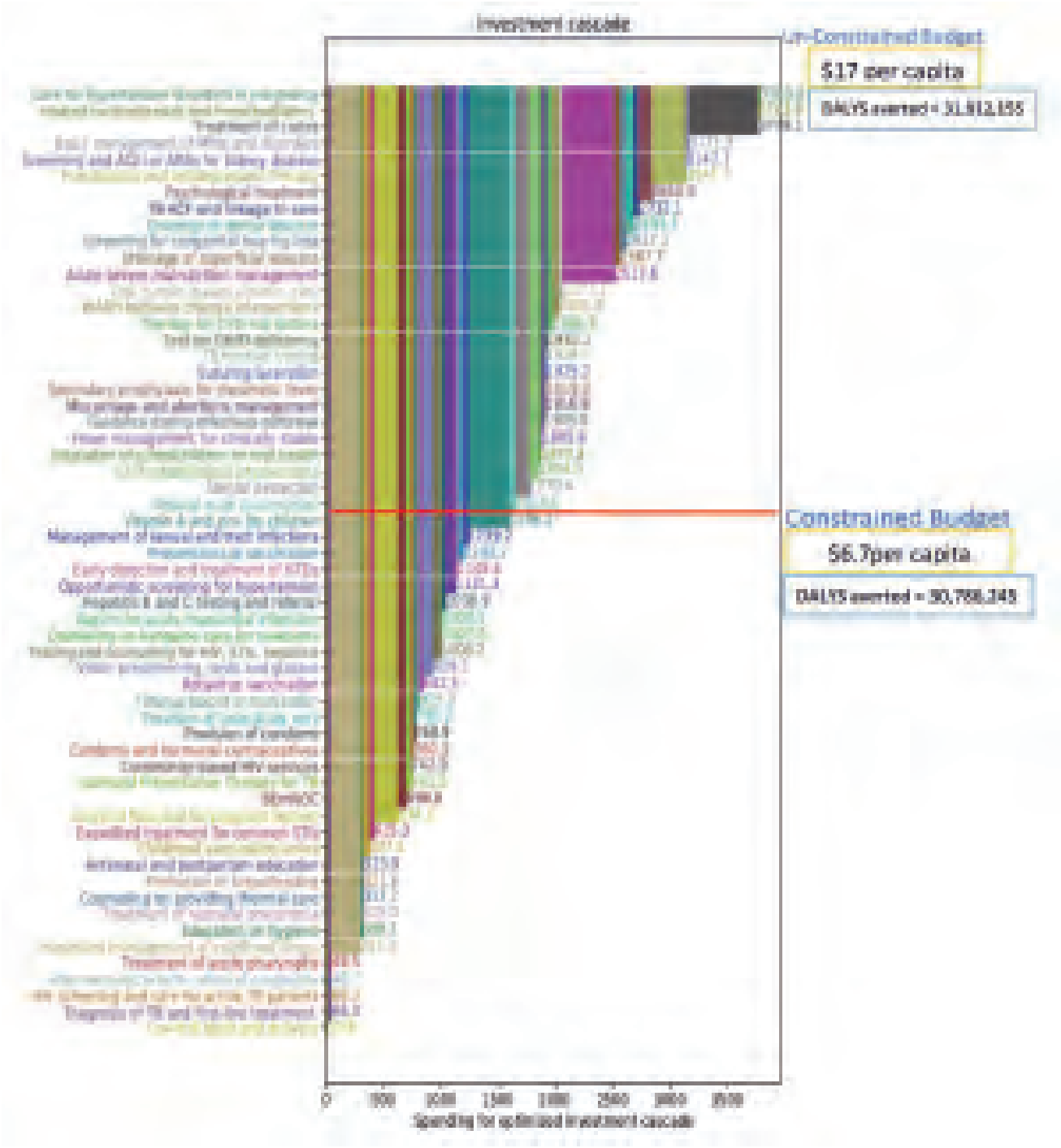


Using an agreed criterion by stakeholders, prioritization exercise was done by Technical Working Groups, followed by critical examination by the National Advisory Committee (NAC). The NAC recommended the UHC BP Steering Committee that out of 82 (85 with spilt) interventions, 45 were

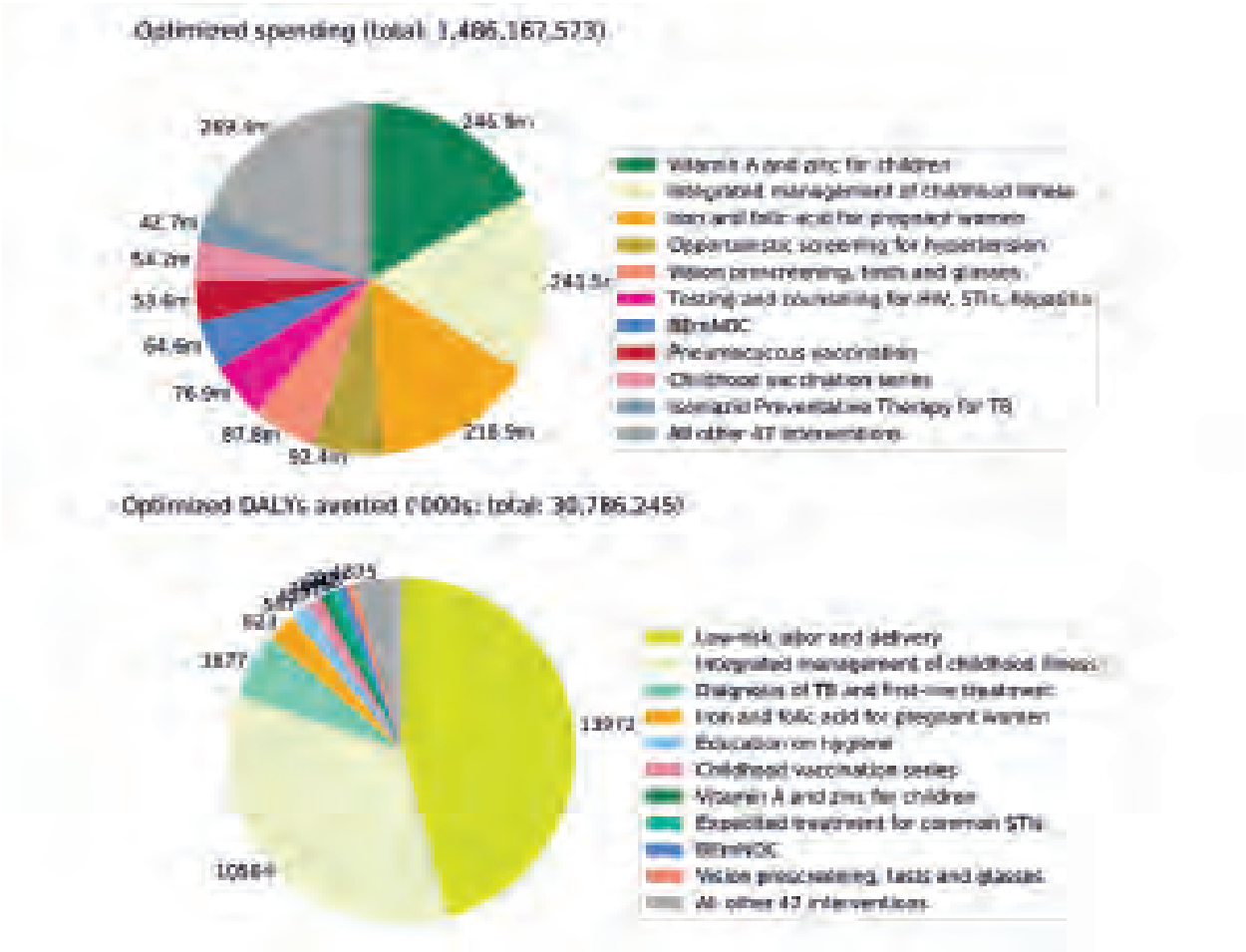
recommended for immediate implementation, 17 were also recommended high priority to be implemented in 1-2 years, while other were of medium of low priority.

EPHS at community and PHC centre level is based on only **62 interventions** (45 immediate priority and 17 high priority interventions), at an estimated service level cost of US$9 dollars per capita in the next two years (**45** immediate priority) and US$17 dollars per capita for the full HPP.

Investment cascade for the prioritized interventions approved by the UHC BP Steering Committee is as following. The same may be used for further prioritization of interventions at provincial/ area level considering fiscal space.



For constrained budget, the implication of investment and DALYs averted was as following:



These costs were then combined with the infrastructure and health system needs defined above, to estimate the average cost for each facility providing EPHS.

Annual average direct cost of interventions at different types of facilities is as following:

Types of Facilities	Annual Direct Cost of Interventions	
	In PKR	In US$ (@ 1:155)
Community (covering population of 1,000-1,500)	1,379, 030	8,897
BHU (covering population of 5,000-25,000)	5,326, 988	98,884
CHC (covering population of 25,000-40,000)	33,208, 474	214,248
RHC (covering population of 40,000-80,000)	61,307,951	395,535

Cost implication at community & PHC centre level for Implementation

Costing of EPHS was also done at community and different types of PHC centre level facilities, to estimate the capital and recurrent cost required for actual implementation. Indirect costs at these levels/ types of health facilities were included. A summary of cost implication was as following:

Community Level:

Community level interventions are to be implemented through multiple channels including LHW, CMW/LHV, community-based interventions for high risk groups, Vit A or Deworming campaigns etc. Therefore, the direct cost of these interventions was PKR 1,379,030 (US$ 8,897).

The estimated **unit cost of LHW (covering 1000-1500 people) ranged from PKR 350,232 to 375,948** (US$ 2,260 to 2,425). According to recent evaluation (2019) of the programme by Oxford Policy Management, actual annual unit cost was PKR 280,508 (US$ 1,810) with serious gaps in capacity building/training; supervision & MIS; governance & planning; procurement of supplies/equipment etc.

There is no planned expansion of CMW intervention considering rapidly increasing proportion of institutional deliveries. However, this approach may be useful in hard to reach districts especially with severe shortage of skilled health workforce. At present, significant proportion of these services are offered by the private sector or non-skilled workers. Community-based interventions for high risk groups should increase considering rising burden.

Basic Health Unit:

Breakdown of a BHU unit cost (capital and annual recurrent at prices of 2019-20) covering a population of 5,000 to 25,000 is as following:

Expenditure head	Capital Cost in PKR	Annual Recurrent Cost in PKR
Civil works (building & structure)	38,080,000	
Repair & maintenance @10%		3,808,000
Physical assets (equipment & furniture)	555,100	
Physical assets (transport)	7,700,000	
Staff related expenditure (pay)		4,557,588 to 7,568,400
In-service training		500,000
Medicines & supplies		4,714,327 to 8,951,505
HMIS tools		376,020
Utilities		792,000
TOTAL in PKR	**46,335,100**	**14,747,935 to 21,995,925**
TOTAL in US$	**298,936**	**95,148 to 141,909**

Community Health Centre:

Breakdown of CHC unit cost (capital and annual recurrent at prices of 2019-20) covering a population of 25,000 to 40,000 is as following:

Expenditure head	Capital Cost in PKR	Annual Recurrent Cost in PKR
Civil works (building & structure)	57,120,000	
Repair & maintenance @10%		5,712,000
Physical assets (equipment & furniture)	1,227,450	
Physical assets (transport)	7,700,000	
Staff related expenditure (pay)		13,588,524 to 16,757,700
In-service training		750,000
Medicines & supplies		15,504,379 to 27,367,282
HMIS tools		511,770
Utilities		852,000
TOTAL in PKR	**66,047,450**	**36,918,673 to 51,950,752**
TOTAL in US$	**426,113**	**238,185 to 335,166**

Rural Health Centre:

Breakdown of RHC unit cost (capital and annual recurrent at prices of 2019-20) covering a population of 40,000 to 80,000 is as following:

Expenditure head	Capital Cost in PKR	Annual Recurrent Cost in PKR
Civil works (building & structure)	76,160,000	
Repair & maintenance @10%		7,616,000
Physical assets (equipment & furniture)	3,293,870	
Physical assets (transport)	9,300,000	
Staff related expenditure (pay)		20,790,972 to 34,076,076
In-service training		1,000,000
Medicines & supplies		73,269,117 to 86,864,593
HMIS tools		677,520
Utilities		1,200,000
TOTAL in PKR	**88,753,870**	**104,553,609 to 131,434,189**
TOTAL in US$	**572,607**	**674,539 to 847,963**

Annexures

A: Essential Medicines and Supplies- at PHC centre level facilities

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
Anaesthetics (Local)				
1.	Lidocaine (Vial)	Yes	Yes	Yes
2.	Lidocaine (Topical)	Yes	Yes	Yes
3.	Inj. Lignocaine + Epinephrine	No	Yes	Yes
Analgesics (NSAIDs)				
4.	Tab. Acetylsalicylic Acid	Yes	Yes	Yes
5.	Tab. Mefenamic Acid	Yes	Yes	Yes
6.	Tab. Diclofenac 50 mg	Yes	Yes	Yes
7.	Diclofenac (Ampule)	No	No	Yes
8.	Tab. Ibuprofen 200 mg	Yes	Yes	Yes
9.	Tab. Ibuprofen 400 mg	Yes	Yes	Yes
10.	Syp. Ibuprofen	Yes	Yes	Yes
11.	Tab. Paracetamol 500 mg	Yes	Yes	Yes
12.	Syp. Paracetamol	Yes	Yes	Yes
13.	Inj. Paracetamol	No	Yes	Yes
14.	Paracetamol (Suppository)	No	No	Yes
Anti-Allergic (Anaphylaxis)				
15.	Tab. Chlorpheniramine	Yes	Yes	Yes
16.	Inj. Chlorpheniramine	Yes	Yes	Yes
17.	Syp. Chlorpheniramine	Yes	Yes	Yes
18.	Tab. Loratadine	No	Yes	Yes
19.	Syp. Loratadine	No	Yes	Yes
20.	Inj. Dexamethasone	Yes	Yes	Yes
21.	Tab. Dexamethasone	Yes	Yes	Yes
22.	Epinephrine (Ampule)	No	Yes	Yes
23.	Inj. Hydrocortisone	Yes	Yes	Yes
24.	Tab. Prednisolone	Yes	Yes	Yes
Antidotes and other substances used in poisoning				
25.	Atropine (Ampule)	Yes	Yes	Yes
26.	Charcoal Activated (Powder)	Yes	Yes	Yes
27.	Inj. Diazepam	Yes	Yes	Yes
28.	Naloxone (Ampule)	No	Yes	Yes
Anti-Epileptics Anticonvulsants				
29.	Tab. Carbamazepine	No	Yes	Yes
30.	Syp. Carbamazepine	No	Yes	Yes
31.	Inj. Magnesium Sulphate	Yes	Yes	Yes
32.	Tab. Phenobarbital	No	No	Yes
33.	Inj. Phenobarbital	No	No	Yes
34.	Tab. Phenytoin	No	No	Yes
Antibiotics/Antimicrobial				
35.	Tab./Cap. Amoxicillin 250 mg	Yes	Yes	Yes
36.	Tab./Cap. Amoxicillin 500 mg	Yes	Yes	Yes
37.	Syp. Amoxicillin (Powder for Suspension) 250 mg	Yes	Yes	Yes
38.	Syp. Amoxicillin (Powder for Suspension) 500 mg	Yes	Yes	Yes
39.	Inj. Amoxicillin 500 mg	No	No	Yes
40.	Cap. Ampicillin 250 mg	Yes	Yes	Yes
41.	Cap. Ampicillin 500 mg	Yes	Yes	Yes
42.	Tab. Calvanic Acid + Amoxicillin	Yes	Yes	Yes
43.	Ampicillin (Powder for	Yes	Yes	Yes

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	Suspension) 250 mg			
44.	Ampicillin (Powder for Suspension) 500 mg	Yes	Yes	Yes
45.	Inj. Ampicillin 500 mg	No	Yes	Yes
46.	Inj. Benzathine Penicillin 6lakh unit	Yes	Yes	Yes
47.	Inj. Benzathine Penicillin 12lakh unit	Yes	Yes	Yes
48.	Cap. Cefixime	No	No	Yes
49.	Tab. Ciprofloxacin 250 mg	Yes	Yes	Yes
50.	Tab. Ciprofloxacin 500 mg	Yes	Yes	Yes
51.	Syp. Ciprofloxacin 250 mg	Yes	Yes	Yes
52.	Cap. Azithromycin	No	No	Yes
53.	Azithromycin (Suspension)	No	No	Yes
54.	Tab. Cotrimoxazole DS	Yes	Yes	Yes
55.	Syp. Cotrimoxazole	Yes	Yes	Yes
56.	Cap. Doxycycline	Yes	Yes	Yes
57.	Inj. Gentamicin 80 mg	Yes	Yes	Yes
58.	Tab. Metronidazole 400 mg	Yes	Yes	Yes
59.	Inj. Metronidazole	No	No	Yes
60.	Syp. Metronidazole 200mg/60 ml	Yes	Yes	Yes
61.	Tab. Nitrofurantoin	No	No	Yes
62.	Inj. Procaine penicillin	Yes	Yes	Yes
63.	Tab. Phenoxymethylpenicillin	No	Yes	Yes
64.	Syp. Phenoxymethylpenicillin	No	No	Yes
Anti-Helminthic				
65.	Tab Mebendazole	Yes	Yes	Yes
66.	Tab. Pyrantel	Yes	Yes	Yes
67.	Syp. Pyrantel	Yes	Yes	Yes
Anti-Fungal				
68.	Clotrimazole (Vaginal Cream)	No	Yes	Yes
69.	Clotrimazole (Vaginal Tablet)	Yes	Yes	Yes
70.	Clotrimazole (Topical Cream)	Yes	Yes	Yes
71.	Tab. Nystatin	Yes	Yes	Yes
72.	Nystatin (Drops)	Yes	Yes	Yes
73.	Nystatin (Pessary)	No	No	Yes
Anti-Tuberculosis Drugs				
74.	Tab. Ethambutol	No	Yes	Yes
75.	Ethambutol (Oral Liquid)	No	Yes	Yes
76.	Tab. Isoniazid	No	Yes	Yes
77.	Syp. Isoniazid	No	Yes	Yes
78.	Tab. Pyrazinamide	No	Yes	Yes
79.	Cap. Rifampicin	No	Yes	Yes
80.	Syp. Rifampicin	No	Yes	Yes
81.	Inj. Streptomycin	No	Yes	Yes
82.	Tab. Ethambutol + Isoniazid	No	Yes	Yes
83.	Tab. Isoniazid + Rifampicin	No	Yes	Yes
84.	Tab. Isoniazid + Pyrazinamide + Rifampicin	No	Yes	Yes
85.	Tab. Rifampicin + Isoniazid + Pyrazinamide + Ethambutol	No	Yes	Yes
86.	Tab. Ethambutol + Isoniazid + Rifampicin	No	Yes	Yes

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
Anti-Diabetics				
87.	Tab. Glibenclamide 4 mg	No	Yes	Yes
88.	Tab. Metformin 500 mg	Yes	Yes	Yes
89.	Inj. Insulin Regular	Yes	Yes	Yes
90.	Inj. Insulin long acting	Yes	Yes	Yes
Anti-Malarial				
91.	Tab. Chloroquine	No	Yes	Yes
92.	Syp. Chloroquine	No	Yes	Yes
93.	Tab. Sulfadoxine + Pyrimethamine	No	No	Yes
94.	Tab. Artesunate + Sulfadoxine + Pyrimethamine	Yes	Yes	Yes
95.	Artemether (Ampule)	No	Yes	Yes
GIT Medicines				
96.	Inj. Hyoscine	Yes	Yes	Yes
97.	Tab. Hyoscine	Yes	Yes	Yes
98.	Tab. Metoclopramide	Yes	Yes	Yes
99.	Syp. Metoclopramide	Yes	Yes	Yes
100.	Inj. Metoclopramide	Yes	Yes	Yes
101.	Cap. Omeprazole 40 mg	Yes	Yes	Yes
102.	Inj. Omeprazole	Yes	Yes	Yes
103.	Tab. Esomeprazole	Yes	Yes	Yes
104.	Cap. Esomeprazole	Yes	Yes	Yes
105.	Tab. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes	Yes
106.	Syp. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes	Yes
107.	ORS (Sachet)	Yes	Yes	Yes
108.	Tab. Bisacodyl	Yes	Yes	Yes
109.	Glycerine (Suppository)	Yes	Yes	Yes
Cardiovascular Medicines				
110.	Glyceryl Trinitrate (Sublingual)	Yes	Yes	Yes
111.	Isosorbide Dinitrate (Sublingual)	Yes	Yes	Yes
112.	Tab. Enalapril	No	No	Yes
113.	Tab. Atenolol 50 mg	Yes	Yes	Yes
114.	Tab. Methyldopa	Yes	Yes	Yes
115.	Inj. Methyldopa	No	No	Yes
116.	Tab. Hydrochlorothiazide	Yes	Yes	Yes
117.	Inj. Hydrochlorothiazide	Yes	Yes	Yes
118.	Tab. Furosemide 40 mg	Yes	Yes	Yes
119.	Inj. Furosemide 40 mg	Yes	Yes	Yes
120.	Tab. Captopril 25 mg	No	Yes	Yes
121.	Tab. Amlodipine 5 mg	No	Yes	Yes
Medicines Affecting Coagulation				
122.	Inj. Tranexamic Acid 500 mg	Yes	Yes	Yes
123.	Cap. Tranexamic Acid 500 mg	Yes	Yes	Yes
Oxytocic Medicines				
124.	Tab. Misoprostol	Yes	Yes	Yes
125.	Inj. Oxytocin	Yes	Yes	Yes
Respiratory Medicines				
126.	Tab. Salbutamol 4 mg	Yes	Yes	Yes
127.	Salbutamol (Inhaler)	Yes	Yes	Yes
128.	Ammonium Chloride+ Chloroform + Menthol +	Yes	Yes	Yes

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	Diphenhydramine + Sodium Citrate (Antitussive Expectorant)			
129.	Inj. Aminophylline	Yes	Yes	Yes
130.	Oxygen Cylinder	Yes	Yes	Yes
	Ophthalmic Medicines			
131.	0.5% Chloramphenicol (Eye Drops)	Yes	Yes	Yes
132.	Ciprofloxacin (Eye Drops)	No	Yes	Yes
133.	Betamethasone 0.5% w/v Neomycin eye drops	Yes	Yes	Yes
134.	Tetracycline (Eye Ointment)	Yes	Yes	Yes
	ENT Medicines			
135.	Boroglycerine (Ear Drops)	Yes	Yes	Yes
136.	Polymyxin B + Lignocaine (Ear Drops)	Yes	Yes	Yes
137.	Ciprofloxacin (Ear Drops)	Yes	Yes	Yes
138.	Xylometazoline (Nasal Drops)	No	Yes	Yes
	I/V Infusions (Plasma Substitutes)			
139.	Plasma Expander (Infusion) 1000ml	No	Yes	Yes
140.	Glucose/Dextrose (Infusion) 1000ml	Yes	Yes	Yes
141.	Glucose/Dextrose (Ampule)	Yes	Yes	Yes
142.	Normal Saline (Infusion) 1000ml	Yes	Yes	Yes
143.	Dextrose + Saline (Infusion) 1000ml	Yes	Yes	Yes
144.	Ringer's Lactate (Infusion) 500ml	Yes	Yes	Yes
145.	Potassium Chloride (Solution)	Yes	Yes	Yes
146.	Inj. Sodium Bicarbonate	No	Yes	Yes
147.	Water for Injection (Ampule)	Yes	Yes	Yes
	Vitamins, Minerals and Food supplements			
148.	Tab. Ascorbic Acid 500 mg	Yes	Yes	Yes
149.	Inj. Calcium Gluconate	No	Yes	Yes
150.	Tab. Calcium 100 mg	Yes	Yes	Yes
151.	Tab. Ergocalciferol (Vit. D)	Yes	Yes	Yes
152.	Tab. Ferrous fumarate	No	Yes	Yes
153.	Syp. Ferrous fumarate	Yes	Yes	Yes
154.	Tab. Folic Acid	No	Yes	Yes
155.	Tab. Ferrous salt + Folic Acid	Yes	Yes	Yes
156.	Inj. Vitamin K	No	Yes	Yes
157.	Tab. /Cap. Retinol (Vitamin A) after NIDs	Yes	Yes	Yes
158.	Tab. Zinc Sulphate	Yes	Yes	Yes
159.	Syrup Zinc	Yes	Yes	Yes
160.	Tab. B Complex	Yes	Yes	Yes
161.	Tab. Multivitamins	Yes	Yes	Yes
162.	Multiple Micronutrients (Sachet)	Yes	Yes	Yes
163.	Ready to Use Treatment Food	Yes	Yes	Yes
164.	Ready to Use Supplement Food	Yes	Yes	Yes
	Dermatological			
165.	Benzyl Benzoate Lotion	Yes	Yes	Yes
166.	Betamethasone Cream/ Lotion	Yes	Yes	Yes
167.	Calamine Lotion	Yes	Yes	Yes
168.	Hydrocortisone Cream	Yes	Yes	Yes

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
169.	Polymyxin B + Bacitracin Zinc (Ointment)	Yes	Yes	Yes
170.	Silver Sulfadiazine Cream	Yes	Yes	Yes
171.	Sodium Thiosulfate (Solution)	No	No	Yes
Medicines for Mental and Behavioural Disorders & Tranquilizers				
172.	Inj. Chlorpromazine	No	Yes	Yes
173.	Tab. Clomipramine	No	Yes	Yes
174.	Tab. Haloperidol	No	Yes	Yes
175.	Tab. Diazepam 2 mg	Yes	Yes	Yes
176.	Inj. Diazepam 10 mg	Yes	Yes	Yes
177.	Tab. Alprazolam 0.5 mg	No	Yes	Yes
Anxiolytics				
178.	Tab. Alprazolam 0.5 mg	Yes	Yes	Yes
179.	Tab. Diazepam 2 mg	Yes	Yes	Yes
Contraceptives				
180.	Condoms	Yes	Yes	Yes
181.	Ethynylestradiol + Norethisterone (Combined Oral Pills)	Yes	Yes	Yes
182.	Progesterone Only Pills (Levonorgestrel)	Yes	Yes	Yes
183.	Emergency Contraceptive Pills (Levonorgestrel)	Yes	Yes	Yes
184.	IUCD (Copper T/Multiload)	Yes	Yes	Yes
185.	Inj. Medroxyprogesterone Acetate (Dmpa)	Yes	Yes	Yes
186.	Inj. Norethisterone Enanthate (Net-En)	Yes	Yes	Yes
187.	Inj. Estradiol Cypionate + Medroxyprogesterone Acetate	Yes	Yes	Yes
188.	Levonorgestrel-Releasing Implant (Subdermal)	No	Yes	Yes
189.	Etonogestrel-Releasing Implant (Subdermal)	No	Yes	Yes
Vaccines and Sera				
190.	BCG Vaccine	Yes	Yes	Yes
191.	Oral Polio Vaccine	Yes	Yes	Yes
192.	Injectable Polio Vaccine	Yes	Yes	Yes
193.	Hepatitis B Vaccine	Yes	Yes	Yes
194.	Measles Vaccine	Yes	Yes	Yes
195.	Tetanus Toxoid	Yes	Yes	Yes
196.	Pentavalent Vaccine	Yes	Yes	Yes
197.	Pneumococcal Vaccine	Yes	Yes	Yes
198.	Rota vaccine	Yes	Yes	Yes
199.	Anti-Rabies Vaccines (PVRV)	No	No	Yes
200.	Anti-Snake Venom Serum	No	No	Yes
Disposables/Antiseptics/ Disinfectants				
201.	Syringe 1 ml (Disposable)	Yes	Yes	Yes
202.	Syringe 3 ml (Disposable)	Yes	Yes	Yes
203.	Syringe 5 ml (Disposable)	Yes	Yes	Yes
204.	Syringe 10 ml (Disposable)	Yes	Yes	Yes
205.	Syringe 20 ml (Disposable)	Yes	Yes	Yes
206.	Syringe 50 ml (Disposable)	Yes	Yes	Yes
207.	IV Set	Yes	Yes	Yes

Sr. No.	Medicine/Supply	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
208.	Scalp Vein Set	Yes	Yes	Yes
209.	Volumetric Chamber (IV Burette)	Yes	Yes	Yes
210.	IV Cannula (18, 20,22 & 24G)	Yes	Yes	Yes
211.	Adhesive Tape	Yes	Yes	Yes
212.	Sterile Gauze Dressing	Yes	Yes	Yes
213.	Paper tape	No	Yes	Yes
214.	Antiseptic Lotion	Yes	Yes	Yes
215.	Cotton Bandage (3", 4" & 6")	Yes	Yes	Yes
216.	Absorbent Cotton Wool	Yes	Yes	Yes
217.	Crepe Bandage	Yes	Yes	Yes
218.	Examination Gloves (All sizes)	Yes	Yes	Yes
219.	Sterile Surgical Gloves (All sizes)	Yes	Yes	Yes
220.	Silk Sutures Sterile (2/0, 3/0, 4/0) with needle	Yes	Yes	Yes
221.	Chromic Catgut Sterile Sutures (different sizes) with needle	Yes	Yes	Yes
222.	Face Mask Disposable	Yes	Yes	Yes
223.	Blood Lancets	Yes	Yes	Yes
224.	Slides	Yes	Yes	Yes
225.	Endotracheal Tube (different sizes)	Yes	Yes	Yes
226.	Nasogastric Tube (different sizes)	Yes	Yes	Yes
227.	Resuscitator Bag with Mask	Yes	Yes	Yes
228.	Disposable Airways (different sizes)	Yes	Yes	Yes
229.	Clean Delivery Kits	Yes	Yes	Yes

Items mentioned in Blue font is critical to ensure essential interventions

B: Essential Equipment, Supplies and Furniture – PHC centre level facilities

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
Emergency & Routine				
1.	First Aid box	Yes	Yes	Yes
2.	Electric Oven	Yes	Yes	Yes
3.	Beds with mattress	No	Yes	Yes
4.	Face mask & Personal protective equipment	Yes	Yes	Yes
5.	Emergency OT light	No	Yes	Yes
6.	Oxygen Cylinder with flow- meter	Yes	Yes	Yes
7.	Ambu Bag (Paediatric)	Yes	Yes	Yes
8.	Ambu Bag (Adult)	Yes	Yes	Yes
9.	Suction Machine Heavy Duty	Yes	Yes	Yes
10.	Laryngoscope with 4 blades (Adult & Peds)	Yes	Yes	Yes
11.	Endotracheal tubes (all sizes)	Yes	Yes	Yes
12.	Oral Air Way (all sizes)	Yes	Yes	Yes
13.	Resuscitation Trolley	Yes	Yes	Yes
14.	Nebulizer	Yes	Yes	Yes
15.	Stethoscope	Yes	Yes	Yes
16.	BP Apparatus (Dial)	Yes	Yes	Yes
17.	BP apparatus Mercury (Adult & Paeds)	Yes	Yes	Yes
18.	Dressing Set for Ward	Yes	Yes	Yes
19.	Thermometer Clinical	Yes	Yes	Yes (and Rectal)
20.	Drip stands	Yes	Yes	Yes
21.	Instrument Trolley	Yes	Yes	Yes
Growth Monitoring / Labour Room				
22.	Soap and soap tray	Yes	Yes	Yes
23.	Weighing machine (salter)	Yes	Yes	Yes
24.	Weighing machine (Adult)	Yes	Yes	Yes
25.	Weighing machine (tray)	Yes	Yes	Yes
26.	Height-weight machine	Yes	Yes	Yes
27.	ORT Corner	Yes	Yes	Yes
28.	Feeding bowls, glasses & spoons	Yes	Yes	Yes
29.	Plain Scissors	Yes	Yes	Yes
30.	Demonstration table	No	No	Yes
31.	Delivery table (Labour Room)	No	Yes	Yes
32.	Delivery set (each contain) Partogram Kocher Clamp 6 inch Plain Scissors Tooth Forceps 1 Kidney Tray Needle Holder 7 inch Medium size Bowl Outlet Forceps 8 inch	No	Yes	Yes
D&C set (each Contain)				
33.	Metallic Catheter Uterine Sound Sim's Speculum medium Set D&E Sponge Holders	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
	Hagar's Dilator 0-8 cm Kidney Tray Bowl 4 inch Bowl 10 inch Vulsellum 8 inch Set Uterine Curette Plain Forceps 8 inch			
Caesarean Section Set (each Contain)				
34.	Doven's retractor Green Army tag Big Bowl Cord Clamp 7 inch Kocher Clamp Straight 8 inch Kocher Clamp Curved 8 inch Towel Clip Artery Forceps 6 inch Allis Tissue Forceps 8 inch Needle Holder 8 inch Needle Holder 6 inch Kidney Tray Bowl 4 inch Vulsellum 8 inch Knife Holder 4 number Plain Forceps 7 inch Tooth Forceps 7 inch Curve Scissors Thread Cutting Scissors Sponge Holder 10 inch Vacuum Suction Apparatus Baby Resuscitation Apparatus Adult weighing scale Electric Suction Machine Autoclave Fetal Heart Detector Obs/Gyne: General Set Dressing Set for Ward Eclampsia beds with railing Baby Intubation set Examination Couch Mucus Extractor Neonatal Resuscitation Trolley Incubator	No	No	Yes
Inpatient (Beds/Wards)				
35.	Bed with side table/locker	No	Yes	Yes
36.	Electric Suction Machine	Yes	Yes	Yes
37.	Electric Sterilizer Oven	Yes	Yes	Yes
38.	Oxygen Cylinder with flowmeter and Stand	Yes	Yes	Yes
39.	Stretcher	Yes	Yes	Yes
40.	Examination Couch	Yes	Yes	Yes
41.	Wheelchair	Yes	Yes	Yes
42.	Patient Screen	Yes	Yes	Yes
43.	Air Ways (different sizes)	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
44.	Suction Pump (Manual)	Yes	Yes	Yes
45.	Drip Stand	Yes	Yes	Yes
			Procedure Room	**Operation Theatre**
46.	Examination Couch	No	Yes	No
47.	Hydraulic Operation Table	No	No	Yes
48.	OT Light	No	No	Yes
49.	Gel for ultrasound	No	Yes	Yes
50.	ECG machine and roll	No	Yes	Yes
51.	Shadow less Lamps with 9 Illuminators	No	No	Yes
52.	Anaesthesia machine with ventilator	No	No	Yes
53.	Multi-parameter	No	No	Yes
54.	McGill forceps	No	No	Yes
55.	Patient Trolley	No	No	Yes
56.	Oxygen Cylinder (large size with regulator)	No	No	Yes
57.	Oxygen Cylinder (medium size with regulator)	No	Yes	Yes
58.	Nitrous oxide cylinder with regulator	No	No	Yes
59.	Instruments trolley	Yes	Yes	Yes
60.	Dressing Drum (large size)	Yes	Yes	Yes
61.	Stands for Dressing	Yes	Yes	Yes
62.	Basin	Yes	Yes	Yes
63.	Basin stands	Yes	Yes	Yes
64.	Towel Clips	No	Yes	Yes
65.	BP handle	No	Yes	Yes
66.	BP Blades	No	Yes	Yes
67.	Dissecting Forceps (Plain)	No	Yes	Yes
68.	Needle Holder (Large size)	No	Yes	Yes
69.	Sponge Holder Forceps (large)	No	Yes	Yes
70.	Skin Retractor (small size)	No	Yes	Yes
71.	Metallic Catheter (1-12)	No	Yes	Yes
72.	Dilator Complete Set	No	Yes	Yes
73.	Surgical Scissors (various size)	No	Yes	Yes
74.	Proctoscope	No	Yes	Yes
75.	Thames Splint V.S	No	Yes	Yes
76.	Rubber Sheet	No	Yes	Yes
77.	Scalpels 6”	No	Yes	Yes
78.	Allis Forceps Long	No	Yes	Yes
79.	Allis Forceps 6 inches	No	Yes	Yes
80.	Chaetal Sterilize Forceps 10’’ long	No	Yes	Yes
81.	Introducer for Catheter	No	Yes	Yes
82.	Smith Homeostatic Forceps Curved	No	Yes	Yes
83.	Arm Splint different sizes	No	Yes	Yes
84.	Instrument Cabinet	No	Yes	Yes
85.	Spotlight	No	Yes	Yes
86.	Hand Scrub set with chemical	No	Yes	Yes
87.	Thermometer	No	Yes	Yes
88.	Laryngoscope adult/peds	No	Yes	Yes
89.	Kidney Tray S.S	No	Yes	Yes
90.	Stand for Drip	No	Yes	Yes
91.	Bucket	No	Yes	Yes
92.	Air Cushion (Rubber)	No	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
93.	Gastric Tube	No	Yes	Yes
94.	Urine Collection Bags instrument trolley	No	Yes	Yes
95.	Generator	No	Yes	Yes
96.	Air-Conditioner (split 1.5 tons)	No	Yes	Yes
			Dental Unit	
97.	Chair	No	Yes	Yes
98.	Light	No	Yes	Yes
99.	Hand piece unit	No	Yes	Yes
100.	Suction	No	Yes	Yes
101.	Compressor	No	Yes	Yes
102.	Dental hand instruments (set)	No	Yes	Yes
103.	Aseptic Trolley	No	Yes	Yes
104.	Dental Autoclave	No	Yes	Yes
105.	Amalgamator	No	Yes	Yes
106.	Dental X-ray unit	No	Yes	Yes
107.	Intraoral X-ray film Processor	No	Yes	Yes
108.	X-ray view box	No	Yes	Yes
109.	Lead apron	No	Yes	Yes
110.	Ultrasonic Scalar	No	Yes	Yes
111.	Dental Operating stool	No	Yes	Yes
112.	Ultraviolet sterilizer	No	Yes	Yes
Lab Equipment and Reagents				
113.	Centrifuge (Bench Top)	No	No	Yes
114.	Centrifuge Machine	No	No	Yes
115.	Stopwatch	No	Yes	Yes
116.	Ice Lined Refrigerator (ILR)	Yes	Yes	Yes
117.	Small refrigerator	Yes	Yes	Yes
118.	X-ray Machine	No	Yes	Yes
119.	Dark room accessories	No	Yes	Yes
120.	X-ray films (All Size)	No	Yes	Yes
121.	X-ray illuminator	No	Yes	Yes
122.	Needle cutter/ Safety Boxes	No	Yes	Yes
123.	Availability of Ultrasound & ECG Services	No	Yes	Yes
124.	Laboratory Chemicals	Yes	Yes	Yes
125.	Binocular Microscope	Yes	Yes	Yes
126.	Urine meter (bag)	Yes	Yes	Yes
127.	DLC Counter	Yes	Yes	Yes
128.	Haemocytometer	Yes	Yes	Yes
129.	ESR Racks	Yes	Yes	Yes
130.	ESR Pipettes	Yes	Yes	Yes
131.	Water Bath	Yes	Yes	Yes
132.	Centrifuge Tubes (Plastic)	No	Yes	Yes
133.	Centrifuge Tubes (Glass)	No	Yes	Yes
134.	Glass Pipettes various sizes corrected	No	Yes	Yes
135.	Jester Pipettes Fixed – various sizes	No	Yes	Yes
136.	Jester Pipettes Adjustable – various sizes	Yes	Yes	Yes
137.	Sputum collection containers	Yes	Yes	Yes
138.	Urine collection containers	Yes	Yes	Yes
139.	Test tubes including blood sample tubes	Yes	Yes	Yes
140.	Test Tube Racks	Yes	Yes	Yes
141.	Pipette Stands	Yes	Yes	Yes
142.	Hemoglobinometer	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
143.	Table lamp	No	Yes	Yes
144.	Lancets (pack)	Yes	Yes	Yes
145.	Tube Sealer	No	Yes	Yes
146.	Blood grouping Viewing Box	No	Yes	Yes
147.	Surgical Blades	No	Yes	Yes
148.	Test Tube Holder	Yes	Yes	Yes
149.	Baskets	No	Yes	Yes
150.	Wooden Boxes	No	Yes	Yes
151.	Hepatitis B & C and HIV AIDS Kits	No	Yes	Yes
152.	Reagent	No	Yes	Yes
153.	Gas Burner	Yes	Yes	Yes
154.	Stainless-Steel Test-Tube Racks	No	Yes	Yes
155.	Wooden Slides Box	Yes	Yes	Yes
156.	Glucometer and sticks	Yes	Yes	Yes
157.	Urine Testing kits	Yes	Yes	Yes
158.	RDT for Malaria	Yes	Yes	Yes
Linen				
159.	Bedsheet	Yes	Yes	Yes
160.	Pillow	Yes	Yes	Yes
161.	Pillow cover	Yes	Yes	Yes
162.	Towel (large and small)	Yes	Yes	Yes
163.	Tablecloth	Yes	Yes	Yes
164.	Blanket	Yes	Yes	Yes
165.	Curtain	Yes	Yes	Yes
166.	Dusting cloth	Yes	Yes	Yes
167.	Blinds	Yes	Yes	Yes
168.	Overcoat	Yes	Yes	Yes
169.	Staff Uniform	Yes	Yes	Yes
Transport				
170.	Ambulance	Yes (in selected BHUs)	Yes	Yes
171.	Jeep for field activities	No	No	Yes
172.	Motorcycle for field activities	Yes	Yes	Yes
173.	LHS vehicle	Yes	Yes	Yes
Miscellaneous				
174.	Office tables	Yes	Yes	Yes
175.	Officer Chairs	Yes	Yes	Yes
176.	Bench	Yes	Yes	Yes
177.	Blinds, Curtains, Screens for privacy	Yes	Yes	Yes
178.	Steel Almirah	Yes	Yes	Yes
179.	Wooden File Racks	Yes	Yes	Yes
180.	Four-Seater Chairs	Yes	Yes	Yes
181.	Fog machine 60 litre	Yes	Yes	Yes
182.	Spray pumps (2)	Yes (2)	Yes (4)	Yes (8)
183.	Invertor AC	Yes (2 for patient waiting area)	Yes (3 for patient waiting area and labor room)	Yes (9 for patient waiting areas and Indoor and OT)
184.	Facility board/s	Yes	Yes	Yes
185.	Services availability board/s	Yes	Yes	Yes
186.	Room name plates	Yes	Yes	Yes
187.	Stationary and stationary items	Yes	Yes	Yes
188.	Table set and Pens	Yes	Yes	Yes
189.	Paper ream	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 CHC Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
190.	Health education display in waiting areas	Yes	Yes	Yes
191.	LCD	Yes (1)	Yes (2)	Yes (6)
192.	Protocol display and chart booklets in provider's rooms	Yes	Yes	Yes
193.	Fire extinguisher	Yes	Yes	Yes
194.	Gardening tools	Yes	Yes	Yes

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