



Universal Health Coverage Benefit Package of
Azad Jammu & Kashmir



ESSENTIAL PACKAGE OF HEALTH SERVICES

WITH LOCALIZED EVIDENCE

November 2021



MOVING TOGETHER
TO BUILD A HEALTHIER PAKISTAN

UNIVERSAL
HEALTH
COVERAGE:
EVERYONE,
EVERYWHERE

AZAD JAMMU & KASHMIR

Health Department
Government of the State of Azad Jammu & Kashmir



AZAD JAMMU & KASHMIR

Essential Package of Health Services with Localized Evidence



Health Department
Government of the State of
Azad Jammu & Kashmir



@November 2021

Essential Package of Health Services with localized evidence/
UHC Benefit Package of Azad Jammu & Kashmir

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Health Department, Government of the State of Azad Jammu & Kashmir

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MESSAGE

‘A higher literacy rate and awareness among the AJK population present an excellent opportunity of reaping high health dividends from Universal Health Coverage. The availability, accessibility, and capacity of health workers to deliver quality essential health services are drivers to further improve health outcomes. Investments in quality primary health care is the foundation to achieving Universal Health Coverage.’

The newly formed Government of Azad Jammu and Kashmir (AJ&K) is committed to efficient governance in the state. Timely interventions in the social sector of AJK can result in improved health outcomes. In AJK, we observe comparatively less mortality among mothers and children. A gradual shift in AJK towards non-communicable diseases, is another sign of improving social status, but also leading to new challenges. Holistic policies are required for improved health outcomes not merely as a result of health sector interventions but taking an inter-sectoral approach. Half of the burden of diseases can only be tackled by working with allied sectors.



Mr Nisar Ansar Abdali
Health Minister,
Azad Jammu & Kashmir

The government is therefore, focused on the new development agenda, aligned to the emerging situation. The Health Department, under the directions of the newly formed Government of AJK and the guidance of Honourable Sardar Abdul Qayyum Niazi - Prime Minister of A&K, has embarked on an ambitious health sector reform agenda to improve the health status of the population. We are committed to the development and implementation of the Essential Package of Health Services (EPHS)/ Universal Health Coverage (UHC) - Benefit Package. AJ&K specific EPHS, based on scientific evidence and local context, provides a unique opportunity to achieve better results for universal health coverage.

The AJK UHC Technical Committee under the leadership of Maj General Ahsan Altaf Satti, Secretary Health AJK and Dr Sardar Aftab Hussain - Director General (Health) AJ&K, deserve full credit for this tremendous effort in the shape of a costed EPHS / UHC Benefit Package of AJK. It provides a comprehensive set of the most essential health interventions that have the greatest potential of bringing about a significant improvement in the health status of the people of AJK. The highlight of the UHC Benefit Package of AJK is the utilization of local evidence in selection of interventions and target setting for the next ten years.

Now that the most essential health services have been decided, the challenge lies in getting these services to the people. It gives me great comfort in being able to affirm that the Government of AJK is fully committed towards taking this agenda ahead and looks forward to the partnership with the federal government and partners for the implementation of the UHC Benefit Package of AJK.

Implementation will also require careful planning by the Health Department, AJ&K for efficient implementation of services. The work so far put in by the AJ&K UHC Technical Committee in the finalization of the UHC benefit package of AJK is a testament to the fact that the Department has the capacity and the motivation to take this through.

Adapting to the needs of tackling burden of disease is critical to ensuring continuity of quality health service delivery. The UHC Benefit Package provides us the opportunity to be aware of what services will be needed for the residents of AJK. Now that we know what to do, let us resolve to carry out the implementation of this health services package for the betterment of our people.

FOREWORD



Maj General Ahsan Altaf Satti
Secretary Health
Azad Jammu & Kashmir

Health has been an important area for the new government of State of Azad Jammu and Kashmir (AJ&K). The Health Department under the guidance of the Honourable Sardar Abdul Qayyum Niazi - Prime Minister of A&K and Mr Nisar Ansar Abdali – Health Minister of AJK, is fully committed for better health outcomes of the people and ensuring progress towards achieving Universal Health Coverage (UHC).

The AJK UHC Technical Committee under the leadership of Dr Sardar Aftab Hussain, Director General (Health), deserves high praise for undertaking and completing this complex task in a short period of time. Key features of the AJK Essential Package of Health Services (EPHS)/ UHC Benefit Package are identification of essential services from international recommendations, utilization of local evidence regarding disease burden, detailed

costing of services using local processes and experience and finally prioritization of these services based on fiscal space for provision of these services to the population.

The AJK EPHS is based on local disease burden evidence and challenges. For the first time, complex Disability Adjusted Life Years (DALYs) data has been used to determine, which health problems require attention in AJK. The evidence shows that the burden of disease in AJK has gradually shifted towards non-communicable diseases (NCDs) from RMNCAH and communicable diseases and the prioritization has taken this epidemiological transition into account. International best practices available to address health problems were identified, costed and then prioritized considering local processes and practices. This is the first such exercise that has used scientific evidence for prioritization of health services in AJK and bring AJK at par with the rest of country.

Fundamental to any planning exercise, is the ability to ascertain future needs. Another aspect of the UHC Benefit Package development has been the target setting of prioritized interventions for next ten years, considering the population growth rate of AJK and changing health needs. It is only logical that the quantum of services currently being provided to the people, which are insufficient, will have to be increased not only to bridge the current gap but also to meet the future needs of the people.

These far-reaching reforms will require efforts on all fronts if we are to reap the full benefits that these reforms offer. This would require joint collaborative efforts with the federal government, line departments, development partners, civil society organizations, private sector, academicians and other stakeholders towards ensuring quality health service delivery. However, health department will have to play a central role and develop a strong coordination network in this respect.

The Health Department AJ&K is committed to securing finances that are essential in successful implementation of AJK EPHS. In this regard the Department envisages building planning and management capacity at district level as a critical step. The department has already embarked on developing a monitoring and evaluation framework for health sector, which will be finalized with the inputs of and in consultation with district health officers and other stakeholders.

This is a unique and historical opportunity for the Health Department, AJK to do something tangible and worthwhile in order to truly serve our people. We resolve not to let this opportunity pass by.

ACKNOWLEDGMENT

Universal Health Coverage (UHC) – Benefit Package of the State of Azad Jammu and Kashmir (AJK) is a health reform agenda that is geared towards the transformation of the health sector. The AJ&K UHC Technical Committee had the opportunity to work on some tangible reforms, under the leadership of his Excellency Sardar Abdul Qayyum Niazi - Prime Minister of AJK and Mr Nisar Ansar Abdali, Health Minister of AJ&K having a clear vision and commitment of ‘no one is left behind’ when it comes to health.

The AJK UHC Benefit Package of AJK takes lead from the national generic Essential Package of Health Services (EPHS) finalized and endorsed at the Inter-Ministerial Health & Population Council meeting held in Islamabad on October 22, 2020. The AJK government is committed in terms of its localization and implementation in AJ&K.



Dr Sardar Aftab Hussain
Director General (Health)
Azad Jammu & Kashmir

The AJ&K UHC Benefit Package of AJK is a unique set of reforms. For the first time local evidence has been used in ascertaining what are the pressing health problems in AJK and what are the best international practices that could be localized and implemented to address the health needs of the population. A salient feature is that the package of services is organized for implementation across five service delivery levels, which are, 1) Community level, 2) Primary Health Care level, 3) First Level Hospitals, 4) Tertiary level and 5) Population level. This level of detail provides a greater level of focus and will be used by health policy planners, service delivery personnel and health care providers to address the health needs as close as possible to where the services are required.

The AJ&K UHC Technical Committee acknowledges the continuous administrative support extended by Maj General Ahsan Altaf Satti, Secretary Health AJK, which enabled smooth functioning of the committee as all members were available to attend the technical sessions, which were part of the process of the EPHS prioritizing exercise in AJK.

The AJ&K UHC Benefit Package of AJK would not have been possible without the explicit and excellent support from the Federal Ministry of National Health Services, Regulations and Coordination. The Director General (Health) - Dr Rana Mohammad Safdar graciously deputed the technical team at the Health Planning, System Strengthening & Information Analysis Unit (HPSIU) for coordination and consultations with Health Department, AJK. Under the leadership of Dr Malik Muhammad Safi UHC Advisor and Dr Raza Zaidi, Health System Specialist, the HPSIU team worked diligently with AJK UHC technical committee and was able to successfully assist with the finalization of a prioritized EPHS/ UHC Benefit Package of AJK.

Development partner support has also been instrumental in completion of this prioritization exercise. WHO Head of Office for Pakistan Dr Mahipala Palitha and UNICEF Country representative Ms. Aida Girma have provided excellent support to complete the task without delay. It must be acknowledged that this important work in Pakistan started with advocacy by Dr Ala Alwan at the DCP3 Secretariat based at London School of Hygiene & Tropical Medicine. We are grateful to the DCP3 secretariat for choosing Pakistan as the first country in the world for this purpose.

The absolute sincerity and commitment demonstrated by UHC Focal Person for AJK, Dr. Farhat Shaheen, senior officials at the Health Department, stakeholders and members of the AJK UHC Technical Committee are commendable. Their commitment is encouraging as this team will have to see through the finalized package towards district planning and implementation.

Contributions

The Health Department, Azad Jammu & Kashmir played a lead role in the development of costed EPHS/ UHC Benefit Package of AJK in collaboration with partners and stakeholders.

Involvement of stakeholders from the public & private health sector, civil society organizations, academic institutions, UN and donor agencies was ensured for a comprehensive and inclusive dialogue.

Under guidance of

Mr Nisar Ansar Abdali, Health Minister, AJK; and
Maj General Ahsan Altaf Satti, Secretary Health, AJK

Chair of the AJK UHC Technical Committee

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'LEAVING NO ONE BEHIND'



EXECUTIVE SUMMARY

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. A set of policy choices about benefits and their rationing are among the critical decisions for moving towards UHC. 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.

Designing a comprehensive package of health services considering burden of disease, cost effectiveness of interventions and social context is critical to define which services are to be covered through different platforms: i) community level; ii) primary healthcare centre level; iii) first level hospital; and iv) tertiary hospital; and v) population level. In addition, interventions related to inter-sectoral prevention and fiscal policies play a key role in moving towards UHC.

Disease Control Priorities – Edition 3 (DCP3) finalized in 2017 defines a model concept of essential universal health coverage (EUHC) that provides a starting point for country/province-specific analysis of priorities considering cost structures, epidemiological needs, and strategic priorities.

Development of a generic Essential Package of Health Services/ UHC Benefit Package of Pakistan was carried out jointly by the Ministry of National Health Services, Regulations & Coordination (NHSR&C) and Provincial/ Area Health Departments and other key stakeholders. Following the same exercise, the Health Department, Azad Jammu & Kashmir (AJ&K) decided to localize scientific evidence in the context of federating area and use this to develop a costed Essential Package of Health Services.

The Health Department, AJ&K led the process of localization with a quick review of availability of essential health services in the province compared to 218 DCP3 recommended interventions and 151 prioritized interventions in the generic national EPHS. The review indicated that:

- Overall, **44.4% (97/218) of the DCP3 recommended EUHC interventions and 71.5% (108/151) of the generic EPHS interventions** are being currently implemented partially, out of which only 9.1% of EUHC and 14.5% of generic EPHS interventions are expected to be accessible in more than 50% of the health facilities of AJK;
- **Out of the DCP3 recommended district level EUHC interventions, 42.7% (79/185) and out of the generic district level EPHS interventions 75.2% (88/117) are available partially in AJK.** Only 10.8% of district EUHC interventions and 17% of generic district EPHS interventions are available in more than 50% of facilities of AJK;
- **Infectious diseases and non-communicable diseases clusters appears comparatively to be neglected areas;**
- **Interventions at Community and PHC centre level platforms are also not up to the mark;**
- **Range of services at tertiary hospitals** is also limited, which may lead to transfer of patients to other provinces and Islamabad;

After the review, scientific evidence was localized in the context of AJ&K:

- It was decided to use the **‘Description of Interventions’** at national level as such as the same was developed through consensus among stakeholders, using the latest guidelines and manuals.
- The **burden of disease data for AJ&K** for the year 2019 from the Institute of Health Matrix & Evaluation was shared and used, rather than 2017 data used at the national level.

- The AJ&K UHC Technical Committee as a group decided the baseline and year wise milestones for each proposed intervention. **Year-wise targeted population for each intervention** was defined using projected AJ&K data from the 2017 census, latest national/provincial/area surveys, burden of disease data for AJ&K produced by the Institute of Health Metrics and Evaluation (IHME), administrative data and other published research. The baseline for some interventions was identified through department's programmatic data. Year-wise milestones were kept realistic as the same has significant impact on the overall unit cost.
- The **unit costs** for around 170 interventions across the five platforms estimated for the national exercise were used with adjustments to staff pay scales for AJ&K province.
- For the AJ&K EPHS, the **Incremental cost-effectiveness ratio (ICER)** values identified in the generic national EPHS were used (considering availability of limited data in province).

Health Interventions Prioritization Tool (Hiptool) is a web-based digital tool developed by the University College of London (UCL) and was used to analyse, optimise health interventions and visualization of results (in addition to Excel sheets). Optimization of interventions based on – cost effectiveness, disability adjusted life years (DALYs) averted, targeted population, budgetary impact was done. This consequently led to the Investment Cascade of Interventions in AJ&K to further analyse the evidence.

All evidence was reviewed and discussed in group work and then in a plenary. Later on, evidence was used for prioritisation of health interventions for AJ&K EPHS. A total of 154 interventions were reviewed by stakeholders and 98+12 interventions for District EPHS were prioritized.

Platform	Immediate Priority Interventions	Unit Cost (\$)/ person/ year (inclusive of health system cost)	DALYs Avert in 2021-22
1. Community level	21	3.28	55,048
2. PHC centre level	35	3.21	141,495
3. First level hospital	42	11.04	99,432
District EPHS	98	17.54	295,976
4. Tertiary hospital	22	2.95	20,971
5. Population level	12	7.29	++
All five platforms	132	27.77	316,947

- **District EPHS included 98 interventions as immediate priority** for EPHS, out of which 21 were at Community level, 35 at PHC centre level and 42 at First level hospital;
- An addition of **12 interventions through special initiatives** will cost US\$4.19/ person/ year and will avert additional 9,135 DALYs through District EPHS.

Year wise unit costs and DALYs averted were also estimated, whereas year-wise unit costs were also estimated using 8% annual inflation rate. All costs also included health system costs at district level.

Detailed health system needs and standards are included in this document considering prioritized interventions. It was also agreed to strengthen institutional capacity in AJ&K to regularly localize and generate evidence for inclusion and exclusion of interventions in future.

Table of Contents

MESSAGE.....	iii
FOREWORD	iv
ACKNOWLEDGMENT.....	v
EXECUTIVE SUMMARY	ix
Table of Contents.....	xi
Acronyms	xii
HISTORY OF ESSENTIAL HEALTH SERVICES	3
UHC SITUATION IN AZAD JAMMU & KASHMIR.....	5
RATIONALE.....	7
AIM AND PRINCIPLES	7
PROCESS FOR THE DEVELOPMENT OF AJ&K EPHS	7
REVIEW OF AVAILABILITY OF ESSENTIAL HEALTH SERVICES IN AJ&K.....	10
AN OUTLINE OF AJ&K EPHS WITH LOCALIZED EVIDENCE.....	13
HEALTHCARE DELIVERY SYSTEM IN AJ&K	42
DISTRICT LEVEL ESSENTIAL PACKAGE OF HEALTH SERVICES	46
IMPLEMENTATION ARRANGEMENT	55
HEALTH SYSTEM AND MANAGEMENT.....	66
Annexures	72
A: Essential Medicines and Supplies - at PHC centre level facilities	73
B. Essential Medicines and Supplies - at First Level Hospital.....	78
C: Essential Equipment, Supplies and Furniture – PHC centre level facilities	85
D. Essential Equipment, Supplies and Furniture – at First Level Hospital	90

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AJ&K	Azad Jammu & Kashmir
AKU	Aga Khan University
ARV	Anti-Retro-Viral therapy
BEmONC	Basic Emergency Obstetrical and Neonatal Care
BOD	Burden of Disease
CEmONC	Comprehensive Emergency Obstetrical and Neonatal Care
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardio Vascular Diseases
DALYs	Disability Adjusted Life Years
DCP3	Disease Control Priorities – Edition 3
DFID	UK’s Department for International Development
EPHS	Essential Package of Health Services
EUHC	Essential Universal Health Coverage
FCDO	UK’s Foreign Commonwealth Development Office
GAVI	Global Alliance on Vaccine & Immunizations
GDP	Gross Domestic Product
GFATM	Global Alliance to fight against AIDS, TB and Malaria
HIV	Human Immuno-Deficiency Virus
HPSIU	Health Planning, System Strengthening & Information Analysis Unit
HPV	Human Papilloma Virus
ICPD	International Conference on Population & Development
IMCI	Integrated Management of Childhood Illnesses
JEE	Joint External Evaluation
LSHTM	London School for Hygiene and Tropical Medicine
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MDR	Multi Drug Resistance
M/o NHR&C	Ministry of National Health Services, Regulation & Coordination
NTD	Neglected Tropical Diseases
PMTCT	Prevention of Mother-to-Child transmission
RH	Reproductive Health
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infections
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children Fund
WASH	Water, Sanitation & Hygiene
WB	World Bank
WHO	World Health Organization

ESSENTIAL PACKAGE OF HEALTH SERVICES OF AZAD JAMMU & KASHMIR

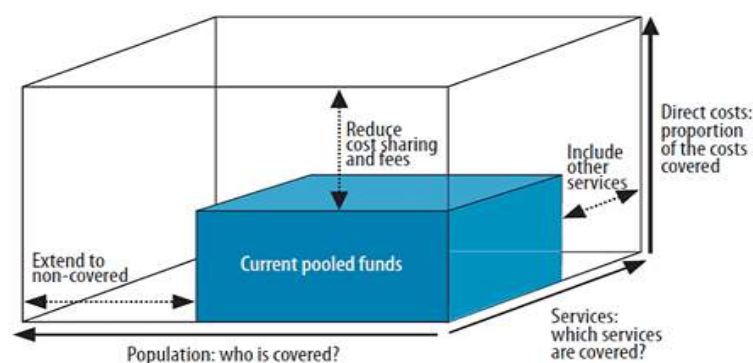
The Agenda for Sustainable Development 2015 was endorsed by the United Nations as an integrated global commitment to chart a new era for development and poverty reduction during the period 2015-2030. In this agenda, Universal Health Coverage (UHC) became the key outcome under the health goal of the Sustainable Development Goals (SDG).

The draft 12th Five Year Plan (health chapter), National Health Vision (2016) and Azad Jammu & Kashmir (AJ&K) Health Strategy are underpinned by the idea to ensure provision of good quality essential health care services to all people through a resilient and equitable health care system.

AJ&K Health **Vision** is:

‘To improve the health of all people in Azad Jammu & Kashmir, particularly women and children, through universal access to affordable quality essential health services, and delivered through resilient and responsive health system, ready to attain Sustainable Development Goals and fulfil its other health responsibilities’

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. A set of policy choices about benefits and their rationing are among the critical decisions in the reform of health financing system towards universal coverage. Choices need to be made about proceeding along each of the three dimensions in a way that best fits their objectives as well as the financial, organizational and political contexts. The three dimensions 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.



Three dimensions to consider when moving towards universal coverage

Disease Control Priorities – Edition 3 (DCP3)¹ defines a model concept of essential universal health coverage (EUHC) that provides a starting point for analysis of priorities. Pakistan is one of the first countries in the world to use the global review of evidence by the DCP3 to inform the definition of its EPHS/ UHC benefit package.

To transform the AJ&K Health Vision into reality, one of the key actions is to develop area specific UHC Benefit Package. ‘UHC Benefit Package’ consists of i) **Essential Package of Health Services (EPHS)** at five platforms and ii) **Inter-sectoral Interventions/ policies**.

¹ <http://dcp-3.org/>

The AJ&K Health Department in partnership with the DCP3 secretariat and funding of Bill & Malinda Gates Foundation (BMGF), World Health Organization (WHO), United Nations Children Fund (UNICEF) and the Ministry of National Health Services, Regulations & Coordination (NHSR&C), has ensured review and localisation of evidence to inform the prioritization of health interventions at five platforms for inclusion in the AJ&K EPHS. Evidence was gathered on burden of disease in AJ&K, unit cost and cost-effectiveness of each intervention, budget impact, feasibility, financial risk protection, equity and social context. In addition to economic evaluation, EPHS interventions incorporate evidence on intervention quality and uptake, along with non-health outcomes such as equity and financial protection.

The **objective of the AJ&K EPHS** is to define which services are to be covered through **five different platforms** (both through public and private sector) for ALL people in AJ&K:

- i) Community level;
- ii) Primary healthcare centre;
- iii) First level hospital;
- iv) Tertiary hospital; and
- v) Population level

Interventions at community, PHC centre and First level hospital are clubbed as the **District EPHS**, whereas interventions at tertiary hospital, population level and selected programmatic reforms are to be managed at area level. In addition, inter-sectoral policies can also play an important role in moving towards UHC and addressing around half of the burden of disease (BOD) in AJ&K by mitigating risk factors.

This localized evidence was used to organise priority services into **four clusters** and **twelve categories**:

- a. Reproductive, maternal, new-born, child, adolescent health & nutrition/ Life course related cluster
- b. Infectious diseases cluster
- c. Non-communicable diseases & Injury prevention cluster
- d. Health services cluster



The evidence has been intensely reviewed by the technical experts and stakeholders, followed by critical review at the UHC Technical Committee of AJ&K to select those health interventions that should be provided in the pathway to UHC, given the best estimates of the funding available to the government, partners and private sector.

HISTORY OF ESSENTIAL HEALTH SERVICES

Near the end of 19th century, the industrial revolution in Europe saw heavy disease and death tolls especially in urban areas. Early epidemiological discoveries about diseases like cholera, malaria, yellow fever etc., raised awareness about organization of medical services, clean water, sanitation, and living conditions. During the first half of the nineteenth century, different approaches were adopted by the European countries to tackle health challenges.

Later on, the Second World War damaged health infrastructures in many countries, paradoxically it also paved the way for the introduction of some reforms. Wartime Britain's national emergency service to deal with casualties was helpful in the construction of what became, in 1948, the National Health Service, perhaps the most widely influential model of a health system.

Japan and the Soviet Union also extended their limited national systems to cover most or all of the population, as did Norway and Sweden, Hungary and other communist states in Europe, and Chile. As former colonies (including Indo-Pak) gained independence, they also tried to adopt modern, comprehensive systems with heavy state participation.

At the time of independence in 1947, Pakistan inherited a wide range of public health problems. The majority of the country's population was illiterate, unaware of healthy lifestyles and practices, malnourished or under-nourished and living in low levels of environmental sanitation with majority having no access to safe drinking water. Situation was further aggravated by the fact that only a handful of doctors and skilled personnel were left behind to manage the situation.

In 1947, a large epidemiological outbreak of cholera in Egypt gave motivation to the development of tropical medicine for dealing with international outbreak containment. A programme of social uplift was also launched, and medical colleges were established in former East and West Pakistan. Later on, scope of health services remained under the influence of international declarations, global health initiatives and other development initiatives but largely focused on the disease specific approach to health. Pakistan's public health remained focused on small pox eradication, malaria eradication/ control and control of some other infectious diseases, as well.

A paradigm shift was witnessed in the health systems after the International Conference on Primary Health Care, Alma-Ata in 1978. Health for all (HFA) became the goal and achieving universal accessibility for populace through primary health care approach became the central theme. A large number of PHC facilities were established. In 1982, an alternate Selective PHC approach (GOBI – Growth monitoring, Oral rehydration salt, Breast feeding and Immunization) was launched, which mainly targeted childhood illnesses. The launch of the Lady Health Workers' Programme in 1994 was a major reform in the country, which also expressed the commitment of the government towards International Conference of Population and Development (ICPD).

During 1980s and 1990s the World Bank and other financial institutions assumed a more preeminent role in the health sector and for specific services private sector was also engaged. During 1990s, Global Health Initiatives (Global Polio Eradication Initiatives-GPEI; Global Fund to fight against AIDS, TB & Malaria – GFATM; Global Alliance for Vaccine and Immunization-GAVI etc.) started evolving and represented a radical shift towards these Initiatives.

In 2000, the Millennium Development Goals (MDGs) reinforced the vertical disease focused nature of development assistance with additional inclusion of hepatitis, blindness etc. along with some elements of health system strengthening indirectly through programmes focusing on maternal and

child health supported by bilateral donors and multilateral banks. A number of management and institutional reforms were also tested to improve efficiency and effectiveness in the health system.

Over the period, focus of provincial governments remained on hospitals, while private sector emerged as a major service provider. However, private sector prioritized provision of private goods in health and provision of public goods remained largely the mandate of public sector.

The public sector always faced fiscal constraints due to which it could not provide essential health services to all. After 2005 Earthquake, an attempt was made to define very broad basic package of health services. At the same time at global level, concept of EPHS developed further mainly in conflict affected countries – notably Afghanistan, Somalia, Liberia, South Sudan and the Democratic Republic of the Congo to name but a few. The key feature was that all the EPHS proposals were drawn up immediately after conflict/ humanitarian crises in order to assist with comprehensive reform and reconstruction of public health infra-structure.

In Pakistan, a more formal attempt for developing an essential package of health services (EPHS) was made initially in the provinces of Punjab and Khyber Pakhtunkhwa during 2012-13, and later on in Sindh, corresponding with the 18th constitutional amendment. With UK's Department for International Development / Technical Resource Facility (TRF) support, costed EPHS were defined but remained limited to reproductive, maternal, new-born, child health and nutrition services at primary health care level. Non-communicable diseases, health emergencies, inter-sectoral interventions were not prioritized, while the implementation focus remained largely through the public sector, along with contracting out of health facilities to NGOs to a variable extent. Main objective was to ensure efficiency and effectiveness of health services in the system rather than provision of comprehensive EPHS to all people. However, this offered a good lesson learning opportunity for provision of a package of services, which was positively supported by development of minimum services delivery standards mainly at primary level. In parallel, legislative reforms were also initiated to establish healthcare commissions/ authority, to set service delivery standards and their enforcement both in the public and private sector.

Health Insurance Programme was first approved in June 2014 and launched on December 31st 2015. The Programme aimed at families living below the poverty line and were covered for up to Rs. 50,000 of treatment in public or private hospitals and for up to Rs. 300,000 for treatment of seven particularly expensive diseases: diabetes, cardiovascular diseases, cancer, kidney and liver diseases, HIV and Hepatitis complications, burns and road accidents. In 2019, the package of services was enhanced to nine diseases and per family support was increased to Rs. 720,000 per year.

The 2030 agenda on Sustainable Development in 2015 has provided another opportunity to revisit the health services and health system in Pakistan to ensure achievements of new targets and goals, which are more comprehensive and ambitious than MDGs. The Astana Declaration in 2018 is also expected to provide a fresh look on the PHC agenda.

In August 2018, an international meeting on Disease Control Priorities - Edition 3 (DCP3) was held in Pakistan and attended by Morocco, Lebanon, Iran, Jordan, Pakistan, WHO EMRO, University of Washington and other stakeholders including provincial departments of health. Soon after the workshop, and on the decision of Inter-Ministerial Health & Population Forum meeting held in September 2018, Pakistan proposed the DCP3 secretariat to select Pakistan as the first country in the World to adopt DCP3 recommended interventions. The proposal was agreed by the secretariat.

In July 2019, with support of the DCP3 secretariat and WHO, work related to development of generic UHC Benefit Package of Pakistan started through a consultative process with provincial / area Health Departments and other stakeholders. The generic EPHS was endorsed by the Inter-Ministerial Health & Population Council on 22nd October 2020. It was also decided to develop province/area specific EPHS. Health Department, AJ&K has thus developed its EPHS based on localized evidence.

UHC SITUATION IN AZAD JAMMU & KASHMIR

AJ&K is committed to the sustainable agenda of 2030 and in health sector 'Universal Health Coverage' is the key outcome to ensure progress on health-related goal of 'Good Health'. Ensuring health services access without facing financial hardship is key to improving the well-being of a country's population. Universal health coverage is an investment in human capital and a foundational driver of inclusive and sustainable economic growth and development.

AJ&K is a federating area administered by Pakistan, as a nominally self-governing entity and constitutes the western portion of the larger Kashmir region, which has been the subject of a dispute between India and Pakistan since 1947. The territory shares a border to the north with Gilgit-Baltistan and to the south with Khyber Pakhtunkhwa and Punjab.

AJ&K remains in a virtual state of health emergency throughout the year, mainly due to its tortuous geopolitical and harsh weather conditions. There is a conspicuous weak tertiary care in the area and, hospitals too, are lacking in terms of lab facilities, beds, emergency drugs, and healthcare staff etc. Patients, due to the ineffective health care system, are referred to other major cities of Pakistan.

The trend analysis of AJ&K UHC service coverage index indicate a positive trajectory i.e., 39 in 2015 to 48 in 2019. The projected population in 2021 is 4.4 million, with more than 0.61 million children under 5 years of age and 0.92 million child bearing age women. The birth rate is estimated as 22.3 per 1000 population with total fertility rate is 3.5 children per women in 2017-18. The death rate is estimated at 5.93 per 1000 population. The life expectancy is 68.59 years (67.75 years for males and 69.45 years for females)² with projected growth rate <2.15.

Considering the burden of diseases, epidemiological transition is observed in AJ&K, i.e., shift from communicable/ RMNCH conditions to the emerging non-communicable conditions and injuries. Burden of the communicable, maternal, child and nutritional group, which was 57.42% (29,258 DALYs lost per 100,000 population) in 2000, has gone down to 35.24% (11,855 DALYs lost per 100,000 population) in 2019. However, the burden of non-communicable diseases (NCD) group which was 36.62% (18,626 DALYs lost per 100,000 population) of the total burden in the year 2000 has increased the share to 54.85% (18,447 DALYs lost per 100,000 population) in 2019. The share of burden of injuries increased from 5.95% (3,029 DALYs lost per 100,000 population) to 9.91% (3,330 DALYs lost per 100,000 population) over the same period.

The overall sexual and reproductive health in AJ&K is assessed by maternal mortality ratio and has reached the level of 104/100,000 live birth from 2016-2019³ and is the lowest compared to other provinces and areas. There are significant improvements in other maternal health indicators especially skilled birth attendant 64.1% and the institutional deliveries are 62.3% in 2017-18⁴. However, there are serious equity concerns as quality services are not available in many hard-to-reach areas.

² IHME; Global Burden of Disease data for AJ&K, 2019

³ NIPS; 2020; Pakistan Maternal Mortality Survey, 2019

⁴ NIPS; Pakistan Demographic & Health Survey (2017-18)

Unfortunately, there has been no progress in contraceptive prevalence rate with only 19.1 percent of couple is using the modern contraceptive methods. The lack of family planning leads to unintended pregnancies, leading to rising induced abortions and unplanned childbirth.

Maternal health has a direct impact on the new-born health. The neonatal mortality in AJ&K is 30/ 1000 live births, again low compared to other provinces. Under-five mortality is 53 / 1000 live births and the infant mortality is 47/ 1,000 live births in 2017-18. Pakistan demographic and Health survey 2017-18 in AJK demonstrate children under five years as 30% stunted and 6.4% wasted. The women of reproductive age (15-49 years) with anemia are constituting 43%, whereas the prevalence of anemia among under five children is 46%.

The DPT/ Penta III coverage was 95.4% in 2020.⁵ Only one district (Neelum) was having Penta III coverage of less than 90%. WPV polio cases cVDPV2 Polio have not been reported since 2015, indicating effective routine immunization coverage and national immunization days.

In 2019, the incidence of Tuberculosis is 177/100,000 population and the Multi Drug Resistance cases (incidence rate) 13.15/ 100,000 population. The total notified cases are 5,158 in 2019 with case detection rate of only 48% and treatment success rate 93%. The incidence rate of HIV & AIDS in AJ&K is 5.17 per 100,000 population. For Hepatitis B and C, blood transfusion, therapeutic injections, syringe use and hospitalization are the main risk factors for disease transmission in the province.

According to AJ&K burden of disease data for 2019, the prevalence of Hepatitis B is 68.72 per 100,000 people, while the prevalence of Hepatitis C is 9.05 per 100,000 people. The annual parasitic incidence in AJ&K is very low with total number of new cases of malaria in 2019 are 1,686.

The shift of burden of disease from communicable to non-communicable diseases accounting for 67.66% of total deaths as reported by Global Burden of disease data for AJ&K in 2019.

Among NCDs, the cardiovascular disease accounts for 28.2% of total deaths and the number of cases with stroke and ischemic heart disease are 0.032million and 0.087 million respectively. The second largest non-communicable group is cancers and neoplasms and are responsible for 14.93% of total deaths. The number of people living with mental health disorders are 0.5 million. Whereas with diabetes and the chronic liver disorders are 0.19 million and 0.74 million respectively.

AJK is facing a critical shortage of nurses. The essential health workforce (physicians, specialists, nurses, lady health visitors (LHVs) and midwives) density is 1.5 per 1,000 population, which is much below the indicative minimum threshold of 4.45 physicians, nurses and midwives per 1,000 population necessary to achieve universal health coverage. For sustainable development, these are not adequate numbers with further challenge of non-equitable distribution of health workforce and less skills mix to provide quality services.

There have been deliberate efforts to increase access and demand for healthcare services in the area. Emphasis on improving quality of essential health services also needs to be prioritized in order to achieve UHC.

⁵ AKU & M/o NHSR&C, 2021; Third Party Verification Immunization Coverage Survey, 2020

RATIONALE

The Health Department, AJ&K is committed to improve the health of all people, particularly women and children by providing universal access to affordable, quality, essential health services which are delivered in an efficient way through a resilient and responsive health system. On the other hand, there are always financial constraints and the government is unable to provide even basic health services to all people resulting in poor health outcomes.

The trend analysis of AJ&K UHC service coverage index indicate a positive trajectory – 39% in 2015 to 48% in 2019. Note that the SDG baseline in 2015 for UHC coverage index in AJ&K and Pakistan was much less than the average of sub-Saharan Africa at 42⁶. While considering different factors, one cannot ignore whether right essential health services are offered to all people or not.

It was therefore, critical to review the current status of health services and suggest cost-effective interventions through different platforms in such a way to avert maximum possible preventable burden of disease in the area of AJ&K.

AIM AND PRINCIPLES

The UHC Essential Package of Health Services is a policy framework for service provision based on scientific evidence on health interventions. The **purpose** is to ensure that all people have access to essential health services (including prevention, promotion, curative, rehabilitation and palliation) particularly in the context of limited resources. It **aims** to address current poor access to health and inequalities in health service provision. It also helps to establish and clarify health priorities and direct resource allocation accordingly.

The guiding **principles** adopted for the development process of the ‘UHC benefit package’ included the following:

- Setting of the package is country/province/area executed and owned with active engagement of policy makers and other stakeholders
- The package should enhance equity and improve access for vulnerable segments of the population
- Strong commitment and joint work of key stakeholders in government and stakeholders is essential for success
- The process should be open and transparent in all steps with clearly defined criteria, driven by evidence and a systematic approach of collaboration from data to dialogue and decisions
- Partnership with other stakeholders including UN agencies and development partners is a critical component of joint work
- Feasibility and affordability of implementation is key. Unrealistically aspirational package with inadequate financial resources or health system capacity is a recipe for failure
- The package developed should be linked to robust financing mechanisms and effective service delivery system

PROCESS FOR THE DEVELOPMENT OF AJ&K EPHS

After the development of generic UHC Benefit Package for Pakistan, provincial/area adaptation of the UHC BP is a critical step for rolling out across the provinces/ federating areas. There are variations across the provinces/areas in terms of health systems dynamics, situation with regards to

⁶ WHO, 2016; World Health Statistics, Monitoring Health for SDGs

the prioritized interventions at the national level and the service delivery issues. Consequently, it is important that each province/ federating area, deliberate and prioritize interventions keeping in view the local context.

To implement the decision of developing province/area specific costed EPHS document, three options were considered by the AJ&K Health Department:

- a. Adopt the generic UHC BP for Pakistan / EPHS as AJ&K EPHS
- b. Consideration of the currently available AJ&K specific evidence and use this for prioritization of interventions for AK&K EPHS
- c. Province specific detailed evidence generation followed by intervention prioritization

The Health Department, AJ&K decided to opt for the option (b) of using AJ&K specific available evidence to a maximum possible extent and use national evidence where evidence generation is time consuming and difficult. It was also decided to institutionalize the process in the Health Department, AJ&K, so that evidence is generated on a regular basis and that the department will make required changes in the EPHS in future as required. Later on, following steps were followed:

Step 1: Governance arrangement

To ensure clear and consistent governance of the UHC BP provincial/area localisation, it was important to set out the order of procedures for decision making across different tiers, roles and responsibilities while ensuring clear ways of engaging to support an inclusive process.

The governance arrangement recognizes the leadership of the Health Department – AJ&K, while supported by the M/o NHR&C, Partners and the UHC BP National Advisory Committee (NAC). Health Department, AJ&K notified the AJ&K UHC Technical Committee⁷ under the chairmanship of Director General (Health) – AJ&K and with wider representation of different constituencies with following Terms of Reference (TOR):

- The UHC Technical Committee will act as AJ&K specific Coordination and Facilitation architecture on UHC related interventions, projects and reform initiatives;
- Liaise with the Ministry of NHR&C, other departments, partner organizations and stakeholders for effective coordination and harmonization;
- Facilitate generating the localized evidence for province/area specific UHC Benefit Package and related reform initiatives;
- Collection, collation of available data and information on UHC related interventions and situation in the province/area;
- Based on available localized evidence, the group will produce background documents/ discussions papers, which will be used to guide the development of provincial/area UHC Benefit Package (including a: Essential Package of Health Services for all five platforms – community, PHC centre, First level hospital, Tertiary hospital and Population level; and b: Inter-sectoral interventions policies);
- Facilitate consultations at different levels to produce the project documents not limited to the National Health Support Project (NHSP), Global Financing Facility and Joint UHC Technical Assistance (TA) Plan of the province/area;
- Monitor the progress of implementation of UHC related interventions and suggest recommendations for the consideration of AJ&K Health Department;
- The AJ&K UHC Technical Committee may form sub-committees as per need.

⁷ Notification and TOR of UHC Technical Committee, AJK Health Department

The Government of AJ&K also notified AJ&K UHC Steering Committee⁸ under the chair of AJ&K Health Minister with following TOR:

- Provide strategic direction to oversee and governing all AJ&K UHC-Benefit activities;
- Drive the use of UHC-Benefit Package in policy and planning;
- Ensure stakeholders involvement in the AJ&K UHC-Benefit Package process;
- Review and approve the recommendations of the AJ&K UHC Technical Committee;
- Guide and approve work plans presented by the AJ&K UHC Technical Committee;
- Resource mobilisation of funds for UHC Benefit Package activities for long term sustainability;
- Monitor implementation progress in pilot districts and facilitate addressing barriers and challenges;
- Revisit the UHC Benefit Package considering evidence generated locally.

Step 2: Area Sensitization, Review and Localisation of Evidence

After initial meetings with the Ministry of NHR&C and DCP3 secretariat, first formal consultative workshop of the UHC Technical Committee was held on 15-16th of June 2021 to sensitize the stakeholders from AJ&K on the process, appraise them of the UHC situation in the area, review the availability of essential health services and set baseline and milestones for all EPHS proposed interventions for AJ&K.

It was agreed that the criteria used for the development of generic national EPHS will also be used in AJ&K to guide the EPHS process. The criteria for the prioritization of interventions included:

1. Burden of Disease;
2. Effectiveness of intervention;
3. Feasibility;
4. Cost-effectiveness;
5. Equity;
6. Budget impact;
7. Financial risk protection; and
8. Social and economic impact.

Step 3: Review of Localized evidence and development of costed AJ&K EPHS

The first workshop was followed by analytical work by the core team and HPSIU to generate AJ&K specific evidence for the development of AJ&K EPHS. The following evidence was collated for the prioritization of interventions:

1. **Description of Interventions:** developed during the generic EPHS to be used as such in AJ&K as the same was developed at national level through consensus among stakeholders, using the latest guidelines and manuals.
2. **Burden of Disease in Azad Jammu & Kashmir:** With availability of burden of disease data for AJ&K, it was decided to apply area specific 2019 BOD data, instead of 2017 BOD data used at national level for the generic EPHS.
3. **Target population for each Intervention:** The AJK UHC Technical Committee as a group decided the baseline and year wise milestones for each proposed intervention. Year-wise

⁸ Notification and TOR of AJ&K UHC Steering Committee, dated 26 August 2021; AJK Health Department

targeted population for each intervention was defined using projected AJ&K data from the 2017 census, latest national/provincial/area surveys, Institute of Health Metrics and Evaluation (IHME) and other published research. The baseline for some interventions was also identified through department's programmatic data. Milestones were kept realistic rather than ambitious as the same has significant impact on the unit cost estimation.

4. **Unit cost:** For the generic EPHS at national level, unit costs were calculated for 170 interventions across the 5 platforms. Costs were calculated to be nationally representative, using a provider perspective. Staff requirements were described in terms of staff type and number of minutes of direct contact required. For some interventions, multiple drug regimens were described depending on the target population. For equipment, resources were quantified by the number of minutes used per intervention. The same cost components were used in the AJ&K EPHS considering the fact that the technical specifications of the interventions will remain the same. However, staff salaries were adjusted to the pay scales in AJ&K and annual milestones defined by the AJ&K UHC technical committee were used to make year-wise cost projections. In addition, an inflation rate 8% was also added separately for the forthcoming years.
5. **Incremental cost-effectiveness ratio (ICER):** For the AJ&K EPHS, the ICER values identified in the generic national EPHS were used (considering availability of limited data at area level), which were identified through the use of the Tufts registry and DCP3 databases on cost-effectiveness. The matching of the ICERs for each intervention went through a step-wise process along with assessment of quality of data.
6. **Health Interventions Prioritization Tool (Hiptool):**⁹ is a web-based digital tool developed by the University College of London (UCL) and was used to analyse, optimise health interventions and visualization of results. Optimization of interventions based on – cost effectiveness, disability adjusted life years (DALYs) averted, targeted population, budgetary impact was done using the Hiptool. This consequently led to the Investment Cascade of Interventions in AJ&K to further analyse the evidence.

The next step after generation of localized evidence / investment cascade, was a three-days' workshop held on 22-24 June 2021. The AJ&K UHC Technical Committee deliberated to prioritize interventions into **immediate, special and high (but not immediate)** priority categories, considering the fiscal space and availability of resources for the implementation.

Prioritized interventions were drafted as EPHS document for final review by the AJ&K Core Committee and endorsement of the AJ&K UHC Steering Committee.

REVIEW OF AVAILABILITY OF ESSENTIAL HEALTH SERVICES IN AJ&K

The review was carried out by the Health Department, AJK and other key stakeholders to compare the current availability of Essential Health Services in the province against the DCP3 recommended 218 interventions for Essential UHC (EUHC) and 151 initially prioritized interventions under the generic EPHS of Pakistan.

Results are based on general consensus among 51 participants of AJ&K UHC Technical Committee and gives a glimpse of health services in the province. However, there would be significant variation in service provision not only among districts of AJK but also expected worse coverage in hard to

⁹ Health Interventions Prioritization Tool Working Group. <http://hiptool.org/>

reach/ socio-economically poor districts. Results in AJK against the DCP3 recommended 218 EUHC interventions by platform and cluster are as following:

Platform	No of EUHC interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
Community	59	71%	8%	2%	12%	7%
PHC Centre	68	62%	16%	13%	7%	1%
First Level Hospital	58	38%	10%	47%	5%	-
Tertiary Hospital	20	30%	25%	45%	-	-
Population	13	69%	23%	8%	-	-

Cluster	No of EUHC interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
RMNCH/Age related	59	36%	19%	24%	15%	7%
Infectious diseases	51	76%	6%	12%	6%	-
NCD and Injuries	52	71%	13%	13%	2%	-
Services access	56	43%	16%	36%	4%	2%
TOTAL	218	54%	17%	23%	5%	2%

Results in AJK against the generic national EPHS initially prioritized 151 interventions by platform and cluster are as following:

Platform	No of EPHS interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
Community	28	21%	25%	14%	29%	11%
PHC Centre	43	44%	21%	23%	7%	5%
First Level Hospital	46	9%	13%	70%	9%	-
Tertiary Hospital	22	23%	32%	36%	9%	-
Population	12	75%	25%	-	-	-

Cluster	No of EPHS interventions	Not available	Available 1-25%	Available 26-50%	Available 51-75%	Available >75%
RMNCH/Age related	53	15%	25%	34%	19%	8%
Infectious diseases	30	60%	10%	20%	10%	-
NCD and Injuries	29	48%	24%	24%	3%	-
Services access	39	8%	23%	59%	8%	3%
TOTAL	151	33%	20%	34%	10%	3%

Summary results of the review indicate that:

- Overall, **44.4% (97/218) of the DCP3 recommended EUHC interventions and 71.5% (108/151) of the generic EPHS interventions** are being currently implemented partially, out of which only 9.1% of EUHC and 14.5% of generic EPHS interventions are expected to be accessible in more than 50% of the health facilities of AJK;
- Out of the DCP3 recommended district level EUHC interventions, 42.7% (79/185) and out of the generic district level EPHS interventions 75.2% (88/117) are available partially in AJK.** Only 10.8% of district EUHC interventions and 17% of generic district EPHS interventions are available in more than 50% of facilities of AJK;

- **Out of the DCP3 recommended community level EUHC interventions, 28.8% (17/59) and out of the generic community level EPHS interventions 78.5% (22/28) are available partially in AJK.** However, only 18.6% of community level EUHC interventions and 39.2% of generic community EPHS interventions are available in more than 50% of communities;
- **Out of the DCP3 recommended PHC centre level EUHC interventions, 38.2% (26/68) and out of the generic PHC centre level EPHS interventions 55.8% (24/43) are available partially in AJK.** However, only 8.8% of PHC level EUHC interventions and 11.6% of generic PHC centre EPHS interventions are available in more than 50% of facilities;
- **Out of the DCP3 recommended FLH level EUHC interventions, 62% (36/58) and out of the generic FLH level EPHS interventions 92% (42/46) are available partially in AJK.** However, only 5% of FLH level EUHC interventions and 8.6% of generic FLH EPHS interventions are available in more than 50% of facilities;
- **Out of the DCP3 recommended TH level EUHC interventions, 70% (14/20) and out of the generic TH level EPHS interventions 77% (17/22) are available partially in AJK.** However, Nil of TH level EUHC interventions and 9% of generic TH EPHS interventions are available in more than 50% of TH in AJK;
- **Out of the DCP3 recommended Population level EUHC interventions, 30.7% (4/13) and out of the generic population level EPHS interventions 25% (3/12) are available partially in AJK;**
- Analysis of cluster-based results indicate that out of 218 DCP3 recommended EUHC services, partially available RMNCH and age-related cluster interventions are 38/59 (**64.4%**), for infectious diseases cluster 12/51 (**23.5%**), for NCD & injuries cluster 15/52 (**28.8%**) and for health services cluster 32/56 (**57%**). **Infectious diseases and non-communicable diseases clusters appears to be neglected areas;**
- Analysis of cluster-based results indicate that out of 151 recommended generic EPHS services, partially available RMNCH and age-related cluster interventions are 45/53 (**84.9%**), for infectious diseases cluster 12/30 (**43%**), for NCD & injuries cluster 15/29 (**51.7%**) and for health services cluster 36/39 (**92%**). **Again, infectious diseases and non-communicable diseases clusters need more attention.**

The review concludes that

- Current services are not sufficient to make significant progress towards achieving UHC;
- Two platforms – community and PHC centre level should have scaled up services through an integrated approach;
- Range of services at tertiary hospitals is also limited, which may lead to transfer of patients to other provinces and Islamabad;
- Where services are included in the package they should be provided with the appropriate technology and to a high quality;
- EPHS should be a live document and should be reviewed regularly;
- UHC benefit package should also consider inter-sectoral interventions, which are mostly cost-effective and have long lasting impact on the health outcomes.

AN OUTLINE OF AJ&K EPHS WITH LOCALIZED EVIDENCE

The Essential Package of Health Services (EPHS) has been designed to provide a progressively improving access of essential health care services to the population considering fiscal space and based on the commitment of the government to achieve UHC.

The fiscal space is critically constrained and the health part of the government budget that provides sustainable resources for public purposes is very narrow¹⁰. Although a gradual increase in health expenditure has been reported in recent years, health expenditure remains low in AJ&K with equity issues. In Pakistan, public health expenditure is around 1% of the GDP whereas around 2% of the health expenditure is out-of-pocket. The total health expenditure per capita was US\$ 48 in 2017-18, of which public spending on health was around US\$ 18-19,¹¹ much lower than the estimated cost of the packages and compared to other countries in the region.

Adequate public spending on essential health services is central to UHC, the current financial gap calls for exploring options to implement the recommended package in a way that is consistent with current fiscal realities but also take into account the potential to adopt approaches for progressive increase in resources and coverage of interventions.

While the government need to focus attention not only to enhance health sector allocations but also to gradually improve the coverage of essential health services especially in socio-economic poor districts. The contents of the EPHS are therefore a dynamic process that should be regularly updated and refined by the Health Department. District level interventions through community, PHC clinic and FLH are interlinked with each other and augment each other for maximum benefit.

Needless to say, prioritizing the government budget for EPHS is a very challenging task that requires full engagement of the highest level of government and relevant sectors specially the AJ&K Planning & Development Department, AJ&K Finance Department and the Federal government. Making the case for a higher level of investment in health requires:

Conducting fiscal space analysis and identifying potential sources of additional funding

- Linking revenue raising to a health financing strategy and investment plan
- Advocacy for political support and presenting evidence of efficiency and economic gains

Details of interventions prioritized for the AJK EPHS are as following:

Platform	Number of DCP3 recommended Interventions	High Priority Interventions (with split)	Immediate Priority Interventions (with split)	Interventions through Special Initiatives
1. Community level	59	28	21	6
2. PHC centre level	68	45	36	2
3. First level hospital	58	47	39	4
District EPHS	185	120	96	12
4. Tertiary hospital	20	22	22	-
5. Population level	13	12	10	-
All Five Platforms	218	154	128	12

¹⁰ WHO. https://www.who.int/health_financing/topics/fiscal-space/why-it-matter/en/

¹¹ Federal Bureau of Statistics; National Health Accounts 2017-18

A summary of interventions (immediate priority) of AJK EPHS for the **year 2021** are as follows:

Platform	Immediate Priority Interventions	Unit Cost (\$)/ person/ year (inclusive of health system cost)	DALYs Avert
1. Community level	21	3.28	55,048
2. PHC centre level	36	3.21	141,495
3. First level hospital	39	11.04	99,432
District EPHS	96	17.54	295,976
4. Tertiary hospital	22	2.95	20,971
5. Population level	10	7.29	++
All five platforms	128	27.77	316,947

An addition of **12 interventions through special initiatives** will cost US\$4.19/ person/ year and will avert additional 9,135 DALYs through District EPHS:

- Community: US\$0.91 per capita cost of six interventions to avert 2,595 DALYs
- PHC centre: US\$0.02 per capita cost of two interventions to avert 137 DALYs
- FLH: US\$3.27 per capita cost of two interventions to avert 6,402 DALYs

DALYs avert through population level interventions are difficult to measure but are expected to be highly cost-effective, especially in partnership with other provinces/ federating areas.

At the community level, majority of interventions are to be implemented through Lady Health Workers (LHWs), which cost US\$1.53 to US\$2.3/person/year depending upon the covered population per LHW (1,500 or 1,000 people respectively).

Implementation of EPHS progressively improves the coverage of essential health care services to the population and accordingly has cost implication and DALYs averted. Accordingly, projections from 2021 to 2027 are shown below.

Year	District EPHS – 120 interventions		District EPHS – 108 interventions (Immediate & Special)	
	Unit Cost (\$) (Inclusive of health system cost)	DALYs Averted	Unit Cost (\$) (Inclusive of health system cost)	DALYs Averted
2021	25.91	314,576	21.73	305,111
2022	27.57	326,578	22.48	307,872
2023	30.85	345,173	24.73	328,233
2024	34.01	390,946	27.48	365,958
2025	37.35	425,048	30.41	397,778
2026	39.87	453,353	32.52	423,812
2027	42.38	481,234	34.63	449,445

Year	DISTRICT EPHS – 96 interventions (Immediate Priority)		
	Unit Cost (\$) (Inclusive of health system cost)	DALYs Averted	Unit Cost (\$) 8% annual inflation rate
2021	17.54	295,976	18.94
2022	17.77	298,220	19.19
2023	19.22	316,933	20.76
2024	20.94	352,614	22.61
2025	23.11	382,882	24.96
2026	24.51	407,498	26.47
2027	25.90	431,716	27.98

Year	Tertiary Hospital Level – 22 interventions		
	Unit Cost (\$) (Inclusive of health system cost)	DALYs Averted	Unit Cost (\$) with 8% annual inflation rate
2021	2.95	20,971	3.19
2022	3.48	22,353	3.75
2023	4.14	24,401	4.48
2024	4.82	26,663	5.20
2025	6.41	38,442	6.92
2026	7.25	42,610	7.83
2027	8.16	46,825	8.81

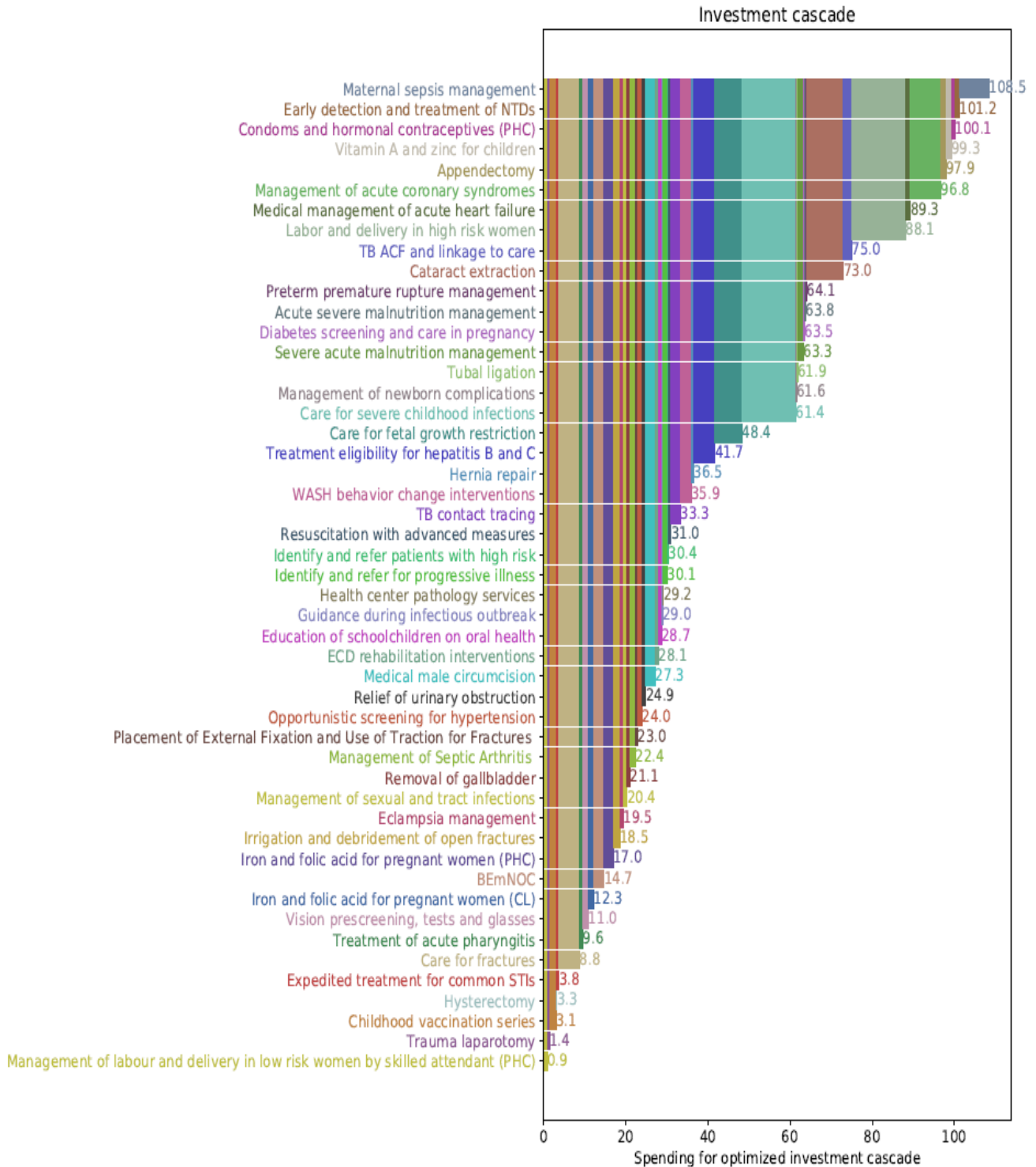
Year	Population Level – 10 interventions	
	Unit Cost (\$)	Unit Cost (\$) with 8% annual inflation rate
2021	7.29	7.87
2022		8.50
2023		9.18
2024		9.92
2025		10.71
2026		11.57
2027		12.49

Note:

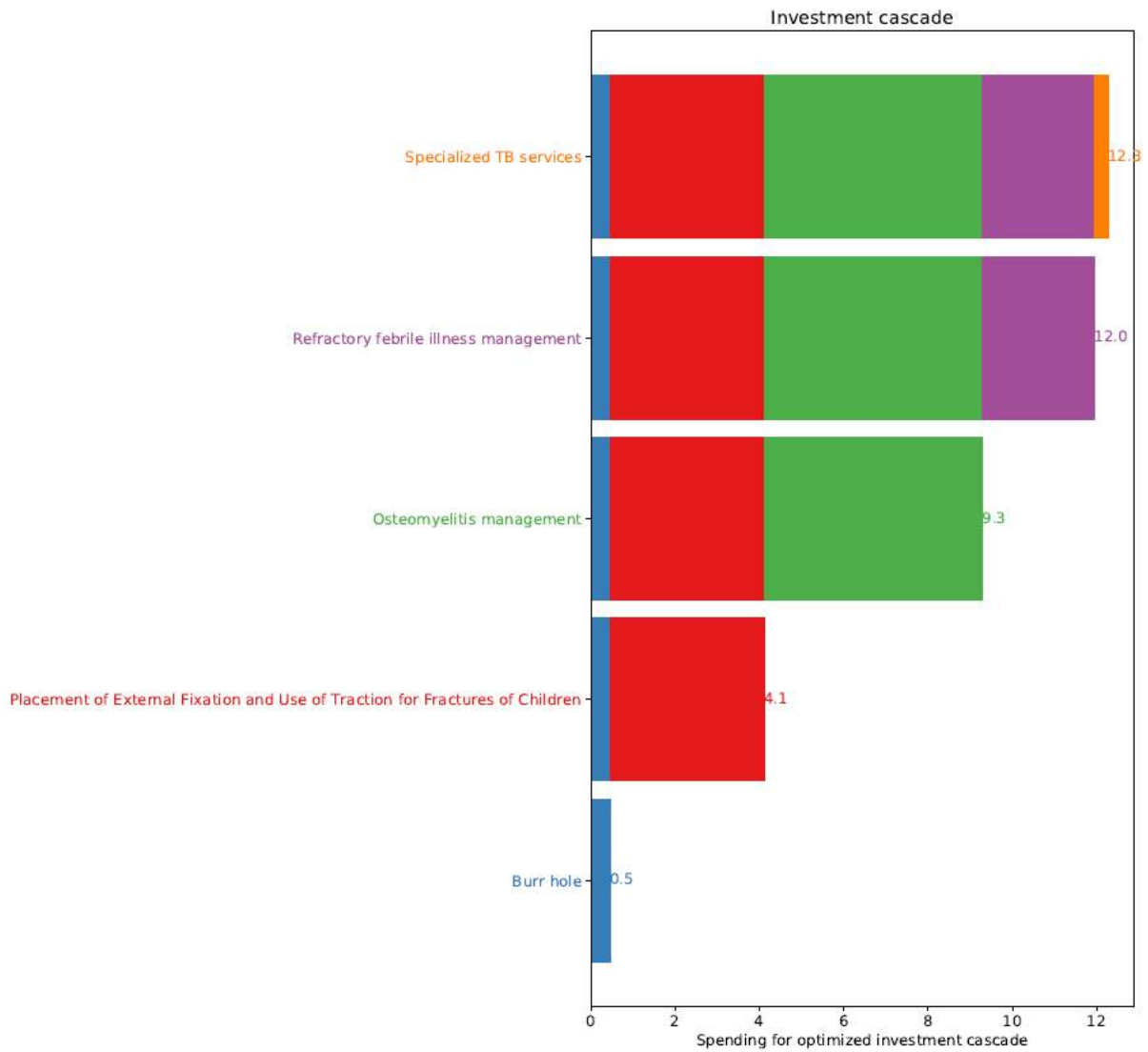
- Unit cost at Tertiary hospital is less as limited services are offered at this level in AJ&K. On the other hand, unit cost of FLH is high as referral services are catered more at this level.
- Cost of Population level interventions is very high in AJ&K and these interventions are not recommended to be executed alone by the Health Department, AJ&K. Partnership with other provinces, development partners or federal government can bring down the unit cost significantly.

INVESTMENT CASCADES

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**, which suggest interventions may be prioritized for inclusion in EPHS, while considering fiscal space. Investment Cascade for 120 District level interventions for AJK is as below:



Investment Cascade for Tertiary Hospital EPHS for AJ&K is as below:



Some of the interventions were optimized by 'Hiptool' considering AJK situation i.e., non-availability of evidence/ service.

The following section provide details of interventions and evidence in the context of AJ&K EPHS.

Localised Evidence of 120 Interventions for District EPHS and Prioritisation of Interventions

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
C1-COM	Antenatal and postpartum education on family planning	RMNCH	12	57	6,063	45,137	0.04%	Low	0.01	1.62	0.55	I
C10-COM	Education on handwashing and safe disposal of children's stools	RMNCH	8	34	1,124	97,542	0.09%	Low	0.02	3.51	1.19	I
C11-COM	Pneumococcus vaccination	RMNCH	43	749	329	1,814,770	1.62%	High	0.42	65.23	18.34	I
C12-COM	Rotavirus vaccination	RMNCH	100	38,571	1	896,384	0.80%	Medium	0.21	32.22	9.06	I
C14-COM	Provision of vitamin A and zinc supplementation to children according to WHO guidelines, and provision of food supplementation to women and children in food insecure households	RMNCH	92	6,143	97	1,364,090	1.22%	High	0.32	49.03	20.80	S Zinc Immediate
C16-COM	Childhood vaccination series (diphtheria, pertussis, tetanus, polio, BCG, measles, hepatitis B, Hib, rubella)	RMNCH	18	121	1,228	1,630,233	1.46%	High	0.38	58.60	18.67	I
C18-COM	Education of schoolchildren on oral health	RMNCH	47	1,082	512	610,354	0.55%	Medium	0.14	21.94	1.34	I

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
C19-COM	Vision pre-screening by teachers; vision tests and referral for provision of ready-made glasses by eye specialists	RMNCH	22	229	265	1,341,828	1.20%	High	0.31	48.23	2.95	I Referral to THQ
C2-COM	Counselling of mothers on providing thermal care for preterm new-borns (delayed bath and skin-to-skin contact)	RMNCH	11	54	1,454	59,792	0.05%	Low	0.01	2.15	0.75	I
C27a-COM	Provision of iron and folic acid supplementation to pregnant women, and provision of food or caloric supplementation to pregnant women in food insecure households	RMNCH	23	266	351	1,282,078	1.15%	High	0.30	46.09	56.63	I
C27b-PHC	Provision of iron and folic acid supplementation to pregnant women, and provision of food or caloric supplementation to pregnant women in food insecure households	RMNCH	27	286	351	2,215,644	1.98%	High	0.51	79.65	57.09	I
C3a-COM	Management of labour and delivery in low-risk women by skilled attendant	RMNCH	3	2	5,735	29,509	0.03%	Low	0.01	1.06	23.14	I
C3b-COM	Basic neonatal resuscitation following delivery	RMNCH	2	1	5,735	2,066	0.00%	Low	0.00	0.07	1.62	I

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
C3c-PHC	Management of labour and delivery in low-risk women by skilled attendant	RMNCH	4	17	5,735	914,591	0.82%	Medium	0.21	32.88	23.90	I
C3d-PHC	Basic neonatal resuscitation following delivery	RMNCH	1	1	5,735	66,943	0.06%	Low	0.02	2.41	1.75	I
C4-COM	Promotion of breastfeeding or complementary feeding by lay health workers	RMNCH	10	54	1,288	93,150	0.08%	Low	0.02	3.35	1.14	I
C5-PHC	Tetanus toxoid immunization among schoolchildren and among women attending antenatal care	RMNCH	80	2,857	43	110,673	0.10%	Low	0.03	3.98	1.07	I
C8-COM	Detection and management of acute severe malnutrition and referral in the presence of complications	RMNCH	81	2,900	141	234,087	0.21%	Low	0.05	8.41	20.05	I
FLH1-FLH	Detection and management of foetal growth restriction	RMNCH	71	1,286	1,487	6,653,344	5.96%	High	1.54	239.17	514.33	X
FLH10-FLH	Surgical termination of pregnancy by manual vacuum aspiration and dilation and curettage	RMNCH	66	1,082	5	35,783	0.03%	Low	0.01	1.29	184.41	I
FLH11-FLH	Full supportive care for severe childhood infections with danger signs	RMNCH	70	1,286	3,232	12,983,905	11.62%	High	3.01	466.73	266.95	I

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
FLH12-FLH	Management of severe acute malnutrition associated with serious infection	RMNCH	76	2,286	141	1,401,552	1.25%	High	0.33	50.38	240.13	S
FLH13-FLH	Early detection and treatment of early-stage cervical cancer	RMNCH	40	557	55	3,621	0.00%	Low	0.00	0.13	272.68	I
FLH14-FLH	Insertion and removal of long-lasting contraceptives (IUCDs and Implants)	RMNCH	57	1,082	79	929	0.00%	Low	0.00	0.03	1.86	I
FLH15-FLH	Tubal ligation	RMNCH	74	2,000	79	284,175	0.25%	Low	0.07	10.22	189.17	I DHQ Only
FLH16-FLH	Vasectomy	RMNCH	109	314	79	-	0.00%	Low	-	-	184.96	X
FLH3-FLH	Jaundice management with phototherapy	RMNCH	51	1,082	327	26,099	0.02%	Low	0.01	0.94	101.28	I
FLH4-FLH	Management of eclampsia with magnesium sulphate, including initial stabilization at Health Centre	RMNCH	31	429	147	976,239	0.87%	Medium	0.23	35.09	170.87	I
FLH5-FLH	Management of maternal sepsis, including early detection at Health Centre	RMNCH	96	13,571	13	729,708	0.65%	Medium	0.17	26.23	225.04	I

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FLH6-FLH	Management of new-born complications infections, meningitis, septicaemia, pneumonia and other very serious infections requiring continuous supportive care (such as IV fluids and oxygen)	RMNCH	72	1,429	329	212,572	0.19%	Low	0.05	7.64	126.50	I
FLH7-FLH	Management of preterm labour with corticosteroids, including early detection at Health Centre	RMNCH	99	35,714	1,454	1,458,837	1.31%	High	0.34	52.44	252.26	I
FLH8-FLH	Management of labour and delivery in high-risk women, including operative delivery (CEmNOC)	RMNCH	85	3,703	6,063	13,053,397	11.68%	High	3.03	469.23	570.38	I DHQ Only
HC1-PHC	Early detection and treatment of neonatal pneumonia with oral antibiotics	RMNCH	9	41	329	187,813	0.17%	Low	0.04	6.75	5.46	I
HC10-FLH	Screening and management of diabetes in pregnancy (gestational diabetes or pre-existing type II diabetes)	RMNCH	78	2,571	27	247,402	0.22%	Low	0.06	8.89	25.54	I DHQ Only
HC11-PHC	Management of labour and delivery in low-risk women (BEmNOC), including initial treatment of obstetric or delivery complications prior to transfer	RMNCH	24	267	6,063	2,474,262	2.21%	High	0.57	88.94	31.88	I 24/7 BHU and RHC

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HC12-PHC	Detection and treatment of childhood infections with danger signs (IMCI)	RMNCH	6	23	3,227	124,716	0.11%	Low	0.03	4.48	7.46	I
HC14-PHC	Psychological treatment for mood, anxiety, ADHD, and disruptive behaviour disorders	RMNCH	90	4,821	1,098	52,440	0.05%	Low	0.01	1.89	2.05	I
HC16-PHC	Post gender-based violence care, including counselling, provision of emergency contraception, and rape-response referral (medical and judicial)	RMNCH	118	1,206	1,234	-	0.00%	Low	-	-	15.04	X
HC17-PHC	Syndromic management of common sexual and reproductive tract infections (for example urethral discharge, genital ulcer, and others) according to WHO guidelines	RMNCH	36	469	202	878,461	0.79%	Medium	0.20	31.58	5.10	I
HC2-PHC	Management of miscarriage or incomplete abortion and post abortion care	RMNCH	86	3,857	5	168,519	0.15%	Low	0.04	6.06	28.95	I
HC3-FLH	Management of preterm premature rupture of membranes, including administration of antibiotics	RMNCH	82	3,041	1,858	342,376	0.31%	Low	0.08	12.31	176.45	I

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HC4a-COM	Provision of condoms and hormonal contraceptives, including emergency contraceptives	RMNCH	28	286	307	113,043	0.10%	Low	0.03	4.06	15.20	I
HC4b-PHC	Provision of condoms and hormonal contraceptives, including emergency contraceptives and IUDs	RMNCH	91	6,501	307	80,745	0.07%	Low	0.02	2.90	15.20	I
HC5a-COM	Counselling of mothers on providing kangaroo care for new-borns (CL)	RMNCH	32	430	1,320	186	0.00%	Low	0.00	0.01	0.67	I
HC5b-PHC	Counselling of mothers on providing kangaroo care for new-borns (PHC)	RMNCH	33	430	1,320	1,432	0.00%	Low	0.00	0.05	0.67	I
HC6-FLH	Management of neonatal sepsis, pneumonia, and meningitis using injectable and oral antibiotics	RMNCH	16	107	329	152,798	0.14%	Low	0.04	5.49	66.11	I
HC7-PHC	Pharmacological termination of pregnancy	RMNCH	73	1,714	5	70,022	0.06%	Low	0.02	2.52	17.18	I
HC9a-COM	Screening of hypertensive disorders in pregnancy	RMNCH	102	132,148	147	27,684	0.02%	Low	0.01	1.00	0.43	I
HC9b-PHC	Screening and management of hypertensive disorders in pregnancy	RMNCH	101	132,148	147	459,550	0.41%	Low	0.11	16.52	7.11	I
RH1-FLH	Full supportive care for preterm new-borns	RMNCH	14	83	5,711	139,491	0.12%	Low	0.03	5.01	38.63	I DHQ Only

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C17-PHC	In high malaria transmission settings, indoor residual spraying (IRS) in selected areas with high transmission and entomologic data on IRS susceptibility	RMNCH	106	217	3	-	0.00%	Low	-	-	1.68	X
C28-COM	Community-based HIV testing and counselling (for example, mobile units and venue-based testing), with appropriate referral or linkage to care and immediate initiation of lifelong ART	Infectious Disease Cluster	117	286	310	-	0.00%	Low	-	-	2.24	S
C30a-COM	Provision of condoms to key populations, including sex workers, men who have sex with men, people who inject drugs (IDU), transgender populations, and prisoners	Infectious Disease Cluster	116	286	884	-	0.00%	Low	-	-	22.65	S
C30b-COM	Provision of disposable syringes to people who inject drugs (IDU)	Infectious Disease Cluster	108	286	884	-	0.00%	Low	-	-	8.05	S
C32-COM	Routine contact tracing to identify individuals exposed to TB and link them to care	Infectious Disease Cluster	52	1,082	3,803	2,286,728	1.93%	High	0.53	82.20	13.86	I

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C33-PHC	For malaria due to P. vivax, test for G6PD deficiency; if normal, add chloroquine or chloroquine plus 14-day course of primaquine	Infectious Disease Cluster	119	1,082	2,042	-	0.00%	Low	-	-	2.64	X
C43-COM	Early detection and treatment of Chagas disease, human African trypanosomiasis, leprosy, and leishmaniases	Infectious Disease Cluster	95	8,857	32	1,106,345	0.94%	Medium	0.26	39.77	12.71	I
C45-COM	Identify and refer patients with high risk including pregnant women, young children, and those with underlying medical conditions	Infectious Disease Cluster	60	1,082	2,469	233,396	0.20%	Low	0.05	8.39	0.90	X
C46-COM	In the context of an emerging infectious outbreak, provide advice and guidance on how to recognize early symptoms and signs and when to seek medical attention	Infectious Disease Cluster	79	1,082	8,995	388,994	0.33%	Low	0.09	13.98	0.45	I
FLH17-FLH	Referral of cases of treatment failure for drug susceptibility testing; enrolment of those with MDR-TB for treatment per WHO guidelines (either short or long regimen)	Infectious Disease Cluster	29	314	448	151,367	0.13%	Low	0.04	5.44	597.42	I

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FLH18-FLH	Evaluation and management of fever in clinically unstable individuals using WHO IMAI guidelines, including empiric parenteral antimicrobials and antimalarials and resuscitative measures for septic shock	Infectious Disease Cluster	17	116	93,466	136,232	0.12%	Low	0.03	4.90	135.02	I
HC19-FLH	For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of antiviral treatment when indicated	Infectious Disease Cluster	69	1,251	1,298	5,207,305	4.41%	High	1.21	187.19	301.91	S
HC20-PHC	Hepatitis B and C testing of individuals identified in the national testing policy (based on endemicity and risk level), with appropriate referral of positive individuals to trained providers	Infectious Disease Cluster	112	504	1,298	66,961	0.06%	Low	0.02	2.41	3.88	S
HC21-PHC	Partner notification and expedited treatment for common STIs, including HIV	Infectious Disease Cluster	105	156	884	529,974	0.45%	Low	0.12	19.05	3.69	I

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HC23-PHC	Provider-initiated testing and counselling for HIV, STIs, and hepatitis, for all in contact with health system in high-prevalence settings, including prenatal care with appropriate referral or linkage to care including immediate ART initiation for those testing positive for HIV	Infectious Disease Cluster	111	429	2,182	1,886	0.00%	Low	0.00	0.07	4.37	S
HC24-FLH	As resources permit, hepatitis B vaccination of high-risk populations, including healthcare workers, PWID, MSM, household contacts, and persons with multiple sex partners	Infectious Disease Cluster	120	386	599	-	0.00%	Low	-	-	2.67	S
HC25-PHC	Provision of voluntary medical male circumcision service in settings with high prevalence of HIV	Infectious Disease Cluster	46	1,081	884	2,379,019	2.01%	High	0.55	85.52	40.05	I

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HC26-PHC	For PLHIV and children under five who are close contacts or household members of individuals with active TB, perform symptom screening and chest radiograph; if there is no active TB, provide isoniazid preventive therapy according to current WHO guidelines	Infectious Disease Cluster	25	271	3,803	4,847	0.00%	Low	0.00	0.17	20.19	I
HC27-PHC	Diagnosis of TB, including assessment of rifampicin resistance using rapid molecular diagnostics (UltraXpert), and initiation of first-line treatment per current WHO guidelines for drug-susceptible TB; referral for confirmation, further assessment of drug resistance, and treatment of drug-resistant TB	Infectious Disease Cluster	104	56	3,803	25,246	0.02%	Low	0.01	0.91	92.76	I
HC28-COM	Screening for HIV in all individuals with a diagnosis of active TB; if HIV infection is present, start (or refer for) ARV treatment and HIV care	Infectious Disease Cluster	103	4	310	-	0.00%	Low	-	-	2.46	S

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HC30-PHC	Evaluation and management of fever in clinically stable individuals using WHO IMAI guidelines, with referral of unstable individuals to first-level hospital care	Infectious Disease Cluster	65	1,082	93,466	38,321	0.03%	Low	0.01	1.38	4.20	I
HC32-PHC	Provision of insecticide-treated nets to children and pregnant women attending Health Centre	Infectious Disease Cluster	107	286	2,469	-	0.00%	Low	-	-	8.58	X
HC33-PHC	Identify and refer to higher levels of health care patients with signs of progressive illness	Infectious Disease Cluster	49	1,082	2,469	950,272	0.80%	Medium	0.22	34.16	4.90	I
C34-PHC	Conduct larviciding and water-management programs in high malaria transmission areas where mosquito breeding sites can be identified and regularly targeted	Infectious Disease Cluster	110	318	2,469	-	0.00%	Low	-	-	0.66	I
P5-COM	Systematic identification of individuals with TB symptoms among high-risk groups and linkage to care ("active case finding")	Infectious Disease Cluster	84	3,571	3,803	2,023,529	1.71%	High	0.47	72.74	0.78	I
C51-COM	WASH behaviour change interventions, such as community-led total sanitation	NCD & IPC	56	1,082	11,593	2,567,805	2.17%	High	0.60	92.30	1.08	S

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FLH20-FLH	Management of acute coronary syndromes with aspirin, unfractionated heparin, and generic thrombolytics (when indicated)	NCD & IPC	88	4,593	5,401	7,478,155	6.33%	High	1.73	268.81	429.07	S
FLH22-FLH	Management of acute exacerbations of asthma and COPD using systemic steroids, inhaled beta-agonists, and, if indicated, oral antibiotics and oxygen therapy	NCD & IPC	97	15,714	2,882	1,933,412	1.64%	High	0.45	69.50	81.44	I
FLH23-FLH	Medical management of acute heart failure	NCD & IPC	87	3,857	53	1,216,508	1.03%	High	0.28	43.73	620.43	X
FLH24-FLH	Management of bowel obstruction	NCD & IPC	35	457	183	74,409	0.06%	Low	0.02	2.67	267.52	I DHQ Only
FLH30-FLH	Management of intoxication/ poisoning syndromes using widely available agents; e.g., activated charcoal, naloxone, bicarbonate, antivenom	NCD & IPC	55	1,082	1,420	1,403	0.00%	Low	0.00	0.05	30.13	I
HC36-PHC	Long-term combination therapy for persons with multiple CVD risk factors, including screening for CVD in community settings using non-lab-based tools to assess overall CVD risk	NCD & IPC	58	1,082	14,102	36,313	0.03%	Low	0.01	1.31	9.93	I

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HC37-PHC	Low-dose inhaled corticosteroids and bronchodilators for asthma and for selected patients with COPD	NCD & IPC	98	25,180	2,882	6,026	0.01%	Low	0.00	0.22	2.54	X
HC38-PHC	Provision of aspirin for all cases of suspected acute myocardial infarction	NCD & IPC	34	443	5,401	3,873	0.00%	Low	0.00	0.14	0.89	I
HC39a-PHC	Screening of albuminuric kidney disease including targeted screening among people with diabetes	NCD & IPC	94	8,737	2,193	39,817	0.03%	Low	0.01	1.43	10.06	I
HC41-PHC	Secondary prophylaxis with penicillin for rheumatic fever or established rheumatic heart disease	NCD & IPC	113	1,082	1,371	10,385	0.01%	Low	0.00	0.37	2.98	I
HC42-PHC	Treatment of acute pharyngitis in children to prevent rheumatic fever	NCD & IPC	21	214	1,371	818,762	0.69%	Medium	0.19	29.43	4.87	I
HC45-PHC	Opportunistic screening for hypertension for all adults and initiation of treatment among individuals with severe hypertension and/or multiple risk factors	NCD & IPC	41	571	13,150	999,323	0.85%	Medium	0.23	35.92	21.85	I
HC50-PHC	Management of depression and anxiety disorders with psychological and generic antidepressant therapy	NCD & IPC	115	1,082	2,207	492,110	0.42%	Low	0.11	17.69	32.58	I







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HC56-PHC	Targeted screening for congenital hearing loss in high-risk children using otoacoustic emissions testing	NCD & IPC	114	1,857	808	17,521	0.01%	Low	0.00	0.63	14.01	I
C53a-COM	Identification/screening of the early childhood development issues motor, sensory and language stimulation	Health Services	67	1,082	882	72,624	0.06%	Low	0.02	2.61	1.19	I
C53b-PHC	Early childhood development rehabilitation interventions, including motor, sensory, and language stimulation	Health Services	53	1,082	882	788,382	0.67%	Medium	0.18	28.34	12.97	X
FLH31-FLH	Appendectomy	Health Services	89	4,814	132	1,145,591	0.97%	Medium	0.27	41.18	275.31	I
FLH34-FLH	Colostomy	Health Services	15	86	246	30,205	0.03%	Low	0.01	1.09	294.82	I
FLH35-FLH	Escharotomy or fasciotomy	Health Services	26	276	341	65,037	0.06%	Low	0.02	2.34	308.82	I THQ A, DHQ
FLH36-FLH	Fracture reduction and placement of external fixator and use of traction for fractures	Health Services	20	157	10,870	5,016,657	4.24%	High	1.16	180.33	249.46	I THQ A, DHQ
FLH38-FLH	Hysterectomy for uterine rupture or intractable postpartum haemorrhage	Health Services	19	139	750	225,408	0.19%	Low	0.05	8.10	327.23	I

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
FLH39-FLH	Irrigation and debridement of open fractures	Health Services	30	410	10,870	1,560,129	1.32%	High	0.36	56.08	378.07	I THQ A, DHQ
FLH41a-FLH	Management of septic arthritis	Health Services	39	529	967	1,300,981	1.10%	High	0.30	46.77	402.29	I DHQ Only
FLH41b-FLH	Placement of External Fixation and Use of Traction for Fractures	Health Services	38	529	7,253	575,517	0.49%	Low	0.13	20.69	343.42	I
FLH42-FLH	Relief of urinary obstruction by catheterization or suprapubic cystostomy	Health Services	42	743	805	943,011	0.80%	Medium	0.22	33.90	221.13	I
FLH43-FLH	Removal of gallbladder including emergency surgery	Health Services	37	486	168	714,195	0.60%	Medium	0.17	25.67	304.47	I
FLH44-FLH	Repair of perforations (for example, perforated peptic ulcer, typhoid ileal perforation)	Health Services	13	74	224	38,042	0.03%	Low	0.01	1.37	384.42	I
FLH45-FLH	Resuscitation with advanced life support measures, including surgical airway	Health Services	50	1,082	9,633	691,644	0.59%	Medium	0.16	24.86	80.20	I
FLH48a-FLH	Trauma laparotomy	Health Services	5	20	10,870	510,431	0.43%	Low	0.12	18.35	354.17	I THQ A, DHQ
FLH49-FLH	Trauma-related amputations	Health Services	7	33	10,870	167,299	0.14%	Low	0.04	6.01	310.39	I
FLH50-FLH	Tube thoracostomy	Health Services	54	1,082	11,398	9,150	0.01%	Low	0.00	0.33	84.88	I

DCP 3 Code /UHC BP Platform	Full Name of Intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
FLH52-FLH	Compression therapy for amputations, burns, and vascular or lymphatic disorders	Health Services	44	800	341	14,606	0.01%	Low	0.00	0.53	8.69	I
HC57a-PHC	Dental extraction (PHC)	Health Services	45	1,000	307	64,242	0.05%	Low	0.01	2.31	19.37	I RHC only
HC57b-FLH	Dental extraction (FLH)	Health Services	64	1,082	307	73,923	0.06%	Low	0.02	2.66	22.29	I
HC58a-PHC	Drainage of dental abscess (PHC)	Health Services	77	2,543	83	48,294	0.04%	Low	0.01	1.74	14.56	I RHC only
HC59-PHC	Drainage of superficial abscess	Health Services	75	2,159	24	182,107	0.15%	Low	0.04	6.55	16.03	I
HC60-PHC	Management of non-displaced fractures	Health Services	63	1,082	10,870	45,147	0.04%	Low	0.01	1.62	13.47	I
HC61-PHC	Resuscitation with basic life support measures	Health Services	61	1,082	9,633	1,104	0.00%	Low	0.00	0.04	1.65	I
HC62-PHC	Suturing laceration	Health Services	59	1,082	10,870	42,721	0.04%	Low	0.01	1.54	2.83	I
HC63a-PHC	Treatment of caries	Health Services	93	6,644	83	155,211	0.13%	Low	0.04	5.58	25.38	I RHC only
HC64-PHC	Basic management of musculoskeletal and neurological injuries and disorders, such as prescription of simple exercises and sling or cast provision	Health Services	48	1,082	13,638	119,710	0.10%	Low	0.03	4.30	8.77	I RHC only

DCP 3 Code /UHC BP Platform	Full Name of intervention	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate/ Special Initiatives
HC68-PHC	Health centre pathology services	Health Services	62	1,082	2,469	214,838	0.18%	Low	0.05	7.72	22.14	X
RH14-FLH	Cataract extraction and insertion of intraocular lens	Health Services	83	3,143	196	8,898,528	7.53%	High	2.06	319.87	242.94	I DHQ Only
FLH37a-FLH	Hernia repair including emergency surgery	Health Services	68	1,086	93	629,590	0.00%	Low	0.15	22.63	240.15	I DHQ Only

Note: Health System cost at district level is included

LEGENDS	
	Strong and positive evidence
	Medium positive evidence
	Weak positive evidence
	Intervention recommended for Immediate implementation
	Intervention recommended for implementation through Special initiative
	Not an immediate priority OR covered in other intervention/s

Localised Evidence for 22 Prioritized Interventions in Tertiary Hospital EPHS







DCP 3 Code	Full Name	Cluster	Cost effectiveness ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention on USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate / Special Initiatives
FLH25	Calcium and vitamin D supplementation for secondary prevention of osteoporosis	NCD & IPC	16	2,186	967	-	0.0%	Low	-	-	236.76	I
FLH33	Craniotomy for Trauma	Health Services	3	286	2,006	455,988	3.6%	High	0.106	16.39	497.65	I
FLH37b	Hernia Repair Including Emergency Surgery for neonates and infants	Health Services	1	17	93	10,194	0.1%	Low	0.002	0.37	230.43	I
FLH40	Management of osteomyelitis, including surgical debridement for refractory cases	Health Services	8	799	967	5,178,809	40.7%	High	1.201	186.16	406.99	I
FLH41c	Placement of External Fixation and Use of Traction for Fractures of Children	Health Services	5	529	7,253	3,649,277	28.7%	High	0.846	131.18	311.08	I
FLH48b	Trauma laparotomy in children	Health Services	2	20	10,870	38,847	0.3%	Low	0.009	1.40	331.15	I
RH2	Specialized TB services, including management of MDR- and XDR-TB treatment failure & surgery for TB	Infectious Disease Cluster	11	1,082	3,803	316,916	2.5%	High	0.073	11.39	789.13	I
RH3	Management of refractory febrile illness including etiologic diagnosis at reference microbiological laboratory	Infectious Disease Cluster	10	1,082	93,466	2,694,737	21.2%	High	0.625	96.87	1,077.50	I

DCP 3 Code	Full Name	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention on USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate / Special Initiatives
RH4	Management of acute ventilatory failure due to acute exacerbations of asthma and COPD; in COPD use of bilevel positive airway pressure preferred	NCD & IPC	15	15,714	2,882	5,720	0.0%	Low	0.001	0.21	48.18	I
RH5	Retinopathy screening via telemedicine, followed by treatment using laser photocoagulation	NCD & IPC	16	314	2,536	-	0.0%	Low	-	-	2.75	I
RH6	Use of percutaneous coronary intervention for acute myocardial infarction where resources permit	NCD & IPC	16	962	5,401	-	0.0%	Low	-	-	411.42	I
RH7	Treatment of early-stage breast cancer with appropriate multimodal approaches (including generic chemotherapy), with curative intent, for cases that are detected by clinical examination at Health Centre	NCD & IPC	20	9,286	1,070	-	0.0%	Low	-	-	2,086.46	I

DCP 3 Code	Full Name	Cluster	Cost effectiveness ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention on USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate / Special Initiatives
RH8	Treatment of early-stage colorectal cancer with appropriate multimodal approaches (including generic chemotherapy), with curative intent, for cases that are detected by clinical examination at Health Centre	NCD & IPC	9	1,071	246	27,352	0.2%	Low	0.006	0.98	640.73	I
RH9	Treatment of early-stage childhood cancers (such as Burkitt and Hodgkin lymphoma, acute lymphoblastic leukaemia, retinoblastoma, and Wilms tumour) with curative intent in paediatric cancer units or hospitals	NCD & IPC	21	1,571	2,434	-	0.0%	Low	-	-	2,364.42	I
RH10	Elective surgical repair of common orthopaedic injuries (for example, meniscal and ligamentous tears) in individuals with severe functional limitation	NCD & IPC	16	157	10,870	-	0.0%	Low	-	-	383.83	I
RH11	Urgent, definitive surgical management of orthopaedic injuries (for example, by open reduction and internal fixation)	NCD & IPC	6	529	10,870	189,300	1.5%	High	0.044	6.80	282.40	I

DCP 3 Code	Full Name	Cluster	Cost effectiveness and ranking	ICER	Burden of Diseases Annual DALYs per 100,000	Spending per Intervention on USD	Spending per Intervention USD % of total spending	Budget Impact	Cost per capita \$	Cost per capita PKR	Unit Cost/ Intervention \$	Immediate / Special Initiatives
RH12	Repair of cleft lip and cleft palate	NCD & IPC	14	11,286	60	3,127	0.0%	Low	0.001	0.11	824.18	I
RH13	Repair of club foot	NCD & IPC	4	474	143	32,827	0.3%	Low	0.008	1.18	152.26	I
RH15	Repair of anorectal malformations and Hirschsprung's Disease	Health Services	11	1,082	304	11,701	0.1%	Low	0.003	0.42	369.21	I
RH16	Repair of obstetric fistula	Health Services	11	1,082	603	10,196	0.1%	Low	0.002	0.37	404.19	I
RH17	Insertion of shunt for hydrocephalus	Health Services	22	226	263	-	0.0%	Low	-	-	396.54	I
RH18	Surgery for trachomatous trichiasis	Health Services	6	529	102	104,094	0.8%	Medium	0.024	3.74	218.67	I

Note: Health System cost at district level is included

LEGENDS		
	Strong and positive evidence	 Intervention recommended for Immediate implementation
	Medium positive evidence	 Intervention recommended for implementation through Special initiatives
	Weak positive evidence	 Not an immediate priority OR cost included in other intervention/s

10 Prioritized Interventions at Population Level

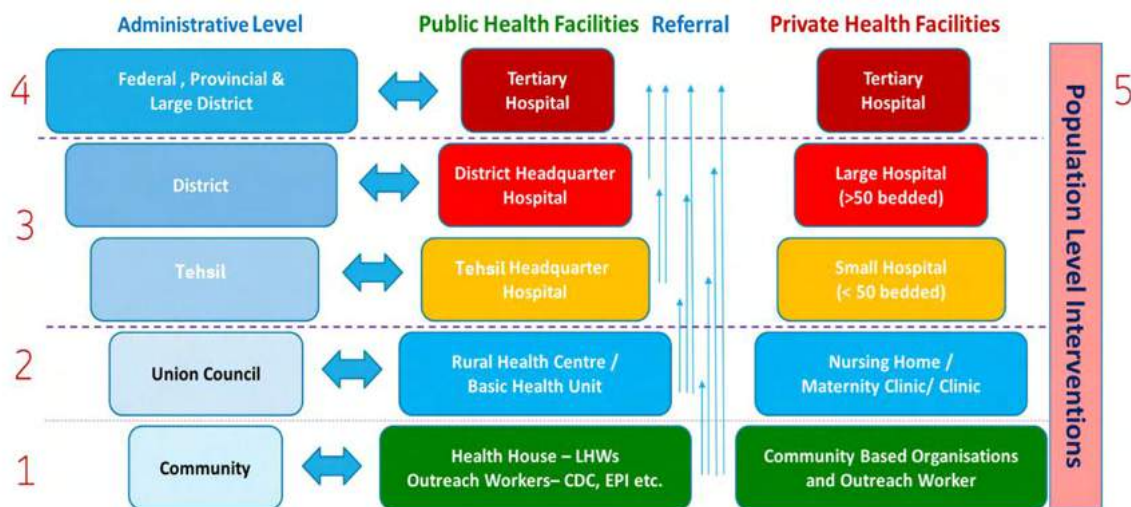
Code	Intervention	Cluster	Unit Cost \$ /Capita
P1-P1	Mass media messages concerning sexual and reproductive health and mental health for adolescents (Also included in HIV and Mental health packages of services)	RMNCH	0.95
P2-P2	Mass media messages concerning healthy eating or physical activity (Also included in CVD and Musculoskeletal packages of services)	RMNCH	0.95
C25-P3	Education campaign for the prevention of gender-based violence	RMNCH	0.95
P4-P4	Mass media encouraging use of condoms, voluntary medical male circumcision and STI testing	RMNCH	0.95
P6-P5	Sustained integrated vector management for effective control of visceral Leishmaniasis, dengue, chikungunya, CCHF, and other nationally important causes of non-malarial fever vector borne NTDs	Infectious Disease Cluster	0.96
P13-P6	Mass media messages concerning awareness on handwashing and health effects of household air pollution	Infectious Disease Cluster	0.95
P7-P7	Conduct a comprehensive assessment of International Health Regulations (IHR) competencies using the Joint External Evaluation (JEE) tool	Infectious Disease Cluster	0.02
P11-P9	Develop plans and legal authority for curtaining interactions between infected persons and un-infected population and implement and evaluate infection control measures in health facilities	Infectious Disease Cluster	0.55
P8-P10	Conduct simulation exercises and health worker training for outbreak events including outbreak investigation, contact tracing and emergency response	Infectious Disease Cluster	0.05
P3-P12	Mass media messages concerning use of tobacco (Also included in CVD package of services)	NCD & IPC	0.95

- Cost of Population level interventions is very high in AJ&K and these interventions are not recommended to be executed alone by the Health Department, AJ&K. Partnership with other provinces, development partners or federal government can bring down the unit cost significantly.

HEALTHCARE DELIVERY SYSTEM IN AJ&K

AJ&K public healthcare delivery system functions as an integrated health complex that is administratively managed at the district level. The government provide healthcare through a three-tiered healthcare delivery system and community-based interventions. The former includes Basic Health Units (BHU), 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 Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs), which are supported by Tertiary Care mostly annexed with teaching hospitals. Services are augmented through a range of public health programmes/ interventions through healthcare delivery system and through population level interventions.

Figure: Public & Private Healthcare Delivery System in AJ&K



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. In some cases, the distinction between public and private sectors is not very clear as many public sector practitioners also practice privately.

Whereas, primary, promotive and preventive health 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 District 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, Population Welfare Councillor, CDC/Sanitary patrol, etc, and have been accounted for as PHC centre staff. Health posts managed by non-trained staff also exist in AJ&K for provision of medicines or basic care.

Lady Health Workers (LHWs)

Lady Health Worker (LHW) is a community-based worker and the LHWs Programme was launched nationwide in 1994. LHW 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. Catchment population in AJ&K is somewhat low considering geographical terrain in the area. LHW is required to visit at least 7-12 households each day to ensure that all registered households are visited at least once every month. During household visit she provides 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 may 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/ birthing 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 socio-economically poor 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 HIV & AIDS high-risk populations to ensure provision of preventive services. These services are usually offered to injecting drug users, sex workers, bridging population etc. Considering low burden of HIV& AIDS in AJ&K, such services do not exist at this stage.

In addition, community level services are also offered by the out-reach workers including Vaccinators, Health and Population Welfare Councillors, Environmental technicians, Lady health supervisors and other health staff. For some interventions, other volunteers also contribute to delivery of services e.g., polio campaign, deworming campaign, Vit A supplementation, etc. Nomenclature varies in different provinces/areas. Activities related to out-reach workers have been accounted for mostly at the community & 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), BHU Plus 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 in public and private sector are as following:

Basic Health Unit/ Dispensary/ General Practitioner 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 / MCH Centre / Medical Centre

With increasing population and to ensure 24/7 delivery services, the concept of 24/7 BHU emerged. In comparison to BHU, 24/7 BHU is envisaged to provide wider range of services including round the clock delivery services. 24/7 BHU 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 the facility. Already MCH centres and private clinics are offering such services round the clock.

Rural Health Centre / Health Centre/ Nursing Homes

Rural Health Centre (RHC) functions around the clock and serve a catchment area population of 40,000–60,000, 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 Emergency Obstetric & New-born Care (BEmONC) services, emergency services such as management of injuries, accident, 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. RHC provides basic surgical, dental and ambulance services. RHCs are equipped with laboratory and X-ray facilities and a 10-20 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.

First level hospital health system

First level hospital refers to the intermediate level of medical care that is provided by a specialist or facility upon referral from primary care and is designed to provide technical, therapeutic and diagnostic services. It requires more specialized knowledge, skills, and equipment than the primary care professional. Services are offered 24/7. Basic specialist consultation and hospital admissions fall into this category. First level hospitals include Tehsil Head Quarters (THQs), and District Head Quarter (DHQs) in public sector. The services provided at the hospitals are primarily curative in nature. Administratively, these hospitals are run by senior doctors or medical superintendents who oversee medical staff that comprises specialists, doctors, nurses, paramedics and other technicians.

Private hospital less than 50 beds are considered to be equivalent to THQ hospital while private hospitals having bed capacity more than 50 are equivalent to DHQ hospital.

Tehsil Head Quarter (THQ) hospital / 50 bedded Private hospitals

The catchment population of THQ hospital is the population of that Tehsil and may vary from 60,000 to 1-1.5 million people. There are three types of THQ hospitals in AJ&K – Type A, Type B and Type C with varying hospital beds capacity. Hospital beds in THQ hospital ranges from 10-100 depending upon the size of Tehsil. THQ hospital is supposed to provide basic (and sometimes Comprehensive Emergency Obstetrics and New-born Care (CEmONC), along with basic medical and surgical services. THQ hospital also provides services to those patients who are referred by RHCs, BHU, LHWs and CMWs.

District Head Quarters (DHQ) hospital / >50 bedded Private hospitals

DHQ hospital serves the whole population of a district and population may vary from 1-3 million or more. Number of hospital beds range from 100-300 or more. DHQ hospitals are supposed to provide specialized curative care, diagnostics, inpatient and referral services. DHQ hospital provides services to patients referred by LHWs, CMWs BHUs, RHCs and THQ hospitals.

Tertiary hospital (Public/ Private)

A tertiary referral hospital provides tertiary care, which is a level of health care obtained from specialists in a large hospital after referral from the providers of primary care and secondary care. Tertiary hospital that usually has a full complement of services including paediatrics, obstetrics, general medicine, gynaecology, various branches of surgery and psychiatry. Specialty hospital are dedicated to specific sub-specialty care (paediatric centres, oncology centres, psychiatric hospitals). Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated intensive care facilities are required.

Tertiary hospital may also be attached with a Medical Teaching Institute. Tertiary hospitals are not present in all districts but in districts with large population and also serve the neighbouring districts. There are limited number of Tertiary hospitals in AJ&K where scope of specialised services is also limited. Although situation is gradually improving, people in AJK have to seek specialized tertiary care from other provinces and Islamabad.

Population level

Federal and Provincial/Area governments also carry out some interventions which benefit the whole population. Population-level health interventions are policies or interventions that shift the distribution of health risk by addressing the underlying social, economic and environmental conditions. These interventions might be policies designed and developed in the health sector, but may be implemented in sectors elsewhere, such as media or education.

DISTRICT LEVEL ESSENTIAL PACKAGE OF HEALTH SERVICES (Community, PHC Centre and First Level Hospital)

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, minimum of 96 interventions out of 218 recommended interventions by the DCP3/ 151 generic national EPHS were prioritized for immediate implementation by stakeholders to be included in the AJ&K District level EPHS at the Community, PHC centre and First Level Hospital. Remaining interventions were identified as high priority to be implemented provided resources are available, whereas 12 were identified to be implemented through special initiatives with additional support of national and/or provincial governments and partners. Other interventions can also be offered once EPHS interventions are fully offered.

The immediate, high priority and special initiative 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, 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

First nine categories are part of RMNCH/ life cycle cluster. The description in the following section reflects the prioritized set of District level EPHS interventions:

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, Community midwives, Lady Health Visitor, Population Welfare Councillor 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 interventions among twelve 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 IUCD 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 of 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, PW councillor)
- Ensure provision of vitamin A (after National immunization days are stopped) and zinc supplementation (LHW, PW councillor, 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, PW councillor)

- 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, PW councillor with support of Vaccinator)
- Education on handwashing and safe disposal of children's stool (LHW, PW councillor)

School age Child Care

- Education of schoolchildren on oral health (LHW, PW councillor)
- Vision pre-screening and referral to THQ if required (LHW, PW councillor)
- School based HPV vaccination of girls (vaccinator, LHV) – after 2022-23 and through special initiative
- Drug administration against soil-transmitted helminthiasis (LHW, PW councillor, 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, PW councillor)
- 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, PW councillor)
- Conduct larvicidal and water management (LHW & PW councillor with backup support from CDC/ Environmental technician)
- Identification and referral of suspected cases of Dengue, Influenza, Trachoma etc. (LHW, PW councillor)
- Identification, reporting and referral of notifiable diseases (LHW, PW councillor 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, PW councillor)
- Health education on Diabetes (LHW, PW councillor)
- Self-managed treatment of migraine (LHW)
- Clap test for screening of congenital hearing loss among new-born and referral (LHW)
- WASH behaviour changes interventions (LHW, PW councillor with backup support from CDC/ Environmental technician)

Health Services Access

- Health education on dental care (LHW, PW councillor)
- Health education scabies, lice and skin infections (LHW, PW councillor)
- 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 BHU (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 pills 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 newborn	Yes	Yes	Yes
6.	Counselling on breastfeeding and growth monitoring	Yes	Yes	Yes
7.	Monitoring of pregnant women using MCH card (at least 4-8 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	Yes (referral)	Yes
15.	Management of miscarriage or post-abortion care	No	No	Yes

PHC CENTRE LEVEL INTERVENTIONS				
Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
Post-Natal Care				
16.	Post-natal care services +3 follow up visits	Yes	Yes (12/7)	Yes (24/7)
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 (follow 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/No
Infectious Diseases				
34.	HIV testing, counselling and referral for ART	No	No	Yes
35.	Hepatis B and C testing and referral	No	Yes	Yes
36.	Partner notification and expedited treatment for STI and referral for HIV	(Only Health education on Hepatis B and C) No	Yes	Yes
37.	Diagnosis and treatment of Tuberculosis (TB)	(Only Health education on STI and HIV) No	Yes	Yes
38.	Screening of HIV in all individuals with a diagnosis of active TB	(Only Referral of suspected cases) No	No	(Referral of MDR cases) Yes

PHC CENTRE LEVEL INTERVENTIONS				
Sr. No.	Intervention	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
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 positive cases	Yes	Yes	Yes (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 (12/7)	Yes (24/7)
57.	Management of non-displaced fracture and referral	No	Yes (24/7)	Yes (24/7)
58.	Circumcision	No	Yes	Yes
59.	Suturing of small laceration	Yes	Yes (24/7)	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 + 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 BHU (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.	Serum Uric Acid	No	Yes/No	Yes
6.	Renal function Test (Such as Serum Urea & Creatinine)	No	Yes	Yes
7.	Urine Chemistry (Qualitative and Quantitative Testing)	Yes (Only Qualitative)	Yes	Yes
8.	Onsite Malaria Testing	No	No	Yes
9.	Malaria Rapid Diagnostic Test (RDT)	No	No	Yes
10.	Gram Staining at facility	Yes/ No	Yes	Yes
11.	Stool Microscopy at Facility	Yes / No	Yes	Yes
12.	Onsite Tuberculosis Testing	No	Yes	Yes
13.	X-Ray Services	No	Yes	Yes
14.	ECG Services	No	Yes	Yes
15.	Ultrasound	No	Yes	Yes

EPHS at First Level Hospital

The prioritized interventions are/ should be offered at the FLH. However, scope of interventions will vary considering different types of FLH (Tehsil or District) in public and private sector. The following box reflect the essential services across different types of FLH.

FIRST LEVEL HOSPITAL INTERVENTIONS

Sr. No.	Intervention	Yes / No	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
Reproductive Health/ Birth Spacing			
1.	Early detection and referral / treatment of early-stage cervical cancer	Yes	Yes
2.	Insertion and removal of long-lasting contraceptives	Yes	Yes
3.	Tubal ligations	No	Yes
4.	Vasectomy	No	No
Antenatal care			
5.	Management of eclampsia with magnesium sulphate, including initial stabilization at health centres	Yes	Yes
6.	Screening and management of diabetes in pregnancy (gestational diabetes or pre-existing type II diabetes)	Yes	Yes
7.	Detection and management of foetal growth restriction	No	No
Delivery care			
8.	Surgical termination of pregnancy by maternal vacuum aspiration and dilatation & curettage	Yes	Yes
9.	Management of labour and delivery in high-risk women, including operative delivery (CEmONC)	No	Yes
10.	Management of maternal sepsis, including early detection at Health centre	No	Yes
Postnatal care			
	(Follow up visit of complicated delivery cases)	Yes	Yes
New-born care			
11.	Management of Neonatal sepsis, pneumonia and meningitis using injectable and oral antibiotics	No	Yes
12.	Management of preterm premature rupture of membranes, including	Yes	Yes

FIRST LEVEL HOSPITAL INTERVENTIONS			
Sr. No.	Intervention	Yes / No	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
	administration of antibiotics		
13.	Management of new-born complications infections, meningitis, septicaemia, pneumonia and other very serious infections requiring continuous supportive care (such as IV fluids and oxygen)	No	Yes
14.	Full supportive care for preterm new-born	No	Yes
15.	Jaundice Management with Phototherapy	Yes	Yes
Nutrition			
	(Stabilization centres only in food-insecure districts)	-	Yes
Child care			
16.	Full supportive care for severe childhood infections with danger signs	Yes	Yes
Infectious diseases			
17.	For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of ART when indicated	No	Yes
18.	Referral of cases of treatment failure for drug susceptibility testing; enrolment of those with MDR-TB for treatment per WHO guidelines	Yes	Yes
19.	Evaluation and management of fever in clinically unstable individuals using WHO IMAI guidelines, including empiric parenteral antimicrobials and antimalarial and resuscitative measures for septic shock	No	Yes
Non-communicable diseases			
20.	Management of acute coronary exacerbations of asthma and COPD using systemic steroids, inhaled beta-agonists and if indicated oral antibiotics and oxygen therapy	Yes	Yes
21.	Management of acute coronary syndromes	No	Yes
22.	Medical management of acute heart failure	No	Yes
23.	Early childhood development rehabilitation interventions, including motor, sensory, and language stimulation	Yes	Yes
24.	Management of bowel obstruction	No	Yes
25.	Management of intoxication/ poisoning syndromes using widely available agents e.g., charcoal, naloxone, bicarbonate, antivenom	No	Yes
Health services access			
26.	Appendectomy	Yes	Yes
27.	Colostomy (Adult and Paediatrics) (Refer to tertiary hospital)	No	Yes
28.	Management of Bowel obstruction	No	Yes
29.	Escharotomy or fasciotomy	Type A only	Yes
30.	Fracture reduction & placement of external fixator and use of traction for fractures	Type A only	Yes
31.	Hysterectomy for uterine rupture or intractable postpartum haemorrhage	Yes	Yes
32.	Irrigation and debridement of open fractures (Refer to tertiary hospital)	Type A only	Yes
33.	Management of septic arthritis	No	Yes
34.	Placement of external fixation and use of traction for fractures	Yes	Yes
35.	Relief of urinary obstruction by catheterization for fractures	Yes	Yes
36.	Removal of gallbladder, including emergency surgery	No	Yes
37.	Repair of perforations (for example perforated peptic ulcer, typhoid ileal perforation)	No	Yes
38.	Tube thoracostomy	Yes	Yes
39.	Trauma laparotomy	Type A only	Yes
40.	Trauma related amputations	Yes	Yes
41.	Compression therapy for amputations, burns, and vascular or lymphatic disorders	Yes	Yes
42.	Cataract extraction and insertion of intraocular lens	No	Yes

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 FLH care facilities.

FIRST LEVEL HOSPITAL LABORATORY & DIAGNOSTIC INTERVENTIONS			
Sr. No.	Laboratory / Diagnostic Tests	Yes / No	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
1.	Blood CP	Yes	Yes
2.	ESR	Yes	Yes
3.	Blood Culture & Sensitivity	No	Yes
4.	C-Reactive Protein	No	Yes
5.	Blood Grouping & Cross Matching	Yes	Yes
6.	Blood Smear	No	Yes
7.	Random and Fasting blood glucose	Yes	Yes
8.	Serum Electrolytes (Serum Potassium, sodium, Serum Magnesium)	Yes	Yes
9.	Serum Amylase, Lipase	No	Yes
10.	Creatinine Phosphokinase, Serum Lactate	No	Yes
11.	Serum Bilirubin	Yes	Yes
12.	Prothrombin time test, APTT, INR	Yes	Yes
13.	Blood Urea and Nitrogen	Yes	Yes
14.	Hepatitis B & C test	Yes	Yes
15.	Microscopy for malarial parasite	Yes	Yes
16.	Pregnancy Test	Yes	Yes
17.	Beta HCG	No	Yes
18.	Arterial Blood Gases	No	Yes
19.	LFTs	Yes	Yes
20.	RFTs	Yes	Yes
21.	Glucose-6-phosphate dehydrogenase (G6PD)	No	Yes
22.	Coomb's test	Yes	Yes
23.	Cardiac Troponin - T test	No	Yes
24.	Microscopy of Cerebral Spinal Fluid	Yes	Yes
25.	HIV Testing	Yes	Yes
26.	Urine Analysis	No	Yes
27.	Urine Culture & Microscopy test	Yes	Yes
28.	Urine Myoglobin	No	Yes
29.	Spot Urinary protein test	Yes	Yes
30.	High vaginal swab	No	Yes
31.	Semen analysis (sperm count)	Yes	Yes
32.	Lumbar Puncture	No	Yes
33.	Cytology (Pap smear or LBC) and Visual Inspection with Acetic acid (VIA)	No	Yes
34.	Molecular HPV testing	Yes	Yes
35.	Speculum, Vaginal & Rectal examination	No	Yes
36.	Intravenous pyelogram (IVP)	No	Yes
37.	Staining of smears for Ziehl-Neelsen or LED fluorescence microscopy	No	Yes
38.	APRI (AST-to-platelet ratio index)	No	Yes
39.	Liver Biopsy	No	Yes
40.	HBV & HCV Serological testing	Yes	Yes
41.	Nucleic Acid testing for HBV & HCV RNA	No	Yes
42.	line-probe assays (LPA) for direct detection of resistance mutations in acid-fast bacilli (AFB) smear-positive processed sputum samples	No	Yes
43.	Xpert MTB/RIF for use as the initial diagnostic test in individuals suspected of having MDR-TB	No	Yes
44.	<ul style="list-style-type: none"> • Phenotypic DST (conventional DST) • Genotypic DST 	No	Yes
45.	Gastric Lavage	Yes	Yes
46.	Pulse oximetry	Yes	Yes
47.	Ultra sound	Yes	Yes

FIRST LEVEL HOSPITAL LABORATORY & DIAGNOSTIC INTERVENTIONS

Sr. No.	Laboratory / Diagnostic Tests	Yes / No	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
48.	Chest X ray	Yes	Yes
49.	ECG	Yes	Yes
50.	Echo	No	Yes
51.	CT Scan	No	Yes
52.	CT scan with contrast	No	Yes
53.	X-ray Abdomen erect	Yes	Yes
54.	Radiograph of Limbs	Yes	Yes
55.	Joint Fluid Aspirate	No	Yes
56.	Fluid aspirate gram stain and culture	No	Yes
57.	Abdominal radiograph – erect and supine	Yes	Yes
58.	Ambulatory Xray (Portable)	Yes	Yes
59.	Ultrasound (to assess gestation age/IUGR) if needed	Yes	Yes
60.	Measurement of the compartment pressure (if Tonometer or Doppler Ultrasound available)	No	Yes
61.	Pelvic ultrasound (in case of ruptured uterus)	Yes	Yes
62.	Peri-apical radiograph	Yes	Yes
63.	Orthopantomogram	No	Yes
64.	Anti-cyclic citrullinated peptide (anti-CCP)	No	Yes
65.	Antinuclear antibody (ANA)	No	Yes
66.	Rheumatoid factor (RF)	No	Yes
67.	Uric acid	Yes	Yes
68.	Electrophoresis	No	Yes
69.	Blood test for sickle cell disease	No	Yes
70.	DNA testing (thalassemia specific)	No	Yes
71.	Thalassemia Test	No	Yes
72.	(Serum iron or Serum ferritin) (thalassemia specific)	No	Yes
73.	X-ray with a contrast material (barium X-ray)	No	Yes
74.	Dynamic swallowing study	No	Yes
75.	Fibreoptic endoscopic swallowing evaluation	No	Yes
76.	Manometry	No	Yes
77.	CD4 Testing	No	Yes
78.	Clinical chemistry panels (Automated analyser)	No	Yes
79.	RPR test for Syphilis	No	Yes
80.	FNAC	No	Yes
81.	Tissue Biopsy	No	Yes
82.	H & E staining	No	Yes

Note: Blue ones are essential for immediate implementation

IMPLEMENTATION ARRANGEMENT

Essential Infrastructure for Community, PHC Centre and FLH Interventions

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 and FLH 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 / BHU Plus 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 BHU Plus, 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. Wheel chairs & stretchers should be available near to the main gate to transfer the patient in minimum time to emergency or OT.
- 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 24/7 BHU 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 of samples 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 BHUs Plus 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.	Infrastructure	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
1.	Land required	10 Kanal (BHU)	10 Kanal (BHU Plus)	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

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

The suggested land area for THQ and DHQ level hospitals is as following to ensure provision of all essential in-patient and outpatient services:

- a) THQ hospital (Type A) – 10-100 bedded capacity - 7 ha/138 Kanals (350 m²/0.69 Kanals per bed). There would be variation in Type B and Type C THQ.
- b) DHQ- 100-350 bedded capacity - 10 ha/198 Kanals (333 m²/0.65 per bed)

These areas are for the hospital buildings only, excluding the area needed for staff housing.

- The site must be large enough for all the planned functional requirements to be met and for any expansion envisioned within the coming ten years.
- While choosing the location for a health facility, it should be ensured that the site has metal road access, electricity supply, adequate water supply, storm-water disposal 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.
- In areas where such utilities are not available, substitutes must be found, such as a deep well for water, generators for electricity and radio communication for telephone.
- It should be in an area free of pollution of any kind, including air, noise, water and land pollution.
- The hospital 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. Large DHQ hospital should have incinerator.
- The hospital 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 hospital 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, along with attendant of same gender.
- A kitchen should be available for Inpatients at THQs/DHQs. 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 THQs and DHQs should have an attached toilet, drinking water facility, and a designated space for new-born care with required equipment like suction machine. Privacy should be ensured for patients.
- At the FLH facilities, the operation theatre area should have a changing room, sterilization area, operating area, and washing area. Separate storage facility for sterile and unsterile equipment. Autoclave machine/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 FLH facilities.

Besides the above, the health facility should have

- Dispensing cum store area
 - Vaccine storage and immunization area
 - BCC and family planning counsel area
 - Utility room for dirty linen and used items
- 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.
 - All FLH facilities should have its own arrangement for safe washing of bed linen, blankets, sheets etc. used in different areas. There should be a contractual arrangement for linen washing.
 - Decent residential accommodation with all the amenities, like 24 hours water supply, electricity, etc. should be available for medical officers, paramedical staff, support staff and for peon/chowkidar.

The infrastructure and basic amenities recommended at FLH center facilities are as follows:

FIRST LEVEL HOSPITAL INFRASTRUCTURE AND BASIC AMENITIES			
Sr. No.	Infrastructure and Basic Amenities	Yes / No	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
1.	Central registration point/reception with computerized and paper records	Yes	Yes
2.	Central registration point Emergency room	Yes	Yes
3.	Medical Officer In-charge room with washroom	Yes	Yes
4.	Medical Officers rooms with washroom	Yes	Yes
5.	WMO rooms with washroom	Yes	Yes
6.	Offices for senior staff, senior medical staff and admin/accounts	Yes	Yes
7.	Examination & Procedure room	Yes	Yes
8.	LHV / Population welfare rooms with washroom	Yes	Yes
9.	Medical and non-medical stores in the ward	Yes	Yes
10.	Labour room	Yes	Yes
11.	Operation Theatre (OT) with scrub / washing area, changing room, sterilization room and generator room	Yes	Yes
12.	ICU/CCU	No	Yes
13.	Preoperative room	Yes	Yes
14.	Recovery Room	Yes	Yes
15.	Indoor wards with nursing station and washrooms	Yes	Yes

FIRST LEVEL HOSPITAL INFRASTRUCTURE AND BASIC AMENITIES

Sr. No.	Infrastructure and Basic Amenities	Yes / No	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
16.	Dental room with washroom	Yes	Yes
17.	Waiting areas with washrooms	Yes	Yes
18.	A big room for any meeting/ Academic activity	Yes	Yes
19.	Dispensary	Yes	Yes
20.	EPI room with regular & alternate electricity system	Yes	Yes
21.	Health education / Training room / ORT corner	Yes	Yes
22.	Laboratory	Yes	Yes
23.	X ray room with darkroom facility	Yes	Yes
24.	Storeroom	Yes	Yes
25.	Ramps for disabled	Yes	Yes
26.	Kitchen	Yes	Yes
27.	Mortuary and postpartum room	Yes	Yes
28.	Garage	Yes	Yes
29.	Boundary Wall	Yes	Yes
30.	Residences for staff	Yes	Yes
31.	Waste disposal area with proper infection control measures/protocol	Yes	Yes
32.	Water supply & Storage facility	Yes	Yes
33.	Green area with plantation	Yes	Yes
34.	External & Internal Road access	Yes	Yes
35.	Electricity, Water, and Gas facility	Yes	Yes
36.	Telephone and Internet	Yes	Yes
37.	Facility sign board	Yes	Yes
38.	Board with listed services, opening times and emergency contacts	Yes	Yes
39.	Fuel operated generator	Yes	Yes
40.	Pharmacy	Yes	Yes
41.	Main stores for medicines	Yes	Yes
42.	Main stores for non-medical items	Yes	Yes
43.	Public washroom	Yes	Yes
44.	Drinking Water dispensers	Yes	Yes
45.	Parking area (with shades) for staff and visitors	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 inevitable in view the range of essential health services/ interventions which are 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 minimum 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 Population Welfare (PW) 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 digital health technology.

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

PHC CENTRE LEVEL HUMAN RESOURCES FOR HEALTH				
Sr. No.	HRH	Yes / No		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (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.	District/ General Surgeon (optional)	0	0	1
5.	Paediatrician, Eye and ENT specialist (optional)	0	0	(on rotation)
6.	Male Medical Officer	1	2	3
7.	Women Medical Officer	0	2	3
8.	Medico-legal Officer	0	0	1
9.	Dental Surgeon	0	0	1
10.	Head Nurse	0	0	1
11.	Staff Nurse	0	2	6
12.	Lady Health Visitor/ Midwife/ FWW	1	3	3
13.	Vaccinator	2	2	2
14.	CDC/ Environmental technician	1	1	1
15.	Health Technician/ Medical Assistant	1	2	3
16.	Dental Technician	0	1	1
17.	Dispenser/ Dresser	1	2	2
18.	Mortuary attendant	0	0	1
19.	OT Technician	0	0	3
20.	Lab Technician	0	2	2
21.	Radiography Technician	0	2	2
22.	Microscopist	0	0	1
23.	Data Entry Operator	1	2	3
24.	Lower Division Clerk	0	0	1
25.	Population Welfare (HPN) Councillor	2	3	3
26.	Lady Health Supervisor & Driver		As per LHWP standards	
27.	Storekeeper	0	0	1
28.	Ward boy	0	0	3
29.	Generator/ Fog machine operator	0	0	1
30.	Driver	1 (if ambulance)	3	3
31.	Dai/Aya	0	3	3
32.	Cook & Tandorchi*	0	0	4
33.	Washer for Laundry*	0	0	2
34.	Naib Qasid / Sanitary Patrol	1	2	4
35.	Mali	1	1	2
36.	Chowkidar	2	2	3
37.	Sanitary worker*	1	2	3

* Cooking, Washing and Sanitary services may be contracted out.

- Staff mentioned in Blue font is critical to ensure immediate essential interventions

The essential human resource for health across the FLH is reflected in the following table.

FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH			
Sr. No.	HRH	Yes / No	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
Management Staff			
1.	Superintendent	Yes	Yes
2.	Additional Superintendent	No	Yes
3.	Deputy Superintendent	Yes	Yes

FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH

Sr. No.	HRH	Yes / No	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
Specialists			
4.	Medical Specialist/ District Physician	Yes	Yes
5.	Paediatrician + Lactation Consultant	No	Yes
6.	Cardiologist	No	Yes
7.	Dermatologist	No	Yes
8.	Neurologist	No	Yes
9.	Nephrologist	No	Yes
10.	T.B. & Chest Specialist (Pulmonologist)	No	Yes
11.	Psychiatrist	Yes	Yes
12.	Clinical Psychologist	No	Yes
13.	Forensic Expert	No	Yes
14.	Emergency Specialist	No	Yes
15.	Trauma Surgeon	No	Yes
16.	General Surgeon / District Surgeon	Yes	Yes
17.	Gynaecologist/ Obstetrician	Yes	Yes
18.	Paediatrics Surgeon	No	Yes
19.	Urologist	No	Yes
20.	Orthopaedic surgeon	No	Yes
21.	Anaesthetist	Yes	Yes
22.	ENT Specialist	No	Yes
23.	Ophthalmologist	No	Yes
24.	Pathologist	No	Yes
25.	Radiologist	No	Yes
26.	Blood Transfusion Officer	No	Yes
Medical and Dental Staff			
27.	Senior Medical Officers	Yes	Yes
28.	Medical Officers (MO)	Yes	Yes
29.	Causality Medical Officers & Reliever	Yes	Yes
30.	WMOs for Labour room & Relievers	Yes	Yes
31.	MOs (Intensive Care)	Yes	Yes
32.	Medicolegal Officer	Yes	Yes
33.	Dental Surgeon	Yes	Yes
Nursing Staff			
34.	Nursing Superintendent	Yes	Yes
35.	Nursing Deputy Superintendent	Yes	Yes
36.	Head Nurses	Yes	Yes
37.	Charge Nurses	Yes	Yes
Non-Medical Staff			
38.	Budget & Accounts Officer	Yes	Yes
39.	Accountant	Yes	Yes
40.	Social Welfare Officer	Yes	Yes
41.	Pharmacist	Yes	Yes
42.	Physiotherapist	Yes	Yes
43.	Population Welfare Officer	Yes	Yes
44.	Statistical specialist	Yes	Yes
45.	Epidemiologist	Yes	Yes
46.	Computer/ Data Entry Operators	Yes	Yes
47.	Biomedical Engineer	Yes	Yes
Para-Medical Staff			
48.	Radiographer	Yes	Yes
49.	Dental Technician/Assistant	Yes	Yes
50.	Lab technicians	Yes	Yes
51.	Lab Technician for blood transfusion	No	Yes

FIRST LEVEL HOSPITAL HUMAN RESOURCES FOR HEALTH			
Sr. No.	HRH	Yes / No	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
52.	CDC/Environmental technicians (INCENERATOR MAN)	Yes	Yes
53.	Eye Technician/Optician	Yes	Yes
54.	Lab Assistants	Yes	Yes
55.	Ophthalmic Technician	Yes	Yes
56.	Biomedical Technicians	Yes	Yes
57.	Microscopists	Yes	Yes
58.	Speech Therapist	No	Yes
59.	ECG Technician	Yes	Yes
60.	Operation Theatre technicians	Yes	Yes
61.	Lady Health Visitors/Midwives	Yes	Yes
62.	Dispensers / dressers	Yes	Yes
63.	Vaccinators	Yes	Yes
Support Staff			
64.	Head Clerk	No	Yes
65.	Senior Clerk	Yes	Yes
66.	Lower Division Clerk	Yes	Yes
67.	Storekeeper	Yes	Yes
68.	Ward boy	Yes	Yes
69.	Generator / Fog machine Operator	Yes	Yes
70.	Water Carrier	Yes	Yes
71.	Cashier	Yes	Yes
72.	Baildar	Yes	Yes
73.	Carpenter	Yes	Yes
74.	Plumber	Yes	Yes
75.	Almoner	Yes	Yes
76.	Chowkidar	Yes	Yes
77.	Telephone Operator	Yes	Yes
78.	Physiotherapy Aide / technician	Yes	Yes
79.	Stretcher Bearer	Yes	Yes
80.	Ambulance Driver	Yes	Yes
81.	Statistical Assistant	Yes	Yes
82.	Operation Theatre Attendants	Yes	Yes
83.	Sanitary Inspector/ Patrol	Yes	Yes
84.	Lab Attendants	Yes	Yes
85.	Ward Servants	Yes	Yes
86.	Ward Cleaners	Yes	Yes
87.	Electrician	Yes	Yes
88.	Air Conditioner Technicians	Yes	Yes
89.	Tailor	Yes	Yes
90.	Dhobi/Washerman	Yes	Yes

*Cooking, washing and sanitary services may be contracted out

- Staff mentioned in Blue font is critical to ensure immediate essential interventions

- Number of staff positions will vary as per sanctioned list

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

- 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/ emergency pill
- Injectable contraceptive (Depo Provera) with syringes
- Antiseptic Lotion
- Cotton Bandages
- Cotton roll

For other community level interventions

- Vaccine along with auto-destructible syringes and cold chain
 - BCG Vaccine
 - Oral Polio Vaccine
 - Injectable Polio Vaccine
 - Hepatitis B Vaccine
 - Measles Vaccine
 - Tetanus Toxoid
 - Pentavalent Vaccine
 - Pneumococcal Vaccine
 - 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 BHUs, 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 and FLH

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

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

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 | – Weighing machine (salter) |
| – Stethoscope | – Weighing machine (Adult) |
| – BP Apparatus (Dial) | – Mid upper arm circumference (MUAC) tape |
| – Thermometer Clinical/ Infra-red thermometer | – Plain Scissors |
| – Torch with batteries | – Respiratory counter |

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 and FLH

- | | |
|---|-------------------------------------|
| – 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 and FLH is provided in Annexure C and D.

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 level supervisor.
- At PHC centre (24/7 BHU), at least two visits should be ensured on monthly basis by the district level supervisor and more frequently by the tehsil 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 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 supervise 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 and FLH 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. PW councillor can also 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.

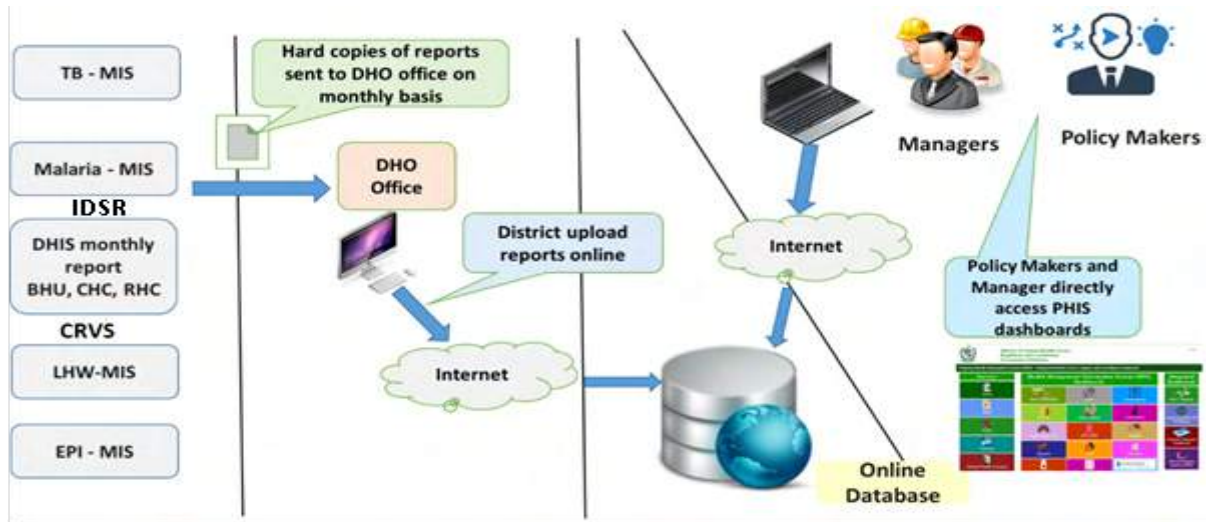
For getting Patient/ Client opinion and feedback on the LHW service provision, LHS can use her checklist or informal discussion to ensure feedback from some community members. At the PHC centre level, different options for opinion/ feedback from patients/ clients could be by fixing a complaint box in 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 and Demographic details
- 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 water, 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 BHU Plus 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) in different assigned colours bin and have regular capacity building of the staff and sweepers 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
- Incinerator in DHQ hospital is recommended

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 (others to be developed) 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 e.g., <i>Maan ki Sehat</i> and <i>Bachay ki Sehat</i>
Training for Vaccinators
Training of PW/ HPN Councillor
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)
Mental health global action plan (mhGAP) training
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

Annual In-service training plans to be developed and executed.

ANNEXURES

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

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (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 (Ampoule)	No	Yes	Yes
23.	Inj. Hydrocortisone 100mg	Yes	Yes	Yes
24.	Tab. Prednisolone 5mg	Yes	Yes	Yes
Antidotes and other substances used in poisoning				
25.	Atropine (Ampoule)	Yes	Yes	Yes
26.	Charcoal Activated (Powder)	Yes	Yes	Yes
27.	Inj. Diazepam	Yes	Yes	Yes
28.	Naloxone (Ampoule)	No	Yes	Yes
Anti-Epileptics Anticonvulsants				
29.	Tab. Carbamazepine 200 mg	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 Suspension) 250 mg	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
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 100mg/400mg	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
Anti-Diabetics				

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
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 + Diphenhydramine + Sodium	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	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 (Ampoule)	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
169.	Polymyxin B + Bacitracin Zinc	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
	(Ointment)			
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.	Ethinylestradiol + 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
208.	Scalp Vein Set	Yes	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU (Rural) Medical Centre (Urban) Medical centre (Pvt)	24/7 RHC (Rural) Health Centre (Urban) Nursing Home (Pvt)
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

Item mentioned in Blue font is critical to ensure essential interventions

B. Essential Medicines and Supplies - at First Level Hospital

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
Anaesthetics (Local)			
1.	Lidocaine 2 % (Vial)	Yes	Yes
2.	Lidocaine 5 % (Topical)	Yes	Yes
3.	Lidocaine 2% with 1:100,000 epinephrine	Yes	Yes
4.	Lidocaine 2% and bupivacaine	No	Yes
5.	Xylocaine 1%	Yes	Yes
6.	Inj. Ketamine	Yes	Yes
7.	Isoflurane Gas	No	Yes
8.	Suxamethonium 1-2mg ;4	No	Yes
9.	Oxygen supply	Yes	Yes
Analgesics (NSAIDs)			
10.	Tab. Acetylsalicylic Acid	Yes	Yes
11.	Tab. Mefenamic Acid	Yes	Yes
12.	Tab. Diclofenac 50 mg	Yes	Yes
13.	Diclofenac (Ampule)	No	Yes
14.	Tab. Ibuprofen 200 mg	Yes	Yes
15.	Tab. Ibuprofen 400 mg	Yes	Yes
16.	Syp. Ibuprofen	Yes	Yes
17.	Tab: Paracetamol 325mg	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
18.	Tab. Paracetamol 500 mg	Yes	Yes
19.	Tab: Paracetamol 1000mg	Yes	Yes
20.	Syp. Paracetamol	Yes	Yes
21.	Inj. Paracetamol	No	Yes
22.	Inj. Nalbuphine	Yes	Yes
23.	Inj. Toradol	Yes	Yes
24.	Inj. Kinz 0.1 mg	No	Yes
Anti-Allergic (Anaphylaxis)			
25.	Tab. Chlorpheniramine	Yes	Yes
26.	Inj. Chlorpheniramine	Yes	Yes
27.	Inj. Promethazine 25mg	No	Yes
28.	Syp. Chlorpheniramine	Yes	Yes
29.	Tab. Loratadine	No	Yes
30.	Syp. Loratadine	No	Yes
31.	Inj. Dexamethasone	Yes	Yes
32.	Tab. Dexamethasone	Yes	Yes
33.	Epinephrine (Ampule)	Yes	Yes
34.	Inj. Hydrocortisone	Yes	Yes
35.	Tab. Prednisolone	Yes	Yes
Antidotes and other substances used in poisoning			
36.	Atropine (Ampule)	Yes	Yes
37.	Charcoal Activated (Powder)	Yes	Yes
38.	Inj. Diazepam	Yes	Yes
39.	Naloxone (Ampule)	No	Yes
Anti-Epileptics /Anticonvulsants			
40.	Tab. Carbamazepine	No	Yes
41.	Syp. Carbamazepine	No	Yes
42.	Inj. Magnesium Sulphate (50%)	Yes	Yes
43.	Tab. Phenobarbital	No	Yes
44.	Inj. Phenobarbital	No	Yes
45.	Tab. Phenytoin	No	Yes
46.	Tab: Leviteracetam 500mg	No	Yes
Antibiotics/Antimicrobial			
47.	Tab./Cap. Amoxicillin 250 mg	Yes	Yes
48.	Tab./Cap. Amoxicillin 500 mg	Yes	Yes
49.	Syp. Amoxicillin (Powder for Suspension) 250 mg	Yes	Yes
50.	Syp. Amoxicillin (Powder for Suspension) 500 mg	Yes	Yes
51.	Inj. Amoxicillin 500 mg	Yes	No
52.	Cap. Ampicillin 250 mg	Yes	Yes
53.	Cap. Ampicillin 500 mg	Yes	Yes
54.	Tab. Calvanic Acid + Amoxicillin	Yes	Yes
55.	Ampicillin (Powder for Suspension) 250 mg	Yes	Yes
56.	Ampicillin (Powder for Suspension) 500 mg	Yes	Yes
57.	Inj. Amikacin 15mg	No	Yes
58.	Inj Clindamycin	No	Yes
59.	Inj. Ampicillin 500 mg	No	Yes
60.	Inj. Benzathine Penicillin 6lakh unit	Yes	Yes
61.	Inj. Benzathine Penicillin 12lakh unit	Yes	Yes
62.	Tab: Penicillin V potassium 125 mg	No	Yes
63.	Inj. Cefazoline 2 g	No	Yes
64.	Inj. Ceftriaxone 80mg	No	Yes
65.	Inj. Cefoxitine 2g	No	Yes
66.	Inj.Cefotaxime 50mg	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
67.	Cap. Cefixime	No	Yes
68.	Tab. Ciprofloxacin 250 mg	Yes	Yes
69.	Tab. Ciprofloxacin 500 mg	Yes	Yes
70.	Syp. Ciprofloxacin 250 mg	Yes	Yes
71.	Inj. Ethionamide 250mg	No	Yes
72.	Inj. Prothionamide 250 mg	No	Yes
73.	Cap. Azithromycin	No	Yes
74.	Azithromycin (Suspension)	No	Yes
75.	Tab. Cotrimoxazole DS	Yes	Yes
76.	Syp. Cotrimoxazole	Yes	Yes
77.	Cap. Doxycycline	Yes	Yes
78.	Inj. Gentamicin 5 mg	Yes	Yes
79.	Inj. Gentamicin 2 mg	Yes	Yes
80.	Inj. Clindamycin 600mg	No	Yes
81.	Inj. Clindamycin 900mg	No	Yes
82.	Inj. Vancomycin 15mg	No	Yes
83.	Inj. Benzylpenicillin 50,000 units	No	Yes
84.	Inj. Cloxacillin 50mg	No	Yes
85.	Inj. Moxifloxacin 400mg	No	Yes
86.	Inj. Piperacillin	No	Yes
87.	Inj. Tazobactam	No	Yes
88.	Inj. Gatifloxacin 400mg	No	Yes
89.	Inj. Chloramphenicol 25mg/kg	No	Yes
90.	Inj. Flucloxacillin 50mg	No	Yes
91.	Tab. Metronidazole 400 mg	Yes	Yes
92.	Inj. Metronidazole	No	Yes
93.	Syp. Metronidazole 200mg/60 ml	Yes	Yes
94.	Inj. Procaine penicillin	Yes	Yes
95.	Tab. Phenoxymethylpenicillin	No	Yes
Anti-Helminthic			
96.	Tab. Mebendazole	Yes	Yes
97.	Tab. Flagyl	Yes	Yes
98.	Inj. Flagyl	Yes	Yes
99.	Tab. Pyrantel	Yes	Yes
100.	Syp. Pyrantel	Yes	Yes
Anti-Fungal			
101.	Clotrimazole (Vaginal Cream)	No	Yes
102.	Clotrimazole (Vaginal Tablet)	Yes	Yes
103.	Clotrimazole (Topical Cream)	Yes	Yes
104.	Tab. Nystatin	Yes	Yes
105.	Nystatin (Drops)	Yes	Yes
Antivirals			
106.	Tenofovir 300mg	No	Yes
107.	Entecavir 0.5 mg	No	Yes
108.	Sofosbuvir 400 mg	No	Yes
109.	Daclatasvir 60mg	No	Yes
Anti-Tuberculosis Drugs			
110.	Tab. Ethambutol	No	Yes
111.	Ethambutol (Oral Liquid)	No	Yes
112.	Tab. Isoniazid	No	Yes
113.	Syp. Isoniazid	No	Yes
114.	Tab. Pyrazinamide	No	Yes
115.	Cap. Rifampicin	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
116.	Syp. Rifampicin	No	Yes
117.	Inj. Streptomycin	No	Yes
118.	Tab. Ethambutol + Isoniazid	No	Yes
119.	Tab. Isoniazid + Rifampicin	No	Yes
120.	Tab. Isoniazid + Pyrazinamide + Rifampicin	No	Yes
121.	Tab. Rifampicin + Isoniazid + Pyrazinamide + Ethambutol	No	Yes
122.	Tab. Ethambutol + Isoniazid + Rifampicin	No	Yes
123.	Inj. Isoniazid 1000mg	No	Yes
124.	Inj. Ethinamide 15mg	No	Yes
125.	Inj. Prothionamide	No	Yes
126.	Inj. Clofazmine	No	Yes
127.	Inj. Pyrazinamide 2000mg	No	Yes
128.	Inj. Kanamycin 1000mg	No	Yes
129.	Inj. Amikacin 1000 mg	No	Yes
130.	Inj. Capreomycin 1000mg	No	Yes
Anti-Diabetics			
131.	Tab. Glibenclamide 4 mg	No	Yes
132.	Tab. Metformin 500 mg	Yes	Yes
133.	Inj. Insulin Regular	Yes	Yes
134.	Inj. Insulin long acting	Yes	Yes
Anti-Malarial			
135.	Tab. Chloroquine	No	Yes
136.	Syp. Chloroquine	No	Yes
137.	Tab. Artemether + Lumefantrine	No	Yes
138.	Tab. Artesunate + Sulfadoxine + Pyrimethamine	Yes	Yes
139.	Artemether (Ampule)	No	Yes
GIT Medicines			
140.	Inj. Hyoscine	Yes	Yes
141.	Tab. Hyoscine	Yes	Yes
142.	Inj. Zantac	Yes	Yes
143.	Tab. Zantac 150mg	Yes	Yes
144.	Tab. Metoclopramide	Yes	Yes
145.	Syp. Metoclopramide	Yes	Yes
146.	Inj. Metoclopramide	Yes	Yes
147.	Cap. Omeprazole 40 mg	Yes	Yes
148.	Inj. Omeprazole	Yes	Yes
149.	Tab. Esomeprazole	Yes	Yes
150.	Cap. Esomeprazole	Yes	Yes
151.	Tab. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes
152.	Syp. Aluminium Hydroxide + Magnesium Trisilicate	Yes	Yes
153.	Antacid Sodium citarate 30ml	Yes	Yes
154.	Magnesium trisilicate 300 mg	Yes	Yes
155.	ORS (Sachet)	Yes	Yes
156.	Tab. Bisacodyl	Yes	Yes
157.	Glycerine (Suppository)	Yes	Yes
Cardiovascular Medicines			
158.	Glyceryl Trinitrate (Sublingual)	Yes	Yes
159.	Isosorbide Dinitrate (Sublingual)	Yes	Yes
160.	Tab. Enalapril	No	No
161.	Tab. Atenolol 50 mg	Yes	Yes
162.	Tab. Methyldopa	Yes	Yes
163.	Tab. Hydrochlorothiazide	Yes	Yes
164.	Inj. Hydrochlorothiazide	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
165.	Tab. Furosemide 40 mg	Yes	Yes
166.	Inj. Furosemide 40 mg	Yes	Yes
167.	Tab. Captopril 25 mg	No	Yes
168.	Tab. Amlodipine 5 mg	No	Yes
169.	Tab. Simvastatin 40mg	No	Yes
170.	Inj. Dobutamine: 10ug	No	Yes
171.	Inj. dopamine; 40 mg: 10ug	No	Yes
172.	Inj. Amiodarone 200mg	No	Yes
173.	Inj. Adenosine 6mg	No	Yes
174.	Inj. Verapamil 5mg	No	Yes
175.	Inj. Atenolol 2.5 mg	No	Yes
176.	Inj. Verapamil 20mg	No	Yes
177.	Inj. Bisoprolol 2.5 mg	No	Yes
178.	Tab. Captopril 12.5 mg	Yes	Yes
179.	Tab. Lisinopril 10mg	Yes	Yes
180.	Tab. Carvedilol 125mg	No	Yes
181.	Tab. Nifedipine 20mg	No	Yes
182.	Inj. Procainamide 20-25mg	No	Yes
183.	Inj. Sotalol 100mg	No	Yes
184.	Tab. Nitroglycerin 0.4mg	No	Yes
185.	Tab. Diltiazem 0.25mg	No	Yes
Medicines Affecting Coagulation			
186.	Inj. Tranexamic Acid 500 mg	Yes	Yes
187.	Cap. Tranexamic Acid 500 mg	Yes	Yes
Oxytocic Medicines			
188.	Tab. Misoprostol 25mcg	Yes	Yes
189.	Vaginal Misoprostol 25mcg	Yes	Yes
190.	Inj. Ergometrine	Yes	Yes
191.	Inj. Oxytocin	Yes	Yes
192.	Inj: Prostaglandin E2 (vial)	Yes	Yes
Respiratory Medicines			
193.	Tab. Salbutamol 4 mg	Yes	Yes
193.	Salbutamol (Inhaler)	Yes	Yes
194.	Ipratropium 500ug	No	Yes
195.	Ammonium Chloride+ Chloroform + Menthol + Diphenhydramine + Sodium Citrate (Antitussive Expectorant)	Yes	Yes
196.	Oral Prednisolone 30mg	Yes	Yes
197.	Inj. Aminophylline	Yes	Yes
198.	Oxygen Cylinder	Yes	Yes
Ophthalmic Medicines			
199.	0.5% Chloramphenicol (Eye Drops)	Yes	Yes
200.	Ciprofloxacin (Eye Drops)	No	Yes
201.	Betamethasone 0.5% w/v Neomycin eye drops	Yes	Yes
202.	Tetracycline (Eye Ointment)	Yes	Yes
203.	Tobramycin 0.3%	No	Yes
ENT Medicines			
204.	Boroglycerine (Ear Drops)	Yes	Yes
205.	Polymyxin B + Lignocaine (Ear Drops)	Yes	Yes
206.	Ciprofloxacin (Ear Drops)	Yes	Yes
207.	Xylometazoline (Nasal Drops)	No	Yes
Antirheumatics Drugs			
208.	Tab. Methotrexate 7.5 mg	No	Yes
209.	Tab. Hydroxychloroquine 400mg	No	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
210.	Tab. Leflunomide 10mg/20mg	No	Yes
211.	Sulfasalazine 1500mg-3000mg	No	Yes
212.	Tab. Prednisolone OR (suspension)	No	Yes
I/V Infusions (Plasma Substitutes)			
213.	Plasma Expander (Infusion) 1000ml	No	Yes
214.	Glucose/Dextrose (Infusion) 1000ml	Yes	Yes
215.	Glucose/Dextrose (Ampule)	Yes	Yes
216.	Normal Saline (Infusion) 1000ml	Yes	Yes
217.	Dextrose + Saline (Infusion) 1000ml	Yes	Yes
218.	Ringer's Lactate (Infusion) 500ml	Yes	Yes
219.	Potassium Chloride (Solution) not in drip	Yes	Yes
220.	Inj. Sodium Bicarbonate	No	Yes
221.	Water for Injection (Ampule) not in drip	Yes	Yes
222.	Blood Products (Packed RBCs, Fresh Frozen Plasma Units)	No	Yes
Vitamins, Minerals and Food supplements			
223.	Tab. Ascorbic Acid 500 mg	Yes	Yes
	Inj. Calcium Gluconate	Yes	Yes
224.	Tab. Calcium 100 mg	Yes	Yes
225.	Tab. Ergocalciferol (Vit. D)	Yes	Yes
226.	Tab. Ferrous fumarate	No	Yes
227.	Syp. Ferrous fumarate	Yes	Yes
228.	Tab. Folic Acid	No	Yes
229.	Tab. Ferrous salt + Folic Acid	Yes	Yes
230.	Inj. Vitamin K	No	Yes
231.	Vitamin A Supplement	No	Yes
232.	Tab. /Cap. Retinol (Vitamin A) after NIDs	Yes	Yes
233.	Tab. Zinc Sulphate	Yes	Yes
234.	Syrup Zinc	Yes	Yes
235.	Tab: Alendronate	No	Yes
236.	Tab. B Complex	Yes	Yes
237.	Tab. Multivitamins	Yes	Yes
238.	Multiple Micronutrients (Sachet)	Yes	Yes
239.	Ready to Use Treatment Food	Yes	Yes
240.	F100 and F75	No	Yes
Dermatological			
241.	Benzyl Benzoate Lotion	Yes	Yes
242.	Betamethasone Cream/ Lotion	Yes	Yes
243.	Calamine Lotion	Yes	Yes
244.	Hydrocortisone Cream	Yes	Yes
245.	Polymyxin B + Bacitracin Zinc (Ointment)	Yes	Yes
246.	Silver Sulfadiazine Cream	Yes	Yes
Medicines for Mental and Behavioural Disorders & Tranquilizers			
247.	Inj. Chlorpromazine	No	Yes
248.	Tab. Clomipramine	No	Yes
249.	Tab. Haloperidol	No	Yes
250.	Tab. Diazepam 2 mg	Yes	Yes
251.	Inj. Diazepam 10 mg	Yes	Yes
252.	Tab. Alprazolam 0.5 mg	No	Yes
Anxiolytics			
253.	Tab. Alprazolam 0.5 mg	Yes	Yes
254.	Tab. Diazepam 2 mg	Yes	Yes
Contraceptives			
255.	Condoms	Yes	Yes

Sr. No.	Medicine/Supplies	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
256.	Ethynylestradiol + Norethisterone (Combined Oral Pills)	Yes	Yes
257.	Progesterone Only Pills (Levonorgestrel)	Yes	Yes
258.	Emergency Contraceptive Pills (Levonorgestrel)	Yes	Yes
259.	IUCD (Copper T/Multiload)	Yes	Yes
260.	Inj. Medroxyprogesterone Acetate (Dmpa)	Yes	Yes
261.	Inj. Norethisterone Enanthate (Net-En)	Yes	Yes
262.	Inj. Estradiol Cypionate + Medroxyprogesterone Acetate	Yes	Yes
263.	Levonorgestrel-Releasing Implant (Subdermal)	No	Yes
264.	Etonogestrel-Releasing Implant (Subdermal)	No	Yes
Vaccines and Sera			
265.	BCG Vaccine	Yes	Yes
266.	Oral Polio Vaccine	Yes	Yes
267.	Injectable Polio Vaccine	Yes	Yes
268.	Hepatitis B Vaccine	Yes	Yes
269.	Measles Vaccine	Yes	Yes
270.	Tetanus Toxoid	Yes	Yes
271.	Pentavalent Vaccine	Yes	Yes
272.	Pneumococcal Vaccine	Yes	Yes
273.	Rota vaccine	Yes	Yes
274.	Anti-Rabies Vaccines (PVRV)	No	Yes
275.	Anti-Snake Venom Serum	No	Yes
Disposables/Antiseptics/ Disinfectants			
276.	Syringe 1 ml (Disposable)	Yes	Yes
277.	Syringe 3 ml (Disposable)	Yes	Yes
278.	Syringe 5 ml (Disposable)	Yes	Yes
279.	Syringe 10 ml (Disposable)	Yes	Yes
280.	Syringe 20 ml (Disposable)	Yes	Yes
281.	Syringe 50 ml (Disposable)	Yes	Yes
282.	IV Set	Yes	Yes
283.	Scalp Vein Set	Yes	Yes
284.	Volumetric Chamber (IV Burette)	Yes	Yes
285.	IV Cannula (18, 20,22 & 24G)	Yes	Yes
286.	Adhesive Tape	Yes	Yes
287.	Sterile Gauze Dressing	Yes	Yes
288.	Paper tape	No	Yes
289.	Antiseptic Lotion	Yes	Yes
290.	Cotton Bandage (3", 4" & 6")	Yes	Yes
291.	Absorbent Cotton Wool	Yes	Yes
292.	Crepe Bandage	Yes	Yes
293.	Examination Gloves (All sizes)	Yes	Yes
294.	Sterile Surgical Gloves (All sizes)	Yes	Yes
295.	Silk Sutures Sterile (2/0, 3/0, 4/0) with needle	Yes	Yes
296.	Chromic Catgut Sterile Sutures (different sizes) with needle	Yes	Yes
297.	Face Mask Disposable / Personal Protective Equipment	Yes	Yes
298.	Blood Lancets	Yes	Yes
299.	Slides	Yes	Yes
300.	Endotracheal Tube (different sizes)	Yes	Yes
301.	Nasogastric Tube (different sizes)	Yes	Yes
302.	Resuscitator Bag with Mask	Yes	Yes
303.	Disposable Airways (different sizes)	Yes	Yes
304.	Clean Delivery Kits	Yes	Yes

Item mentioned in Blue font is critical to ensure essential interventions

C: 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 BHU 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.	N95/ Surgical masks & 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/ Infra-red	Yes	Yes	Yes (and Rectal)
20.	Torch with batteries	Yes	Yes	Yes
21.	Macintosh sheets	Yes	Yes	Yes
22.	Drip stands	Yes	Yes	Yes
23.	Instrument Trolley	Yes	Yes	Yes
Growth Monitoring / Labour Room				
24.	Soap and soap tray	Yes	Yes	Yes
25.	Weighing machine (salter)	Yes	Yes	Yes
26.	Weighing machine (Adult)	Yes	Yes	Yes
27.	Weighing machine (tray)	Yes	Yes	Yes
28.	Height-weight machine	Yes	Yes	Yes
29.	ORT Corner	Yes	Yes	Yes
30.	Feeding bowls, glasses & spoons	Yes	Yes	Yes
31.	Plain Scissors	Yes	Yes	Yes
32.	Demonstration table	No	No	Yes
33.	Delivery table (Labour Room)	No	Yes	Yes
34.	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)				
35.	Metallic Catheter Uterine Sound Sim's Speculum medium	Yes	Yes	Yes

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
	Set D&E Sponge Holders Hagar's Dilator 0-8 cm Kidney Tray Bowl 4 inch Bowl 10 inch Vulsellum 8 inch Set Uterine Curette Plain Forceps 8 inch Macintosh sheets Torch with batteries			
Caesarean Section Set (each Contain)				
36.	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 with wooden stairs Mucus Extractor Neonatal Resuscitation Trolley Incubator Macintosh sheets Torch with batteries	No	No	Yes
Inpatient (Beds/Wards)				
37.	Bed with side table/locker	No	Yes	Yes
38.	Electric Suction Machine	Yes	Yes	Yes
39.	Electric Sterilizer Oven	Yes	Yes	Yes
40.	Oxygen Cylinder with flowmeter and Stand	Yes	Yes	Yes
41.	Stretcher	Yes	Yes	Yes

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

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

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

Sr. No.	Equipment/Supplies Name	Availability (Yes/No)		
		8/6 BHU (Rural) Dispensary (Urban) GP Clinic (Pvt)	24/7 BHU Medical Centre (Urban) Medical centre (Pvt)	RHC Health Centre (Urban) Nursing Home (Pvt)
		area)	area and labour room)	areas and Indoor and OT)
189.	Facility board/s	Yes	Yes	Yes
190.	Services availability board/s	Yes	Yes	Yes
191.	Room name plates	Yes	Yes	Yes
192.	Stationary and stationary items	Yes	Yes	Yes
193.	Table set and Pens	Yes	Yes	Yes
194.	Paper ream	Yes	Yes	Yes
195.	Health education display in waiting areas	Yes	Yes	Yes
196.	LCDs	Yes (1)	Yes (2)	Yes (6)
197.	Protocol display and chart booklets in provider's rooms	Yes	Yes	Yes
198.	Fire extinguisher	Yes	Yes	Yes
199.	Gardening tools	Yes	Yes	Yes

D. Essential Equipment, Supplies and Furniture – at First Level Hospital

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C/ <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
Emergency and Routine			
1.	First Aid box	Yes	Yes
2.	Electric Oven	Yes	Yes
3.	Beds with mattress	Yes	Yes
4.	N95/ Surgical masks & Personal protective equipment	Yes	Yes
5.	Emergency OT light	Yes	Yes
6.	Torch with batteries	Yes	Yes
7.	Oxygen Cylinder with flow- meter	Yes	Yes
8.	Ambu Bag (Paediatric)	Yes	Yes
9.	Ambu Bag (Adult)	Yes	Yes
10.	Suction Machine Heavy Duty	Yes	Yes
11.	Laryngoscope with 4 blades (Adult & Peds)	Yes	Yes
12.	Endotracheal tubes (all sizes)	Yes	Yes
13.	Oral Air Way (all sizes)	Yes	Yes
14.	Resuscitation Trolley	Yes	Yes
15.	Nebulizer	Yes	Yes
16.	Stethoscope	Yes	Yes
17.	BP Apparatus (Dial)	Yes	Yes
18.	BP apparatus Mercury (Adult & Paeds)	Yes	Yes
19.	Dressing Set for Ward	Yes	Yes
20.	Thermometer Clinical	Yes	Yes
21.	Drip stands	Yes	Yes
22.	Instrument Trolley	Yes	Yes
Growth Monitoring / Labour Room			
23.	Soap and soap tray	Yes	Yes
24.	Weighing machine (salter)	Yes	Yes
25.	Weighing machine (Adult)	Yes	Yes
26.	Weighing machine (tray)	Yes	Yes
27.	Height-weight machine	Yes	Yes
28.	ORT Corner	Yes	Yes
29.	Feeding bowls, glasses & spoons	Yes	Yes
30.	Plain Scissors	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
31.	Demonstration table	Yes	Yes
32.	Delivery table (Labour Room)	Yes	Yes
33.	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 Macintosh sheets Torch with batteries	Yes	Yes
D&C set (each Contain)			
34.	Metallic Catheter Uterine Sound Sim's Speculum medium Set D&E Sponge Holders Hagar's Dilator 0-8 cm Kidney Tray Bowl 4 inch Bowl 10 inch Vulsellum 8 inch Set Uterine Curette Plain Forceps 8 inch Macintosh sheets Torch with batteries	Yes	Yes
Caesarean Section Set (each Contain)			
35.	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	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)			
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital		District Headquarter Hospital / >50 bedded Private Hospital	
	Eclampsia beds with railing Baby Intubation set Examination Couch with wooden stairs Mucus Extractor Neonatal Resuscitation Trolley Incubator Macintosh sheets Torch with batteries				
Inpatient (Beds/Wards)					
36.	Bed with side table/locker	Yes		Yes	
37.	Electric Suction Machine	Yes		Yes	
38.	Electric Sterilizer Oven	Yes		Yes	
39.	Oxygen Cylinder with flowmeter and Stand	Yes		Yes	
40.	Stretcher	Yes		Yes	
41.	Examination Couch with wooden stairs	Yes		Yes	
42.	Wheelchair	Yes		Yes	
43.	Patient Screen	Yes		Yes	
44.	Air Ways (different sizes)	Yes		Yes	
45.	Suction Pump (Manual)	Yes		Yes	
46.	Drip Stand	Yes		Yes	
		Procedure Room	Operation Theatre	Procedure Room	Operation Theatre
47.	Examination Couch with wooden stairs	Yes	Yes	Yes	No
48.	Hydraulic Operation Table	No	Yes	No	Yes
49.	OT Light	Yes	Yes	Yes	Yes
50.	Gel for ultrasound	Yes	Yes	Yes	Yes
51.	ECG machine and roll	Yes	Yes	Yes	Yes
52.	Shadow less Lamps with 9 Illuminators	No	Yes	Yes	Yes
53.	Anaesthesia machine with ventilator	No	Yes	Yes	Yes
54.	Multi-parameter	No	Yes	Yes	Yes
55.	McGill forceps	Yes	Yes	Yes	Yes
56.	Patient Trolley	Yes	Yes	Yes	Yes
57.	Oxygen Cylinder (large size with regulator)	No	Yes	Yes	Yes
58.	Oxygen Cylinder (medium size with regulator)	Yes	Yes	Yes	Yes
59.	Nitrous oxide cylinder with regulator	Yes	Yes	Yes	Yes
60.	Instrument trolley	Yes	Yes	Yes	Yes
61.	Dressing Drum (large size)	Yes	Yes	Yes	Yes
62.	Stands for Dressing	Yes	Yes	Yes	Yes
63.	Basin	Yes	Yes	Yes	Yes
64.	Basin stands	Yes	Yes	Yes	Yes
65.	Towel Clips	Yes	Yes	Yes	Yes
66.	BP handle	Yes	Yes	Yes	Yes
67.	BP Blades	Yes	Yes	Yes	Yes
68.	Dissecting Forceps (Plain)	Yes	Yes	Yes	Yes
69.	Needle Holder (Large size)	Yes	Yes	Yes	Yes
70.	Sponge Holder Forceps (large)	Yes	Yes	Yes	Yes
71.	Skin Retractor (small size)	Yes	Yes	Yes	Yes
72.	Metallic Catheter (1-12)	Yes	Yes	Yes	Yes
73.	Dilator Complete Set	Yes	Yes	Yes	Yes
74.	Surgical Scissors (various size)	Yes	Yes	Yes	Yes
75.	Proctoscope	Yes	Yes	Yes	Yes
76.	Thames Splint V.S	Yes	Yes	Yes	Yes
77.	Rubber Sheet	Yes	Yes	Yes	Yes
78.	Scalpels 6"	Yes	Yes	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)			
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital		District Headquarter Hospital / >50 bedded Private Hospital	
		Yes	Yes	Yes	Yes
79.	Allis Forceps Long	Yes	Yes	Yes	Yes
80.	Allis Forceps 6 inches	Yes	Yes	Yes	Yes
81.	Chaetal Sterilize Forceps 10" long	Yes	Yes	Yes	Yes
82.	Introducer for Catheter	Yes	Yes	Yes	Yes
83.	Smith Homeostatic Forceps Curved	Yes	Yes	Yes	Yes
84.	Arm Splint different sizes	Yes	Yes	Yes	Yes
85.	Instrument Cabinet	Yes	Yes	Yes	Yes
86.	Spotlight	Yes	Yes	Yes	Yes
87.	Hand Scrub set with chemical	Yes	Yes	Yes	Yes
88.	Thermometer	Yes	Yes	Yes	Yes
89.	Laryngoscope adult/peds	Yes	Yes	Yes	Yes
90.	Kidney Tray S.S	Yes	Yes	Yes	Yes
91.	Stand for Drip	Yes	Yes	Yes	Yes
92.	Bucket	Yes	Yes	Yes	Yes
93.	Air Cushion (Rubber)	Yes	Yes	Yes	Yes
94.	Macintosh sheets	Yes	Yes	Yes	Yes
95.	Torch with batteries	Yes	Yes	Yes	Yes
96.	Gastric Tube	Yes	Yes	Yes	Yes
97.	Urine Collection Bags instrument trolley	Yes	Yes	Yes	Yes
98.	Generator	No	Yes	Yes	Yes
99.	Air-Conditioner (split 1.5 tons)	Yes	Yes	Yes	Yes
Dental Unit					
100.	Dental Chair		Yes		Yes
101.	Light		Yes		Yes
102.	Torch with batteries		Yes		Yes
103.	Hand piece unit		Yes		Yes
104.	Suction		Yes		Yes
105.	Compressor		Yes		Yes
106.	Dental hand instruments (set)		Yes		Yes
107.	Aseptic Trolley		Yes		Yes
108.	Dental Autoclave		Yes		Yes
109.	Amalgamator		No		Yes
110.	Dental X-ray unit		Yes		Yes
111.	Intraoral X-ray film Processor		No		Yes
112.	X-ray view box		No		Yes
113.	Lead apron		Yes		Yes
114.	Ultrasonic Scalar		No		Yes
115.	Dental Operating stool		Yes		Yes
116.	Ultraviolet sterilizer		No		Yes
Lab Equipment and Reagents					
117.	Centrifuge (Bench Top)		Yes		No
118.	Centrifuge Machine		Yes		No
119.	Stopwatch		Yes		Yes
120.	Ice Lined Refrigerator (ILR)		Yes		Yes
121.	Small refrigerator		Yes		Yes
122.	X-ray Machine		Yes		Yes
123.	Dark room accessories		Yes		Yes
124.	X-ray films (All Size)		Yes		Yes
125.	X-ray illuminator		Yes		Yes
126.	Needle cutter/ Safety Boxes		Yes		Yes
127.	Availability of Ultrasound & ECG Services		Yes		Yes
128.	Laboratory Chemicals		Yes		Yes
129.	Binocular Microscope		Yes		Yes
130.	Urine meter (bag)		Yes		Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
131.	DLC Counter	Yes	Yes
132.	Haemocytometer	Yes	Yes
133.	ESR Racks	Yes	Yes
134.	ESR Pipettes	Yes	Yes
135.	Water Bath	Yes	Yes
136.	Centrifuge Tubes (Plastic)	Yes	Yes
137.	Centrifuge Tubes (Glass)	Yes	Yes
138.	Glass Pipettes various sizes corrected	Yes	Yes
139.	Jester Pipettes Fixed – various sizes	Yes	Yes
140.	Jester Pipettes Adjustable – various sizes	Yes	Yes
141.	Sputum collection containers	Yes	Yes
142.	Urine collection containers	Yes	Yes
143.	Test tubes including blood sample tubes	Yes	Yes
144.	Test Tube Racks	Yes	Yes
145.	Pipette Stands	Yes	Yes
146.	Hemoglobinometer	Yes	Yes
147.	Table lamp	Yes	Yes
148.	Lancets (pack)	Yes	Yes
149.	Tube Sealer	No	Yes
150.	Blood grouping Viewing Box	No	Yes
151.	Surgical Blades	No	Yes
152.	Test Tube Holder	Yes	Yes
153.	Baskets	No	Yes
154.	Wooden Boxes	No	Yes
155.	Hepatitis B & C and HIV AIDS Kits	Yes	Yes
156.	Reagent	No	Yes
157.	Gas Burner	Yes	Yes
158.	Stainless-Steel Test-Tube Racks	No	Yes
159.	Wooden Slides Box	Yes	Yes
160.	Glucometer and sticks	Yes	Yes
161.	Urine Testing kits	Yes	Yes
162.	RDT for Malaria	Yes	Yes
Linen			
163.	Bedsheet	Yes	Yes
164.	Pillow	Yes	Yes
165.	Pillow cover	Yes	Yes
166.	Towel (large and small)	Yes	Yes
167.	Tablecloth	Yes	Yes
168.	Blanket	Yes	Yes
169.	Curtain	Yes	Yes
170.	Dusting cloth	Yes	Yes
171.	Blinds	Yes	Yes
172.	Overcoat	Yes	Yes
173.	Staff Uniform	Yes	Yes
Transport			
174.	Ambulance	Yes	Yes
175.	Jeep for field activities	No	No
176.	Motorcycle for field activities	Yes	Yes
177.	LHS Vehicles (If LHWP functional at THQ/DHQ hospital)	Yes	Yes
Furniture			
178.	Office tables	Yes	Yes
179.	Officer Chairs	Yes	Yes
180.	Bench	Yes	Yes

Sr. No.	Equipment/Supplies/ Furniture	Availability (Yes/No)	
		Tehsil Headquarter Hospital - A, B & C / <50 bedded Private Hospital	District Headquarter Hospital / >50 bedded Private Hospital
181.	Blinds, Curtains, Screens for privacy	Yes	Yes
182.	Steel Almirah	Yes	Yes
183.	Wooden File Racks	Yes	Yes
184.	Four-Seater Chairs	Yes	Yes
185.	Fog machine 60 litre	Yes	Yes
186.	Spray pumps (2)	Yes (8)	Yes (16)
187.	Invertor AC	Yes	Yes
188.	Facility board/s	Yes	Yes
189.	Services availability board/s	Yes	Yes
190.	Room name plates	Yes	Yes
191.	Stationary and stationary items	Yes	Yes
192.	Table set and Pens	Yes	Yes
193.	Paper ream	Yes	Yes
194.	Health education display in waiting areas	Yes	Yes
195.	LCDs	Yes	Yes
196.	Protocol display & chart booklets in provider's rooms	Yes	Yes
197.	Fire extinguisher	Yes	Yes
198.	Gardening tools	Yes	Yes





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