



District Health Profile

Jhelum

2005



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Pakistan Initiative for
Mothers and Newborns

Preface

There has never been a more opportune time to work on improving maternal and newborn health in Pakistan.

The country has an extensive health service network in place yet mortality and morbidity rates for mothers and newborn babies remain disturbingly high. Each year some 4.5 million women give birth and as many as 30,000 die of pregnancy-related causes.

In response to this, USAID has launched the Pakistan Initiative for Mothers and Newborns, a five-year project to implement a full range of health interventions. The task has been entrusted to John Snow Inc. and partners.

Adding further impetus, the Government of Pakistan has made public its support in providing quality health services to mothers and their newborns and its commitment to achieving the Millennium Development Goals which call for a reduction in the maternal mortality ratio by three quarters by 2015.

Devolution of the health sector means that the District health system now has a vital part to play and responsibility to assume. As part of the preparation for district level planning, JSI has worked with District Health officials in compiling a series of district profiles. For successful future planning, it is vital that information is gathered at the district level.

I would like to acknowledge CONTECH International Health Consultants, one of our partners, for taking the lead in preparing the district profiles. These profiles take a vital step closer to achieving all our aims.

Dr. Nabeela Ali
Chief of Party
Pakistan Initiative for Mothers and Newborns (PAIMAN)

Foreword

The District Health Department of District Jhelum welcomes this initiative by PAIMAN.

Devolution has brought with it many challenges to improve maternal and newborn health in Pakistan. Chief among them is the realization that health professionals working in the districts must take responsibility for their own planning and improvement of services.

Vital in upgrading and coordinating services is data gathered using special indicators specific to districts. As such the production of health profiles at district level provides an invaluable tool for future planning.

The District welcomes PAIMAN's invitation to work with it in improving maternal health for all women and newborns. It is only through partnership at every level of the public and private sector that successes will be achieved.

**Executive District Officer – Health
District Jhelum**

ACRONYMS

ADB	Asian Development Bank
ARI	Acute Respiratory Infections
AJK	Azad Jammu and Kashmir
ASV	Assistant Superintendent of Vaccination
BCG	Bacillus Calmette-Guérin
BHUs	Basic Health Units
CIA	Central Investigation Agency
CDC	Communicable Disease Control
CDD	Communicable Disease Department
CDCO	Communicable Disease Control Officer
DCO	District Coordination Officer
DDO	Deputy District Officer
DDHO	Deputy District Health Officer
D.G. Khan	Dera Ghazi Khan
DHDC	District Health Development Center
DHEO	District Health Education Officer
DHMT	District Health Management Teams
DHQ	District Headquarter Hospital
DOH	District Officer Health
DMS	Deputy Medical Superintendent
DPT	Diphtheria-Tetanus-Pertussis vaccine
DTPS	District Team Problem Solving
DSV	District Superintendent of Vaccination
EDO	Executive District Officer
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
FHT	Female Health Technician
FP	Family Planning
FANA	Federally Administered Northern Areas
FATA	Federally Administered Tribal Areas
GNI	Gross National Income
GPs	General Practitioners
HMIS	Health Management Information System
HIV/AIDS	Human Immune Deficiency Virus/Acquired

	Immunodeficiency Syndrome
I/C	In-charge
IPC	Inter-Personal Communication
JSI	John Snow Inc.
LHV	Lady Health Visitor
LHWs	Lady Health Workers
MCEB	Mean Children Ever Born
MCH	Maternal and Child Health
MCHCs	Maternal and Child Health Centers
MNCH	Maternal, Neonatal and Child Health
MO	Medical Officer
MREO	Monitoring, Research and Evaluation Officer
MS	Medical Superintendent
NGO	Non Governmental Organization
NWFP	North West Frontier Province
PAIMAN	Pakistan Initiative for Mothers and Newborns
PHC	Primary Health Care
PMDC	Pakistan Medical and Dental Council
OBSI	Optimum Birth Spacing Initiative
OPV	Oral Polio Vaccine
OTA	Operation Theater Assistant
RHC	Rural Health Centers
RHSC-A	Reproductive Health Services Center -A
SMO	Senior Medical Officer
SNL	Saving Newborn Lives
TB	Tuberculosis
TB DOTS	Tuberculosis Directly Observed Treatment Short Strategy
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
THQ	Tehsil Headquarter Hospital
TT	Tetanus Toxoid
UNICEF	United Nation’s International Children Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WMO	Woman Medical Officer

Table of contents

Preface	I
Foreword	II
Acronyms	III
Table of Contents	V
Section 1 – Context	1
1.1 Introduction and Background	2
1.2 Pakistan Initiative for Mothers and Newborns (PAIMAN)	2
1.3 District Health Profiles	4
Section 2 – Introduction	5
2.1 District Jhelum at a Glance	6
2.2 District Health System (DHS)	7
Section 3 – Health System in District Jhelum	10
3.1 District Health Department	11
3.2 District Health Management Team (DHMT)	11
3.3 Demographic Information	12
3.4 Fertility Behavior	13
3.5 Health Indicators	14
3.6 Socio-economic Indicators	15
3.7 Health Facilities	16
3.8 District Health Development Center (DHDC)	19
3.9 Public Sector Health Manpower	19
3.10 Other Health Initiatives and Public Private Partnership	20
3.11 Population Welfare Department Facilities	22
3.12 Private Clinics and Hospitals	22
3.13 Non-Governmental Organizations	23
Section 4 – Budget Allocation and Utilization	24
Data Set – List of Table	27
1 Population structure of district Jhelum	28
2 Demographic information on Jhelum, Punjab and Pakistan	29
3 Comparison on indicators of Women and Fertility Behavior	30
4 Comparison between basic indicators of Jhelum, Punjab and Pakistan	31
5 Comparison between health and nutrition indicators of Jhelum, Punjab and Pakistan	32
6 Comparison between social indicators of Jhelum, Punjab and Pakistan	34
7 Human resource position	35
8 Training profile of DHDC Jhelum for the year 2004	38
9 Public Health Sector Manpower	39

10 List of Private sector health care providers	41
11 Budget allocation for District Health Department of District Jhelum	44

List of Figures

1 PAIMAN districts	3
2 Three main determinants of DHS	7
3 Organizational Structure – District Health Department	11
4 Sex-wise population distribution	12
5 Urban-Rural population distribution	13
6 CPR and TFR comparison	13
7 Infant mortality rate comparison	14
8 Under 5 mortality rate	15
9 Staff Position at BHUs	17
10 Health Sector Budget	25
11 Percentage budget utilization	26

Annexure – A (TORs of DHMT)	46
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Annexure – B (Map of health facilities in District Jhelum)	47
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References	48
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Section 1 – Context

- Pakistan Initiative for Mothers and Newborns
- District Health Profiles

1. CONTEXT

1.1. Introduction and Background

Pakistan is the 6th most populous country in the world with a population of over 154¹ million people. There is an alarmingly high Maternal Mortality Ratio of 350-400² accompanied with a high infant mortality rate of 77/1000¹ and an under-five mortality rate of 101/1000 live births³. The estimated population growth rate is 1.9 % per annum², which projects that Pakistan's population would increase to 226 million by year 2025. The Total Fertility Rate (TFR) is 4.0¹ which ranks amongst the highest in the world and the second highest in the region.

1.2. Pakistan Initiative for Mothers and Newborns (PAIMAN)

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five year project funded by the United States Agency for International Development (USAID). The goal of the PAIMAN project is to reduce maternal, newborn, and child mortality in Pakistan, through viable and demonstrable initiatives in 10 districts of Pakistan. The project is working on capacity building of public and private health care providers and structures within health systems and communities. This strategy will ensure improvements and supportive linkages in the continuum of health care for women from the home to the hospital. The key partners in the implementation of PAIMAN are the Ministry of Health, the Ministry of Population Welfare, the Provincial Health Departments, the private sector and consortium partners.

Strategic Objectives

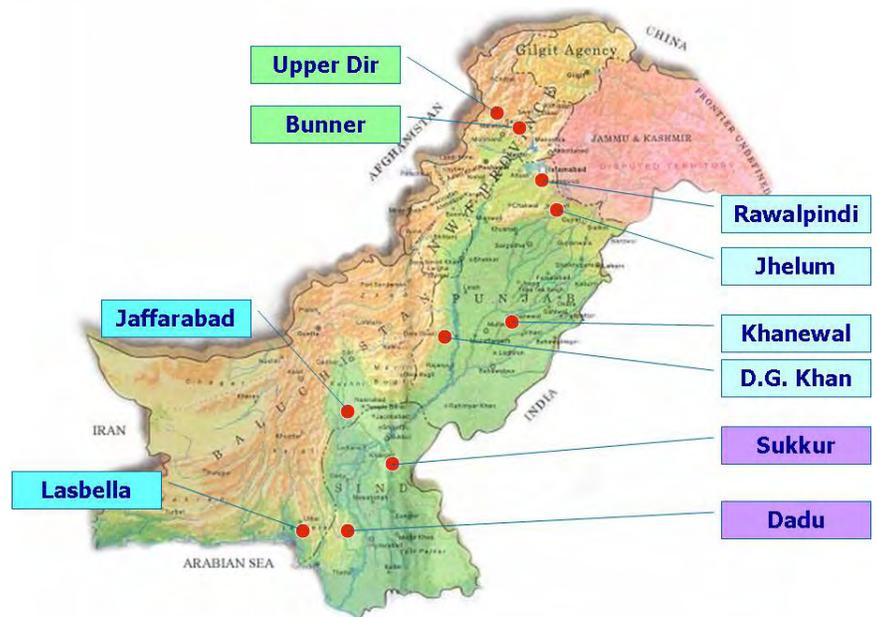
The project is based on the **“Pathway to Care and Survival”** framework. The five major strategic objectives are as follows:

- Increase awareness and promote positive maternal and neonatal health behaviours;
- Increase access to and increase community involvement in maternal and child health services (including essential obstetric care) and ensure services are delivered through health and ancillary health services;
- Improve service quality in both the public and private sectors, particularly related to management of obstetrical complications;
- Increase capacity of MNH managers and care providers; and
- Improve management and integration of health services at all levels.

The PAIMAN consortium is lead by John Snow Inc. (JSI), a US-based public health organization. JSI is joined by a number of international and local organizations to form a strong, professional team for implementing this project.

PAIMAN is being implemented in 10 districts of Pakistan. These include Rawalpindi,

Figure 1: PAIMAN Districts



Jhelum, D.G. Khan, Khanewal (Punjab); Sukkur, Dadu (Sindh); Jaffarabad, Lasbella (Balochistan); and Upper Dir, Buner (NWFP) as refer in Figure 1.

1.3. District Health Profiles

The PAIMAN project has prepared district health profiles which contain relevant basic information for each of the program district. The purpose of preparing district profiles is to have a comprehensive document which can be used by District Health Management Teams (DHMT), international and national stakeholders and PAIMAN team as a ready reference.

Data collection instruments were developed by a team of eminent public health experts. Teams for data collection were trained for two days at the Contech International Head Office in Lahore. Data was collected, tabulated and analyzed by the Contech team.

Section 2 - Introduction

- District Jhelum at a Glance
- District Health System

2. INTRODUCTION

2.1. District Jhelum at a Glance

Jhelum was known as Jalham. “Jal” means pure water and “Ham” means iced water referring to the iced water of Jhelum River from the snowy peaks of the Himalayas. District Jhelum was constituted under the British regime on 23rd March 1849. In 1850, the district headquarters was shifted from Pind Dadan Khan to Jhelum.

This district is situated in the northeastern part of Pakistan and was one of the four districts of former Rawalpindi division. The district consists of four major towns i.e. Jhelum, Dina, Pind Dadan Khan and Sohawa. The district is bounded on the north by district of Rawalpindi, on the east by river Jhelum, districts of Gujrat and Mirpur of AJK, on the south by the river Jhelum and districts of Mandi Bahauddin and Sargodha and on the west by the districts of Chakwal and Khushab.

Total area of the district is 3587⁴ square kilometers. Geographically, district Jhelum is divided into three regions, called riverine, upland and plateau. Riverine region possesses alluvial soil and is situated between river Jhelum and hills in the southern part of the district. Upland region is a tract lying between hill ranges. Jhelum Tehsil primarily consists of plateau region.

There are four tehsils in District Jhelum and their headquarters are interlinked with metalled roads. Tehsil Sohawa is situated on G.T Road where as Pind Dadan Khan sub division is connected with Jhelum Pind Dadan Khan road. Most of the villages are interlinked with well laid network of roads. The main railway line runs through the district connecting Jhelum with Lahore and Peshawar.

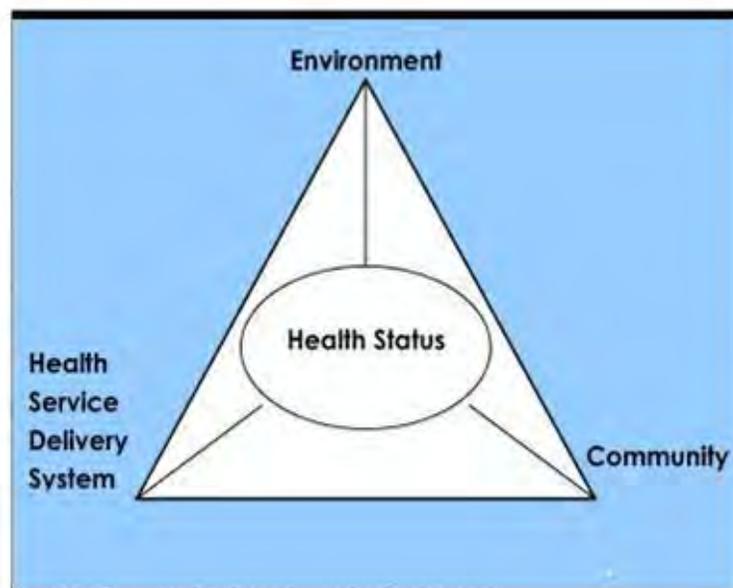
Jhelum has earned its name for providing military men since the days of British rule. Majority of the persons, living in urban areas are engaged in wholesale trade, retail trade, restaurant and hotel industries, fishing and construction. In the rural areas most of the people work in agriculture, forestry and fishing industry.

District consists of 4 tehsils and 54 union councils including 43 rural and 11 urban ones whose elected representatives formulate district and tehsil assemblies. Political constituencies include 2 national seats and 4 provincial seats of legislative assemblies.

2.2. District Health System (DHS)

A DHS includes the interrelated elements in the district that contribute to health in homes, educational institutions, workplaces, public places and communities, as well as in the physical and psychosocial environment. A DHS based on Primary Health Care (PHC) is a self-contained segment of the national health system. It includes all the relevant health care activities in the area, whether governmental or otherwise. It includes self-care and all health care personnel and facilities, whether governmental or non-governmental, up to and including the hospital at the first referral level and the appropriate support

Figure 2: Three main determinants of DHS



services (laboratory, diagnostic and logistic support). As decentralized part of the national health system, the DHS represents a manageable unit, which can integrate health programs by allowing top down and bottom-up planning and is capable of coordinating government and private sector efforts. Following are the three main criteria for defining a DHS unit:

- A clearly defined area with local administration and representation of different sectors and departments;
- An area which can serve as a unit for decentralized inter-sectoral planning of health care; and
- A network of health facilities with referral support.

The district is the basic administrative unit in Pakistan. The presence of district managers and supervisors led by the Executive District Officer (EDO) Health offers the opportunity to function as an effective team with support from the representatives of other departments, Non-Government Organization (NGOs), private sector as well as the community.

In any health system, there are three important elements that are highly interdependent, namely: the community, the health service delivery system and the environment where the first two elements operate. Figure 2 illustrates the interdependence of these elements.

Environment

This, for example, could be the context in which the health service delivery system operates. The contextual environment could be the political system, health-care policies and development policies. It could also include the socio economic status or the physical environment, e.g. climatic conditions. All these elements have a bearing on the health status of the

individual and the community, as well as the functioning of the health service delivery system.

Health Service Delivery System

This depicts how health facilities are distributed in the community, which could also have a bearing on coverage. Similarly, health services could be viewed in terms of their affordability and responsiveness to equity which contribute to the health status of the community.

Community

The characteristics of the society, such as culture, gender, beliefs and health-seeking behavior, together with the environment and health service delivery system, determine the health status.

It is worth mentioning that information included in district health profiles takes into account the broader perspective of district health system conceptualized in the preceding paragraphs.

Section 3 – Health System in District Jhelum

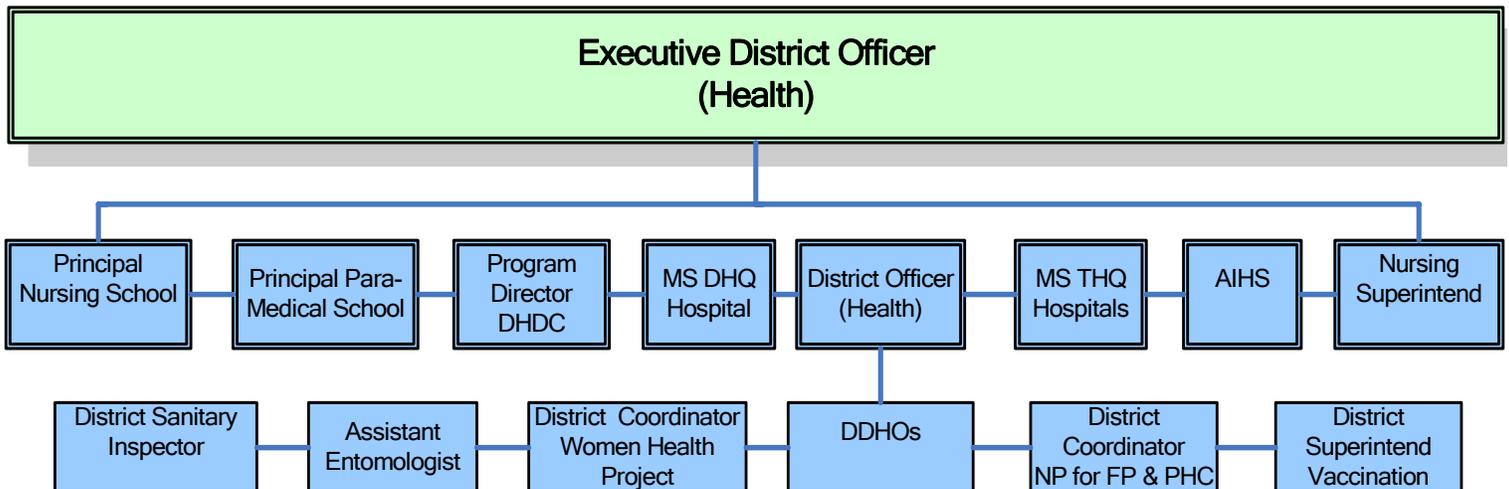
- District Health Department
- District Health Management Team (DHMT)
- Demographic Information
- Health Indicators
- Fertility Behaviour
- Socio-economic Indicators
- Health Facilities
- Public Sector Health Manpower
- District Health Development Center
- Other Health Initiative including Public Private Partnership (PPP)
- Population Welfare Department
- Private Clinics and Hospitals
- Non Governmental Organizations (NGOs)

3. Health System in District Jhelum

3.1. District Health Department

Health care delivery network is managed by the Executive District Officer (Health). He, being the team leader, is assisted by District Officer Health (DOH), Medical Superintendent (MS) of District Headquarter (DHQ) Hospital and Tehsil Headquarter Hospitals (THQ) and Program Director, District Health Development Center (DHDC) to run the district health system. There is an operational District Health Management Team (DHMT) in the district. Organizational structure of district health department is given below in Figure 3:

Figure 3: Organizational structure district health department



3.2. District Health Management Team (DHMT)

DHMT is part of the overall health sector reforms and decentralization of health services at the district level. The concept of DHMT allows efficient management of health facilities and services in the district for the promotion and

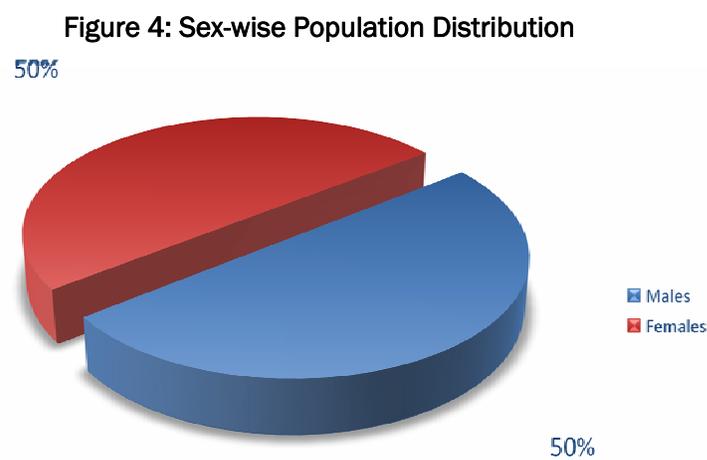
support for the preventative, educative, curative and rehabilitative health services in the district.

On the recommendation of Project Director, Women Health Project Punjab and Secretary, Government of the Punjab Health Department, the Punjab Local Government and Rural Development issued a notification in June 2005 for establishment of DHMTs in all districts of Punjab. The composition of DHMT as was notified is given under:

Composition of DHMT		
1	Executive District Officer Health	Chairman
2	District Officer(Health)	Member
3	Deputy District Health Officer(Headquarter)	Secretary
4	Executive District Officer(Community Development)	Member
5	Executive Distinct Officer (Education)	Member
6	District Officer Coordination as representative of District Coordination Officer	Member
7	Two nominees of District Nazim (One Nazim Union Council and one lady member of Zila Assembly)	Member
8	One representative of reputable NGO working in respective district	Member
9	Two co-opted members if required	Member

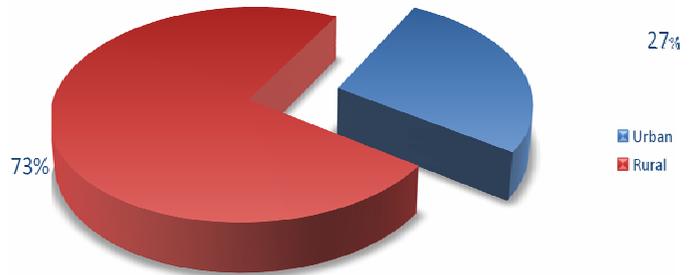
3.3. Demographic Information

The current population of Jhelum (based on projections of 1998 census) is 1,048,000 with 50% males and 50% females⁴ as shown in Figure 4. The estimated annual population growth rate is 1.61%. Life expectancy at birth is 61 years and overall adult literacy rate is



64%⁵ for both sexes, male 78% and female 59%. Population density is 261⁶ persons per square kilometre. Percentage break-up of the rural and urban population is 73 and 27 respectively as shown in Figure 5. The break up of population may also be seen in Table 1.

Figure 5: Rural Urban Population Distribution

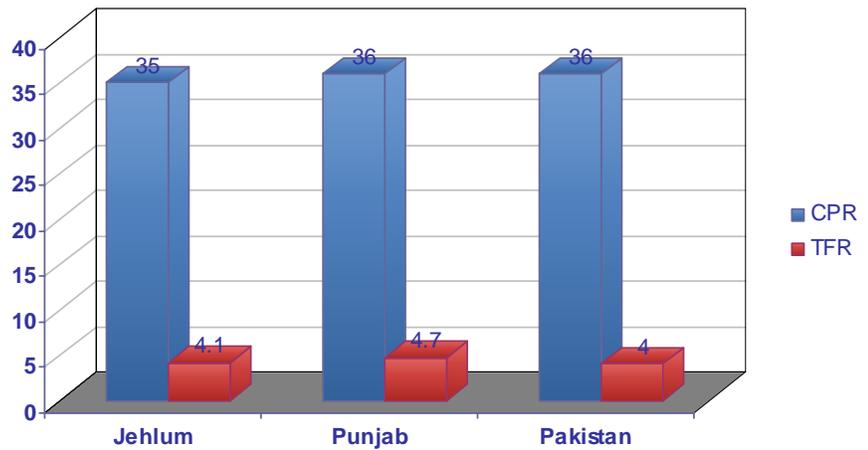


Crude death rate is 9 per 1000. Crude birth rate in Jhelum is 30 per 1000 which is almost the same as that of the country 31 per 1000³. Table 2 gives information on demographic indicators.

3.4. Fertility Behaviour

In Jhelum like rest of the country, community social structure and belief systems are defined and dominated by men, which perpetuate gender imbalances and contribute to poor outcomes in fertility behavior and reproductive health. Thus the

Figure 6: CPR and TFR Comparison



contraceptive use remains low (35%) although knowledge is high (84%)⁷ as shown in Figure 6. A considerable unmet need for family planning services remains, which has not been converted into effective contraceptive usage, partly because of family dynamics of male dominated society. Mean Children Ever Born (MCEB) to married women 15-49 are 2.02 in district Jhelum in

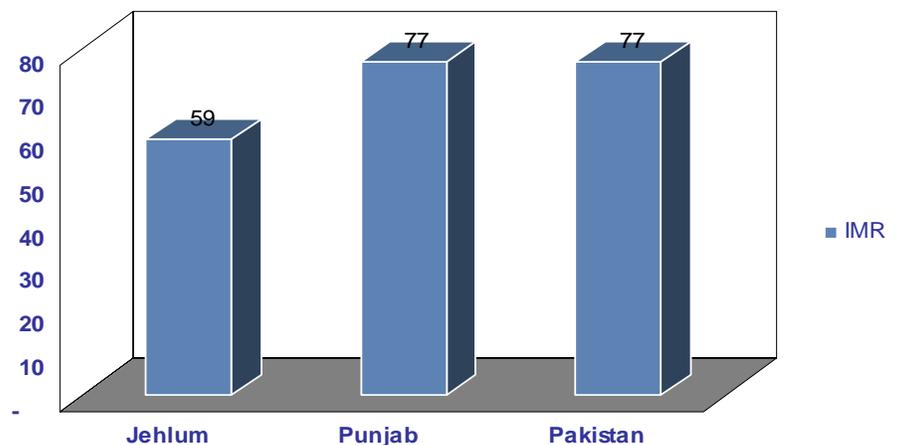
comparison to 2.32 in Punjab⁷. Total fertility rate remains 4.1⁸ as compared to 4.7⁷ in the province and 4.0³ in the country as given in Figure 6. Comparison of indicators on women and fertility behaviors is given in table 3.

3.5. Health Indicators

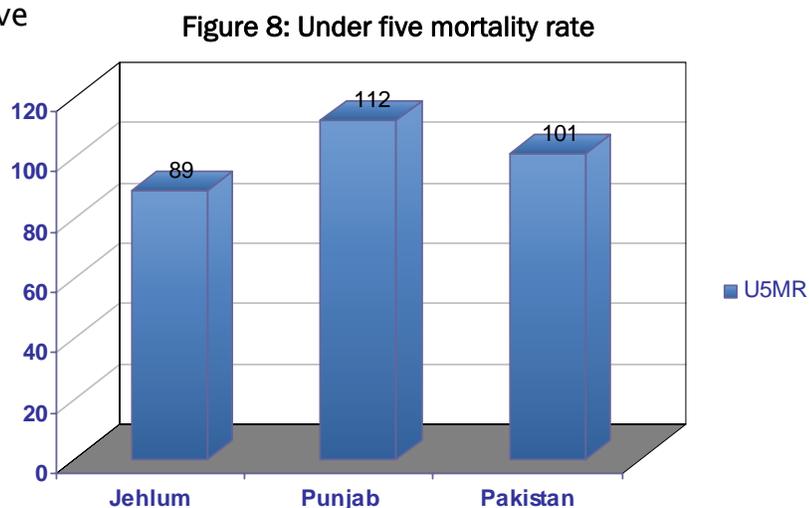
Though UNDP human development report 2003-4 shows that district Jhelum stands first amongst all districts in Pakistan in the field of health, per capita income and primary school enrolment. Yet, people, in general, are poor (per capita Rs. 1,509 per month)⁹ and are experience high levels of mortality, morbidity and disability and have little or no access to modern health services and safe drinking water (87%)⁵. An appropriately defined and maintained set of health indicators provides information for the elaboration of a relevant profile of a population's health situation. In district Jhelum these include: population with access to services such as drinking water (87%) compared with Punjab (92%), sanitation facilities (57%) as compared to Punjab (58%); thus services need improvement⁵. While other health indicators are a little better than in Punjab depicting better health services i.e. crude birth rate (30), total fertility rate 4.1 and Infant mortality rate 59 in the district in comparison to provincial figures of 31, 4 and 77 respectively.

Infant mortality rate has been estimated to be 59⁷ per thousand live births. Infant

Figure 7: Infant Mortality Rate



mortality is somewhat lower in district Jhelum as compared to Punjab (77/1000) and Pakistan (77/1000) as shown in Figure 7. Under five mortality rate is 89 which is lower than provincial and national figure as shown in Figure 8. Prevalence of underweight in children (under five years of age) is 27%⁷ as compared to 34%⁷ in Punjab and 38%³ in Pakistan. Children (6-9 months) who are breastfed with complementary food are 46%⁷ as compared to 44%⁷ in Punjab and 31%³ in the country.



Percentage of children under 5 years of age receiving vitamin A supplementation is 96 against 87 in Punjab. 17% of population is currently using iodized salt as compared to 4% in Punjab. The comparison of health indicators may be seen in Table 4 and 5.

3.6. Socio-economic Indicators

There are no significant gender gaps in both literacy and health status in Jhelum. Adult literacy rate is 64%. The primary school enrolment ratio is comparatively better i.e. 70%; 72% for males and 68% for females and net attendance rate for both is 70% while access to school (within 2 Km) is 99%⁵.

Poverty remains a serious concern in Pakistan. With a per capita gross national income (GNI) of \$736², poverty rates, which had fallen substantially in the 1980s and early 1990s, started to rise again towards the end of the decade. According to the latest

figures as measured by Pakistan's poverty line, 33 percent of the population is poor. More importantly, differences in income per capita across regions have persisted or widened. In district Jhelum, poverty varies significantly among rural and urban areas and ranges from 16% in the urban areas to 44%⁵ in the rural areas.

Mean number of people living in one room in the district are 2.7 against 3.4 in Punjab while 90% people own a house. Average household size is 6.2 as compared to 6.6 in Punjab ⁹.

Although a brighter picture of social status emerges out of the above mentioned figures, which could be due to a large number of people working abroad, yet meeting the vision embraced in the Millennium Development Goals (MDG) by 2015 will require renewed efforts within the district.

3.7. Health Facilities

The health care delivery system provided by the public sector in the district Jhelum consists of 10 Hospitals, 5 Rural Health Centers, 41 Basic Health Units and 16 Dispensaries. At present there is one doctor for 9645 persons, one nurse for 25261 persons as compared to 1 doctor for 1359 persons and one nurse for 3175 persons in the country. The numbers for doctors, dentists, and nurses should be taken with great caution as there are many doctors, dentists and nurses who are not registered with Pakistan Medical and Dental Council (PMDC) and yet practicing in hospitals and clinics. Since the majority of doctors and hospital are located in the main city and towns, the rural population has much less access to health facilities. They get care from private practitioners, hakims, and homoeopaths, while minor ailments are treated by the people themselves. The analysis of health situation reveals a major problem of

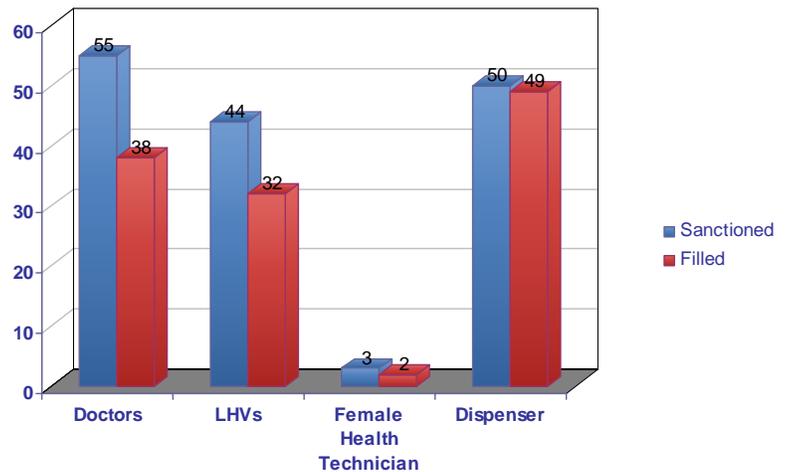
imbalance between rural and urban area in term of facilities, which require an urgent attention. Following facilities are currently providing services in the district:

Basic Health Units (BHUs)

The BHUs have been established at the union council level that normally provides primary health care services, which include ¹⁰ provision of static and out reach services, MCH, FP, EPI and advice on food and

nutrition, logistics and management support to LHVs and TBAs and provision of first level referral services for patients referred by LHVs.

Figure 9: Staff Position at BHUs



Forty one BHUs are functional in district Jhelum. Overall the human resource posts in BHUs of District Jhelum needs improvement. For the 41 BHUs in the district there are 55 permanent sanctioned positions of doctors, out of which 17 are lying vacant. There are 44 permanent sanctioned posts for LHVs, out of which 12 are vacant. The details of human resource positions at BHUs can be seen in Table 7a.

Rural Health Centers (RHC)

RHCs are small rural hospitals located at the town committee/markaz level. RHC is charged with roles¹⁰ which include provision of primary level curative care; static and out reach services like MCH, FP, EPI and advice on food and nutrition; sanitation, health education; CDC, ARI and act as

referral links for patients referred by LHWs, TBAs and BHUs. RHCs are first level care facilities where medico-legal duties are also performed. They serve catchment population of about 25,000 – 50,000 people, with about 30 staff members including 3-4 doctors and a number of paramedics. They typically have 10-20 beds, x-ray laboratory and minor surgery facilities. It is mandatory for male and female medical officers, LHV and support staff to reside at the premises so as to ensure their presence round the clock.

Five RHCs are functioning in district Jhelum presently. Five posts of senior medical officers and 6 posts of medical officers are filled. However 4 out of 5 sanctioned posts of woman medical officers are still vacant. The main reasons for this situation include perception of lack of security and aversion from conduction of medico-legal work by the lady doctors. Fifty percent posts of dispenser, midwife, Hakim are also lying vacant. The details of human resource positions at RHCs can be seen in Table 7b.

Maternal & Child Health Centers (MCHC)

MCH centers have been established in the rural and peri-urban areas. Activities at MCHC include antenatal, natal and postnatal care. Growth monitoring and health education and family planning advice/services are also provided. Presently 5 MCH Centers are established and providing services in the district. All the MCH Centers are fully staffed except one where the position of Dai is lying vacant. The details of human resource positions at MCHCs can be seen in Table 7c.

Tehsil Headquarter (THQ) Hospitals

THQ hospitals are serving as first level referral hospitals which cater health care services to catchment area and referrals from RHCs and BHUs within tehsil. THQ provides specialist support

and expertise of clinicians. THQ provides inpatient as well as outpatient services. These serve a catchment population of about 100,000 to 300,000 people; and have 40-90 beds and support services including x-ray, laboratory and surgical facilities. Its staff includes specialists such as general surgeon, gynaecologist, paediatrician and an anaesthetist.

At present, 2 THQ hospitals are functioning in district Jhelum. The positions of Medical Superintendent, Surgeon, Gynecologist, and Pediatrician are not filled at THQ Hospital Pind Dadan Khan. Mostly posts in THQ Sohawa are filled except pediatrician and anaesthetist. The details of human resource positions at each THQ can be seen in Table 7d and 7e.

3.8. District Health Development Centre (DHDC)

DHDC Jhelum was established in 1998 at DHO Office under the World Bank assisted Second Family Health Project to provide pre/in-service trainings and other research and development activities. The mission of the DHDC is to strengthen district health services through technical support through training, developmental and operational research activities. The district training profile of DHDC Jhelum is given in Table 8.

3.9. Public Sector Health Manpower

One of the major constraints in health care delivery is lack of essential medical and paramedical staff. Out of 857 sanctioned posts in district Jhelum, 75% are filled. Among the management cadre, the post of one DDHO, one Medical Superintendent and one Additional Medical Superintendent are vacant. Amongst the clinical staff, 35 posts of doctors are vacant. Among the posts for paramedical staff, 14 posts of LHVs along with 2 posts of health technicians and 8 posts of medical assistants are vacant.

The reason generally mentioned for unfilled posts is a continued ban on staff recruitment. Vacancies were filled when ever ban was lifted for brief periods. It is pertinent to note that there is no significant improvement in the situation following devolution. Other reasons quoted for inability to fill the vacant posts include policy to hire staff on contract basis rather than recruitment through Public Service Commission on permanent basis. Medical community has a feeling that once they will be posted in a specific health facility they will have no chances of promotion and posting at a higher health facility and opportunities for post graduation during the service. Moreover they will not have the right to have pension and other accrued benefits which are available to permanent employees. The detail of human resource positions is available in table 9.

3.10. Other Health Initiatives including Public Private Partnership

There are a number of initiatives being implemented in Jhelum both in the public sector as well as the private/NGO sector. Among the government initiatives EPI, Woman Health Project, National Program for Family Planning and Primary Health Care, T.B DOTS program are the major ones. World Health Organization has started the District Team Problem Solving (DTPS), Integration of Primary Health Care, Accreditation of Primary Health Facilities, Home Health Care and Quality assurance programs. Jhelum is also an intervention district for Saving Newborn Lives (SNL) initiative by Save the Children US. Similarly Catalyst has recently completed training in Jhelum for LHWs under the Optimum Birth Spacing Initiative (OBSI) project.

- i. **Expanded Program on Immunization EPI:** The District Superintendent of Vaccination (DSV) under supervision of DOH and EDO (H) manages the EPI in the district. DSV is supposed to coordinate and supervise the activities of the EPI at all fixed centers and outreach teams. According to the results of third party

evaluation, Jhelum has the highest EPI coverage in Punjab with 90% children reached.

- ii. **National Program for Family Planning & Primary Health Care:** National Program for Family Planning and Primary Health Care provides the missing linkage between health care outlets and users of health services. The linkage is provided through a network of Lady Health Workers (LHWs), especially trained in PHC, family planning and community organization. At present, the number of LHWs is 941 in district, with 94% population coverage.
- iii. **Women Health Project:** Women Health Project was launched in the year 2000 in 20 districts of the country including district Jhelum with the objectives of improving health status of women in the country. The scope of the project mainly included upgradation of health facilities and training of health personnel. In district Jhelum, 50% civil works regarding upgradation of health facilities have been completed and 100% of the training component has been accomplished so far under the Women Health Project
- iv. **T.B. DOTS Program:** T.B DOTS program was started in April 2004. The training of doctors has been completed whereas 90% of the paramedics and all microscopists have been trained.
- v. **Integration of PHC elements:** Trainings have been completed and piloted at 4 health centers. The initiative is now under evaluation by WHO.
- vi. **Home Health Care:** Training has been completed with appreciable outcome in terms of community health awareness.
- vii. **Saving Newborn Lives Initiative:** Under this initiative training in basic and comprehensive EmOC services was provided to health care providers through series of workshops. Other interventions included innovative approaches for community participation in some selected areas of the district.
- viii. **Quality Assurance:** This initiative was piloted in 4 health facilities and is still in process.
- ix. **Accreditation of Primary Health Facilities:** It was piloted in 4 health centers and is still in process.

- iv. **Optimal Birth Spacing Initiative:** This project was launched in January 2005. Under this initiative, training on Optimal Birth Spacing Initiative (OBSI) was given to 60 Master Trainers and 620 LHWs.

3.11. Population Welfare Department Facilities

Major services offered by the District Population Welfare Office include Family Planning, Maternal Care, Child Care and General Health Care Services. These services in district Jhelum are offered through one RHSC-A, 4 mobile service units and 22 family welfare centers.

3.12. Private Clinics and Hospitals

There has been a mushroom growth of private clinics and hospitals in the recent past. Health care, provided by the private sector, is preferred by the community if they can afford it. People are also attracted by “less expensive” quakes whose number is enormous and all efforts to enlist them have failed in the past.

There are 35 qualified doctors who are working as general medical practitioners in major towns of the district in the private sector. Thirty of the GPs are practicing in Jhelum, Dina, Sohawa and 3 are practicing in Pind Dadan Khan.

Different strategies need to be adopted in order to mainstream the private sector including public private partnerships, standardization of private practice, provision of training opportunities and inclusion in the social marketing of health. List of private sector health care providers is available in table 10.

3.13. Non Governmental Organizations (NGOs)

The social welfare department of the district is headed by the Executive District Officer, Community Development and supported by the Deputy District Officer. The department was devolved after the promulgation of the Punjab Local Government Ordinance 2001 and is a district Government subject since then. There is a strategic as well as an annual operational plan for the district social welfare office. This is mandatory for all NGOs to get registered with Social Welfare Department. There are only three, NGOs, mentioned below, working in the district for the cause of improvement of health status of the people.

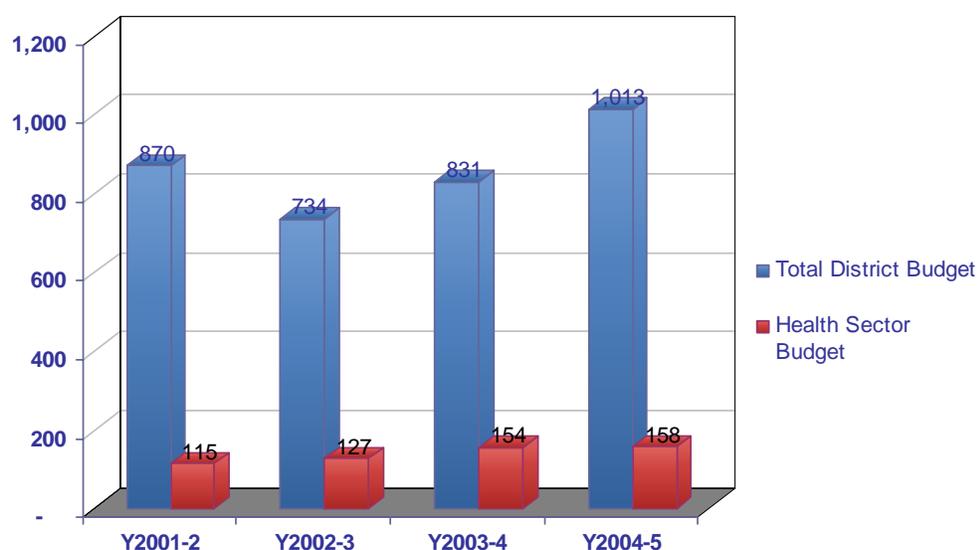
1. **Fatima Welfare Organization:** this NGO started to work in all health related activities initially including maternal and newborn health. Later on, this organization abandoned the activities relating to MCH services and limited their role toward all other activities.
2. **Tanzeem-e-Amal:** This NGO works just in the field of blood transfusion. No other activity is focused by this organization.
3. **Maternal & Child Welfare Association:** this NGO is located at Al- Markaz Town Hall Road, Jhelum and is the only one organization working for maternal and newborn health.

Section 4 – Budget
Allocation and
Utilization

4. Budget Allocations and Utilization

Jhelum district witnessed a decline of 16% in budgetary allocations in 2002-03 as against allocation for 2001-02. The budgetary allocation for the year is 1013 million as against Rs. 830 million of the preceding year with an increase of 22%. Comparing the rise in yearly budgetary allocations for health, maximum 20% increase was observed in 2003-04 against 10% increase in 2002-03 and also against marginal increase of 3% in the year 2004-5 as given in Figure below:

Figure 10: Comparison of Total with Health Sector Budget (Rs. In million)



The allocations for DHQ hospital in the current year 2004-5 grew considerably (37%) at the rate of 12% per year since 2001-02. Comparatively allocations for THQ hospitals were increased only by 7% during this period. Budgetary allocations for RHCs and BHUs were increased by 25% during same period.

It has been observed that gap between allocations to secondary and primary care has widened with a tilt towards enhanced allocations towards DHQ hospital.

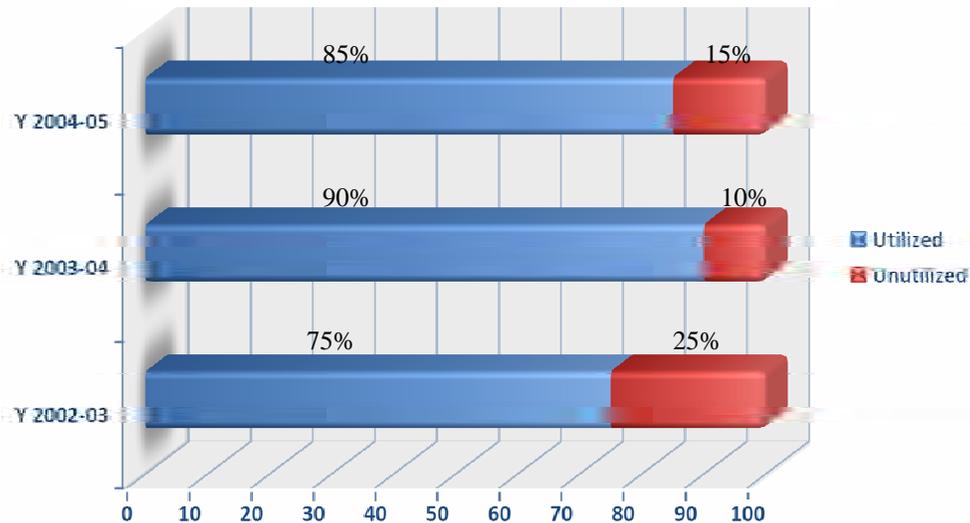
Comparing development and non-development budget it may be observed that only the non-development budgetary allocations have

increased with the passage of time by 38% in the last four years whereas the development budgetary allocations were made only in 2003-04 (0.2 millions) and in the current year (1.08).

The main reasons may include the following

1. Health sector has to compete with other sectors for the budget under the newly established district government system where block allocation goes to the district.
2. Health team in the district may have limited capacity to plan and advocate for enhanced allocations
3. Priority of the political leaders/ District Nazim may be for other sectors like pavement of roads, provision of street lighting, etc in comparison with health services.

Figure 11: Percentage Budget Utilization (Year wise)



It has also been observed that full utilization of allocated amounts could not be achieved, however, the unutilized percentage has registered a decrease over the past 2 years. District could spend 75%, 90% and 85% of the allocated budget in the fiscal year 2002-3, 2003-4 and 2004-5 respectively as shown in Figure 11.

The detailed information regarding the budget allocation for the District Health Department of District Jhelum for the years 2001-2005 is also available in Table 11.

Data Set

- Table 1: Population structure of district Jhelum
- Table 2: Demographic information on Jhelum, Punjab and Pakistan
- Table 3: Comparison of indicators on women and fertility behaviors
- Table 4: Comparison between basic indicators of Jhelum, Punjab and Pakistan
- Table 5: Comparison between health and nutrition indicators of Jhelum, Punjab and Pakistan
- Table 6: Comparison between social indicators of Jhelum, Punjab and Pakistan
- Table 7a: Human resource position at BHUs
- Table 7b: Human resource position at RHCs
- Table 7c: Human resource position at MCHCs
- Table 7d: Human resource position at THQ Pind Dadan Khan
- Table 7e: Human resource position at THQ Sohawa
- Table 8: Public Health Sector Manpower
- Table 9: Training profile of DHDC Jhelum
- Table 10: List of private sector health care providers
- Table 11: Budget allocation for the District Health Department of District Jhelum for the years 2001-2005

Table 1: Population Structure of District Jhelum¹

Population Groups	Standard Demographic Percentages	Estimated Population
New born	2.9	31,415
0-11 months	2.7	29,249
12-23 months	6.2	67,163
Under 5 years	14	15,1660
Women in child bearing age (15-49 years)	22	23,832
Married Child bearing age	16	17,3326,
Pregnant Women	3.4	36,832

Source;
District Population Profile Punjab, MSU, 2002

Table 2: Demographic Information on Jhelum, Punjab and Pakistan

Demographics	Jhelum	Punjab	Pakistan
Population (thousands) under age of 15 years	371	31,304	70,150
Population (thousands) under age of 5 years	120	10,481	20,922
Population annual growth rate (%)	1.61	1.9	1.9
Crude death rate	9	12.5	8
Crude birth rate	30	33.8	31
Life expectancy	61	64	63
Total fertility rate	4.1	4.7	4.0
% of urban population	28	32	34

Sources:

1. District Population Profile, MSU, Islamabad, 2002.
2. UNICEF [Cited 2005. Sept.4]. Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.htm
3. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4
4. Punjab Development Statistics, Bureau of Statistics Government of the Punjab 2004.

Table 3: Comparison on indicators on Women and Fertility Behaviors

Women & fertility behavior	Jhelum	Punjab	Pakistan
Total fertility rate	4.1	4.7	4.0
Contraceptive Prevalence rate	35	36	36
Antenatal care coverage by any attendant (%)	90	77	43
Antenatal care coverage by skilled attendant (%)	72	44	35
Birth Care by skilled attendant	46	33	20
Birth Care by any attendant	99	99	99
Post-birth Care by skilled attendant	45	30	24
Post-birth Care by any attendant	89	90	67
Mean Children Ever Born Married Women 15-49	2.02	2.32	2.7

Sources:

1. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4
2. UNICEF [Cited 2005. Sept.4]. Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.htm
3. Pakistan Integrated Household Survey 2000; Federal Bureau of Statistics, Islamabad

Table 4: Comparison between basic indicators of Jhelum, Punjab and Pakistan

Basic Indicators	Jhelum	Punjab	Pakistan
Total population (thousands)	1,048	84,562	154000
Area in sq. km	3,587	205,345	796,096
Population urban/rural ratio	27/73	31/69	34/66
Sex ratio (number of males over 100 females) at birth	100	107	108
Population density (person per square km)	261	359	166
Population growth rate	1.61	1.9	1.9

Sources:

1. UNICEF [Cited 2005. Sept.4]. Available from: URL: http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
2. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4
3. Pakistan Economic Survey 2004-5
4. Punjab Development Statistics, Bureau of Statistics Government of the Punjab 2004.

Table 5: Comparison between Health and Nutrition indicators of Jhelum, Punjab and Pakistan

Health and Nutrition	Jhelum	Punjab	Pakistan
Under-5 mortality rate	89	112	101
Infant mortality rate	59	77	77
% of total population using improved drinking water sources	87	92	90
% of total population using adequate sanitation facilities	57	58	54
% of one-year-olds fully immunized against measles	90	66	67
% of pregnant women immunized for tetanus	34	63	45
% of under-fives suffering from underweight (moderate & severe)	27	34	38
% of children who are breastfed with complementary food (<6-9 months)	46	44	31
Vitamin A supplementation coverage rate (6-59 months)	96	87	95
% of households consuming iodized salt	17	8	17
No. of hospitals	10	306	916
Dispensaries	16	1,227	4,582
RHCs	5	298	552
BHUs	41	2,405	5,301
MCHCs	5	492	906
TB clinics	1	50	289
Sub-health centers	6	574	NA
No. of beds	592	35,272	99,908

Sources:

1. Punjab Development Statistics, Bureau of Statistics Government of the Punjab 2004.
2. Pakistan Economic Survey 2004-5
3. Pakistan Basic Facts; [cited 2005 .Sept.4] Available from URL:
http://www.infopak.gov.pk/public/govt/basic_facts.htm
4. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4
5. UNICEF [Cited 2005. Sept.4]. Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.htm

Table 6: Comparison between Social indicators of Jhelum, Punjab and Pakistan

Social indicators	Jhelum	Punjab	Pakistan
Total adult literacy rate	64	52	49
Adult literacy rate, male	78	75	62
Adult literacy rate, female	59	62	35
Gross enrolment ratio; primary school	88	89	71
Net attendance rate	70	51	56
Per capita income	Rs. 1509 per month	Rs. 1385 per month	Rs. 3680 per month

Sources:

1. Multiple Indicators Cluster Survey (MICS) Punjab 2003-4
2. UNICEF [Cited 2005. Sept.4]. Available from: URL:
http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.htm

Table 7: Human Resource Position**Table 7a: Human Resource Position at BHUs as on May 15, 2005**

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Officer	63	38	08	30	17
Medical Assistant	15	07	00	07	08
Lady Health Visitor	61	32	17	15	12
Midwife	46	41	03	38	02
Dai	11	08	00	08	03
Female Health Technician	03	02	00	02	01
Health Technician	31	29	00	29	02
Dispenser	55	49	05	44	01
Sanitary Inspector	49	09	09	00	31
CDC Supervisor	36	21	00	21	15
Vaccinator	51	44	05	38	02
Chowkidar	45	40	02	38	03
Naib Qasid	43	41	00	41	02
Sweeper	28	24	02	22	02
Ward Orderly \ Ward servants	03	03	00	03	00

Table 7b: Human Resource Position at RHCs as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
SMO	05	05	00	05	00
MO	08	06	02	04	00
WMO	06	01	01	00	04
Dental Surgeon	06	01	01	00	04
LHV	05	03	00	03	02
Dispenser	18	11	01	10	06
Midwife	17	07	02	05	08
Hakeem	03	01	01	00	01
Radiographer	07	03	02	01	02
Lab assistant	05	03	00	03	02
Homeo doctors	03	01	00	01	02
Homeo dispensers	03	00	00	00	03
Dawa saz	01	00	00	00	01
Sanitary Patrol	21	12	02	10	07
Sweeper	11	10	01	09	00
Driver	07	04	00	04	03
Naib qasid	12	09	01	08	02
Chowkidar	05	05	00	05	00
Ward Servant	10	10	00	10	00

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
RH Inspector	19	01	00	01	18
Cook	05	01	01	00	03
J. clerk	05	02	00	02	03
Dental Tech	04	00	00	00	04
Mali	04	04	00	04	00
Tube well Op.	02	02	00	02	00
Water carrier	04	04	00	04	00
Dai	01	01	00	01	00

Table 7c: Human Resource Position at MCH Centers as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
LHV	07	05	02	03	--
Dai	06	04	01	03	01
Chowkidar	05	05	--	05	--
Naib Qasid	05	04	--	04	01

Table 7d: Human Resource Position at THQ Pind Dadan Khan, as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Superintendent	01	00	00	00	01
Surgeon	01	00	00	00	01
Medical Specialist	00	00	00	00	00
Gynecologist	01	00	00	00	01
Pediatrician	01	00	00	00	01
Medical Officer	07	03	01	02	03
Woman Medical Officer	02	00	00	00	02
Dental Surgeon	02	01	01	00	00
Head Nurse	01	01	00	01	00
Staff Nurse	06	05	01	04	00
Lady Health Visitor	02	01	01	00	00
Dispenser	07	05	02	03	00
Laboratory Assistant	03	02	01	01	00
Radiographer	02	01	00	01	01
Dai	01	01	00	01	00
Hakeem	02	01	01	00	00
Homeo doctor	01	01	00	01	00
SMO	01	01	00	01	00
Dawasaz	01	01	00	01	00
Homeo Disp	01	00	00	00	01
Clerk	01	01	00	01	00
Dawakob	01	01	00	01	00
Water carrier	01	00	00	00	01

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Naib Qasid	02	02	00	02	00
Baildar	01	00	00	00	01
Gate keeper	02	01	00	01	01
Chowkidar	01	01	00	01	00
Mali	01	01	00	01	00
Dhobi	02	01	01	00	00
Aya	01	01	00	01	00
Sweeper	08	06	02	04	00
Ward servant	02	02	00	02	00
Ward boy	04	04	00	04	00

Table 7e: Human Resource Position at THQ Sohawa as on May 15, 2005

Post	Sanctioned	Filled	Contractual	Permanent	Vacant
Medical Superintendent	01	01	00	01	00
Surgeon	02	01	01	00	00
Gynecologist	01	01	00	01	00
Pediatrician	01	00	00	00	01
Anesthesiologist	01	00	00	00	01
Medical Officer	14	07	07	00	00
WMO	02	01	01	00	00
Dental Surgeon	01	01	00	01	00
Staff Nurse	02	02	00	02	00
Lady Health Visitor	01	01	00	01	00
Dispenser	04	02	00	02	02
Laboratory Assistant	02	01	00	01	01
Radiographer	02	01	00	01	01
Dai AYa	01	01	00	01	00
Homeo doctor	01	01	00	01	00
Homeo disp	02	01	01	00	00
Homeo Disp	02	01	01	00	00
Clerk	01	00	00	00	01
Water carrier	01	01	00	01	00
Naib Qasid	04	03	01	02	00
Gate keeper	01	01	00	01	00
Chowkidar	01	01	00	01	00
Mali	01	01	00	01	00
Sweeper	08	04	02	02	02
Ward servant	03	03	00	03	00
Ward boy	01	01	00	01	00

Table 8: Training Profile of DHDC Jhelum for the year 2004

S. No.	Name of Training	Cadre	% Trained
1	HMIS	Medics\Para	100%
2	Reproductive Health	Medics\Para	100%
3	Mental Health	Medics\Para	100%
4	Hospital Waste Management	Medics\Para	80%
5	Financial Management	DDOs & Accounts off.	100%
6	IPC	Medics\ Para	91
7	Medicolegal	Medics	42%
8	T.B. DOTS	Medics\ Para	100%
9	Med. & Surgical Emergencies	Medics	30%
10	Induction Training	Medics	85%

Table 9: Public Health Sector Manpower

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
EDO	20	01	01	00	01	00
DoH	19	01	01	00	01	00
I/C DHDC	19	01	01	00	01	00
DDO RHC	18	06	05	01	04	00
Deputy District Health Officers	19	02	01	00	01	01
Medical Superintendents	19\ 20	03	02	00	02	01
DMS	18	05	05	00	05	00
Additional MS	19	01	00	00	00	01
SMO	18	23	10	00	10	13
MO	17	18	08	00	08	10
WMO	17	15	04	03	01	08
Dental Surgeon	17	10	05	01	04	04
Homeo-doctor	15	09	04	01	03	04
Hakim	15	10	04	02	02	04
DSV	14	01	01	00	01	00
ASV	12	02	02	00	02	00
Inspector Vaccination	08	02	02	00	02	00
EPI Clerk EPI store keeper	05	02	01	01	00	00
Vaccinators	05	51	44	05	38	02
Drug Inspector	17\ 18	01	01	00	01	00
Clerk (Drug Inspector)	05	01	01	00	01	00
CDCO	16	01	00	00	00	01
CDC supervisor	05	36	21	00	21	15
CDC Inspector	08	00	00	00	00	00
Assistant Entomologist	16	01	01	00	01	00
Insect Collector	05	01	01	00	01	00
District Sanitary Inspector	16	01	01	00	01	00
Sanitary Inspector	12	49	09	09	00	31
Sanitary Supervisor	05	02	02	00	02	00
Sanitary patrol Assistant	01	16	10	02	08	04
Inspectress of Health Services	16	01	01	00	01	00
LHV	09	71	39	18	21	14
Female Health	09	03	03	00	03	00

Post	BPS	Sanctioned	Filled	Contractual	Permanent	Vacant
Technician						
Midwife	04	46	41	03	38	02
Dai	02					
Health Technician	09	31	29	00	29	02
Medical Assistant	16	15	07	0	07	08
Dispenser	06	81	65	12	53	04
Homeo dispenser	06	06	03	00	03	03
Radiographer	06	15	09	03	06	03
Senior Microscopist	08	01	01	00	01	00
Microscopist	06	05	03	01	02	01
Lab. Assistant	05	15	09	02	07	04
Lab. Attendant	02	07	05	02	03	00
Head Clerk	11	04	02	00	02	02
Accountant	08	03	02	00	02	01
Senior Clerk	07	09	09	00	09	00
Clerk	05	18	12	02	10	04
Office Assistant, DHDC	12	01	00	00	00	01
Store keeper	5\6	06	03	02	01	01
Motor Mechanic	05	01	01	00	01	00
Tracer	05	01	01	00	01	00
Drivers	04	20	16	00	16	04
Naib Qasid	01	68	24	03	21	41
Ward Servant (Male)	01	58	55	01	54	02
Mali	01	13	11	02	09	00
Chawkidar	01	61	53	05	48	03
Cook	01	07	01	01	00	05
Tube well Operator	01	03	03	00	03	00
Dawasaaz	02	03	01	01	00	01
Sweeper (male)	01	116	89	21	68	06
TOTAL		961	646	104	541	211

Table 10: List of Private Sector Health Care providers¹

Sr. No.	Contact Persons	Name of Health Centers	Addresses	Contact #	Category of Health Centers
District Jhelum; Town: Jhelum					
1	Dr. Shahida Arshad	Al - Ghani Hospital	Civil Line Jhelum		Maternity Home
2	Dr. Alia Niaz	Fazal Hospital	356 Civil Lines		Maternity Home
3	Dr. Nazira Mehdi	Nazira's Hospital	5-Kazim Kamal Rd Jhelum Cantt	622236	Maternity Home
4	Dr. Rukhsana Abid	Afzal Hospital	Machine Mohallah Jhelum	625646 624646	Maternity Home
5	Khalida Parveen	Ahmed Clinic	Nai Abadi Dhok Abdullah Near Haji Shifa Khana Dhok Jumma	613299	Maternity Home
6	Zahida Iqbal	Bismillah Clinic	Phulray Syeedan		Maternity Home
7	Najma	Ali Clinic	Kala Gujran Gt Road	622171	Maternity Home
8	Mrs. Riffat Ara	Mughal Clinic	Tana Wala Tallian	612413	Maternity Home
9	Mrs. Shanaz	Tipu Clinic & Maternity Home	Opp. High School GT Road	631966, 630535	Maternity Home
10	Mrs. Riaz Abid	Bassi Wala Clinic & MH	Ramdin Bazar, Sardar Chowk	623958	Maternity Home
11	Ghazala Farhat	Nukhba Clinic	Quarter#1 C/O Sajad Mehmood Kiyani BHU Sohan		Maternity Home
12	Mrs. Munawar Sultana	Hammad Clinic	Street 10, Machine Mohallah No. 3		Maternity Home
13	Dr. Naheed Abdul Hafeez	Al-Hafeez Clinic & Maternity home	Machine Mohalla # 2, B Iv-I-S-93, Jehlum	0541-623-8,	Clinic
14	Dr. Fauzia Kazmi	Women Clinic & Maternity home	Maj. Akram Shaheed Road, Mohammdi Chowk, Jehlum	621287	Maternity Home
15	Dr. Tayyeba Aziz	Khan Mohammad Hospital	Machine Mohallah # 1 , Jehlum	628088	Clinic
16	Dr. Shazana Imtiaz Dr. Saeeda	Al-Qasim Clinic & Matern	Civil Lines Opp. Nazam's Off. Jehlum	0541-621622,	Clinic

¹ As on 15th May, 2005.

Sr. No.	Contact Persons	Name of Health Centers	Addresses	Contact #	Category of Health Centers
	Afzal				
17	Dr. Nabeela Butt	Dr. Nabeela's Clinic	10-A, Civil Lines , Professor' Colony, Jhelum	0541-622978	Clinic
18	Dr. Fareeda Yasmin	Noor-Un-Nisa Hospital	Gts Chowk, Cantt Area, Jhelum	627094	Hospital
District Jhelum, Town: Sohawa					
19	Zubia Yasir	Kashif Clinic	Sohawa Post Office Sagral		Clinic
District Jhelum , Town: Dina-Mangla					
20	Dr. Rubina Khawaja	Al - Karam Hospital	Mangla Road, Dina Jhelum	630816	Hospital
21	Dr. Rehana Yasin	Dr. Rehana's Maternity Home	GT Road, Dina	630354	Maternity Home
22	Dr. Taveer Saleeha	Al-Kausar Hospital	GT Road, Dina	635892, 636892	Hospital
23	Dr. Gulnaz Chatta	Al-Shafi Hospital	G.T. Road, Dina	632549	Hospital
District Jhelum; Town: Pind Dadan Khan					
24	Mrs. Farzana Akbar	Agha Khan Health Cente	Pind Dadan Khan	210454	Clinic
List of Family Physicians working in Jhelum					
25	Dr. Ahsan Ullaha		Civil Line Jhelum		Hospital
26	Dr. Saeeda Ahsan		Civil Line Jhelum		Hospital
27	Dr. Farrukh Ahsan		Civil Line Jhelum		Hospital
28	Dr. Khalid Manzoor Khwaja		Civil Line Jhelum		Clinic
29	Dr. Munir Azam		Civil Line Jhelum		Clinic
30	Dr. Imtiaz Sarfraz		Nia Mohallaha, Jhelum		Clinic
31	Dr. Saleem Chowdhry		Model Colony, Jhelum		Clinic
32	Dr. Iqbal Rana		Ram Din Bazar, Jhelum		Clinic
33	Dr. Mazar Shibli		Ram Din Bazar, Jhelum		Clinic
34	Dr. Col. Shabbir,		Civil Lines, Jhelum		Clinic
35	Dr. Nasir Jamil		Medan- Pakistan, Jhelum		Clinic
36	Dr. Abdul Shakoor		Medan- Pakistan, Jhelum		Clinic
37	Dr. Maj. Yousaf Akhter		MM# 1 Jhelum		Clinic
38	Dr. Abdul Shakoor Malik		MM#2 Jhelum		Clinic
39	Dr. Amir Zammurad, Dr. Faisal		MM# 3 Jhelum		Clinic
40	Dr. Sabir Khalil		MM# 3 Jhelum		Clinic
41	Dr. Tariq Raheem Rahim Clinic,		Taliahanwala, Jhelum		Clinic
42	Dr. Capt. Abdul Rasheed		Civil Lines, Jhelum		Clinic
43	Dr. Capt. Arshad,	Family Hospital	Dina		Clinic
44	Dr. Zafar	Zafar Hospital,	Dina		Clinic

Sr. No.	Contact Persons	Name of Health Centers	Addresses	Contact #	Category of Health Centers
	Mughal				
45	Dr. Mohammad Ishaq	Data Road,	Dina		Clinic
46	Dr. Nadir Jalal,		Thatti Mughalan, Jhelum		Clinic
47	Dr. Sajid Mahmood Khawaja,		Kala Gujran, Jhelum		Clinic
48	Dr. Abdul Rasool Qureshi,		Jhelum		Clinic
49	Dr. Imtiaz H. Shah,	Al-Qasim,	Civil Lines, Jhelum		Clinic
50	Dr. Khalid Saeed Akhtar	Poloy Clinic	Jada Jhelum		Clinic
51	Dr. Habib-Ur-Rehman	Poloy Clinic	Jada Jhelum		Clinic
52	Dr. Shirafat	Near Poloy Clinic	Jada Jhelum		Clinic
53	Dr. Aslam		Jada Road, Jhelum		Clinic
54	Dr. Nimat Ullah		Near D.H.O Jhelum		Clinic
55	Dr. Ejaz Butt-		Sohawa		Clinic
56	Dr. Aftab Ahmad		Sohawa		Clinic
57	L/Dr. Saeeda Nisar		PD Khan		Clinic
58	Dr. Javaid Iqbal		PD Khan		Clinic
59	Dr. Qasim		PD Khan		Clinic

Table 11: Budget allocation for the District Health Department of District Jhelum for the years 2001-2005

Item	2001-02 (amount in Rs.)	2002-03 (amount in Rs.)	2003-04 (amount in Rs.)	2004-05 (amount in Rs.)
Total district budget (Millions)	870.150	733.99	830.6	1013.5
Budget for Health	114.6	126.7	153.8	158.0
Budget for DHQ	39.1	41.5	50.3	53.7
Budget for THQ	12.1	11.3	13.2	13.1
Budget for RHCs	38.4	37.4	47.6	48.0
Budget for BHUs		Included in RHC		
Budget for MCHC	0.28	1.1	1.1	1.2
Budget for dispensaries	2.6	3.9	3.7	4.4
Others means total budget minus budget of DHQ, THQ, RHC, BHU, MCHC, Dispensaries	21.4	31.2	37.7	37.5
Salary portion out of health budget	60.6	60.7	86.6	98.6
Non-salary portion out of health budget	53.9	59.9	67.2	59.4
Budget for medicine out of non- salary budget	14.8	21.5	24.1	25.9
Development	00	00	0.2	1.08
Non-development	114	126.7	153.8	158.0

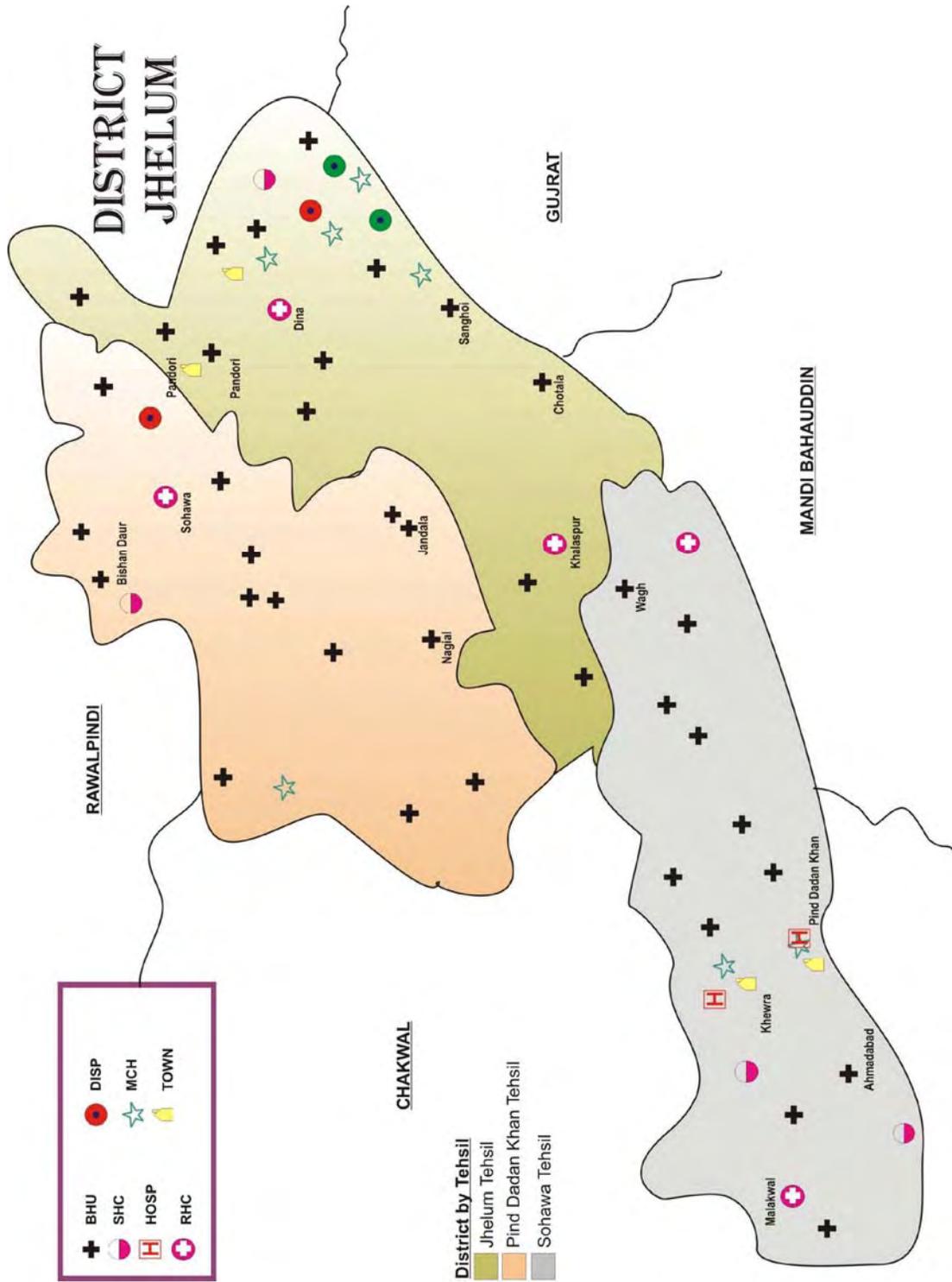
Annexure

- Annex – A: TORs of District Health Management Team (DHMT)
- Annex – B: Map of Health Facilities in District Jhelum

TORs of District Health Management Team (DHMT) – Annex A

- Preparation of Annual District Health Plan ,including the following :
 - Activity work plan showing a timeframe for implementation.
 - Human resource development plan.
 - District logistic and services plan.
 - Preparation of budget estimates for all activities.
 - Plan for multi-sectoral collaboration and advocacy.
- Ensure effective implementation and management of all activities outline in the plans.
- Monitor the implementation of health services in the district.
- Establish, manage and monitor referral mechanism at all levels o the district health system including ensuring effective feedback.
- Annual evaluation of district health services on the health status of the district, with special attention to the most vulnerable groups such as women ,mothers, neonates, infants and ensure improve services to these groups .
- The DHMT will meet on monthly basis.
- Special meetings may be called by the chairperson as needed.
- Minutes of the meeting will be approve by the chair and circulated among the members.
- It will be mandatory on the DHMT to prepare and present its annual performance report in the District Assembly.
- The district assembly will approve the annual budget for the activities of DHMTs.
- The district assembly will assess whether the targets assigned to the team are fulfilled or otherwise.
- A token amount of Rs. 20,000 may be allocated annually for the DHMTs out of the district budget.

Map of Health Facilities in District Jhelum – Annex B



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