ORIENTATION MANUAL
& EMPLOYEE HANDBOOK

PROJECT MANAGEMENT UNIT
Primary & Secondary Healthcare Department

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Please note that this is a first draft, and may be subject to revisions. All information and content in this Material is provided in good faith by Project Management Unit, Primary & Secondary Healthcare Department and is based on sources believed to be reliable and accurate at the time of development.

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REVISION SHEET

Page #	Rev. #	Date	Reason of Change	Signature

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1 ABBRIVATION

ACR	Annual Confidential Report
AH1N1	avian pandemic influenza (AH1N1)
AIDS	Acquired Immunodeficiency Syndrome
AJK	Azad Jammu & Kashmir
ANC	Antenatal Care
BDS	Bachelor of Dental Surgery
BHU	Basic Health Unit
C&W	Communication and Works Department
CBA	Child Bearing age
CCHF	Congo Crimean Hemorrhagic Fever
CCU	Coronary Care Unit
CIWC&E	Centre for Improvement of Working Conditions and Environment
CLL	Concurrent Legislative List
CMWs	Community Midwifes
CPSP	College of Physicians and Surgeons of Pakistan
D.O	Demi official
DA	Dearness Allowance
DCPS	Diplomat of College of Physicians and Surgeons of Pakistan
DFID	Department for International Development
DGHS	Directorate General Health Services
DHQ	District Headquarter Hospital
DMUs	District Program Management Unit
DOTS	Directly Observed Therapy for treatment of Tuberculosis
DRAP	Drug Regulatory Authority Pakistan
ECNEC	Executive Committee of the National Economic Council
EEO	Equal Employment Opportunity
EI	Essential Immunization
EmONC	Emergency Management of Obstetric and Neonate Care
EMRO	WHO Regional Office for the Eastern Mediterranean
ENT	Ear, Nose and Throat
EPI	Expanded Program of Immunization
FATA	Federally Administered Tribal Areas
FCPS	Fellow of College of Physicians and Surgeons of Pakistan
GOP	Government of Punjab
HCE	Health care Establishment
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HR	Human Resource
HSA	HEALTH SERVICES ACADEMY
ICT	Islamabad Capital Territory
ICU	Intensive Care Unit

ILO	International Labor Organization
IRMNCHNP	Integrated Reproductive, Maternal, Newborn & Child Health and Nutrition Program
IYCF	Infant and Young child feeding
LGO	Local Government Ordinance
LHSs	Lady Health Supervisors
LHV	Lady Health Visitor
LHWP	Lady Health Worker Program
LHWs	Lady Health Workers
LPR	Leave prior to retirement
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCPS	Member of College of Physicians and Surgeons of Pakistan
MDGs	Millennium Development Goals
MEDVC	MSc in Health Economics & Management
MNCH	National Maternal and Newborn Child Health Program
MOH	Ministry of Health
MOST	Ministry of Science and Technology
MS	Medical Superintendent
MSDS	Minimum Service Delivery Standards
NCH	National Council for Homoeopathy
NCT	National Council for Tibb
NEAP	National Emergency Action Plan
NEB	Nursing Examination Board
NGO	Non-Governmental Organizations
OHS	Occupational Health & Safety
ORS	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Feeding Program
P&SHD	Primary & Secondary Healthcare Department
PATA	Provincially Administered Tribal Areas
PBTA	Punjab Blood Transfusion Authority
PC-1	Planning Commission
PER	Performance Evaluation Report
PFA	Punjab Food Authority
PFSA	Punjab Forensic Science Agency
PHC	Punjab Healthcare Commission
PHDC	Provincial Health Development Centre
PHF	Punjab Health Foundation
PHIMC	Punjab Health Initiative Management Company
PHRC	Pakistan Health Research Council
PLHIV	People living with HIV/AIDS
PLWs	Pregnant and Lactating Women
PM&DC	Pakistan Medical and Dental Council
PMF	Punjab Medical Faculty

PMS	Provincial Management System
PNC	Pakistan Nursing Council
PNC	Postnatal Care
PPC	Punjab Pharmacy Council
PPP	Punjab Pharmacy Council
PQCB	Punjab Quality Control Board
RHC	Rural Health Centre
RUTF	of Ready to Use Therapeutic Food
S&GAD	Services and General Administration Department
SDGs	Sustainable Development Goals
SHC&MED	Specialized Healthcare and Medical Education Department
SIAs	Supplementary Immunization Activities
SO	Section Officer
TA	Travel Allowance
TBA	Trained Birth Attendant
THQ	Tehsil Headquarter Hospital
UAH	Unani, Ayurveda and Homoeopathic
UHS	University of Health Sciences
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for international Development
VDPV2	Vaccine derived Polio Virus Type 1
W.P	West Pakistan
WHO	World Health Organization
WMO	Women Medical Officer
WPV1	Wild Polio Virus Type 1

2 PREFACE

This manual will serve as guideline instructions to the concerned officials to deliver effective health care services in DHQ and THQ Hospitals of P&SHD. To perform the assigned duties efficiently and effectively, employees should have proper understanding of the organization culture, rules & regulations, and should be well oriented and be trained in specific portfolios. The pivotal role of this manual is to make it clear that efficient delivery of relevant core functions is the direct responsibility of the concerned officials.

3 SCOPE

Many hospitals have three leadership groups- the governing body, senior managers and organized medical staff-who work together to deliver safe and high quality care. The leadership standards address topics such as creating a culture that fosters patient safety as a priority, ensuring the availability of the required number of human resource necessary to provide care and providing competent staff and other caregivers along with mechanism of performance evaluation periodically.

This employee Handbook or orientation manual is designed to give an overview of the HCE rules & regulations under the administrative control of P&SHD (in accordance with the regulatory and statutory organizations of federal, provincial and local level).

The documented policies and procedures will increase the understanding and help to assure uniform practices throughout the department. P&SHD policies encourage freedom, personal growth and fair and equitable treatment without discrimination. It is responsibility of the employee to become familiar with this Handbook and the material described herein. Please keep this Handbook for future reference. It is intended to provide employees with guidelines on each policy, and is not intended as a comprehensive description. P&SHD may change these policies from time to time by following the procedures as laid down in the relevant statutes and reserves the right to do so in the future.

4 OBJECTIVE

This policy document applicable to the P&SHD in the form of manual will be issued or explained by the competent authority or on the behalf of competent authority for orientation or training purpose of all the employees and newly hired staff of DHQ and THQ hospitals at the time of recruitment. Orientation not only improves the employee performance but also helps employee to feel like they are part of the concerned organization. Medical Superintendent and HODs, in coordination with the Human Resource Department, will complete the orientation of new employee by explaining the rules, regulations, departmental policies and procedures and also by introducing new employee to their colleagues.

The objective is to introduce new joiners to the organization, work, colleagues, its culture and environment. All new employees will go through an orientation and induction program designed by the HR Department, which should include the following:

1) The Vision, Mission, Values, objectives and policies of HCE.
2) Overview of the organizational structure, system and key processes
3) Brief on Job Responsibilities and key processes of the relevant department.
4) Description of the HCE's specialty/s and target population

5 INTRODUCTION

Primary and Secondary Healthcare Department (P&SHD) delivers quality healthcare services to the community through an efficient and effective service delivery system that is accessible, equitable, culturally acceptable, affordable and sustainable. The department believes in all inclusive policy where each team member is an integral part of decision making process and trying to work to best of their potential. P&SHD aims to improve the health and quality of life of all, particularly women and children, through access to essential health services.

The Primary and Secondary Healthcare Department strives to reform and strengthen the critical aspects of the health system and enable it to:

1) Provide and deliver a basic package of quality essential health care services
2) Develop and manage competent and committed healthcare providers
3) Generate reliable health information to manage and evaluate health services
4) Adopt appropriate health technology to deliver quality services,
5) Finance the costs of providing basic health care to all
6) Reform the health administration to make it accountable to the public.

5.1 Mission

Provision of Quality healthcare accessible to everyone across Punjab

5.2 Vision

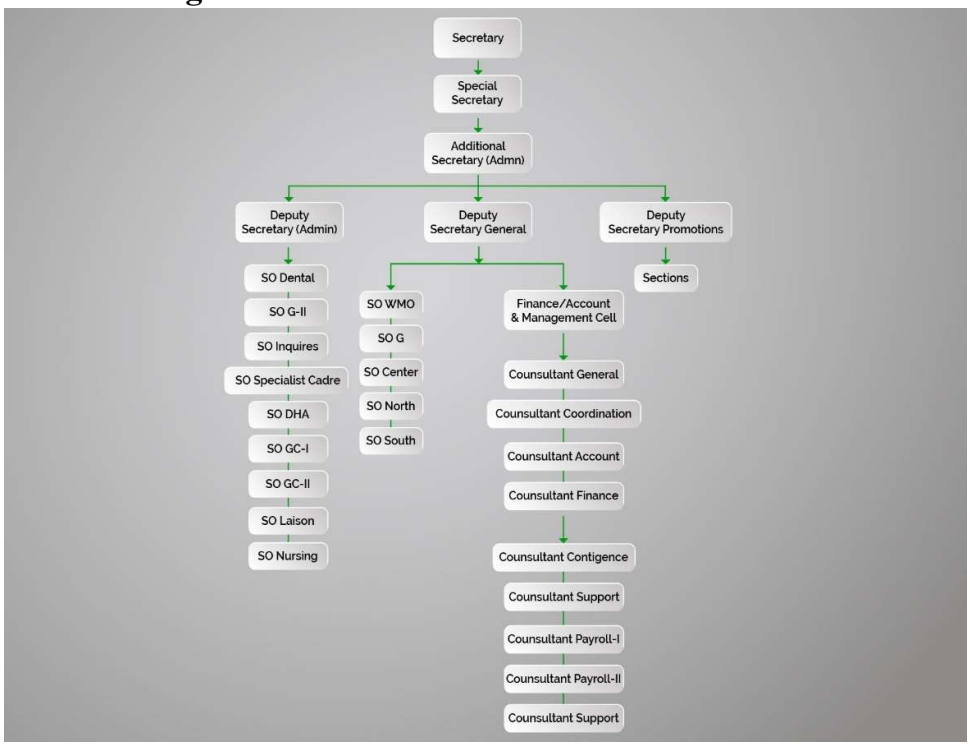
Ensuring a Healthy Punjab

5.3 Values

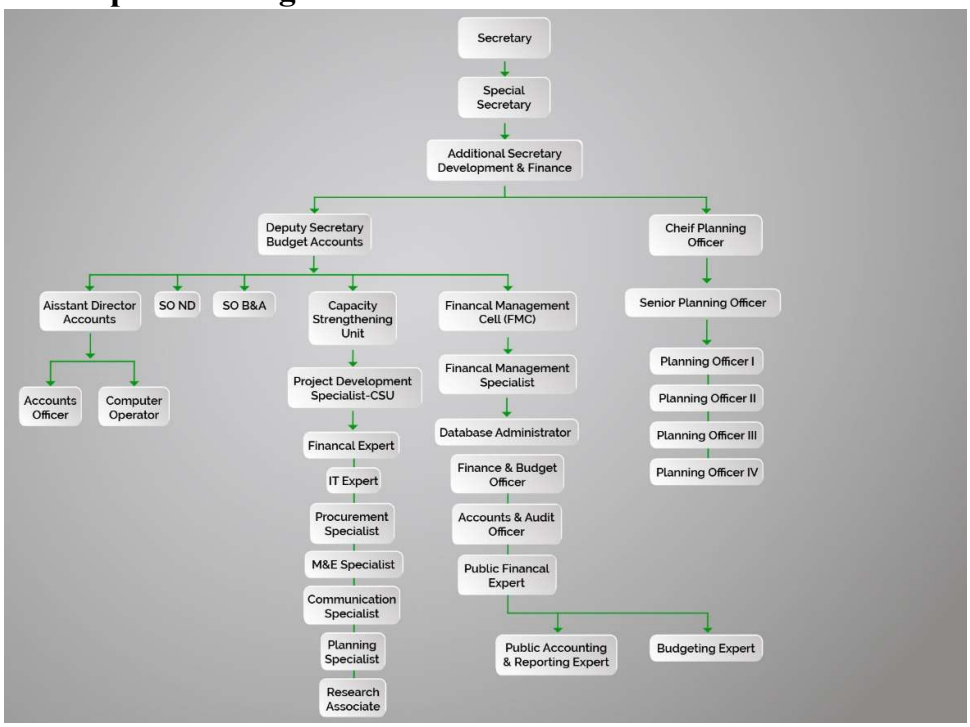
1) Respect
2) Caring
3) Innovation
4) Accountability

6 HIERARCHY CHART

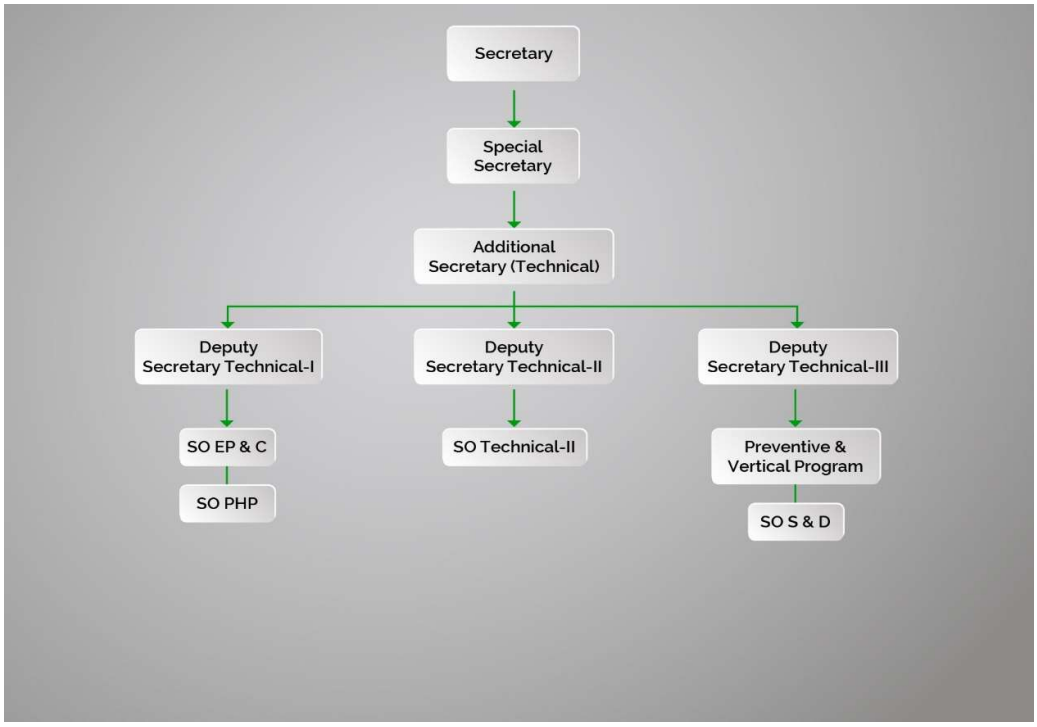
6.1 Admin Wing



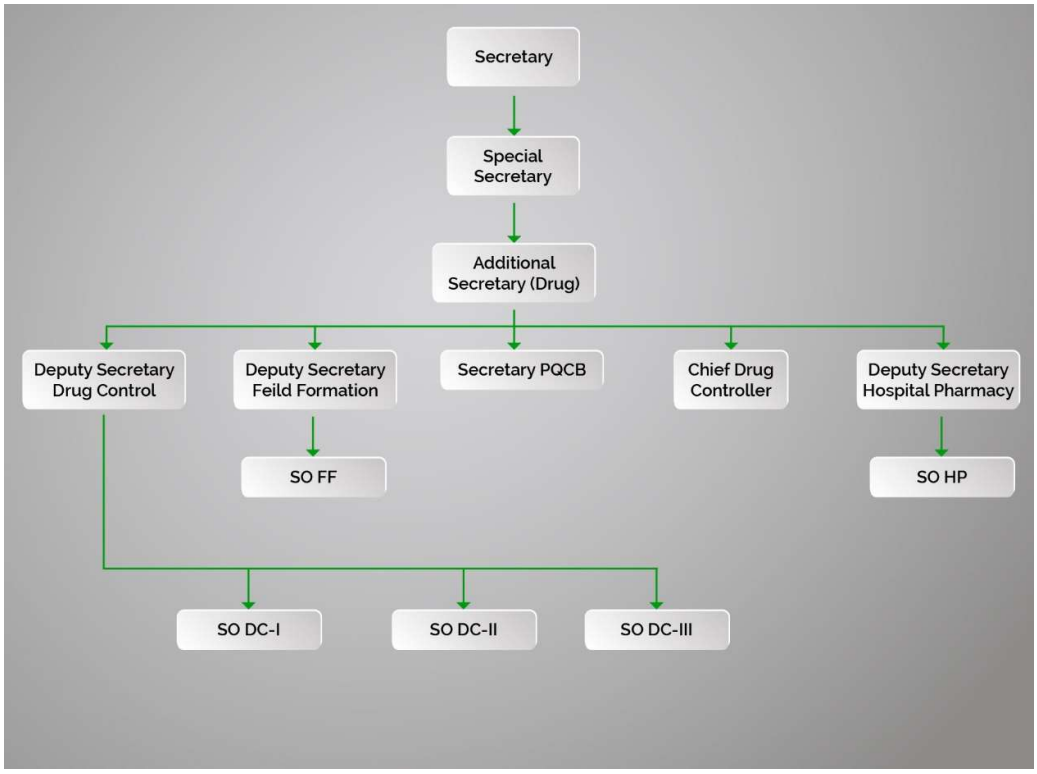
6.2 Development Wing



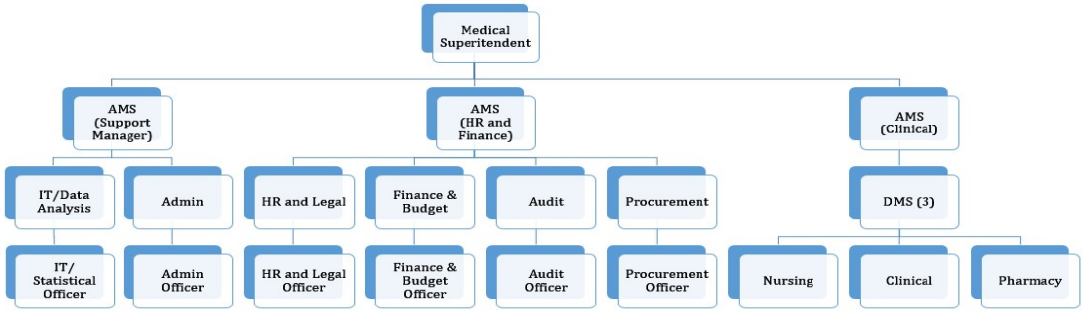
6.3 TECHNICAL WING



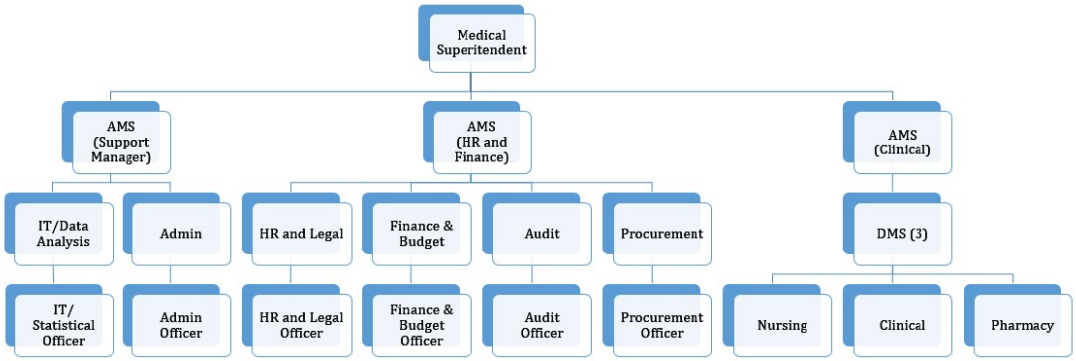
6.4 DRUGS CONTROL



6.5 HCE's DHQ



6.6 HCE's (THQ)



6.7 DEPARTMENTAL INFORMATION OF HCE

Relevant officers should gather required information and fill the below given form for future reference, (included in the targets).

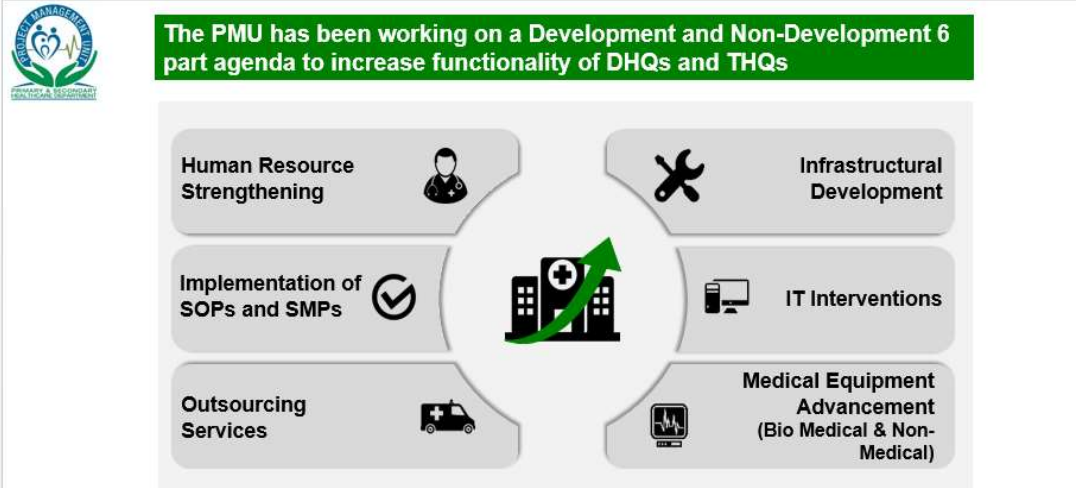
Department Information of _____ for orientation manual / session.								
Sr.#		Dpt. Information				Facilities Provided	No. of Beds	Monthly Patients flow
	Clinical Dpt.	Name	Sr.#	Name of employees	Designation			
1		Med.	1					
			2					
			3					
2		Surg.	1					
			2					
			3					
Sr.#		Dpt. Information				Facilities Provided	Contribution towards achieving dpt. goals.	
1	Non-Clinical Dpt.	Name	Sr.#	Name of employees	Designation			
		Admin	1					
			2					
			3					
2		Accounts	1					
			2					
			3					

7 PROJECT MANAGEMENT UNIT

Revamping of DHQ and THQ Hospitals has been a flagship program of Primary and Secondary Healthcare Department. The scope of this program includes six major components:

1) Addition of human resource
2) Rehabilitation and improvement of infrastructure
3) Supply of missing biomedical and non-biomedical equipment
4) Introduction of IT-based solutions
5) Outsourcing of allied services
6) Standardization of hospital protocols.

The Govt of Punjab has taken a special initiative for Revamping of DHQ and THQ Hospitals all over the Punjab. As a part of this initiative, PMU Revamping Work of DHQ/THQ hospitals was established in September 2016. The objective was to improve overall quality & capacity of healthcare services in 125 District & Tehsil Head Quarter Hospitals in Punjab.



8 ORGANIZATION OF HEALTHCARE SYSTEM

Pakistan as a federation consists of three levels of government; federal govt. provincial govt. and district govt. The capitol territory Islamabad, Federally Administered Tribal Areas (FATA), Provincially Administered Tribal Areas (PATA) and the Federally Administered Northern Areas (FANA) which has a status of quasi province come under the jurisdiction of the federal government. While Azad Jammu and Kashmir (AJK) is a sovereign constituency with its own government. The 1973 Constitution of Pakistan stipulates the subjects that come under the obligation of the federal and provincial governments, respectively. Subsequently the 18th amendment in the 1973 constitution of Pakistan the delivery of health services has become the responsibility of provincial government's. The federal government prime responsibilities are policy development and strategy delineating, monitoring and evaluation, health communication, advocacy and information, formulation of technical values and guidelines, and the prevention of communicable diseases. In other words, the federal government is overseer of the system rather than an implementer. The provincial governments' primary responsibility is health services, including planning, management and oversight, financing, implementation, medical education and training, monitoring and supervision, and regulation. Administration of responsibilities for healthcare is shared between the federal government and provinces.

The Local Government Ordinance 2001 (LGO) formed district governments as a third layer of government. The aim of the Devolution Initiative was to delegate administrative and financial powers at the local level to augment local accountability and progress service delivery. It placed 13 sectors, including health, below the control of the district governments. In health, devolution did not transform the role of the federal government, but rather the separation of responsibilities between the provinces and the districts. The latter became responsible for the management, supervision, financing, and monitoring of primary and secondary facilities. After the abolition of Local Government System the federal ministry's contribution had developed beyond the role of over-sight as described in the constitution. In specific, it played its active role in the financing and management of national programs, but it also financed large hospitals and establishment of medical college at the provincial level. Similarly, provincial governments, whose function was more focused on service delivery, containing its organization, monitoring and evaluation, did not fully bend to the changed role. Their relationship with districts continued problematic, mostly in the smaller provinces where provincial governments still engaged significant effect on personnel management and on the practice of development resources. Under the three-tier system, where districts are the third rank of government, the allocation of obligations across levels is fuzzy. In the DI, the responsibilities for organizing various intensities of service providers were mapped to diverse levels of government, and the dissemination of responsibilities was scheduled to escape replication. However, in practice, two shortcomings appeared. First, the milieu organization lacked lucidity; lines of accountability were muddled. Second, the degree of independence in fact contracted to and applied by the districts to carry out their responsibilities remained quite limited. Devolution resulted in limited but positive influence on service delivery. The Harvard

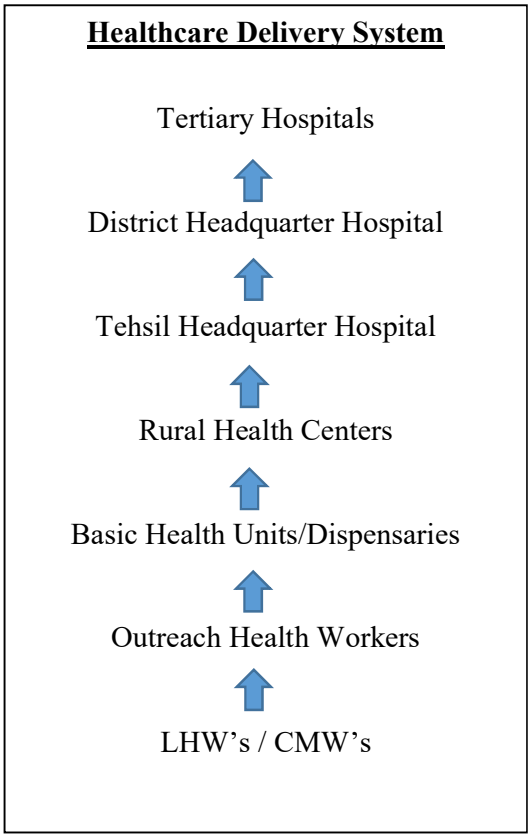
study in 2007 revealed that in districts had a greater capability for decision-making, and greater responsibility of officials concerning local authority, the handling of maternal services was higher. While this did not institute causality, it showed that progresses can be attained in a decentralized context. By succeeding the similar array now the Government has substituted the previous existing system in the health sector and has established District Health Authorities with more administrative and financial powers to their Chief Executive Officers.

8.1 IMPACT OF 18TH AMENDMENT

The 18th amendment in constitution was an effort to eliminate glitches. It revoked the 17th Constitutional Amendment, re-constitutes the Council of Common Interests, a supra-cabinet and eradicated the Concurrent Legislative List (CLL), which reformed power distribution between the federal and provincial governments in Pakistan's federal system. After the elimination of Concurrent Legislative List; the Federal Legislative List sketched the federal privileges, which were significantly abridged. All mandates, including health, became matter of provincial mandate. Thus, the Ministry of Health became laid off, as health became a subject of provincial prerogative.

The Concurrent Legislative List (CLL) was removed from the Constitution. However, there are certain zones which require federal oversight. In such zones, federal mandate can be reserved through other mechanisms.

8.2 ANALYSIS OF CURRENT HEALTHCARE SYSTEM



Pakistan is a country which is trying hard to attain Sustainable Development Goals (SDGs) which are agreed for all developing countries. The development of health sector in Pakistan could not be overlooked since the time of freedom. Moreover, it has attained expansion in social sector, agricultural sector and economic sector. Pakistani health care system is in growth, Govt of Pakistan has tried to make much developments in its health care delivery system and has brought out many reforms. There are minute strengths in health care delivery system in Pakistan like making health policies, participating in Sustainable Development Goal, initiating vertical programs, introducing Public Private Partnership (PPP), improving human resource development and infrastructure. The prime strength of the system is that it has dedicated to contribute in SDG's after re-structuring national health policy in 2001 that incorporated Primary Health Care as elementary unit in the health policy, and other current Health Policies. Owing to these deviations, the government underway execution of vertical programs for preventive methodologies like Expanded Program of Immunization for mass population and consolidating the Maternal and Child Health project by training Leady Health Visitors (LHV's) to progress the health standing of the population. Overall improvement in health services over the last decade has resulted in a decrease in the country's maternal mortality rate from 276 deaths to an average of 186 deaths per 100,000 live births, according to the latest Pakistan Maternal Mortality Survey and infant mortality is condensed to 57.2 per 1000 live births.

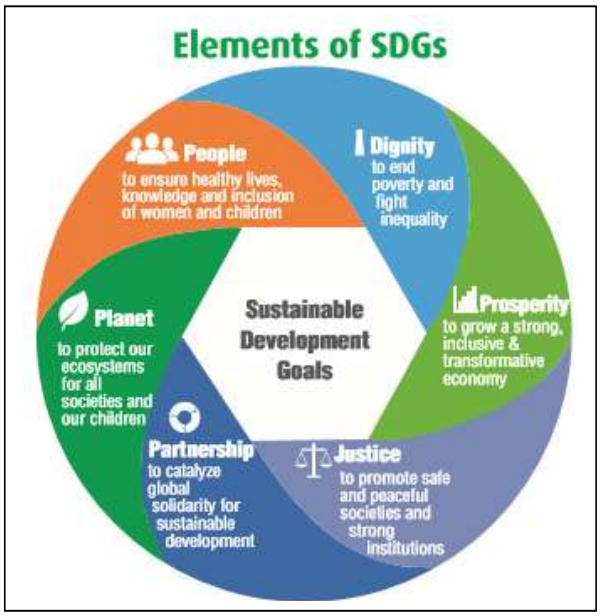
9 MILLENNIUM DEVELOPMENT GOALS

The MDGs provide us with current socioeconomic targets as we work towards good governance, social justice, poverty alleviation and sustained growth.

1) MDG1→ Eradicate extreme poverty and hunger
2) MDG2 →Achieve Universal Primary Education
3) MDG3→ Promote gender equality and women's empowerment
4) MDG4→ Reduce Child mortality
5) MDG5→ Improve maternal health
6) MDG6→ Combat HIV/AIDS, Malaria and Other diseases.
7) MDG7→ Ensure environmental sustainability
8) MDG8→ Develop global partnership for development

The MDGs were accepted in 2000 by governments to make global development on poverty, education, health, hunger and the environment. The MDGs sacked at the end of 2015.

10 SUSTAINABLE DEVELOPMENTAL GOALS



The Sustainable Development goals (SDGs) are descendants to the 'Millennium Development Goals MDGs'. The MDGs were accepted in 2000 by governments to make global development on poverty, education, health, hunger and the environment. The MDGs sacked at the end of 2015. During 25-27 September 2015, the member states of the United Nations congregated in New York for the United Nations (UN) Summit on Sustainable Development and approved the new global goals for sustainable development. The world leaders covenanted their commitment to the new '2030 Agenda for Sustainable Development', incorporating 17 universal and transformative SDGs.

The SDGs are a universal set of goals, targets and indicators that all UN member states are anticipated to use to formulate their growth agendas and socio-economic strategies, in order to triumph a sustainable world where 'no one is left behind' without conceding sustainability of the planet. These new global goals are much comprehensive than the withdrawing MDGs, as they attempt to discourse all three extents of sustainable development- economic, social and environmental. The SDGs are more determined than the MDGs, covering extensive range of interconnected concerns, from economic progress to social subjects to global public goods. To apprehend this vision, an aspiring plan for financing and implementation is required.

The post-2015 development agenda will necessitate full range of means of implementation that include financial and non-financial, public and private and domestic and international. It is projected that the budget to eliminate extreme poverty would require about 66 billion dollars per year, and the UN appraise that developing countries will face a gap of 2.5 trillion dollar per year if they are to accomplish the SDGs.

Native resource mobilization and official growth assistance are anchors of development finance. Country leadership and ownership are central to the accomplishment of financing the post-2015 agenda. Moreover, financing from the private sector will also be mandatory. In addition, new measures are desired to speed up tax reform, control corruption and illicit financial flows, and to expand tax net.

11 MINIMUM SERVICE DELIVERY STANDARDS

PHC has been designed under the Punjab Healthcare Commission Act 2010 as an independent health regulatory body with the obligation to familiarize a regime of clinical governance through administering Minimum Service Delivery Standards at all Healthcare Establishments in both the public and private sectors comprising allopathy, homeopathy and Tibb.

Its mandatory for all HCE's to implement MSDS to secure a license from PHC to provide Healthcare Services in Punjab. PHC adopted 30 professionally advanced foundation standards and 162 allied indicators for secondary and tertiary hospitals. Basic areas of HCE are Continuity of care, Patient care, Management of Medication, Patients right & Education, Hospital Infection Control, Responsibility of Management, Facility Management & Safety, Continuous Quality improvement, Human resource management and Information Management system.

12 ROLE OF WHO IN THE DEVELOPMENT OF HEALTH SECTORS IN PAKISTAN

Pakistan joined the world health organization (WHO) ever since its establishment. The history of our country's health sector has some optimistic aspects as well and how it developed over the time.

According to the WHO guidelines, Pakistan propelled several programs that comprised malaria control program, an expanded program of immunization (EPI), family planning program etc. All of these programs are examined by the national institute of health. Besides, in Pakistan instituting WHO country office took place in January 1960 which further reinforced the monitoring system. During the sixties, much importance were given to make the robust infrastructure of health care system and formation of rural health centers (RHC) in order to bring health services nearer to the community.

The seventies can be consider as the era of primary health care (PHC), when the international public health movement concentrating to the Alma-Ata Declaration in September 1978. This covers the subjects like reproductive health, vaccination, health education, diarrhea control, promotion of safe water and sanitation and all the modules of PHC accessible to community easily. In late 1993, initiative of lady health visitor (LHV) was instigated which led to the home delivery of health services like antenatal, post-natal, childhood disease prevention and family planning.

These unending efforts of WHO and Pakistan jointly stemmed into many positive aftermaths, such as elimination of small pox in 1974, after that the mitigation of guinea worm diseases in 1993. Moreover, in 1978, national expanded program of immunization (EPI) directing vaccine preventable childhood killer diseases was launched. The program expended steadily, with major up-scaling in 1983, under the cooperatively propelled "national accelerated health program", where the EPI was executed along with two other chief interventions, namely, diarrhea control through ORS, and TBA's training on safe and clean delivery all aiming to diminish both infant and maternal mortality. The scope of EPI was further enhanced by the addition of the hepatitis B vaccine in 2001.

Another fruitful program was the acknowledgement of tuberculosis as a national emergency in 2001 and providing DOTS to the population suffering from tuberculosis. In order to contest malaria epidemics, Roll back malaria initiative was propelled in 1998. WHO has also funded majorly to the area of nutrition; under this banner, nutrition education and campaign programs were introduced at the PHC level. Secondly, food defenses with vitamin A, iron and other micronutrients were also familiarized. The government of Pakistan also recommended the WHO/UNICEF strategy that defends special breast feeding for six months of life.

13 RELEVANT ORGANIZATIONS OF HEALTH SECTOR IN PAKISTAN & SPECIFICALLY IN PUNJAB

13.1 PAKISTAN HEALTH RESEARCH COUNCIL (PHRC)

The Pakistan Health Research Council (PHRC) was created under a resolution in 1962 on the recommendation of the Medical Reforms Commission as an autonomous organization under the Federal Ministry of Health (MOH), with the mandate to promote, organize and coordinate medical research in Pakistan. The Council was transferred to the administrative control of the newly created Ministry of Science and Technology (MOST) in 1972 along with all other research and development organizations in Pakistan. In 1985 the Council was re-organized to play its role in medical research more effectively. In 1997 the Council was transferred back to the Ministry of Health.

13.1.1 FUNCTIONS

Major functions of the Council are to: Organize, coordinate and promote scientific research in various disciplines of health sciences and public health, to establish its own institutions for undertaking health research, to publish and otherwise disseminate technical and general information on scientific matters relating to the research work of the Council through holding seminars, meetings and conferences, to establish scientific liaison with other national and international organizations connected with the scientific activities of the Council, to advise the Federal Government and Provincial Governments on all matters related to health research and to carry out, when called upon, evaluation of different health programme in the country.

13.1.2 OBJECTIVES

The main objectives of the Council are to Organize, coordinate and promote scientific research in various disciplines of health sciences and public health, to Link health research to the socio-economic development plans of the country and to advise the Federal and Provincial governments on all matters related to health research and health issues.

13.2 SPECIALIZED HEALTHCARE AND MEDICAL EDUCATION DEPARTMENT (SHC&MED)

Specialized Healthcare and Medical Education Department delivers quality healthcare services to the community through an efficient and effective service delivery system that is accessible, equitable, culturally acceptable, affordable and sustainable. Specialized Healthcare and Medical Education Department aims to improve the health and quality of life of all, particularly women and children, through access to essential health services. Specialized Healthcare and Medical Education Department strives to reform and strengthen the critical aspects of the health systems and enable it to:

1) Provide and deliver a basic package of quality essential health care services
2) Develop and manage competent and committed health care providers
3) Generate reliable health information to manage and evaluate health services
4) Adopt appropriate health technology to deliver quality services

5) Finance the costs of providing basic health care to all
6) Reform the health administration to make it accountable to the public
7) Provide medical education including medical colleges, Nursing schools and institution of Dentistry.

13.3 DIRECTORATE GENERAL OF HEALTH SERVICES PUNJAB

Directorate General of Health Services is the main programmatic coordination, implementation and monitoring arm of the provincial Health Department of the Government of Punjab and is headed by the Director General Health Services (DGHS).

The Directorate is responsible for overseeing provision of Primary and Secondary Health Care services throughout the province and liaises with all 36 district health offices in the province. It also provides support and leadership in responding to emergency health and medical issues in the province, especially for communicable disease prevention and control. Collection and dissemination of information, advice to the provincial health department and working with donor partners on their approved agendas with the Department of Health, Government of the Punjab, are also included in the functions of the DGHS.

Objective of Directorate General Health Services Punjab is to improve health status through: Ensuring implementation of global, national and provincial health policies, Maintaining delivery of preventive, promotive, curative & rehabilitative health services particularly at primary and secondary levels of care, Capacity building and monitoring of districts in planning and Implementation of health services

13.4 PROVINCIAL HEALTH DEVELOPMENT CENTRE (PHDC)

This network is working in the entire province of Punjab and comprises of Provincial Health Development Centre at Lahore with Health Development Centres.

Background: In 1990 the only training institute for Doctors in the province started working as Management Training Institute for Doctors at Katcha Ferozepur Road, Lahore.

The PHDC was established under the Second Family Health Project in 1994 and was located at 7-HumaBlock, Lahore. The PHDC was shifted to its own building in the present campus at 1-Abdul Rehman Chughati (Birdwood Road), Lahore.

13.5 PROVINCIAL QUALITY CONTROL BOARD (PQCB)

Government of the Punjab has established PQCB under section 11 of the Drugs Act 1976, to ensure availability of quality drugs to the general public and for effectively interdicting its violations through prosecution of defaulters in the Court of Law. The Board as far as possible meets at least once in a month The Board examines the cases referred to it by Drug Inspectors under the Act before directing them to prosecute such accused or recommending to the Licensing Authority for cancellation / suspension of the License: provided that no such action can be taken without giving an opportunity of a show cause / personal hearing to the accused.

Before referring any case to the Drug Court, the Board ascertain the names of the Directors, Partners and employees of the Company, Corporation, Firms or institution

who are Prima facie responsible for the commission of the offence under the Act or the rules and allow the Inspector to institute prosecution only against such persons.

The Board may, in view of minor contravention in its discretion, advise the accused to bring improvement, or if considered necessary issue a warning to the accused and take any other action including recall of batches.

13.5.1 FUNCTIONS

To scrutinize the reports / cases of Inspectors / Government Analyst, to take appropriate actions on reports of Drug Inspectors and Government Analyst including prosecution / registration of F.I.R. / Warning, to recommend for cancellation / suspension of Licenses and to advise the Government and field staff regarding ways / means to ensure quality of Drugs.

13.6 COLLEGE OF PHYSICIANS AND SURGEONS OF PAKISTAN

The College of Physicians and Surgeons Pakistan was established in mid-1962 with the objectives of maintaining high principles of medical profession, promotion of specialists' medical practice and arrangement of postgraduate medical training in hospitals. It is the only postgraduate medical institution in the country that has established a system of effective and consistent up-gradation of medical education and training.

The main functions of the College are: the promotion of the practice of general medicine, surgery and other specialties, and conduct examinations for the award of postgraduate Fellowship / Diploma of FCPS and MCPS. The College offers admission to the Fellowship of the College in 73 specialties / sub-specialties and MCPS in 22 specialties. The College has now discontinued its Membership diploma program and replaced it with the Diploma of the College, DCPS, offering it in 0 specialties. The first examination of DCPS is scheduled on 2 March 2006. The College organizes postgraduate training of the candidates in accredited/recognized hospitals throughout the country and conducts subsequent examinations. To achieve its objectives, the Council of the College has constituted four Committees to work for continued expansion and progress of this College. The College not only encourages qualitative expansion of the curriculum but also of education, associated teachers, supervisors, advisory services, monitoring and evaluation of training, teaching methodologies and examination system. In order to improve the overall educational and research methodology, the College regularly holds a variety of workshops and courses.The CPSP provides learning facilities to other medical institutions as well. As part of these activities and to determine the needs and bases for continuing medical education program, the CPSP also holds national and international conferences and joint meetings with sister institutions. These scientific discussions help in bringing the fellows, academicians and medical experts at a joint forum to exchange experience in different fields of medical science. On March 7, 2004, the College held a joint meeting with Bangladesh College of Physicians and Surgeons at Karachi in which over 300 delegates from Bangladesh and 1000 from Pakistan participated. This event contributed a great deal in the advancement of medical science in both the countries.

13.7 PAISTAN MEDICAL AND DENTAL COUNCIL (PM&DC)

The Council is a supreme body and takes all policy decisions, it meets at least once in a year or as and when there are sufficient items for the agenda, which needs policy decisions. It acts through various Committees and Secretariat. The meetings of the Council are presided over by the President and in his absence by the Vice President.

The Building of the Council is located at G-10/4, Mauve Area, and Islamabad. The PM&DC gets no grants and aid from the Federal government. The Secretariat keeps a close liaison with the Federal and Provincial Governments, Health Departments, Universities, Medical Colleges and allied agencies for speedy implementation and execution of the decision of the Council. It also keeps a liaison with Council and, licensing bodies in other countries to establish close contacts and develop mutual cooperation and understanding. It also initiates exchange of Medical Education Specialist with a view to studying the system of undergraduate and postgraduate medical and dental education in various countries. The Council has four provincial sub-offices located in each Provincial Capital i.e. Lahore, Karachi, Peshawar and Quetta. The Sub-Offices provides assistance to doctors in the respective Province apply for registration, experience etc.

Under the Medical & Dental Degrees Ordinance, 1982, PM&DC or any person authorized and notified is authorized to file complaint against any un-authorized medical practitioner. In exercise of the powers conferred under this Ordinance, PM&DC has authorized in consultation with the various Provincial Governments, officers to take cognizance of the offences under the Medical & Dental Degrees Ordinance, 1982 and file complaint in the court of competent Jurisdiction.

13.8 UNIVERSITY OF HEALTH SCIENCES (UHS)

University of Health Sciences (UHS) Lahore is a vibrant, internationally recognized, student centred, Research University with 84 colleges and institutes affiliated and around 69,970 undergraduate and 5,622 postgraduate students registered with it. The University was established in 2002. It was the first dedicated health sciences' university established in the province with a vision to bring qualitative and quantitative revolution in medical education and research through evolution. Almost all the public and private medical and dental colleges of the Punjab are affiliated with UHS.

The University is focused on delivering high-quality instruction in Basic Medical Sciences, revitalizing the neglected fields of Nursing and Allied Health Sciences, pioneering courses in Medical Education, Human Genetics and Behavioural Sciences, and fostering indigenous research activities.

The core values of UHS include: Quality Assurance; Justice, Fair play, Merit and Transparency; adherence to Standard Operating Procedures with zero tolerance to deviation; Resistance to all Pressures; building innovative culture; and, commitment to implementation, output and devotion to public service.

13.9 PUNJAB HEALTHCARE COMMISSION (PHC)

The progress towards achieving health goals for Punjab for its nearly 96 million people has remained uneven. Regulatory functions in the health sector have always been underdeveloped, poorly managed, and improperly implemented. In light of the increasing series of medical negligence, maladministration and malpractice cases in recent years, a need was felt for an autonomous authority at a provincial level to regulate healthcare services delivery in both Public and Private Healthcare Establishments. The Punjab Government took notice of incidences of medical negligence and promulgated the PHC Act, 2010. The Punjab Healthcare Commission was set up to ensure quality healthcare service delivery at all levels and also to protect the wellbeing of the patients.

13.10 PUNJAB PHARMACY COUNCIL (PPC)

Pharmacy is the fastest growing, dynamic profession offering a wealth of opportunities. Many occupations offer to improve society's quality of life, the profession of pharmacy involves the preservation of life itself. While serving the society, a secure professional future is reasonably guaranteed with the satisfaction of personal accomplishment. Punjab Pharmacy Council is Autonomous Statuary body functioning under Federal Legislation (Pharmacy Act, 1967). Punjab Pharmacy Council, established under Pharmacy Act 1967 as amended in 1973, with the crystal clear objective to regulate the practice of pharmacy. The Secretary Health Government of the Punjab acts as President (Ex-officio) while the secretary, bears the office of Punjab Pharmacy Council to execute and exercise all the legislative functions (Section-23 of the Pharmacy Act, 1967).

13.11 PUNJAB BLOOD TRANSFUSION AUTHORITY (PBTA)

Punjab is the most populous province of Pakistan, with approximately 45% of the country's total population (81 million). Punjab is the most developed and most prosperous province of Pakistan. There are 36 districts in Punjab and the capital city is Lahore. The literacy rate as of 2009 was 59.6%. The urban population is 40% while 60% is rural.

The Punjab transfusion of Safe Blood Ordinance 1999 was promulgated by the Governor on 9th July 1999, published in the Punjab Gazette, (Extraordinary), dated 14th July 1999, under Article 4 of the Provisional Constitution (Amendment) Order 1999 (9 of 1999). The law gave emphasis to the implementation of regulatory system for unauthorized blood transfusion centres, application of good manufacturing practice, and application of appropriate and rational use of blood.

On the directives of Govt of Punjab, a Blood Transfusion Authority was notified in 1999 under the Punjab Safe Blood Transfusion Act. The Primary function of BTA is to check illegal blood banks and business of substandard and unscreened blood and monitoring of blood banks to ensure that these banks are managed and run by qualified professionals preferably having post graduate qualifications in blood transfusion, haematology or clinical pathology recognized by the PMDC.

13.12 PAKISTAN NURSING COUNCIL (PNC)

The PNC is an autonomous, regulatory body constituted under the Pakistan Nursing Council Act (1952, 1973) and empowered to register (license) Nurses, Midwives, Lady Health Visitors (LHVs) and Nursing Auxiliaries to practice in Pakistan. PNC was established in 1948.PNC sets the curriculum for the education of Nurses, Midwives, LHVs and Nursing Auxiliaries, PNC inspects educational institutions for approval based on established standards, PNC provides registration (license) to practice.

PNC maintains standards of education and practice, PNC works closely with the four provincial Nursing Examination Boards (NEBs), PNC plays and advisory role for the overall benefit of Nurses, Midwives, LHVs and Nursing Auxiliaries in the country, PNC maintains an advisory role for the Federal and Provincial Government regarding nursing education and nursing services, PNC communicates policy decisions regarding nursing education and the welfare of nurses, taken in Council meetings, to Governments, Nursing Institutions, NEBs and Armed Forces Nursing Services for implementation, PNC prescribes penalties for fraudulent registration by intention of pretence, and removes persons from the Register for professional misconduct.

13.13 PUNJAB MEDICAL FACULTY (PMF)

Punjab Medical Faculty (PMF), established in 1916, is an autonomous body which functions through an 11 members' Governing Body. It strives for maximizing the professional competence of allied health professionals by ensuring their quality education that is in line with the contemporary needs and latest scientific advancements. The primary functions of PMF are designing curricula for diploma level education and conduction of examinations for such courses. It also affiliates institutions in government and private sectors which deal with education of allied health sciences and regulates their performance.

13.14 PUNJAB FORENSIC SCIENCE AGENCY (PFSA)

Establishment of Punjab Forensic Science Agency is a concrete step towards materializing a tolerant society by assisting courts in disseminating speedy justice. Punjab Forensic Science Agency has been completed in a short span of two years. It is providing forensic services in fourteen forensic disciplines. Integration and unification of all forensic services under one roof will reduce chances of mishandling, manipulation, deterioration and contamination of evidence. The scientific analysis undertaken at Agency will assist investigating agencies in successful investigations and replace oral evidence with the empirical testimony in courts of law. Reliable evidence will be available to improve conviction rate. It will reduce the nominal justice gap in Punjab. The robust independent status of the Agency will ensure transparency in handling and processing of evidence.

13.15 PUNJAB FOOD AUTHORITY (PFA)

The Punjab Food Authority (PFA) is an agency of the provincial Government of Punjab in Pakistan. It regulates food safety and hygiene in the Province. It was formed under the Punjab Food Authority Act 2011. The PFA is the first agency of its kind in Pakistan.

Enforcement of food hygiene and quality standards as described in the Punjab Food Authority Act 2011 and the Pure Food Rules 2011.

13.16 PUNJAB HEALTH FOUNDATION (PHF)

The establishment of Punjab Health Foundation is a significant initiative of this government and a vital step to actively assist and promote the private sector in providing better, broader and gross root health cover. The Foundation will help to provide financial assistance in urban and rural areas to individual doctors, promote encourage health institutions and allied projects for their establishment and upgrade existing facilities and inputs.

To shift the burden from government hospitals and to provide quality health facility for the common man, Government of the Punjab decided to strengthen the hospital/clinics working in private sector all over the province. In this regard, Government of the Punjab decided to establish a new department to provide interest free loan to MBBS/BDS doctors and NGOs working in health sector. To realize this dream Punjab Health Foundation was established under the Punjab Health Foundation Act, 1992.

13.17 PUNJAB HEALTH INITIATIVE MANAGEMENT COMPANY (PHIMC)

The Punjab Health Initiative Management Company has been established under Section 42 of the Companies Act, 2017 in the province of Punjab, with Registrar joint stock companies, Lahore. The main task of the PHIMC is to execute social health protection initiatives, demand side financing schemes including pro-poor health insurance schemes and collaboration with private sector to provide universal health coverage.

The Government of Punjab is committed to the principles of Universal Health Coverage and is approaching this goal in a phased manner. To improve access of population, especially the poor, to good quality medical services, a phased social health protection approach has been adopted. In the first phase, a pro-poor health insurance scheme targeting the population living below the poverty line has been started. The objective of this phase is to improve access to health services by the poorest population groups in the target region through a reduction of financial barriers and strengthening of the quality of health service provision and ensuring future expansion of the scheme through a rigorous monitoring mechanism.

The Company is also working on different arrangements within stipulated legislative and policy frameworks in Punjab for harnessing the potential of private sector in healthcare delivery. A number of arrangements as a result of interfacing the roles, responsibilities and prerogatives of the public and private sectors in healthcare system, are being worked upon.

13.18 DRUG REGULATORY AUTHORITY OF PAKISTAN (DRAP)

DRAP was established in 2012 enacted under DRAP ACT, 2012. The Authority is mandated for effective coordination and enforcement of the Drugs Act, 1976 to regulate, manufacture, import, export, storage, distribution and sale of therapeutic goods in the country.

Medicines are an indispensable component of healthcare system of a country and access to essential medicines in the basic right of all human beings. As a national regulatory body, DRAP ensures access of safe, quality and efficacious therapeutic goods at affordable prices in the country. Earliest availability of new treatment opportunities for the people of Pakistan in accordance with international practices of safety, quality and efficacy, is the key responsibility of state. It is envisioned that DRAP is on the way to become a world class regulatory organization at par with international standards and best practices, through effective management strategies for implementations of regulations and their enforcement throughout the country.

DRAP is adopting the globally harmonized science-based standards for the evaluation, registration and monitoring of safety, quality and efficacy of therapeutic goods. The harmonization of regulatory standards will improve the acceptance of products in international markets, enhance product quality and will ultimately promote the public health.

13.19 NATIONAL COUNCIL FOR HOMEOPATHY (NCH)

National Council for Homoeopathy is a body Corporate Constituted under Unani Ayurvedic and Homoeopathic Practitioners Act, 1965 to regulate the qualifications and to provide for the Registrations of Practitioners of Unani Ayurvedic and Homoeopathic Practitioners.

The National Council for Homoeopathy consists of the following members:- Four members, being registered Homoeopaths, are nominated by the Federal Government after consulting the Provincial Government concerned, of whom one from each Province, Eleven members, elected from amongst themselves by registered and listed Homoeopaths, of whom five from the Punjab, three from Sindh, two from the North-West Frontier Province and one from Baluchistan, Two members, are elected from amongst themselves by the teachers of recognized institutions of Homoeopathy, and Four members are nominated by the Federal Government, of whom one a scientist from the related field and one Deputy Secretary (Budget), Ministry of Health, who is also Chairman of the Finance Committee.

13.20 NATIONAL COUNCIL FOR TIBB (NCT)

National Council for Tibb is a Body Corporate, established under section 3 of UAH Act 1965, to promote and popularize the Unani, Ayurvedic and Homoeopathic System of Medicine, to regulate education and research in and to provide for the registration of practitioners of those systems of medicine, presently working under the administrative control of Ministry of National Health Services, Regulations & Coordination Islamabad.

Function of National Council for Tibb; to consider applications for recognition of institutions, to secure the maintenance of standard of education, to make arrangements for the registration of duly qualified persons, to provide for research in the system of medicine and to appoint committees or sub-committees to perform any specified function.

13.21 HEALTH SERVICES ACADEMY

The HSA was established in 1988 to provide short training courses to in-service public health practitioners & professionals. The promulgation of HSA Ordinance, 2002 gave it an autonomous status. Over the years, it has established itself as the premier research & teaching institution of public health. Today, it is the only institution that offers PhD in Public Health in Pakistan. It also offers FCPS, MS in Public Health, & MEDVC, MSc in Health Economics & Management & a PG Cert Human Resource in Health. The Academy remains committed to strengthen the capacity of public health professionals by excellence in teaching, research, and policy advice.

13.22 INSTITUTE OF PUBLIC HEALTH

Institute of Public Health is recognized by Pakistan Medical & Dental Council (PMDC) and College of Physicians and Surgeons of Pakistan. Further, the Institute is being maintained by the Government of Punjab and is under the administrative control of the Health Department. This Institute is becoming a source of inspiration for the doctors planning a career in various specialties of public health in Pakistan and abroad. The graduates of the Institute are adding a new dimension to the public health programs by virtue of their abilities of leadership, teamwork, management, community involvement and advocacy for health promotion as well as disease prevention and control.

The Institute takes pride in being able to control disastrous epidemics like Dengue. The Punjab Government realizes the rapidly escalating importance of Public health today and is constantly updating the Institute so it could effectively participate in disease prevention and health management of the Punjab community. By bridging diverse yet related disciplines and methodologies, the Institute advances discovery, translation and dissemination of health-related interventions with the goal of improving the health of populations in Punjab.

14 HEALTHCARE PROGRAMS & SPECIAL CAMPAIGNS IN PUNJAB

14.1 HEPATITIS CONTROL PROGRAM

This program was launched in the year 2009. Its main task is prevention and control of Hepatitis in Punjab. Spread of Hepatitis has reached alarming proportions in the province with an estimated 2.4% prevalence of Hepatitis B and 6.7% prevalence of Hepatitis C. The overall goal of the project is to reduce morbidity and mortality due to Hepatitis B&C by improvements in hospital waste management, infection control and injection safety practices in public sector health facilities. The program aims to improve access to quality diagnostic services and effective hepatitis B&C case management in the public sector health facilities. Furthermore, efficient and effective implementation of Preventive Program requires strengthening of the existing infrastructure and support system at Provincial and District level.

14.2 AIDS CONTROL PROGRAM

Main responsibilities of Punjab AIDS Control Program are to control or reverse the spread of HIV among the most at risk groups and to keep the epidemic from establishing among the bridging groups and the general population and to create an environment in the country where People Living with HIV can access medical and social services and enjoy life without facing stigma or discrimination. It is also our responsibility to coordinate a multi-sectoral, comprehensive and sustainable response to HIV that is based on evidence, transparency and accountability and involves the various line ministries, the civil society and the main target beneficiaries (the PLHIV and the most at risk groups).

Background; The PC-1 of Enhanced HIV/AIDS Control Program (2003-2008) was approved in year 2003. The PC1 for second phase (2009-2013) was approved by the Executive Committee of the National Economic Council (ECNEC) in August 2009 with 80:20 ratio of funding by the World Bank and Government of the Punjab. The funding by World Bank/DFID expired in April, 2010. The Government of the Punjab has been fully funding the Program since year 2010-11. During the present phase (2013-16), Punjab AIDS Control Program commenced implementation of the PC-1 (2013-16) in August, 2009 after getting anticipatory approval of expenditure from the Chairman ECNEC.

14.3 TB CONTROL PROGRAM

The Punjab having population of 97 Million which is 56% of the total population of Pakistan. Contributes 63% of the total TB case load of the country. ¼ of the total disease burden of EMRO region is borne by Punjab.

Goals are to reduce by 50% the prevalence of TB in the general population by 2025 in comparison to 2012. Objectives are to increase the number of annual notified TB cases from 194,628 in 2014 to at least 217,570 annual notified TB cases by 2018 while maintaining the treatment success rate at 85%, to reduce, by at least 5% per year by 2018, the prevalence of DR-TB among TB patients, to Strengthen programmatic and operational management capacity of the TB Control Program while enhancing public sector support for TB control by 2018.

14.4 MALARIA CONTROL PROGRAM

Malaria control has always been a priority in Pakistan. National Malaria Control Program was started in 1950. In 1961, Malaria control Program was converted into Malaria Eradication Program under the auspices of WHO with the financial and technical support from WHO, UNICEF and USAID. In 1977 Malaria Control Program was integrated into health services as part of Communicable Disease Control in Punjab Province. This program forges consensus among key factors in malaria control, harmonizes action and mobilizes resources to fight malaria in endemic areas. Its aim is to reduce the malaria associated morbidity and mortality by keeping malaria under effective control. The program has also been involved in Dengue prevention and control activities. As a result of collective efforts, the incidence of malaria has reached its lowest level in the province. Moreover, the same staff is working for prevention and control of avian pandemic influenza (AH1N1), Congo Crimean Hemorrhagic Fever (CCHF), Leishmaniosis.

14.5 EXPANDED PROGRAM FOR IMMUNIZATION

The Expanded Program on Immunization (EPI) is a disease prevention activity aiming at reducing illness, disability and mortality from childhood diseases preventable by immunization. These diseases are referred as 8 EPI target diseases and cause millions of ailments, disabilities & deaths each year.

Poliomyelitis	Pertussis (Whooping Cough)
Neonatal Tetanus	Hepatitis-B
Measles	Hib Pneumonia & Meningitis
Diphtheria	Childhood Tuberculosis

The diseases are preventable and can be eradicated like Smallpox, as very safe & effective vaccines are available. 27 % of deaths in < 5 years age group are due to vaccine Preventable Diseases. 80% children of world are being protected against childhood TB. 3 million children & 19.5 million CBAs are being protected against eight vaccine preventable diseases and tetanus respectively. 1000 deaths in less than 5 year children will daily occur in Pakistan, if EPI is discontinued. Immunization is one of the most successful and cost effective health interventions. It has eradicated small pox, lowered the global incidence of polio so far by 99% and achieved dramatic reductions in illness, disability and death from diphtheria, tetanus, whooping cough and measles. It is a world-wide Program being carried out in all countries assisted by WHO, UNICEF and other donor agencies. The global target of the Program is to immunize over 95% of infants and child-bearing-age females.

14.6 NATIONAL PROGRAM FOR PREVENTION & CONTROL OF INFLUENZA.

Influenza is a viral infection that affects mainly the nose, throat, bronchi and, occasionally, lungs. Infection usually lasts for about a week, and is characterized by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and rhinitis. The virus is transmitted easily from person to person via droplets and small particles produced when infected people cough or sneeze. Influenza tends to spread rapidly in seasonal epidemics. Most infected people recover within one to two weeks without requiring medical treatment. However, in the very young, the

elderly, and those with other serious medical conditions, infection can lead to severe complications of the underlying condition, pneumonia and death.

14.7 SPECIAL CAMPAIGN ON POLIO

The National Emergency Action Plan (NEAP) is the annual document that outlines the eradication strategy of the program and its strategic priorities, main areas of work, as well as innovations, modifications and improvements that may help the programme address persistent challenges. The programme is currently implementing the National Emergency Action Plan (NEAP) for Polio Eradication 2020. As per the NEAP 2020, the programme is committed to stopping all wild poliovirus type 1 (WPV1) and vaccine-derived poliovirus type 2 (VDPV2) transmission in Pakistan.

To achieve this goal, the programme is focused on ensuring the following objectives:

1) Stopping poliovirus transmission in all remaining WPV1 reservoirs through focused, intensified national efforts and coordinated strategies across international borders.
2) Rapidly detecting, containing and eliminating all polioviruses from any newly infected area.
3) Protecting the overall health of populations by maintaining and increasing immunity to poliovirus infection through implementing quality supplementary immunization activities (SIAs) and strengthening essential immunization (EI).

14.8 IRMNCH

Development of this program is a way forward not only to continue existing interventions through an integrated approach but to expand their scope and introduce new interventions. The Government of Punjab has taken a number of new initiatives, the most important one being the integration of LHWs Program, MNCH Program, Nutrition Program and 24/7 Basic EmONC services under the umbrella of the Integrated Reproductive, Maternal, Newborn & Child Health and Nutrition Program (IRMNCHNP).

Some of the major steps taken up under the IRMNCHNP till June 2017 included:

1) Scale up of 24/7 Basic EmONC services from BHUs.
2) Launch of special initiative of BHU Plus model for provision of 24/7 on-call service for obstetric care.
3) Scale up of nutrition OTP sites.
4) Scale up of nutrition Stabilization Centers.
5) Launch of rural ambulance service dedicated for obstetric cases.
6) Improving the quality of services through introduction of functionality index for BHUs and RHCs (obstetric and nutrition services).
7) Provision of funds to health councils to improve the service quality for obstetric and newborn care.

14.9 THE NATIONAL PROGRAM FOR FAMILY PLANNING AND PRIMARY HEALTH CARE:

The National Program for Family Planning and Primary Health Care, also known as the Lady Health Workers Program (LHWP), launched in 1994. The Program objectives contribute to the overall health sector goals of improvement in maternal and newborn child health and provision of Family Planning services. This country wide initiative extended outreach health services to rural populations and urban slum communities through deployment of over 46,000 Lady Health Workers (LHWs) and 1850 Lady Health Supervisors (LHSs) in all over the Punjab are working with 70% coverage (37% in Urban and 85% in Rural area) and contributed to bridge the gap between health facilities and communities.

14.9.1 SCOPE OF WORK OF LHWS:

To register all family members in the catchment area especially the eligible couples (married women age 15-49 years) in their respective area, to organize community by developing women groups and health committees in her area and to discuss with the community, issues related to better health, hygiene, nutrition, sanitation and family planning emphasizing their benefits towards improved quality of life, to coordinate with local Community midwives or other skilled birth attendants and local health facilities for appropriate antenatal, natal and postnatal services, the LHWs also participate in various campaigns for immunization against EPI target diseases e.g. polio, measles etc. in her catchment's area only, to motivate and counsel clients for adoption and continuation of family planning methods. She provides condoms, oral pills and administer Injectable contraceptives, as per defined protocols, to eligible couples in the community.

14.10 NATIONAL MATERNAL AND NEWBORN CHILD HEALTH (MNCH) PROGRAM

National Maternal and Newborn Child Health (MNCH)Program (2006-2012) was lunched nationwide with a goal to improve maternal, newborn and child health of the population, particularly among its poor, marginalized and disadvantaged segments. The program is contributing to strengthen Emergency Obstetric care services at DHQ, THQ hospitals and RHCs. Further, this program has introduced a new cadre of Community-Midwives (CMWs) for skilled deliveries at community level.

14.10.1 COMMUNITY MIDWIFE (CMW):

CMWs are internationally recognized as frontline workers that can reduce maternal mortality. The National MNCH program introduced a new cadre of skilled birth attendants called "Community Midwives" (CMW). Training of CMWs started in 2007/08. Candidates were trained by at least 3 tutors both for theoretical and clinical supervision in designated midwifery schools, after which they received 6 months of practical training (on ANC, normal domiciliary deliveries, PNC and new born care) at practice sites in communities or health facilities with at least one instructor (WMO/Nursing Instructor). On completion of training course and Passing of examination from PNC, CMWs receive diploma certificates from PNC and permission

from District Evaluation Committee they are being deployed in the community around 5,000/10,000 people (Rural area and urban slums). There are currently 6500 CMWs are training and deployed in Community (1 CMW per 5,000 & 10,000) to provide MNCH Services. CMWs has been linked with BHUs and RHCs through LHWs meeting in the Health Facility & in the DMUs.

14.10.2 24/7 BASIC EMONC SERVICES

Initially 24/7 Basic EmONC services were started in 2010 in the selected BHUs of 7 flood effected districts (D.G. Khan, Layyah, Muzaffargarh, Rajanpur, Mianwali, Bhakkar and R.Y.Khan). By achieving the good results of this initiative, the Government of the Punjab had decided to implement it all over the Punjab

14.10.3 NUTRITION PROGRAM

Preventive services are being provided in 36 districts of Punjab through LHWs which include screening of under 5 children and PLWs, IYCF counselling, Provision of IRON, Vitamin-A and MMS to Mother and Child. Treatment of Severely Acute Malnourished Children without medical complication by provision of Ready to Use Therapeutic Food (RUTF) is carried out at OTPs (outpatient therapeutic feeding program).

15 PUBLIC HEALTH LAWS

Public health laws of Pakistan can be divided into;

1) Preventive
2) Curative
3) Rehabilitative
4) Miscellaneous

Under section 4 (10) & (11) of Punjab Healthcare Commission Act 2010 (Act XVI of 2010)
(10) The Commission may exercise the same powers as are vested in a civil court under the Code of Civil Procedure, 1908 (V of 1908), in respect of the following matters;
(a) Summoning and enforcing the attendance of any person and examining him on oath
(b) Compelling the production of documents
(c) Receiving evidence on affidavits
(d) Issuing commission for the examination of witnesses.
(11) The Commission shall not investigate or inquire into any matter subjudice before a Court of competent jurisdiction on the date of the receipt of a complaint, reference or motion.

15.1 PREVENTIVE

15.1.1 FOOD LAWS

1) West Pakistan Pure Food Ordinance (VII of 1960).
2) The Pakistan Penal Code (XLV of 1860) – [Sections 272 & 273 - Provisions relating to prevention of adulteration and sale of Noxious food or drink)
3) The Foodstuffs (Control) Act (XX of 1958).
4) The Foodstuffs Distribution Order, 1967.
5) The Foodstuffs (Control) [Punjab Amendment and Validation] Ordinance (XXVII of 1971)
6) The Foodstuffs (Control) [Punjab Amendment and Validation] Ordinance (XXVII of 1971).
7) The price Control and prevention of Profiteering and Hoarding Act (XXIX of 1977).
8) The Foodstuffs and fertilizers (Cancellation of Authorizations and Dealerships) Ordinance, 1978 (XXI of 1978).
9) The Pakistan Hotels and Restaurants Act (LXXXI of 1976).
10) Foodstuffs and Fertilizers (Cancellation of Authorizations and Dealerships) Ordinance, 1978
11) Punjab Economy of Food Order, 1975
12) Punjab food Safety and Standards Authority Ordinance, 2011
13) Punjab Pure Food (Amendment) Ordinance, 2001

15.1.2 LAWS RELATED TO OCCUPATIONAL HEALTH

1) The Factories Act, 1934 (Occupational Health Law)
2) The Employees' Social Security Ordinance, 1965
3) The Workers' Welfare Fund Ordinance, 1971
4) The Employees Old-Age Benefits Act, 1976
5) The Pakistan Plant Quarantine Act, 1976

15.1.3 CONTROL OF COMMUNICABLE DISEASES

1) The Vaccination Act, 1880
2) The Epidemic Diseases Act, 1897
3) The Epidemic Diseases Act, 1958
4) The Epidemic Diseases (Amendment) Act, 2011
5) The Public Health (Emergency Provisions) Ordinance, 1944
6) West Pakistan Epidemic Diseases Act, 1958
7) Transplantation of Human Organs and Tissues Ordinance, 2007
8) The Glanders and Farcy Act, 1899 an act on HORSES

15.1.4 PROHIBITION OF SMOKING AND SUBSTANCE

1) Punjab Juvenile Smoking Act, 1918
2) The West Pakistan Tobacco Vend Act 1958
3) West Pakistan Juvenile Smoking Ordinance, 1959
4) Punjab Prohibition of Smoking in Cinema Houses Ordinance, 1960
5) The Cigarettes (Printing of Warning) Ordinance, 1979
6) The Cigarette (printing of warning/amendment) Ordinance
7) Punjab Prohibition of Smoking in Cinema Houses (Amendment) Ordinance, 2001
8) The West Pakistan Prohibition of Opium Smoking Ordinance, 1960
9) Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002

15.1.5 EMERGENCIES/DISASTERS

1) The National Disaster Management Ordinance, 2006
2) The National Disaster Management Ordinance, 2007
3) The National Disaster Management Ordinance, 2009
4) The National Disaster Management Act, 2010
5) The Public Health (emergency provisions) Ordinance, 1944 (updated 06/12/2003)

15.1.6 MALARIA ERADICATION

1) The Malaria Eradication Board Ordinance, 1961.
2) The Malaria Eradication Board (Amendment) Ordinance, 1965
3) The Malaria Eradication Board (Repeal) Act, 1975

15.1.7 HIV/AIDS

1. The HIV and AIDS Prevention, and Treatment Act, Draft 2006

15.1.8 HEPATITIS

1. The Punjab Hepatitis Prevention and control act 2017.

15.2 CURATIVE

15.2.1 DRUG LAWS

1) The Drugs Act, 1940 & 1976.
2) The DRAP Act, 2012
3) The Drugs (Generic Names) Act, 1972 (XXIV of 1972).
4) The Dangerous Drugs Act, 1930 (II of 1930).
5) The Pakistan Penal Code, 1860 (Provisions Aimed at prevention of Adulteration of Drugs).
6) The Pharmacy Act, 1967 (XI of 1967).
7) The Poisons Act, 1919 (XII of 1919).
8) Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965 (II of 1965).
9) Allopathic System (Prevention of Misuse) Ordinance, 1962 (LXV of 1962).
10) Pharmaceutical Industry (Cost Accounting Records) Order, 1995.
11) The Patents Ordinance, 2000
12) The Patents (Amendment) Ordinance, 2006
13) The Patents (Amendment) Act, 2010

15.2.2 BLOOD SAFETY

1) Transfusion of Safe Blood Ordinance, 2002.
2) The Punjab Transfusion of Safe Blood Ordinance, 1999
3) The Punjab transfusion of safe blood (Amendment) Ordinance, 2001

15.2.3 BREAST-FEEDING & MNCH LAWS

1) The Protection of Breastfeeding and Young Child Nutrition Ordinance, 2002.
2) The Punjab Reproductive, Maternal, Neo-natal and child health Authority Act, 2014 (updated 10/04/2014)
3) The Punjab Maternity Benefit Ordinance, 1958 (updated 28/02/2012)

15.3 REHABILITATIVE

15.3.1 DISABLED PERSONS

1) The Disabled Persons' (Employment and Rehabilitation) Ordinance (XL of 1981).
2) The Disabled Persons' (Employment and Rehabilitation) (Amendment) Act, 2012

15.3.2 MENTAL HEALTH

1) The Mental Health Ordinance, 2001 (last updated 06/06/2014)

15.4 MISCELLANEOUS

15.4.1 HEALTH GOVERNANCE LAWS OR LAWS PERTAINING TO HEALTH ORGANIZATIONS/INSTITUTIONS

1) Punjab Health Foundation Ordinance, 1992
2) Punjab Medical and Health Institutions Ordinance, 2002
3) Pakistan Nursing Council Act, 1973
4) The Medical Colleges (Governing Bodies) Ordinance, 1961
5) Allopathic System (Prevention of Misuse) Ordinance, 1962
6) Pakistan Medical and Dental Council Ordinance, 1962
7) The National Institute of Health Ordinance, 1980 (XLIII of 1980).
8) The Medical Diplomas Act 1966
9) The Medical College Ordinance, 1961
10) The Medical Colleges Ordinance, 1970
11) Pakistan College of Physicians and Surgeons Ordinance, 1962
12) The Health Services Academy Ordinance, 2002
13) The Punjab Medical and Health Institutions Act, 2003 (last updated 21/04/2014)
14) The University of Health Sciences Ordinance, 2002 (last updated 21/04/2014)
15) The Medical Colleges (Governing Bodies) (Punjab Repeal) Ordinance, 1970 (last updated 06/12/2003)
16) The Punjab Health Foundations Act, 1992 (last updated 21/04/2014)
17) The Punjab Healthcare Commission Act, 2010 (last updated 25/08/2010)
18) The Medical and Dental Council Ordinance, 1962 (XXXII of 1962).
19) The Medical and Dental Degrees Ordinance, 1982 (XXVI of 1982).
20) The Hospital Waste Management Rules 2005

15.4.2 LAWS PERTAINING TO THE SOCIAL DETERMINANTS OF HEALTH

1) The Female Infanticide Prevention Act, 1870
2) The Local Government Ordinance, 2001
3) West Pakistan Maternity Benefit Ordinance, 1958
4) The Muslim Family Laws Ordinance, 1961
5) Protection against Harassment of Women at the Workplace Act, 2010
6) The ICT Local Government Ordinance, 2002
7) The Enactment of Children's Education, Workers Children (Education) Order, 1972
8) Women in Distress and Detention Fund Act, 1996
9) Prevention and Control of Human Trafficking Ordinance, 2002
10) Pakistan Penal Code 1860 (Various articles are relevant to the social determinants of health)

15.4.3 SERVICE LAWS

1) Punjab Government Servants Conduct Rules 1964
2) Punjab Civil Services (ratios of recruitment) Rules, 1973
3) Punjab Employees Efficiency, Discipline and Accountability Act, 2006 (XII of 20016)
4) Contract Employment Policy 2004
5) Punjab Departmental Inquiries Act 2009
6) Punjab Civil Servants Act 1974 (VIII of 1974)
7) Punjab civil servants (appointment and condition of service) rules 1999
8) Punjab Civil Servants Recruitment (Relaxation of upper age Limit) rules 1976
9) Punjab Civil Servants (Change in Nomenclature of Services and Abolition of Classes) Rules, 1974
10) The W.P. Government Servants (Restriction of Marriage with foreign nationals) Rules 1963
11) Punjab Civil Servants (Minimum Length of Service for Promotion) Rules 2003
12) Civil Servants (Change in Nomenclature of Service & Abolition of Classes) Rules, 1974
13) West Pakistan Minimum Wages Rules 1962
14) W. P. Delegation of Powers (Relaxation of Age) Rules, 1961
15) Punjab (Civil Services) Delegation of Powers Rules, 1988
16) The Punjab Civil Services (Treatment of Government employees suffering from tuberculosis) Rules, 1947,
17) Pakistan Essential Services (maintenance) Act 1958
18) Removal from Service (Special Powers) Ordinance, 2000
19) The Punjab Emergency Service Leave, Efficiency and Discipline Rules 2007
20) West Pakistan Employment (Record of Service) Rules 1960
21) National Archives Act 1993
22) Punjab Deputation Policy
23) Punjab Pension Rules
24) Punjab Retirement & re-employment rules
25) The Punjab Maternity Benefit Ordinance, 1958 (updated 28/02/2012)
26) Punjab Public Service Commission (function) Rules, 1978

16 HR PRACTICES

This section includes;

1) Recruitment & Selection
2) Training & Development
3) Union Relations
4) Employee Health & Safety
5) Performance Management
6) Motivation & Compensation
7) Payroll

Eligibility for Appointment under rule 7(2) of contract employment policy 2004, GOP

1. Rule 20 of the Punjab Civil Servants (Appointment and Conditions of Service) Rules, 1974 requires that posts in connection with the affairs of the province shall be filled from persons domiciled in the province of Punjab, in accordance with merit.
2. The existing regular/confirmed Government servants are eligible for appointment on contract basis and the issues regarding their lien etc, to their permanent substantive posts shall be dealt with under the provisions of the prevailing Contract Appointment Policy.
3. Retired armed forces personnel are eligible for appointment on merit only at the time of making general recruitment through advertisement against civil posts, provided they are otherwise eligible for appointment, under the rules.

16.1 RECRUITMENT & SELECTION

P&SHD can appoint employees under; section 16 to 21 of The Punjab Civil Servants (Appointments & Conditions of Service) Rules 1974, under section 3(1) of The Punjab Civil Servants (Appointment and condition of Service) rules 1974; on the recommendation of Punjab Public Service Commission in case of posts carrying BS-16 & above and under section 4(1) of The Punjab Civil Servants (Appointment and condition of Service) rules 1974; the Government may constitute Selection Committee to make selection for appointment.

Transfers; In Health department transfer of doctors is subject to the provisions of transfer policy for Doctors of general and specialized cadre issued under letter No. SO (South) Misc./2016 Government of the Punjab Primary & Secondary Healthcare Department, Dated Lahore 15th June-2016 and other employees is subject to the transfer policy of P&SHD / Punjab government as notified from time to time.

Note; At the time of transfer (or promotion) of an employee from one district to other district or from/to district from/to an autonomous healthcare establishment the GP fund and other financials / deductions of employee concerned should be timely transferred/merged from previous to host entity. Employees should maintain their personal record if any change occurred.

16.2 TRAINING & DEVELOPMENT

The achievement of public service depends on how well it activates the most valuable resource; the employees. Public officers have a significant role to play as advocates for change consequently training and development must become a way of life for the public servants.

Enormous training gap was exist in the province having more than one million employees. Historically, the emphasis of training was concerning the management cadre at senior levels such as in S&GAD for PMS Officers, Anti-Corruption Establishment and for engineering departments i.e. C&W, Irrigation and Power and Local Government Department etc. But presently the Primary & Secondary Healthcare Department, Government of the Punjab has developed a broad training strategy with allocation of

enormous budget for its employees at every level of department hierarchy both for clinical and non-clinical officers that includes various activities; Academic activities, Research activities; workshops, seminars, conferences, paper presentation, Activities in relation to regulatory bodies like CPSP, UHS, PMDC, PNC, PPC, PMF and especially PHC.

16.3 UNION RELATIONS

"Section 6 of the Constitution (Eighteenth Amendment) Act, 2010 (10 of 2010), substituted Art. 17 of 1973 Constitution, in its present form, (w.e.f. April 19, 2010), in place of Art. 17 as amended by the Constitution (Seventeenth Amendment) Act, 2003 (3 of 2003), (w. e. f. December 31, 2003), that read : Freedom of association, Every citizen shall have the right to form associations or unions, subject to any reasonable restrictions imposed by law in the interest of sovereignty or integrity of Pakistan, public order or morality".

Number of unions / associations are exist in health sector of Pakistan. Some of them are given below.

1. Pakistan Medical Association
2. Medical Teachers Association
3. Young Doctors Association
4. Asian Medical Students Association Pakistan
5. Association of Family Physicians of Pakistan
6. Association of Pediatric Surgeons of Pakistan
7. Pakistan Association of Plastic Surgeons
8. Pakistan Dental Association
9. Pakistan Islamic Medical Association
10. Pakistan Orthopedic Association
11. Association of Physicians of Pakistani Descent of North America
12. Pakistan Pediatric Association
13. Young Nurses Association
14. All-Pakistan Para-Medical Association
15. All-Pakistan Clerical Association

16.4 MOTIVATION & COMPENSATION

Motivational & Compensatory Schemes of Government

1) Employee of the Month
2) Service Structure
3) Quotas in Recruitment
4) General Provident Fund
5) Punjab Benevolent Fund
6) LPR & Leave encashment
7) Group Insurance
8) Pension
9) Punjab Government Servants Housing Foundation

16.5 EMPLOYEE HEALTH & SAFETY

An occupational health and safety (OHS) management system comprises the core essentials of policy and procedures, staff consultation, communication of OHS information, reporting of happenings, hazard identification, assessment and control, and monitoring and evaluation. The motives that organizations use a safety management system comprise legal obligations, ethical apprehensions, and financial returns through upgraded OHS injury and incident management. However, application of an actual safety management system should predominantly be about cultivating staff health and safety. It is significant that the management of safety is systematic and central safety elements are interconnected so that OHS risks can be controlled efficiently in a large and composite working environment.

RELEVANT INSTITUTIONS

Centre for the Improvement of Working Conditions and Environment was established in 1988, in Lahore, Pakistan jointly by the Punjab's Province Directorate of Labor Welfare, Finnish Institute of Occupational Health and ILO. CIWC&E is a pioneer institution in Pakistan which provides training, information and research facilities for promotion of safety, health and better work environment in the industries and businesses.

Various other government agencies like National Institute of Labor Administration and Training, Directorate of Workers Education provide training to workers on these issues.

The governments had proposed OHS ombudsman and tripartite monitoring councils in the Labor Policy 2001 and 2010 but so far no steps have been taken in this regard. Additionally, Factories Act 1934 gives monitoring power to the district magistrate of each district but in actual there is no trained staff to carry on such monitoring.

NOTE: Emergency Exits, Fire safety system and Disaster Management plan should be conveyed to the concerned employees.

16.6 PERFORMANCE MANAGEMENT

In the framework of Government Service in Pakistan containing Provincial Service, the prime instrument to measure performance is Performance Evaluation Report (PER), formerly known as Annual Confidential Report (ACR). PER is valuation of the conduct and excellence of the work that a government servant has executed during a calendar year. Some vital decisions like upgrades, recompenses and sustainability of job depends upon the PER. This report is being filled by the seniors of incumbent and the practice takes place annually. It shall be commenced in the first week of January by the initiating authority and shall be dispatched to the higher authority in the same week. The higher authority shall give his comments within one week. The whole process should be accomplished within the month of January. Part I – III will be filled by the government servant. Part IV by the reporting officer and Part V by the countersigning officer. The office of Chief Executive Officer of concerned District Health Authority is responsible for maintenance of PER's in the personal file (master file) of the employee concerned and to send a copy to the concerned HCE for record in the personal file (duplicate file) of the employee concerned.

If the PER of a civil servant comprises any adverse comments or remarks whether remediable or not, a copy of PER should be provided to him at the most primitive opportunity with a D.O letter, a signed copy of this letter should be reverted by the

concerned incumbent to the sender in acknowledgement of the report. In order to safeguard in contradiction of personal likes and dislikes, the officer getting adverse comments for two consecutive years from a same higher authority or reporting officer will be kept below another reporting officer.

Service book is a significant document for non-gazatted employees of P&SHD. It confined ample record of non-gazatted era of service of the incumbent concerning his/her particulars i.e. date of joining, leave account, posting, transfer, promotion. Primary & Secondary Healthcare Department Government of The Punjab has to maintain the service book of its every Non-gazatted employee in accordance with Para 118 to 122 of the General Financial Rules recite with Fundamental and Supplementary Rules 197 to 205 and Articles 188 and 189 of the Audit Code and Under the Employment (Record of Service) Act 1951.

16.7 PAYROLL

"The Salary / Wages, as defined under the Minimum Wages Ordinance 1961, mean all remuneration, expressible in monetary terms, and payable to a person on fulfillment of the express or implied terms of employment by the employer".

The wages of a government employee are recommended by the Pay and Pension Committee or by the National Pay Commission. This committee reviews the pay scales of government personnel from time to time. Pay and allowances of public personnel after 1972 were considered by Pay Commissions / Committees established in 1976, 1982, 2001, 2005 and 2016, under-went 8 revisions. The latest revisal in pay (according to the recommendations of Committee) was made in 2016, the Government has gone through the pay scales for government personnel.

Basic Pay Scales of the Govt. Servants

BPS	Minimum	Increment	Maximum
1	9130	290	17830
2	9310	330	19210
3	9610	390	21310
4	9900	440	23100
5	10260	500	25260
6	10620	560	27420
7	10990	610	29290
8	11380	670	31480
9	11770	730	33670
10	12160	800	28970
11	12570	880	38970
12	13320	960	42120
13	14260	1050	45760
14	15180	1170	50280

17 RIGHTS & RESPONSIBILITIES

17.1 INTRODUCTION

Employer; P&SHD and employees have responsibilities to each other they should also expect their rights to be upheld. These rights and responsibilities relate to areas such as performance, promotion, compensation, safety, union relations, confidentiality and many more. It is pertinent to mention that responsibility of one party will automatically be the right of other party and vice versa.

Equal Employment Opportunity (EEO)

The constitution of Pakistan (1973) clearly describes in Chapter I titled, "Fundamental Rights and Principles of Policy" of Article 27 Clause I about safeguarding the fundamental rights of the citizens of Pakistan against the discrimination in the federal and provisional government services in these words: No citizen otherwise qualified for appointment in the service of Pakistan shall be discriminated against in respect of any such appointment on the ground only of race, religion, caste, sex, residence or place of birth."

17.2 RESPONSIBILITY OF EMPLOYEE

Employees are responsible to;

1) To work under the relevant service and disciplinary statutes of Government of the Punjab.
2) To promote the interests of P&SHD during the employment in accordance with the mission, vision, values and objectives of P&SHD.
3) To ensure the full efficiency and affectivity to accomplish the tasks assigned by the P&SHCD.
4) Not to divulge any or part of information of P&SHD to any person outside the employment of P&SHD and ensure the confidentiality of patients and other stakeholders.
5) To inform the P&SHD about health and safety issues or concerns (if any) and also wear personal protective equipment and clothing where necessary.
6) To report the concerned higher authorities if any discrepancy observed in use of financial / administrative powers of his/her subordinates, peers and/or seniors.
7) To accomplish duties assigned by the healthcare establishment, district authority or P&SHD as per his/her job description or otherwise.
8) To comply with all the rights of P&SHCD, patients, other employees and HCE's under the law.

17.3 RIGHTS OF EMPLOYEE

Employees of P&SHD have right to;

1) Get proper understanding up the his/her level regarding terms & conditions or matter of official letters of his/her concern i.e. appointment letter,
2) Get information regarding Health and Safety procedures and policies of P&SHD and also comply with safe work practices, with the intent of avoiding injury to themselves and others and damage to plant and equipment.
3) Maintain his/her service record in Service book or otherwise whatever is necessary as per nature of the designation.
4) Fill PER annually within stated and required timeframe and report to the concerned higher authorities next to the reporting officer as per the rules if any discrepancy / biasness observed.
5) Utilize his / her administrative, financial and departmental powers in good faith.
6) To claim financials; TA &/or DA as per the statutes.
7) To get a flexible environment by the Department that make able the employees to comply with all the rights & responsibilities of P&SHCD, patients, other employees and HCE's under the law.

17.4 STATEMENT OF ETHICS

1) We do not make misleading claims for our services or criticize our competitors before clients. We only believe in servicing our client's needs to the best of our efforts.
2) We perform our work according to the specified quality standards.
3) We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work.
4) We exercise our professional judgment impartially while taking any decisions related to work, keeping all pertinent facts, relevant experience and the advice of our management in mind.
5) We hold the affairs of our clients in the strictest confidence. We do not disclose propriety information obtained in the course of work or derive benefit from using information outside the company.
6) We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work.
7) We do not accept any favour, gifts or inducements, including undue hospitality and entertainment, from the clients. The only expectations would be if the gifts are of promotional nature (diaries, calendars, etc.) or of a nominal value, the indulgence of which would not damage the company's reputation.

17.5 RESPONSIBILITIES OF P&SHCD

P&SHD as an employer is responsible for;

1) The provision of equal employment & development opportunities under the constitution of Pakistan.
2) Provision of necessary, relevant and required training before and after the deployment of staff.
3) The provision of Equal opportunities for growth for all employees working in P&SHD.
4) The explanation and / or understanding of all relevant and required statutes and procedures of P&SHD to the concerned employees.
5) The existence of clear, defined, impartial and practicable performance management system.
6) The maintenance of a safe and flexible environment that can help the employees of P&SHD to perform their duties with full efficiency and affectivity.
7) To vest required level of financial or administrative or departmental powers to the concerned employee under the relevant statutes.
8) To comply with all the rights of P&SHCD, patients, other employees and HCE's under the law.

17.6 RIGHTS OF P&SHCD

P&SHD as an employer have right to;

1) Get full attention, efficiency, affectivity & high level of performance by the employees in good faith.
2) To get work done within or beyond the working hours (assigned by the higher authority on the behalf of the department) by the concerned employees under the relevant statutes in good faith.
3) The employees of P&SHD should make official & optimum utilization of resources
4) To initiate legal proceedings i.e. inquiry under the rules against the employees on disciplinary grounds in accordance with the relevant statutes.
5) To maintain a flexible environment by the employees that make able the department to comply with all the rights & responsibilities of P&SHCD, patients, other employees and HCE's under the law.

17.7 RIGHTS OF HEALTHCARE ESTABLISHMENT (BY PHC)

The Healthcare Establishment or the Healthcare Service Provider, as the case may be, shall have the right to:

1) Collect accurate and complete information from the patient/client or career, to the best of his knowledge, regarding medical history including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required.
2) Require the patient/client to follow treatment instructions, including the written instructions explained at the time of discharge.
3) Require all patients to abide by its rules and regulations regarding admission, treatment, safety, privacy and visiting schedules etc.
4) Limit visiting hours and number of visitors in the best interest of the patient/client and that of the others in the Healthcare Establishment.

5) Limit number of careers in the best interest of the patient/client, and that of the others, while keeping in view the special needs of particular patients, for example, minor children, women, elderly and/or seriously ill patients.
6) Be timely noticed by the patient/client regarding cancellation of appointment, consultation, procedure, surgery, etc. or delay in his arrival at the Healthcare Establishment.
7) Require the patient/client and/or career(s) to cooperate with Healthcare Establishment staff in carrying out assessments, prescribed investigations and treatment procedures.
8) Require from the patient/client or careers and visitors, as the case may be, to understand the role and dignity of the Healthcare Establishment, its staff and/or the Healthcare Service Provider, as the case may be, and treat them with due respect at all times.
9) Report and take legal action against the patient/client and/or his career(s), visitors, in case of harassment of its staff, damage to its property and disturbance to other patient(s), as the case may be.
10) Demand abstinence from the use of violent and disruptive behaviors or language abuse and take appropriate legal action in case of breach.
11) Prohibit smoking and/or substance/drug abuse on the premises and take appropriate legal action in case of breach.
12) Limit its liability for misplacement or theft of valuables and belongings of the patient/client, career and visitor.
13) Be paid for all services rendered to the patient/client, either personally or by the career or through the third party, e.g. insurance company.
14) Be notified of any change of contact, address and other details of the patient/client, as the case may be.
15) Ask for information from the patient/client regarding its services for the purposes of improving the healthcare services/systems within the Healthcare Establishment.
16) Maintain and utilize the data collected from the patient/client, subject to the principles and law relating to confidentiality, for the purposes of improving the healthcare services/systems within the Healthcare Establishment.
17) Ensure that while using the available facilities and equipment, due care and caution is taken by the patient/client and/or their careers and visitors, as the case may be.

17.8 RIGHTS OF PATIENTS (BY PHC)

1) Health, well-being and safety.
2) Easy access to registration/help desk to get registered and be guided to the respective services as per requirement.
3) Special arrangements for elderly people and disabled to have easy access to required health services.
4) Be attended to, treated and cared for with due skill, and in a professional manner for the accepted standard of health in complete consonance with the principles of medical ethics.
5) Be made aware of the full identity and professional status of the Healthcare Service Provider(s) and other staff providing services.
6) Be given information to make informed choices about his healthcare and treatment options and/or to give informed consent, in terms and in a language that he understands.

7) Seek second opinion when making decisions about his healthcare, and may be assisted by the Healthcare Establishment/healthcare service provider in this regard.
8) Accept or refuse any treatment, examination, test or screening procedure that is advised to him, exceptions being in cases of emergencies and/or mental incapacity in accordance with the relevant law.
9) Personal health information to be kept secure and confidential;
10) Access his own medical records, including but not limited to, comprehensive medical history, examination(s), investigation(s) and treatment along with the progress notes, and obtain copies thereof;
11) Not to be discriminated against because of age, disability, gender1, marriage, pregnancy, maternity, race, religion, cultural beliefs, color, caste and/or creed;
12) Expect that any care and/or treatment being received is provided by duly qualified and experienced staff;
13) Expect that the healthcare service provider or the Healthcare Establishment, as the case may be, has the capacity and required necessary equipment in order and working condition, for rendering the requisite services, including but not limited to treatment;
14) Receive emergency healthcare, unconditionally. However, once the emergency has been dealt with, he may be discharged or referred to another Healthcare Establishment (emergency requiring healthcare, is a situation threatening immediate danger tolife2 or severe irreversible disability, if healthcare is not provided urgently)
15) Be treated with respect, empathy and dignity irrespective of age, disability, gender, marriage, pregnancy, maternity, race, religion, socio-economic status, cultural beliefs, color, caste and/or creed.
16) Be treated in privacy and with dignity, and have his religious and cultural beliefs respected throughout the duration of care, including but not limited to, taking history, examination or adopting any other course of action.
17) Be made aware of procedures for complaints and resolution of disputes and conflicts.
18) File a written complaint to the concerned healthcare service provider, official of the Healthcare Establishment or such other organization/person, as the case may be and be associated throughout the progress of the complaint and its outcome.
19) Seek compensation if he has been harmed by, including but not limited to maladministration, malpractice, negligent treatment, or failure on the part of a healthcare service provider or any staff/employee or others rendering services at the Healthcare Establishment.
20) Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment.
21) Be accompanied by a family member or career, as the case may be, particularly in cases of children, females, elderly and disabled. The healthcare service provider and/or the Healthcare Establishment, as the case may be, are to ensure that in cases of children and females in the immediate post anesthesia phase, a female staff shall be present until a family member or career can join the patient/client, The healthcare service provider and/or the Healthcare Establishment, as the case may be, are also to ensure that in cases of children and females an authorized family member or a career or if not so possible, at

least a female staff is present during physical examination and investigation procedures where physical contact and or exposure of body part(s) is required.

22) Expect that the Healthcare service provider, the Healthcare Establishment, and/or such other person rendering similar services, as the case may be, shall not misuse nor abuse their fiduciary position vis-à- vis him or his career(s) or family members, as the case may be, for undue favor(s) including but not limited to sexual favor(s) or any other undue or uncalled for reward or privileges in terms of professional fee or gifts etc.
23) Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be.
24) Be made aware of the costs, fee and/or expenses, prior to the consultation, treatment or other services, and/or operation/procedure, as the case may be, and receive payment receipt(s) for the same.
25) Be given written instructions regarding his treatment, including instructions at the time of discharge.
26) Examine and receive an explanation for the bill(s) regardless of the source of payment.

18 FAQS

18.1 What is the health structure in Punjab?

It consist of Basic Health Units (BHUs), Dispensaries, Rural Health Centers (RHCs), Tehsil Headquarters Hospitals (THQs),34 District Headquarter Hospitals (DHQs), Teaching/ tertiary Care Hospitals and specialized Health Centers.

18.2 Is there any Govt. Cancer Hospital/Unit available in Punjab?

Oncology units are available and established at Tertiary care hospitals of Punjab.

18.3 Where are the Immunization Facilities available?

The facility is available at all DHQs/THQs/RHCs/BHUs and all Teaching Hospitals.

18.4 What are the facilities available at DHQ and THQ hospital?

DHQ and THQ hospitals P&SHD provide variety of diagnostic and therapeutic services under the care of qualified Consultant. Services include are Laboratory, Radiological, Emergency, CCU/ICU, Dialysis, Surgery, Internal medicine, Urology, ENT, Eye, Mother and child care.

19 ANNEXURES

19.1 ANNEXUR-01 Job Descriptions and performance evaluation criteria for medical, nursing and paramedical staff (TA-4504)

PDF attached at ANNEXURE-01 JDs Clinical & NON-Clinical Staff
PDF attached at ANNEXURE-01 JDs- NMS

19.2 ANNEXUR-02

HR Forms
Employee Personal File & Index
Employee Master File Creation Form
Charge Report for Gazatted Officers
Performance Evaluation Report
- For Officers in Grade 16 & above
- For all categories of employees in BS 05 to 15
- All Government employees in BS 1 – 04

Application for Leave Form
Travelling Allowance Bill Form
Payroll System Amendment Form
Service Book (For Non-Gazatted Employees)
Form for Calculation of qualifying Service
GP Fund Forms
- For Temporary Loans / Advances
- For Advance out of GP Fund
- For permanent Loan / Advances
- For Final Payment of GP Fund

Benevolent Fund Forms
- For Marriage Grant
- For Funeral Grant

Contingent Bill Form
Last Pay Certificate
Pension Papers
- In case of retirement
- In case of death after retirement
- In case of in service death.

PDF attached at ANNEXURE-02 HR Froms

19.3 ANNEXUR-03

PDF attached at ANNEXURE-03 Civil Servants Recruitment Appointment Seniority and Promotion Rules.

19.4 ANNEXUR-04

PDF attached at ANNEXURE-04 Punjab Contract Appointment Policy 2004

19.5 ANNEXUR-05

PDF attached at ANNEXURE-05 Technical posts service rules

19.6 ANNEXUR-06

PDF attached at ANNEXURE-06 Pakistan Government Servants Conduct and Discipline

19.7 ANNEXUR-07

PDF attached at ANNEXURE-07 PEEDA ACT

19.8 ANNEXUR-08

PDF attached at ANNEXURE-08 Retirement and Re-Employment Rules

20 REFERENCES

1) Contact details of all DHQs / THQs / Teaching Hospitals is available at http://health.punjab.gov.pk/Districts_Contacts
2) http://www.pmuhealth.gop.pk/
3) https://pshealthpunjab.gov.pk/
4) https://www.phc.org.pk/
5) http://www.irmnch.gop.pk/
6) http://www.uhs.edu.pk/
7) https://phimc.punjab.gov.pk/
8) https://sgad.punjab.gov.pk/
9) https://phf.punjab.gov.pk/
10) https://www.dra.gov.pk/
11) https://pfsa.gop.pk/