



**SINDH HEALTH POLICY
IMPLEMENTATION STATUS FOR THE YEAR
2005-06**

**HEALTH DEPARTMENT
GOVERNMENT OF SINDH**

KEY AREA NO.1 CONTROL OF COMMUNICABLE DISEASES (NCD).

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Actin taken
01	Tuberculosis	<ul style="list-style-type: none"> • Efforts will be made to strengthen the system and achieve the objects vis-à-vis case detection, success rate and lowering the disease-related mortality and morbidity. • In the process, linkages will be developed with the private sector, urban DOTS will be introduced in Karachi. • The provincial referral laboratory established at Ojha Institute of Chest Diseases Karachi and intermediate laboratories at Institute of Chest Diseases Kotri and TB Hospital Khairpur will be strengthened. • Enhanced utilization of LHWs, National Program Provincial Co-ordination in the program and creating social mobilization shall be the main thrust of the program. • National Immunization days against Polio will continue to be observed till WHO certification. 	<ul style="list-style-type: none"> • Program manager TB Control Program shall maintain the incidence/Prevalence data and frame the Strategic plan to reduce the morbidity and mortality and to submit it to Health Department. • The latest diagnostic equipments shall be provided at the Laboratories at OICD, ICD Kortri and TB Hospital Khairpur. • Health Education Program shall be made on air at electronic media for the awareness of public regarding preventive and curative measures of TB. • LHWs shall be involved in program for social mobilization and for door to door awareness. HD shall make linkage between NP and TB Control Program to utilize the LHWs. 	<ol style="list-style-type: none"> 1. Provincial and intermediate lab are set through out the province with latest diagnostic equipment. 2. LHWs are trained and involve in the program for social mobilization, prevention and distribution of TB drugs.
02	Vaccine-Preventable illnesses and Polio Eradication	<ul style="list-style-type: none"> • Routine EPI facilities will be strengthened through GAVI,s grant assistance. • The present modest of EPI will be rectified by strengthening the performance of the district health system and achieving a target of at 	<ul style="list-style-type: none"> • PD EPI shall be asked for to remove the bottlenecks of the program so that the WHO certification shall be ensured. • EPI shall coordinate for GAVI grant assistance. • The routine immunization 	<ol style="list-style-type: none"> 1. NIDs against polio continue till certification from WHO and from January no polio case identify in Sindh. 2. Routine Immunization strengthen through support of GAVI and UNICEF.

		<p>least 80 percent nation-wide routine immunization coverage by 2007. The Province has reached very close to interrupting wild Poliovirus transmission and every effort will be made to touch zero polio level by the end of this year.</p>	<p>coverage shall be enhanced by the Districts through community participation and Social Mobilization.</p>	
03	Malaria and Leishmaniasis	<ul style="list-style-type: none"> In line with the national policy, Sindh has started implementing the WHO-strategy of Roll Back Malaria (RBM) By assigning a high priority to the disease. The RBM strategy reduces mortality and morbidity through improved prevention and treatment and has already been started in 10 districts of the province. All districts of the province will be covered by June 2006, in order to reach the explicit goal of lowering the malaria burden in Sindh by half by the year 2010. In the process, communities will be sensitized on personal protection methods, while the health facilities will be strengthened by provision of medicines and training of staff for early detection and treatment. Highly selective spraying and operational research will be carried out where necessary. The program will also look after the control and treatment of Leishmaniasis patients especially in the endemic districts. 	<ul style="list-style-type: none"> All the Districts of Sindh shall be included by Malaria Control Program with RBM strategy. In specific season of Malaria, all necessary medicines shall be provided at all health facilities. The awareness program/health Education Program regarding preventive/Hygienic measures shall be made on air an electronic media for the prevention of Malaria in specific season. All necessary Ant-Malaria medicines shall be made available at Health facilities. The technical staff shall Health facilities shall be trained regarding detection and treatment of Malaria at preferable level. The desired number of injection Glutamine all shall be made available in all affected districts. 	<p>1. Malaria: 10 districts are already include under RBM and one district (DADU) is covered under BDN program fresh PC 1 submitted by Development wing to cover entire province.</p> <p>SUGGESTION:</p> <ol style="list-style-type: none"> Health department give instruction to all EDOs and M/S to report cerebral malaria as a notified case AST, DGHS and Program manager are requested to give their suggestion for effective implementation of the program. <p>LEISHMANIASIS:</p> <ol style="list-style-type: none"> Guideline letter is issued to all district for prevention and control of Leishmaniasis. The desired number of injection glutamine are made available.
04	Blood Safety and	<ul style="list-style-type: none"> Program activities include advocacy and social mobilization, 	<ul style="list-style-type: none"> Health Education Program shall be made on air on electronic 	<p>1. Health Education program are on electronic media for</p>

	Control of HIV/AIDS	<p>establishment of STDs clinics for diagnosing cases and providing health education, capacity-building of staff through training and refresher courses, provision of Blood Bank facilities at each THQH, planning exercise for safety of injection programs, assistance in provision of anti-retroviral drugs, promotion of safe blood transfusion, peer education programme for prisoners and drug sensitivity studies.</p> <ul style="list-style-type: none"> The recent outbreak of HIV/AIDS amongst inject able drug users is a cause for concern warranting the up scaling of control efforts in the province through creation of mass awareness. 	<p>medial for prevention of HIV/AIDS and no use of infected materials.</p> <ul style="list-style-type: none"> STDS clinics shall be established at all DHQ hospitals. DGHSS shall identify the space at DHQ hospitals and establish STD clinics thereof with the collaboration of Aids Control Program. Refresher courses shall be started at Aids Control Program on monthly basis to train the MOs enabling them to identify the STDS and treatment thereof. The blood banks shall be established at all DHQ hospitals to ensue the provision of safe blood to minimize the risk of HIV/AIDS & Hepatitis B&C. Mass awareness through media, seminar and etc. The rehabilitation centers shall be established at Lyari General Hospital Karachi, Sir C.J. Institute of Psychiatry Hyderabad, Liquat University Hospital Hyderabad, PMCH, Nawabshah, CMCH Larkana and Civil Hospital Sukkur, for drug addicts. 	<p>prevention of HIV/Aids. 2.STD Clinics: STD clinics are constructed at all DHQ hospitals and some are in under process. 3. Refresher courses started on monthly basis to train the medical officers enable them to identify the STDs and their treatment. 4. Blood bank established at all DHQ hospitals for the provision of safe blood to minimize the risk of HIV/Aids, Hepatitis B and C.</p>
05	Hepatitis B & C	<ul style="list-style-type: none"> “Safe blood transfusion Act” will be implemented in letter and spirit. This can be achieved by reducing the risk of HCV transmission from blood transfusions, unsafe injection practices, intravenous drug use, unsafe use of blades by barbers, use of un-sterilized equipment by dental surgeons, use of tattoo marks and unethical practices on 	<ul style="list-style-type: none"> Same as Modality. The inspection teams shall be constituted to monitor the unsafe use of syringes, shaving blades and un-sterilized instruments and equipments. 	<ol style="list-style-type: none"> Safe blood transfusion act: implemented. Inspection team constituted to monitor the unsafe used of syringes shaving blades, unsterilized instrument and Equipments. Upto one year Hepatitis B Vaccine is given along with routine immunization and the

		<p>the part of quacks.</p> <ul style="list-style-type: none"> The routine immunization for hepatitis B will also be increased substantially to eliminate the risk of children contracting the disease with heightened risk of chronic liver damage. 	<ul style="list-style-type: none"> Legislation shall be enacted to monitor and control the use of unsafe syringes, injections and blades by the quacks, drug addicts and barbers, respectively. Project Director EPI shall be asked to furnish the date of Hepatitis B of Vaccination and to continue the Vaccination alongwith routine immunization. 	<p>prime minister scheme is in final stages for all ages.</p>
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KEY AREA NO.2 CONTROL OF NON-COMMUNICABLE DISEASES (NCD).

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Cardiac diseases, Diabetes, Cancers, Mental Illnesses, Genetic disorders, Snake bite & Dog bite.	<ul style="list-style-type: none"> The Provincial Government shall initiate health awareness programs relating to preventive aspects of cardiology, diabetes, mental illnesses, hypertension, and hazards of tobacco use and promotion of healthy lifestyle, to adopt preventive measures for snake dog bites and integrate this into the primary health care system. A sufficient quantity of ASV and ARV all District and Taluka Hospitals. Emphasis will be given to eliminate/kill the stray dogs, which is much easier and cheaper, saving the huge expenditure of curative side. 	<ul style="list-style-type: none"> A team of senior professors shall be asked to prepare the contents of Preventive Awareness Programs to be telecasted by the Health Department on TV channels. AS (P) shall make arrangement for the same either through procurement Department, donor agencies or through EDO,s. All the EDO,s (H) shall be directed to make necessary arrangements to kill the street dogs to minimize the prevalence of dog bite cases. 	<p>A.Preventive Awareness program on TV channel are under process.</p> <p>B.Snake Bite:</p> <ol style="list-style-type: none"> All EDOs are directed to arranged sufficient quantity of ASV. Thar package: Technical Committee is constituted and feasibility report under consideration. <p>C.Dog Bite:</p> <ol style="list-style-type: none"> All EDOs are directed to arrange sufficient quantity of ARV. Letter Issued from health department to all Nazims and copy sent to DCO, TMOs to Kill the stray dogs.

02	Prevention of Blindness (Vision 2020) Program in Sindh	<ul style="list-style-type: none"> The matter requires effective decentralization in order to give the provincial and district level a free hand in planning, monitoring and implementing their activities. The use of lady health workers will also be made in the Program, while NGOs will be urged to carry out their activities in liaison with government agencies. The training of community ophthalmologists and ophthalmic technicians shall be trained in greater numbers enabling them to take on the problems of the community. 	<ul style="list-style-type: none"> The PCB Cell at Civil Hospital Karachi shall be asked to make proposal for decentralization of the program for the better results. The Chairman PCB Cell at CHK shall prepare a proposal and take up the matter with National Program and different NGO,s. The Chairman PCB Cell CHK shall be asked for the same. 	<p><u>Prevention of blindness:</u> Two program are running one by federal govt. and another by provincial govt. headed by Dr.Ziauddin Shaikh to trained the community ophthalmologist and technician to prevent the blindness.</p>
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KEY AREA NO.3 TO IMPROVE MATERNAL AND CHILD HEALTH

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	To improve maternal child health	<ul style="list-style-type: none"> It is imperative to take affirmative action in this regard enabling us to effectively pursue the health related Millennium Development Goals, which focus specifically on significantly reducing maternal and child mortality. This can only be achieved by implementing a strong MCH package through a provincial cadre of community midwives along the lines of LHW,s in order to make deliveries safer and pre- 	<ul style="list-style-type: none"> Initially 500 trained Midwives shall be designated as “Community Midwives” and posted at district level to provide MCH Services to the people”. A strong linkage shall be made among different programs and projects related with MCH FH&PHC, UNICEF etc. 	<p>A) <u>Community Midwives.</u> SNE Approved of seven hundred (700) community midwives for MCH center at district level for reducing maternal and child mortality.</p> <p>B) <u>Breast Feeding:</u> Awareness program is running under supervision of professor D S Akram for Awareness and promotion of Breast feeding for</p>

		<p>empt any complications.</p> <ul style="list-style-type: none"> Awareness program will be instituted on a wide scale to promote exclusive breast-feeding for six months followed by weaning, detecting child abnormalities at an early stage. 	<ul style="list-style-type: none"> Prof.D.S Akram shall be asked to prepare an Awareness Program for promotion of Exclusive breast feedings and weaning to be telecasted on TV Channels. 	<p>six month followed by weaning.</p>
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KEY AREA NO.4 COUNTERING MALNUTRITION

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Countering Malnutrition	<ul style="list-style-type: none"> Nutrition counseling, food safety, food security, food fortification and eliminating micronutrient deficiency relating to Vitamin A, Iron and Iodine will be the main strategies to be employed through a well coordinated effort at the provincial and district levels. All districts will be covered under World Food Program. Print and electronic media authorities will be asked to air programs dedicated to health and Nutrition mass awareness. 	<ul style="list-style-type: none"> School Health Services shall be given task to strengthen the SDHS regarding monthly check up of all children to identify the nutritional disorders and to take preventive and curative measures therefore. Program Manager WFP shall be directed to make necessary measures to evolve WFP in all districts. Program Manager WFP shall make preventive plan to be on air at TV Channels 	<p>A) A New project Running by federal Govt. for nutrition control and countering Malnutrition. B) Vitamin A: Arrange with polio campaign C) Vitamin D: Run by city district govt Karachi D) Iodine : Adding iodine with eating salt. E) World food program: Instruction are given to Program manager to cover all district under WFP and to make a nutrition awareness program to be on air at TV Channel.</p>

KEY AREA NO.5 TO ENSURE ROAD SAFETY.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	
01	To ensure road safety.	<ul style="list-style-type: none"> The Department of Health will collaborate with the Home Department, Police Department and other agencies in a serious effort to ensure the restricted issuance of driving licenses to reduce the risks to human life. Furthermore, a Trauma Centre will be established in the mega city of Karachi to handle mass casualties and disaster. 	<ul style="list-style-type: none"> Same as Modality. A PC-I/SNE shall be prepared and get approved for establishment of a trauma center at the center of the city to cop up the emergencies. 	<p>A) Letter issued to home department, Police department and other agencies to issued driving Licenses after checked by team of specialist doctor for</p> <ol style="list-style-type: none"> 1) Eye side 2) Disease like Epilipsy, TB 3) Numbness cause by Acute and Chronic illness 4) Polio /artificial Limb 5) Psychatric Diseases <p>B) Trauma center:</p> <ol style="list-style-type: none"> 1) PC 1/ SNE for establishment of trauma center of RS 1450 million approved with the help of FD Govt for CHK. 2) Gum bat under process 3) Trauma center for Liaquat university and medical hospital is under process. 4) However health department give instruction to all EDOs for establishment of trauma center in each district.

KEY AREA NO.6 DEVELOPMENT OF THE DISTRICT HEALTH SYSTEM

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	
01	Developme nt of the	<ul style="list-style-type: none"> A Public Health Academy will be established for postgraduate 	<ul style="list-style-type: none"> A PC-I shall be preparing for establishment of PHA at 	<p>A) Master in Public Health</p> <ol style="list-style-type: none"> 1) Almost all EDOs gave the

<p>District Health System</p>	<p>training of Health managers.</p> <ul style="list-style-type: none"> • The EDO,s will be posted on merit-based criteria, with a Master in Public health or equivalent minimum qualification. District Health Managers will undergo compulsory in-service training at health academy. • It is necessary to have a qualified epidemiologist in every district. • Effective linkages will be developed between the Human Resource Development Unit of the Department of Health, the Provincial (PHDC) and District Development Centres (DHDC) and Medical Universities with a view to train District Managers (EDO,s & others) in public health disciplines. The first training to this nature has been carried out with the support of WHO and College of Physicians and surgeons of Pakistan. • A group of doctors having postgraduate qualification in Public Health (MPH),MAS,MPA, from amongst the general cadre, will be taken up in a managerial pool and will be posted on managerial and administrative posts in order to improve the working of District Health system. • A Sufficient number of doctors will be taken up from amongst the general cadre, to be properly trained in the relevant disciplines public health and assigned managerial responsibilities. 	<p>Karachi to start the MPH course. The doctor to be posted as EDO (H) or any MPH or other managerial post, must have a degree of MPS or equivalent qualification.</p> <ul style="list-style-type: none"> • Same as Modality. • Development wing shall coordinate to make PHDC & DHDC functional and effective. • All the EDOs (H) shall be trained in respect of Public Health Programs at Department of Community Medicine at Medical Universities and Colleges. • AS (T) shall prepare the list of doctors having MPH, MAS qualification and recommend for posting as EDO(H) or any Administrative/Managerial Post in order to improve the working of District Health system by posting right person for the right post. 	<p>list of doctors who have done post graduation in health administration.</p> <p>2) PHDC: Health department is planning to established his own public health academy for post graduate training of health managers and summary floated to higher authorities.</p> <p>B) Service Structure:</p> <p style="padding-left: 40px;">i. specialist cadre:</p> <p>Prepared and summary float to finance department</p> <p>C) District Health Management board: have been established at CHK (SGLGH), LUMS and for the rest summary has been initiated to competent authority in addition district head quarter level and Taluka Level are under process for notification.</p> <p>D) Letter issued to Bait ul Mal for support of dialyses and transplantation</p> <p>E) Instruction issued to all M/S and EDOs for arrangement of six month training program in Gynae and Anesthesia and in this regard we are taking assistance from Dr sher shah And Dr Tipu.</p> <p>F) Under SLGO: Devolution of I.I Depo, Procurement dept, and decentralized the centralized rate contract system.</p>
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		<ul style="list-style-type: none"> • Medical Officers and Health workers at District and Taluka Hospitals will be given hands-on-training in Anesthesia and Gynecology/Obstetrics to address the acute shortage of trained staff in these priority areas. • Efforts will be made for the provision of Dialysis facilities at DHQ Hospitals. • A comprehensive list of services needs to be designed for each level of Health facilities including district headquarter Hospitals, other secondary level hospitals Taluka Hospitals, Rural health Centres, Basic Health Units and Dispensaries. The designing of such a package will also helping addressing other significant challenges facing the district health systems such as inadequate supportive supervision and monitoring staff absenteeism, reluctance in building partnerships with the private sector, a weak referral system, inadequate inter-sectoral collaboration and community involvement. 	<ul style="list-style-type: none"> • The Medical Officers shall be trained for Public Health Programs at District level through the officers having vast experience of Public Health. • A 6 months training of Gynae and Anesthesia shall be started for WMOs and health Workers at teaching hospitals. • The development wing shall prepare PC-I for the same. 	
02	Incentive Packages for Rural Health Services	<ul style="list-style-type: none"> • The incentive package already approved by the Provincial Cabinet and notified by Health Department vide No.SO (B) MISC-10/2002 dated 21th September, 2002 in respect of specialists and other health professionals and care providers working in the rural 	<ul style="list-style-type: none"> • A comprehensive incentive package shall be prepared for doctors working in DHQ,TH, and RHC & BHUs consisting of 30% increase in Basic salary. 	1) Additional secretary admin will float a summary for rural Health Service.

		<p>settings will be implemented in letter and spirit.</p> <ul style="list-style-type: none"> • Efforts will be made for introduction of incentive package for doctors & paramedics and NPA will also be enhanced according to BPS ranging from 1000 to 4000. • A package in improve the working and living conditions of doctors, nurses and paramedics in rural areas will be developed. In this regard, a proposal embracing rural area allowance, Non-practicing allowance, anesthesia allowance and nursing allowance will be submitted to Federal Government for approval. • District Health Management Boards with representation from all walks of life can effectively monitor the implementation of this package. • The service structure of Specialist Cadre doctors will be prepared and implemented. • The Service structure of Paramedical staff will be prepared and implemented. • Well-equipped Laboratories will be established at all DHQ Hospitals. <p>• As an incentive, preference will be given to those Medical Officers to enter into post graduation who have completed 02 years rural services.</p>	<ul style="list-style-type: none"> • DHQ Services includes, Medicine, surgery, Eye, ENT, Gynae/OBS, Paeds, Orthopedics, Psychiatry, Neurology, Lab X-Ray, Dentistry. • TH Services includes Medicine, Gynae, Dentistry, Lab X-ray. • RHC Services includes, Medicine, Gynae, Dentistry, Lab X-Ray etc. • PC-I and financial implication to be prepared and calculated by SO (B) for enhancement in NPA. • Proposal will be floated for RAA, NPA Anesthesia and Nursing allowance to the concerned. • District Health Management Boards shall be constituted at 	
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			<p>each district level comprised of EDOs (H), senior most doctors of the district, a Philanthropist, one representative of District Nazim/DCO, a well reputed journalist, a religious scholar of the District and one Retired Government Servant of the District.</p> <ul style="list-style-type: none"> • Same as Modality. 	
03	Implementation of the Basic development needs concept	<ul style="list-style-type: none"> • The Basic Development Needs (BDN) approach has been adopted to address all the determinants of health collectively through community empowerment in order to transform social lifestyles and enhance human development in Taluka Sehwan in district Dadu, which merits closer consideration and further replication in other districts. 	<ul style="list-style-type: none"> • HMIS will be strengthened by enhancing the collection + feeding of Data regarding number of employees, grade and posting wise, equity in designated posts etc. 	BDN: PC-1 of four(04) district Approved.
04	Strengthen health management information system	<ul style="list-style-type: none"> • The instruments were developed 10-12 years ago and need updating while its users require ongoing training. • Efforts will be made to obviate the reporting delays and errors and include all hospitals including teaching hospitals in HMIS with a view to make it a reliable tool for decision making as it was originally meant to be. 	<ul style="list-style-type: none"> • A computer department/HMIS cell shall be established at Health Department for this purpose. 	New system is installed with corporation of JICA and pilot project is placed in thatta district.

KEY AREA NO.7 REGULATION OF PRIVATE HEALTH SECTOR.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	
01	Regulation of Private Health Sector	<ul style="list-style-type: none"> The legislation shall be made to control and regulate the Private Health Sector to register them, so that the Menace of quackery shall be eliminated. 	<ul style="list-style-type: none"> The Private Hospitals and Clinics (Control and Regulation) Act 2005, has been prepared and duly vetted by Law Department. It shall be presented before cabinet for approval and promulgation thereafter. 	Private hospital and clinic act of 2005 is in law department and it is final stages for implementation.

KEY AREA NO.8 REFORMING MEDICAL EDUCATION.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	
01	Reforming Medical Education	<ul style="list-style-type: none"> Efforts will also be initiated to gradually lower the number of medical seats in the province with a concomitant increase in the quality of education imported and medical education (CME) in order to ensure that medical graduate kept themselves abreast of the latest developments in all disciplines of medicine and public health. Every Medical College will be required to adopt one District/Taluka Hospital or PHC Health facility in addition to the teaching hospital, affiliated to it. This will entail mandatory visits on rotation basis by faculty members and medical students to spend 	<ul style="list-style-type: none"> A committee shall be constituted to review the admission Policy and Possibility of lowering the number of the seats. Health Department shall co-ordinate with PMDC to discourage the increase in number of seats at Private Medical Colleges. 	<p>A) CME and COME Methodology are already under applied in all medical colleges.</p> <p>B) Number of seats at private and government medical college already decreases .</p> <p>C) Adaptation Liaquat university hospital already adopt one MCH center and other are under process.</p>

		<p>more time in rural settings while helping to provide specialist services to the ailing population.</p> <ul style="list-style-type: none"> The compulsory rural service bond strategy will be introduced for new medical graduates, selected to fill up vacancies in rural areas. 	<ul style="list-style-type: none"> The Proposed concept of WHO regarding CME and COME methodology shall be initiated in Medical Education and the subject of Public Health shall be taught from 1st year MBBS. 	
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KEY AREA NO.9 REFORMING MEDICO-LEGAL AND ALLIED SERVICES.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Reforming Medico-Legal & Allied Services.	<ul style="list-style-type: none"> The existing instructions/rules of Medico-Legal officers and others regarding MLC and Medical Boards will be implemented in letter and spirit. Legislation will be enacted to revamp this service and cause minimum hardships to the population. The minor ML centers will be made functional and active. 	<ul style="list-style-type: none"> The existing rules of Medico Logical system shall be given a shape of legislation for revamping the Medico-legal system duly approved by Law Department and Cabinet for its better implementation. The emergency services shall be started at DHQ Hospitals of Karachi and Hyderabad so that the Minor ML centers established there shall be made functional. SNE/PC-1 shall be prepared for separate Cadre of Medico logical services under directorate of ML services with provision of incentive of 	<ol style="list-style-type: none"> Numbers of rules and instruction are changed and new rules are made which are given in shape of legislation for revamping the medico legal system duly approved by law department and cabinet for its better implementation. The Medico Legal Center of all district hospital, minor medical center are active and private center are are under process. structure of Medico legal directorate is under process with provision of incentive of 30% increase in salary, TA, DA and NPA. Utilization of pathology and

		<ul style="list-style-type: none"> • SNE/PC-1 will be prepared & get approved, for creation of separate cadre of Medico-legal Officers, backed up with sufficient funding for creating infrastructure at Directorate, District, Taluka & RHC level with provision of incentives. The Directorate of Medico legal Services will be created under the administrative control of Secretariat for this purpose. • The Medico Legal Officers will be recruited on contract basis and after a training of six months will be posted at DHQ, Taluka Hospitals and Rural Health Centres to deal Medico legal cases, sparing Medical officers from such duty. • Forensic Science laboratories will be established at Police Surgeon Offices at Karachi, Hyderabad, Nawabshah, Larkana and Sukkur. • Utilization of Pathology and Forensic Medicine Departments at Medical Colleges at Forensic Sciences laboratories. • Standardized mortuaries will be established at all ML Centers equipped with digital cameras, portable X-Ray and paraphernalia. 	<p>30% increase in salary, TA DA & NPA.</p> <ul style="list-style-type: none"> • SNE/PC-I for Police Surgeon Karachi, Hyderabad, Nawabshah, Larkana and Sukkur shall be prepared by respective Police Surgeon and to be submitted to Health Department approval. • Initially 500 doctors shall be recruited as MLOs on Contract Basis to be posted at DHQ, TH and RHC level to deal ML cases. • Same as Modality. • AST shall hold meeting with all VCs and Principles for utilization of Pathology and forensic Medicine department as Forensic Services. • Same as Modality. 	<p>forensic dept. of medical college as forensic science laboratory is under process.</p> <p>5) Summary for standardized mortuaries is under process.</p>
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KEY AREA NO.10 TRAINING OF NURSES AND OTHER PARAMEDICS.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	
01	Training of Nurses and other Paramedics.	<ul style="list-style-type: none"> • Care will be taken to improve the quality of training of nurses, midwives and lady health visitors and the opportunities for Health Visitors and the opportunities for carrying out training in these disciplines will be augmented. • A career structure will be developed for nurses and all cadres of paramedical staff in order to retain their motivation. • As already mentioned, a cadre of community midwives will be established all over the province enabling safe home or facility-based deliveries. • Nursing & Midwifery Schools will be established at all DHQ Hospitals. • The Sindh Medical Faculty, which is the body primarily responsible for the training of Paramedical Staff, will be re-organized. It's personal staff including Registrar & Controller of examination, will be recruited. Sindh Medical Faculty is in dire need of strengthening in terms of curriculum design and to implement the already designed rules & regulations for admission, enrolment and examination enabling it to perform better in its capacity of 	<ul style="list-style-type: none"> • The existing Scholl//ol/Colleges of Nursing Midwifery and Public Health School Shall strengthen to improve the training facilities to Nurses, Midwives and LHV's. • Same as Modality. • Same as Modality. • Same as Modality. • The personal staff of SMF shall be recruited on contract basis. • The syllabus/Curriculum and prospectus shall be designed. • The existing Rules of admission Enrolment, Examination and issuance of certificate shall be implemented in letter and spirit. 	<ol style="list-style-type: none"> 1) Number of seats for training of nurses, Midwives and lady health visitors are doubled and divided into two shifts. 2) career structure of paramedical staff is in final stages. 3) sufficient number of nursing and midwifery schools established at all DHQ hospitals. 4) Sindh medical faculty reorganized and strengthened.

	<ul style="list-style-type: none"> an examining body. The Para-medical and health Technician Institutions shall be strengthened in terms of training facilities enabling better output. 	<ul style="list-style-type: none"> A Task force shall be constituted to review the improvement in training facilities of all paramedical institution. 	
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KEY AREA NO.11 EMERGENCY PREPAREDNESS AND RESPONSE TO EPIDEMIC.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Emergency preparedness & response to Epidemic.	<ul style="list-style-type: none"> Future activities will include development of a model district for EHA, technical assistance for survey and training of District Staff, activation of district mobile medical and surgical units for Emergency response and up gradation of THQ Hospitals through provision of Blood Bank, OT, Surgery, anesthesia and immunization facilities. A public Sector ambulance service system will be evolved throughout the province. A referral System between the village level and the health facilities up to district and tertiary care hospital level will be established. The SOP for emergency Preparedness will be made available. Crises Management Boards/Task force, comprised of Health, Police, NGO's Philanthropists, specialists and blood Banks etc, will be 	<ul style="list-style-type: none"> Health Department shall establish a Help Line for emergency. The THQ Hospitals shall be up graded with Blood Bank OT, surgery, anesthesia, Gynea and immunization facilities. Help Line shall be linked with Ambulance service system. Same as Modality. 	<p>1. Model District: Mir pur Khas Identified as a model district in which up gradation of hospital through provision of blood bank, operation theater, surgical unit, gynea, anesthesia and immunization facilities and training of district staff for mobile medical and surgical unit for emergency. There is also a proposal for establishment of medical college, summary is float to chief minister.</p> <p>2. Public sector ambulance service system: 104 ambulance provided to tertiary care hospital, secondary care hospital and all district. However proper ambulance service system is under consideration because it is a big task in which a committee has been constituted members are:</p> <ol style="list-style-type: none"> 1) Capt. Majid (AST) Chairman. 2) V/C of DMC. 3) V/C of LUMS. 4) Principle of SMC. 5) Principle of CMC.

		<p>established at Provincial and District level.</p> <ul style="list-style-type: none"> • A permanent emergency fund/budget will be allocated to be operated by Secretary Health, Secretary FINANCE & Secretary GA, to deal any emergency or disaster. 	<ul style="list-style-type: none"> • Same as Modality. • Same as Modality. 	<ul style="list-style-type: none"> 6) Principle of NMC. 7) Representative of development Wing as co-opt member. <p>This committee will give their suggestion and recommendation with in one month.</p> <p>3.Referral System: Effort are taken to strengthen the already weak referrals system, because there is a lack of human resource, lack of ambulances, Qualified but unskilled Anesthetist, surgical and gynea staff and band on appointment. However under women health project four women friendly district identified in which RHC and BHU are equipped with necessary equipments, instruments, ambulance and trained gynecologists. How ever a committee is constituted to strengthen the weak referral system the committee will give their suggestion and recommendation with in one month.</p> <p>4.Standard operating procedure (SOP) for emergency pre pared ness has been prepared.</p> <p>5.Crisis management board: (task force) under process.</p> <p>6. Emergency Fund: A summary is float to finance department of rupees 300 Million. Allocated to health department to deal emergency and disaster.</p>
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KEY AREA NO.12 SCHOOL HEALTH SERVICES.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	School Health Services	<ul style="list-style-type: none"> • More specifically the School Health Services need to carry out early detection of Physical and mental defects through periodic examinations, maintaining health cards of individual students, minimize the chances for the spread of communicable diseases, protect children from hazards liable to cause injury, disease of disability, provide services aimed to provide health environment to a child and promote healthy lifestyle, provide health education and periodical immunization and advise children on sanitation, personal hygiene, nutrition and environmental hazards, management of emergencies and referral of School Children to hospitals. • The services of medical officers of the School Health Services posted in Karachi will be compulsory on rotation basis and effectively utilized while those working in the general health services in the interior of Sindh will also compulsory and be motivated to carry out services related to school health to bridge this major gap. 	<ul style="list-style-type: none"> • Necessary arrangements shall be made for early detection of Physical and Dental defects by periodic examination of school children to identify the health problems. • The Health Education program/Lectures shall be arranged at Schools for children enabling them to have knowledge of Personal Hygiene, nutritional requirements and how to minimize the risk of casualties. 	Abolished.

		<ul style="list-style-type: none"> Education Department will be approached to provide a separate room for Doctors at all public and private schools to enable the doctor to identify eye, ENT, Dental, immunization problems. 	<ul style="list-style-type: none"> Same as Modality 	
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KEY AREA NO.13 NEED FOR DEVELOPMENT OF CAREER STRUCTURE FOR HEALTH PROFESSION.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Need for Development of career structure for health professionals.	<ul style="list-style-type: none"> Doctors of General/ Specialist Cadre. Public Health Researchers Dentists Nurses and Paramedics Medical laboratory Technologists and Technicians. Pharmacists. Physiotherapists. Physiotherapists and Occupational therapists. 	<ul style="list-style-type: none"> The Career Structure of these officers and Officials shall be prepared and instrumented. 	Career structure : <ol style="list-style-type: none"> specialist cadre: in final stages. General cadre: already prepared. Paramedical staff: Summary float to CM. Physiotherapist and occupational therapist: focal person identified. Pharmacists: Committee is constituted which will give their suggestion and recommendations with in one month.

KEY AREA NO.14 ENSURING TRANSPARENCY IN PROCUREMENT.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Ensuring Transparency in Procurement.	<ul style="list-style-type: none"> All out efforts will be taken to ensure that the population is provided with drugs of proven efficacy and manufacturers. Of spurious drugs are taken to task through transparent implementation of the existing law. Efforts will be made for amendment in financial powers of DDO's S&GACD and Industries Department will be approached for amendment in Sindh Purchase Manual. Rational and Standardization of purchase of medicines will be ensured. Monitoring of tender, rate contract & purchase of medicines will be made by Health Department to ensure the quality & quantity of purchased medicines. 	<ul style="list-style-type: none"> Same as Modality Same as Modality Same as Modality Same as Modality Same as Modality 	Department of Procurement, I-I DEPO are Abolished and power delegated to all V/Cs, Principles, M/Ss and all EDOs which have their own procurement cell.

KEY AREA NO.15 REVIVING DEVOLUTION PLAN AND REMOVING PROFESSIONAL AND ADMINISTRATIVE DEFICIENCIES.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Reviving Devolution	<ul style="list-style-type: none"> The existing devolution plan of Health Department will be 		Under process.

	Plan & Removing Professional & Administrative Deficiencies.	reviewed and necessary creative steps will be taken to strengthen the Health System and to remove the bottlenecks.	<ul style="list-style-type: none"> • Same as Modality. 	
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KEY AREA NO.16 ENVIRONMENT HEALTH

S..	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Environment Health	<ul style="list-style-type: none"> • Efforts will be made for coordination among different departments related with environmental protection. • The Hospital waste management system will be improved. 	<ul style="list-style-type: none"> • EDO (H) of each District shall coordinate with EDO OF Agriculture, Irrigation and other related with environment. • The incinerators shall be provided at each district used for the disposal of hospital waste. 	<ol style="list-style-type: none"> 1. In collaboration with environmental department numbers of steps are taken by health department in which removal of un infected hospital waste by separate garbage vehicles, provision of incinerators to hospitals. 2. Hospital Waste Management System: Incinerators are provided to all major hospital and power delegated to all EDOs to purchase Incinerators.

KEY AREA NO.17 DRUG ABUSE CONTROL.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Drug Abuse Control.	<ul style="list-style-type: none"> • To minimize the drugs addiction below the level of "Public Health Problem". • To establish and strengthen exclusive detoxification and 	<ul style="list-style-type: none"> • Rehabilitation centre for drug addicts shall be established at Karachi, Hyderabad, Nawabshah and Larkana. • Health Awareness Programs shall be made on air on 	<ol style="list-style-type: none"> 1. Rehabilitation center for drug addicts are under process. 2. Health Awareness program are telecast on electronic and print media. 3. Multiple Social mobilization and

		<p>rehabilitation facilities.</p> <ul style="list-style-type: none"> To undertake quantitative and qualitative research for planning and implementation process on sound database. To reduce drug demand by social mobilization and advocacy program. To develop human resources for undertaking preventive and rehabilitative activities/program. Integration and coordination of preventive, detoxification and rehabilitative activities. 	<p>electronic media.</p> <ul style="list-style-type: none"> Intersectoral Co-ordination shall be made among all concerned with drug. Same as Modality. Same as Modality. Same as Modality. 	<p>advocacy program are functioning e.g.: Bath Facility, Anti Barbar Facility, provision of Condom, Counseling, and Save Behavior.</p>
02	Administrative deficiencies	<ul style="list-style-type: none"> The readjustment of posts from BPS-17 to BPS-20 shall be made at Provincial & District level for better and effective administrative health services. The two separate cadres of pharmacists and drug inspectors will work closely in liaison with each other in order to eradicate the possibility of malpractices. To improve the Drug Control Administration viz Provincial Quality Control Board and Drug inspectorate. Up gradation and to improve the functioning of Provincial Drug Testing Laboratory Karachi. Establishment of Regional Drug Testing Laboratories at Hyderabad, Nawabshah, Sukkur and Larkana. Federal Ministry of Health will be approached for necessary amendments in Drug Act 1976. Necessary amendments as required shall be made in "Sindh Drug Rules 1979" to remove 	<ul style="list-style-type: none"> Same as Modality. Same as Modality. Same as Modality. Same as Modality. Same as Modality. Same as Modality. 	<ol style="list-style-type: none"> Better and Effective administrative: Readjustment done from BPS-17 to BPS-20 at provincial and district level for better health services. DRUG testing Laboratory: Health Management trying his best for improvement of drug testing laboratory, The Machinery of the lab was purchased three year back but there is no facility for testing the injection, Health Department Requested to the finance department as well as the federal govt. to the provision of budget as soon as budget made available the lab upgraded accordingly. Regional Lab: The Health Department float a summary to Finance department for establishment of regional drug testing laboratory at hyderabad, Nawab shah , Sukkur, Larkana. Which require million of rupees. Drug Act: Focal person Mr.Saleem Ishrat approach to federal ministry of

		<p>certain flaws.</p> <ul style="list-style-type: none"> • To revive the issue of administrative control of drug inspectors. • Quality control of drugs will be ensured within the Ministry of health and with sector concerned with drug abuse control. • To establish appropriate diagnostic facilities. • To initiate community based preventive and rehabilitative activities. • To draft/amend appropriate legislation for effective drug abuse control. 	<ul style="list-style-type: none"> • Same as Modality. • Same as Modality. • Same as Modality. • Same as Modality. • Same as Modality. • Same as Modality. • Same as Modality. 	<p>health for necessary amendments.</p> <p>5. Drugs Inspector: There is no need to revive the issue of administrative control of drug inspector.</p> <p>6. Quality Control of Drug: Health department has Already taken up this matter two task force are established and functioning properly under the chairmanship of AS(T) and DGHS.</p>
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KEY AREA NO.18 HEALTH LEGISLATION.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Health Legislation	The existing health legislation on promotion of breastfeeding, mental health issues, protection of non-smokers and transfusion of safe blood will be effectively implemented quackery, Aamils, Tabib, saniasi baba, Peer Faqee, Spiritual and sex healer, with the support of professional bodies like Pakistan Medical Association, regulation of the private health sector, Legislation and reforming the medico-legal	<ul style="list-style-type: none"> • All these areas are needed to be covered with legislation/act ordinance for their regulation and effective control. 	<p>A) Health Legislation:</p> <ol style="list-style-type: none"> 1. Protection of non-Smokers. 2. Transfusion of safe blood. 3. Mental health Issue. 4. Breast Feeding. <p>they are already implemented.</p> <p>B) Regarding curb quackery, Amils, TABIBS, Saniyasi Baba, Peer Faqeer, spirtural and sex healer: In this regard direction given to DGHS</p>

		department and ensuring ethical practices in organ transplantation. The legislation to control advertisement of un-authorized, un-registered, spurious and sex stimulating drugs will also be enacted .Legislation to control drug abuse.		to Draft and furnished a legislative bill. C) Un Authorized, un registered, spurious, and sex stimulating drug: In this regard instruction is given to CDI & SQCB to prepared a Legislative Bill to control these drug.
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KEY AREA NO.19 REVIVING SINDH HEALTH FOUNDATION.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Reviving Sindh Health Foundation.	<ul style="list-style-type: none"> Sindh Health Foundation will be re-organized and be made functional. A summary to Chief Minister Sindh will be floated for delegation of powers to Minister or Secretary Health, for its speedy functioning. 	<ul style="list-style-type: none"> Same as Modality. Same as Modality. 	A summary is already floated to CM for reviving, reorganizing and make functional the Sindh health foundation.

KEY AREA NO.20 REGULARIZATION OF TEACHING HOSPITALS.

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Regularization of Teaching Hospitals,	<ul style="list-style-type: none"> Hospital Management Boards comprising of notables from all walks of life will govern their certain services. The process of public-private partnerships that has already been initiated will be up scaled. This move is expected to ease the burden on the public exchequer and make more resources available for primary health care 	<ul style="list-style-type: none"> The teaching hospitals shall be made autonomous. Same as Modalities. 	<ol style="list-style-type: none"> Hospital management board of CHK and LUMS are already working and others are under process. Public private partner ship are already under process. specialized unit already established. waiting and shades are already established. private wards at teaching

		<p>services.</p> <ul style="list-style-type: none"> • The ambulance services will be improved. • More Specialized units will be established. • Provision of waiting and shade services to attendants. • Establishment of private Wards at all teaching Hospitals. 	<ul style="list-style-type: none"> • Same as modality • Same as modality • Same as modality • Same as modality 	hospitals already established.
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KEY AREA NO.21 FINANCING OF THE HEALTH SECTOR

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Financing of the Health Sector	User charges will be applied where necessary in the teaching hospitals for sophisticated investigations. Care will, however, be taken to ensure that the imposition of these charges do not in any way hinder the access of poor patients to general health services, with sufficient provisions for destitute and marginalized segments of the population. The amount so generated will be reverted back to the Health sector. Further more, the issue of imposing mandatory health insurance will be explored in an effort to identify alternate sources of health sector financing without posing an additional burden on the masses.	<ul style="list-style-type: none"> • A summary shall be prepared and floated to Chief Minister Sindh for implication of the user charges at all Health facilities for effective usage and repair of the laboratory and equipments. 	User charges: There is decentralization of centralized rate contract system all the M/Ss, EDOs have the power to take the user charges for repair of laboratory equipments and others.

KEY AREA NO.22 CAPACITY BUILDING FOR HEALTH POLICY

S. N O.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	Capacity building for	<ul style="list-style-type: none"> • A Policy Analysis and research Unit will be established under 	<ul style="list-style-type: none"> • Same as Modality. 	1. TAMA: is ready to provide technical assistance by provision of

	Health policy	<p>additional Secretary (Technical), to monitor the progress of Health Policy implementation in the key areas.</p> <ul style="list-style-type: none"> An Implementation task force is constituted to ensure the implementation of Health Policy and to furnish further recommendations and strategies according to provincial needs, comprised of AS Technical, SOT-I, DSA-I, DD (Dev) and others as deemed needed. 	<ul style="list-style-type: none"> AST shall constitute implementation task force under policy Analysis and research cell working under his administration. 	<p>technical person to prepare PC-1. 2. ADB: is ready to provide necessary office equipments and furniture for effective implementation of health policy.</p>
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KEY AREA NO.23 GENERAL OBJECTIVES

S.	FOCAL POINT	MODALITIES	IMPLEMENTATION PLAN	Action Taken
01	General Objection	<ul style="list-style-type: none"> All vacancies of WMO,s Nurses, LHV,s will be filled on priority basis. To review the performance of all the institutions, offices, personal and service delivery outlets and steps for improvement. To review the existing development programs and projects and ensure removal of bottlenecks, if any and their speedy completion. To establish Thalassemia centers at Karachi, Hyderabad and Sukkur. The vacant posts of BPS-01 to 09 will be filled immediately. The promotion cases of BPS-17 to 20 will be expedited. 	<ul style="list-style-type: none"> Same as Modality Same as Modality Same as Modality Same as Modality Same as Modality Same as Modality 	<ol style="list-style-type: none"> As soon as Band is rift of all the vacancy will be filled on priority bases. AS(M&I) monitor the Performance of all the institute, offices, personal and development program. Due to Lack of fund health department is unable to established his own thalassemia center but health department is cooperating with private Thalassemia centers which are providing better services to patient on very nominal charges but in future as the fund are available health department is established his own thalassemia center in Karachi, hyderabad and sukkur.

