

1:Visit to: Mayo Hospital Lahore 12 June, 2013.

by: Rana Amanullah Khan

ADV: Health

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
1	One cat was observed lurking underneath the canteen. M.S stated that during the past one year they have caught 177 cats and deported them across the Ravi.			Secretary Health M.S
2	Temperature of Main Store was not specifically cool.			Secretary Health M.S
3	No reserve pool regarding AB-negative blood was on record.			Secretary Health M.S
4	Overcrowding of number of patients.			Secretary Health M.S Secretary Population & Welfare
5	Stiffness / poor ventilation	All measures be taken to ameliorate the ventilation of OPD areas.		Secretary Health M.S

2) Visit to: Tehsil Jahanian District Khanwal 17 June, 2013.

by: Zahoor-ul-Haque Rana

ADV: Revenue

<b>Sr.#</b>	<b>Salient Features</b>	<b>Systemic Improvements</b>	<b>Issue</b>	<b>Send to</b>
1	The area occupied by the BHU has a 10 ft difference over the area demarcation in the documents	To insure that area occupied by BHU is same as area demarcated in the documents		Secretary Health EDO Health

### 3) Visit to: Mayo Hospital Lahore 26 June, 2013.

by: Rana Amanullah Khan

ADV: Health

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
1	At times the interferone injection becomes ineffective and at such stage "Pegasus injection" is a must but this is in limited supply.	Government may arrange the supply of such injections in limited way( as per requirement)		Secretary Health M.S
2	The hospital has installed sophisticated and modern equipments but the annual repair and maintenance for these equipments is drastically insufficient 11 machines are in various			Secretary Health M.S

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
4	C&W Department in year 2006-2007 executed a development scheme worth Rs. 25 million but the problem could not be rectified.			Secretary Health M.S C&W Department
5	The repair and maintenance budget for works department is only 10 million for the entire complex.			Secretary Health M.S
6	Annual budget for machines disposables for the current year is Rs. 388 million and request for enhancing this to Rs. 500 million has already been sent.			Secretary Health M.S

#### 4) Visit to: Nishtar Hospital Multan 26 June, 2013.

by: Zahoor-ul-Haque Rana

ADV: Revenue

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
1	Overcrowding- The seating arrangement did not correspond with number of patients so some of them were sitting just on the floor for them	Provide all the furniture needed.		Secretary Health M.S
2	Washroom was not clean			Secretary Health M.S
3	Four air conditioners were installed out of which only two were working.			Secretary Health M.S
4	Badly surrounded by rickshaws and taxis.			Secretary Health M.S

5) Visit to: Social Security Hospital Kot Lakhpat Lahore 26 June, 2013.

by: Dr. Azra Imtiaz

ADV: HRD

- NO issues found

## 6) Visit to: Mayo Hospital Lahore 3rd July, 2013.

by: Rana Amanullah Khan

ADV: Health

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
1	Nursing diplomas granted by the University of Health Sciences and taught in this hospital, is not prescribed under the Recruitment Rule.	Amendment in the Recruitment Rules, in order to remove the lacuna of preferring lesser qualification over higher qualification and to bring relief affectees.		Secretary Health M.S Principal or VC of University of Health Sciences
2	At time more often then not there is discontinuation of electricity and gas supply which does effect the performance of AC			Secretary Health M.S Wapda ? SNGPL ?

7) Visit to: Rural Health Center Kahna Nau 17th July, 2013.

by: Farooq Syed

ADV: Revenue

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
1	Post of SMO and WMO II is vacant.	Vacant posts be filled as early as possible.		Secretary Health RHC Incharge
2	At least 5 staff members have been reported on "General Duty" and usually they don't come to the office.			Secretary Health RHC Incharge
3	Some of them perform their duties in the office Of DDHO, Nishtar Town			Secretary Health RHC Incharge DDHO, Nishtar Town
4	3 mid wives and one sanitary patrol were on Ramazan Duty in a Ramazan Bazar adjacent to RHC.			Secretary Health RHC Incharge
5	MO II is not regular and punctual.			Secretary Health RHC Incharge



Sr.#	Salient Features	Systemic Improvements	Issue	Send to
6	Crowd of patients mostly women and children			Secretary Health RHC Incharge Secretary P&W
7	Dark, dirty and narrow corridors of RHC.			Secretary Health RHC Incharge
8	Long hours of power outage			Secretary Health RHC Incharge Secretary P&W
9	A generator of 27 KV is installed and diesel is also available but because of expired battery it is not functional.			Secretary Health RHC Incharge
10	Anesthesia technician			Secretary Health RHC Incharge

8) Visit to: District Food Laboratory 24th July, 2013.

by: Dr. Sania Nazir Chaudhry (SR & R)

Mr. Mansoor Butt (IM)

Sr. #	Salient Features	Systemic Improvements	Issues	Send to
1	Once a staff member retires no substitute is given.	There should be timely replacement of staff for the vacant seats	Inefficient HR	Secretary Health Director Punjab Food Authority
2` `	The capability of the laboratory was only sufficient to provide testing on the quality of the food samples provided and not for establishing the composition of the sample food items.			Secretary Health Director Punjab Food Authority
3	Polythene bags are used for collecting samples of solids.			Secretary Health Director Punjab Food Authority
4	Greater focus is on detection of packaged food and liquids which are sold as branded items but in effect are dubious and of substandard quality.			

Sr.#	Salient Features	Systemic Improvements	Issues	Send to
5	Sampling of food items from restaurants is rare.			
6	laboratory is not equipped to detect toxins within food items.			
7	Scope of the laboratory is extremely limited, provided that this is the only food testing laboratory in the district under the Punjab Food Authority. It is understaffed, ill equipped and does not satisfy the requirements of a metropolitan city such as Lahore with a population reaching almost 10 million people			

Sr.#	Salient Features	Systemic Improvements	Issues	Send to
8	A detailed audit of the capability, capacity and performance of the District Food Laboratory and the Punjab Food Authority should be undertaken			
9	The District Food Laboratory needs to be immediately updated to the minimum international standards to ensure that necessary and essential food testing is available.			
10	9 Food Safety Officers for a huge city such as Lahore are not adequate.			

Sr.#	Salient Features	Systemic Improvements	Issues	Send to
11	The work process of the Punjab Food Authority needs to be reformed to provide adequate support to the Punjab health Department and to the public.			
12	Private people should also have access to the District Food Laboratory to get food items tested.			

9) Visit to: PCSIR Laboratories 24th July, 2013.

by: Dr. Sania Nazir Chaudhry (SR & R)

Mr. Mansoor Butt (IM)

Sr.#	Salient Features	Systemic Improvements	Issues	Send to
13	The Punjab Food Authority and the Punjab Health Department may consider collaboration with the PCSIR laboratories to update the District Food Laboratory or even utilise the services of the Federal laboratory for suspect food testing in Lahore.			

10) Field Visit to THQ Hospital Pattoki  
MR. ALAMGIR KHAN (REVENUE)



Sr #	Salient Features	H.R. Requirement	Systemic Improvements	Issues	Send to
1	Vacant posts for essential H.R services in the medical and paramedical disciplines.	1 APMO 1 APW 2 Gynecologists 1 Physician 1 Orthopedic 1 Surgeon 1 Anesthetist 1 ENT 1 Pathologist 1 Radiologist 1 Ophthalmologist 2 SMO's 4 WMO's 1 Receptionist 2 Orthopedic 1 Surgeon 2 Sanitary Patrols 1 Gardener Some other posts	RHC upgraded to THQ. Requirements for staff have not been provided so far	Non-availability of staff	Secretary Health M.S

Sr #	Salient Features	Systemic Improvements	Issues	Send to
2	Social welfare Officer not available, he told on telephone that no Zakat fund available.	District Zakat Committee Kasur be asked to allocate Zakat funds	Non-availability of Zakat Fund	Administrator Provincial Zakat Fund
3	Residence for M.S. currently occupied by an ASJ and a Civil Judge.	Early completion of Judicial Complex	Illegal Occupation	Secretary P&W
4	A residence of an M.O currently occupied by Dr. Abdul Ghafoor ADHO, Kasur since last 4 years	EDO Health, Kasur to get the house vacated	Illegal Occupation	Secretary Health

11) Visit to: RHC Haiderabad, Kasur 17 July, 2013.

by: Alamgir Khan

ADV: Revenue

Sr #	Salient Features	Systemic Improvements	Issues	Send to
1	Sanctioned posts for human resource are 1-SMO, 1-MO, 1-Dental Surgeon, 1-WMO but only one MO present	8 seats of doctors lying vacant and staff also absent	Non-availability of staff	Secretary Health
2	3 LHV's, 6 Nurses , 5 Dispensers, 1 OT Assistant, 2 Ward servants, 1 Dai, 1 Ambulance Driver and 2 Naib Qasids, 1 Dispenser Imtiaz Ahmad , Sweeper Sajid Hassan and Mohsin Hasan are working in Ramazan Bazar. EDO has assigned Ramazan Bazar duty to 2 of the above officials.	As staff is already short EDO Kasur should withdraw these officials from Ramazan Bazar	Lack of administration by EDO Health and DCO Kasur	EDO Health and DCO Kasur
3	MO residing in RHC where proper accommodation is not available	No proper arrangement for residence	Lack of interest by Health and Buildings Department	EDO Health and DCO Kasur
4	Deduction of house rent of officers without providing residence	House rent should be deducted from officers who are using official residences	Negligence	Secretary Health

*Inspection of*

*RHC, Akhtarabad,  
OKARA*

Sr #	Salient Features	Systemic Improvements	Issues	Send to
1	Dr. M. Ramzan deputed for Ramazan Bazar Duty at Renala Khurd along with other staff	Must be repatriated to their place of posting	Non availability of staff	EDO Health and DCO Okara
2	No post of specialist, No Dental Surgeon, X- ray specialist available.	Posts may be created	New vacancies needed	Secretary Health
3	4 Dispensers but EDO in habit of deploying the officials for any general/ executive duty.	Officers/Official should be available on their place of postings	Non availability of staff	Secretary Health, EDO Health Okara

*Inspection of  
Divisional Head Quarter Hospital,  
Sahiwal.*

Sr #	Salient Features	Systemic Improvements	Issues	Send to
1	Medicolegal work is not being done in these hospitals and this is being referred to DHQ, Hospital, Sahiwal			EDO Health Sahiwal
2	Building for Medical College Sahiwal is under construction and will have all medical departments.	Principal and M.S may be directed to move secretary Health to construct new blocks for this hospital.		Secretary Health
3	Incidence of robberies and dacoities in doctors residences and those of hospital officials			DPO to register such cases.

Sr #	Salient Features	Systemic Improvements	Issues	Send to
5	<p>No security arrangements inside hospital premises.  Police post needed within hospital compound.  Patrolling Police does not look after hospital.  No private security arrangements.  Increase in theft of vehicles as no official deputed for their security.</p>		Security issues	<p>DPO Sahiwal to provide sufficient security arrangements.</p> <p>MS to make additional private security arrangements.  M.S to provide two Naib Qasid for vehicle security.</p> <p>SHO , P.S Farid Town, Sahiwal to provide police for security.</p>
6	No CCTV camera facility.			<p>M.S to arrange CCTV facility .  Through Health and Finance Department</p>



12) Visit to: ICU ward of Nishtar Hospital Multan 17 July, 2013.

by: Zahoor-ul-Haque Rana

<b>Sr.#</b>	<b>Salient Features</b>	<b>Systemic Improvements</b>	<b>Issue</b>	<b>Send to</b>
1	Several letters written to the government i.e. Finance Department to provide funds for equipment and to appoint requisite staff. But the same has been declined.			

13) Visit to: MCH Centre Salamatpura 17 July, 2013.

by: Rana Amanullah Khan

Sr.#	Salient Features found to be an	Systemic Improvements	Issue	Send to
1	LHV supervising RHC while MO on Ex- Pakistani leave.			Secretary Health
<b>Visit to BHU Attoki Awan</b>				
2	Visiting lady MO. Dr. Fauzia Awan visits twice week or as the need may arise regarding gynae materrs.			Secretary Health

Sr.#	Salient Features	Systemic Improvements	Issue	Send to
3	<p>Licenses: issued licenses to run medical stores are absent paid monthly by owner of medical store for services as licenses.</p> <p>Issues in regulation of sale of drugs at Medical Store.</p> <p>The proprietor of Medical Store himself has confessed that he gave Rs. 3000/- P.M. to Mr. Wilson Green s/o W.C Green for his willingness to use his name as incharge and will supervise the sale of drugs in his store.</p>			

14) Visit to: Dhoke Mangtal Dispensary 17 July, 2013.

by: Riasat Ali Khan

Member Incharge/ Governance

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
1	No doctor is posted at the dispensary and it is mainly for reason that patients do not visit the dispensary. The post of doctor is lying vacant for last many years.			
2	one refrigerator was provided to this dispensary which has now become junk. The refrigerator is required is required for keeping vaccine of EPI. Now the vaccine is brought daily from the headquarter.			
3	The doctor of Holy Family Hospital was present on duty for control of measles. He was sent to this area for few days only.			

<b>Sr. #</b>	<b>Salient Features</b>	<b>Systemic Improvements</b>	<b>Issue</b>	<b>Send to</b>
4	Medicines are not available			
5	Staff sitting idle as there were no patient.			
6	Sanitary worker is not posted			
7	A costly ultrasound machine lying packed in a room.			

15) Visit to: Rural Health Center Chung 10th July, 2013.

by: Farooq Syed

ADV: Revenue

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
1	Patients were facing difficulty to reach Rural Health Center			
2	Most of the patients faced difficulty in establishing their identity before the security staff of police training center.			
3	Post of Dai vacant.			
4	For malaria control program they do not have sufficient manpower.			
5	Dark room of X-Ray unit and TB section are in very poor shape.			
6	Shortage of medicines at the OPD counter was quite visible.			

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
7	Ambulance was very old and without an air conditioner and it often remained out of order.			
8	27 KV generator is installed but remains non functional because no diesel is available to run the generator.			
9	Rural Health Center has been denied the facility of Sui Gas.			
10	Wall on the back side of rural health center is missing at places which poses security problem to RHC.			

16) Visit to: BHU Chak 44,RHC Kala Shah Kaku 10 July, 2013.

by: Rana Amanullah Khan

ADV: Health

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
1	If medicines are not available, there is no medical store nearby. Attendants of patients have to cover long distance before these are purchased and administered and in some cases, this can be critical for the patient.	Moto of effective functioning of such rural units and health institutions is that the availability of medicines and vaccines should be continuous and not continual in the stock which is not always so.		



17) Visit to: BHU Chak No. 36 Tehsil & District Sragodha NB 10 July, 2013.

by: Muhammad Rizwan Taqi

Member Incharge

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
1	<p>Medical Officer / Incharge was not found present within the premises of the said health unit. She, however, reached her office at 9:45 AM and certified that she had been in the field with the task of supervising Polio Campaign, launched in the District.</p> <p>Services of Muzaffar Iqbal, Sanitary Inspector were placed at the disposal of the manager, Ramazan Bazar, Tahli Chowk, New Satellite Town, Sargodha.</p>			
2	<p>Medical Store supply of the medicine to the said BHU was far less than its actual requirements</p>		Due to shortage of funds.	

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
3	residences and lawns were in very poor and disappointing conditions.			
4	<p>Medical Store, Madni Medicine Pharmacy , working on main road, Rehman Pura, Sargodha. Mr. Ali Raza produced a license issued by health authorities in favour of one Muneeb Iftikhar S/O Iftikhar Mehmood where as the said Muneeb Iftikhar ( License) was working as a Medical Rep. and he was out of city at that time.</p>			

18) Visit to: BHU, Buch Khusro Abad 10 July, 2013.

by: Hameed Ullah Khan

ADV: Social Sector

Sr. #	Salient Features	Systemic Improvements	Issue	Send to
1	Medical Officer was not present on duty till 9:50 AM, the time of visit.			
2	Dispenser was looking after the patients.			
<b>BHU Abbas Pur</b>				
3	Medical Officer was not present. Dispenser was also absent.			
4	Store Room of Medicines was locked			
5	Cleanliness was not satisfactory.			
6	No patients in hospital.			
7	BHU without boundary wall			

19) Visit to: The Medical Social Services Project, Sir Ganga Ram Hospital, Lahore. 10 July, 2013.

by: Dr. Azra Imtiaz

ADV: HRD

<b>Sr.#</b>	<b>Salient Features</b>	<b>Systemic Improvements</b>	<b>Issue</b>	<b>Send to</b>
1	Social Welfare Department took over the patient Welfare Society due to various complaints of mismanagement, misappropriation of donations etc. misbehavior and bad conduct of the workers with the patients.		Suspended members are now using patients against officers of Social Welfare Department.	

## 20) Visit to: Services Hospital

By: Advisor Health

Rana Amanullah Khan

Dated: 5 June, 2013

No Issues Highlighted

21) Field Visit on Drug Testing Laboratory Lahore.

31st of July 2013 Visit by:

Dr. Sania Nazir Chaudhry

Advisor Structural Reform and Research

Mr. Mansoor Butt

Advisor Information Management

Sr.#	Salient Features	Systemic Improvements	Issues	Send to
	Analysts in all four laboratories were busy in doing tests with computerised equipment.			
	All data was being maintained manually as well as electronically.			
	All processes of drug testing from receiving of samples till sending of reports had been documented and were on display in the section receiving, decoding and allotting samples to analysts.			

<b>Salient Features</b>	<b>Systemic Improvements</b>	<b>Issues</b>	<b>Send to</b>
<p>All samples, which had been sealed, were received through post. The element of tampering with samples needs to be considered. The entire supply chain of drug manufacturing, transportation, purchase for hospitals and retail market needs to be studied in detail to document the various steps involved at both the federal and the provincial level.</p>	<p>To ensure that the drug samples being tested have not been tampered with. To safeguard the public from future drug related catastrophes such as PIC and Cough Syrup incidences.</p>	<p>Possible tampering of drug samples</p>	<p>Secretary Health</p>
<p>The existing system needs to be assessed in the aftermath of the 18<sup>th</sup> amendment to ensure the safety of the lives of the citizens.</p>	<p>To compare the benefits of 18<sup>th</sup> Amendment to the loss of lives due to bad management of transition during devolution of power from federation to provinces.</p>	<p>To ensure safety of lives of citizens</p>	<p>Secretary Health</p>
<p>Data collection and management needs to be assessed.</p>	<p>To provide timely and reliable information for decision making.</p>	<p>Computerization of complete data</p>	<p>Secretary Health</p>

Salient Features	Systemic Improvements	Issues	Send to
<p>An analysis of the cases prosecuted in the drug courts needs to be done to find out areas of weak managerial and organisational processes which can be strengthened</p>	<p>To determine how far the system of quality control of drug sold in the market, and accountability of companies transgressing the law is being implemented.</p> <p>To discover trends of companies causing a health hazard to the public and take appropriate action .</p>	<p>Weak prosecution of cases in drug courts</p> <p>Lack of proper system in quality control</p>	<p>Secretary Health</p>
<p>An audit of the working of the Provincial Quality control Board of Punjab needs to be done, as it is responsible to ensure quality of drugs being sold in the market.</p>	<p>To assess the role and performance of this board and make relevant amendments if needed</p>	<p>Performance audit</p>	<p>Secretary Health</p>
<p>A study of the Findings and Recommendations of the various Tribunals and Inquiry Commissions investigating deaths due to suspect drug incidents needs to be done to ascertain how far these are being implemented and are affective.</p>	<p>To improve the accountability mechanism.</p>	<p>Implementation of various drug laws</p>	<p>Secretary Health</p>



22) Field Visit on Mayo Hospital Lahore.

10 of July 2013

Visit by:

Dr. Sania Nazir Chaudhry

Advisor Structural Reform and Research

Mr. Mansoor Butt

Advisor Information Management

	Salient Features	Systemic Improvements	Issues	Send to
1	the Department of Telemedicine was a five-year project, which finished last year and was not extended. Patients from three cities; Rajanpur, Dera Ghazi Khan and Gujrat were seen through this system by doctors from this office. These patients were diagnosed and treated over this deployed system.		Poor Working environment & Lack of Resources Governance Issues and lack of vision  Wastage of Government Funds	
2	The In charge of this Department Mr. Abdul Qadir Mirza was not present.		Poor Attendance Lack of Project Management Skills Volunteer Staff Relocation Issue Non availability of training to local Staff	
3	Although the project was non-functional for one year now, this in-charge was still assisted by a junior clerk and a peon who were present there are on duty.		Recruitment and Selection Needs Human Resource Problem	

Sr #	Salient Features	Systemic Improvements	Issues	Send to
4	<p>Berries had greenish and whitish discolouration which was probably fungus covering them. These were used to make juice (picture annexed).</p> <p>Peaches and mangoes used to make shakes were rotten (picture annexed).</p> <p>An open pack of Milk was lying outside the refrigerator (picture annexed).</p> <p>There was a cooler lying inside the refrigerator (picture annexed).</p>		<p>Hygienic Issues Poor Check &amp; Balance by the Government Authorities</p> <p>Lack of Awareness Accountability</p>	<p>Secretary Health M.S</p>

Sr #	Salient Features	Systemic Improvements	Issues	Send to
	<p>The potato filling for samosas had a foul smell (picture annexed).</p> <p>The Mint chutney served with samosas had two dead flies in it (picture annexed).</p> <p>A 5-kilogram bag of used tealeaves was found, which is perhaps being used to make tea (picture annexed).</p> <p>Buckets and containers full of trash were lying all over the food preparation area (picture annexed).</p> <p>All preparation tops were extremely dirty and it seemed that they had not been cleaned in a long time (picture annexed).</p> <p>Flies were hovering around the Samosas (picture annexed).</p> <p>Stagnant water, which is a potential breeding ground for the dengue mosquito, was present in an out of use air cooler lying adjacent to the juice preparation area (picture annexed).</p> <p>A section of a tire tube along with a wooden rod used to crush ice was lying on the floor next to the dustbin containing organic waste of fruit peels (picture annexed).</p> <p>Several flies were visible all around in the preparation area as well as in the service area (picture annexed).</p> <p>There were three refrigerators on the premises but all of them were out of use. We were told that there was no electricity due to load shedding (picture annexed).</p>		<p>Hygienic Issues Poor Check &amp; Balance by the Government Authorities</p> <p>Lack of Awareness Accountability</p>	

	Salient Features	Systemic Improvements	Issues	Send to
	<p>The clothes of all staff preparing and serving food were not clean (picture annexed). None of the preparation and service staff was wearing gloves (picture annexed).</p>		No Staff training been given	
5	<p><b>Salient features of Doctors' Cafeteria auction documents are listed below:</b></p> <p>A committee of 13 members was constituted to take decisions about the auction of different canteens of this hospital (Annexed). This committee comprised of Professors of Paediatric Surgery and Ophthalmology, members of the hospital administration including five Additional Medical Superintendents and two Deputy Medical Superintendents, A Medical Officer, a senior budget and accounts officer, Deputy Chief Nursing Superintendent and the Chief Sanitary Inspector.</p>		Governance & Accountability Poor Check & Balance	

	Salient Features	Systemic Improvements	Issues	Send to
	<p>The contract of this canteen known as Doctors' cafeteria has been awarded to the same contractor for almost 3 to 4 years now. The conditions specified in the contract are stated herewith with respective observations made during the visit.</p> <p>The contractor would make decent arrangements for seating the doctors in the hall, which should be air-conditioned, and with decent furniture.</p> <p>Special care for cleanliness and hygiene will be arranged</p>		<p>There was no hall. It was an open air canteen</p> <p>Pathetic hygiene and cleanliness. Photographic evidence is attached.</p>	
	<p>Only doctors would be allowed to enter the hall.</p> <p>The contract would provide food items of branded companies of good repute. Instead of using open tea, milk and ketchup, their sachets will be used.</p> <p>A rate list will be on display</p>		<p>The canteen serviced other customers besides doctors</p> <p>These are clearly not in use as milk was being boiled on the stove while an Olpers pack was lying in the milkshake preparation area.</p> <p>There was no rate list visible</p>	

	Salient Features	Systemic Improvements	Issues	Send to
	<p>The cleanliness and hygiene of the kitchen area of the cafeteria will be inspected on a weekly basis</p> <p>The electric gadgets such as the refrigerator and freezer should be in good condition</p> <p>The staff working in the cafeteria must wear uniforms and ID cards with their photographs the contract will be responsible to provide staff with these items-not visible</p> <p>We met the MS Mr. Zahid Iqbal as we passed by his office and apprised him regarding the condition of the canteen. His reply was that he was unable to manage things and the Ombudsman Punjab should take this up.</p>		<p>Sanitary inspector not available to provide record on cleaning schedule</p> <p>All three refrigerators not working</p> <p>Uniforms and ID Cards not worn by staff</p> <p>Management Flaws</p>	

	Salient Features	Systemic Improvements	Issues	Send to
6	<p>The statistical officer told us that initially a pilot study of four hospitals was done by PITB to test the Disease Surveillance System. Two of these are in Lahore including the Mayo Hospital, and two were in the periphery.</p> <p>Initially 22 data entry operators were allocated of which about 16 to 17 were physically verified.</p> <p>Now PITB left only 4 to 5 persons in the hospital for data entry for the DSS and therefore only the measles data is being collected. Data is not being collected for any of the other 26 listed diseases for the DSS.</p> <p>All the data, which is being collected in the hospital emergency and outpatient and in the wards, is being done so manually. The scope of this is also limited.</p>	<p>A public audit of the financing and a performance audit of the utility of the disease surveillance system must be undertaken on an emergency basis</p>		
7	<p>With regard to the Disease Early Warning System of the WHO we were told that there is either no report of cases presenting for these diseases, or they are being underreported.</p> <p>It appears that the Disease Early Warning System and the DSS are partly duplication of the same system for data collection on the listed diseases. The Disease Early Warning System selects data for a smaller number of diseases as compared to the DSS.</p>	<p>The capability and capacity of the people who are handling the needs assessment, concept planning, implementation and monitoring systems for all health management information systems in Punjab needs to be assessed</p> <p>The disease early warning system of the WHO is a failure -a public audit of the money spent on this program needs to be undertaken and all other programs being run by the International donors involving IT</p>	<p>No computerized record for 26 listed diseases for the Disease Surveillance System.</p> <p>Manual Data Entry No Consolidated Reports</p> <p>Mismanagement Duplication Mismanagement Incomplete Data Collection unreliability</p>	



	Salient Features	Systemic Improvements	Issues	Send to
8	<p>The emergency has computerised ticket system available but in case of patient overload, the system is shifted to manual.</p> <p>The outpatient department also follows the manual system of data collection. Wards are collecting data but this is not being done disease-wise. Manual sorting is done to arrange the data disease-wise and this is fed into the district health information system through e-mails. All this manual data is then fed into the Disease Surveillance System to update the dashboard.</p>	<p>Capacity and capability of the individuals or companies, which are being contacted to do this type of, work on Management Information Systems needs to be assessed and audited. Responsibility must be fixed to ensure accountability.</p>	<p>No Contingency/Back up plans</p> <p>Authenticity of completeness and reliability of this data</p>	
9	<p>The District Health Information System was also not functioning</p>	<p>DHIS system should be undertaken immediately to manage the data regarding morbidity of Indoor Departments.</p>	<p>Lack of IT technical knowledge and its Implementation across the board</p>	

	Salient Features	Systemic Improvements	Issues	Send to
10	<p>We visited the emergency to see the systems in place. We were told that there were two representatives of PITB performing data entry. However, when we entered the emergency counter there was only one person there and a second came in and sat down and logged into the system in our presence.</p> <p>We were told that the server is down which is the reason we are not able to see the cases that have been entered.</p> <p>We then went to see the server. The person operating this failed to bring up any entries for the last 12 days.</p> <p>When the situation was revealed that the data was not being entered, the person stated that they had a manpower problem.</p> <p>They had trained peons to help with data entry and were not able to manage the workload.</p>		<p>Non Provision of Technical Knowledge</p> <p>Manpower Issues No Technical Staff</p>	
11	<p>One main problem that was being faced was that the doctors were not ready to work on the computer. There were three emergency medical officers in each shift and in routine, only one of them was present.</p>		<p>HR Issues</p> <p>Change Management Absenteeism Lack of Technical Knowledge</p>	

23) Field Visit on Services & Jinnah Hospital  
Lahore.

10 of July 2013

Visit by:

Dr. Sania Nazir Chaudhry

Advisor Structural Reform and Research

Mr. Mansoor Butt

Advisor Information Management

	Salient Features	Systemic Improvements	Issues	Send to
1	<p>While standing outside the Gynaecology building we saw that a large number of people were standing and sitting in the ramps meant to be used for moving emergency patients to the upper stories of the building. As we walked through these ramps we saw that the landing areas between these ramps were being used by attendants of patients as resting and sleeping areas while the passage of the ramp was blocked by a large number of people either sitting or standing.</p>			
2	<p>In the outdoor there was a huge crowd of people waiting to get a ticket to be seen by a doctor in the outpatient examination area. It was difficult to make way to the other end of the passage due to the large number of people sitting or standing in these passages.</p>			

	Salient Features	Systemic Improvements	Issues	Send to
3	Patients waiting in outdoor for more than one and a half hour since 8 AM but there was no doctor in the outdoor. There were about 50 patients sitting waiting for the doctors' team to come and start the work. long waiting times before the patients would be seen during the day.			
4	patients waiting outside had not been informed about the specific timings when the doctors would start seeing the patients.			
5	hardly any ventilation or fresh air and the lighting was poor.			
6	bugs (khatmal) in the wooden benches on which the patients and their attendants were seated.			

	Salient Features	Systemic Improvements	Issues	Send to
7	In the hospital emergency computers were fixed to pillar walls while several were missing.			
8	In the EPI Center for vaccination ,no data entry was being done to keep any vaccination records of follow-ups of children to ensure that the full protocol of vaccination for specific diseases was being ensured.			

	Salient Features	Systemic Improvements	Issues	Send to
1	Prevent Flooding			
2	Walls were badly affected with seepage of water from a leak from some wherein the wall. Machines were covered with a sheet because there was humidity above recommended levels for this sensitive machinery which was used in radiotherapy of cancer patients.			
3	AC was also not working			
4	Leakage was from the sewerage and was a big problem for the health of the patients as well as of the doctors who dedicatedly treat all the patients attending this unit the year around. They too were at a constant hazard of becoming ill due to these unhygienic conditions.			

	Salient Features	Systemic Improvements	Issues	Send to
5	<p>Data room was full of files. All the data of the patients was being collected manually. It needs to be noted here that these cancer patients were undergoing radiotherapy treatment with Cobalt 60 which is a highly sensitive radioactive material. They get this treatment once only and this could be fatal if administered to them by mistake. In the absence of an electronic database showing a history of the treatment they have already received elsewhere, the incidence of such an accident happening increases many fold.</p>			