"BUILD BACK BETTER"

RECONSTRUCTION AND REHABILITATION STRATEGY

HEALTH SECTOR

Government of Pakistan (GOP)
Earthquake Reconstruction and Rehabilitation Authority (ERRA)
Prime Minister Secretariat (Public)

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Chapter I
INTRODUCTION

1. ERRA's health policy delineates guiding principles, guidelines and strategy for reconstruction in the earthquake-affected districts. The health component of Government's **'Build Back Better'** policy is based on the Humanitarian charter for minimum standards for health care, including the right to 'health for all' and respect of the dignity of the population affected by the disaster. The health strategy has been constructed on the key principles of equity, access to essential health care, timeliness, results, accountability, placement of strong local leadership and strategic coordination of the effort. The strategy also envisages addressing the special needs of vulnerable population, especially women and children who are the major clients of the health system, and the needs of persons with disabilities and psychological trauma.
2. The reconstruction and rehabilitation effort provides a unique opportunity to improve the functioning and performance of the health system. The implementation of the reconstruction strategy will be used as a mean to explore management options for strengthening the health system to address key issues faced by the sector including under performance, inadequate quality of care and poor availability of human resources. The policy will also support development and implementation of an emergency preparedness and disaster response system in the health sector.
3. NWFP/AJK Departments of Health will need further refinement of needs based on actual requirements considering essential health service package, health facility utilization rate, geographical accessibility, population and availability of human resources. District Health Offices will prepare detailed plans with full participation of district governments/ district authorities, communities and different stakeholders including development partners, NGOs and private sector.

Critical Challenges and Opportunities:

4. Apart from other socio-physical amenities, the earthquake calamity has taken its toll on the healthcare network as well, rendering it literally paralyzed and has led to total disruption of primary and secondary health care service provision in the affected districts. The needs of the health sector for the short to medium term were substantial and an emergency response involving multiple partners including the Ministry & Departments of Health, Pakistan Army, United Nations agencies, NGOs and local people is still underway. Health care is being provided by medical teams and through establishment of field hospitals with international and local support. In addition, preventive health interventions were also initiated including immunization; vector control; vitamin A supplementation; health education, psychosocial counseling and disease surveillance etc. The aim of transition from relief to reconstruction and rehabilitation of the health system is to implement a well-coordinated response that ensures provision of an integrated and essential package of health services to the affected population and prevents any increase in the burden of disease or loss of life.
5. Vulnerable groups, mainly women and children made up a large share of the victims. Along with health services, maternal and neonatal health services were also badly affected. Emergency maternal and neonatal health care is a critical determinant for survival of mothers and newborns. The health sector also faces the additional burden of treating the new vulnerable population sub-groups, including the disabled, widows and orphans, which require specialized care and services. Because of poor environmental conditions, the spread of communicable and vector borne diseases is likely.
6. Before earthquake, health outcomes and sector performance in AJK was comparatively better in comparisons with other provinces of Pakistan. The health sector utilization is low in the affected districts (except Abbottabad) as compared to other districts in NWFP.

Table 1: Selected heath indicators for earthquake affected areas of NWFP and AJK[1]

Area	IMR per 1000 LB	ANC %	EPI % fully immunized	Utilization/Day of RHCs	Utilization/Day of BHUs
National Average	**77**	**50**	**77**	**80**	**28**
NWFP	**56**	**39**	**76**	**60**	**20**
Abbottabad	72	36	68	60	9
Batagram	99	23	31	NA	9
Kohistan	104	2	52	NA	3
Manshera	71	36	46	33	8
Shangla	98	31	12	NA	7
AJK	**56**	**40**	**86**	**46**	**18**
Muzaffarabad	NA	NA	78	36	17
Bagh	NA	NA	92	33	18
Poonch	NA	NA	NA	69	18

7. Key challenges faced by the health sector in earthquake affected areas include:
   a. Rationalized reconstruction and rehabilitation of health infrastructure, making them seismically safe and user friendly;
   b. Revitalization of the health care delivery and management system;
   c. Effective coordination to ensure availability of essential health services during transition phase;
   d. Availability of human resource for health services;
   e. Access to an integrated and essential services for vulnerable population especially women and children and disabled (physical and psychological rehabilitation);
   f. Prevention of epidemics and operationalization of surveillance system; and
   g. Preparedness for disaster management.
8. Challenges in the health sector in earthquake affected areas also provide a opportunity for a rationalized development of health care delivery system ensuring provision of essential health services package and improved health care management and organizational system. This also provides an opportunity for strategic integration of smaller units of health services delivery, geographical rationalization and up-gradation of health facilities.

Comparative Analysis of the Extent of Damage:

9. Like other districts of Pakistan, the health care in the earthquake-affected areas was provided by the public and private health sector. The public health sector consisted of a network of four-tier health care facilities and community based health workers operating from their health houses. Military hospitals were playing an important role in provision of health services in districts of AJK. This system was badly affected in the earthquake. The preventive health services were almost exclusively provided by the public health sector. The private health sector was largely providing the curative health services, in cities and towns.
10. Out of 796 health facilities in the eight affected districts of NWFP and AJK, about 48.7% (n=388) of health outlets have been completely destroyed during the earthquake whereas 24.8% (n=197) need retrofitting. Remaining 26.5% (n=211) of health facilities, which have no obvious damage, also need to be assessed for safety because of possible future seismic activity in the area.

[1] Pakistan 2005 Earthquake: Preliminary Damage and Needs Assessments by the Asian Development Bank and the World Bank.

Table 2: Damages to health facilities in AJK

District	Tehsil	Union Council	Health Facilities			
			Type	Total	Fully Damaged	Partially Damaged
Muzafarabad including Neelum valley	3	42+12 = 54	BHU	60	43	12
			CD	21	18	1
			RHC/ CH	7/-	4/-	1/-
			THQH	2	1	1
			DHQH/Teaching	2	1	1
			Others[2]	136	108	12
Poonch	3	27	BHU	21	3	17
			CD	8	3	5
			RHC/ CH	6/-	2/-	2/-
			THQH	1	0	1
			DHQH/Teaching	1	1	-
			Others	81	25	23
Bagh	3	28	BHU	20	16	4
			CD	19	11	8
			RHC/ CH	6/-	2/-	4/-
			THQH	1	1	-
			DHQH/Teaching	1	1	-
			Others	78	46	32

Table 3: Damages to health facilities in NWFP

District	Tehsil	Union Council	Health Facilities			
			Type	Total	Fully Damage	Partially Damage
Abbottabad	1	51	BHU	53	8	7
			CD	42	3	2
			RHC/ CH	4/6	-/-	-/3
			THQH	1	-	-
			DHQH/Teaching	1/1	-	-/1
			Others	1	1	-
Mansehra	3	63	BHU	58	23	7
			CD	20	7	-
			RHC/ CH	8/9	5/4	2/2
			THQH	1	1	-
			DHQH/Teaching	1	1	-
			Others	2	2	-

[2] Other health facilities include first aid posts, MCH centers, TB centers etc.

Batagram	2	20	BHU	28	19	9
			CD	7	5	-
			RHC/ CH	2/1	1/1	1/-
			THQH	-	-	-
			DHQH/Teaching	1	1	-
			Others	3	3	-
Kohistan	3	37	BHU	34	4	17
			CD	4	-	-
			RHC/ CH	3/-	-/-	1/-
			THQH	-	-	-
			DHQH/Teaching	-	-	-
			Others	-	-	-
Shangla	5	24	BHU	15	7	9
			CD	12	4	7
			RHC/ CH	0/4	-/2	-/2
			THQH	1	-	1
			DHQH/Teaching	-	-	-
			Others	2	-	2

11. Not only the primary health care and basic curative services have been disrupted, the attached community outreach preventive and community based services have also ceased to exist. Special reference is made to the Lady Health Workers (LHW) who provides PHC services to the population of 1000 each. They operate from their houses (health houses). In AJK, 1176 health houses out of total 1265 has been partially or completely damaged; whereas in NWFP 1183 health houses out of 2017 has been partially or completely damaged. As a result, the families have been deprived of primary health care services including family planning, growth monitoring, immunization, pregnancy monitoring, treatment of minor infections and ailments like ARI and diarrhea, first aid, etc.
12. There have been 21 confirmed deaths while 141 health staff sustained injuries including senior staff of AJK and NWFP. 20 LHWs and one LHS have been confirmed dead whereas 32 LHWs have not yet been traced. More than 100 LHWs were injured during earthquake. Many health staff has lost both immediate or close family members and homes. Most of them were weak, both physically and mentally to deliver health care, however gradually they are slowly returning for duty. Most of the district health offices in the quake-hit districts have been badly damaged.
13. Around 20 health management offices and 22 vehicles have been lost in the disaster. Preventive government programs for TB, HIV, EPI and Malaria were also in complete disarray. There is need to maintain high coverage by strengthening the existing system.
14. Hospital equipments were also badly damaged or destroyed. Along with reconstruction work, there would be need to fully equip the health facilities along with provision of at least one-year consumable supplies including medicines.
15. Before earthquake, Population Welfare Department has infrastructure of 51 Family Welfare Centers (11 in Muzafarabad, 20 in Mansehra, 3 in Batagram and 17 in Abbottabad) and 4 RHS-A centers (1 in Poonch, 2 in Muzafarabad and 1 in Abbottabad). Family Welfare Centers are established in rented buildings and as such there is no direct structural damage of Population Welfare Department. During reconstruction phase, it would be an opportunity for integrating population welfare services with health by providing space for FWCs in BHUs and RHCs.

Chapter II
VISION AND COMPONENT STRATEGIES

VISION:

16. The purpose of the policy is to ensure that essential health care services are accessible and available to all in support of the overall government policy of "Build Back Better". The vision for the health sector in quake-affected areas is

> ***"a revitalized health care system which is financially viable and ensures provision of an integrated and essential package of health services, which is accessible, effective, efficient and responsive to the health needs of the affected population and contributes to improved health status of the population"***.

17. **Objectives**:

i. To restore health care infrastructure through rationalized reconstruction / rehabilitation of seismically safe and user friendly health infrastructure;
ii. To ensure availability of an integrated and essential services package at different levels of health care delivery system covering preventive and curative services including rehabilitation program with improved access for the disabled;
iii. To strengthen the management and organizational system to revive and sustain health services; and
iv. To devise an institutional mechanism in the health sector to operationalize a rapid effective emergency and disaster response whenever required

18. **Indicators of success:**

- **<u>Process and outputs</u>**
  - % of health facilities constructed/ revitalized annually as per plan
  - % of Health facilities made seismically safe as per plan
  - % of disabled patients with adequate care and devices
  - % of target population covered by LHWs
  - % of health facilities which met the minimum staffing requirements for the implementation of essential service delivery package
  - % of health projects under ERRA for which audit reports are satisfactory
  - Strategic plan for Disaster management approved
  - Health facility utilization rate

- **<u>Intermediate health outcomes</u>**
  - % of health facilities providing essential package of health services
  - Full immunization coverage among children
  - Tetanus toxoid coverage among pregnant women
  - % of pregnant women who has received at least one antenatal visit
  - TB-DOTs case detection and cure rate
  - % of health facilities offering at least three contraceptives services
  - % of deliveries by skilled birth attendants

19. The **"Build Back Better - Health Care Delivery System"** envisages not only building rationalized health facilities/ hospitals but also improved health care services and better health

system management. The Government of Pakistan has established Earthquake Reconstruction and Rehabilitation (ERRA) for preparing an overall national plan of action for reconstruction and recovery for all sectors, including health. In health, Earthquake Reconstruction and Rehabilitation Authority (ERRA) mandate would be to oversee and monitor the overall reconstruction and rehabilitation programme of health care delivery based on the following **Key Principles**:

A. **Essential package of health services**: The health delivery system would be reconstructed and rehabilitated ensuring provision of integrated and Essential Service Delivery Package (ESDP) of health services at different levels in alignment with emerging local needs after earthquake.

B. **Rationalized reconstruction:** The service package and size of health facilities and hospitals will be rationalized in light of population size and past performance of health facilities. This would include geographical rationalization and up-gradation of health facilities. Care will be taken to avoid inequities in service provision within affected areas.

C. **Strategic Integration of smaller units of service delivery:** To improve efficiency of the health care delivery system, smaller units of service delivery including First Aid Posts, MCH centers and TB centers etc will be closed. The specific services of these units would be included in the essential service delivery package offered by the primary health care facilities. Service outlets of Ministry of Population Welfare including Family Welfare Centers (FWCs) and Reproductive Health Services-A (RHS A) centers would be provided physical space and integrated within selected primary and referral health facilities.

D. **Seismically safe and supervised reconstruction:** Reconstruction will conform to appropriate safety, quality, technological solutions and environmental standards. Supervised reconstruction using independent third party mechanism will ensure construction of seismically safe health infrastructure.

E. **Emphasis on the needs of vulnerable population:** Needs of the vulnerable population including women, children, and the disabled would be met through improved access and services and strategies which are gender and socio-culturally sensitive and address the issues of new vulnerable populations including physically and psychologically disabled.

F. **Collaboration and Coordination**: Collaboration between ERRA, federal, provincial and district health authorities and stakeholders with involvement of local communities in decision-making would be ensured without compromising on the implementation efficiency. This collaboration will also include the provision of essential services during the interim period with coordination of activities through a "Transition Cell" within ERRA, during the reconstruction period. Key responsibilities regarding provision of health care services will be with the Ministry of Health, Departments of Health, District Health Offices and other stakeholders.

Summary Description of Component Strategies

20. The selection of priority health interventions follow a careful review of the health status of the population and the performance of health services before the crisis, current needs, gaps, existing capacities and new opportunities.

Rationalized reconstruction and rehabilitation of health facilities:

21. Out of 796 health facilities in the eight affected districts of NWFP and AJK, about 48.7% (n=388) of health outlets have been completely destroyed during the earthquake whereas 24.8% (n=197) need retrofitting. Remaining 26.5% (n=211) of health facilities, which have no obvious damage, also need to be assessed for safety because of possible future seismic activity in the area.

However, the destruction presents a good opportunity for developing a more rationalized health care delivery system in the area by the following means:

- Reconstruction of 237 health facilities/ hospitals and retrofitting of 105 health facilities/ hospitals[3]. Structural assessment for seismic safety of about 110 non-damaged health facilities would be carried out followed by retrofitting.
- Departments of Health will prepare appropriate standardized designs for four tiers of the health care delivery system and will be approved by the ERRA.
- Reconstruction and rehabilitation work (including provision of equipments and supplies) will be carried out by considering the essential service delivery package for health and also aligning it with emerging local needs after earthquake.
- The service package and size of hospitals will be revisited in light of population size and past performance of health facilities. Reconstruction would also position facilities geographically and decide up-gradation of health facilities based on accessibility, utilization and needs of the population.
- Individual smaller units like First Aid Posts, MCH centers and TB centers etc will not be reconstructed; rather these services shall be integrated into primary health care facilities. In addition FWCs and RHS-A centers will be integrated and made part and parcel of the primary health care facilities and referral hospitals.
- The reconstruction strategy shall adhere to building codes outlined by ERRA and approved by the government. All reconstruction work to be under taken as permanent structures, instead of prefabricated, but modern technology to be used, instead of conventional technology.
- The health facilities will be made user friendly by having improved access for disabled, adopting gender & socio-culturally sensitive approaches and providing safe water and sanitation facilities in the waiting areas.
- Residential facilities especially for female staff shall be part of the reconstruction plan of the health facility in rural and remote areas. Options of joint residential hubs for health and education staff or residential hubs at RHC level will also be considered.
- The environmental issues related to health care waste management of hospitals will be of concern and will be addressed right from the reconstruction planning stage of these institutions.
- All district health offices shall be reconstructed and rehabilitated on priority basis with consideration of meeting the needs for district warehouses, training facilities, HMIS system, offices for staff etc. One Director General Health Services office will be constructed in AJK.
- Departments of Health will prepare standardized list of equipments including technical specification for different tiers of health care delivery system.
- ERRA will contract an independent structural engineering agency/ firm, whose sole task would be to review the structural design of health outlets for seismic safety and undertake field inspections during construction.

Provision of health care services and disease control:

22. The Federal Relief Commission is coordinating earthquake relief activities including health care in the earthquake-affected areas. During reconstruction and rehabilitation phase, a 'Transition Cell', within ERRA would be established for coordination of relief activities including provision of essential health services, till the system is rebuilt.

    - ERRA will coordinate with MOH at federal level, Provincial/State DoH and District Health Offices to ensure provision of essential health care services and measures for disease control and prevention of epidemics during the reconstruction phase. MoH will act as a nodal ministry for provision of these services. DoH and District Health Offices will be responsible for implementation including development of annual work plan and financing required.

[3] The exact number, site and phasing of health facilities for reconstruction and retrofitting may change based on rationalization exercise at district level.

- Focus would also be on the preventive and primary health care services, for which ERRA will coordinate with MoH and DoH for expansion of coverage of the preventive and primary health care programs and projects. Public awareness/health promotion campaigns and capacity building of the health care providers would also be a part of the strategy based on the needs of the population.
- Collaboration with NGOs and private sector would be a continuing activity for ensuring provision of a standard package of health services in support to district and provincial authorities

Rehabilitation program and improving access for the disabled:

23. As per available information, the total spinal cord injury patients after earthquake were 741, received at major hospitals and field hospitals in different parts of the country. In addition, 713 amputations were also carried out. Different public and private sector organizations have registered 582 cases for provision of Orthosis and Prosthesis, out of which 135 amputees have been fitted with Prosthesis and sent back to home after rehabilitative training.

- The need for rehabilitation for the disabled will be an ongoing priority and work will be closely coordinated with MoH and Ministry of Social Welfare for rehabilitation of disabled in the society. The strategy will include meeting all needs for provision of rehabilitative services, provision of supportive/ assistive devices and facilitating the disabled into the society.
- Detailed assessment for a rehabilitation program for disabled would be carried out followed by development of an implementation plan. Strategic Planning for this will consider the need for up-grading hospitals for handicapped in Rawalpindi/ Islamabad/ Peshawar/Abbottabad, with further expansion of these services in the existing public or private hospitals of Abbottabad/Mansehra and Muzafarabad etc, considering easy access to majority of disabled patients.
- Strategic planning will also guide the development of community based rehabilitative programs and public awareness campaigns.
- ERRA would ensure improved access for disabled in all public buildings especially health facilities and hospitals by appropriate design to meet standards.

Strengthening health system management:

24. The management capacity especially at district level will be built through provision of consulting services, technical assistance and in-service training. The key areas of support to the district health management would be:

a. Human resource planning, deployment and distribution
b. Planning, budgeting and management
c. Procurement procedures
d. Logistic management
e. Rational use of drugs
f. Strengthening of financial management
g. Appropriate designs for health care delivery system
h. Strengthening of Health Management Information System and disease surveillance system
i. Public private partnership

25. ERRA will coordinate with Ministry/ Departments of Health and District Governments for the development and implementation of the medium to long term strategy in the earthquake affected districts as a means to explore management options for strengthening the health system to address key issues faced by the sector including under performance and inadequate quality of care. Management strategy would be agreed in the first phase of reconstruction.

26. One of the key areas necessary for the strengthening of health care delivery system is the availability of required human resource. Following options to be explored:

- Preparation of recruitment plans at district and provincial level to fill the vacant positions.
- Re-placing of existing staff in the district to ensure health services are available in prioritized health facilities.
- Transfer of key staff from national and provincial pool to earthquake affected districts.
- To launch on priority basis the National and Provincial Health Programs/ Projects in quake-hit districts and to ensure availability of staff through these programs (e.g. National MCH Program etc).
- Working of FWC staff within health facilities, thus improving availability of female staff. etc.

27. The existing development and non-development budgets of DoH and District Government will be used to ensure staffing and no recurrent cost (salary of health care providers and medicines) will be provided by ERRA.

Emergency preparedness and disaster management at the federal, provincial and district level:

28. The health sector in Pakistan has inadequate arrangements to respond to emergencies and disasters needing health care actions. It will be important to learn lessons from the response to this disaster and establish a system, which can initiate a well-coordinated response and disaster relief efforts at the earliest. This would need a full review of the present mechanisms, lessons learnt from the existing relief effort, building capacity of health sector and devising an institutional arrangement for the health system within the national set-up for disaster management with focus on earthquake affected areas. An institutional mechanism would be developed in the health sector to operationalize an effective emergency response within 24 hours.

Essential Service Delivery Package

29. Response in the health sector would be to prevent and reduce excess life loss and illness with special emphasis on maternal, newborn and child morbidity and mortality by strengthening health care delivery system including referral facilities of these districts.

30. There is need to re-visit the Essential Service Delivery Package (ESDP) to respond to the primary and curative health needs of the affected population while considering restoration of health care infrastructure in affected districts. The ESDP is not only a set of physical infrastructure, staff, equipment and supplies but is also a series of specific health activities.

31. The package of services comprises of two parts; the first part is the minimum (core) component of the program that needs to be in place to reduce morbidity and mortality and is recommended for adoption on an as basis; the second component comprises of proposed interventions which can be added as per local requirements and priorities.

BHU Level Package:

32. The proposed package of the BHU Level health facility envisages a facility, which has a catchment's area population of around 5,000-12,000 and need not necessarily be staffed by a full time medical doctor. BHU level health facility comprises not only the physical facility but also includes the outreach and community based health workers, as the staff of the BHU level health facility is also responsible for monitoring and ensuring the outputs for the population base of the FLCF.

33. The minimum service package required at this level of care is proposed as follows:

CORE Package:

i. Curative care for common illnesses (including first aid and provision of essential medicines)

ii. EPI (plus) services
iii. Integrated Management of Neonatal and Childhood Illness
iv. Nutrition advice/ services
v. Prenatal and postnatal care
vi. Birth preparedness counseling
vii. Newborn care
viii. Treatment of diseases like malaria, Tuberculosis, Hypertension, Diabetes and skins infection including scabies etc.
ix. Family Planning counseling and services including IUD insertion and removal services
x. Information and Education for Empowerment and Change (Family members, pregnant women, parents, traditional care providers etc)
xi. Training and management support for community based lady health workers

Additional/ Optional Services:

i. 24/7 Basic EmONC services only if transportation and referral to higher level is available and can be ensured
ii. Obstetrical care
iii. Laboratory support for antenatal care
iv. Promotion of Iodized salt
v. STI including HIV/AIDS counseling and referral
vi. Psychological rehabilitation
vii. Physical rehabilitation

RHC Level Package:

34. This is envisaged as a health facility, which is open 24/7 and staffed by medical doctors. The envisaged catchment's population of this health facility is around 12,000-40,000. This facility will also provide management support to the attached BHUs.

35. The minimum service package required at this level of care is proposed as follows:

CORE Package:

i. Curative care for common illnesses (including first aid and provision of essential medicines)
ii. EPI (plus) services
iii. Integrated Management of Neonatal and Childhood Illness
iv. Nutrition advice/ services
v. Prenatal and postnatal care
vi. Birth preparedness counseling;
vii. 24/7 Basic EmONC services including handling normal deliveries and availability of interventions for minor complications of delivery/ post abortion care
viii. Newborn care including resuscitation
ix. Comprehensive Family Planning counseling and services (including referral services for surgical contraceptive services)
x. STI including HIV/AIDS counseling and services
xi. 24/7 Transportation (Ambulance) services
xii. Diagnostic and Treatment of diseases like malaria, Tuberculosis, Hypertension, Diabetes and skins infection including scabies etc.
xiii. Diagnostic services: lab and radiology
xiv. Dental care services
xv. Information and Education for Empowerment and Change (Family members, pregnant women, parents, traditional care providers etc)
xii. Training and management support for community based lady health workers

Additional/ Optional Services:

i. Advanced laboratory services
ii. Blood bank, Blood screening and transfusion services
iii. Promotion of Iodized salt
iv. Minor surgical operations
v. Mental health services / Psychological rehabilitation
vi. Physical rehabilitation
vii. Training of midwives

Referral (THQ/DHQ) Hospital Level Package:

36. This is envisaged as a hospital, which is open 24/7 and staffed by medical doctors and specialists. The envisaged catchment's population of THQ hospital is around 100,000 to 300,000, whereas for DHQ hospital, the catchment's population will be around 300,000 or above.

37. In addition to Core and additional services offered at RHC level facility, the following services will be implemented:

i. Medical, surgical, pediatric and gynecological and anesthesia - specialized services in all THQH. In addition to specialized services essential for all THQH, at least specialized services for ENT, ophthalmologic and cardiology would be ensured in all DHQH.
ii. Diagnostic services including lab & radiology
iii. Comprehensive EmOC services including post-abortion care
iv. Newborn care including incubator care
v. Therapeutic feeding centers
vi. Comprehensive family planning services including surgical sterilization services for men and women
vii. Training of health care providers and paramedics

Tertiary Care Level Package:

38. In addition to Core and additional services offered at Referral level hospital, the following services will be implemented:

i. Support & delivery of all services offered at DHQ and THQ hospital level
ii. All specialties including Plastic and reconstructive surgery
iii. All diagnostic services
iv. Training of medics and paramedics
v. Physical rehabilitation services including prosthesis

39. At **Community level**, the following additional services will be implemented mainly through Lady health workers:

i. Psychosocial support
ii. EPI services
iii. Provision of clean delivery kits, Hygiene & Sanitation kits, Nutrition supplementation and First aid etc

Management Mechanism

40. Management arrangements for reconstruction and rehabilitation will be outlined by ERRA. The roles and responsibilities of key stakeholders include:

- Preparation of standardized lists and specifications for the equipment & furniture items will be the responsibility of DoH. Provincial/ State Earthquake Reconstruction Agency (PERRA) will provide technical assistance.
- Size, site identification and selection and handling site for reconstruction and retrofitting will be the responsibility of District Health Office. The District Health Office will also be responsible for taking charge of reconstructed/repaired health facilities.
- Concerned District Health Offices will prepare annual reconstruction plans involving communities. District Reconstruction Units (DRU) will assist in the task. District Advisory Committees will review the plans. Implementation responsibilities will be agreed in the annual plan.
- Contract packaging, contracting and overseeing the implementation of the contract will be the responsibility of District Reconstruction Unit with an oversight by PERRA.
- PERRA will review and consolidate projects with Departments of Health.
- Supervised construction and retrofitting including seismic safety would be the responsibility of contracted structural engineering firm.
- PERRA will implement major projects after review and approval by Steering Committees.
- ERRA would be responsible for coordinating, ensuring availability of adequate financing for timely reconstruction and repair. In addition, ERRA would also be responsible for donor coordination, financial management and annual audit.
- ERRA will review and get endorsement of plans from ERRA Council and accordingly funds will be released to the concerned implementing agency.
- Ministry of Health will be responsible for ensuring provision of essential health care services during the interim period with support of 'Transition Cell' in ERRA and in collaboration with Departments of Health and other stakeholders. Departments of Health will be responsible for development of options for improvement of management of health care delivery system.

Monitoring and Evaluation

41. ERRA will set the standards for monitoring requirements for all levels. DRU and PERRA will undertake routine monitoring in collaboration with Departments of Health and District Health Offices. ERRA will engage external structural engineering firm's services to monitor progress and implementation of standards.

Chapter III
PROJECT INPUTS

A. Civil Works including Equipment and Material

42. Civil work along with provision of furniture and equipments would be the major input during Reconstruction and Rehabilitation phase. Reconstruction of about 237 health facilities/ hospitals and retrofitting of 105 health facilities/ hospitals[4] would be completed during next three years. Structural assessment for seismic safety of additional 110 non-damaged health facilities of eight districts would be carried out to recommend retrofitting. District wise details of required civil works is as following:

Table 4: District wise details of Civil Works in AJK

District	Health Facilities & other Health Buildings		
	Type	Require reconstruction	Require repair & seismic retrofitting
Muzafarabad including Neelum Valley	DHQH	2	1
	THQH	1	-
	RHC/CH	5	1
	BHU	44	12
	CD	16	1
	Other HF	1	-
	Other health buildings	1 DGHS and 1 DHO office+ 1 Nursing school + 1 paramedic school + 1DHDC	-
Poonch	DHQH	1	-
	THQH	1	1
	RHC/CH	9	2
	BHU	5	13
	CD	1	2
	Other HF	-	-
	Other health buildings	1 DHO office+1 Nursing School	-
Bagh	DHQH	1	0
	THQH	2	0
	RHC/CH	3	3
	BHU	22	5
	CD	7	4
	Other HF	1	0
	Other health buildings	1 DHO office+1 DHDC	-

Table 5: District wise details of Civil Works in NWFP

District	Health Facilities & other Health Buildings		
	Type	Requiring Reconstruction	Require repair & seismic retrofitting
Abbottabad	DHQH/ Teaching Hosp	-	1
	THQH	-	-
	RHC/CH	-	-

[4] The exact number, site and phasing of health facilities for reconstruction and retrofitting may change based on rationalization exercise at district level.

	BHU	2	1
	CD	8	7
	Other HF	3	2
	Other health buildings	1 EDO(H) office	-
Mansehra	DHQH	1	-
	THQH	2	-
	RHC/CH	9	1
	BHU	18	7
	CD	4	-
	Other HF	2	-
	Other health buildings	1 EDO(H) office+1 nursing school	-
Batagram	DHQH	1	-
	THQH	2	-
	RHC/CH	4	-
	BHU	16	9
	CD	5	-
	Other HF	-	-
	Other health buildings	1 EDO(H) office	-
Kohistan	DHQH	-	-
	THQH	-	-
	RHC/CH	4	1
	BHU	3	14
	CD	-	-
	Other HF	-	-
	Other health buildings	-	1 EDO(H) office
Shangla	DHQH	1	-
	THQH	2	-
	RHC/CH	3	-
	BHU	8	9
	CD	2	7
	Other HF	-	-
	Other health buildings	1 EDO(H) office	-

43. Procurement of equipments, furniture items and supplies would be part of the project; however any recurrent cost for maintenance etc would be met from regular district health budget. Provincial Earthquake Reconstruction Agency (PERRA) in consultation with Departments of Health and ERRA will issue operational guidelines related to specification and number of equipment, furniture and supplies required for different level of health care facilities. Ambulance from DHQ to RHC level may also be procured (as per DOH norms) under the project, if not available. Vehicles badly damaged (un-repairable) during the earthquake may also be replaced. Medicines will not be procured under the project; rather their availability will be ensured through procurement from the existing health budget for the district or under transition health relief activities.

44. Specialized equipments and prosthetics etc may be procured for the rehabilitation of disabled.

Prioritization and Phasing of the Reconstruction Work

45. The Reconstruction and Rehabilitation work of health sector in earthquake-affected areas will be completed up to June 2009, in three phases. Different projects will start based on prioritization

exercise considering needs for health services, utilization rate, staff availability, geographical rationalization & accessibility and time required for the construction work etc.

46. While developing schemes for the construction and repair work of health facilities/ hospital, training schools and offices etc, the following criteria must be considered:

    a. All of the following health buildings in eight earthquake affected districts shall be assessed for Seismic requirements:

        i. New buildings
        ii. Damaged buildings
            - Damaged buildings requiring major repairs
            - Damaged buildings requiring minor repairs
        iii. Building which have suffered no damage during the earthquake

        Structural assessment for seismic safety of non-damaged health facilities in earthquake-affected districts would be carried out followed by retrofitting. A recognized structural engineering firm/ consultant shall assess all seismic requirements. The additional cost required for making seismic safe buildings shall be included in the proposals.

    b. Priority shall be given to those health facilities, which have above average health facility utilization rate. There is no definitive threshold for utilization, as this will vary from context to context, and often from season to season. However, it usually increases significantly among disaster-affected populations. Among stable populations, utilization rates are approximately 0.5-1.0 new consultations/person/year. Among displaced populations, an average of 4.0 new consultations/person/year may be expected. If the rate is lower than expected, it may indicate inadequate access to health facilities e.g. due to insecurity or poor capacity of health services. If the rate is higher, it may suggest over-utilization due to specific public health problems (e.g. infectious disease outbreak), or underestimation of target population. In analyzing utilization rates, consideration should be given to gender, age, disability etc to ensure that vulnerable groups are not under-represented.

    c. Schemes for those facilities shall be developed earlier where required health staff is already available or may be taken on board by the time reconstruction work completes. In case staff is not available, staff recruitment plan must be attached in the proposed scheme.

    d. Preferably, one primary health care scheme will consist of a cluster of one RHC and 4-6 BHUs, as this would help in establishing linkages in future. Geographical rationalization of health facility will be considered based on catchment's population, accessibility, and health facility utilization rate. This will need up-gradation of few BHUs into RHC and de-emphasizing of some BHUs/ health facilities. This may need geographical mapping of all health facilities.

    e. In other cases, scheme for RHC level health facility shall be generally preferred to BHU level health facility. Schemes for THQ and DHQ hospitals should also be prioritized, as these schemes will take longer time for completion. Management offices and district establishments also needs to be prioritized.

    f. Individual schemes for First Aid Post, MCH centers and TB centers etc should not be encouraged; rather these should be part and parcel of primary health care facilities. Similarly dispensaries included in the reconstruction plan to be converted into BHU or RHC according to the need of people, accessibility and utilization.

    g. No new health facility scheme would be included; rather such proposals could be initiated under regular development activities of departments of health/ district government. However

one facility may be shifted to another suitable area in the same Union Council along with staff support etc.

h. The following is the indicative phasing for developing schemes for the reconstruction and rehabilitation work.

Table 6: Phasing for Start of Reconstruction Work in AJK

Districts	Type of H.O.	2006-07 (Phase I)		2007-08 (Phase II)		2008-09 (Phase III)	
		Recon	Repair	Recon	Repair	Recon	Repair
AJK							
Muzaffarabad including Neelum Valley	DHQH	2	1	-	-	-	-
	THQH	1	-	-	-	-	-
	RHC/CH	5	1	-	-	-	-
	BHU	6	12	38	-	-	-
	CD	-	-	-	-	16	1
	Other HF	1	-	-	-	-	-
	Other HO	3	-	2	-	-	-
Poonch	DHQH	1	-	-	-	-	-
	THQH	1	-	-	1	-	-
	RHC/CH	9	2	-	-	-	-
	BHU	-	13	5	-	-	-
	CD	-	-	-	-	1	2
	Other HF	-	-	-	-	-	-
	Other HO	2	-	-	-	-	-
Bagh	DHQH	1	-	-	-	-	-
	THQH	2	-	-	-	-	-
	RHC/CH	3	3	-	-	-	-
	BHU	-	5	22	-	-	-
	CD	-	-	-	-	7	4
	Other HF	1	-	-	-	-	-
	Other HO	1	-	1	-	-	-
Sub Total AJK		**39**	**37**	**68**	**1**	**24**	**7**

Table 7: Phasing for Start of Reconstruction Work in NWFP

Districts	Type of H.O.	2006-07 (Phase I)		2007-08 (Phase II)		2008-09 (Phase III)	
		Recon	Repair	Recon	Repair	Recon	Repair
NWFP							
Abbottabad	Teach Inst.	-	1	-	-	-	-
	DHQH	-	-	-	-	-	-
	THQH	-	-	-	-	-	-
	RHC/CH	2	1	-	-	-	-
	BHU	-	7	8	-	-	-
	CD	-	-	-	-	3	2
	Other HF	-	-	1	-	-	-
	Other HO	1	-	-	-	-	-

Mansehra	DHQH	1	-	-	-	-	-
	THQH	1	-	1	-	-	-
	RHC/CH	9	1	-	-	-	-
	BHU	3	7	15	-	-	-
	CD	-	-	-	-	4	-
	Other HF	-	-	2	-	-	-
	Other HO	2	-	-	-	-	-
Batagram	DHQH	1	-	-	-	-	-
	THQH	1	-	1	-	-	-
	RHC/CH	4	-	-	-	-	-
	BHU	-	9	16	-	-	-
	CD	-	-	-	-	5	-
	Other HF	-	-	-	-	-	-
	Other HO	1	-	-	-	-	-
Kohistan	DHQH	-	-	-	-	-	-
	THQH	-	-	-	-	-	-
	RHC/CH	4	1	-	-	-	-
	BHU	-	14	3	-	-	-
	CD	-	-	-	-	-	-
	Other HF	-	-	-	-	-	-
	Other HO	-	1	-	-	-	-
Shangla	DHQH	1	-	-	-	-	-
	THQH	2	-	-	-	-	-
	RHC/CH	3	-	-	-	-	-
	BHU	-	9	8	-	-	-
	CD	-	-	-	-	2	7
	Other HF	-	-	-	-	-	-
	Other HO	1	-	-	-	-	-
Sub Total NWFP		**37**	**51**	**55**	**0**	**14**	**9**
GRAND TOTAL:		**76**	**88**	**123**	**1**	**38**	**16**

47. Procurement of equipments, furniture items, vehicles and supplies would be part of the project/ PC-1; however any recurrent cost for maintenance etc would be met from regular district health budget.

B. Rehabilitation program for the disabled:

48. The need for rehabilitation for the disabled will be an ongoing priority and work will be closely coordinated with MoH and Ministry of Social Welfare for rehabilitation of disabled in the society. The strategy includes meeting all needs for provision of rehabilitative services, provision of supportive/ assistive devices and facilitating the disabled into the society.

    a. Detailed assessment for a rehabilitation program for disabled would be carried out followed by development of an implementation plan. Strategic Planning for this will consider the need for up-grading hospitals for handicapped in Rawalpindi/ Islamabad/ Peshawar/Abbottabad, with further expansion of these services in the existing public or private hospitals of Abbottabad/Mansehra and Muzafarabad etc, considering easy access to majority of disabled patients.
    b. Strategic planning will also guide the development of community based rehabilitative programs and public awareness campaigns.
    c. ERRA would ensure improved access for disabled in all public buildings especially health facilities and hospitals by appropriate design to meet standards.

C. Provision of health care services and disease control

49. During reconstruction and rehabilitation phase, a 'Transition Cell', within ERRA would be established for coordination of relief activities including provision of essential health services, till the system is rebuilt.

    a. ERRA will coordinate with MOH at federal level, Provincial/State DoH and District Health Offices to ensure provision of essential health care services and measures for disease control and prevention of epidemics during the reconstruction phase. MoH will act as a nodal ministry for provision of these services whereas DoH and District Health Offices will be responsible for implementation.
    b. Focus would also be on the preventive and primary health care services, public awareness/health promotion campaigns and capacity building of the health care providers based on the needs of the population. Collaboration with NGOs and private sector would be a continuing activity for ensuring provision of a standard package of health services in support to district and provincial authorities.
    c. ERRA will coordinate with MoH/ DoH for establishing a mobile health unit mechanism for those areas where routine health services are lacking.

D. Technical Assistance/ Consulting services

50. The technical assistance/ consulting services would be required to strengthen existing implementing agencies for quick processing of schemes. TA would be required to strengthen/ establishment of Information, Planning and Development (IPD) Wing in AJK and NWFP and district offices of earthquake affected areas. The scope of work this technical assistance would be:

    - To play institutionalizing role and involvement of all stakeholders in health planning and management
    - Developing principles and guidelines for planning the reconstruction and rehabilitation of health care system in earthquake affected districts
    - Developing a master plan covering all relevant health sector issues for all affected districts and for each hospital

51. The technical assistance/ consulting services include provision of domestic and international consultants. Identified technical assistance each for AJK & NWFP especially for health sector is as following:

    - Civil Engineering: The construction and repair work is of critical nature as the building needs to be seismically safe and is only possible when from the design stage to completion of reconstruction proper engineering technical assistance is available. Such services would also be required for seismic retrofitting in those buildings, which have been damaged during the earthquake.

    - Architecture: All the districts and provincial/ state health offices would need the services of Architectural designer. Initial generic designing work of health facilities is being done Peshawar University in collaboration with Health Sector Reform Unit, NWFP. However TA would be required while preparing individual maps for health schemes.

    - Development of health projects: A number of health schemes are to be developed in relatively shorter period of time. Already there is a shortage of such experts in the earthquake-affected areas. Deaths of health staff have aggravated the situation. Therefore technical assistance would be required not only for development of health projects but also for supervision activities.

    - Procurement: In health sector, a major task would be the procurement of equipments, medicines and supplies etc. Proper development of specification of items especially that of electronic items is very important as the technology is changing vary rapidly and

identification of proper type of electronic item is an important task to be performed before actual procurement. For such activities, technical assistance would be required.

- IT/ HMIS/ GIS: For proper planning and geographical rationalization of health facilities, mapping of health facilities with latest GIS techniques would be a useful exercise and could help in linking health information database with GIS later on.

- Rehabilitation of Disabled: For proper strategic planning of rehabilitation program for earthquake affected areas, technical assistance would be required in the first year, followed by implementation on the plan in the next year.

- Emergency preparedness and disaster management strategy: The health sector in Pakistan has inadequate arrangements to respond to emergencies and disasters needing health care actions. It will be important to learn lessons from the disaster response and put in a system, which can initiate a well-coordinated response and disaster relief efforts at the earliest. This would need a full review of the present mechanism, lessons learnt from the existing relief efforts, building capacity of the health sector and devising an institutional arrangement/ strategic plan in the health sector.

52. **TA Requirements at ERRA office/ Ministry of Health**:

International Consultant Staff

- 1 Expert, Health System Planning, 3 Person Months (PM)
- 1 Expert, Strategic Planning for Rehabilitation Program for disabled, 6 PM
- 1 Disaster Management Expert for Health Sector 6 PM

Domestic Consultant Staff

- 1 Expert, Health System Planning, 24 PM
- Architect/ Engineer (As part of overall TA for ERRA to develop policy guidelines)
- 1 Procurement/ Logistic Expert 4 PM
- 1 HMIS/IT/GIS Expert 24 PM
- Other as per requirements 12 PM

53. **TA Requirements each at AJK and NWFP Reconstruction Agency/ Departments of Health**:

International Consultant Staff

- 1 Disaster Management Expert for Health Sector 6 PM

Domestic Consultant Staff

- 1 Expert, Health System Planning, 24 PM each
- 1 Architect/ Engineer 24 PM
- 1 Procurement/ Logistic Expert 24 PM
- 1 Biomedical engineer 3 PM
- 1 HMIS/IT/GIS Expert 24 PM
- 2 Facilitators/ Supervisors 12 PM
- Other as per requirements 12 PM

54. **TA Requirements each at District Reconstruction Units/ District Health Offices (8 districts)**:

Domestic Consultant Staff

- 1 Expert, Health System Planning, 24 PM
- Architect/ Engineer (As a part of TA to District Reconstruction Unit)
- 1 IT/HMIS/GIS Expert 24 PM

- 1 District Facilitator/ supervisor 12 PM
- Other as per requirements 12 PM

55. In addition, further technical assistance/ consulting services needs would be identified for assessment studies and on issues faced during developing, implementing, monitoring and evaluating health schemes. TA would be arranged in collaboration with development partners. Since the reconstruction and rehabilitation work must be completed preferably within 36 months due to the nature of the Project, expeditious selection and fielding of consultants is necessary. Accordingly, qualified and existing consulting services on the ground should be extended and retrofitted to address emergency needs, provided that these consultants meet the following criteria:

    i. appropriate expertise for the proposed assignment,
    ii. capacity for immediate mobilization, and
    iii. satisfactory performance in previous projects.

56. This arrangement will provide an efficient way to recruit consultants under the circumstances. Consulting services from firms will also be provided through quality- and cost-based selection using simplified technical proposals.

E. Training

57. Although training is basically a development subject but some of the key trainings are required for proper implementation of ERRA strategy. The management capacity in health system can be build through in-service training for effective implementation. Considering life loss of senior health managers, the need for such training would be a critical factor during implementation. Specific trainings are required for capacity building of district and provincial staff. Some of the required trainings are as following:

    - Training on Planning, budgeting and management including human resource management
    - Training on Procurement procedures including Logistic management
    - Training on Project development
    - Training on Financial management
    - Training on Disaster management
    - Training on supervision of construction work
    - Training on Rehabilitation of disabled

58. Development partners will be requested to organize these training courses in collaboration with/ technical assistance from international and national institutes/ organizations etc.

59. **Summary Physical Targets:**

    - Reconstruction of **237** health facilities/ hospitals.
    - Repair and Retrofitting of **105** health facilities/ hospitals. Assessment of about **110** health facilities (not damaged) for safety and seismic retrofitting of the recommended health facilities.
    - Construction of **1** DGHS office and **7** district health offices. Repair of **1** district health office.
    - Construction of **2** Nursing Schools and **3** training centers/ paramedical schools.
    - Provision of equipment, furniture to **all** mentioned above health outlets.
    - Establishment of "**Transition Cell**" within ERRA for continuation of relief services including health till the completion of Reconstruction and Rehabilitation phase.
    - **Strategic plan for Rehabilitation services of disabled** and **up gradation of selected hospitals** for provision of services for disabled along with community rehabilitative program.
    - Strengthening of **health system management** through consulting services, provision of technical assistance and capacity building of staff.
    - **Strategic plan for Emergency preparedness** and disaster management.

Physical Targets (2006-09)

Reconstruction/ Repair & Up-gradation of health outlets start with provision of equipments/furniture:

	2006-07		2007-08		2008-09		Total
	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	(2006-09)
Referral hospitals	3	1	0	0	0	0	4
RHC/CH	5	1	0	0	0	0	6
BHU/CD	6	12	38	0	16	1	73
Other health facilities	1	0	0	0	0	0	1
Other health outlets	3	0	2	0	0	0	5
Sub-total: Muzaffarabad including Neelum	18	14	40	0	16	1	89
Referral hospitals	2	0	0	1	0	0	3
RHC/CH	9	2	0	0	0	0	11
BHU/CD	0	13	5	0	1	2	21
Other health facilities	0	0	0	0	0	0	0
Other health outlets	2	0	0	0	0	0	2
Sub total: Poonch	13	15	5	1	1	2	37
Referral hospitals	3	0	0	0	0	0	3
RHC/CH	3	3	0	0	0	0	6
BHU/CD	0	5	22	0	7	4	38
Other health facilities	1	0	0	0	0	0	1
Other health outlets	1	0	1	0	0	0	2
Sub-total: Bagh	8	8	23	0	7	4	50
TOTAL: AJK	39	37	68	1	24	7	176
Referral hospitals	0	1	0	0	0	0	1
RHC/CH	2	1	0	0	0	0	3
BHU/CD	0	7	8	0	3	2	20
Other health facilities	0	0	1	0	0	0	1
Other health outlets	1	0	0	0	0	0	1
Sub total: Abbottabad	3	9	9	0	3	2	26
Referral hospitals	2	0	1	0	0	0	3
RHC/CH	9	1	0	0	0	0	10
BHU/CD	3	7	15	0	4	0	29
Other health facilities	0	0	2	0	0	0	2
Other health outlets	2	0	0	0	0	0	2
Sub-total: Mansehra	16	8	18	0	4	0	46
Referral hospitals	2	0	1	0	0	0	3
RHC/CH	4	0	0	0	0	0	4
BHU/CD	0	9	16	0	5	0	30
Other health facilities	0	0	0	0	0	0	0
Other health outlets	1	0	0	0	0	0	1
Sub-total: Batagram	7	9	17	0	5	0	38
Referral hospitals	0	0	0	0	0	0	0
RHC/CH	4	1	0	0	0	0	5
BHU/CD	0	14	3	0	0	0	17
Other health facilities	0	0	0	0	0	0	0
Other health outlets	0	1	0	0	0	0	1
Sub-total: Kohistan	4	16	3	0	0	0	23
Referral hospitals	3	0	0	0	0	0	3
RHC/CH	3	0	0	0	0	0	3
BHU/CD	0	9	8	0	2	7	26
Other health facilities	0	0	0	0	0	0	0
Other health outlets	1	0	0	0	0	0	1
Sub-total: Shangla	7	9	8	0	2	7	33
TOTAL: NWFP	37	51	55	0	14	9	166
GRAND TOTAL:	76	88	123	1	38	16	342
	22.2%	25.7%	36.0%	0.3%	11.1%	4.7%	

Health outlets include one district health office in each quake-affected district, one AJK-DGHS office and five training schools/ centers. For details see annexure. Eight new health outlets have been proposed by districts (Batagram and Shangla) but these would be part of routine development plan.

Financial Outlay (2006-10)

District-wise Budget for Reconstruction of Health Outlets:

Rs. in million

	2006-07		2007-08		2008-09		2009-10		Total
	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	(2006-10)
Muzaffarabad including Neelum	619.963	214.000	1019.963	156.000	849.963	3.500	80.111	1.500	2945.000
Poonch	406.651	126.000	456.651	94.000	216.651	47.000	5.049	3.000	1355.000
Bagh	334.979	87.500	564.979	37.500	479.979	14.000	35.065	6.000	1560.000
Sub-total AJK	**1361.592**	**427.500**	**2041.592**	**287.500**	**1546.592**	**64.500**	**120.224**	**10.500**	**5860.000**
Abbottabad	60.000	201.500	175.000	163.500	130.000	7.000	15.000	3.000	755.000
Mansehra	486.646	66.500	759.974	28.500	504.974	0.000	73.408	0.000	1920.000
Batagram	271.651	63.000	484.979	27.000	399.979	0.000	78.393	0.000	1325.000
Kohistan	100.000	122.500	130.000	52.500	30.000	0.000	0.000	0.000	435.000
Shangla	299.979	63.000	379.979	27.000	304.979	24.500	10.065	10.500	1120.000
Sub Total NWFP	**1218.275**	**516.500**	**1929.931**	**298.500**	**1369.931**	**31.500**	**176.865**	**13.500**	**5555.000**
TOTAL:	**2579.867**	**944.000**	**3971.523**	**586.000**	**2916.523**	**96.000**	**297.089**	**24.000**	**11415.000**
Contingencies @ 5%:	128.993	47.200	198.576	29.300	145.826	4.800	14.854	1.200	570.750
GRAND TOTAL:	**2708.860**	**991.200**	**4170.099**	**615.300**	**3062.349**	**100.800**	**311.943**	**25.200**	**11985.750**
	22.6%	8.3%	34.8%	5.1%	25.5%	0.8%	2.6%	0.2%	

- Cost estimated for Reconstruction/ Repair & Up-gradation of health outlets (destroyed/ damaged only) with provision of equipments, furniture items and supplies.
- All recurrent costs will be borne by the respective departments of health and district government.

Health Outlet-wise Budget for Reconstruction:

Rs. in million

	2006-07		2007-08		2008-09		2009-10		Total	
	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	Reconstruction	Repair/ Upgradation	(2006-10)	
Hospitals	746.592	112.500	746.592	152.500	746.592	40.000	0.224	0.000	2545.000	43.4%
RHC/CH	425.000	105.000	425.000	45.000	0.000	0.000	0.000	0.000	1000.000	17.1%
BHU/CD	60.000	210.000	710.000	90.000	770.000	24.500	120.000	10.500	1995.000	34.0%
Other health facilities	70.000	0.000	70.000	0.000	0.000	0.000	0.000	0.000	140.000	2.4%
Other health outlets	60.000	0.000	90.000	0.000	30.000	0.000	0.000	0.000	180.000	3.1%
Sub Total: AJK	**1361.592**	**427.500**	**2041.592**	**287.500**	**1546.592**	**64.500**	**120.224**	**10.500**	**5860.000**	
Hospitals	588.275	135.000	694.931	135.000	694.931	0.000	106.865	0.000	2355.000	42.4%
RHC/CH	550.000	52.500	550.000	22.500	0.000	0.000	0.000	0.000	1175.000	21.2%
BHU/CD	30.000	322.000	530.000	138.000	570.000	31.500	70.000	13.500	1705.000	30.7%
Other health facilities	0.000	0.000	105.000	0.000	105.000	0.000	0.000	0.000	210.000	3.8%
Other health outlets	50.000	7.000	50.000	3.000	0.000	0.000	0.000	0.000	110.000	2.0%
Sub Total NWFP	**1218.275**	**516.500**	**1929.931**	**298.500**	**1369.931**	**31.500**	**176.865**	**13.500**	**5555.000**	
TOTAL:	**2579.867**	**944.000**	**3971.523**	**586.000**	**2916.523**	**96.000**	**297.089**	**24.000**	**11415.000**	
Contingencies @ 5%:	128.993	47.200	198.576	29.300	145.826	4.800	14.854	1.200	570.750	
GRAND TOTAL:	**2708.860**	**991.200**	**4170.099**	**615.300**	**3062.349**	**100.800**	**311.943**	**25.200**	**11985.750**	

Summary Year-wise Budget for Reconstruction and Rehabilitation of Health Sector:

Strategy	2006-07	2007-08	2008-09	2009-10	Rs. in million Total (2006-10)	$ in million Total (2006-10)
Reconstruction & Rehabilitation of Health Outlets	3700.060	4785.399	3163.149	337.143	11985.750	199.763
Assessment and retrofitting of un-damaged health outlets	25.000	410.000	1300.000	700.000	2435.000	40.583
Rehabilitation Program for disabled	185.000	310.000	255.000	55.000	805.000	13.417
Provision of preventive programs and services **	310.000	980.000	810.000	35.000	2135.000	35.583
Technical assistance	400.000	400.000	40.000	10.000	850.000	14.167
Monitoring and evaluation	2.000	16.000	80.000	22.000	120.000	2.000
TOTAL:	4622.060	6901.399	5648.149	1159.143	18330.750	305.513

****: Major financing for preventive and curative services would be through routine budgets of Ministry of Health/ Departments of Health and District Governments; however for expansion of such services or introduction of new services ERRA will ensure provision of required resources.**

Annexure

Implementation Plan: **Annexure -I**

Strategy	Activities	Institution responsibility	Time Period	Remarks
Reconstruction, rehabilitation and reequipping of health facilities	1. Provision of technical assistance for development of schemes	AJK/ NWFP Steering Committee, ERRA and development partners	April 2006 to June 2008	
	2. Development of health schemes for reconstruction, rehabilitation and reequipping of hospitals (Tertiary and Secondary hospitals)	Provincial Reconstruction Agency	March 2006 to Dec 2008	Health schemes (seismically safe) for all DHQ and THQ hospitals should be preferred in the first year. Minimum essential service package to be considered while preparing schemes. Improved access for disabled in public buildings by appropriate design. Proper mechanism for provision of safe water and sanitation services especially in waiting areas.
	3. Development of health schemes for reconstruction, rehabilitation and reequipping of primary health facilities (RHCs and BHUs) and other health outlets	District Reconstruction Unit	March 2006 to Dec 2008	Schemes would be prepared cluster wise (one RHC and 4-5 BHUs). MCH unit, TB centers and First Aid Post etc would be a part of PHC facility. Minimum essential service package to be considered while preparing schemes. Improved access for disabled in public buildings by appropriate design. Proper mechanism for provision of safe water and sanitation services especially in waiting areas.

Strategy	Activities	Institution responsibility	Time Period	Remarks
	4. Recommendations/ Approval of proposed district health schemes	District Advisory Committee	On monthly basis till Dec 2008	
	5. Review, consolidation and approval of all health schemes considering laid down criteria	NWFP and AJK Reconstruction Agency and Steering Committee	On quarterly basis	Project up to Rs. 5 billion (if foreign exchange is not involved) to be approved by Steering Committees at provincial level. Donor funded projects will be approved considering rules as agreed by EAD and ERRA
	6. Endorsement of ERRA Council and release of funds for approved health schemes including donor coordination for donor sponsored schemes	ERRA	On quarterly basis	
Rehabilitation program and improving access for the disabled	1. Development of Rehabilitation Strategic document and Scheme for the disabled	NWFP/AJK Reconstruction Agency	2006	Development partners to provide technical assistance to Ministry and Departments of Health in NWFP and AJK
	2. Review and approval of Rehabilitation Scheme	NWFP and AJK Steering Committee	2006	
	3. Release of funds for approved health schemes including donor coordination for donor sponsored schemes	ERRA	2006 - 2009	
Strengthening health system management:	1. Provision of technical assistance for development of schemes	AJK/ NWFP Steering Committee, ERRA and development partners	March 2006 to June 2009	

Strategy	Activities	Institution responsibility	Time Period	Remarks
	2. Development of strengthening of health system management schemes.	NWFP/AJK Reconstruction Agency in collaboration with District Reconstruction Units	March 2006 to Dec 2008	Health offices schemes (seismically safe) to be prepared district wise. Needs for establishment offices, training schools/ centers, warehouses / district stores and offices of priority projects in the districts to be considered in one district package. Improved access for disabled in public buildings by appropriate design. Proper mechanism for provision of safe water and sanitation services especially in waiting areas.
	3. Review and approval of Rehabilitation Scheme	NWFP and AJK Steering Committee	2006-2009	
	4. Release of funds for approved health schemes including donor coordination for donor sponsored schemes	ERRA	2006 - 2009	
	5. Development of staff recruitment plan up to grade 16 and below, against the vacant positions	District Health Offices	April 2006	
	6. Development of staff recruitment plan for grade 17 and above, against the vacant positions	NWFP/ AJK Health Department	April 2006	
	7. Implementation of district / provincial staff recruitment plans	Respective health offices	2006	
	8. Review of implementation of staff recruitment plans	NWFP and AJK Steering Committee	On quarterly basis	
	9. Provision of technical assistance to fill short-term senior level staff position required in special circumstances.	ERRA and Development partners	April 2006-2008	

Strategy	Activities	Institution responsibility	Time Period	Remarks
	10. Specialized training for capacity building of health staff	ERRA, Development Partners, MoH and DOH	2006-2008	
Emergency preparedness and disaster management at the federal, provincial and district level	1. Provide technical assistance for preparation of Emergency preparedness and disaster management plans at different levels.	ERRA along with development partners and in consultation with line ministry/ departments and offices.	2006	
	2. Finalization of Health-Emergency preparedness and disaster management plans	MoH, DOH and District health offices	2007	
	3. Incorporation of Health plan into over all Disaster Management Plan and actions for implementation	Relevant agencies	2007-09	
Provision of Preventive and Primary Health Care Services	1. Preparation of Plan of actions for expansion of preventive and primary health care programs with emphasis of activities in earthquake affected areas including development of Surveillance plan	Respective developmental-preventive health programs, MoH and DOH	March 2006	
	2. Implementation on Plans	Respective developmental-preventive health programs, MoH and DOH	2006-09	
	3. Review and monitoring of plans	MOH and DOH	On quarterly basis	

Annexure –II

Damaged Health Outlets in Earthquake affected Districts of NWFP

S.No.	District	Health Outlet	Tehsil	UC	Village	Damages (fully/ partially)	Catchment Population	Pledges for Reconstruction			Prefeb	Health Outlet Proposed to be reconstructed as	Proposed Phase
								Sponsor	Grant	Loan			
1.1	Mansehra	DHQ Hospital	Mansehra	Mansehra	Manshera	Fully	1,393,697					DHQ Hospital	I
1.2	Mansehra	Tehsil Headquarter Hospital	Balakot	Balakot	Balakot	Fully	252,263				UNFPA-MCH+res	Tehsil Headquarter Hospital	II
1.3	Mansehra	Rural Health Center	Oghi	Oghi	Oghi	Partially	20,331	PRCS				Tehsil Headquarter Hospital	I
1.4	Mansehra	Govt. Mental & General Hospital	Manshera	Sum Elahi Mong	Dadar	Fully						Govt. Mental & General Hospital (50)	II
1.5	Mansehra	Leprosy Hospital	Balakot	Garlat	Balakot	Fully						Leprosy Hospital (10-20)	II
1.6	Mansehra	Civil Hospital	Oghi	Darband	Darband	Partially	36,069	KSA			UNFPA-MCH+res	Rural Health Center	I
1.7	Mansehra	Civil Hospital	Mansehra	Battal	Battal	Fully	33,326	PRCS			UNFPA-MCH+res	Rural Health Center	I
1.8	Mansehra	Rural Health Center	Mansehra	Chattar Plain	Chattar Plain	Fully	16,591	KSA			UNFPA-MCH+res	Rural Health Center	I
1.9	Mansehra	Rural Health Center	Mansehra	Lassan Nawab	Lassan Nawab	Partially	18,291					Rural Health Center	I
1.10	Mansehra	Rural Health Center	Mansehra	Shankiari	Shinkiari	Fully	21,500	KSA				Rural Health Center	I
1.11	Mansehra	Rural Health Center	Mansehra	Shaukat Abad	Chowki	Fully	18,631	KSA			UNFPA-MCH+res	Rural Health Center	I
1.12	Mansehra	Civil Hospital	Mansehra	Devli Jaberr	Nawaz Abad	Fully	20,840	KSA			UNFPA-MCH+res	Rural Health Center	I
1.13	Mansehra	Civil Hospital	Balakot	Karnol	Ghari Habibullah	Fully	40,551	Kuwait Red Crescent S				Rural Health Center	I
1.14	Mansehra	Rural Health Center	Balakot	Kawai	Kawai	Fully	15,068	KSA			UNFPA-MCH+res	Rural Health Center	I
1.15	Mansehra	Civil Hospital	Balakot	Kaghan	Kaghan	Partially	24,637	KSA				Rural Health Center	I
1.16	Mansehra	Basic Health Unit	Oghi	Kathai	Kabbal	Fully	5,895				UNICEF	Basic Health Unit	II
1.17	Mansehra	Basic Health Unit	Oghi	Kathai	Kathai	Fully	21,152				UNFPA-MCH	Basic Health Unit	II
1.18	Mansehra	Basic Health Unit	Oghi	Oghi	Arbora	Partially	12,769					Basic Health Unit	I
1.19	Mansehra	Basic Health Unit	Oghi	Darra Shanaya	Kandar Shanaya	Partially	16,543				UNFPA-MCH	Basic Health Unit	II
1.20	Mansehra	Basic Health Unit	Oghi	Karori	Nambal	Partially	8,654					Basic Health Unit	I
1.21	Mansehra	Basic Health Unit	Mansehra	Devli Baberr	Devli	Fully	25,976	KSA				Basic Health Unit	I
1.22	Mansehra	Basic Health Unit	Mansehra	Hilkot	Hilkot	Fully	13,364	PRCS				Basic Health Unit	I
1.23	Mansehra	Basic Health Unit	Mansehra	Icherrian	Jal Gali	Fully	10,223	KSA			UNICEF	Basic Health Unit	II
1.24	Mansehra	Basic Health Unit	Mansehra	Jabori	Jabori	Fully	21,007	KSA			WHO	Basic Health Unit	II
1.25	Mansehra	Basic Health Unit	Mansehra	Pairan	Pairan Khair Abad	Partially	16,144					Basic Health Unit	I
1.26	Mansehra	Rural Health Center	Mansehra	Sachan Kalan	Sachan Kalan	Fully	19,850	KSA				Basic Health Unit	II
1.27	Mansehra	Basic Health Unit	Mansehra	Jabar Gali	Jabar Gali	Fully	16,840	KSA			UNICEF	Basic Health Unit	II
1.28	Mansehra	Basic Health Unit	Kaladhaka	Kaladhaka	Dur Mera	Fully	17,546	KSA			UNICEF	Basic Health Unit	II
1.29	Mansehra	Basic Health Unit	Kaladhaka	Kaladhaka	Mera Mada Khail	Fully	25,865	KSA			UNICEF	Basic Health Unit	II
1.30	Mansehra	Basic Health Unit	Balakot	Hangrai	Hangrai	Fully	16,298				WHO	Basic Health Unit	II
1.31	Mansehra	Basic Health Unit	Balakot	Karnol	Doga	Partially	15,495					Basic Health Unit	I
1.32	Mansehra	Basic Health Unit	Balakot	Satbani	Kot Gali	Fully	17,879					Basic Health Unit	II
1.33	Mansehra	Basic Health Unit	Balakot	Shohal Mazullah	Shohal Najaf Khan	Fully	27,583	PRCS			UNFPA-MCH	Basic Health Unit	II
1.34	Mansehra	Basic Health Unit	Balakot	Talhatta	Talhatta	Fully	22,678				UNFPA-MCH	Basic Health Unit	II
1.35	Mansehra	Basic Health Unit	Balakot	Ghanool	Sangar	Fully	12,964				WHO	Basic Health Unit	II
1.36	Mansehra	Basic Health Unit	Balakot	Kaghan	Khanian	Partially	15,322					Basic Health Unit	I
1.37	Mansehra	Basic Health Unit	Balakot	Kaghan	Naran	Partially	15,761				WHO	Basic Health Unit	II
1.38	Mansehra	Basic Health Unit	Balakot	Kawai	Bhonja	Fully	12,567					Basic Health Unit	I
1.39	Mansehra	Basic Health Unit	Balakot	Mohandri	Jaraid	Fully	20,000				WHO	Basic Health Unit	II
1.40	Mansehra	Basic Health Unit	Balakot	Talhatta	Jabri Kalish	Fully	11,243					Basic Health Unit	II
1.41	Mansehra	Civil Dispensary	Oghi		Singal Kot	Fully	8,761					Civil Dispensary	III
1.42	Mansehra	Civil Dispensary	Manshera	Panjool	Panjool	Fully	5,691					Civil Dispensary	III
1.43	Mansehra	Civil Dispensary	Balakot	Ghanool	Ghanool	Fully	21,516				WHO	Civil Dispensary	III
1.44	Mansehra	Civil Dispensary	Balakot		Lohar Banda	Fully	7,987					Civil Dispensary	III
1.45	Mansehra	Nursing/ Midwifery School	Mansehra	Mansehra	Mansehra	-	-					Nursing School	I
1.46	Mansehra	EDO(H) office	Mansehra	Mansehra	Mansehra	Fully	-					EDO(H) office	I
1.47	Mansehra	Basic Health Unit	Mansehra	Bogar Mung	Bogar Mung	Fully	-						
1.48	Mansehra	Civil Hospital	Oghi	Oghi	Oghi	Fully	-						
1.49	Mansehra	Basic Health Unit	Oghi	Kathai	Hawa Gali	Fully	-						
1.50	Mansehra	Basic Health Unit	Balakot	Ghanool	Kholian	Fully	-						
1.51	Mansehra	Basic Health Unit	Balakot	Kaghan	Rajwal	Fully	-						
1.52	Mansehra	Basic Health Unit	Balakot	Kawai	Paras	Fully	-						
1.53	Mansehra	Basic Health Unit	Balakot	Mohandri	Mohandri	Fully	-						
1.54	Mansehra	Civil Dispensary	Manshera	Hilkot	Hilkot	Fully	-						
1.55	Mansehra	Civil Dispensary	Manshera	Panjool	Jacha	Fully	-						
1.56	Mansehra	Civil Dispensary	Balakot	Kanshian	Kanshian	Fully	-						

Damaged Health Outlets in Earthquake affected Districts of NWFP

S.No.	District	Health Outlet	Tehsil	UC	Village	Damages (fully/ partially)	Catchment Population	Pledges for Reconstruction			Prefeb	Health Outlet Proposed to be reconstructed as	Proposed Phase
								Sponsor	Grant	Loan			
2.1	Batagram	DHQ Hospital	Batagram	Ajmaira	-	Fully	307,278	Japan				DHQ Hospital	I
2.2	Batagram	Rural Health Center	Batagram	Kuza Banda	Kuza Banda	Partially	35,000	Japan				Tehsil Headquarter Hospital	II
2.3	Batagram	Rural Health Center	Allai	Bana	Banna Allai	Fully	80,000	Japan				Tehsil Headquarter Hospital	I
2.4	Batagram	Basic Healh Unit	Batagram	Pishorra	Paimal Sharif	Fully	8,000	Japan			WHO	Rural Health Center	I
2.5	Batagram	Basic Healh Unit	Batagram	Shamlai	Shamlai	Fully	12,000	Japan				Rural Health Center	I
2.6	Batagram	Civil Hospital	Batagram	Thakot	Thakot	Fully	17,000	Japan				Rural Health Center	I
2.7	Batagram	Basic Healh Unit	Allai	Pashto	Pashto	Fully	6,500	Japan			WHO	Rural Health Center	I
2.8	Batagram	Basic Healh Unit	Batragram	Pishora	Shungly Payeen	Fully	9,000	Japan				Basic Healh Unit	II
2.9	Batagram	Basic Healh Unit	Batagram	Banian	Kharari	Fully	7,000	Japan				Basic Healh Unit	II
2.10	Batagram	Basic Healh Unit	Batagram	Banian	Battian	Fully	12,500	Japan			WHO	Basic Healh Unit	II
2.11	Batagram	Basic Healh Unit	Batagram	Batagram	Arghashori	Partially	10,500	Japan				Basic Healh Unit	I
2.12	Batagram	Basic Healh Unit	Batagram	Batamori	Batamori	Fully	10,500	Japan				Basic Healh Unit	II
2.13	Batagram	Basic Healh Unit	Batagram	Batmori	Joz	Fully	9,500	Japan				Basic Healh Unit	II
2.14	Batagram	Basic Healh Unit	Batagram	Koza Banda	Khair Abad	Partially	7,000	Japan				Basic Healh Unit	I
2.15	Batagram	Basic Healh Unit	Batagram	Pishora	Pomang	Partially	6,500	Japan				Basic Healh Unit	I
2.16	Batagram	Basic Healh Unit	Batagram	Rajdhari	Khatora	Fully	7,500	Japan				Basic Healh Unit	II
2.17	Batagram	Basic Healh Unit	Batagram	Rajdhari	Phagora	Partially	8,000	Japan				Basic Healh Unit	I
2.18	Batagram	Basic Healh Unit	Batagram	Tarand	Saidra Biland Kot	Fully	6,500	Japan				Basic Healh Unit	II
2.19	Batagram	Basic Healh Unit	Batagram	Thakot	Battley	Partially	7,000	Japan				Basic Healh Unit	I
2.20	Batagram	Basic Healh Unit	Batagram	Trand	Charbagh	Fully	7,500	Japan				Basic Healh Unit	II
2.21	Batagram	Basic Healh Unit	Batagram	Trand	Ghari Nawab Said	Fully	7,500	Japan				Basic Healh Unit	II
2.22	Batagram	Basic Healh Unit	Allai	Thakot	Utal Batkol	Partially	8,000	Japan				Basic Healh Unit	I
2.23	Batagram	Basic Healh Unit	Allai	Bana	Tailous	Fully	7,000	Japan				Basic Healh Unit	II
2.24	Batagram	Basic Healh Unit	Allai	Bateela	Bateela	Fully	5,500	Japan			WHO	Basic Healh Unit	II
2.25	Batagram	Basic Healh Unit	Allai	Bateela	Roop Kani	Fully	5,500	Japan				Basic Healh Unit	II
2.26	Batagram	Basic Healh Unit	Allai	Behari	Behari	Partially	9,000	Japan				Basic Healh Unit	I
2.27	Batagram	Basic Healh Unit	Allai	Jambra	Jambra	Fully	8,000	Japan				Basic Healh Unit	II
2.28	Batagram	Basic Healh Unit	Allai	Pashto	Barachar	Fully	6,500	Japan				Basic Healh Unit	II
2.29	Batagram	Basic Healh Unit	Allai	Rashang	Rashang	Fully	11,000	Japan			WHO	Basic Healh Unit	II
2.30	Batagram	Basic Healh Unit	Allai	Sakargah	Kuz Tandool	Partially	7,500	Japan			WHO	Basic Healh Unit	I
2.31	Batagram	Basic Healh Unit	Allai	Sakkargah	Sakkargah	Fully	6,500	Japan			WHO	Basic Healh Unit	II
2.32	Batagram	Basic Healh Unit	Allai	Utal Kanai	Utal Kanai	Partially	9,500	Japan				Basic Healh Unit	I
2.33	Batagram	Civil Dispensary	Batagram	Banian	Bandigo	Fully	6,000	Japan				Civil Dispensary	III
2.34	Batagram	Civil Dispensary	Batagram	Kuza Banda	Kuza Banda	Fully	85,000	Japan				Civil Dispensary	III
2.35	Batagram	Civil Dispensary	Batagram	Rajdhari	Nely Shung	Fully	6,000	Japan				Civil Dispensary	III
2.36	Batagram	Civil Dispensary	Batagram		Machai	Fully	4,500	Japan				Civil Dispensary	III
2.37	Batagram	Civil Dispensary	Allai	Bateela	Koshgram	Fully	5,000	Japan				Civil Dispensary	III
2.38	Batagram	EDO(H) offcie	Batagram	Ajmaira	-	Fully	-					EDO(H) offcie	I
2.39	Batagram	Leprosy Center	Batagram	Ajmaira	Batagram	Fully	-						
2.40	Batagram	Leprosy Centre	Allai	Bana	Allai	Fully	-						
2.41	Batagram	MCH Center	Batagram	Ajmaira	Battagram	Fully	7,000						

Proposed New Health Outlets in Earthquake affected Districts of NWFP to be part of Routine Development Plan

1	Batagram	New	Batagram	Hill	Hill	-						Basic Healh Unit	
2	Batagram	New	Batagram	Gijbara	Gijbara	-						Basic Healh Unit	
3	Batagram	New	Allai	Gantan	Gantan	-						Basic Healh Unit	
4	Batagram	New	Batagram	Ajmaira	-	-	-					Paramedical School	

Damaged Health Outlets in Earthquake affected Districts of NWFP

S.No.	District	Health Outlet	Tehsil	UC	Village	Damages (fully/ partially)	Catchment Population	Pledges for Reconstruction			Prefeb	Health Outlet Proposed to be reconstructed as	Proposed Phase
								Sponsor	Grant	Loan			
3.1	Shangla	Tehsil Headquarter Hospital	Alpurai	Alpurai	Alpurai	Partially	220,979					District Headquarter Hospital	I
3.2	Shangla	Civil Hospital	Puran	Aloch	Puran	Fully	23,511					Tehsil Headquarter Hospital	I
3.3	Shangla	Civil Hospital	Alpurai	Botial	Besham	Partially	42,477	Brunai Darussalam				Tehsil Headquarter Hospital	I
3.4	Shangla	Basic Healh Unit	Puran	Martung	Martung	Fully	25,000					Rural Health Center	I
3.5	Shangla	Civil Hospital	Alpurai	Chakisar	Chakisar	Fully	21,840				UNICEF	Rural Health Center	I
3.6	Shangla	Civil Hospital	Alpurai	Opal	Karora	Partially	20,858					Rural Health Center	I
3.7	Shangla	Basic Healh Unit	Puran	Bahlol Khel	Titwalan	Fully	26,344					Basic Healh Unit	II
3.8	Shangla	Basic Healh Unit	Puran	Bar Puran	Barabro	Partially	4,000					Basic Healh Unit	I
3.9	Shangla	Basic Healh Unit	Puran	Kabal gram	Kabal gram	Fully	10,000				UNICEF	Basic Healh Unit	II
3.10	Shangla	Basic Healh Unit	Puran	Lilownai	Shahlizara	Partially	10,000					Basic Healh Unit	I
3.11	Shangla	Civil Dispensary	Puran	Musa Khel	Shikawlai	Fully	21,122					Basic Healh Unit	II
3.12	Shangla	Basic Healh Unit	Puran	Bar Puran	Towa	Partially	19,748				UNICEF	Basic Healh Unit	II
3.13	Shangla	Basic Healh Unit	Puran	Chowga	Chowga	Partially	23,765					Basic Healh Unit	I
3.14	Shangla	Basic Healh Unit	Alpurai	Amnovi	Amnovi	Partially	10,366					Basic Healh Unit	I
3.15	Shangla	Basic Healh Unit	Alpurai	Bunir Wall	Katkoor	Partially	18,525					Basic Healh Unit	I
3.16	Shangla	Basic Healh Unit	Alpurai	Damorai	Damorai	Partially	17,894					Basic Healh Unit	I
3.17	Shangla	Basic Healh Unit	Alpurai	Kuz Kana	Kuz Kana	Partially	28,569					Basic Healh Unit	I
3.18	Shangla	Basic Healh Unit	Alpurai	Maira	Maira	Fully	16,469				UNICEF	Basic Healh Unit	II
3.19	Shangla	Basic Healh Unit	Alpurai	Opal	Opal	Fully	20,858					Basic Healh Unit	II
3.20	Shangla	Basic Healh Unit	Alpurai	Peer Khana	Olandar	Partially	28,725					Basic Healh Unit	I
3.21	Shangla	Basic Healh Unit	Alpurai	Ranial	Chichio	Fully	11,730					Basic Healh Unit	II
3.22	Shangla	Basic Healh Unit	Alpurai	Sarkool	Gunangar	Fully	25,094				UNICEF	Basic Healh Unit	II
3.23	Shangla	Civil Dispensary	Alpurai	Shahpur	Shahpur	Fully	20,466					Basic Health Unit	II
3.24	Shangla	Civil Dispensary	Puran	Bar Puran	Ragishom	Partially	5,000					Civil Dispensary	III
3.25	Shangla	Civil Dispensary	Puran	Kuz Paw	Kuz paw	Partially	15,936					Civil Dispensary	III
3.26	Shangla	Civil Dispensary	Alpurai	Lilownai	Lilownai	Partially	29,385					Civil Dispensary	III
3.27	Shangla	Civil Dispensary	Alpurai	Kormang	Kormang	Fully	9,843					Civil Dispensary	III
3.28	Shangla	Civil Dispensary	Alpurai	Peer Abad	Pagorai	Partially	19,492					Civil Dispensary	III
3.29	Shangla	Civil Dispensary	Alpurai	Peer Khana	Ganshal	Fully	28,725					Civil Dispensary	III
3.30	Shangla	Civil Dispensary	Alpurai	Peerabad	Mian Kalay	Partially	19,492					Civil Dispensary	III
3.31	Shangla	Civil Dispensary	Alpurai	Shang	Shang	Partially	10,917					Civil Dispensary	III
3.32	Shangla	Civil Dispensary	Alpurai	Wahab Khel	Kotkay	Partially	10,000					Civil Dispensary	III
3.33	Shangla	EDO(H) office	Alpurai	Alpurai	Alpurai	Fully	-					EDO(H) office	I
3.34	Shangla	Leprosy Clinic	Alpurai	Alpurai	Alpurai	Partially	-						
3.35	Shangla	Leprosy Clinic	Chakesar	Chakesar	Alpurai	Partially	-						

Proposed New Health Outlets in Earthquake affected Districts of NWFP to be part of Routine Development Plan

1	Shangla	New	Puran	Kamach Nusrat Khel	Kamach Nusrat Khel	-	10,000					Basic Health Unit	
2	Shangla	New	Puran	Bingala	Bingala	-	10,000					Basic Health Unit	
3	Shangla	New	Alpurai	Dherai	Dherai	-	10,000					Basic Health Unit	
4	Shangla	New	Alpurai	Dandani	Dandani	-	10,000					Basic Health Unit	

Damaged Health Outlets in Earthquake affected Districts of NWFP

S.No.	District	Health Outlet	Tehsil	UC	Village	Damages (fully/ partially)	Catchment Population	Pledges for Reconstruction			Prefeb	Health Outlet Proposed to be reconstructed as	Proposed Phase
								Sponsor	Grant	Loan			
4.1	Kohistan	Basic Healh Unit	Pattan	Dubair	Jog	Partially	11,405					Rural Health Center	I
4.2	Kohistan	Basic Healh Unit	Palis	Bataria	Bataria	Fully	12,139				UNICEF	Rural Health Center	I
4.3	Kohistan	Basic Healh Unit	Dassu	Karang	Karang	Partially	10,544					Rural Health Center	I
4.4	Kohistan	Rural Health Center	Dassu	Sazeen	Shatiyal	Partially	10,727					Rural Health Center	I
4.5	Kohistan	Basic Healh Unit	Dassu	Seo	Seo	Partially	11,475				UNICEF	Rural Health Center	I
4.6	Kohistan	Basic Healh Unit	Pattan	Gabral	Gabral	Partially	12,110					Basic Healh Unit	I
4.7	Kohistan	Basic Healh Unit	Pattan	Jijal	Jijal	Fully	10,009				UNICEF	Basic Healh Unit	II
4.8	Kohistan	Basic Healh Unit	Pattan	Kareem	Jashoi	Partially	12,089					Basic Healh Unit	I
4.9	Kohistan	Basic Healh Unit	Pattan	Keyal	Kiyal	Partially	13,339				UNICEF	Basic Healh Unit	I
4.10	Kohistan	Basic Healh Unit	Pattan	Mahreen	Mahreen	Partially	11,314					Basic Healh Unit	I
4.11	Kohistan	Basic Healh Unit	Pattan	Ranolia	Ranolia	Fully	13,390					Basic Healh Unit	II
4.12	Kohistan	Basic Healh Unit	Pattan	Sigayoon	Baneel	Partially	12,724					Basic Healh Unit	I
4.13	Kohistan	Basic Healh Unit	Palis	DM Khel	DM Khel	Partially	11,210					Basic Healh Unit	I
4.14	Kohistan	Basic Healh Unit	Palis	Kareem	Soyal Dara	Partially	12,089					Basic Healh Unit	I
4.15	Kohistan	Basic Healh Unit	Palis	Kolai	Kolai	Fully	11,261					Basic Healh Unit	II
4.16	Kohistan	Basic Healh Unit	Palis	Sherakot	Sherakot	Partially	12,166				UNICEF	Basic Healh Unit	I
4.17	Kohistan	Basic Healh Unit	Dassu	Bariyar	Baryial	Partially	13,654					Basic Healh Unit	I
4.18	Kohistan	Basic Healh Unit	Dassu	Goshali	Baja	Partially	13,754					Basic Healh Unit	I
4.19	Kohistan	Basic Healh Unit	Dassu	Goshali	Goshali	Partially	13,754					Basic Healh Unit	I
4.20	Kohistan	Basic Healh Unit	Dassu	Harban	Harban	Partially	11,129					Basic Healh Unit	I
4.21	Kohistan	Basic Healh Unit	Dassu	Kuz Jalkot	Jalkot	Partially	14,614					Basic Healh Unit	I
4.22	Kohistan	Basic Healh Unit	Dassu	Sigloo	Raziqa	Partially	12,313					Basic Healh Unit	I
4.23	Kohistan	EDO(H) offcie	Dassu	Dassu	Dassuu	Fully	-					EDO(H) offcie	I

Damaged Health Outlets in Earthquake affected Districts of NWFP

S.No.	District	Health Outlet	Tehsil	UC	Village	Damages (fully/ partially)	Catchment Population	Pledges for Reconstruction			Prefeb	Health Outlet Proposed to be reconstructed as	Proposed Phase
								Sponsor	Grant	Loan			
5.1	Abbottabad	Ayub Medical Complex	Abbottabad	Abbottaabd	-	Partially	1,017,363	KSA				Ayub Medical Complex	I
5.2	Abbottabad	Police Hospital	Abbottabad	Abbottaabd	-	Fully	50,058					Police Hospital (10)	II
5.3	Abbottabad	Civil Hospital	Abbottabad	Boi	Boi	Partially	23,028				UNICEF	Rural Health Center	I
5.4	Abbottabad	Civil Hospital	Abbottabad	Malkot	Kananspur (Ayubia)	Partially	21,223					Rural Health Center	I
5.5	Abbottabad	Civil Hospital	Abbottabad	Palak	Khairagali	Partially	21,880					Rural Health Center	I
5.6	Abbottabad	Basic Health Unit	Abbottabad	Bakote	Bakote	Partially	26,667				UNICEF	Basic Health Unit	I
5.7	Abbottabad	Basic Health Unit	Abbottabad	Bakote	Moolia	Fully	20,676				UNICEF	Basic Health Unit	II
5.8	Abbottabad	Basic Health Unit	Abbottabad	Beerangali	Beerangeli	Fully	14,200					Basic Health Unit	II
5.9	Abbottabad	Basic Health Unit	Abbottabad	Berote Kalan	Mohra	Partially	29,959					Basic Health Unit	I
5.10	Abbottabad	Basic Health Unit	Abbottabad	Berote Kalan	Berote Kalan	Partially	29,959					Basic Health Unit	I
5.11	Abbottabad	Basic Health Unit	Abbottabad	Boi	Mohri	Partially	23,028					Basic Health Unit	I
5.12	Abbottabad	Basic Health Unit	Abbottabad	Dolala	Dolala	Fully	21,768				UNICEF	Basic Health Unit	II
5.13	Abbottabad	Basic Health Unit	Abbottabad	Kokmong	Kokmong	Fully	14,470					Basic Health Unit	II
5.14	Abbottabad	Basic Health Unit	Abbottabad	Malkot	Malkot	Partially	21,223					Basic Health Unit	I
5.15	Abbottabad	Basic Health Unit	Abbottabad	Nambal	Nambal	Fully	16,324				UNICEF	Basic Health Unit	II
5.16	Abbottabad	Basic Health Unit	Abbottabad	Nambal	Tarch	Fully	16,324				UNICEF	Basic Health Unit	II
5.17	Abbottabad	Basic Health Unit	Abbottabad	Palak	Palack	Partially	21,880					Basic Health Unit	I
5.18	Abbottabad	Basic Health Unit	Abbottabad	Pattan	Bandi Chamiali	Partially	18,562				UNICEF	Basic Health Unit	I
5.19	Abbottabad	Basic Health Unit	Abbottabad	Pattan Kalan	Pattan Kalan	Fully	18,562					Basic Health Unit	II
5.20	Abbottabad	Basic Health Unit	Abbottabad	Pattan Kalan	Salol Bandi	Fully	18,562					Basic Health Unit	II
5.21	Abbottabad	Civil Dispensary	Abbottabad	Bakote	Khan Kalan	Partially	20,676					Civil Dispensary	III
5.22	Abbottabad	Civil Dispensary	Abbottabad	Boi	Serhan	Partially	23,028					Civil Dispensary	III
5.23	Abbottabad	Civil Dispensary	Abbottabad	Kokmong	Kanthiali	Fully	14,460					Civil Dispensary	III
5.24	Abbottabad	Civil Dispensary	Abbottabad	Pattan	Bandi Serara	Fully	18,562					Civil Dispensary	III
5.25	Abbottabad	Civil Dispensary	Abbottabad	Pattan	Sialkot	Fully	18,562				UNICEF	Civil Dispensary	III
5.26	Abbottabad	EDO(H) office	Abbottabad	Abbottaabd	Abbottabad	-	-					EDO(H) office	I

Damaged Health Outlets in Earthquake affected Districts of AJK

6.1	Muzafarabad	CMH	Muzafarabad	M.C. Muzafarabad	Muzafarabad	Fully	930,120					CMH	I
6.2	Muzafarabad	AIMS	Muzafarabad	M.C. Muzafarabad	Muzafarabad	Partially	930,120	Germany				AIMS	I
6.3	Muzafarabad	Tehsil Headquarter Hospital	Hattian	Hattian	Hattian Bala	Fully	200,289	ADB			UNFPA-MCH+res	Tehsil Headquarter Hospital	I
6.4	Muzafarabad	Tehsil Headquarter Hospital	Authmuqam	Authmuqam	Authmuqam	Partially	155,939	ADB				Distict Headquarter Hospital	I
6.5	Muzafarabad	Jinnah Dental Hospital	Muzafarabad	Muzafarabad	Muzafarabad	Fully		ADB				Jinaah Dental Hospital	I
6.6	Muzafarabad	Rural Health Center	Hattian	Chikar	Chikar	Fully	15,967				MSF+UNFPA-MCH+	Rural Health Center	I
6.7	Muzafarabad	Rural Health Center	Muzafarabad	Danna	Danna	Fully	17,476				UNFPA-MCH+res	Rural Health Center	I
6.8	Muzafarabad	Rural Health Center	Muzafarabad	Garhi Dopatta	Garhi Dopatta	Partially	8,311	Operation Heartbeat			UNFPA-MCH+res	Rural Health Center	I
6.9	Muzafarabad	Rural Health Center	Muzafarabad	Kahori	Kahori	Fully	8,723				UNFPA-MCH+res	Rural Health Center	I
6.10	Muzafarabad	Basic Health Unit	Hattian	Khallana	Khallana	Fully	13,433	PRCS			UNICEF	Rural Health Center	I
6.11	Muzafarabad	Rural Health Center	Muzafarabad	Punjgran	Danni (Bambian)	Fully	16,238				ICRC	Rural Health Center	I
6.12	Muzafarabad	Basic Health Unit	Authmuqam	Ashkot	Ashkot	Fully	2,500	Islamic Relief			UNICEF	Basic Health Unit	II
6.13	Muzafarabad	Basic Health Unit	Authmuqam	Ashkot	Leswa	Partially	2,400				WHO	Basic Health Unit	I
6.14	Muzafarabad	Basic Health Unit	Authmuqam	Barain	Chhalina	Fully	8,000				WHO	Basic Health Unit	II
6.15	Muzafarabad	Basic Health Unit	Authmuqam	Barain	Mirpura	Partially	5,600	Islamic Relief			UNICEF	Basic Health Unit	I
6.16	Muzafarabad	Basic Health Unit	Authmuqam	Dawrian	Bhari Dawrian	Partially						Basic Health Unit	I
6.17	Muzafarabad	Basic Health Unit	Authmuqam	Dudniyal	Dudniyal	Partially						Basic Health Unit	I
6.18	Muzafarabad	Basic Health Unit	Authmuqam	Kundalshahi	Jagran	Fully	6,126					Basic Health Unit	II
6.19	Muzafarabad	Basic Health Unit	Authmuqam	Kundalshahi	Kundalshahi	Fully						Basic Health Unit	II
6.20	Muzafarabad	Basic Health Unit	Authmuqam	Kundalshahi	Kuttan	Fully	6,126				UNICEF	Basic Health Unit	II
6.21	Muzafarabad	Basic Health Unit	Authmuqam	Neelum	Changan	Partially						Basic Health Unit	I
6.22	Muzafarabad	Basic Health Unit	Authmuqam	Neelum	Nagdar	Fully						Basic Health Unit	II
6.23	Muzafarabad	Basic Health Unit	Authmuqam	Neelum	Neelum Karan	Partially						Basic Health Unit	I
6.24	Muzafarabad	Basic Health Unit	Authmuqam	Sharda	Bagnawan	Partially						Basic Health Unit	I
6.25	Muzafarabad	Basic Health Unit	Hattian	Banamula	Banamula	Partially						Basic Health Unit	I
6.26	Muzafarabad	Basic Health Unit	Hattian	Chakhama	Cham	Partially	8,026					Basic Health Unit	I
6.27	Muzafarabad	Basic Health Unit	Hattian	Chinnari	Chakhoti	Fully	8,425	MGPO			UNFPA-MCH	Basic Health Unit	I
6.28	Muzafarabad	Basic Health Unit	Hattian	Chinnari	Chinnari	Fully	8,425				ICRC	Basic Health Unit	II
6.29	Muzafarabad	Basic Health Unit	Hattian	Gujar Bandi	Gundi Gran	Fully	10,931	PRCS			UNICEF	Basic Health Unit	I
6.30	Muzafarabad	Basic Health Unit	Hattian	Hattain Dopatta	Phagwan Dupatta	Fully	6,496					Basic Health Unit	II
6.31	Muzafarabad	Basic Health Unit	Hattian	Hattian Bala	Saran	Fully	18,287	PRCS			WHO	Basic Health Unit	I
6.32	Muzafarabad	Basic Health Unit	Hattian	Hattian Dopatta	Awan Patti	Fully	9,695				UNICEF	Basic Health Unit	II
6.33	Muzafarabad	Basic Health Unit	Hattian	Hattian Dopatta	Sanikot	Fully	8,661				UNICEF	Basic Health Unit	II
6.34	Muzafarabad	Basic Health Unit	Hattian	Kai Munja	Dachor Meran	Fully	9,695				WHO	Basic Health Unit	II
6.35	Muzafarabad	Basic Health Unit	Hattian	Lamnian	Lamnian	Fully	10,842	PRCS				Basic Health Unit	I
6.36	Muzafarabad	Civil Dispensary	Hattian	Lamnian	Reshiyan	Fully	4,647	PRCS				Basic Health Unit	I
6.37	Muzafarabad	Basic Health Unit	Hattian	Langla	Sharian	Fully	17,129					Basic Health Unit	II
6.38	Muzafarabad	Basic Health Unit	Hattian	Mera Kalan	Mera Kalan	Fully						Basic Health Unit	II
6.39	Muzafarabad	Basic Health Unit	Hattian	Nokate	Nokate	Fully						Basic Health Unit	II
6.40	Muzafarabad	Basic Health Unit	Hattian	Salmiyah	Salmiyah	Fully	16,984	PRCS				Basic Health Unit	I
6.41	Muzafarabad	Basic Health Unit	Hattian	Sena Damin	Sena Damin	Fully	12,597				WHO	Basic Health Unit	II
6.42	Muzafarabad	Basic Health Unit	Muzafarabad	Beheri	Beheri	Fully	15,264	Islamic Relief			WHO	Basic Health Unit	II
6.43	Muzafarabad	Basic Health Unit	Muzafarabad	Chairk Pura	Anwar Sharif	Fully	9,700				WHO	Basic Health Unit	II
6.44	Muzafarabad	Civil Dispensary	Muzafarabad	Chairk Pura	Chairk Pura	Fully	7,937				UNICEF	Basic Health Unit	II
6.45	Muzafarabad	Basic Health Unit	Muzafarabad	Chanal Bang	Narian Sharif	Fully	13,096				WHO	Basic Health Unit	II
6.46	Muzafarabad	Basic Health Unit	Muzafarabad	Chattar Klass	Chattar Klass	Fully	4,201	Bosnia			UNFPA-MCH	Basic Health Unit	II
6.47	Muzafarabad	Basic Health Unit	Muzafarabad	Chattar Klass	Kohalla	Partially	4,201				UNFPA-MCH	Basic Health Unit	I
6.48	Muzafarabad	Basic Health Unit	Muzafarabad	Gojra	Bararkot	Partially	9,483				UNFPA-MCH	Basic Health Unit	I
6.49	Muzafarabad	Basic Health Unit	Muzafarabad	Gojra	Lamian Pathian	Fully	9,483					Basic Health Unit	II
6.50	Muzafarabad	Basic Health Unit	Muzafarabad	Gojra	Sarar Hassan Abad	Fully	9,483					Basic Health Unit	II

6.51	Muzafarabad	Basic Health Unit	Muzafarabad	Jhand Gran	Tambi Panna	Fully	15,801				UNICEF	Basic Health Unit	II
6.52	Muzafarabad	Basic Health Unit	Muzafarabad	Kahori	Battal	Fully						Basic Health Unit	II
6.53	Muzafarabad	Basic Health Unit	Muzafarabad	Katkair	Rahim Kot	Fully	16,968	Islamic Relief			UNICEF	Basic Health Unit	II
6.54	Muzafarabad	Basic Health Unit	Muzafarabad	Komi Kot	Komi Kot	Fully	14,711					Basic Health Unit	II
6.55	Muzafarabad	Basic Health Unit	Muzafarabad	Langer Pura	Khunbandi	Fully	11,627				WHO	Basic Health Unit	II
6.56	Muzafarabad	Basic Health Unit	Muzafarabad	Langer Pura	Langer Pura	Fully	11,627					Basic Health Unit	II
6.57	Muzafarabad	Basic Health Unit	Muzafarabad	M.C. Muzafarabad	HQ Muzafarabad	Fully	15,000					Basic Health Unit	II
6.58	Muzafarabad	Basic Health Unit	Muzafarabad	M.C. Muzafarabad	Lower Chattar	Partially	8,786					Basic Health Unit	I
6.59	Muzafarabad	Basic Health Unit	Muzafarabad	M.C. Muzafarabad	Secretariat-1	Fully	24,658					Basic Health Unit	II
6.60	Muzafarabad	Basic Health Unit	Muzafarabad	Machiara	Battdara	Fully	3,357					Basic Health Unit	II
6.61	Muzafarabad	Basic Health Unit	Muzafarabad	MC Muzafarabad	Upper Chattar	Fully	6,000					Basic Health Unit	II
6.62	Muzafarabad	Basic Health Unit	Muzafarabad	Noora Seri	Patika	Fully	4,572				ICRC	Basic Health Unit	II
6.63	Muzafarabad	Basic Health Unit	Muzafarabad	Noora Seri	Seri Dara	Fully	12,833				UNICEF	Basic Health Unit	II
6.64	Muzafarabad	Basic Health Unit	Muzafarabad	Punjgran	Punjgran	Fully	16,881				WHO	Basic Health Unit	II
6.65	Muzafarabad	Basic Health Unit	Muzafarabad	Punjkot	Punjkot	Fully	11,676				WHO	Basic Health Unit	II
6.66	Muzafarabad	Basic Health Unit	Muzafarabad	Saidpur	Saidpur	Fully	20,602				WHO	Basic Health Unit	II
6.67	Muzafarabad	Basic Health Unit	Muzafarabad	Sarli Sachha	Sarli Sachha	Fully	11,334				WHO	Basic Health Unit	II
6.68	Muzafarabad	Civil Dispensary	Athmuqam	Barian	Khata Chogali	Fully						Civil Dispensary	III
6.69	Muzafarabad	Civil Dispensary	Athmuqam	Dowarian	Dowarian	Fully						Civil Dispensary	III
6.70	Muzafarabad	Civil Dispensary	Hattian	Chakhama	Chakhama	Fully					WHO	Civil Dispensary	III
6.71	Muzafarabad	Civil Dispensary	Hattian	Chakhama	Ghel Jebra	Fully	5,350					Civil Dispensary	III
6.72	Muzafarabad	Civil Dispensary	Hattian	Gujar Bandi	Pahal	Fully	4,685					Civil Dispensary	III
6.73	Muzafarabad	Civil Dispensary	Hattian	Kaimunja	Harala Kaimunja	Fully						Civil Dispensary	III
6.74	Muzafarabad	Civil Dispensary	Hattian	Langla	Unani Disp, Sharia	Fully						Civil Dispensary	III
6.75	Muzafarabad	Civil Dispensary	Hattian	Mehrakalan	Unani Disp, Mushtimba	Fully						Civil Dispensary	III
6.76	Muzafarabad	Civil Dispensary	Muzafarabad	Chattar Klass	Dullai	Fully	2,801				WHO	Civil Dispensary	III
6.77	Muzafarabad	Civil Dispensary	Muzafarabad	Chattar Klass	Sawan	Fully	2,801				WHO	Civil Dispensary	III
6.78	Muzafarabad	Civil Dispensary	Muzafarabad	Katchili	Kot Tarrhala	Fully	8,242					Civil Dispensary	III
6.79	Muzafarabad	Civil Dispensary	Muzafarabad	Komi Kot	Noorpur Nakran	Fully	8,364					Civil Dispensary	III
6.80	Muzafarabad	Civil Dispensary	Muzafarabad	M.C. Muzafarabad	Centeral Jail	Fully	3,000					Civil Dispensary	III
6.81	Muzafarabad	Civil Dispensary	Muzafarabad	M.C. Muzafarabad	Polic line	Partially						Civil Dispensary	III
6.82	Muzafarabad	Civil Dispensary	Muzafarabad	Machhiara	Machhiara	Fully	2,000					Civil Dispensary	III
6.83	Muzafarabad	Civil Dispensary	Muzafarabad	Muzafarabad	Hotrary	Fully	8,658					Civil Dispensary	III
6.84	Muzafarabad	Civil Dispensary	Muzafarabad	Talgran	Rajpian	Fully	9,147					Civil Dispensary	III
6.85	Muzafarabad	Nursing School, CMH	Muzafarabad	Muzafarabad	Muzafarabad	Fully	-					Nursing School	I
6.86	Muzafarabad	Paramedical School	Muzafarabad	Muzafarabad	Muzafarabad		-					Paramedical School	II
6.87	Muzafarabad	DHDC	Muzafarabad	Muzafarabad	Muzafarabad		-					DHDC	II
6.88	Muzafarabad	DHO Office	Muzafarabad	Muzafarabad	Muzafarabad	Fully	-					DHO Office	I
6.89	Muzafarabad	DGHS office	Muzafarabad	Muzafarabad	Muzafarabad	Fully	-				WHO	DGHS offcie	I
6.90	Muzafarabad	First Aid Post	Muzafarabad	Baheri	Kalas Saidian	Fully	-						
6.91	Muzafarabad	First Aid Post	Muzafarabad	Bal Gran	Kalgran Sangly	Fully	-						
6.92	Muzafarabad	First Aid Post	Muzafarabad	Charik Pura	Kathali	Fully	-						
6.93	Muzafarabad	First Aid Post	Muzafarabad	Charik Pura	Kuppa Butt	Fully	-						
6.94	Muzafarabad	First Aid Post	Muzafarabad	Chattar Domail	Tandali	Fully	-						
6.95	Muzafarabad	First Aid Post	Muzafarabad	Chattar Klass	Bugna Satnara	Fully	-						
6.96	Muzafarabad	First Aid Post	Muzafarabad	Chattar Klass	Rahra	Fully	-						
6.97	Muzafarabad	First Aid Post	Muzafarabad	Chattar Klass	Shah Dara	Fully	-						
6.98	Muzafarabad	First Aid Post	Muzafarabad	Gojra	Charoota	Fully	-						
6.99	Muzafarabad	First Aid Post	Muzafarabad	Gojra	Dara Batangi	Fully	-						
6.100	Muzafarabad	First Aid Post	Muzafarabad	Gojra	Hadoor Bandi	Fully	-						

6.101	Muzafarabad	First Aid Post	Muzafarabad	Gojra	Thinger Sharif	Fully	-						
6.102	Muzafarabad	First Aid Post	Muzafarabad	Heer Kutli	Butt Mong	Fully	-						
6.103	Muzafarabad	First Aid Post	Muzafarabad	Heer Kutli	Heer Kutli	Fully	-						
6.104	Muzafarabad	First Aid Post	Muzafarabad	Heer Kutli	Narhotar	Fully	-						
6.105	Muzafarabad	First Aid Post	Muzafarabad	Jhand Gran	Jhand Gran	Fully	-						
6.106	Muzafarabad	First Aid Post	Muzafarabad	Kachili	Balian	Fully	-						
6.107	Muzafarabad	First Aid Post	Muzafarabad	Katkair	Katkir	Fully	-						
6.108	Muzafarabad	First Aid Post	Muzafarabad	Kohori	Karshan Rehmanabad	Fully	-						
6.109	Muzafarabad	First Aid Post	Muzafarabad	Komi Kot	Kharian	Fully	-						
6.110	Muzafarabad	First Aid Post	Muzafarabad	MC Muzafarabad	Mohajir Camp Kamsar	Fully	-						
6.111	Muzafarabad	First Aid Post	Muzafarabad	MC Muzafarabad	Naloochi	Fully	-						
6.112	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Bandi Challian	Fully	-						
6.113	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Kalir Khit	Fully	-						
6.114	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Kardala Changla	Fully	-						
6.115	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Katha Loharan	Fully	-						
6.116	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Khhillah	Fully	-						
6.117	Muzafarabad	First Aid Post	Muzafarabad	Muzafarabad	Niazpura	Fully	-						
6.118	Muzafarabad	First Aid Post	Muzafarabad	Noora Seri	Naka Shakar Pattian	Fully	-						
6.119	Muzafarabad	First Aid Post	Muzafarabad	Noora Seri	Sand Ban	Fully	-						
6.120	Muzafarabad	First Aid Post	Muzafarabad	Punjgran	But Nara	Fully	-						
6.121	Muzafarabad	First Aid Post	Muzafarabad	Punjgran	Chamba Punjgran	Fully	-						
6.122	Muzafarabad	First Aid Post	Muzafarabad	Punjkot	Ali Koh	Fully	-						
6.123	Muzafarabad	First Aid Post	Muzafarabad	Punjkot	Nari Gujran	Fully	-						
6.124	Muzafarabad	First Aid Post	Muzafarabad	Saidpur	Jahngri	Fully	-						
6.125	Muzafarabad	First Aid Post	Muzafarabad	Surli Sucha	Jheeng	Fully	-						
6.126	Muzafarabad	First Aid Post	Muzafarabad	Surli Sucha	Konkan	Fully	-						
6.127	Muzafarabad	First Aid Post	Muzafarabad	Tharian	Dolari Hotari	Fully	-						
6.128	Muzafarabad	First Aid Post	Muzafarabad	Tharian	Tharian	Fully	-						
6.129	Muzafarabad	First Aid Post	Hattian	Banamula	Gai Pura	Fully							
6.130	Muzafarabad	First Aid Post	Hattian	Banamula	Moji	Fully	-						
6.131	Muzafarabad	First Aid Post	Hattian	Chikar	Kunda Shakrian	Fully	-						
6.132	Muzafarabad	First Aid Post	Hattian	Chinari	Jascool	Fully	-						
6.133	Muzafarabad	First Aid Post	Hattian	Chinnari	Sarban	Fully	-						
6.134	Muzafarabad	First Aid Post	Hattian	Gujar Bandi	Gujar Bandi	Fully	-						
6.135	Muzafarabad	First Aid Post	Hattian	Hattain Dopatta	Haryala Zamindaran	Fully	-						
6.136	Muzafarabad	First Aid Post	Hattian	Hattian Dopatta	Hattian Dopatta	Fully	-						
6.137	Muzafarabad	First Aid Post	Hattian	Hattian Dopatta	Mohri Awan Patti	Fully	-						
6.138	Muzafarabad	First Aid Post	Hattian	Kai Munja	Moian Sydian	Fully	-						
6.139	Muzafarabad	First Aid Post	Hattian	Kai Munja	Phund Gran	Fully	-						
6.140	Muzafarabad	First Aid Post	Hattian	Khallana	Bandi Bala	Fully	-						
6.141	Muzafarabad	First Aid Post	Hattian	Khallana	Shah Kanja	Fully	-						
6.142	Muzafarabad	First Aid Post	Hattian	Langla	Langla	Fully	-						
6.143	Muzafarabad	First Aid Post	Hattian	Mera Kalan	Kusian Rayat	Fully	-						
6.144	Muzafarabad	First Aid Post	Hattian	Salmiyah	Indra Seri	Fully	-						
6.145	Muzafarabad	First Aid Post	Hattian	Salmiyah	Noor Bangla	Fully	-						
6.146	Muzafarabad	First Aid Post	Hattian	Sena Damin	Bani Hafiz	Fully							
6.147	Muzafarabad	First Aid Post	Hattian	Sena Damin	Bani Langrial	Fully	-						
6.148	Muzafarabad	First Aid Post	Athmuqam	Ashkot	Jora Satrian	Fully	-						
6.149	Muzafarabad	First Aid Post	Athmuqam	Barian	Jabar Barian	Fully	-						
6.150	Muzafarabad	First Aid Post	Athmuqam	Kundalshahi	Kain Sharif	Fully	-						

6.151	Muzafarabad	First Aid Post	Athmuqam	Shahkot	Katha Piran	Fully	-							
6.152	Muzafarabad	MCH center	Muzafarabad	Baheri	Baheri	Fully	-							
6.153	Muzafarabad	MCH center	Muzafarabad	Charik Pura	Anawar Sharif	Fully	-							
6.154	Muzafarabad	MCH center	Muzafarabad	Charik Pura	Kakliot	Fully	-							
6.155	Muzafarabad	MCH center	Muzafarabad	Chattar Klass	Chattar Klass	Fully	-							
6.156	Muzafarabad	MCH center	Muzafarabad	Chattar Klass	Kohala	Fully	-							
6.157	Muzafarabad	MCH center	Muzafarabad	Danna	Danna	Partially	-							
6.158	Muzafarabad	MCH center	Muzafarabad	Garhi Dopatta	Garhi Dopatta	Fully	-							
6.159	Muzafarabad	MCH center	Muzafarabad	Gojra	Brarkot	Partially	-							
6.160	Muzafarabad	MCH center	Muzafarabad	Hattain Dopatta	Hattian Dopatta	Fully	-							
6.161	Muzafarabad	MCH center	Muzafarabad	Hattain Dopatta	Pagwan Dopatta	Partially	-							
6.162	Muzafarabad	MCH center	Muzafarabad	Kahori	Battal	Fully	-							
6.163	Muzafarabad	MCH center	Muzafarabad	Katkair	Rahim Kot	Fully	-							
6.164	Muzafarabad	MCH center	Muzafarabad	Kohori	Kohalla	Fully	-							
6.165	Muzafarabad	MCH center	Muzafarabad	Langer Pura	Langer Pura	Fully	-							
6.166	Muzafarabad	MCH center	Muzafarabad	Macchira	Butt Dara	Partially	-							
6.167	Muzafarabad	MCH center	Muzafarabad	MC Muzafarabad	Chailla Bandi	Fully	-							
6.168	Muzafarabad	MCH center	Muzafarabad	MC Muzafarabad	HQ Muzafarabad	Fully	-							
6.169	Muzafarabad	MCH center	Muzafarabad	MC Muzafarabad	Sect No. 1	Fully	-							
6.170	Muzafarabad	MCH center	Muzafarabad	MC Muzafarabad	Sect No. 2	Fully	-							
6.171	Muzafarabad	MCH center	Muzafarabad	MC Muzafarabad	Upper Chattar	Fully	-							
6.172	Muzafarabad	MCH center	Muzafarabad	Noora Seri	Patika	Fully	-							
6.173	Muzafarabad	MCH center	Muzafarabad	Noora Seri	Seri Dara	Fully	-							
6.174	Muzafarabad	MCH center	Muzafarabad	Punjgran	Dhanni	Fully	-							
6.175	Muzafarabad	MCH center	Muzafarabad	Punjgran	Punjgran	Fully	-							
6.176	Muzafarabad	MCH center	Muzafarabad	Punjkot	Punjkot	Fully	-							
6.177	Muzafarabad	MCH center	Muzafarabad	Saidpur	Saidpur	Fully	-							
6.178	Muzafarabad	MCH center	Muzafarabad	Surli Sucha	Surli Sucha	Fully	-							
6.179	Muzafarabad	MCH center	Hattian	Chakhama	Chham	Partially	-							
6.180	Muzafarabad	MCH center	Hattian	Chikar	Chikar	Fully	-							
6.181	Muzafarabad	MCH center	Hattian	Chinnari	Chinnari	Fully	-							
6.182	Muzafarabad	MCH center	Hattian	Chinnari	Chowkothi	Fully	-							
6.183	Muzafarabad	MCH center	Hattian	Lamnian	Lamnian	Fully	-							
6.184	Muzafarabad	MCH center	Hattian	Langla	Sharian	Fully	-							
6.185	Muzafarabad	MCH center	Hattian	Mera Kalan	Mera Kalan	Fully	-							
6.186	Muzafarabad	MCH center	Hattian	Salmiyah	Salmiyah	Partially	-							
6.187	Muzafarabad	MCH center	Hattian	TC Hattain	Hattian Bala	Fully	-							
6.188	Muzafarabad	MCH center	Athmuqam	Ashkot	Ashkot	Fully	-							
6.189	Muzafarabad	MCH center	Athmuqam	Ashkot	Leswa	Fully	-							
6.190	Muzafarabad	MCH center	Athmuqam	Athmuqam	Athmuqam	Fully	-							
6.191	Muzafarabad	MCH center	Athmuqam	Barian	Mirpura	Fully	-							
6.192	Muzafarabad	MCH center	Athmuqam	Dowarian	Biari Dowarian	Partially	-							
6.193	Muzafarabad	MCH center	Athmuqam	Dudniyal	Dudniyal	Partially	-							
6.194	Muzafarabad	MCH center	Athmuqam	Lawat	Lawat Bore	Partially	-							
6.195	Muzafarabad	MCH center	Athmuqam	Neelum	Neelum Karan	Partially	-							
6.196	Muzafarabad	TB center	Muzafarabad	Punjgran	Dhanni	Fully	-							
6.197	Muzafarabad	TB center	Muzafarabad	Noora Seri	Patika	Fully	-							
6.198	Muzafarabad	TB center	Muzafarabad	Kahori	Kahori	Fully	-							
6.199	Muzafarabad	TB center	Muzafarabad	MC Muzafarabad	Plate	Fully	-							
6.200	Muzafarabad	TB center	Muzafarabad	Chattar Klass	Chattar Klass	Fully	-							
6.201	Muzafarabad	TB center	Muzafarabad	Danna	Danna	Partially	-							
6.202	Muzafarabad	TB center	Muzafarabad	Garhi Dopatta	Garhi Dopatta	Fully	-							
6.203	Muzafarabad	TB center	Hattian	Chikar	Chikar	Fully	-							
6.204	Muzafarabad	TB center	Hattian	Hattian	Hattain	Fully	-							
6.205	Muzafarabad	TB center	Hattian	Chinari	Chinnari	Fully	-							
6.206	Muzafarabad	TB center	Hattian	Lamnian	Lamnian	Fully	-							
6.207	Muzafarabad	TB center	Athmuqam	Athmuqam	Athmuqam	Partially	-							
6.208	Muzafarabad	TB center	Athmuqam	Kundalshahi	Kundalshahi	Fully	-							

Damaged Health Outlets in Earthquake affected Districts of AJK

7.1	Poonch	CMH	Rawalakot	Rawalakot	Rawalakot	Fully	490,733	JVP+Jordan Army Engineer				CMH	I
7.2	Poonch	Tehsil Headquarter Hospital	Abbaspur	Chattra	Abbaspur	Partially	52,542	ADB				Tehsil Headquarter Hospital	I
7.3	Poonch	Rural Health Center	Hajira	Kathera	Hajira Town	Intact	170,639					Tehsil Headquarter Hospital	II
7.4	Poonch	Civil Dispensary	Hajira	Bango Bantini	Davi Gali	Partially	22,195					Rural Health Center	I
7.5	Poonch	Basic Health Unit	Hajira	Kathera	Pothi Chaprian	Fully	21,656					Rural Health Center	I
7.6	Poonch	Basic Health Unit	Hajira	Mandhole	Mandhole	Partially	16,286					Rural Health Center	I
7.7	Poonch	Basic Health Unit	Hajira	Rakkar	Rakkar	Partially	14,927					Rural Health Center	I
7.8	Poonch	Rural Health Center	Rawalakot	Ali Sojal	Ali Sojal	Fully	18,055					Rural Health Center	I
7.9	Poonch	Rural Health Center	Rawalakot	Banjonsa	Banjonsa	Partially	10,159					Rural Health Center	I
7.10	Poonch	Basic Health Unit	Rawalakot	Dhamni	Dhamni	Partially	18,783					Rural Health Center	I
7.11	Poonch	Rural Health Center	Rawalakot	Pachiot	Paniola	Partially	6,133					Rural Health Center	I
7.12	Poonch	Basic Health Unit	Rawalakot	Pothi Makwalan	Pothi Makwalan	Partially	19,271					Rural Health Center	I
7.13	Poonch	Basic Health Unit	Rawalakot	Rehara	Rehara	Partially	21,490					Rural Health Center	I
7.14	Poonch	Basic Health Unit	Rawalakot	Thorar	Thorar	Partially	16,746					Rural Health Center	I
7.15	Poonch	Basic Health Unit	Abbaspur	Ghaffarah	Ghaffara	Partially	19,042					Basic Health Unit	I
7.16	Poonch	Basic Health Unit	Abbaspur	Khalidaranan	Khalidaranan	Partially	24,396				WHO	Basic Health Unit	I
7.17	Poonch	Civil Dispensary	Hajira	Sarari	Sarari	Fully	30,336				WHO	Basic Health Unit	II
7.18	Poonch	Basic Health Unit	Hajira	Seara	Seara	Partially	20,711					Basic Health Unit	I
7.19	Poonch	Basic Health Unit	Rawalakot	Bangion	Bangion	Partially	14,123					Basic Health Unit	I
7.20	Poonch	Basic Health Unit	Rawalakot	Bangion	Jandala	Partially	9,415					Basic Health Unit	I
7.21	Poonch	Basic Health Unit	Rawalakot	Dhamni	Hussain Kot	Partially	12,522					Basic Health Unit	I
7.22	Poonch	Basic Health Unit	Rawalakot	Dothan	Khaigala	Fully	6,133					Basic Health Unit	I
7.23	Poonch	Civil Dispensary	Rawalakot	Dothan	Chotta Gala	Partially	20,192					Basic Health Unit	I
7.24	Poonch	Basic Health Unit	Rawalakot	Hurna Mera	Morifurman Shah	Fully	6,133					Basic Health Unit	II
7.25	Poonch	Basic Health Unit	Rawalakot	Hurna Mera	Hurna Mera	Partially						Basic Health Unit	I
7.26	Poonch	Civil Dispensary	Rawalakot	Hurnamara	Kotara	Partially	21,322					Basic Health Unit	I
7.27	Poonch	Basic Health Unit	Rawalakot	Jandaly	Jandaly	Partially	8,748					Basic Health Unit	I
7.28	Poonch	MCH Center	Rawalakot	Pachiot	Datoot	Fully	6,133				WHO	Basic Health Unit	II
7.29	Poonch	Basic Health Unit	Rawalakot	Pakkar	Namnota	Partially	17,815					Basic Health Unit	I
7.30	Poonch	Civil Dispensary	Rawalakot	Singola	Bermong Singola	Fully	13,959				WHO	Basic Health Unit	II
7.31	Poonch	Basic Health Unit	Rawalakot	Tain	Dhalkot	Partially	14,058					Basic Health Unit	I
7.32	Poonch	Basic Health Unit	Rawalakot	Thorar	Bhalgrain	Partially	7,177					Basic Health Unit	I
7.33	Poonch	Civil Dispensary	Abbaspur	Ghambir	Ghambir	Partially						Civil Dispensary	III
7.34	Poonch	Civil Dispensary	Abbaspur	Ghambir	Tatrinote	Partially	19,059					Civil Dispensary	III
7.35	Poonch	Civil Dispensary	Rawalakot	Ali Sojal	Khori Channa	Fully	4,514					Civil Dispensary	III
7.36	Poonch	Nursing School	Rawalakot	Rawalakot	Rawalakot	Fully	-					Nursing School	I
7.37	Poonch	DHO Office	Rawalakot	Rawalakot	Rawalakot	Fully	-				WHO	DHO Office	I
7.38	Poonch	Rural Health Center	Abbaspur	Chattra	Abbaspur	Fully	-						
7.39	Poonch	MCH Center	Abbaspur	Abbaspur	Abbaspur	Fully	-						
7.40	Poonch	MCH Center	Abbaspur	Chaffar	Chaffar	Fully	-						
7.41	Poonch	MCH Center	Abbaspur	Ghambir	Tanda Ghambir	Partially	-						
7.42	Poonch	MCH Center	Abbaspur	Khalidaraman	Khalidaraman	Fully	-						
7.43	Poonch	MCH Center	Hajira	Mandhole	Mandhole	Partially	-						
7.44	Poonch	MCH Center	Hajira	Sarari	Sarari	Partially	-						
7.45	Poonch	MCH Center	Hajira	Sehra	Sehra	Partially	-						
7.46	Poonch	MCH Center	Rawalakot	Pachiot	Paniola	Fully	-						
7.47	Poonch	MCH Center	Rawalakot	Rawalakot	Rawlakot	Fully	-						
7.48	Poonch	MCH Center	Rawalakot	Rehara	Rehara	Partially	-						
7.49	Poonch	MCH Center	Rawalakot	Singola	Bermong Singola	Fully	-						
7.50	Poonch	MCH Center	Rawalakot	Thorar	Thorar	Partially	-						

7.51	Poonch	First Aid Post	Abbaspur	Chatra	Kot Kallar	Fully	-							
7.52	Poonch	First Aid Post	Abbaspur	Chatra	Soop Nag	Fully	-							
7.53	Poonch	First Aid Post	Abbaspur	Ghaffar	Kakuta	Fully	-							
7.54	Poonch	First Aid Post	Abbaspur	Ghaffar	Polis	Fully	-							
7.55	Poonch	First Aid Post	Abbaspur	Ghaffar	Troti	Fully	-							
7.56	Poonch	First Aid Post	Abbaspur	Ghimbeer	Kaian	Partially	-							
7.57	Poonch	First Aid Post	Abbaspur	Ghimbeer	Nambal Bala	Partially	-							
7.58	Poonch	First Aid Post	Abbaspur	Kalidraman	Andreen Nar	Fully	-							
7.59	Poonch	First Aid Post	Abbaspur	Kalidraman	Kallaran	Fully	-							
7.60	Poonch	First Aid Post	Abbaspur	Kalidraman	March Koat	Fully	-							
7.61	Poonch	First Aid Post	Hajira	Bhantani	Akhoar Ban	Partially	-							
7.62	Poonch	First Aid Post	Hajira	Kathera	Hill Kathyara	Fully	-							
7.63	Poonch	First Aid Post	Hajira	Mandhoal	Tai	Partially	-							
7.64	Poonch	First Aid Post	Hajira	Pagwati	Kot Pagwati	Partially	-							
7.65	Poonch	First Aid Post	Hajira	Sarari	Buranni Serar	Partially	-							
7.66	Poonch	First Aid Post	Hajira	Sarari	Dari Koat	Fully	-							
7.67	Poonch	First Aid Post	Hajira	Seher Kakuta	Seher	Partially	-							
7.68	Poonch	First Aid Post	Rawalakot	Banguin	Poth Banguin	Partially	-							
7.69	Poonch	First Aid Post	Rawalakot	Hurna Mera	Pak Gali	Partially	-							
7.70	Poonch	First Aid Post	Rawalakot	Hurna Mera	Tarnoti	Partially	-							
7.71	Poonch	First Aid Post	Rawalakot	Hurname	Soon Topa	Fully	-							
7.72	Poonch	First Aid Post	Rawalakot	Hurnamera	Jheri	Fully	-							
7.73	Poonch	First Aid Post	Rawalakot	Pachiot	Bata Mula	Partially	-							
7.74	Poonch	First Aid Post	Rawalakot	Pakhar	Koh Koat	Partially	-							
7.75	Poonch	First Aid Post	Rawalakot	Pakkar	Shahid Gala	Fully	-							
7.76	Poonch	First Aid Post	Rawalakot	Pothi Makwalan	Kachan	Partially	-							
7.77	Poonch	First Aid Post	Rawalakot	Singola	Khusani Bck	Fully	-							
7.78	Poonch	First Aid Post	Rawalakot	Tain	Baryan Tain	Partially	-							
7.79	Poonch	First Aid Post	Rawalakot	Tain	Nar	Fully	-							
7.80	Poonch	First Aid Post	Rawalakot	Tain	Potala	Partially	-							
7.81	Poonch	First Aid Post	Rawalakot	Thorar	Balari	Partially	-							
7.82	Poonch	First Aid Post	Rawalakot	Thorar	Batanira	Partially	-							
7.83	Poonch	TB Center	Abbaspur	Chattra	Abbaspur	Fully	-							
7.84	Poonch	TB Center	Hajira	Kathera	Hajira	Partially	-							
7.85	Poonch	TB Center	Rawalakot	Ali Sojal	Alisojal	Fully	-							
7.86	Poonch	TB Center	Rawalakot	Rawalakot	Rawalakot	Fully	-							

Damaged Health Outlets in Earthquake affected Districts of AJK

8.1	Bagh	DHQ Hospital Bagh	Bagh	Bagh	Bagh	Fully	460,948	Germany				UNICEF	DHQ Hospital Bagh	I
8.2	Bagh	Tehsil Headquarter Hospital	Haveli	Kahuta	Kahuta	Fully	136,301	Germany				WHO	Tehsil Headquarter Hospital	I
8.3	Bagh	Rural Health Center	Dhirkot	Dhirkot	Dhirkot	Partially	113,232	M/o KANA					Tehsil Headquarter Hospital	I
8.4	Bagh	Chest Diseases & General Hospital	Dhirkot	Dhirkot	Hill	Fully	9,015	ADB					Chest Diseases & General Hospital (50)	I
8.5	Bagh	Rural Health Center	Bagh	Dhery	Chater No.2	Fully	19,554	USA					Rural Health Center	I
8.6	Bagh	Rural Health Center	Bagh	Topi	Chitra Topi	Partially	16,208	USA					Rural Health Center	I
8.7	Bagh	Rural Health Center	Dhirkot	Dhirkot	Sessar	Partially	11,499	USA					Rural Health Center	I
8.8	Bagh	Rural Health Center	Dhirkot	Mallot	Arja	Fully	13,850	USA				UNICEF	Rural Health Center	I
8.9	Bagh	Rural Health Center	Haveli	Khurshidabad	Khurshid Abad	Partially	12,594	USA					Rural Health Center	I
8.10	Bagh	Basic Health Unit	Bagh	Bir Pani	Bir Pani	Fully	19,742	USA					Rural Health Center	I
8.11	Bagh	Civil Dispensary	Bagh	Bagh	Khawaja Ratnohi	Fully	12,575	USA					Basic Health Unit	II
8.12	Bagh	Basic Health Unit	Bagh	Bhount Bhian	Kharal Abbasia	Fully	11,525	USA				WHO	Basic Health Unit	II
8.13	Bagh	Basic Health Unit	Bagh	Bhount Bhian	Kharal Maldylan	Fully	7,683	USA					Basic Health Unit	II
8.14	Bagh	Basic Health Unit	Bagh	Juglari	Kafal Ghar	Fully	5,149	USA				WHO	Basic Health Unit	II
8.15	Bagh	Civil Dispensary	Bagh	Nar Sher Ali Khan	Rai Kot	Fully	13,097	USA					Basic Health Unit	II
8.16	Bagh	Basic Health Unit	Bagh	Rawali	Hari Gahal	Fully	5,149	USA				UNICEF	Basic Health Unit	II
8.17	Bagh	Civil Dispensary	Bagh	Rawali	Nariola	Fully	26,747	USA					Basic Health Unit	II
8.18	Bagh	Basic Health Unit	Bagh	Rawali	Sirsydian	Fully	8,952	USA				WHO	Basic Health Unit	II
8.19	Bagh	Basic Health Unit	Bagh	Rerban	Seri Piran/ Dhundar	Fully	9,250	USA					Basic Health Unit	II
8.20	Bagh	Basic Health Unit	Bagh	Swanj	Rerra	Fully	11,964	USA				UNICEF	Basic Health Unit	II
8.21	Bagh	Civil Dispensary	Bagh	Thub	Thub	Partially	21,550	USA				UNICEF	Basic Health Unit	II
8.22	Bagh	Basic Health Unit	Bagh	Topi	Ghel Topi	Fully		USA					Basic Health Unit	II
8.23	Bagh	Basic Health Unit	Dhirkot	Chirala	Sohawa	Partially	11,110	USA					Basic Health Unit	I
8.24	Bagh	Basic Health Unit	Dhirkot	Dhirkot	Neela Butt	Fully		USA					Basic Health Unit	II
8.25	Bagh	Basic Health Unit	Dhirkot	Makhala	Gaziabad	Fully	16,327	USA				WHO	Basic Health Unit	II
8.26	Bagh	Basic Health Unit	Dhirkot	Mallot	Mallot	Fully	5,936	USA					Basic Health Unit	II
8.27	Bagh	Basic Health Unit	Dhirkot	Rangla	Rangla	Fully	22,287	USA				WHO	Basic Health Unit	II
8.28	Bagh	Civil Dispensary	Dhirkot	Sahlian	Sahlian	Partially	12,537	USA				UNICEF	Basic Health Unit	II
8.29	Bagh	Civil Dispensary	Haveli	Bhedi	Bhedi	Fully	10,176	Islamic Relief				WHO	Basic Health Unit	II
8.30	Bagh	Basic Health Unit	Haveli	Budhal	Bhatakot	Fully	6,179	USA				WHO	Basic Health Unit	II
8.31	Bagh	Basic Health Unit	Haveli	Budhal	Gugdar	Fully	5,055	USA				UNICEF	Basic Health Unit	II
8.32	Bagh	Basic Health Unit	Haveli	Chanjal	Chanjal	Partially	10,123	USA					Basic Health Unit	I
8.33	Bagh	Civil Dispensary	Haveli	Chanjal	Mondhar	Partially	4,338	USA				UNICEF	Basic Health Unit	II
8.34	Bagh	Basic Health Unit	Haveli	Dagwar	Dagwar	Partially		USA					Basic Health Unit	I
8.35	Bagh	Basic Health Unit	Haveli	Kalali	Toungari	Fully	12,872	USA				WHO	Basic Health Unit	II
8.36	Bagh	Basic Health Unit	Haveli	Kalamula	Halan Shamali	Partially	17,596	USA				UNICEF	Basic Health Unit	I
8.37	Bagh	Civil Dispensary	Haveli	Kalamula	Kalamula	Partially	14,396	USA					Basic Health Unit	II
8.38	Bagh	Civil Dispensary	Bagh	Bagh	Chowki	Fully	5,230	USA					Civil Dispensary	III
8.39	Bagh	Civil Dispensary	Bagh	Bagh	HQ Bagh	Fully		USA					Civil Dispensary	III
8.40	Bagh	Civil Dispensary	Bagh	Bhount	Kharal Panyali	Fully	6,438	USA					Civil Dispensary	III
8.41	Bagh	Civil Dispensary	Bagh	Bir Pani	Bani Minhasan	Fully	6,431	USA					Civil Dispensary	III
8.42	Bagh	Civil Dispensary	Dhirkot	Chamyati	Sanghar Pathera	Fully	12,537	USA				UNICEF	Civil Dispensary	III
8.43	Bagh	Civil Dispensary	Dhirkot	Dhirkot	Kotli	Patially	6,321	USA					Civil Dispensary	III
8.44	Bagh	Civil Dispensary	Haveli	Bhedi	Khawaja Bandi	Fully	6,537	USA					Civil Dispensary	III
8.45	Bagh	Civil Dispensary	Haveli	Kalamula	Solli	Partially	14,396	USA					Civil Dispensary	III
8.46	Bagh	Civil Dispensary	Haveli	Khurshidabad	Hillan	Patially		USA					Civil Dispensary	III
8.47	Bagh	Civil Dispensary	Haveli	Sangal	Naga Nari	Fully	7,820	USA					Civil Dispensary	III
8.48	Bagh	Civil Dispensary	Haveli	Sangal	Siryan	Partially		USA					Civil Dispensary	III
8.49	Bagh	DHDC	Bagh	Bagh	Bagh	Fully	-	USA					DHDC	II
8.50	Bagh	DHO Office	Bagh	Bagh	Bagh	Fully	-	USA					DHO Office	I

8.51	Bagh	First Aid Post	Bagh	Bagh	Koteri Qandil	Fully	-						
8.52	Bagh	First Aid Post	Bagh	Bagh	Kotlakulain	Fully	-						
8.53	Bagh	First Aid Post	Bagh	Bagh	Noorgala	Fully	-						
8.54	Bagh	First Aid Post	Bagh	Bhount	Bisuti	Fully	-						
8.55	Bagh	First Aid Post	Bagh	Bir Pani	Rarar Bun	Fully	-						
8.56	Bagh	First Aid Post	Bagh	Bir Pani	Suddengali	Fully	-						
8.57	Bagh	First Aid Post	Bagh	Dhery	Dhery	Fully	-						
8.58	Bagh	First Aid Post	Bagh	Dhery	M. Camp Chattar 2	Fully	-						
8.59	Bagh	First Aid Post	Bagh	Dhery	Salian Maldulian	Fully	-						
8.60	Bagh	First Aid Post	Bagh	Juglari	Juglari	Fully	-	USA					
8.61	Bagh	First Aid Post	Bagh	Nar Sher Ali Khan	Azad Bara	Fully	-						
8.62	Bagh	First Aid Post	Bagh	Rawali	Chak Serian	Partially	-						
8.63	Bagh	First Aid Post	Bagh	Thub	Bangran	Partially	-						
8.64	Bagh	First Aid Post	Bagh	Topi	Kothian	Fully	-				WHO		
8.65	Bagh	First Aid Post	Dhirkot	Chamyati	Chamyati	Fully	-						
8.66	Bagh	First Aid Post	Dhirkot	Cherala	Cherala	Fully	-						
8.67	Bagh	First Aid Post	Dhirkot	Cherala	Narakot	Partially	-						
8.68	Bagh	First Aid Post	Dhirkot	Cherala	Riala	Partially	-						
8.69	Bagh	First Aid Post	Dhirkot	Hill Surung	Surung Dhavi	Fully	-						
8.70	Bagh	First Aid Post	Dhirkot	Makhala	Poth	Fully	-						
8.71	Bagh	First Aid Post	Dhirkot	Makiala	Makhila	Partially	-						
8.72	Bagh	First Aid Post	Dhirkot	Malot	Suddengali	Fully	-						
8.73	Bagh	First Aid Post	Dhirkot	Rangla	Gali Per Khana	Fully	-						
8.74	Bagh	First Aid Post	Dhirkot	Rangla	Rangoly	Fully	-						
8.75	Bagh	First Aid Post	Dhirkot	Salian	Dhar Sikandarabad	Fully	-						
8.76	Bagh	First Aid Post	Haveli	Baddal	Badhal	Fully	-						
8.77	Bagh	First Aid Post	Haveli	Baddal	Ziaratmore	Partially	-						
8.78	Bagh	First Aid Post	Haveli	Degwar	Rankeri Khas	Partially	-						
8.79	Bagh	First Aid Post	Haveli	Kalali	Jabri Hajipir	Fully	-						
8.80	Bagh	First Aid Post	Haveli	Kalamula	Bringbun	Fully	-						
8.81	Bagh	First Aid Post	Haveli	Kalamula	Charian	Partially	-						
8.82	Bagh	First Aid Post	Haveli	Khurshidabad	Hajjibal	Partially	-						
8.83	Bagh	First Aid Post	Haveli	Khurshidabad	Kacher Bun	Partially	-						
8.84	Bagh	First Aid Post	Haveli	Khurshidabad	Sher Pur	Partially	-						
8.85	Bagh	First Aid Post	Haveli	Sangal	Chirikot	Partially	-						
8.86	Bagh	First Aid Post	Haveli	Sangal	Plangi	Fully	-						
8.87	Bagh	MCH center	Bagh	Bagh	Choki	Fully	-						
8.88	Bagh	MCH center	Bagh	Bagh	DHQ Bagh	Fully	-						
8.89	Bagh	MCH center	Bagh	Bhount Baian	Kharal Abbasia	Fully	-						
8.90	Bagh	MCH center	Bagh	Birpani	Bir Pani	Fully	-						
8.91	Bagh	MCH center	Bagh	Dhery	Chattar No. 2	Fully	-						
8.92	Bagh	MCH center	Bagh	Juglari	Kafal Ghar	Partially	-						
8.93	Bagh	MCH center	Bagh	Nar Sher Ali Khan	Rai Kot	Partially	-						
8.94	Bagh	MCH center	Bagh	Rawali	Hari Gahal	Fully	-						
8.95	Bagh	MCH center	Bagh	Rawali	Sirsydian	Fully	-						
8.96	Bagh	MCH center	Bagh	Swang	Rerrah	Partially	-						
8.97	Bagh	MCH center	Bagh	Thub	Thub	Partially	-						
8.98	Bagh	MCH center	Bagh	Topi	Chittra Topi	Partially	-						
8.99	Bagh	MCH center	Dhirkot	Chamyati	Sanger Pathara	Partially	-						
8.100	Bagh	MCH center	Dhirkot	Chirala	Sohawa Sharif	Partially	-						

8.101	Bagh	MCH center	Dhirkot	Dhirkot	Dhirkot	Fully	-						
8.102	Bagh	MCH center	Dhirkot	Dhirkot	Sessor	Partially	-						
8.103	Bagh	MCH center	Dhirkot	Makhyala	Ghaziabad	Partially	-						
8.104	Bagh	MCH center	Dhirkot	Mallot	Arja	Fully	-						
8.105	Bagh	MCH center	Dhirkot	Mallot	Mallot	Fully	-						
8.106	Bagh	MCH center	Dhirkot	Rongla	Rongla	Partially	-						
8.107	Bagh	MCH center	Dhirkot	Sahlian	Sahlian Dhondan	Partially	-						
8.108	Bagh	MCH center	Haveli	Badhal Sharif	Gugdar	Partially	-						
8.109	Bagh	MCH center	Haveli	Bhedi	Bhedi	Fully	-						
8.110	Bagh	MCH center	Haveli	Chanjal	Chanjal	Partially	-						
8.111	Bagh	MCH center	Haveli	Kalali	Kahuta	Fully	-						
8.112	Bagh	MCH center	Haveli	Kalamula	Kalamula	Partially	-						
8.113	Bagh	MCH center	Haveli	Khurshidabad	Khurshid Abad	Partially	-						
8.114	Bagh	TB Center	Bagh	Bani Pasari	Bani Pasari	Fully	-						
8.115	Bagh	TB Center	Bagh	MC Bagh	DHQ Bagh	Fully	-						
8.116	Bagh	TB Center	Bagh	Swang	Rehara	Fully	-						
8.117	Bagh	TB Center	Bagh	Topi	Chittra Topi	Partially	-						
8.118	Bagh	TB Center	Dhirkot	Dhirkot	Dhirkot	Partially	-						
8.119	Bagh	TB Center	Dhirkot	Dhirkot	Sessor	Partially	-						
8.120	Bagh	TB Center	Dhirkot	Hill Surung	CDH Hill	Fully	-						
8.121	Bagh	TB Center	Dhirkot	Mallot	Arja	Partially	-						
8.122	Bagh	TB Center	Dhirkot	Mallot	Mallot	Fully	-						
8.123	Bagh	TB Center	Dhirkot	Rangla	Rangla	Fully	-						
8.124	Bagh	TB Center	Haveli	Behdi	Behdi	Fully	-						
8.125	Bagh	TB Center	Haveli	Budhal Sharif	Gugdar	Fully	-						
8.126	Bagh	TB Center	Haveli	Kalali	Kahuta	Fully	-						
8.127	Bagh	TB Center	Haveli	Khurshidabad	Khurshid Abad	Partially	-						

Guidelines for Developing Monitoring System

Strategy	Guidelines for Developing Monitoring System
Rationalized Reconstruction, rehabilitation and reequipping of health facilities	• Population, including vulnerable groups having access to prioritized primary and referral health care services • Local/ district health authorities participate in the design and implementation of health interventions • Active collaboration with other sectors in the design and implementation of health interventions including water and sanitation, structural engineering firm, etc • Health facilities are supported and strengthened by responding agencies • No alternate or parallel health facilities are established unless population does not have ready access to existing hospitals • Coordination mechanism are established at central/ federal, provincial and district level within the health sector • Specific responsibilities of each health agency are clarified and documented • Regular health sector coordination meetings are held at different levels and with development partners. • The number, level and location of health facilities are appropriate to meet the needs of the population • Technical assistance of recognized structural engineering firm is available to health sector • Other Technical assistance needs at different levels are met • Agreed procurement guidelines are followed and steps of procurement are monitored on specific checklist and timetable
Provision of Preventive/ Primary Health Care Services and Disease control	• Local health workers are supported and program is expanded after a mapping exercise and re-registration of catchment's population • A standardized health management information system (HMIS) is implemented by all health agencies to routinely collect relevant data on demography, mortality, morbidity and health services • Health facilities and agencies submit surveillance data to the designated coordinating agency on a regular basis • Regular surveillance report, including analysis and interpretation of the data is produced by the coordinating agency. Detection and response to infectious disease outbreaks are immediately taken • Specific preventive measures such as mass vaccination campaigns/ EPI are implemented • Community health education messages are regularly provided to communities. Public health education messages encourages people to seek early care for fever, cough, diarrhea, etc especially children, pregnant women and older people • Tuberculosis control programme is implemented in all tehsils of affected districts • People have access to the following essential packages of services: o Safe blood supply o Universal precautions to prevent iatrogenic/ nosocomial transmission in emergency and health care setting o Subsidized / free male condoms and promotion of proper use o Syndromic case management of sexually transmitted infections o Basic health care for people living with HIV/AIDS • Plans are initiated to implement a comprehensive range of reproductive health services integrated into primary health care as soon as possible • Individuals experiencing acute mental distress have access to psychological first aid at health services facilities
Rehabilitation program and improving access for the disabled	• Health facilities and offices are appropriately designed with improved access for disabled • A specific agency is designated to coordinate programs for disabled individuals • Plans are initiated to implement a rehabilitation program as soon as possible

Strategy	Guidelines for Developing Monitoring System
Strengthening health system management:	• Health services are provided at the appropriate level of the health system: four tier of health facilities and community health workers • The number and skills of health staff at specific level is appropriate • Adequate staffing levels are achieved so that health care providers are not required to consistently consult on more than 50 patients per day. If this threshold is regularly exceeded, additional clinical staff are provided • Technical assistance is provided at appropriate level to fill the human resource gaps and provision of additionally required short term assignments • Utilization rates of health facilities are monitored and corrective measures taken of there is over- or under utilization • A standard referral system is established • Standard essential drug list is established by the NWFP/ AJK health authorities • People have access to a consistently supply of essential drugs • Laboratory services are available and utilized at all appropriate levels. • Minimum package of essential service delivery is implemented at all levels
Emergency preparedness and disaster management at the federal, provincial and district level	• National, provincial and district level Emergency preparedness and disaster management plan are available and implementation mechanism is identified • In situation with a large number of injured patients, a standardized system of triage is established to guide health care providers on assessment, prioritization, basic resuscitation and referral • Standardized guidelines for the provision of first aid and basic resuscitation are established • Standardized guidelines for provision of maternal and neonatal health services as a part of disaster management are developed • Standardized protocols for the referral of injured patients for advanced care, including surgery, are established with suitable arrangement of transportation • Definitive trauma and surgical services are established only by agencies with appropriate expertise and resources • In situation with a potentially large number of injured patients, contingency plans for the management of multiple causalities are developed for relevant health care facilities

Implementation Guidelines

BUILDING BACK BETTER:
Reconstruction and Rehabilitation Strategy in Earthquake Affected Areas

IMPLEMENTAION GUIDELINES FOR HEALTH SECTOR

1. The main activities to be implemented in the health sector in earthquake affected areas of NWFP and AJK are the following:
    - Reconstruction and Retrofitting of health outlets
    - Assessment of intact health outlets and retrofitting of building as per recommendations
    - Provision of curative and preventive health care services during "Transition" phase
    - Strategic planning and implementation of program for disabled
    - Strategic planning and implementation of disaster management plan
2. Details of destroyed and damaged health facilities are given in the strategic plan. The relevant Department of Health (at provincial and district level) with relevant stakeholders/ organizations will prioritize health schemes considering the guiding principles mentioned in the strategic plan. A structural engineering firm will also assess the intact health facilities for seismic safety and accordingly the retrofitting work of these facilities will be included in the plan later on.

Packaging of Schemes

3. Schemes for secondary and tertiary level hospitals will be made on individual basis. Schemes for primary health care facilities will be packaged preferably based on geographical basis in such a manner that it encourages construction companies of national and international level. Geographical rationalization of health facility will be considered based on catchment's population, accessibility, and health facility utilization rate. This will need up-gradation of few BHUs into RHC and de-emphasizing of some BHUs/ health facilities. Preferably, one primary health care scheme will consist of a cluster of one RHC and 4-6 BHUs, as this would also help in establishing linkages in future.

Prioritization of Schemes & Preparation of Annual Plans

4. The prioritized health schemes will be included in the annual work plan to be prepared by all relevant district health offices. Most of the referral hospitals are to be prioritized in the first year, as it will take longer time for reconstruction. While prioritizating, health needs of the affected population and availability of health care providers shall be considered. The planned phasing for the construction work may change considering agreement with the sponsor agency. All district health offices will prepare their annual work plan and will submit to respective district reconstruction unit (DRU) for review and approval by the District Reconstruction Advisory Committee (DRAC). After approval, the plan will be approved by the steering committee at provincial/ state level and will become the basis for release of funds by ERRA to the respective implementing agency. Annual plan of action will also explain the strategies for the provision of curative and preventive health care services during the 'Transition' phase. Strategies to meet human resource requirements and provision of supplies including medicines shall also be included. Communities/ local leadership and partner organizations will be involved in preparation of annual plan of action.

Designing Process

5. For reconstruction work, standard designs have been prepared by NESPAK and the same will be followed. However, site-specific detailed designs are to be included in the scheme digest. Design

companies will be contracted by PERRA/ SERRA through competitive process to prepare detailed designs and cost estimates. If some department/ donor or sponsor agency want to propose new designs then these must be reviewed by NESPAK for seismic safety, meeting quality construction needs and ensuring facilities to be user friendly especially for vulnerable populations including women, children, disabled and old aged people.

Preparation of Scheme Digest

6. Based on approved plan of action, Scheme digest will be prepared by the relevant EDO(H)/ MS of the hospital on a simplified standard performa developed by ERRA. In scheme digest for reconstruction, there will be three annexes: (i) Staffing table (sanctioned posts, posted and plan for meeting HR needs), (ii) List of equipments (standard, available and required with cost estimates), (iii) actual site plan and design of the facility with details of residential area construction, boundary wall etc.
7. The relevant department of health will provide standardized list of equipments for different types of health facilities with standard requirements and estimated costs. The department of health will also provide specification of furniture and equipments. For electro-medical equipment, two to three different options for specification with estimated cost will be provided considering availability of equipment in the market, after sales service and quality of the product.
8. EDO(H) and MS will prepare the scheme digest, which will be checked by the District Reconstruction Unit (DRU) and will be submitted for approval to District Reconstruction Advisory Committee (DRAC), Provincial/ State Steering Committee and ERRA Board.
9. All sponsor projects will also be submitted on the same line for clearance and a copy of MOU between ERRA and sponsor agency must be attached.
10. Preferably PHC projects will be submitted in packages.

Approval of Project

11. Project packages up to Rs. 5 billion (if foreign exchange is not involved) will be approved by the Steering Committees at provincial/ State level. Donor funded projects will be approved as per procedures agreed with a particular donor.
12. Project packages up to Rs. 40 million will be approved by the District Reconstruction Advisory Committee and will be sent to PERRA/ SERRA for endorsement and release of funds by ERRA.

Tendering Process for Reconstruction

13. Site identification and selection and handling over of site for reconstruction and retrofitting will be the responsibility of District Health Office. The District Health Office will also be responsible for taking charge of reconstructed/repaired health facilities.
14. A notified committee at the relevant level will initiate competitive tendering process. EDO(H) /MS of the hospital will be the member of the committee along with W&S (NWFP)/ PWD(AJK) and program manager in DRU shall chair the proceedings. Successful bidder will be selected on the basis of a criteria taking into account experience of the firm, its capacity to deliver work, competence, financial soundness and proposed completion period. If there is no consensus among the members, majority of votes will suffice to make a decision. Minutes of the process will be prepared and signed by all the members. Procurement rules of ERRA will be used as guidelines.
15. Tendering process for reconstruction of health facilities under sponsored projects will be made by the relevant organization as per MOU with ERRA and / or under guidelines agreed with Economic Affair Division. DRU will ensure that minimum standards for reconstruction are met and the reconstruction is

as per designs approved by NESPAK. This may also include prior reviews of tender documents, prior reviews of contracts, periodic progress reporting, etc.

16. Contracts will be awarded to the successful bidder for civil works by (W&S) department (NWFP) or PWD (AJK) with copies endorsed to DRU and PERRA/ SERRA.

Rate contract for Equipment and Furniture Items

17. As per standard list, packaging and specification provided by the department of health, PERRA/ SERRA will start competitive tendering process for rate contract. The committee will consist of DG (ERRA), member from Department of Health, Department of Finance and P&D department. Successful bidder will be selected on the basis of a criteria taking into account experience of the firm, its capacity to deliver work, competence, financial soundness and proposed completion period. If there is no consensus among the members, majority of votes will suffice to make a decision. Minutes of the process will be prepared and signed by all the members. Procurement rules of ERRA will be used as guidelines.
18. Procurement for sponsored projects will be made by the relevant organization as per MOU with ERRA and / or under guidelines agreed with Economic Affair Division. DRU will ensure that minimum specifications of the equipment/ furniture, notified by the DOH are met. This may include prior reviews of specifications, periodic progress reporting, etc.
19. Based on approved scheme digest, DRU may be authorized to place purchase order under intimation to PERRA/ SERRA or may send request to PERRA/ SERRA to place purchase order. Funds will be provided to the relevant implementing agency/ unit for payment to the firm as per contract and after completion of codal formalities.

Flow of Funds

20. The tenders approved at district and provincial level, according to relative competence shall be intimated to the ERRA for release of funds. Funds will be released to the accounts of PERRA/ SERRA or DRU as the case may be.

Payments to Contractors

21. After completion of civil work or as per agreement, the contractor will submit bills to W&S/ PWD. After verification, bills will be sent to DRU or PERRA/ SERRA for payment.
22. For equipment, furniture and other supplies, the contractor will submit bill to District health office or DOH. After verification, bill will be sent to PERRA/ SERRA for payment through DHO/ DOH.

Projects related to Services

23. Projects related to health services (preventive, curative and rehabilitative) will be developed by concerned District Health Office or Department of Health or Ministry of Health or partner organization and will be checked by the concerned reconstruction agency/ authority and accordingly will be approved and forwarded to ERRA for final approval and release of funds.

Conflict Resolution

24. Conflict may arise between different stakeholders during implementation. At district level, District Reconstruction Advisory Committee will be the authority to resolve issue, whereas at provincial/ state level, the Provincial/ State Steering Committee will be the authority. ERRA would be the final authority to resolve conflicting issues.

Monitoring and Evaluation

25. ERRA will set the standards for monitoring requirements for all levels. DRU and PERRA will undertake routine monitoring in collaboration with Departments of Health and District Health Offices. ERRA will engage external structural engineering firm's services to monitor progress and implementation of standards.

Roles and Responsibilities during Implementation

26. The matrix attached at annex A describes the roles and responsibilities in health sector during implementation of reconstruction and rehabilitation phase.

Annex "A"

Roles and Responsibilities Matrix for Reconstruction Activities

Activity	DISTRICT	PROVINCE	FEDERAL
Packaging of PHC facilities	**EDO(H)/ DHO (propose)**	**DOH (approve)**	
Prioritization of Schemes	**EDO(H)/ DHO (propose); DRAC (approve)**	**PERRA/ SERRA with DOH (endorsement)**	
Preparation of District Plan	**EDO(H)/ DHO and DRU**		
Approval of District Plan of Action	**DRAC**	**Provincial/ State Steering Committee**	
Preparation of Provincial/ State Plan		**DOH**	
Standardized designing of health facilities			**NESPAK**
Detailed designing of health facilities		**Design firm hired by PERRA/ SERRA**	
Preparation of list & specification of equipments/ furniture items		**DOH**	
Preparation of scheme digest	**EDO(H)/ DHO**		
Checking of project digest	**DRU**		
Approval of project	**DRAC**	**Provincial/ State Steering Committee**	
Demand for release of funds to DRU	**DRU**		
Demand for release of funds to PERRA/ SERRA		**PERRA/ SERRA**	
Release of funds to PERRA/ DRU			**ERRA**
Site identification, selection and handing over site for reconstruction and retrofitting	**EDO(H)/ DHO/ MS**		
Invitation of tenders for civil works	**W&S/ PWD**		
Bid evaluation	**Committee under DRU**		
Award of contract	**W&S/ PWD**		
Monitoring of construction work	EDO(H)/ DHO/ MS & DRU **W&S/ PWD**	DOH PERRA/ SERRA	ERRA
Evaluation of construction work			**NESPAK**
Taking over charge of health facility	**EDO(H)/ DHO/ MS**		
Payment to contractor by	**DRU**	**or PERRA/ SERRA**	

Invitation of bids for procurement of equipment, furniture and supplies		**PERRA/ SERRA**	
Rate contract for equipment and furniture items		**PERRA/ SERRA**	
Issuance of work order	**DRU**	**or PERRA/ SERRA**	
Receipt of equipment/ furniture items	**EDO(H)/ DHO/ MS**		
Payment to contractor by	**DRU**	**or PERRA/ SERRA**	
Monitoring	EDO(H)/ DHO/ MS & **DRU**	DOH & **PERRA/ SERRA**	ERRA
Third party evaluation		**PERRA/ SERRA**	**ERRA**
Audit			**ERRA - internal** **Audit Department - external**
Availability of audit report on website			**ERRA**
Conflict resolution	**DRAC**	**Provincial/ State Steering Committee**	**ERRA**