

POLICY BRIEF

Needs Assessment Study – Primary Health Sector BAHAWALNAGAR

More than half of the population of Pakistan lives in Punjab province. In spite of an extensive network of public health care facilities at the primary level, health status indicators for the province are not satisfactory. Recent data indicate that there are about four million malnourished children in Punjab. The infant mortality rate is **77 per 1,000** live births and the maternal mortality rate is estimated to be **227 per 100,000** live births¹.

It can be argued that the poor health outcomes are strongly related to serious deficiencies in the health services, provided by the government. The Sub-National Governance Programme (SNG), Punjab, conducted a study in Bahawalnagar district to assess these gaps. The objective of this study was to identify the needs of the citizens, especially women, children and marginalized groups of district Bahawalnagar in primary health care sector (to the extent of BHUs only) and after district budget analysis make recommendations to align the district sector budget to meet these needs.

¹ Source: Pakistan Millennium Development Goals Report 2013

FINDINGS OF THE STUDY:

COVERAGE



Lack of trained staff for delivering current package of services at BHUs.



Lady Health Workers (LHWs)/ Health Homes (HHs) cover only 75% of area.



Non-availability of medicines and vaccines.



Lack of basic equipment like blood pressure apparatus & weigh machine etc.



Insufficient laboratories, diagnostic facilities, cold chain and refrigerators.

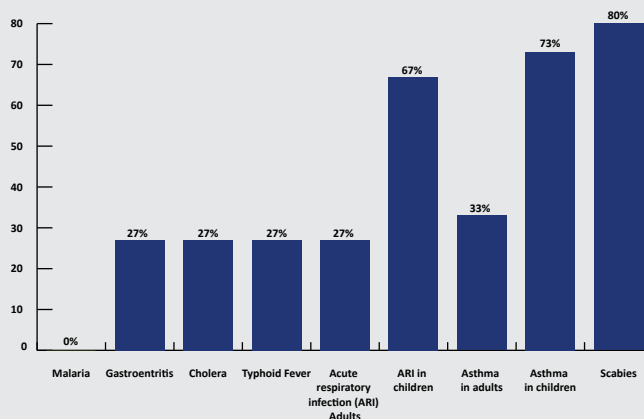


Weak referral system.



Poor focus on women and children's health issues and services.

Proportion of BHUs lacking treatment facilities



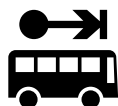
ACCESS



Remote location of BHUs is a major impediment to access.



Lack of access due to poor road conditions and inadequate transport facilities.



Mean distance of patient's residences from BHU is as high as 2.6 km.



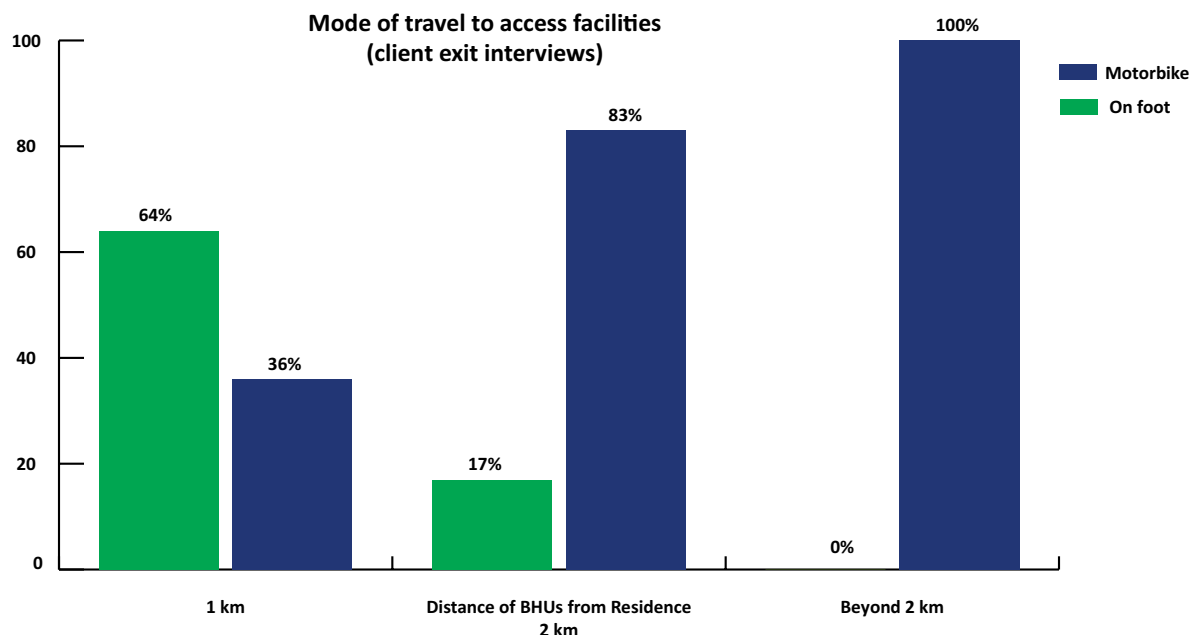
People living in remote villages cannot afford to rent a vehicle, so they prefer to seek the services of nearby unskilled birth attendants.



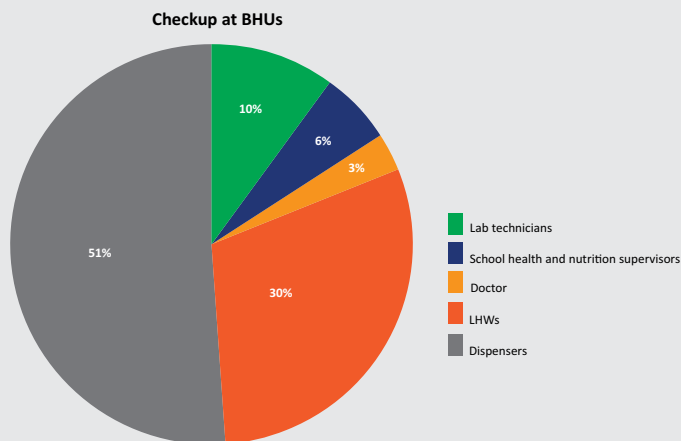
Limited opening hours of BHUs (from 8am to 2pm) are also a hurdle in accessing facilities.



Women have to seek permission from their mothers-in-law or have to wait for male members of their family in order to visit health facilities, limiting their access.



QUALITY



About 75% of patients do not wait for more than 15 minutes before being examined by health care providers.



Around 23% of citizens receive services at a BHU free of charge, whereas 75% pay for services.



Only 3% patients are examined by doctors.



77% of respondents/patients are satisfied with the overall BHU experience, whereas 17% are unsatisfied.



Non-availability of clean and safe drinking water and electricity at BHUs.



Documents guiding provision of quality services are either not available or are not being followed.



MANAGEMENT AND GOVERNANCE

- Limited use of parameters or indicators for planning health services.
- Absence of collated information results in constrained decision-making.
- Questionable and un-reliable quality of data coupled with limited capacity to analyse and use evidence-based information.

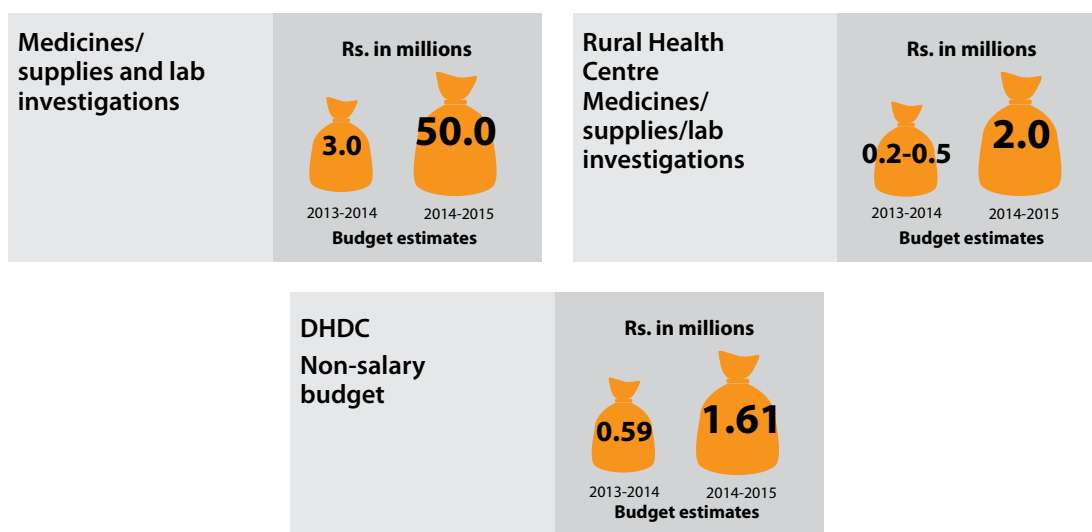
- Low level of coordination between regular health department and vertical programmes.
- The allocation for non-salary expenditure is 30% but it is not properly planned or effectively used.
- The district budget is prepared using an incremental approach, without looking at the sector-specific needs of the citizen.
- Petrol, oil and lubricants (POL), human resources and funds are generally lacking for monitoring.
- Disease patterns of the district are not considered when assessing demand and distributing medicines at BHU level.
- Promotions are made on a routine basis, based on seniority, and are not linked with performance. There is no incentive system in place to motivate managers and employees to perform better.

RECOMMENDATIONS:

In order to meet the needs identified in the needs assessment study, the following budget allocation proposals have been formulated and shared with the district government:

- **Allocation for supplies and basic diagnostic facilities at the BHUs should be increased from Rs. 3.0 million to Rs. 34.08 million, in accordance with Essential Package of Health Services (EPHS) standards.**
- **Rs. 1.0 million should be allocated in the district budget for establishing medical camps in far-flung areas identified through geographic information systems (GIS) analysis.**
- **The cost of facilities / equipment is estimated to be Rs. 1.6 million per BHU (Rs. 163.2 million for all BHUs), on the basis of EPHS standards. The cost of missing facilities/ equipment is estimated to be Rs. 79.3 million. The district government is advised to access funds available under a provincial Annual Development Programme (ADP) scheme for this purpose.**
- **The needs assessment study identified that the POL for motorcycles is not provided to vaccinators for various reasons; therefore, a separate allocation should be made in the budget for the provision of POL. This amount may be disbursed through the use of fleet cards.**
- **It is proposed that the non-salary budget for the District Health Development Centre (DHDC) in the district be doubled in order to ensure the DHDC provides training to district health staff.**

These proposals have been accepted and incorporated in the district budget 2014–15. The effect of these proposals is depicted below:



Note: Increased allocations for BHUs will directly benefit women and children as a large array of antenatal, intra-natal, post-natal and newborn care services are provided at the BHU level.