

POLICY BRIEF

Needs Assessment Study – Primary Health Sector HAFIZABAD

Catering to the diverse social services needs of the large population of around 100 million in the province of Punjab is a huge challenge. Despite an extensive network of public health care facilities at the primary level, the health status of the people is far from 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 (117 for Hafizabad district) and the maternal mortality rate is estimated to be **227** per **100,000** live births.¹

Along with other reasons, it is argued that the poor health outcomes are strongly related to serious deficiencies in the health services provided by the government. In order to assess these gaps, the Sub-National Governance (SNG) Programme, Punjab, conducted a study of Basic Health Units (BHUs) in Hafizabad district. This study was followed by a comprehensive analysis of the district budget, to identify the needs of the citizens of Hafizabad district – especially women, children and marginalised groups – in terms of the primary health care sector. Recommendations were then provided, with the intention of aligning the district sector budget so as to cater to the needs of the population.

It is worth mentioning that in Hafizabad district the Punjab Rural Support Programme (PRSP) is managing primary health care service delivery through a special arrangement under the Chief Minister's Initiative for Primary Healthcare. Under the terms of this arrangement the district government transferred the budget and administration of BHUs to the PRSP, which is managing and operating the health facilities. The SNG study has reported some improvements in certain areas, like the presence and punctuality of staff, increased patient turnover, better availability of medicines and general cleanliness and maintenance of the facilities. However, despite full administrative leverage Hafizabad district is still facing issues relating to the provision of quality services.

¹ Source: Pakistan Millennium Development Goals Report 2013

FINDINGS OF THE STUDY:

COVERAGE



Insufficient financial and human resources for delivering the package of services approved and announced by the provincial government.



Around 65–70% of the population are covered by Lady Health Workers (LHWs)/Health Houses (HHs). However, these are not playing an effective role due to weak monitoring and evaluation (M&E) and incentives frameworks.



Weak referral system.



No ambulance services are available to help the community to access BHUs or for referrals from BHUs to higher level health facilities.



Shortage of medicine and equipment is an impediment in providing services to the community.



Poor arrangements for maintaining the cold chain for vaccines.



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

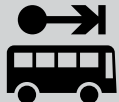
ACCESS



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



People living in villages cannot afford to rent a vehicle so they prefer to seek services from nearby Unskilled Birth Attendants.



The mean distance of patients' residences from a BHU is 3.7 km.



Where BHUs are located conveniently people are willing to seek health services: 47% of respondents of client exit interviews mentioned the close vicinity of the health facility as a major reason for seeking services from BHUs.

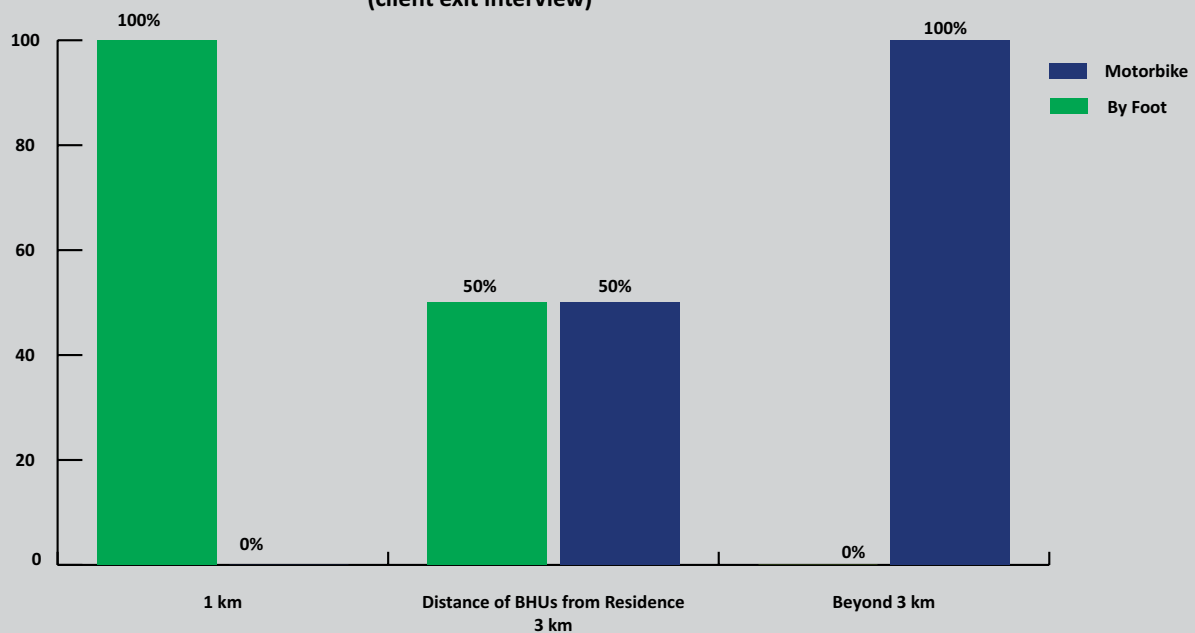


Women have to seek the permission of their mothers-in-law or have to wait for male members of their family in order to visit health facilities.



The limited opening hours of BHUs (from 8am to 2pm) is a hurdle in accessing services.

Mode of travel to access facilities
(client exit interview)



QUALITY



Instead of any written document, the staff was provided with only verbal instructions to ensure quality health services at BHUs.



Issues regarding the quality and availability of medicines are stated as the main issue for under-utilisation of BHUs.



Lack of trained and skilled staff.



All clients pay for the services offered by BHUs.



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



A male doctor examines 75% of the clients who visit BHUs while 25% are examined by LHWs. However, availability of women medical officers remains a problem.



Poor living conditions in staff residences has also led to absenteeism of staff.



93% of patients do not have to wait for more than 10 minutes to get medical treatment. The maximum waiting time is 15 minutes.



MANAGEMENT AND GOVERNANCE

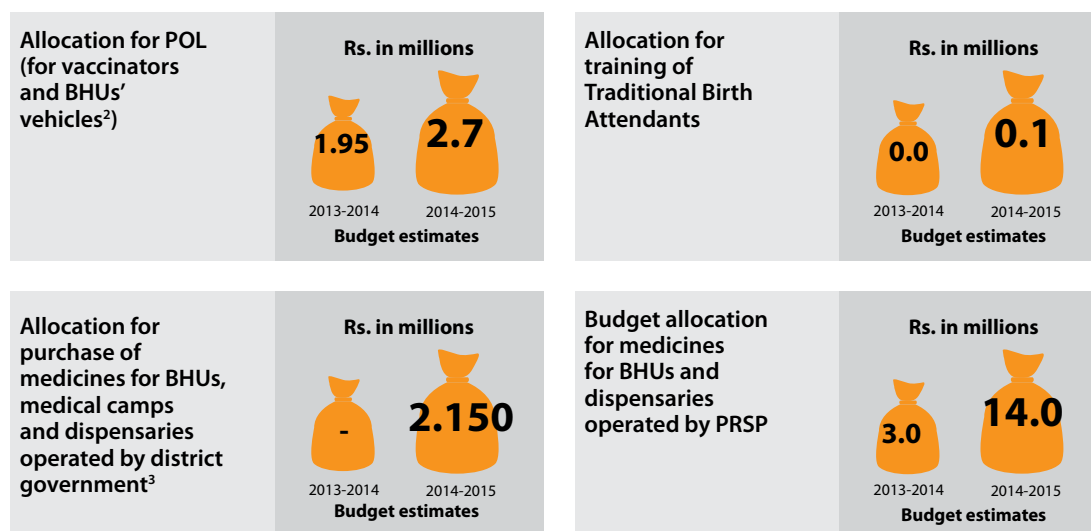
- Limited role of district in development of implementation plans due to lack of resources and institutional capacity.
- No mechanism to prioritise and confirm the needs of the community.
- District officials are not usually consulted when health policies are formulated or reviewed.
- Limited access to and use of reliable, evidence-based data sources for informed decision-making.
- Lack of effective coordination between District Health Department and PRSP.
- Absence of adequate supervisory and coordination mechanism has resulted in under-utilisation of available resources and thus poor performance of the health sector.
- Due to insufficient resources, scarce human resources, medicine and equipment, PRSP is facing major challenges in delivering the required package of services.
- Though PRSP has facilitated doctors, delays in the timely provision of resources are hindering their work.
- Many remote areas are not covered by LHWs.

RECOMMENDATIONS:

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

- An amount of Rs. 14.8 million is required for the provision of supplies and basic diagnostic facilities at all the BHUs, working out at Rs. 477,772/- per BHU. This amount can be re-allocated from the salary component of the Rural Health Centre (RHC) budget, where there has been substantial over allocation.
- The cost of facilities / equipment is estimated to be Rs. 1.6 million per BHU (Rs. 49.6 million for all BHUs), on the basis of Essential Package of Health Services (EPHS) standards. The cost of missing facilities/ equipment is estimated to be Rs. 15.24 million. The district government is advised to approach the Provincial Health Department regarding allocating Hafizabad district's share from the Annual Development Programme (ADP) 2014–15 scheme, for providing missing equipment at BHUs in the district.
- In order to establish medical camps in far-flung inaccessible areas, an allocation of Rs. 1.0 million is proposed in the district budget for FY 2014–15.
- Separate allocation may be made in the budget for provision of petroleum, oil and lubricants (POL) to vaccinators; this may be issued through the use of fleet cards to the vaccinators.
- One of the main reasons for under-utilisation of BHUs is a shortage of qualified staff in these facilities. The District Health Development Centres (DHDCs) have been established by the government in most of the districts, with a mandate for providing training to health sector employees. However, a DHDC has not been established in Hafizabad district. It is proposed that such a centre may be established here. In the meantime, Hafizabad district may utilise the services of the DHDC of a neighbouring district. It is proposed that an appropriate non-salary allocation for such training be made during the next financial year.

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.

2. Increase in allocation is to cater to the POL needs for vehicles and for provision of POL to vaccinators through the issuing of fleet cards.
3. Allocation for four BHUs operated by the district government of Hafizabad at Rs. 330,000 each; remaining amount for arranging medical camps.