

Health System Strengthening in District Battagram



A case study from Pakistan

Venue ----

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PAKISTAN



MMR 276
IMR 78

CPR 30%

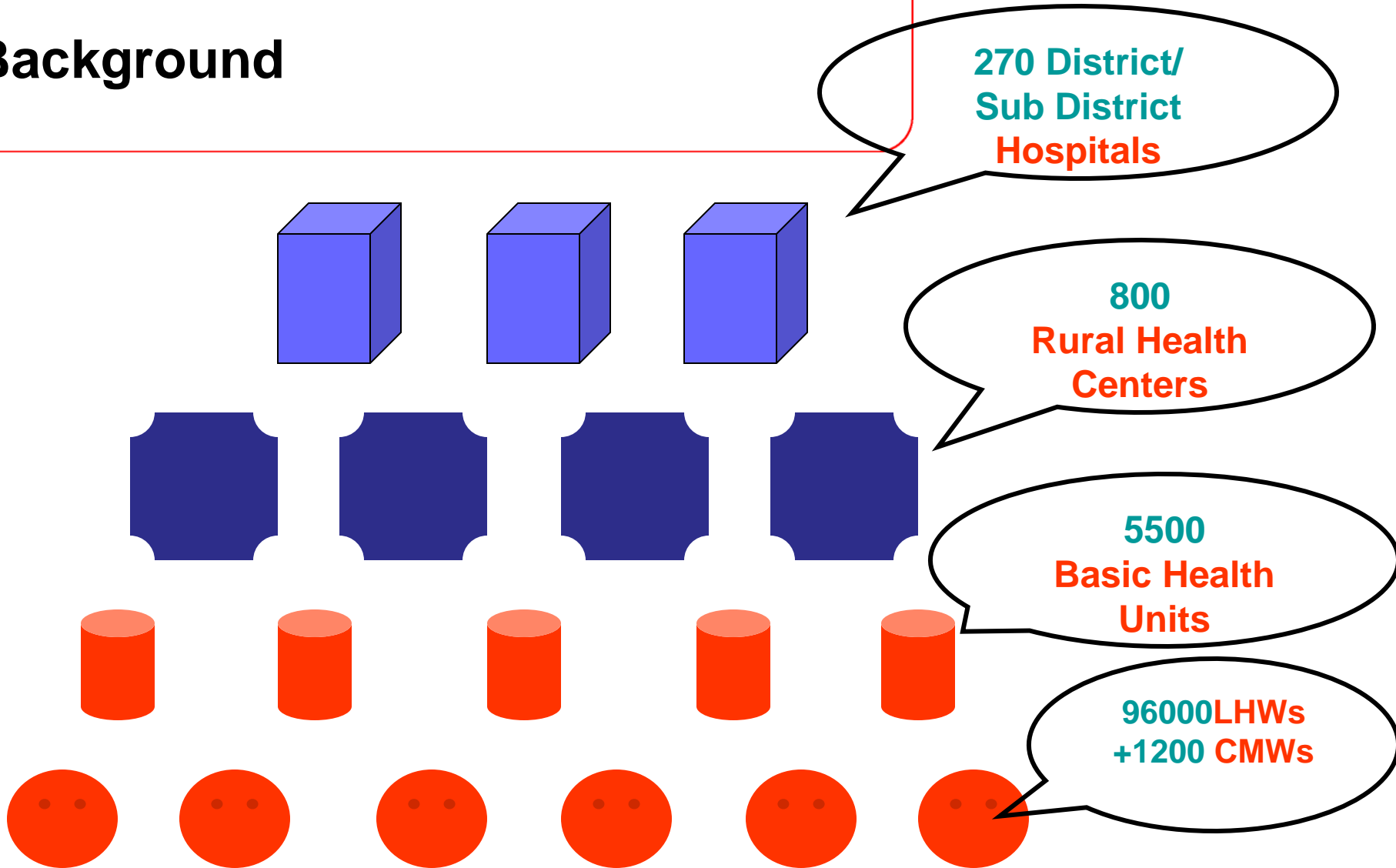
Under nutrition 38%
Acute malnutrition 13%

17.5 million
food insecure

180 Million People

0 200 km
0 120 miles

Background



Background

- Over **60%** of peripheral HFs under utilised:

- **Inappropriate site selection**
- **HR issues**

- **Gender and**
- **Staff**

transfers.

of health professionals

financial allocations- less resources for primary care

Weak management & ineffective monitoring and supervision



Emergency prone country

1985
Influx of
Afghan
Refugees

2005
Earthquake

2009
IDPs

2010;
2011;
2012
Floods



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Pakistan Earthquake 2005

Rural Health Center, Banna, Allai

Status of Health Infrastructure

Category	Total Number	Completely Damaged	Partially Damaged
DHQ Hospital	1	1	-
RHCs	2	1	1
CH	1	1	-
BHUs	28	25	3
CDs	6	6	-
TBC	1	1	-
MCH	1	1	-
EDO Office	1	1	-
Total	41	37	4

The Process

January 2007

Agreement signing between Save the Children and the World Bank.

Funds provided by WB-2.99 million US\$

October 2007

MoU Signing with District Health Department

February 2008

Salary & non-salary budget of DoH for management of Primary Health Care and vertical programs transferred to Save the Children.



The Batagram Model

(2008 to 2011)

Public Private Partnership

Revitalization
of
PHC services

Management of PHC
services

Capacity
Building

The HUB Approach

Performance Based Incentives

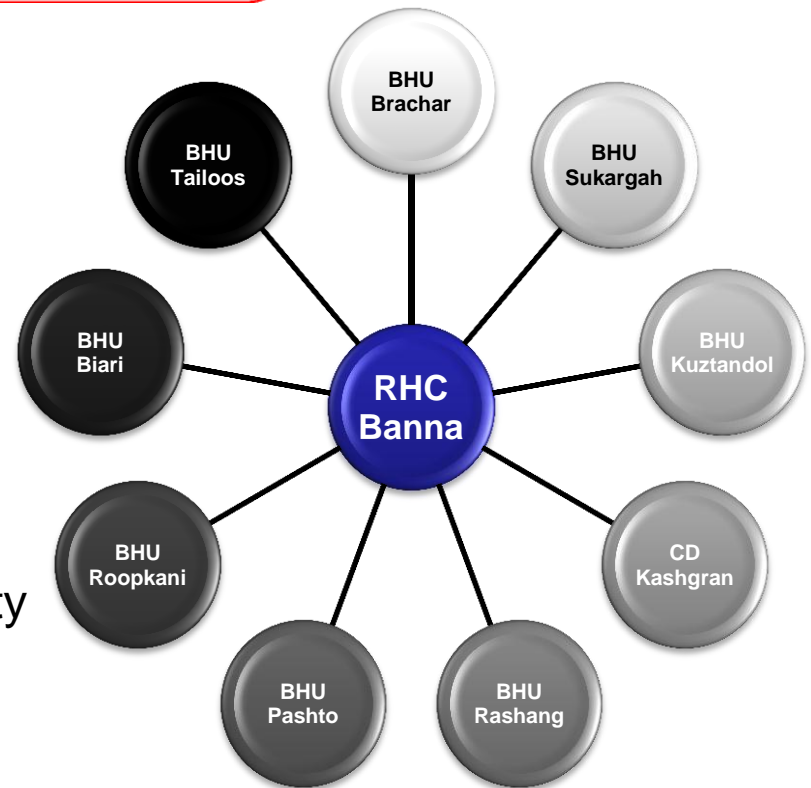


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The Hub Approach

One RHC attached with 6-10 BHUs

- Referral facility for attached BHUs
- Providing 24/7 Basic EmONC facility
- Ambulance service for timely referrals
- Housing & recreational facility for staff
- Mobility for supervision and rotation
- Some financial and administrative authority delegated to Hub I/C
- Services, timings, telephone numbers displayed at each facility



Performance Based Incentives

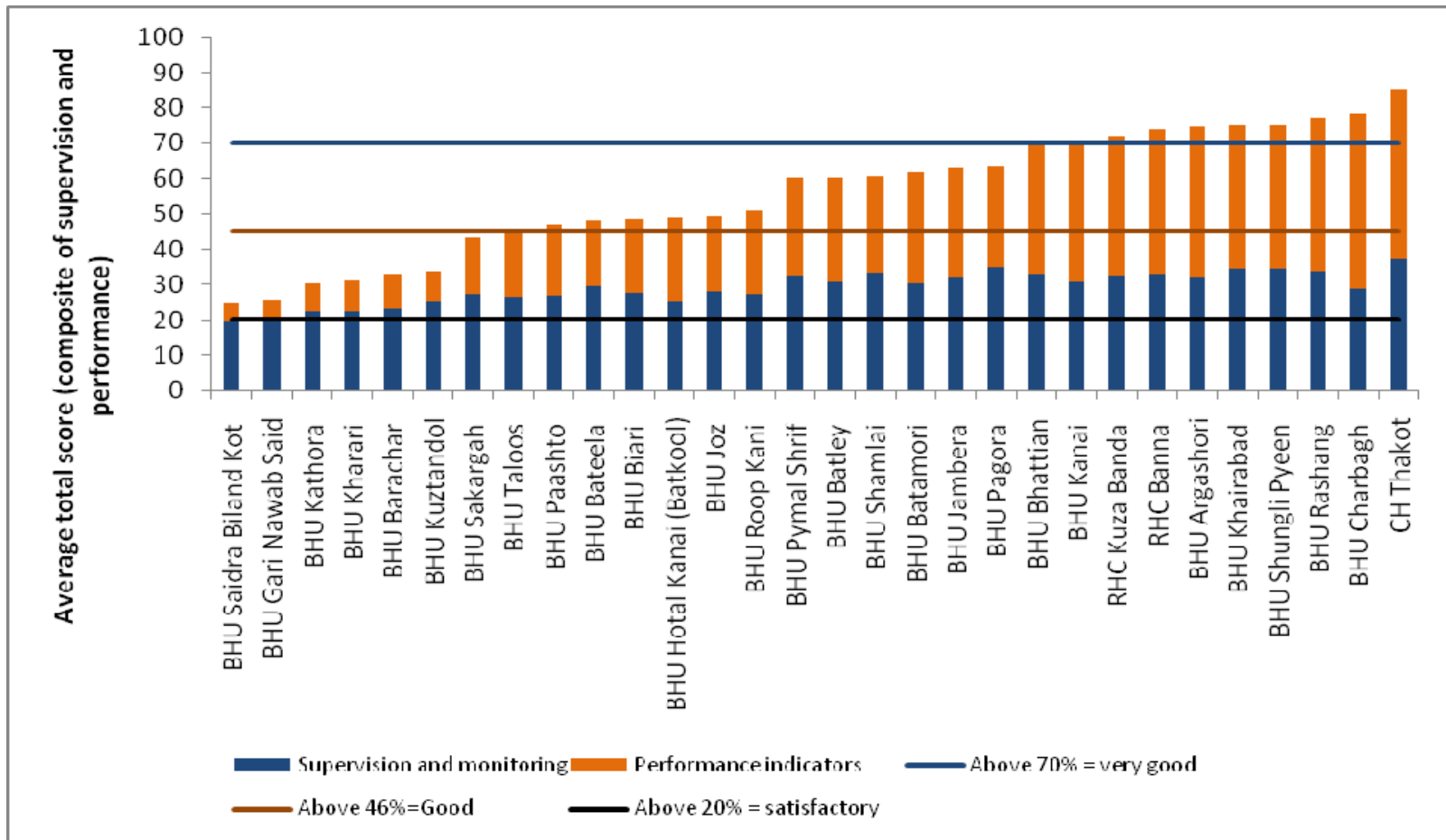
Rationale

- Government-Private sector pay package gap
- Devastation as a result of 2005 earthquake

Strategy

- In line with the policy of Government of KP
 - **20%** provided across the board
 - **21-35 %** linked to performance
- Total performance score was **100%**
- **40%** - monthly checklists of monitors and supervisors
- **60%** - monthly HMIS reports

Average total score for each BHU and RHC (September 2008 - April 2010)



Annual expenditure on PBI per capita in district Battagram, 2008-10

	Total expenditure 2008-2010, USD	Expenditure in one year, USD	Per capita per annum spend, USD	Ratio of expenditure to government
Over all project	2,095,297	838,119	2.88	1.84
PBI Component	497,103	198,841	0.68	0.44
Government Expenditure on health	1,205,6711	482268	1.65	
Total	3,233,333	1,293,333	4.45	

Capacity Building

- Identification and management of Malnutrition.
- Essential Surgical Skills – Enhanced Mother & Child Health
- Use of Information for District Managers
- Community Nutrition Program
- Multipurpose Workers Training Workshop
- "IMNCI Training"
- Infection control
- Refresher training workshops for EPI Technicians



- "Planning and Budgeting"
- Communication, Counseling, MNCH and TB DOTS
- "Urine sugar/albumin testing and Hb% estimation by routine methods" for lady doctors and lady health visitors (LHVs)
- MLMIS
- DHIS Software & Use of Information

Community Mobilization

- Village Health Committees were formed and linked to BHUs
- Improved demand and utilization of PHC services
- Regular monthly Out reach immunization was strongly proceeded by community mobilization involving community notables and religious leaders



Medicine Logistic Management Information System (MLMIS)

- Customized software to control medicine logistics operations
- Deployed in main store and three medicine hubs.
- Complete transition from hard to soft environment
- All concerned Government staff trained and refresher being conducted
- Salient Features
 - **User friendly interface**
 - **Medicine movement tracking on batch basis**
 - **Batch costing**
 - **Medicine consumption report health facility, hub and district wise**
 - **Medicine expiry alerts**
 - **Consumption based quantification analysis**
 - **Cost per patient analysis and its graphical representation**



District Health Management Team

- DHMT functioning well with participation from department of health, finance and law enforcing agencies
- Chaired by District Coordination Officer meet biannually to review programmatic and financial progress, HMIS findings and resolve operational issues



Health Facility Before and after the project

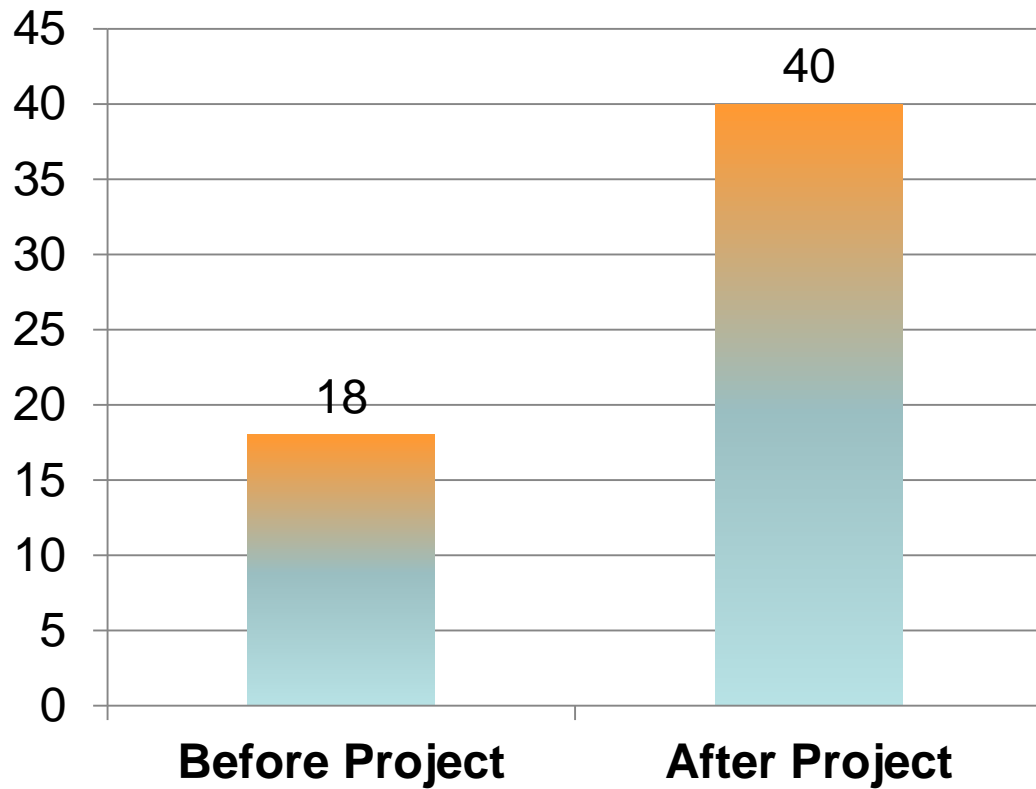


Charbagh Before

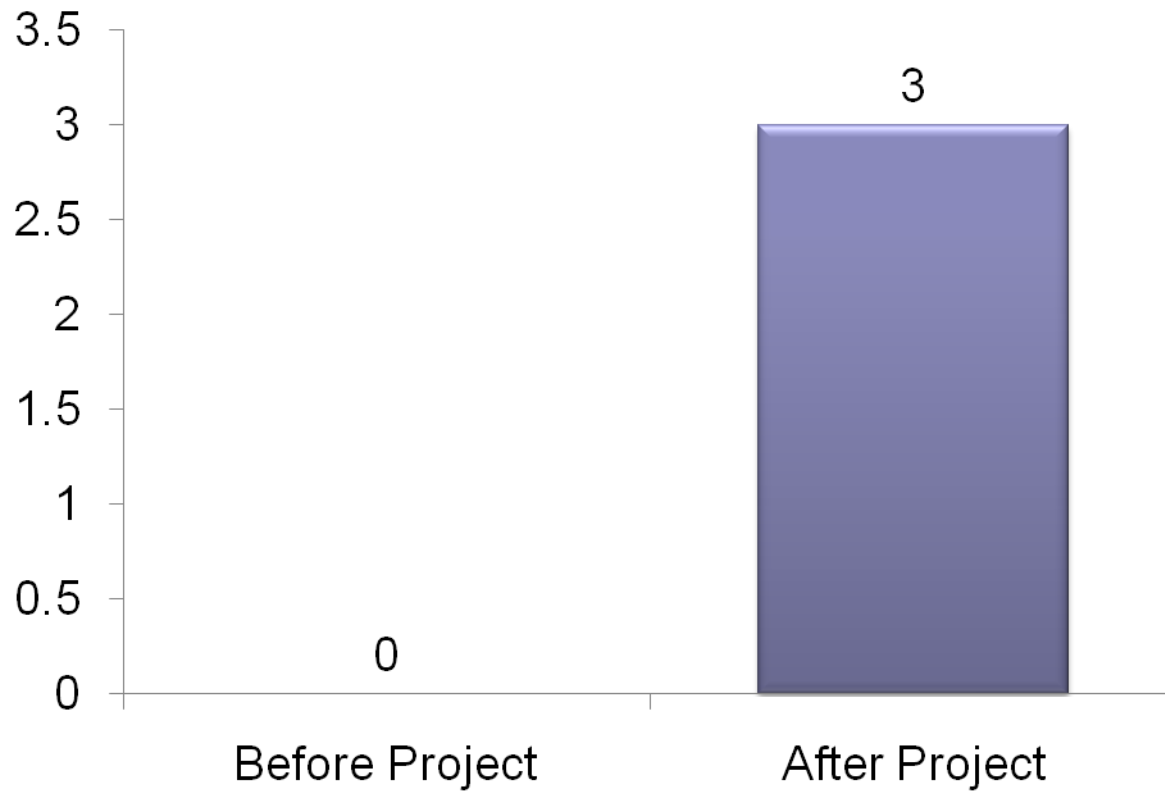


Charbagh After

Health facilities operationalised



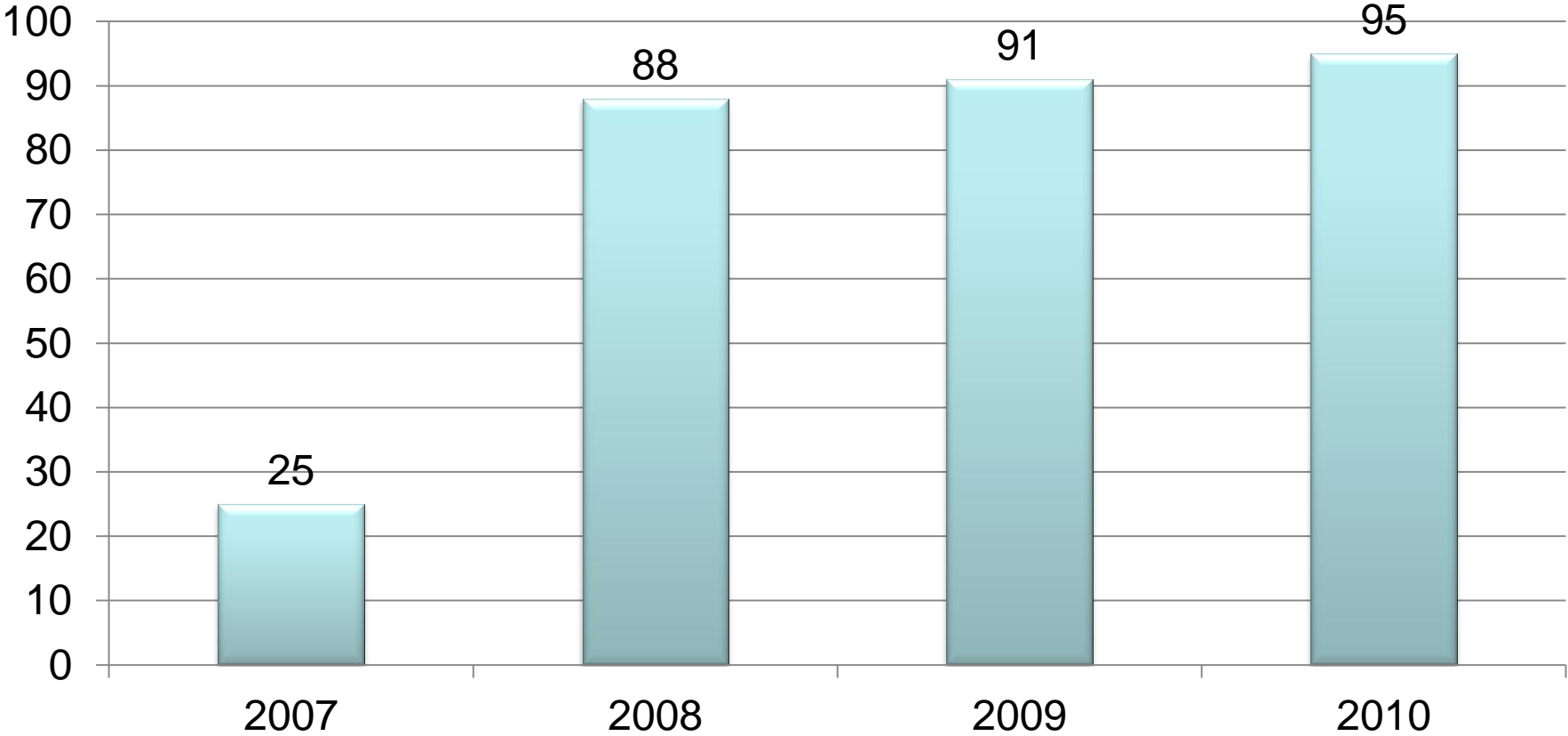
24/7 EmONC Facilities



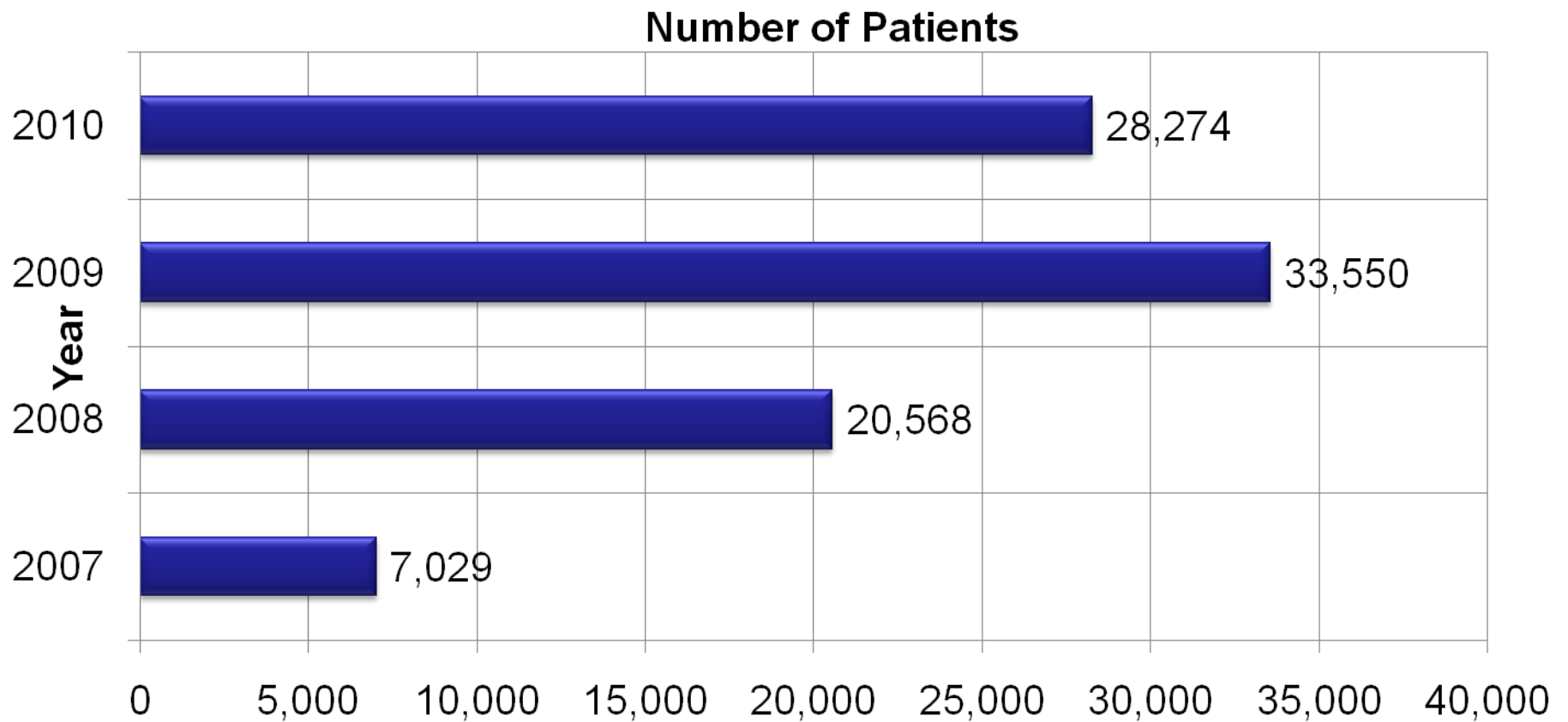
Human Resource

Human Resource	Before the Project	After the Project
Medical Officers	3	25
Women Medical Officers	1	6
Dental Surgeons	0	3
Dental Technicians	0	3
Medical Technicians	25	58
Dispensers	1	10
Lady Health Visitors	21	32
EPI Technicians	26	41
X Ray Technician	0	4
Lab. Technician	0	3

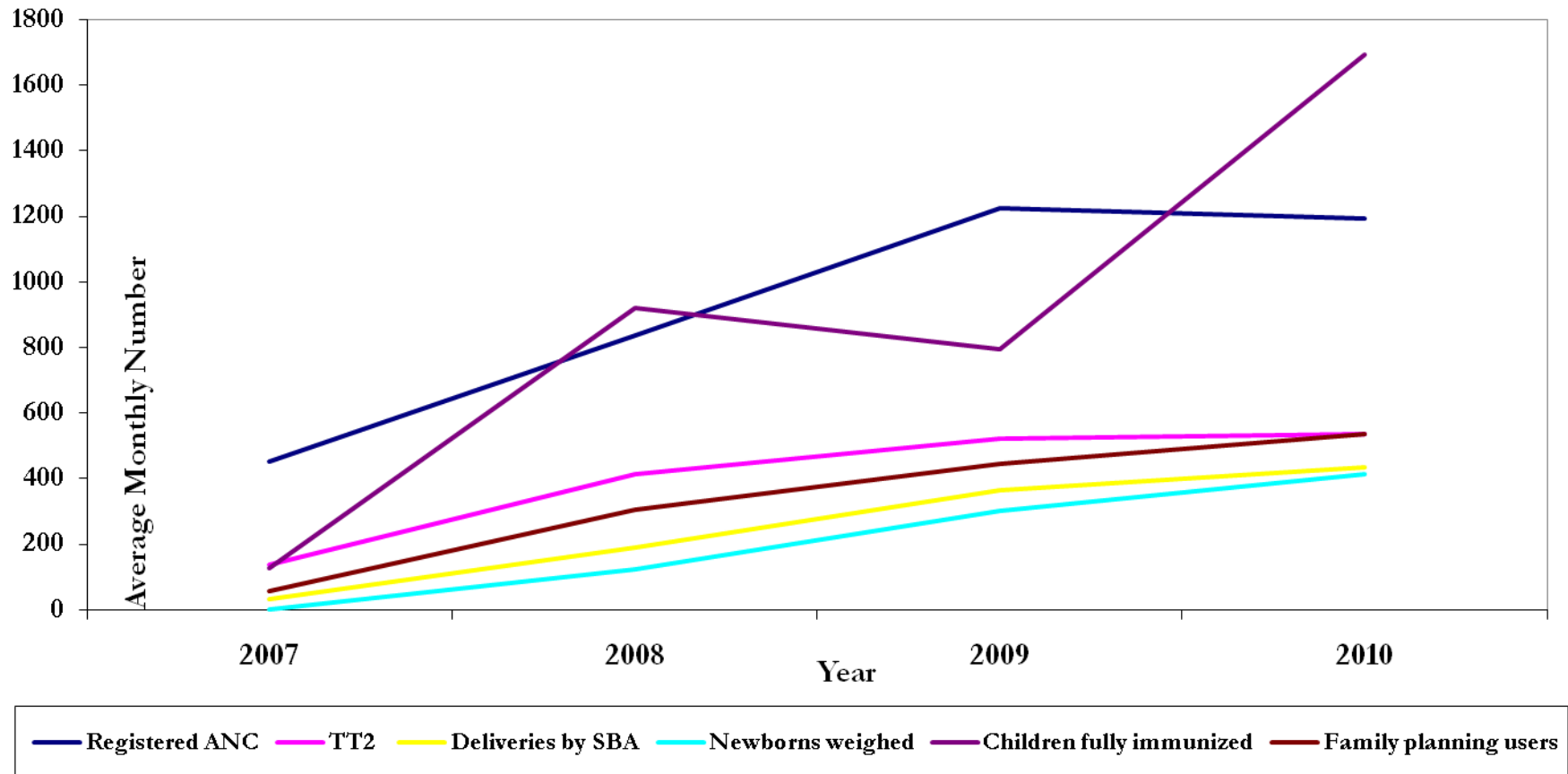
HMIS Reporting Compliance



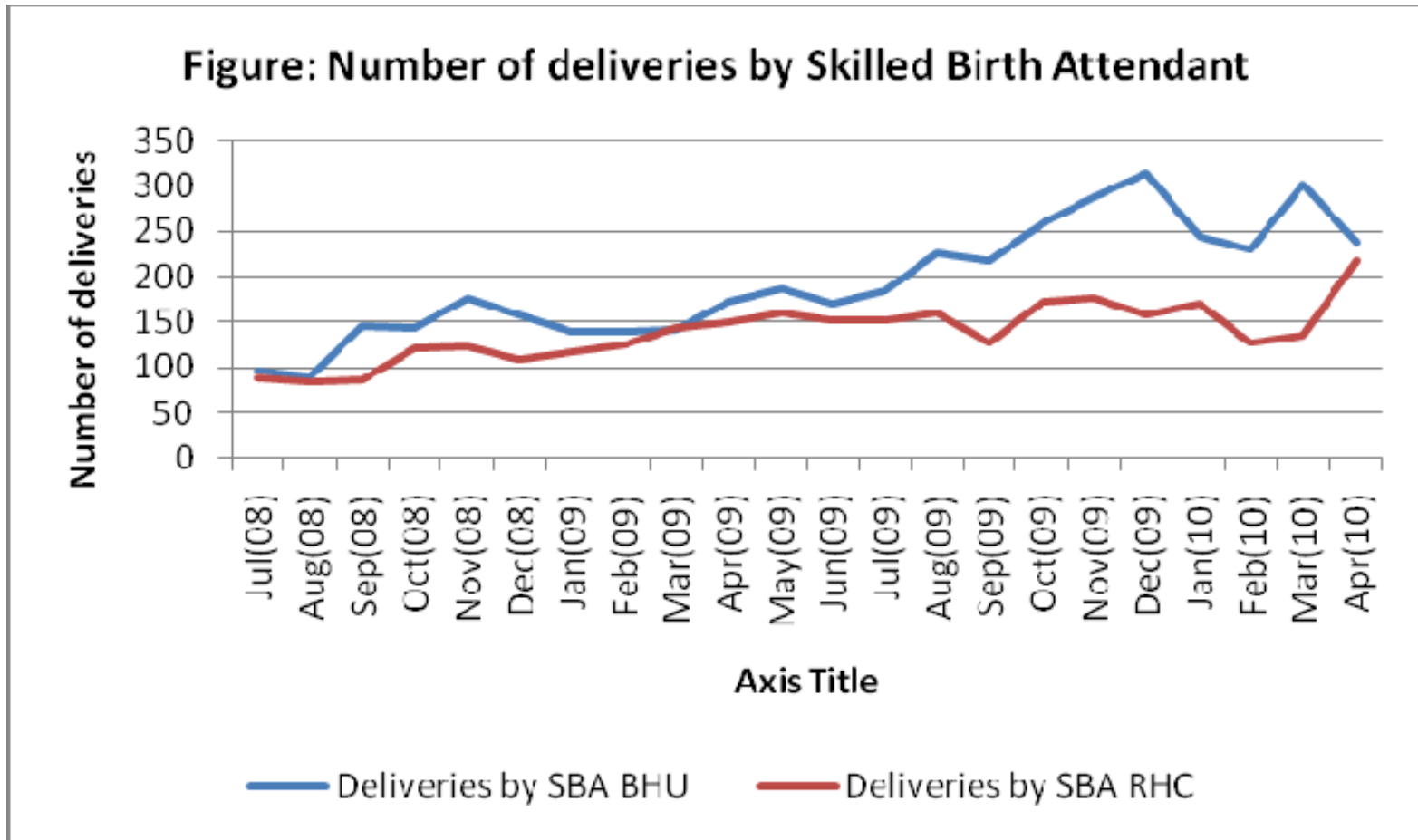
Average Monthly OPD from 2007 - 2010 by HMIS Reports



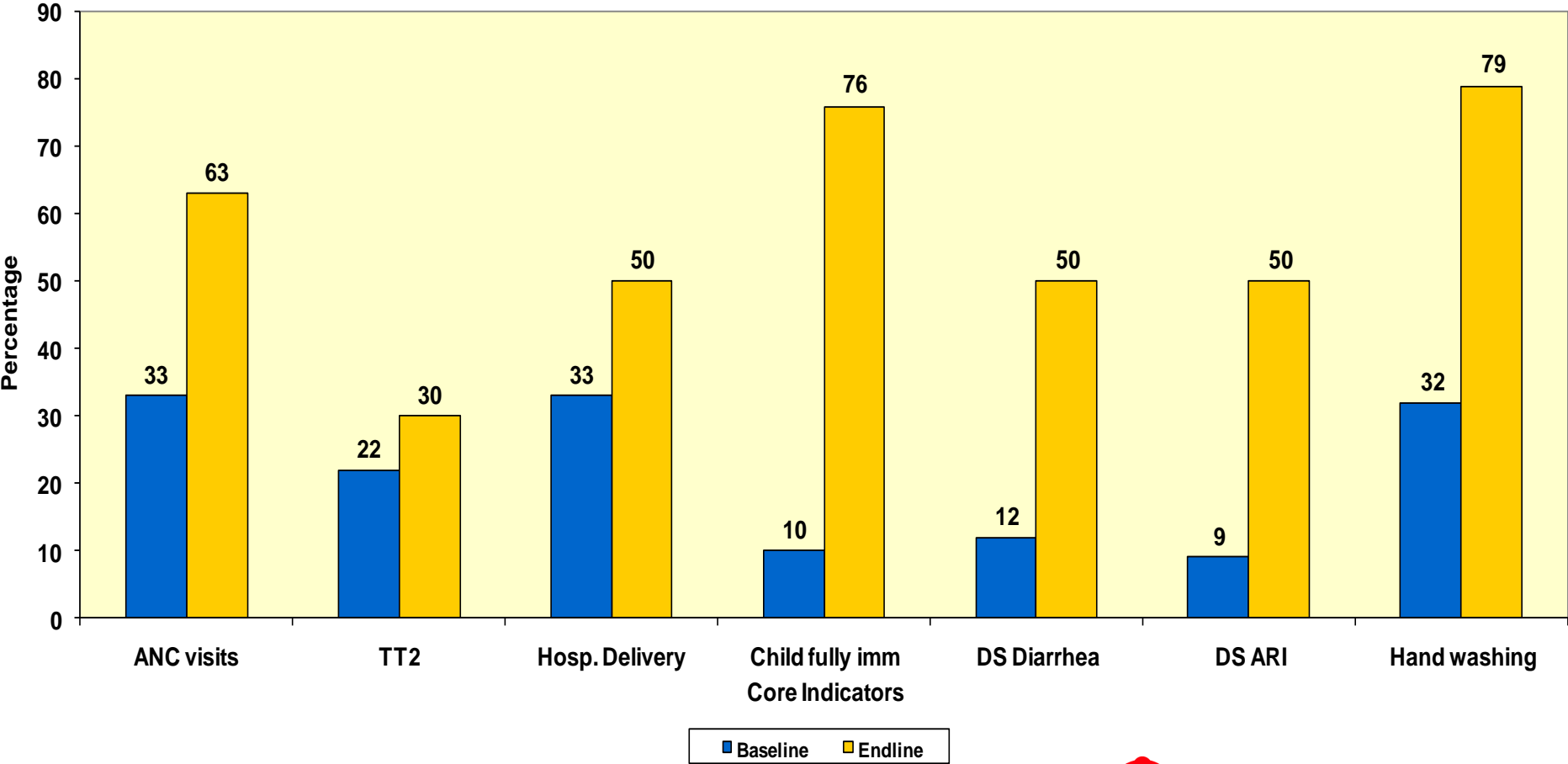
Trends in Output Indicators, 2007-2010 by HMIS Reports



Obstetric data from BHUs and RHCs: July 2008- April 2010,



Comparison of Core Indicators from Household Surveys- BL vs EL



Challenges

- Acceptance of an international agency(SC) managing the government health staff was initially low
- Low literacy rate and conservative local culture prevented women from delivering at facilities
- Ongoing conflict in KP province (Battagram adjacent to Malakand division)
- Extreme harsh weather during winters



Conclusions

- **Battagram Project** has contributed significantly to rebuilding district health services. It has done so at a cost of less than \$4.5 per capita (combining project and district health expenditure) and has achieved significant growth in outputs
- **Governance** Project geared towards improving governance with improved human resource management and capacity i.e. increased retention, reduction in staff absenteeism and effective use of information management system(HMIS and MLMIS) for district annual planning
- **Performance based incentives** It has demonstrated that a transparent and objective process for measuring performance of a facility as a whole can be implemented in Pakistan without causing staff resentment. It reduced staff absenteeism and improved HMIS reporting to 95%. Conducive working & living conditions ensured deployment of female staff
- **Scale-up** As apposed to planned exit, government requested SC to retain management responsibilities for another 5 years in Battagram meanwhile intend to scale up in other 5 districts of Pakhtunkhwa through MDTF through World Bank.
- **Published in** Journal of Human Resource for Health. <http://www.human-resources-health.com/content/9/1/23>



Thanks