

PROGRESS & CHALLENGES HEALTH SYSTEMS BUILDING BLOCKS IN SIX DISTRICTS OF PAKISTAN

WHO Building Block 1: Service Delivery

Good health services are those which deliver **effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.**

- WHO, 2010, *Monitoring the Building Blocks of Health Systems: A handbook of Indicators and their Measurement Strategies*, Geneva.

In 2014, the services being offered in most of the public health facilities primarily accessed by the communities involved in this project were inadequate – in some cases seriously so. Perennial problems across sites related to inadequate equipment and infrastructure, and the lack of repair and maintenance. For women, the absence of emergency transport and the non-availability of ultrasound testing were the most frequently cited barriers to effective health services. Today, new equipment, the repair and maintenance of infrastructure and equipment, arrangements to overcome electricity shortages that, amongst other things, have enhanced cold chain management, and the availability of ultrasound machines in many facilities have improved services. A considerable number of facilities are better equipped for providing Emergency Obstetric and Neonatal Care (EmONC) services in 2017 as compared to 2014. Improvements are far from uniform, however, and there are huge disparities across and within provinces. Many remaining challenges relate to inadequate funding for health services.

Service
Delivery

District Jaffarabad (Province of Balochistan)

- Destroyed by the 2012 floods, the **THQ Usta Mohammad** is in a precarious state. The infrastructure and equipment remain highly inadequate seriously affecting service delivery. Despite recent repairs of the gynaecology and male wards, the facility is barely equipped to provide comprehensive EmONC services; it has no operation theatre or modern family planning services. There is no anaesthesia machine and the X-ray unit has long been dysfunctional. The facility has no proper back-up system for electricity, raising concerns over cold chain management in an area where temperatures are often exceedingly high. There are only three ambulances to service a widely dispersed population and one is dysfunctional, posing serious challenges for patients requiring emergency transport. Facilities suffer from important resource constraints; even tables and chairs for the staff is an issue. Despite several written requests, the Deputy District Health Officer (DDHO), Jaffarabad reported that there has been no infrastructural up-gradation or purchase of equipment since the floods.
- The **BHUs in Cattle Farm and Gandakha**, also affected by the floods, face similar problems in terms of infrastructure and equipment. The lack of electricity backup at the BHU Cattle Farm obliges staff to use candlelight for deliveries. Essential equipment such as a check-up bed, weighing scale, and other equipment has become obsolete and there are not enough Dilation and Curettage (D&C) and gynaecology kits. The severe shortage of resources undermines the BHU's ability to provide primary healthcare. The facility's referral mechanism is crippled by the absence of an ambulance service in the event of patient transfer. The **BHU Gandakha** too is challenged by a scarcity of resources.

The People's Primary Health Initiative (PPHI) assumed the management of 38 BHUs across the district in 2016. It has started the repair and maintenance of facilities and is providing back-up generators to ensure that cold chain management is smooth across facilities.

District Sukkur (Province of Sindh)

- Services have noticeably improved in the **THQ Pano Aqil** due in large part to the repair and maintenance of equipment and infrastructure. Compared to 2014, the facility is better equipped to provide comprehensive EmONC services, and now serves 1,100 out patients daily. Repair and maintenance work has recently been undertaken. Solar panels have been installed at most public health facilities in Sukkur (work on the remaining

facilities is in the pipeline), ensuring that cold chain management and X-ray machines remain functional during load-shedding. The operation theatre has been repaired with the help of a Member of National Assembly (MNA); however the repair of the ambulance is still contingent on finding available budget. This has ensured that cold chain management and X-ray machines remain functional during load-shedding. The operation theatre has been repaired with the help of a Member of National Assembly (MNA); however the repair of the ambulance is still contingent on finding available budget.

- In 2017, **all RHCs** in Sukkur were reported to be functioning round-the-clock. Increased attention at the local and provincial levels has led to numerous positive changes¹, and staff is “*trying [its] best to facilitate maximum number of patients*”. *Notwithstanding, issues remain: many places have no maternity homes, 26 centres lack a budget to purchase even basic equipment, like tables and chairs*”.²
- Challenges relating to infrastructure and equipment persist at **BHU Haji Khan Chachar**, however, affecting service delivery standards, despite the partnership with the PPHI. In 2016 the facility's transformer was stolen and electricity was being supplied from a nearby village. The lack of an ambulance poses challenges, for referrals and especially for women in emergency situations. This is further compounded by incidents of robbery plaguing the area.

District Shahdadt (Province of Sindh)

- The **THQ Shahdadt** is now providing comprehensive EmONC services, albeit with several limitations. Service delivery standards are negatively impacted by the lack of response to long-standing requests relating to infrastructure and equipment, and compounded by budgetary constraints. The facility has no electricity backup, undermining cold chain management, and has only two ambulances, insufficient for the demand in this border-area district. Much of the equipment is either nearly obsolete or dysfunctional because of non-utilisation in the absence of appropriate technical staff. The facility urgently needs new equipment as well as repair and maintenance; the district needs increased financial resources to enable efficient and quality service provision across the 29 facilities of the Department of Health (DoH) in the district.
- Service delivery at the **RHC Qubo Saeed Khan** has been of serious concern since 2014. The facility is poorly resourced – something attributed to its location in a remote area and the fact that no consideration is given to the facility serving a considerable patient inflow from the neighbouring province of Balochistan. In 2016 the facility was still not equipped to perform operations, provide family planning services or STI/Ds treatment. Most equipment was obsolete and dysfunctional despite several requests for repair and maintenance. The facility has an ambulance but confronts budgetary constraints to keep it functional. Facility level staff stresses that whereas medicinal supply is managed at the provincial level, the **RHC** needs to be allocated its own budget for minor repairs and medicines. Recently, the facility's management has been handed over to Integrated Health Services (IHS) through a public-private partnership and services are expected to improve.

District Mardan (Province of Khyber Pakhtunkhwa)

- In 2017, many services became available at the DHQ that were previously missing, in particular ultrasound machines and a functional blood bank with a roster of local donors. The improved quality of services, including with respect to reproductive health, means that patients are no longer referred to private healthcare facilities as reported in 2014. The five ambulances dysfunctional in 2016 have been repaired, back-up generators have been installed, and the facility is better equipped to provide comprehensive EmONC services. A 200-bed Trauma Centre and a radiology department are under construction with donor assistance. On-going repair work at the DHQ is expected to further improve standards. Still, the DDHO stressed the need to prioritise repair and maintenance budgets as repair and maintenance budgets continue to be irregular.
- The **BHU Khazana Dheri** confronted several challenges in the provision of effective primary healthcare services until 2016: no ambulance service, no electricity backup obliging staff to carry out operations by torchlight; no separate toilets for patients, and no waiting area for purdah-observing women. In 2017, **Shirkat Gah's project intervention resulted in the district government allocating funds for 47 BHUs**, renovating facilities by installing

¹ Sukkur, Multistakeholder Forum, November 2017.

² District Health Officer, Sukkur, Multistakeholder Forum, November 2017.

³ The PPHI perspective could not be ascertained as it did not join the Project's Multistakeholder event.

solar panels, refurbishing electricity fittings, and building separate toilets for patients. These and other small-scale renovations have improved service delivery across BHUs. After the DoH resumed the management of BHUs, the provision of ambulances and conversion of BHUs into 24/7 facilities is in the pipeline. The Department is planning to install ultrasound machines but will have to overcome the challenge of ensuring appropriate technical staff to operate these. The chair of the District Council's Health Committee says that the District Council is actively monitoring BHUs and trying to equip facilities to perform different tests, minor surgeries, provide a labour room and ultrasound services to relieve the current load on bigger hospitals in the district. solar panels, refurbishing electricity fittings, and building separate toilets for patients. These and other small-scale renovations have improved service delivery across BHUs. After the DoH resumed the management of BHUs, the provision of ambulances and conversion of BHUs into 24/7 facilities is in the pipeline. The Department is planning to install ultrasound machines but will have to overcome the challenge of ensuring appropriate technical staff to operate these. The chair of the District Council's Health Committee (DCHC) says that the District Council is actively monitoring BHUs and trying to equip facilities to perform different tests, minor surgeries, provide a labour room and ultrasound services to relieve the current load on bigger hospitals in the district.

Note: Service delivery standards are not uniform across District Mardan. The situation is especially precarious in Katlang hospital for example, where 11 doctors' posts lie vacant, both ambulances and ECG machine have been dysfunctional for the last eight months; while the facility has received a 7.8 million X-ray machine, the hospital has no separate room to accommodate it.

District Vehari (Province of Punjab)

- The **DHQ** is providing greatly improved services. The government has introduced many new changes: transport issues have been resolved thanks to eleven new ambulances (and drivers) assigned to the 1122 service to ensure free transport for women who are pregnant or confronting health emergencies; deliveries are being facilitated on a 24/7 basis; a new Computed Tomography (CT) scanner and the introduction of laparoscopic surgery have further improved services. The hospital has been revamped, a solid waste management system introduced, complaint mechanisms instituted (including complaints regarding staff behaviour with patients), and the facility is now able to provide comprehensive EmONC services. The establishment of District Health Authorities is currently underway to ensure coordination of efforts by different stakeholders, and is expected to further improve service delivery standards.
- Standards have also improved in the **BHU 569 E/B**. All BHUs are being equipped to provide round-the-clock services in three phases and **BHU 569 E/B** has benefitted in the first phase. Mothers are being provided free supplements; and an Uninterrupted Power Supply (UPS) has been installed to overcome electricity issues. Equipment and infrastructure have been upgraded; ultrasound machines currently in RHCs will be installed in BHUs, and RHCs will obtain new machines.⁴

District Muzaffargarh (Province of Punjab)

- The **DHQ Muzaffargarh** is better equipped to provide comprehensive EmONC services than in 2014; it now has sufficient ambulances, equipment, as well as automatised beds, and has benefitted from infrastructural upgrades. The facility is providing caesarean-section services for just Rs.3000 enabling people to avoid spending Rs.50,000 or more for the same service at nearby private facilities. Various other healthcare reforms are being undertaken that will enhance the standards of healthcare services in the district (e.g., providing trauma centres in Muzaffargarh and Jatoi, and upgrading facilities in Kot Addu, Shah Jamal, and Ali Pur).
- The **BHU Mehmoodkot**, too, is better able to cater to people's needs due to the installation of solar panels for electricity backup and introduction of ambulance services. A local councillor, **trained under the project**, managed to secure one of ten ultrasound machines that the local government made available for BHUs. To address transportation issues, the Health Department is introducing free rural ambulance services, and improving service delivery at local facilities. Since the free rural ambulance services started, Muzaffargarh's ambulances have topped the list of most cases responded to.

⁴ Decision taken at a meeting in Lahore, on November 4, 2017.

The district now has six ambulances, each tasked with covering four centres across the 275 square kilometre district to ensure equitable service to all. Twenty-six district BHUs have been operating 24/7 since 2010; the rest have introduced staff incentives to encourage them to take up emergency cases for which they are paid separately (Rs.2500 per delivery). Approval has been obtained for 10 more labour centres that will operate on a 24/7 basis.

About the Project

The “Strengthening Governance in Health Systems for Reproductive Health and Rights (RHR) in Pakistan: An Intervention Case Study” was implemented by Shirkat Gah in six districts across four provinces of Pakistan, including Districts Shahdadkot and Sukkur (Sindh), District Mardan (Khyber Pakhtunkhwa); Districts Vehari and Muzaffargarh (Punjab), and District Jaffarabad (Balochistan), from 2014 to 2017.

This pilot study aims to propose a model or pathway for a larger intervention on participatory governance and policy implementation for reproductive health and rights (RHR) in Pakistan. It is grounded in the key principles of equity, non-discrimination, participation and accountability, with particular attention to the promotion of gender equality and the realisation of the vision for the highest attainable standards of sexual and reproductive health and rights for all, particularly women and girls.

About Shirkat Gah

Shirkat Gah - Women's Resource Centre (SG) was initiated as a small voluntary women's collective in Pakistan in 1975, and has evolved into a leading women's rights organisation that operates out of offices in Karachi, Peshawar, Lahore, and four field stations across all four provinces.

SG's core strategies in its work with grassroots organisations in more than 20 districts, include research to generate evidence for capacity building and advocacy in the areas of sexual and reproductive health and rights (SRHR); personal status rights and laws; promoting a gendered perspective in sustainable development, and promotion of peace, with violence against women traversing the four focus areas.

Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organisations, agencies and UN processes both for setting norms and standards as well as ensuring accountability on Pakistan's international obligations.

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