# POLICY BRIEF

# Private Health Facility Readiness Assessment: Available infrastructure, resources, and staff

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## MAIN FINDINGS

1. Basic infrastructure in the private healthcare facilities of KP is generally adequate.
2. Access to female healthcare providers is not guaranteed everywhere, due to the dominance of single -provider practices, who are mostly male.
3. Availability of services, essential drugs and diagnostic tests is uneven across facilities. In most single -provider practices, it is extremely limited.

## CONTEXT & MOTIVATION

The Government of Khyber Pakhtunkhwa (KP) is striving to achieve Universal Health Coverage for its population. The "Sehat Card Plus", KP's flagship health insurance scheme, has played a vital role in improving inpatient (IP) care access to the wider population. KP with support from the German government, is now gearing towards improving access to outpatient department (OPD) services by setting up an outpatient insurance scheme.

To inform the design and implementation of this scheme, a consortium of German and Pakistani researchers has been tasked to generate evidence on the readiness of OPD providers.

## METHODS

**Design:** We conducted a cross-sectional survey among private healthcare providers in March/April 2023 in the four OPD scheme candidate districts of KP: Chitral, Kohat, Malakand and Mardan. Out of a list of 245 facilities registered with the KP Healthcare Commission, the team contacted 93 and could successfully reach and survey 55. Different OPD provider types were assessed: general practitioner (GP) practices (27 single-provider, 10 group-based), clinical specialist practices (6 single-provider, 5 group-based, 7 group-based and linked to an inpatient care facility).

**Data:** Information was gathered on clinical and non-clinical aspects of OPD service provision and management, with a focus on structural and human resource capacities, including medical services, equipment, and supplies.

Findings from Mardan are compared to those in the other three districts, as Mardan is considered the initial pilot district for the outpatient insurance scheme rollout.

## RESULTS

**Private providers in our sample generally meet the infrastructure requirements** identified as essential to OPD care in the Essential Package of Health Services (EPHS), except access to ambulance services. 80% of the providers worked 6 or 7 days a week and 70% worked for more than 6 hours per day. 95% of all private facilities have a back-up source of electricity. 80% of private facilities have functioning toilets, but only few single provider practices (28%) have separate toilets for males and females.

**Services** are unevenly distributed across facilities and districts (Table 1). Group-based practices have most services on offer. More

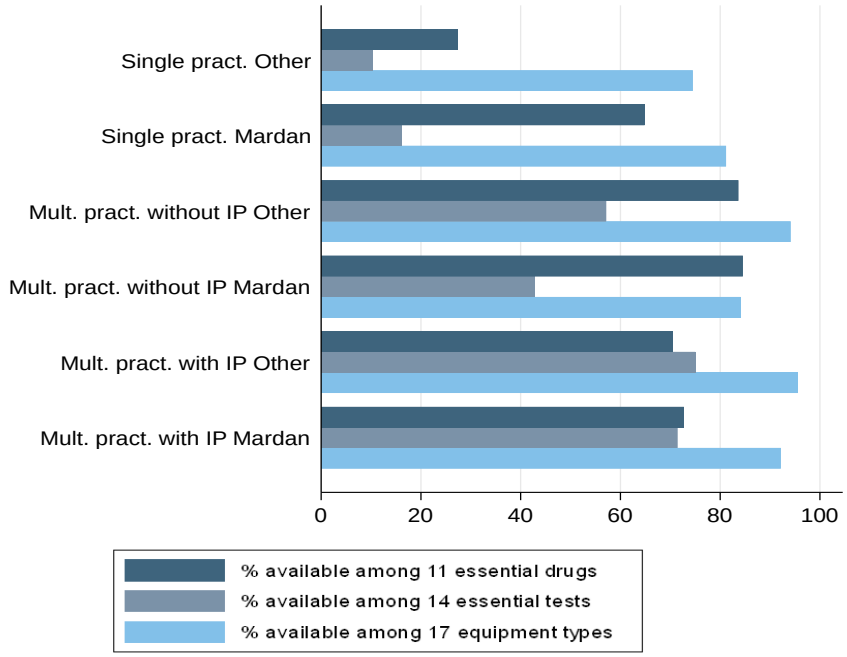
single-provider practices in Mardan compared to the other districts have pharmacies on site.

**Human resource capacities:** Due to the dominance of single-provider practices, the number of medical staff per facility is generally low (70% of the facilities have 1 or 2 medical staff). 78% of healthcare provider respondents are male, 80% in single-provider practices.

***Table 1**: Availability of services per type of facility*

| | Pharmacy | Laboratory services | Hema tology | Micro biology | Clinical Chemistry | Anatomic Pathology | N |
|---|---|---|---|---|---|---|---|
| **Single practitioner Other** | 7(39%) | 3(17%) | 2(11%) | 0(0%) | 3(17%) | 0(0%) | 18 |
| **Single practitioner Mardan** | 12(80%) | 4(27%) | 3(20%) | 0(0%) | 3(20%) | 0(0%) | 15 |
| **Multiple practitioners without IP care Other** | 5(100%) | 4(80%) | 4(80%) | 0(0%) | 4(80%) | 1(20%) | 5 |
| **Multiple practitioners without IP care Mardan** | 10(100%) | 6(60%) | 4(40%) | 2(20%) | 5(50%) | 0(0%) | 10 |
| **Multiple practitioners with IP care Other** | 3(75%) | 4(100%) | 4(100%) | 0(0%) | 4(100%) | 2(50%) | 4 |
| **Multiple practitioners with IP care Mardan** | 3(100%) | 3(100%) | 3(100%) | 0(0%) | 3(100%) | 1(33%) | 3 |
| **Total** | 40(73%) | 24(44%) | 20(36%) | 2(4%) | 22(40%) | 4(7%) | 55 |

***Graph 1**: Average availability of drugs, tests and equipment per type of facility*




**Availability of equipment and supplies** in private facilities is extremely uneven. Essential drugs are substantially more available in single-provider practices in Mardan than in the other districts, in line with the higher presence of on-site pharmacies noted above. In other facilities with on-site pharmacies, the availability of drugs is better, but still not satisfactory (reaching 70 and 80% of 14 selected drugs from the EPHS). Patients often have to buy the drugs they need at an external pharmacy. The availability of diagnostic tests is generally very poor at the single-provider practices, reflecting the poor availability of laboratory services. Even in bigger facilities, the availability of essential tests remains below 80% across districts. Availability of equipment is globally satisfactory.

**Essential tests** include: Malaria POCT test, Malaria Test Slide Microscopy, Blood glucose test, Pregnancy tests, HIV rapid test, Hepatitis B/C test, Complete Blood Count, Urine Routine Examination, Renal function, Lipid profile and Liver function Test.
**Essential drugs** include: Paracetamol, Metronidazole, Amoxil, Aspirin, Ringer Lactate infusion, Inhaled salbutamol, Tetanus toxoid injection, ORS, Iron, Atenolol, Ciprofloxacin. **Essential supplies** include: Sticking/ medical tape, Syringes, Urinary catheters, Surgical Gloves, Pyodine/Alcohol swab, Plaster of Paris. **Equipment** includes: Emergency resuscitation kit, BP apparatus, Thermometer, weighing scale, X-ray machine, Ultrasound machine, Stethoscope, Laceration kit, Monitors, Blood Centrifuge, Chemistry analyser.

## RECOMMENDATIONS

- Contracting private health care providers for OPD services might be difficult given the diversity of single-provider practices. Priority should be given to group-based practices that provide a more complete set of healthcare services, in line with the EPHS, and ensure higher staffing levels.
- If private providers are to be contracted by the OPD schemes, measures to address the non-availability of selected services and expenses resulting from the need to purchase them elsewhere, need to be implemented to counteract potentially escalating out-of-pocket expenditures.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