

## POLICY BRIEF

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

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### MAIN FINDINGS

1. Infrastructure in the primary healthcare facilities of KP is generally adequate.
2. Access to both a male and a female provider is not guaranteed in every primary healthcare facility.
3. Essential drugs and diagnostic tests at the primary care level are not available in sufficient quantities to meet the standards of care designated in the UHC Essential Care Package.

### CONTEXT & MOTIVATION

The Government of Khyber Pakhtunkhwa (KP) is striving to achieve Universal Health Coverage for its population. KP's flagship healthcare scheme "Sehat Card Plus" has played a vital role in making inpatient care accessible to the KP population. Going forward, KP with support from the German government, is gearing towards setting up an outpatient (OPD) care scheme.

A consortium of German and Pakistani researchers has been tasked to produce evidence that will inform the design and

implementation of the OPD scheme. Our healthcare provider survey aimed to assess the readiness of public health facilities in terms of physical infrastructure, human resource and availability of medical equipment, medicines and diagnostic services, in light of potential increases in demand produced by the OPD scheme.

### METHODS

The survey was conducted in the four candidate districts for the scheme, Chitral, Kohat, Malakand and Mardan. The team surveyed all DHQs (4), THQs (15), RHCs (21),

and a random sample of 25 BHUs in the four districts.

**Data** were gathered on infrastructure, equipment, medical supplies, medicines, laboratory services, human resources and management. Patients received OPD care were also interviewed regarding their experience of care and their satisfaction with the services. Considering that Mardan will likely be the first pilot district for the outpatient insurance scheme, results are presented highlighting Mardan in comparison to the other districts.

### RESULTS

**Infrastructure** is generally satisfactory in the BHUs, RHCs and THQs of all four districts. The following elements are defined as requirements to ensure basic healthcare services to patients: satisfactory opening hours, stable electricity (presence of a back-up

device), water inside the facility, toilets for both women and men, presence of an ambulance. Apart from ambulance services, all those conditions are met. 88% of all facilities have a back-up source of electricity. 10% of the BHUs overall and 17% of the BHUs in

Mardan do not have functioning toilets (toilets are globally more available for females than for males). More than half of the BHUs do not have an ambulance service. 77% of all RHCs and 63% of RHCs in Mardan offer ambulance services.

**Staff** requirements as per what is indicated in the minimum health

service delivery package, are only met by a single BHU across all four

districts, and by none of the RHCs and hospitals. In BHUs, for

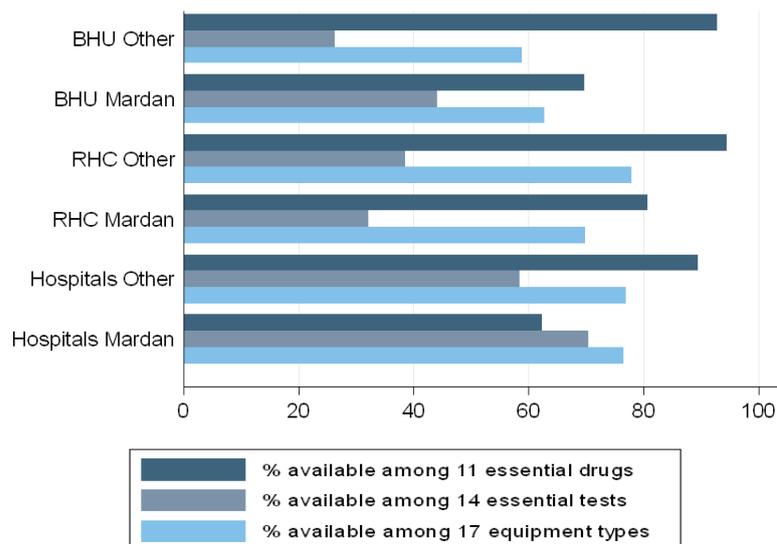
example, the presence of core staff (MO = Medical Officer / LHV = Lady Health Visitor / PHT = Primary Healthcare Technician) is considered as essential to deliver proper healthcare to patients. Only 66% of BHUs in Mardan and 42% of the BHUs in other districts

have at least one staff in each of those core medical positions, though. When lowering the requirement further to one MO (male) and one LHV (female), 83% of the BHUs in Mardan and 63% in other districts fulfil this condition. The presence of sufficient

administrative staff to manage the OPD scheme is another matter of concern, given they are absent in all BHUs, and they are poorly represented in RHCs and in hospitals, except in Mardan.

**Availability of tests and equipment** in BHUs and RHCs is particularly poor. On average, the 14 essential tests were available in only 28% of the BHUs and 38% of RHCs at the time of the survey. The RHCs in Mardan have a slightly poorer availability of these tests compared to the other districts. At the BHU level, equipment availability is also not satisfactory, with less than 60% of standard equipment being available across all districts.

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



**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.

**Equipment** includes Emergency resuscitation kit, BP apparatus, Thermometer, weighing scale, X-ray machine, Ultrasound machine, Stethoscope, Laceration kit, Monitors, Blood Centrifuge, Chemistry analyser, Sticking/ medical tape, Syringes, Urinary catheters, Surgical Gloves, Pyodine/ Alcohol swab, Plaster of Paris.

## RECOMMENDATIONS

- Local health authorities are urged to invest in supply channels to ensure better provision of essential drugs and diagnostic tests, also as a key element to ensure the early implementation of the OPD scheme.
- Local health authorities are encouraged to strengthen human resources for health, with a focus on gender diversity, to guarantee the presence of both male and female providers in each facility.
- Low staffing levels appear to be particularly problematic in light of the additional administrative burden that the management of the new OPD scheme will inevitably impose on facilities. Lean management strategies, possibly capitalizing on technological solutions, are needed to minimize the additional burden imposed on an already strangled workforce.

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