Promoting Effective Public Expenditure Project

PNG’s Lost Decade?

Preliminary Health Survey Findings
Provincial comparisons
Introduction: Provincial Comparisons

• Provinces can make important differences to practically improving health and education on the ground.
• Understanding their individual challenges is vital to delivering better quality service delivery.
• They have a high degree of autonomy in deciding how increasing funds are spent and monitored.
Health Facility Outputs

- **Infrastructure**
  - Clinic Rooms
  - Housing

- **Materials**
  - Drug availability
  - Medical supply kits

- **Health Workers**
  - Numbers / Absent
  - Access to facilities

- **Demand**
  - Perspective on quality of service

- **Oversight**
  - Supervision
  - Community support

- **Funding**
  - User Fees
  - Budgets and funding sources

**Spending & Activities**
- Treat patients: operational clinic
- Conduct outreach patrols to villages
- Ensure drugs are available (incl AP)
- Regular facility & housing maintenance
- Transfer sick patients as required
- Supervision
- Community support
- User Fees
- Budgets and funding sources
- Treat patients: operational clinic
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**Supervision**
- Community support

**Community support**
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**User Fees**
- Funding
- Budgets and funding sources
- Treat patients: operational clinic
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**Budgets and funding sources**
- User Fees
- Funding
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**Treat patients: operational clinic**
- Spending & Activities
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**Conduct outreach patrols to villages**
- Spending & Activities
- Treat patients: operational clinic
- Conduct outreach patrols to villages
- Ensure drugs are available (incl AP)
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**Ensure drugs are available (incl AP)**
- Spending & Activities
- Treat patients: operational clinic
- Conduct outreach patrols to villages
- Ensure drugs are available (incl AP)
- Regular facility & housing maintenance
- Transfer sick patients as required

**Regular facility & housing maintenance**
- Spending & Activities
- Treat patients: operational clinic
- Conduct outreach patrols to villages
- Ensure drugs are available (incl AP)
- Regular facility & housing maintenance
- Transfer sick patients as required

**Transfer sick patients as required**
- Spending & Activities
- Treat patients: operational clinic
- Conduct outreach patrols to villages
- Ensure drugs are available (incl AP)
- Regular facility & housing maintenance
- Transfer sick patients as required
• We surveyed more government-run health facilities than church facilities.
• There were more female OIC’s for church-run health facilities in most provinces.
Number of years OIC has worked in position at health facility

- Health OIC’s surveyed are usually very experienced so would have a deep understanding of the communities health needs.
Patients visits in a typical day:
10 year comparison of matching facilities by province

- Patient visits have increased in Morobe as well as East and West New Britain but have fallen for the other provinces.
1. Infrastructure – Clinic rooms and housing

Infrastructure
- Clinic Rooms
- Housing

Health Facility Outputs
Clinic rooms that need rebuilding / maintenance

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Health worker housing that need rebuilding / maintenance

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Health facilities with electricity

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<th>Health Centre + (ENB)</th>
<th>Aid Post (EHP)</th>
<th>Average (MOROBE)</th>
<th>Health Centre + (ENGA)</th>
<th>Aid Post (SANDAUN)</th>
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Health facilities with refrigeration (%)

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<th>Average (MOROBE)</th>
<th>Health Centre + (ENGA)</th>
<th>Aid Post (SANDAUN)</th>
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Health facilities with good/adequate access to an ambulance (inc. boat for coastal facilities)

- ENB: 79%
- ENG: 50%
- NCD: 50%
- WNB: 0%
- MOROBE: 30%
- EHP: 25%
- SANDAUN: 38%
- GULF: 25%
- Average: 25%

Health Facilities with good/adequate access to beds with mattresses

- ENB: 38%
- ENG: 38%
- NCD: 32%
- WNB: 23%
- MOROBE: 19%
- SANDAUN: 17%
- GULF: 9%
- EHP: 25%
- Average: 25%
2 - Drugs Availability

Materials
- Drug availability
- Medical supply kits

Health Facility Outputs
Availability of six comparable drugs/medical supplies:  
Matching Facilities  2002 - 2012

- The availability of all the following drugs and medical supplies have declined in the last 10 years.
• Baby books was one of the most common items where health facilities charged patients
Health Facilities that have received 40% drug kits

- NCD: 93.3%
- SANDAUN: 88.9%
- ENGA: 84.2%
- ENB: 68.4%
- EHP: 60%
- GULF: 59.1%
- MOROBE: 57.9%
- WNB: 49.1%

All: 83.8%
HC plus: 69.6%
Aid Post: 49.1%
Health workers satisfied with contents of medical supply kits

ENGA: 68.4
NCD: 56.3
GULF: 52.6
SANDAUN: 50
EHP: 50
WNB: 45.5
ENB: 42.9
MOROBE: 42.1

Average: 51.1
3 - Health Workers

Health Facility Outputs

- Health Workers
  - Numbers / Absent
  - Access to facilities
Health Workers paid at official grade

- **ENB**: 89%
- **WNB**: 69%
- **EHP**: 67%
- **NCD**: 67%
- **SANDAUN**: 54%
- **ENGA**: 50%
- **GULF**: 47%
- **MOROBE**: 33%

Health Workers paid on time

- **ENB**: 90%
- **ENGA**: 84%
- **SANDAUN**: 78%
- **WNB**: 77%
- **MOROBE**: 76%
- **NCD**: 75%
- **EHP**: 64%
- **GULF**: 39%

Colors:
- **All**
- **HC plus**
- **Aid Post**
- **Average**
Cost in kina to collect pay and return to post:
All expenses - Accom and travel

SANDAUN: 847.5
WNB: 727.1
MOROBE: 496.2
GULF: 455.8
ENB: 253.5
EHP: 62.3
ENGA: 19.8
NCD: 2.3

Average: 365.8
Health workers that use their own salary to deliver health services

- WNB: 92.3
- SANDAUN: 88.9
- GULF: 85
- ENGA: 84.2
- MOROBE: 81
- ENB: 65
- NCD: 62.5
- EHP: 20

Average: 75.2
4 – Funding and user fees

- Health Facility Outputs

- Funding
  - User Fees
  - Budgets and funding sources
Health facilities that offer free service: Do not charge patients for consultation

• The same health facilities surveyed in most provinces are just as likely to offer a free service now than they did in 2002 with some exceptions.
Health Facilities that charge children for general consultation

Health Facilities that charge adults for general consultation
• Different treatments often mean different costs. Some facilities even charge children for vaccinations.
• The costs for treatment after a tribal flight or domestic violence is much higher than other treatments. Usually more than 20 kina per treatment is charged, even in rural areas.
• There are large variations in user fees collected across provinces.
Of budgets submitted to the district health office in 2012, only health centres in two provinces received any funding at all:

- East New Britain: K35,750
- Morobe: K5,020
Funding providers purchase supplies and materials on behalf of health facility (%)

- Often funding for health facilities is kept by district and church funding providers.
Funding providers supported health facility through health programs and activities

- Provincial, district and church funding providers even support health facilities with their core responsibilities.
Average number health patrols conducted in 2012 per health facility

Funding and support has significant implications for providing basic health services.
The proportion of health facilities that carry out regular patrols also varies across provinces and is an important minimum priority activity funded through the health function grant.
Delivering drugs is another important minimum priority activity to increase medical supplies. Especially drugs ordered through Area Medical Stores.
So minimum priority activities, like facility maintenance, funded through the health function grant are not regularly carried out.
Almost all aid posts cannot transfer patients to health centres which is important for rural/remote communities.
The percentage of health facilities that received DSIP funding is shown in the first diagram. The average value of a DSIP health project is presented in the second diagram. The third diagram indicates the DSIP health project's completion status.
Health Facilities that believe DSIP is a fair system

<table>
<thead>
<tr>
<th>Region</th>
<th>All</th>
<th>HC plus</th>
<th>Aid Post</th>
<th>Avg</th>
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<tbody>
<tr>
<td>NCD</td>
<td>62.5</td>
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<td>MOROBE</td>
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<tr>
<td>EHP</td>
<td>19</td>
<td>18.2</td>
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<td>ENGA</td>
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<td>0</td>
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<td>WNB</td>
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Health Facility should be able to apply for DSIP funds

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5 – Oversight and Supervision

Health Facility Outputs

Oversight
- Supervision
- Community support
Health facility has an operational Village Health Committee

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Health Workers conduct promotion activities in the community

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Community member volunteers to assist health facility

<table>
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<tr>
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<th>Aid Post</th>
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<td>57.9</td>
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<td>27.3</td>
<td>27.3</td>
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6 – Demand for services from community

- **Demand**
  - Perspective on quality of service

- **Health Facility Outputs**
Community members surveyed that often visit the health facility

All facilities

- ENB: 75%
- WNB: 67%
- ENGA: 63%
- NCD: 56%
- EHP: 43%
- SANDAUN: 39%
- MOROBE: 15%
- GULF: 14%

Average: 45%

Community member thinks health workers spend most days working at the health facility

All facilities

- ENGA: 89%
- SANDAUN: 83%
- ENB: 80%
- WNB: 73%
- MOROBE: 60%
- GULF: 57%
- NCD: 56%
- EHP: 50%

Average: 69%
Community member chooses health facility because it is in close proximity

- ENB: 57%
- WNB: 0%
- MOROBE: 43%
- SANDAUN: 50%
- EHP: 60%
- ENGA: 80%
- GULF: 20%
- NCD: 100%

Community member chooses health facility because of better quality service

- ENB: 0%
- WNB: 0%
- MOROBE: 0%
- SANDAUN: 0%
- EHP: 25%
- ENGA: 33%
- GULF: 20%
- NCD: 0%

Community member chooses health facility because the cost is low

- ENB: 0%
- WNB: 0%
- MOROBE: 0%
- SANDAUN: 0%
- EHP: 25%
- ENGA: 0%
- GULF: 0%
- NCD: 3%
Community members think health service provided is very good / adequate

- **NCD**: 75% Adequate, 6% Very good
- **ENGA**: 58% Adequate, 16% Very good
- **ENB**: 55% Adequate, 15% Very good
- **SANDAUN**: 50% Adequate, 17% Very good
- **GULF**: 45% Adequate, 14% Very good
- **MOROBE**: 40% Adequate, 20% Very good
- **EHP**: 50% Adequate, 21% Very good
- **WNB**: 38% Adequate, 7% Very good

Average: 40% Adequate, 21% Very good
Summary

• Generally there is large variation across the provinces but some provinces are performing better than others.
• East New Britain is performing well. Is this because it has more funding available through user fees and functional grants?
• NCD is also a good performer but is this because of location?
• More remote provinces like Gulf and Sandaun face significant logistical challenges, which seem to impact health services.
Summary...

• Enga province seem to have high community satisfaction of health services provided.
• More remote provinces, like Sandaun, also seem to offer more community support.
• Provinces will provide more details of their context and help interpret findings