A LOST DECADE?
SERVICE DELIVERY AND REFORMS IN PAPUA NEW GUINEA 2002-2012
A two-year journey

A LOST DECADE?
SERVICE DELIVERY AND REFORMS
IN PAPUA NEW GUINEA 2002-2012

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Grant Walton, Thomas Webster & Colin Wiltshire
<table>
<thead>
<tr>
<th>Survey milestones</th>
<th>Date completed</th>
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<tbody>
<tr>
<td>Survey design workshop</td>
<td>July 2012</td>
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<tr>
<td>Recruitment of survey team</td>
<td>August 2012</td>
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<tr>
<td>Pilot survey (Central Province)</td>
<td>September 2012</td>
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<tr>
<td>Survey team training</td>
<td>October 2012</td>
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<tr>
<td>Survey fieldwork</td>
<td>November – December 2012</td>
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<td>Post fieldwork cleaning workshop</td>
<td>December 2012</td>
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<tr>
<td>Data input</td>
<td>January – March 2013</td>
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<tr>
<td>Data cleaning</td>
<td>March – May 2013</td>
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<tr>
<td>Preliminary survey analysis</td>
<td>June – August 2013</td>
</tr>
<tr>
<td>Re-visiting surveyed provinces</td>
<td>August 2013</td>
</tr>
<tr>
<td>Presentation of preliminary findings</td>
<td>September 2013 and April 2014</td>
</tr>
<tr>
<td>Further analysis and production of PEPE report</td>
<td>Up to October 2014</td>
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The PESD (2002) and PEPE (2012) surveys

Primary schools and health clinics sampled in 2002 and 2012
The results!
Education
Strong growth in enrolments, turbo-charged by free education policies

Enrolments in the average PNG primary school, 2001 to 2012 (2001=1)
Many more girls at school, but absenteeism also up.
Bigger schools

Classrooms, teachers and teacher houses

- Number of classrooms
- Teacher positions
- Working teachers
- Teachers' houses

Comparison between 2002 and 2012
Better schools

Indicators of school quality (%)

- Classrooms of permanent materials
- Teachers' houses of permanent materials
- Classrooms with teacher's table & chair
- Year-round drinking water
- Enough female toilets
- Schools with electricity
- Enough textbooks
Though lack of maintenance remains a major problem

Classrooms and teachers’ houses requiring rebuilding and maintenance (%)

- Needs rebuilding
- Needs maintenance

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2012</th>
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<tbody>
<tr>
<td>Classrooms</td>
<td></td>
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<tr>
<td>Teachers' houses</td>
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Clear signs of overcrowding

Enrolled students per functioning classroom

Average Grade 3 class size by province
Teacher conditions and gender composition improving; performance mixed

Trends in school workforce indicators (%)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2002</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Absenteeism</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Ghost teachers</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Not paid at grade</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Female teachers</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Female Head Teachers</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Teacher usually on time</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Teacher usually teaching</td>
<td>80</td>
<td>80</td>
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</table>
Improving supervision

The supervision of PNG’s primary schools (%)

- At least one SO visit a year
- SO checked records
- SO submitted report
- SO observed classes

2002 vs. 2012
Solid community oversight

BoM and P&C indicators

- BoM meetings
- BoM membership
- P&C meetings

Percentage of Head Teachers who say that BoM has most say over school subsidy payments

2002 vs 2012
School finances have been transformed over the last decade.

**School revenue per student (2012 kina)**

- 2001: 150
- 2012: 350

**Total school revenue (2012 Kina)**

- 2001: 80,000
- 2012: 100,000
Health
Fewer patients are utilizing primary health care services

Number of patients on a typical day

Number of patients the day before the survey
Drug and medical supply availability has worsened

Percentage of clinics with basic drugs and medical supplies available

- Paracetamol
- Fansidar
- Chloroquine
- TB blister packs
- Condoms
- Liniment

Comparison between 2002 and 2012
No increase in staff

Health worker positions, working and present
Some troubling staff indicators

Health staff pay perspectives (%)

- Paid at grade: 50%
- Use pay to deliver services: 70%

Number of years in position

- 10 years in position: 90%
Most clinics do not perform basic functions

**Health clinics performing basic functions (%)**

- **Regular patrols (health centres only):** 25%
- **Access to fuel (to pick up drugs):** 35%
- **Ability to transfer patients:** 30%
Most health clinics lack basic amenities

Percentage of clinics with basic facilities (%)

- Electricity: 40%
- Refrigeration: 40%
- Year-round water access: 50%
- Access to ambulance: 20%
- Beds with mattresses: 20%
- Kitchen: 20%
- Enough toilets: 50%
Clinic rooms and housing in a state of disrepair

Clinic rooms and housing requiring rebuilding or maintenance (%)
- Needs rebuilding
- Need maintenance

Maintenance not undertaken in 2012 (%)
Facility-level budgeting is not working

Clinics which budget and receive funding in return (%)

- Budget prepared: 40%
- Budget submitted: 20%
- Budget approved: 10%
- Funding received: 0%
More clinics receive user fees than external support

Clinics relying on external support and user fees (%)
Abolishing user fees will make things worse

Clinics with and without external support and user fees (%)

- Clinics without external support or user fees
- Clinics solely reliant on user fees
- Clinics with external support
Supervision of and community engagement with health clinics is weak.

**Proportion of clinics being supervised and with VHCs (%)**

- Clinics with VHC: 70%
- Has an administrative supervisor: 65%
- Has a visit from an admin. supervisor: 35%
- Visit from a doctor or HEO: 40%
Explanations
1. Financing: Funding and getting funds to the frontline is critical

Operational (non-salary) funding for schools and health clinics

Proportion of facilities receiving government support (%)

Average facility funding (2012, K)

Schools with more revenue have better quality infrastructure and clinics with more revenue deliver more outputs.
2. Governance: Community engagement and official oversight both matter

• No Boards of Management for health clinics
• P&C Committees more widespread than VHCs, and more active.
• Schools are twice as likely to be supervised.
• Schools where the BoM meets regularly and has more say perform better than those where it does not.
3. Workforce issues

- Health sector workforce grievances and rejuvenation challenges need to be addressed.
4. In general church-run facilities do better

**Church-run clinics are more likely to have...**

- Water access
- More than 10 health patrols a year
- Ability to transfer patients
- Service quality problems
- Funding problems
- Workers at the clinic most or all of the time
- Workers attending to patients on arrival

**Church-run schools are more likely to have...**

- Teachers teaching
Wrapping up
The report in 10 key findings

1. Development progress in PNG neither inevitable nor impossible.
2. Financing matters.
3. This means not only increasing budgets but getting resources to the front line.
4. Local oversight and official supervision is also critical.
5. Church-run facilities seem to perform better.
6. There are large new sources of funding from DSIP, but little is reaching schools or clinics.
7. Neglect of maintenance continues to be a significant issue.
8. There are significant provincial differences.
9. Both sectors face significant but different workforce challenges.
10. There is a gender transformation in both sectors, especially so in education.
Recommendations: primary health

• Urgent need to get more resources to clinics: more research to work out best way how, but there are several promising models to explore.

• Strengthen local governance and supervision
  • BoMs for health centres.

• Address workforce issues: resolve pay disputes and regenerate the workforce.

• Focus reform efforts first on larger, district-level facilities.
Recommendations: primary education

• Budget for supervision has fallen over the last decade.
• BoMs need better access to financial records, especially when HTs leave (every 3 years).
• More teachers need to be hired – but no budget for this.
  • Could reduce subsidy payments at least to the better-off schools.
• Address inflated subsidy bill and reduce absenteeism.
Recommendations: service delivery

• Improve quality of DSIP projects. Reduce the number never finished (almost half for health clinics).
• Address underfunding of maintenance at national and facility level.
• Make more use of public information at the local level.
• Expand church partnerships.
• Repeat the survey: don’t wait another ten years!
Thank you!