

Budget Proposals for Improving Primary Health Services in Hafizabad

FY2014/15

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Table of contents

List of abbreviations

| | |
|--|----|
| Executive summary | 1 |
| 1 Introduction | 3 |
| 1 Needs assessment – Key findings | 4 |
| 2 Analysis of budget trends | 7 |
| 2.1 Analysis of district total non-development budget and expenditure | 7 |
| 2.2 Analysis of district salary and non-salary budget and expenditure | 7 |
| 2.3 Share of health in district budget and expenditure | 7 |
| 2.4 District health department and budgetary allocations | 9 |
| 2.5 Health spending out of total current district budget and expenditure | 10 |
| 2.6 Analysis of health non-development budget and expenditure | 11 |
| 2.7 Analysis of health salary and non-salary budget and expenditure | 12 |
| 2.8 Budget allocation for non-salary components (especially medicines) | 14 |
| 2.9 Current district health budget and actual expenditure in different sectors | 15 |
| 2.10 Major budget and expenditure components at BHU level | 17 |
| 2.11 Major issues in primary health care (BHUs) in Hafizabad district | 19 |
| 3 Recommendations for non-salary budget allocations to improve primary health services in Hafizabad district | 20 |
| 4 Conclusion and way forward | 25 |
| | |
| Annex 1: Weighted average cost calculation | 26 |
| Annex 2: Equipment cost calculation | 28 |
| Annex 3: Financial impact of missing equipment at six BHUs in Hafizabad district | 31 |

List of abbreviations

| | |
|--------|--------------------------------------|
| ADP | Annual Development Programme |
| ANC | Antenatal care |
| ARI | Acute respiratory infection |
| BE | Budgeted expenditure |
| BHU | Basic Health Unit |
| DHDC | District Health Development Centre |
| DHQ | District Headquarters |
| DO (H) | District Officer (Health) |
| EPHS | Essential Package of Health Services |
| EPI | Expanded Programme of Immunisation |
| FGD | Focus group discussion |
| LHW | Lady Health Worker |
| OPD | Out-patient department |
| POL | Petroleum, oils and lubricants |
| PRSP | Punjab Rural Support Programme |
| RHC | Rural Health Centre |
| SNG | Sub-National Governance |
| THQ | Tehsil Headquarters |
| YoY | Year-on-year |

Executive summary

- i. The Sub-National Governance (SNG) programme aims to help government to deliver services that meet the needs of poor people in Punjab and Khyber Pakhtunkhwa (KP). This can only be ensured if decision-making by district governments is based on evidence of the needs of the districts' citizens.
- ii. A comprehensive needs assessment has therefore been carried out by SNG to identify issues in primary health care service delivery. This needs assessment was carried out using an integrated approach, based on a review of the available literature, and consultations with citizens, front-line service providers, and policy-makers using a primary survey and focus group discussions (FGDs) which took place in the district of Hafizabad.
- iii. This diagnostic assessment was followed by a detailed analysis of budget and expenditure trends of the district government of Hafizabad. Finally, budget proposals were developed for the Essential Package of Health Services (EPHS) in order to meet the needs of the Basic Health Units (BHUs), based on the burden of disease in the district, and based on the availability of services. These proposals were costed by reference to the cost of EPHS delivery and the weighted average of the provision of medicine and basic supplies and diagnostic facilities at BHU level.
- iv. This report provides budget proposals for the non-salary component of the Hafizabad district budget for financial year (FY) 2014/15 for improved delivery of primary health services through BHUs.
- v. In the light of the findings of the needs assessment report, the following major issues in primary health service delivery were identified which have a direct linkage to budget allocation:
 - non-availability of medicines/supplies/lab investigation material;
 - missing facilities (such as equipment for diagnosis / testing) at BHUs;
 - areas where citizens have poor access to health services;
 - lack of resource provision for vaccination; and
 - under-utilisation of BHUs – shortage of skilled staff/ attendants.
- vi. To address these issues, the following budgetary recommendations have been prepared:
 - a. To align budgetary allocations with the burden of disease, and to ensure that the essential supplies and basic diagnostic facilities are available at the primary health care level, it is proposed that Rs.18,518 million be allocated in the budget for 2014/15. This can be financed from savings that have historically accrued from the budgetary allocations for Rural Health Centres (RHCs) in the district.
 - b. The needs assessment revealed that basic diagnostic facilities were not available at BHUs, except for blood pressure and weight measurement equipment. To provide the

missing equipment at BHU level, EPHS-based costing of equipment has been used to identify funding requirements. It is proposed that at least Rs. 2.95 million be allocated in the 2014/15 budget for the provision of missing equipment for six sample BHUs and to enable the district government to carry out a survey of the missing equipment at the remaining BHUs (during needs assessment sample exercise for six BHUs was conducted) for all 31 BHUs in the district (29 which fall under the Punjab Rural Support Programme (PRSP) plus two which fall under the district government). A provincial scheme titled "Provision of missing facilities in the primary and secondary health sectors" has been included in the Annual Development Programme (ADP) FY 2014/15, with an allocation of Rs. 350 million. The funds available under the ADP can also be accessed to implement this recommendation.

- c. Medical camps should be established over time for communities and areas that have poor access to health facilities. A notional allocation of Rs.1.0 million in the 2014/15 budget is proposed for this activity.
- d. Vaccinators are provided with motorcycles by the government (with an approved scale for the provision of petroleum, oils and lubricants (POL) for the motorcycles) but sometimes funds are not provided for POL. As a result, vaccinators find it very difficult to cover their areas of duty. It is proposed that a separate allocation be made in the district budget for provision of POL to the vaccinators, instead of lumping this with the POL for other allocations, as is the existing practice.
- e. One of the main reasons for under-utilisation of BHUs is shortage of qualified staff at these facilities. District Health Development Centres (DHDCs) have been established by the government in each district with a mandate to conduct training for health sector employees. However, a DHDC has not been established in Hafizabad district. Thus, it is proposed that a DHDC be established in Hafizabad district. In the meantime, Hafizabad district should utilise the services of the DHDC in a neighbouring district. It is proposed that an appropriate non-salary allocation for such training be made during the next financial year to ensure adequate funding.

1 Introduction

The SNG programme aims to help ensure that the government delivers services that better meet the needs of poor people in Punjab and KP. The programme supports the achievement of these objectives by enabling delivery of three programme-level target outputs:

1. Decisions by sub-national governments are based on robust evidence;
2. Sub-national government services are more responsive to peoples' needs; and
3. Sub-national government capability to deliver basic services is strengthened.

In order to support and assist the district governments in making decisions based on evidence of needs, the SNG programme has developed evidence-based budget proposals. This report provides budget proposals for the non-salary component of the FY 2014/15 budget for Hafizabad district that are designed to ensure improved delivery of primary health services through BHUs.

A comprehensive needs assessment was carried out by the SNG programme to identify issues in service delivery, based on a review of the available literature and consultations with citizens, front-line service providers and policy-makers. This needs assessment was followed by a detailed analysis of budget and expenditure trends of the district government for Hafizabad. Finally, budget proposals were developed to meet the needs of the BHUs, based on the burden of disease, and the availability of services, in accordance with the EPHS. These proposals were costed by reference to the cost of EPHS delivery and the weighted average of the provision of medicine and basic supplies and diagnostic facilities at the BHU level. Effort has also been made to identify resources that exist within the health sector budget of the Hafizabad district government that can be diverted to implement the proposals. It is expected that the budget proposals, if fully implemented, would lead the district towards adequate funding of primary health service at BHU level, and can be a major step towards improving services in the district.

This report has been divided into the following sections: the second section looks at the key findings of the needs assessment study; the third section discusses the budget trends for the Hafizabad district government, with special reference to the health and primary health care budget; and the fourth section presents proposed allocations, based on the analysis in the previous sections, to the district government for inclusion in its 2014/15 budget in order to align the budget to the citizens' needs and to improve service delivery at the BHU level.

2 Needs assessment – Key findings

The budget proposals presented in this report have been formed on the basis of the health needs assessment study carried out by the SNG programme in relation to Hafizabad district. The focus of this needs assessment was to identify gaps and to align services to citizens' needs. The key objectives of the needs assessment were to:

- identify issues in access, coverage and quality of primary health services in the light of the needs of people in the district, especially women, girls and minority groups;
- highlight gaps in planning, budgeting and management processes, with a special focus on women, girls, and coverage of minority groups; and
- inform relevant stakeholders, including policy-makers, health managers and front-line service providers, about service delivery gaps and identified needs, along with recommendations to improve the provision of primary health care in line with the Provincial Health Sector Strategic Plan 2012–20.

An integrated approach was undertaken to carry out the needs assessment, including undertaking a literature review, carrying out key informant interviews, FGDs, and field visits to carry out Client Exit Interviews and mystery client interviews. Additionally, stakeholder consultations were conducted, to verify identified needs and to provide a platform for stakeholders to suggest measures to address these unmet needs.

Most of the stakeholders involved in the policy-making process in Punjab reported limited use of data when planning health services. An absence of collated information at different levels and a low quality reporting system has resulted in constrained decision-making and planning at provincial level. It was reported that the low level of integration between the health department and vertical programmes has caused duplication of resources and services. Most of the vertical programmes—with their own management, reporting and monitoring mechanisms—work in isolation, with a minimal level of coordination with the other programmes. The study also revealed that insufficient share of finances (approximately 1% of the size of the provincial economy) is allocated to health in the province (including the funds allocated at provincial and district level). Most of this share is spent on tertiary care facilities, at the expense of secondary and primary health care, and thus basic community needs are not properly fulfilled.

Districts receive a one-line budget from the provincial government, in regular monthly instalments, and the major part of this amount is automatically transferred to staff salary accounts, leaving a small amount of resources to be distributed across the 13 district departments. The share of the non-salary component allocated to the district health departments is usually not enough to meet their required demand although, as far as Hafizabad is concerned, this is not specifically a major problem. Although, the entire allocated budget for BHUs is transferred to the PRSP, a slow release of funds has caused delayed procurement of equipment and drugs and has hampered the smooth and timely

delivery of health services. The absence of a DHDC at Hafizabad also limits the planning and execution of training activities.

Lack of planning for the timely procurement of medicines in response to patients' need was reported as one of the major issues for provision of services at the primary health care level. Although a specific timeframe has been stipulated for each step of the procurement process this schedule is seldom followed. The reported reasons for the slow-paced procurement process are weak supervisory and monitoring mechanisms and issues related to planning. Furthermore, data used to forecast medicine requirements were neither maintained nor reliable.

Coverage of the needs of the increasing population is reported as a major reason for the gaps in the provision of health services. The target population for each Lady Health Worker (LHW) has been increased from 1000 to 1400 since the inception of the LHW programme; however, due to a ban on recruitments which has been in place for a long time, LHWs who have left the programme have not been replaced, thus increasingly burdening existing LHWs as regards covering the extra workload. Inadequate monitoring and weak performance evaluation of the health care systems has also made achievement of service delivery outputs ever more challenging.

The 12 CEIs which were conducted revealed that the mean distance of residences from the BHU is 3.7 km. The interviews were conducted with respondents who could access the facility. It was reported that within one km all citizens travel to the BHU on foot. However, within 3 km half of the citizens walk and the other half use cycles, while beyond 3 km all citizens use motorbikes to reach the BHU. 17% of citizens were reported to travel on a bad road to the facility. Also, these clients (92%) were found to be repeatedly utilising the services from the facility. Moreover, 47% explained that the main reason for their visit was the easy access of the facility. 50% reported that both access and affordability were the reasons for making the visit. The other reasons were minor.

During the qualitative assessment, the majority of the respondents answered that in the case of remotely located BHUs, accessibility is a major problem. The condition of most of the roads to remotely located BHUs is poor and transport is not available all the time. However, in the case of BHUs at a close proximity to residences, people are willing to seek health services from such BHUs as they are able to reach the facility by foot or by motorcycle.

The coverage of the primary health care facilities is provided based on disease data, availability of appropriate medicines and availability of human resources at the BHUs. The population coverage of Hafizabad district, in terms of general diseases, as reported by the persons in-charge at the BHUs, is adequate as regards most prevalent diseases. However, primary health coverage falls short as regards asthma (adults and children) and tuberculosis; only one BHU was found stocking medicine for these diseases. The rest of the BHUs maintain an appropriate treatment inventory vis-à-vis the disease set. Malaria, gastroenteritis, and scabies were found to be fully covered. Snake bite is also fully covered by the BHUs. Anti-rabies vaccines were not found anywhere but this might be expected as this item is not present in the EPHS medicine list.

Under-utilisation of services and stocks (medicine, and equipment) was also noticed for antenatal care (ANC), delivery care, post-natal care and family planning in most of the facilities, due to access and coverage issues. Shortage of staff at BHU was reported and around 75% of the clients who have visited BHUs in Hafizabad have been examined by male doctors (being the doctors who are in charge of the facilities) and 25% by LHWs. Around 60% of the respondents reported that they waited for not more than five minutes. Another 33% waited for around 10 minutes. None waited for more than 15 minutes. All respondents reported that they received 100% of the medicine that they required from the health facility. The respondents reported a varying degree of satisfaction (25% very satisfied and 75% were just satisfied) with the overall hospital experience.

Another key part of the analysis provided in this document is a study of the budget for Hafizabad district in the last four years. This study was undertaken to identify budgetary trends in Hafizabad for the years 2010/11 to 2013/14. The objective was to see how budgetary allocations have been made and what the trends as regards actual expenditure have been during this period. The study focused on primary health care delivery through BHUs and thus examined the budgetary allocations and expenditure patterns of BHUs in detail. The analysis was based on budget documents, out-patient data and disease patterns of the district. All relevant documents were obtained from the district government. An in-depth analysis of the current health sector budget (salary and non-salary component) was carried out.

3 Analysis of budget trends

3.1 Analysis of district total non-development budget and expenditure

The non-development budgeted expenditure (BE) for the district was Rs.1.876 billion in FY 2010/11. This increased to Rs. 2.759 in FY 2013/14. The non-development actual expenditure was Rs. 1.644 billion in FY 2010/11. This increased to Rs. 2.474 billion in FY 2013/14. Average utilisation of the budget remained above 88% during all four years.

3.2 Analysis of district salary and non-salary budget and expenditure

As depicted in Table 1, the salary share of the district budget was 92% during FY 2010/11. The share increased to 93% during FY 2013/14. The salary budget utilisation was over 87% during the period, as compared to the non-salary budget utilisation which was much more volatile, ranging from 77% to 122% during the four years period.

Table 1: Hafizabad district – total current budget (share of salary, non-salary and utilisation)

| Year | Salary | | Non-salary | | Share in expenditure | | Utilisation | |
|---------|--------|--------|------------|--------|----------------------|------------|-------------|------------|
| | BE | Actual | BE | Actual | Salary | Non-salary | Salary | Non-salary |
| 2010/11 | 1.876 | 1.505 | 0.141 | 0.139 | 92% | 8% | 87% | 98% |
| 2011/12 | 1.971 | 1.754 | 0.157 | 0.192 | 90% | 10% | 97% | 122% |
| 2012/13 | 2.397 | 2.143 | 0.197 | 0.204 | 91% | 9% | 97% | 104% |
| 2013/14 | 2.759 | 2.296 | 0.232 | 0.178 | 93% | 7% | 91% | 77% |

(Rs. in billion)

3.3 Share of health in district budget and expenditure

The share of health institutions in overall district expenditure is shown in Table 2. As the table shows, the share of expenditure of health institutions out of the total expenditure of the district remained between 16–18% during the four year period. Table 3 shows the salary / non-salary share and utilisation rate.

Table 2: Hafizabad district – share of health budget / expenditure out of district budget / expenditure

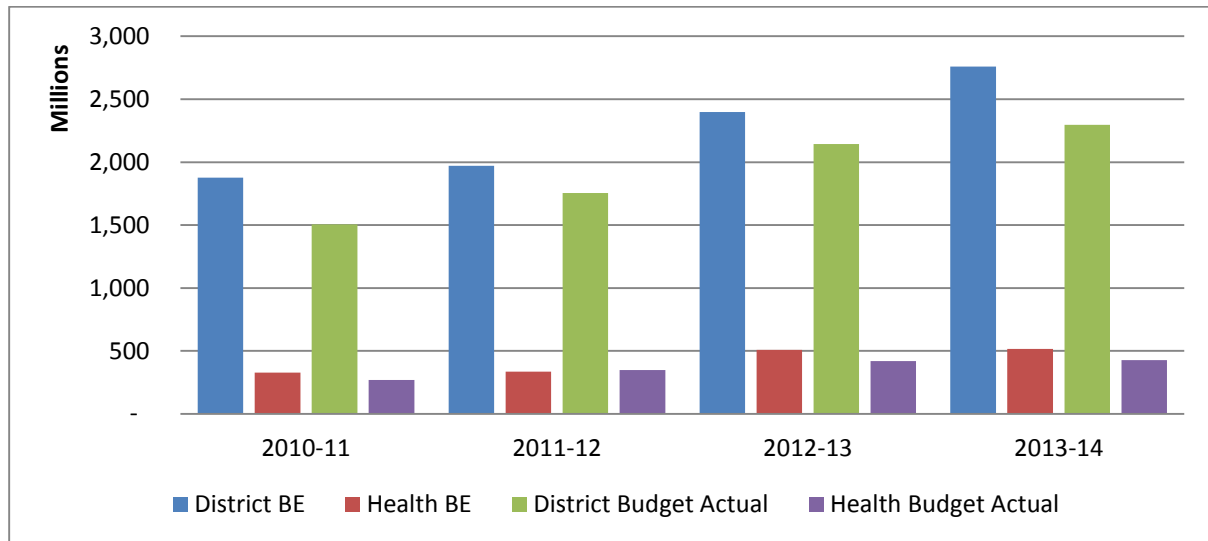
| Year | District budget | | Health budget | | Share | |
|---------|-----------------|--------|---------------|--------|-------|--------|
| | BE | Actual | BE | Actual | BE | Actual |
| 2010/11 | 1.876 | 1.644 | 0.327 | 0.268 | 17 | 16 |
| 2011/12 | 1.971 | 1.946 | 0.336 | 0.348 | 17 | 18 |
| 2012/13 | 2.397 | 2.347 | 0.508 | 0.419 | 21 | 18 |
| 2013/14 | 2.759 | 2.474 | 0.517 | 0.428 | 19 | 17 |

(Rs. in billion)

Table 3: District government of Hafizabad – current district budget (salary, non-salary) in percentages

| Year | Salary | | Non-salary | | Total | | Utilisation |
|---------|--------|--------|------------|--------|-------|--------|-------------|
| | BE | Actual | BE | Actual | BE | Actual | |
| 2010/11 | 92% | 92% | 8% | 8% | 1.876 | 1.644 | 88% |
| 2011/12 | 92% | 90% | 8% | 10% | 1.971 | 1.946 | 99% |
| 2012/13 | 92% | 91% | 8% | 9% | 2.397 | 2.347 | 98% |
| 2013/14 | 92% | 93% | 8% | 7% | 2.759 | 2.474 | 90% |

(Rs. in billion)

Figure 1: Share of health budget in district budget

3.4 District health department and budgetary allocations

The health sector at the district level mainly relates to primary and secondary health service delivery, i.e. BHUs, RHCs and Tehsil Headquarters (THQ) and District Headquarters (DHQ) hospitals. Table 4 below shows the BE and actual expenditure for the primary and secondary health care facilities over a period of four financial years. The share of primary health care in total health expenditure is a minimum of 37% in FY 2013/14 and a maximum of 41% in FY 2011/12. Similarly, the share of secondary health care in total health expenditure ranges from 30% to 51%. The rest of the budget is used for administration, other health facilities and a general nursing school, etc.

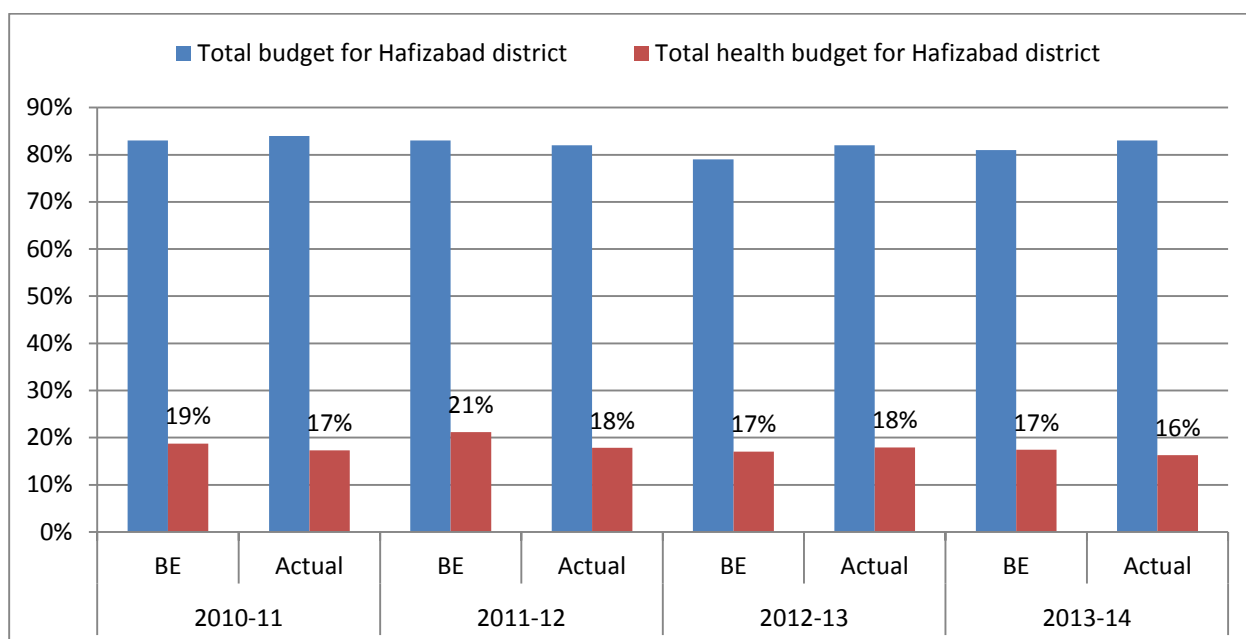
Table 4: District Government of Hafizabad – primary health care and secondary health care (salary, non-salary) in percentages and utilisation

| Years | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 | |
|--|---------|---------|---------|---------|---------|---------|---------|---------|
| | BE | AE | BE | AE | BE | AE | BE | AE* |
| Primary health care | 134.601 | 101.017 | 133.075 | 142.461 | 164.519 | 164.108 | 164.020 | 160.004 |
| Utilisation | | 75.05% | | 107.05% | | 99.75% | | 97.55% |
| Secondary health care | 98.966 | 90.591 | 109.380 | 131.083 | 258.155 | 172.640 | 220.466 | 191.294 |
| Utilisation | | 92% | | 120% | | 67% | | 87% |
| Total health budget | 326.850 | 268.342 | 336.334 | 348.267 | 507.900 | 418.600 | 516.685 | 427.843 |
| Primary - % total health budget | 41% | 38% | 40% | 41% | 32% | 39% | 32% | 37% |
| Secondary - % total health budget | 34% | 30% | 38% | 33% | 41% | 51% | 43% | 45% |

(Rs. in million)

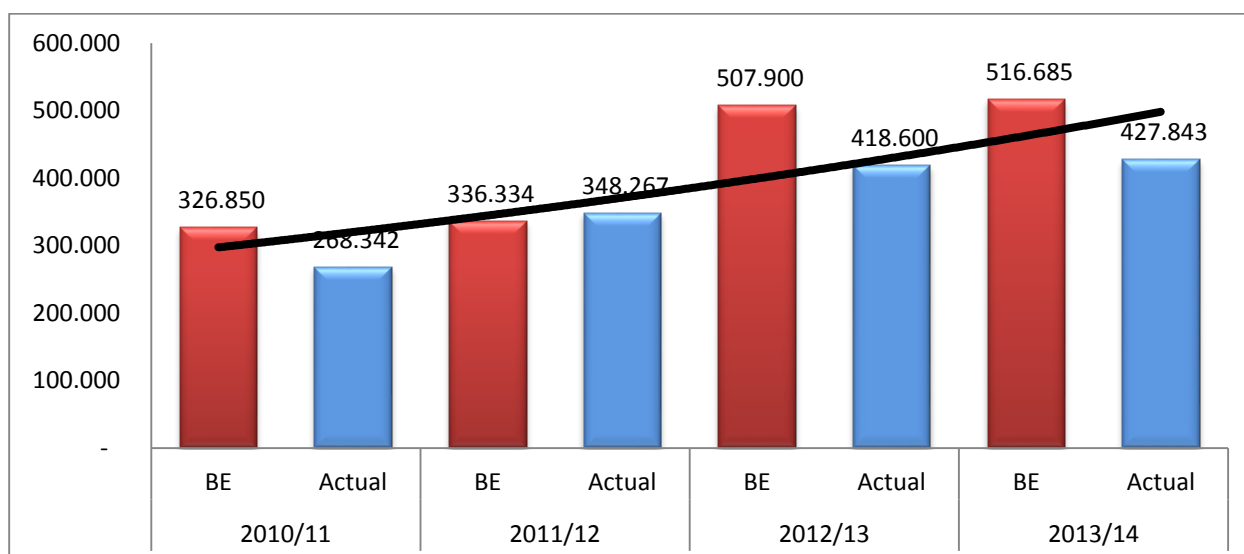
3.5 Health spending out of total current district budget and expenditure

The share of the health budget and expenditure as a share of the overall district budget and actual expenditure is shown in the following figure. As shown, the share of health in total expenditure at district level remained at 16–21% during the four year period.

Figure 2: Share of health sector in district budget and expenditure

3.6 Analysis of health non-development budget and expenditure

The current health budget was Rs. 327 million, Rs. 336 million, Rs. 508 million and Rs. 517 million during FY 2010/11, FY 2011/12, FY 2012/13 and FY 2013/14 respectively. The year-on-year (YoY) increase in the budget was 3%, 51% and 2% in FY 2011/12, FY 2012/13 and FY 2013/14, respectively. The YoY increase in actual expenditure was 30%, 20%, and -2% in FY 2011/12, FY 2012/13 and FY 2013/14, respectively. The utilisation of the budget was 104% in FY 2011/12; however, actual expenditure remained lower than the budget allocated in FY 2010/11, 2012/13 and 2013/14, being 82%, 82% and 83% respectively. Generally, the utilisation of the health budget was low, with the exception of FY 2011/12 where the variation between budget allocation and expenditure was 4%.

Figure 3: Health sector budget and actual expenditure

Rs. In millions

3.7 Analysis of health salary and non-salary budget and expenditure

Of the district health BE the salary share was 74%, 76%, 79% and 81% and the non-salary share was 26%, 24%, 21% and 19% during FY 2010/11, FY 2011/12, FY 2012/13 and FY 2013/14, respectively. Similarly the share of salary in actual expenditures was 71%, 72%, 77% and 77%, whereas the non-salary share was 29%, 28%, 23% and 23% during FY 2010/11, FY 2011/12, FY 2012/13 and FY 2013/14, respectively. The budget utilisation of salary was 79%, 98%, 81% and 79%, respectively, in the four years in question. The non-salary budget utilisation was 91%, 119%, 89% and 99.6% during FY 2010/11, FY 2011/12, FY 2012/13 and FY 2013/14, respectively. A comparison of the salary and non-salary components against actual allocations is shown in Figure 4.

Figure 4: Share of health sector salary and non-salary BE, and actual expenditure

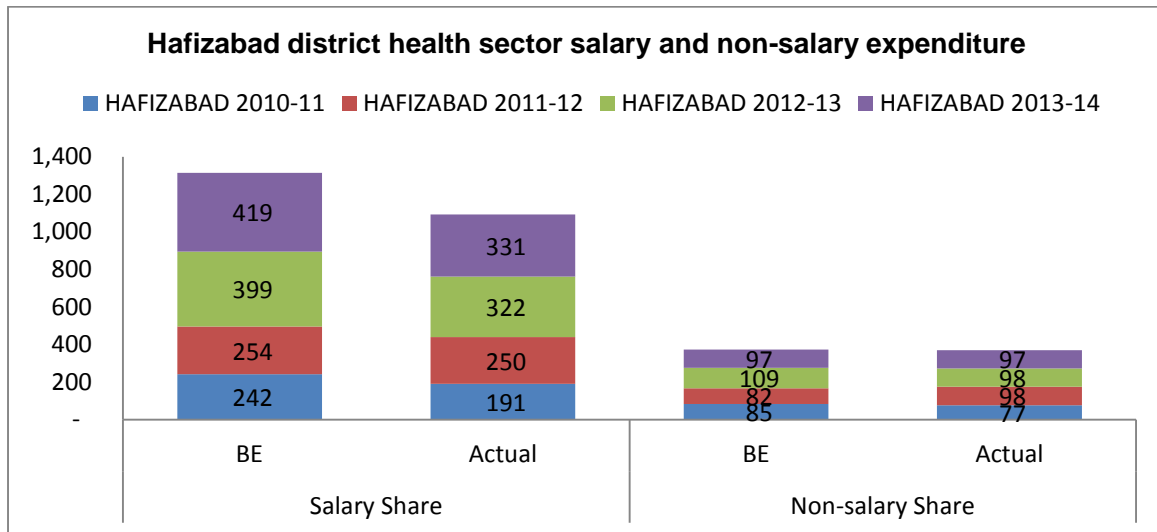
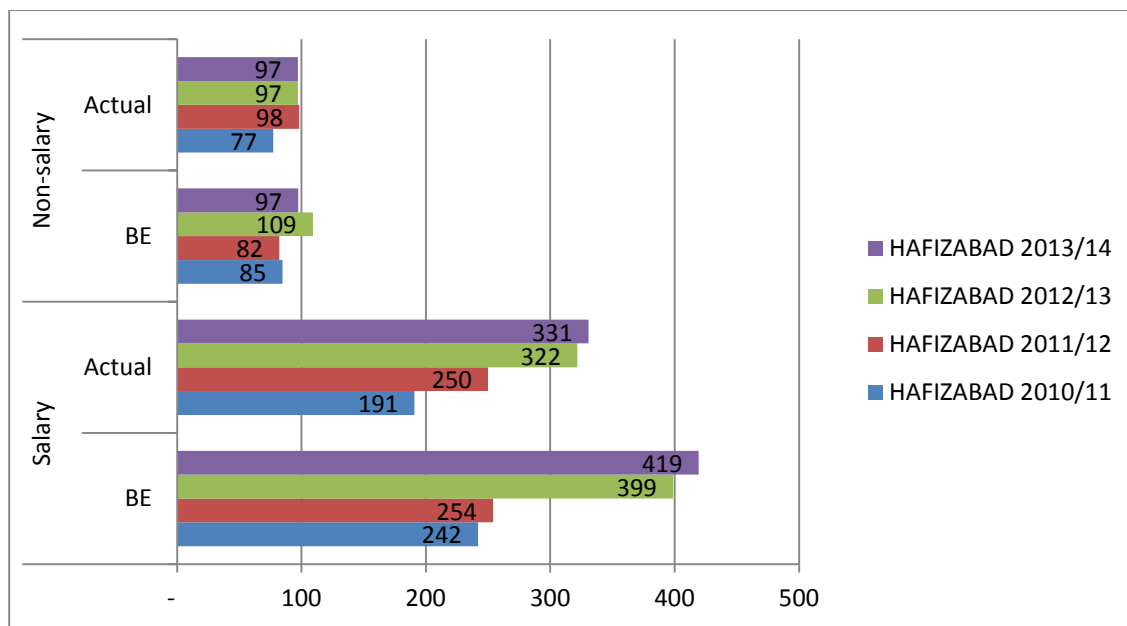


Figure 5: Utilisation of salary and non-salary health budget



The above analysis clearly shows that, generally, the district has been allocating an adequate non-salary budget for the health sector, keeping in view the general standard of the non-salary budget (equivalent to 30% of the salary budget). However, utilisation of the non-salary budget has been quite volatile.

3.8 Budget allocation for non-salary components (especially medicines)

The non-salary budget primarily comprises operating expenses and repair and maintenance costs. The operating budget includes the budget for drugs and medicines. Table 5 below summarises the total health budget. In Hafizabad the primary health facilities are managed by the PRSP, resultantly the budget for medicines is directly transferred to them. Table 5 also shows the utilisation of grant-in-aid / transfers. The excessive expenditure for grant-in-aid / transfers has been reported in the civil accounts FY 2011/12, which clearly suggest under-budgeting.

It also appears that there is no criteria for determining the quantity of medicines or linking medicines with disease patterns. The procurement of medicines is one of the most important tasks of the district health department. It is, therefore, extremely important that this task is undertaken in the light of evidence of needs at different levels. Use of District Health Information System data appears to be the most feasible option in this regard.

Table 5: Non-salary budget and expenditure of BHUs (medicine included in grant-in-aid)

| Significant heads | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 | |
|--|---------|---------|---------|--------|---------|--------|---------|--------|
| | BE | Actual* | BE | Actual | BE | Actual | BE | Actual |
| Operating expenses | 52.63 | 41.46 | 49.89 | 49.39 | 74.45 | 58.20 | 71.99 | 67.87 |
| Repairs and maintenance | 1.82 | 1.10 | 1.40 | 2.07 | 2.65 | 5.13 | 7.87 | 5.33 |
| Grant-in-aid / Transfers for medicine | 22.87 | 26.87 | 23.00 | 34.50 | 21.300 | 23.600 | 3.67 | 7.00 |
| Utilisation of Grant-in-aid | | 117% | | 150% | | 111% | | 194% |

(Rs. in million)

* Actual is on pro rata basis for complete 12 months

3.9 Current district health budget and actual expenditure in different sectors

The district health non-development budget is divided into different sectors, i.e. Primary, Secondary, Administration, Other Health Facilities and General Nursing School. This analysis has mainly focused on the primary health care services, especially BHUs.

Primary health care services

Table 6 below shows the volume of primary health care funding in the district. Primary health care services were provided 41%, 40%, 32% and 32% of the total health budget in the district in FY 2010/11, FY 2011/12, FY 2012/13 and FY 2013/14. The actual expenditure on primary health care was 38%, 41%, 40% and 37% during these years. Utilisation of this budget was 75.1%, 107.1%, 99.8% and 97.5%, respectively. Again there seems to be little predictability as regards the utilisation of allocated funds for primary health care.

Table 6: Primary health care current budget and actual expenditure

| Years | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---------|----------|---------|---------|---------|-------|---------|--------|
| | BE | Actual * | BE | Actual | BE | AE* | BE | Actual |
| Hafizabad district health budget | 326.9 | 268.3 | 336.3 | 348.3 | 507.9 | 418.9 | 516.7 | 427.8 |
| Primary health care | 134.6 | 101.0 | 133.1 | 142.5 | 164.5 | 164.1 | 164.0 | 160.0 |
| Primary as percentage of total current health budget | 41% | 38% | 40% | 41% | 32% | 40% | 32% | 37% |
| Utilisation | | 75.1% | | 107.6 % | | 99.8% | | 97.5% |

(Rs. in million)

*Actual is on pro rata basis for complete 12 months

Figure 6: Primary health care as percentage of total health budget

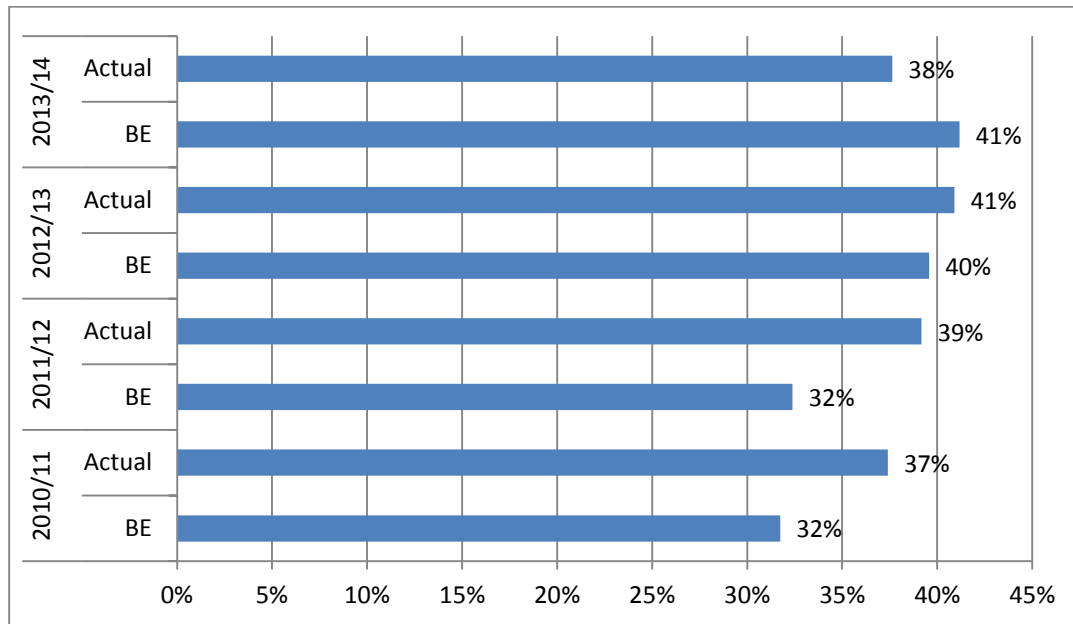
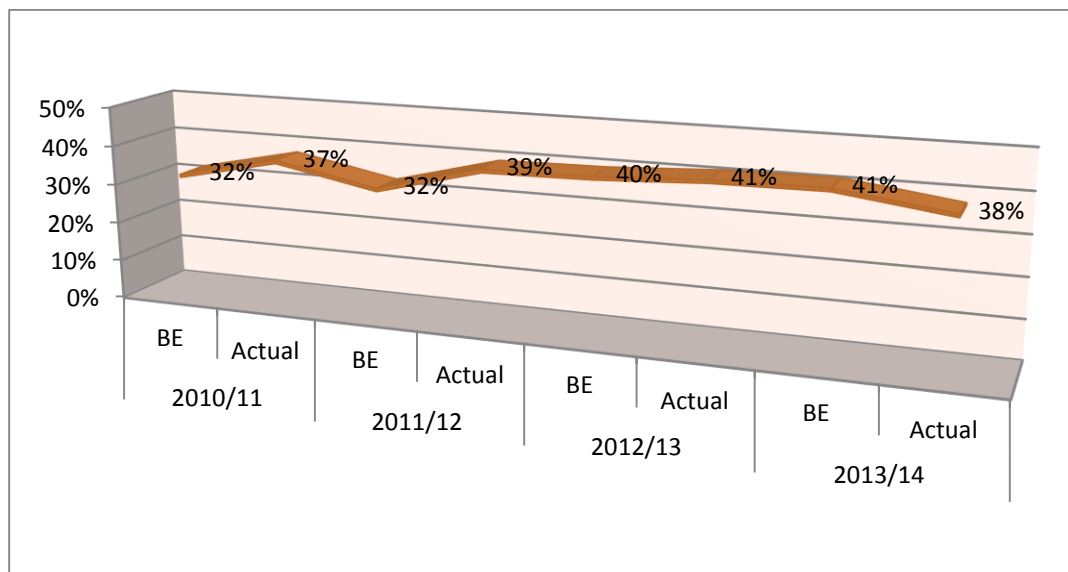


Figure 7: Primary health care budget percentage utilisation



BHUs with budget and actual expenditure

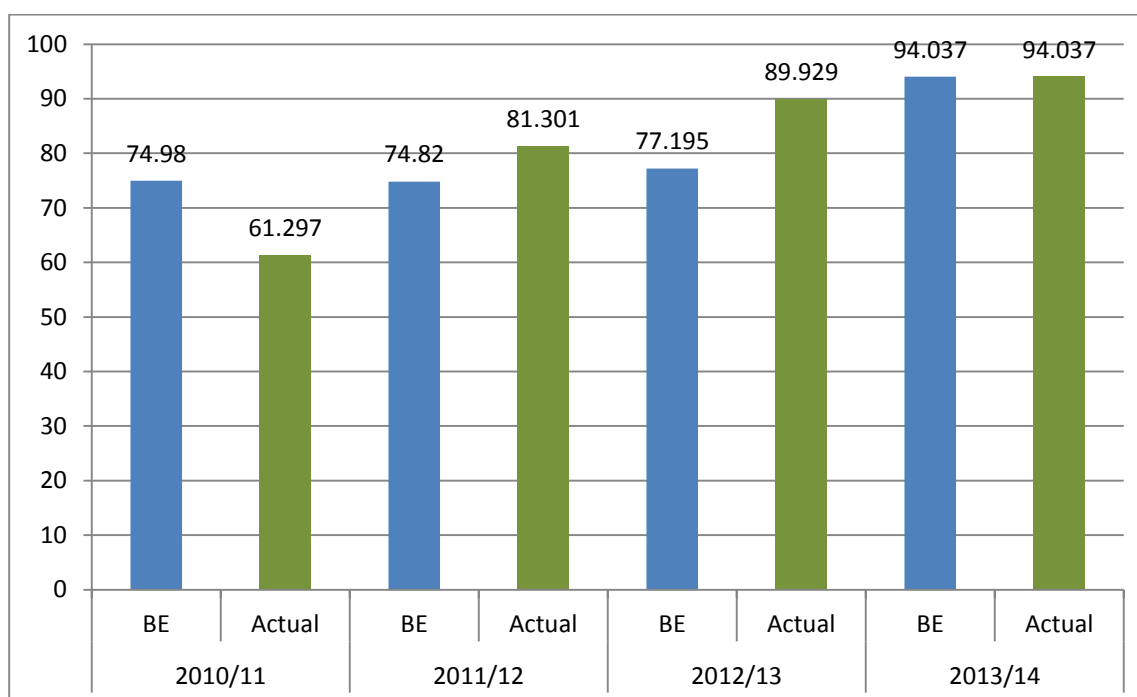
There are 31 BHUs in Hafizabad district (29 BHUs are under the PRSP and two under the district government). BHUs are under the administrative and financial control of the District Officer (Health) (DO (H)). The budgeting for these BHUs is made at the district level by the DO (H) and funds are transferred to the PRSP on a quarterly basis. Table 7 below examines the budgetary allocations and actual expenditure for BHUs in the period analysed.

Table 7: Budget and actual expenditure for BHUs

| | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 | |
|-------------------------------|---------|----------|---------|--------|---------|----------|---------|--------|
| | BE | Actual * | BE | Actual | BE | Actual * | BE | Actual |
| BHU [DO (H) Hafizabad] | 74.98 | 61.30 | 74.82 | 81.30 | 77.20 | 89.30 | 94.04 | 94.04 |
| Utilisation | | 82% | | 109% | | 82% | | 109% |

(Rs. in million)

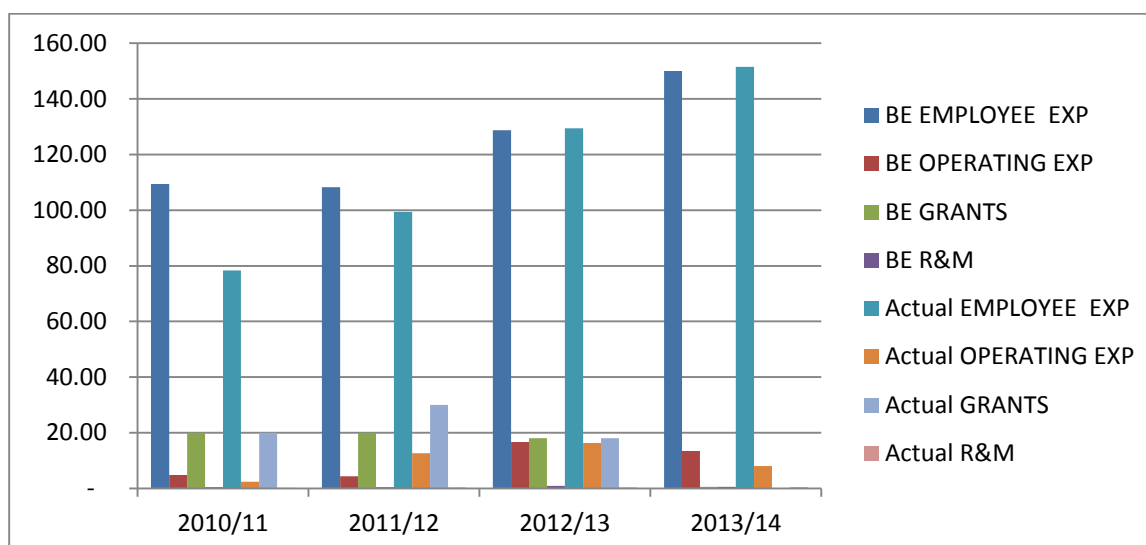
* Actual is on pro rata basis for complete 12 months

Figure 8: Budget and expenditure trends of BHUs (DO (H) Hafizabad)

The variation between budgeted amounts and actual expenditure for BHUs clearly reflects a lack of financial planning and an absence of evidence-based budgeting for the provision of primary health care services during the last few years. The BHUs are responsible for providing the most important preventive and curative functions at the grassroots level. Therefore, it is important that budgeting and planning is improved at district level through the use of evidence and data.

3.10 Major budget and expenditure components at BHU level

Figure 8 below shows that BHU budget and actual expenditure mainly consists of employee-related expenses, operating expenses and repairs and maintenance costs.

Figure 9: Major components of budget and expenditure at BHUs

The data also reveals that the budgeted amounts for operating expenses and for repair and maintenance are not being allocated, and even when they are allocated, the amount is too small as compared to the needs. The data collected from the field survey suggests that even this allocated amount is not fully utilised, resultantly the service delivery is hampered.

3.10.1 Procurement of medicines for BHUs

Under an agreement with the PRSP the non-salary budget in respect of BHUs, including that for vacant posts, is transferred to the PRSP as grant-in-aid. The procurement of medicine is carried out by the PRSP. However, the allocation of grant-in-aid is not always in accordance with the demand of the PRSP.

3.10.2 Cost per patient for BHUs

The analysis also reveals unit cost for treating a patient at a BHU. As shown in Table -8, the the per patient non-salary expenditure ranged between Rs.149 to Rs. 61 per patient. This allocation is extremely low, bearing in mind the actual need as regards the provision of medicines, diagnostic facilities, etc. This calls for more evidence-based budgeting, i.e. to reflect the number of patients at BHUs and the average cost of the provision of health care services.

Table 8: Per patient cost according to original budget and actual expenditure

| | 2013/14* | | 2012/13 | | 2011/12 | | 2010/11 | |
|---|----------|--------|---------|--------|---------|--------|---------|--------|
| | BE | Actual | BE | Actual | BE | Actual | BE | Actual |
| Total per patient cost for BHU | 394 | 394 | 324 | 376 | 313 | 340 | 314 | 257 |
| Per patient non-salary expenditure | 61 | 61 | 149 | 145 | 104 | 104 | 106 | 95 |

(in Rs.)

* Actual is on pro rata basis for complete 12 months

3.11 Major issues in primary health care (BHUs) in Hafizabad district

In the light of the findings of the needs assessment, the following major issues as regards primary health service delivery were identified that had a direct linkage with budget allocation:

- non-availability of medicines/supplies/lab investigations;
- missing facilities (such as equipment for diagnosis / testing) at BHUs;
- areas with poor access to health services;
- lack of resource provision for vaccination;
- under-utilisation of BHUs – availability of unskilled attendants.

To address these issues, the following recommendations have been made, including as regards budgetary proposals.

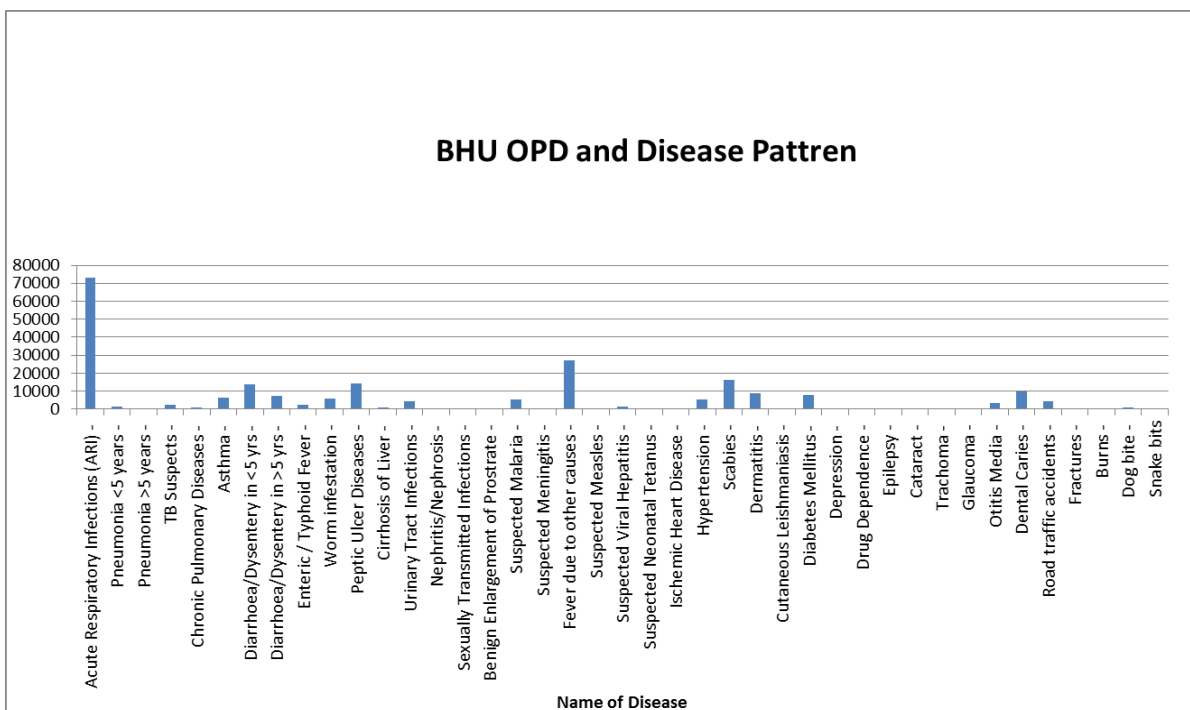
4 Recommendations for non-salary budget allocations to improve primary health services in Hafizabad district

1. Medicines, supplies and lab investigations

The major finding of the needs assessment is that there is non-availability of required medicines (except as regards malaria), supplies and diagnostic facilities at BHUs vis-à-vis the EPHS, which (among other things) prescribes the minimum equipment for a BHU.

An analysis was carried out to look at the patient load and disease pattern at the BHU level in the district. This analysis clearly indicates the presence of a large number of acute respiratory infection (ARI) patients in the district. The chart below also shows the number of patients attending out-patient department (OPD) facilities, and the disease pattern, in the district. It is clearly evident from the chart that a large number of ARI patients visited the BHUs in the district.

Figure 10: Disease pattern and OPD at BHUs in Hafizabad



After further investigation it was found that medicines for children with ARI and asthma were not available at the facility. This is indicative of the fact that while procuring and distributing medicines at various BHUs in the district, data on the burden of disease in the district is not used, despite the fact that this data has been collected by the Director General Health, Punjab, and by the PRSP. As a result, the budgetary allocations for the procurement of medicines are not backed up by any hard data and are not well-targeted.

In order to address these issues, it is imperative that adequate funds are allocated and released to the PRSP, to enable it to provide medicine at the primary health care facilities, keeping in view the burden of disease and thus the requirement for medicines for those diseases.

To align budgetary allocations with the burden of disease, and to ensure that essential supplies and basic diagnostic facilities are available at the primary health care level, the following calculations were carried out using the weighted average cost formulae for the cost of drugs/medicines, supplies and lab investigations.

The weighted average cost for the provision of these services (but not of equipment) at BHUs has been calculated at Rs. 62/- per unit.¹ Using this weighted average per BHU, it is possible to calculate the funding requirements for providing these services at the primary health care facilities in the district. In calculating the cost of medicines, 25% has been added to the medicines requirement, as buffer stock². Table 9 provides the proposed budgetary allocation for the provision of medicine, supplies and basic diagnostic facilities at BHU level in the district, using average number of patients visiting BHU and multiplying it with the average cost per patient and further enhancing product by a factor of 1.25 to ensure the availability of buffer stock of medicine to offset price fluctuations / delays in future procurement.

Table 9: Proposed allocation per BHU for medicines/supplies/lab investigations

| Total patient load per BHU | Weighted average per patient cost | Multiple for buffer stock | Medicines, supplies and lab investigations cost per BHU |
|--------------------------------------|-----------------------------------|---------------------------|---|
| 238,943 | 62 | | 14,814,466 |
| 7706 | 62 | | 477,772 |
| Including buffer stock (1.25) | | | |
| 238,943 | 62 | 1.25 | 18,518,085 |
| 7706 | 62 | 1.25 | 597,215 |

(Rs.)

The above table clearly indicates that Rs.18.518 million is needed to provide the supplies (including buffer stock) and basic diagnostic facilities at all the BHUs in the district. The

¹ Calculation of weighted average cost is a three step process:

- Calculation of a multiple of per unit service cost for a service x No. of expected cases of that service
- Calculate the sum of the multiples calculated in previous step
- Divide the sum computed above by the total number of cases to obtain the weighted average cost of services.

² International literature on the subject recommends that a buffer stock of medicines be maintained, in the range of 15%–25%.

average cost per BHU works out at around Rs. 477,772/-. During FY 2014/15 Rs.18.518 million is needed for the provision of requisite medicines at the BHU level, to address the burden of disease and the patient load at those facilities. This is in addition to other operating expenses and repair and maintenance costs. It is also recommended that the allocated budget be distributed across BHUs on the basis of patient load, instead of using a constant budget approach.

Source of funding (internal)

The budget analysis carried out by SNG Punjab in respect of Hafizabad district indicated certain areas where the utilisation rate of the budget is very low. Therefore, the above recommended allocation can be met from areas where the budget utilisation has historically been very low. Furthermore, the budget allocated to DHQ, THQ and RHCs was analysed, and it was found that there was substantial over-budgeting (and thus savings) in the salary component at this level (see Table 10). This over-allocation can easily be diverted to fund BHU medicines, supplies and lab investigations.

Table 10: Budget and expenditure trends

| Years | 2013/14 | | 2012/13 | | 2011/12 | | 2010/11 | |
|--|---------|----------|---------|--------|---------|--------|---------|--------|
| | BE | Actual * | BE | Actual | BE | Actual | BE | Actual |
| RHC salary | 76.772 | 64.553 | 69.484 | 57.544 | 53.434 | 48.126 | 54.486 | 37.076 |
| THQ salary | 45.026 | 28.454 | 40.750 | 28.664 | 23.425 | 24.088 | 19.139 | 17.322 |
| RHC operating cost (RHC) | 19.184 | 10.673 | 16.980 | 16.275 | 4.391 | 12.670 | 4.735 | 2.425 |
| Medicines (Local purchase) at RHC | 14.250 | 6.304 | 14.010 | 13.220 | 1.675 | 10.325 | 1.675 | 0.908 |
| Operating expenses at THQ level | 8.945 | 4.407 | 6.971 | 7.119 | 2.866 | 5.826 | 2.366 | 2.118 |

(Rs. in million)

* Actual is on pro rata basis for complete 12 months

2. Missing equipment

The needs assessment revealed that basic diagnostic facilities were not available at BHUs (except for blood pressure and weight measurement equipment). To provide the missing equipment at BHU level, EPHS-based costing of equipment's has been calculated.

Table 11 shows the standard equipment cost at each facility (BHU). The equipment maintenance cost has also been calculated in this table, using 10% depreciation of equipment per year.

Table 11: Standard cost of equipment and related maintenance and repairs cost for a BHU

| | |
|--|------------------|
| Total cost of equipment per BHU | 1,600,261 |
| Equipment maintenance cost | 19,836 |
| Total cost for 31 BHUs | 49,608,091 |
| Equipment maintenance cost | 614,916 |

(Rupees)

In the needs assessment undertaken by SNG an android based survey of equipment availability at the 15 sample BHUs was also carried out. Based on the survey, a list of missing equipment was identified for six out of the 15 BHUs. Using the list of missing equipment for the sampled BHUs (see Annex A of this report), the district government can extrapolate the cost of missing equipment for all 31 BHUs in the district. It would, however, be better to conduct a comprehensive assessment of the missing facilities to estimate the funding requirement for the provision of missing facilities / equipment in all BHUs in the district.

Source of funding (external)

The provincial ADP 2014–15 includes a scheme titled ‘Purchase of Missing Equipment and Hospital Furniture, etc. for Primary and Secondary Care Hospitals in Punjab’. An allocation of Rs. 350 million has been made for this scheme for FY 2014–5. The district government could therefore approach the provincial health department to request it to provide the share of funding allotted to Hafizabad district under this scheme, in order to provide missing equipment at BHUs in the district. However, it is further proposed that, in order to provide the missing equipment, the district government could, in a phased manner, allocate funds in phases, using its own sources starting from FY 2014/15.

3. Medical camps

The needs assessment also examined access to health services in the district through a Geographic Information System-based analysis. This helped to identify areas with poor access to health services. It is recommended that the district government makes special arrangements to reach out to the communities in these areas periodically. If a more permanent arrangement cannot be made right away, providing medical camps in such areas is recommended. Considering the fact that the PRSP already arranges medical camps for under-served areas of the district, setting up these camps would require minimal logistic

support and cost as the medicines and equipment available at BHUs can be used for such camps. In order to provide medical camps, an indicative allocation of Rs. 1.0 million is proposed for the district during FY 2014/15.

4. Resource provision for vaccination

One of the issues identified by the SNG programme in its review of the business process of the Expanded Programme of Immunisation (EPI) was that necessary facilities, especially POL for motorcycles at an approved scale, is not provided to the vaccinators who are mainly responsible for implementation of EPI. A review of the budget reveals that there is an allocation for provision of POL to the vaccinators; however, apparently this budget allocation is not being disbursed. One of the reasons for non-disbursement is probably a concern that the POL would be misused. In order to ensure that misuse does not occur, it is proposed that a separate allocation be made in the budget for provision of POL to vaccinators and that petrol be issued to vaccinators through the use of fleet cards.

5. DHDC

One of the main reasons for under-utilisation of BHUs is lack of qualified staff at these facilities. DHDCs have been established by the government in each district, with a mandate to conduct training for health sector employees. However, a DHDC has not been established in Hafizabad district. A DHDC therefore needs to be established, by developing a training schedule and robust monitoring mechanism to assess its performance. Meanwhile, Hafizabad district can also take advantage of an adjoining DHDC. Nevertheless, it is proposed that non-salary allocation for training purpose should be allocated during FY 2014/15 under Executive District Officer (Finance & Planning), to ensure funding for capacity-building of primary health care staff in Hafizabad district.

5 Conclusion and way forward

The budget proposals presented in this report have been calculated using the historic budget data for Hafizabad district. These proposals have been designed to fill some of the existing gaps in primary health care service delivery in the district. The source of funding has also been indicated, where additional allocations have been suggested. Wherever possible an attempt has been made to remain within the existing resource envelope available to the district. It is anticipated that if these proposals are implemented, some of the unmet requirements of the residents of the district with regard to primary health care services will be addressed. Additionally, it is envisaged that applying the proposals will introduce evidence-based budgeting to the district, and the district can build on this to further bolster its health care service delivery in the future.

Annex 1: Weighted average cost calculation

| Catchment population | Prevalence/ incidence | Per unit cost | 10,000 | | 15,000 | | 20,000 | | 25,000 | |
|----------------------|-----------------------|---------------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|
| | | | Target population | Cases | Target population | Cases | Target population | Cases | Target population | Cases |
| ANC | 64% | 135 | 290 | 185 | 435 | 278 | 580 | 371 | 725 | 464 |
| Delivery | 10% | 189 | 290 | 30 | 435 | 45 | 580 | 59 | 725 | 74 |
| Postpartum | 20% | 183 | 276 | 55 | 414 | 83 | 552 | 110 | 690 | 138 |
| Newborn care | 10% | 105 | 276 | 28 | 414 | 43 | 552 | 57 | 690 | 71 |
| Pneumonia | 1.80% | 52 | 1,260 | 23 | 1,890 | 34 | 2,520 | 45 | 3,150 | 57 |
| Others | 13.40% | 22 | 8,740 | 1,171 | 13,110 | 1,757 | 17,480 | 2,342 | 21,850 | 2,928 |
| Diarrhoea/ dysentery | 13.10% | 44 | 8,740 | 1,145 | 13,110 | 1,717 | 17,480 | 2,290 | 21,850 | 2,862 |
| FP condoms | 12.00% | 94 | 1,487 | 178 | 2,231 | 268 | 2,974 | 357 | 3,718 | 446 |
| FP oral | 2.80% | 91 | 1,487 | 42 | 2,231 | 62 | 2,974 | 83 | 3,718 | 104 |
| FP injection | 2.30% | 64 | 1,487 | 34 | 2,231 | 51 | 2,974 | 68 | 3,718 | 86 |
| FP IUD | 1.10% | 40 | 1,487 | 16 | 2,231 | 25 | 2,974 | 33 | 3,718 | 41 |
| Pneumonia | 1.80% | 58 | 8,740 | 157 | 13,110 | 236 | 17,480 | 315 | 21,850 | 393 |
| Other RI | 1.40% | 4 | 8,740 | 122 | 13,110 | 184 | 17,480 | 245 | 21,850 | 306 |
| GI | 1.80% | 12 | 8,740 | 157 | 13,110 | 236 | 17,480 | 315 | 21,850 | 393 |
| TB diagnosis | 0.10% | 14 | 8,740 | 9 | 13,110 | 13 | 17,480 | 17 | 21,850 | 22 |
| TB treatment | 0.08% | 3,313 | 8,740 | 7 | 13,110 | 10 | 17,480 | 14 | 21,850 | 17 |
| Malaria: diagnosis | 0.07% | 5 | 8,740 | 6 | 13,110 | 9 | 17,480 | 12 | 21,850 | 15 |
| Malaria: treatment | 0.70% | 231 | 8,740 | 61 | 13,110 | 92 | 17,480 | 122 | 21,850 | 153 |
| Typhoid | 0.10% | 35 | 8,740 | 9 | 13,110 | 13 | 17,480 | 17 | 21,850 | 22 |

Budget Proposals for Improving Primary Health Services in Hafizabad

| | | | | | | | | | | |
|-----------------------|-------|---------|-------|--------------|--------|--------------|--------|--------------|--------|---------------|
| STIs | 0.05% | 96 | 8,740 | 4 | 13,110 | 7 | 17,480 | 9 | 21,850 | 11 |
| Eye related | 0.90% | 283 | 8,740 | 79 | 13,110 | 118 | 17,480 | 157 | 21,850 | 197 |
| UTI | 0.70% | 69 | 8,740 | 61 | 13,110 | 92 | 17,480 | 122 | 21,850 | 153 |
| Worm infestation | 0.70% | 2 | 8,740 | 61 | 13,110 | 92 | 17,480 | 122 | 21,850 | 153 |
| Fever | 1.80% | 15 | 8,740 | 157 | 13,110 | 236 | 17,480 | 315 | 21,850 | 393 |
| Hypertension | 0.50% | 150 | 6,200 | 31 | 9,300 | 47 | 12,400 | 62 | 15,500 | 78 |
| Scabies | 2.90% | 15 | 8,740 | 253 | 13,110 | 380 | 17,480 | 507 | 21,850 | 634 |
| Other skin infections | 1.40% | 50 | 8,740 | 122 | 13,110 | 184 | 17,480 | 245 | 21,850 | 306 |
| Diabetes | 0.70% | 550 | 6,200 | 43 | 9,300 | 65 | 12,400 | 87 | 15,500 | 109 |
| Other eye diseases | 0 | - | 6,200 | - | 9,300 | - | 12,400 | - | 15,500 | - |
| Dental | 0.00% | 100 | 8,740 | - | 13,110 | - | 17,480 | - | 21,850 | - |
| Emergency first aid | 0.60% | 100 | 8,740 | 52 | 13,110 | 79 | 17,480 | 105 | 21,850 | 131 |
| Micro nutrients | | 194.88 | 1,260 | - | 1,890 | - | 2,520 | - | 3,150 | - |
| Vitamin A | | 14.1984 | 1,260 | - | 1,890 | - | 2,520 | - | 3,150 | - |
| Total cases | | | | 4,302 | | 6,454 | | 8,605 | | 10,756 |

Annex 2: Equipment cost calculation

| Item | Useful life | Cost (Rs.) | Quantity | Total cost (Rs.) |
|---|-------------|------------|----------|------------------|
| | | | BHU | BHU |
| Adult stethoscope | 3 | 550 | 1 | 550 |
| Adult weighing scale | 3 | 1,000 | 1 | 1,000 |
| Ambu bag (child, adult, infant) | 5 | 3,500 | 8 | 28,000 |
| Forceps (eight inches, curved, straight, six inches, non-toothed, artery, chelate, dissecting, green armtage, Kocher, McGill, obstetric, outlet, sponge holder, tissue plain, toothed and 8 inches, valselum) | 5 | 150 | 20 | 3,000 |
| Autoclaves | 8 | 15,000 | 1 | 15,000 |
| Baby weighing scale | 5 | 3,500 | 1 | 3,500 |
| Bedpans | 5 | 500 | 1 | 500 |
| Bench fibre glass | 5 | 2,500 | 2 | 5,000 |
| Binocular microscope | 8 | 80,000 | 1 | 80,000 |
| Blood grouping viewing box | 5 | 3,000 | 1 | 3,000 |
| BP apparatus (mercury) | 3 | 1,500 | 3 | 4,500 |
| Breast pumps | 5 | 2,000 | 1 | 2,000 |
| Centrifuge machine | 8 | 100,000 | 1 | 100,000 |
| Chair for health worker | 5 | 1,000 | 1 | 1,000 |
| Chairs for caretakers | 5 | 500 | 2 | 1,000 |
| Cold box refrigerator for EPI | 5 | 17,000 | 1 | 17,000 |
| Computer with accessories, including internet access | 5 | 75,000 | 1 | 75,000 |
| Couscous specula (small, medium, large, each category) | 5 | 400 | 2 | 800 |
| DLC counter | 8 | 2,000 | 1 | 2,000 |
| Dressing drum | 5 | 500 | 1 | 500 |
| Dressing scissors | 5 | 100 | 1 | 100 |
| Dressing trays | 5 | 400 | 1 | 400 |
| ENT diagnostic set | 7 | 2,500 | 1 | 2,500 |
| Episiotomy scissors | 5 | 300 | 2 | 600 |
| Examination couch | 10 | 100,000 | 2 | 200,000 |
| Foetal stethoscope | 5 | 500 | 2 | 1,000 |
| Gas burner | 5 | 11 | 1 | 11 |
| Gas stove/ cylinder | 5 | 500 | 1 | 500 |
| Glucometer | 5 | 4,000 | 1 | 4,000 |
| Haemocytometer | 10 | 4,000 | 1 | 4,000 |
| Haematology analyser | 10 | 450,000 | 1 | 450,000 |

| | | | | |
|--|----|---------|----|---------|
| Ice box | 7 | 7,000 | 1 | 7,000 |
| Ice packs | 7 | 100 | 10 | 1,000 |
| ILR/deep freezer | 10 | 45,000 | 1 | 45,000 |
| IUD insertion kit | 7 | 1,500 | 1 | 1,500 |
| IV stand | 5 | 450 | 2 | 900 |
| Kidney tray – large size | 5 | 200 | 2 | 400 |
| Labour /delivery table with washable plastic cover | 10 | 10,000 | 1 | 10,000 |
| Nebuliser | 5 | 5,000 | 2 | 10,000 |
| Needle holder (simple, forceps, holder, etc.) | 5 | 100 | 4 | 400 |
| Normal delivery set | 7 | 10,000 | 2 | 20,000 |
| Office chairs | 8 | 3,000 | 4 | 12,000 |
| Office rack wooden | 8 | 1,500 | 4 | 6,000 |
| Office table with three drawers | 8 | 2,000 | 4 | 8,000 |
| Oxygen cylinder (all types) | 5 | 20,000 | 1 | 20,000 |
| Patella hammer | 5 | 400 | 2 | 800 |
| Patient's stool | 5 | 1,000 | 3 | 3,000 |
| Pedal suction machine – manual | 7 | 20,000 | 1 | 20,000 |
| Pinard fetoscope | 5 | 100 | 2 | 200 |
| Pressure cooker | 7 | 4,000 | 1 | 4,000 |
| Pressure cooker autoclaves | 7 | 20,000 | 1 | 20,000 |
| Refrigerator | 10 | 40,000 | 1 | 40,000 |
| Revolving stool | 5 | 600 | 2 | 1,200 |
| Room thermometer | 5 | 1,000 | 1 | 1,000 |
| Sahli haemoglobinometer | 5 | 1,000 | 1 | 1,000 |
| Scalpel | 5 | 100 | 2 | 200 |
| Scissors (simple, straight) | 5 | 100 | 4 | 400 |
| Screen four fold | 5 | 3,000 | 2 | 6,000 |
| Shadow-less lamps | 8 | 38,000 | 1 | 38,000 |
| Sim's vaginal speculum – single and double-ended (small, medium and large) | 5 | 300 | 2 | 600 |
| Sims speculum double blade | 5 | 300 | 2 | 600 |
| Sims speculum single blade | 5 | 300 | 2 | 600 |
| Standard surgical set (for minor procedures like episiotomy stitching) | 7 | 8,000 | 2 | 16,000 |
| Steel almirah | 9 | 6,000 | 6 | 36,000 |
| Steriliser | 9 | 100,000 | 1 | 100,000 |
| Stethoscope | 5 | 550 | 2 | 1,100 |
| Stretcher | 9 | 10,000 | 1 | 10,000 |
| Table | 7 | 5,000 | 2 | 10,000 |
| Table lamp | 5 | 500 | 1 | 500 |

| | | | | |
|--------------------------------------|---|--------|---|------------------|
| Timing device/watch with second hand | 3 | 1,000 | 2 | 2,000 |
| Tourniquet | 3 | 1,000 | 2 | 2,000 |
| Tuning fork | 5 | 100 | 2 | 200 |
| Vaccine carrier | 5 | 1,600 | 2 | 3,200 |
| Vacuum extractor pump | 8 | 65,000 | 2 | 130,000 |
| Water bath | 5 | 2,000 | 1 | 2,000 |
| Weighing scale, spring | 5 | 1,000 | 1 | 1,000 |
| Total | | | | 1,600,261 |

Annex 3: Financial impact of missing equipment at six BHUs in Hafizabad district

| Equipment | BHU Baka Bhatia | BHU Jindraka | BHU Kot Nakka | BHU Mahdi Abad | BHU Nadala Khan | BHU Rasulpur Tarar | No. of instruments not available | Per unit cost | Total cost |
|-------------------------------|-----------------|--------------|---------------|----------------|-----------------|--------------------|----------------------------------|---------------|------------|
| Adult ambu bag and mask | No | Yes | Yes | No | No | Yes | 3 | 3,500 | 10,500 |
| Adult stethoscope | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 550 | - |
| Adult weighing scale | No | Yes | Yes | Yes | No | Yes | 2 | 550 | 1,100 |
| Adult weighing scale | No | Yes | Yes | Yes | Yes | Yes | 1 | 1,000 | 1,000 |
| Ambu bag for infant | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 3,500 | - |
| Ambubag for child and adult | No | No | Yes | Yes | Yes | Yes | 2 | 3,500 | 7,000 |
| Autoclave / boiler | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 45,000 | - |
| Baby weighing scale | No | Yes | Yes | Yes | Yes | Yes | 1 | 3,500 | 3,500 |
| Baby weighing scale | No | Yes | Yes | Yes | Yes | Yes | 1 | 3,500 | 3,500 |
| Bedpans | No | No | Yes | Yes | Yes | No | 3 | 500 | 1,500 |
| Bench fibre glass | No | Yes | No | Yes | Yes | Yes | 2 | 2,500 | 5,000 |
| Blood pressure apparatus | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 4,500 | - |
| Breast pumps | Yes | No | Yes | Yes | No | No | 3 | 2,000 | 6,000 |
| Chair for health worker | No | Yes | Yes | No | Yes | Yes | 2 | 1,000 | 2,000 |
| Cold box refrigerator for EPI | No | No | Yes | Non-functional | Yes | Yes | 3 | 17,000 | 51,000 |
| Computer | No | No | No | No | No | No | 6 | 75,000 | 450,000 |
| Couscous specula | Yes | Yes | Yes | Yes | No | No | 2 | 800 | 1,600 |
| Dressing drum | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 500 | - |
| Dressing scissors | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 100 | - |

| | | | | | | | | | |
|---|-----|-----|-----|----------------|-----|-----|---|---------|-----------|
| Dressing trays | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 400 | - |
| ENT diagnostic set | No | Yes | Yes | Yes | Yes | Yes | 1 | 300 | 300 |
| Episiotomy Scissors | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 600 | - |
| Examination couch | No | Yes | Yes | Yes | Yes | Yes | 1 | 100,000 | 100,000 |
| Forceps artery | Yes | No | Yes | Yes | Yes | Yes | 1 | | - |
| Forceps artery – curved | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps artery – straight | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps cheatle | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps sponge holding | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps tissue – plain | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps tissue – toothed | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps non-toothed tissue | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps non-toothed tissue eight inches | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps outlet | Yes | Yes | Yes | Yes | Yes | Yes | 0 | | - |
| Forceps - various | Yes | No | Yes | Yes | Yes | Yes | 1 | 150 | 150 |
| Foetal stethoscope | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 500 | - |
| Gas burner | No | No | No | No | No | No | 6 | 11 | 66 |
| Gas stove/ cylinder | No | Yes | No | No | No | No | 5 | 500 | 2,500 |
| Glucometer | No | Yes | No | No | No | No | 5 | 4,000 | 20,000 |
| Haemocyto meter | No | No | No | No | No | No | 6 | 4,000 | 24,000 |
| Haemoglobin meter | No | No | No | Non-functional | Yes | Yes | 4 | 450,000 | 1,800,000 |
| Ice box | No | No | Yes | Non-functional | Yes | Yes | 3 | 7,000 | 21,000 |
| Ice packs | No | No | Yes | Non-functional | Yes | Yes | 3 | 100 | 300 |

| | | | | | | | | | |
|--|-----|-----|-----|----------------|-----|-----|---|--------|---------|
| ILR/deep freezer | No | No | Yes | Non-functional | Yes | Yes | 3 | 45,000 | 135,000 |
| IUD insertion kit | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 1,500 | - |
| IV stand | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 450 | - |
| Kidney tray – large size | Yes | No | Yes | Yes | Yes | Yes | 1 | 200 | 200 |
| Labour /delivery table with washable plastic cover | No | Yes | Yes | Yes | Yes | Yes | 0 | 10,000 | - |
| Nebuliser | No | Yes | Yes | Yes | Yes | Yes | 1 | 5,000 | 5,000 |
| Needle holder forceps | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 100 | - |
| Normal delivery set | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 10,000 | - |
| Office chairs | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 3,000 | - |
| Office rack wooden | No | No | Yes | Yes | No | No | 4 | 1,500 | 6,000 |
| Office table with three drawers | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 2,000 | - |
| Oxygen gas cylinders | No | Yes | Yes | Yes | Yes | Yes | 1 | 20,000 | 20,000 |
| Oxygen source | No | Yes | Yes | Yes | Yes | Yes | 1 | | - |
| Oxygen tubing and masks | No | Yes | Yes | Yes | Yes | Yes | 1 | | - |
| Patella hammer | Yes | No | No | Yes | Yes | Yes | 2 | 400 | 800 |
| Patient's stool | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 1,000 | - |
| Pinard fetoscope | No | No | Yes | No | No | No | 5 | 100 | 500 |
| Pressure cooker autoclaves | Yes | No | Yes | Yes | Yes | Yes | 1 | 4,000 | 4,000 |
| Refrigerator | No | Yes | Yes | Yes | No | No | 3 | 40,000 | 120,000 |
| Revolving stool | No | Yes | Yes | Yes | No | No | 3 | 600 | 1,800 |
| Room thermometer | No | No | No | No | No | No | 6 | 1,000 | 6,000 |
| Scalpel handle and blades | Yes | No | Yes | Yes | Yes | Yes | 1 | 100 | 100 |
| Scissors | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 100 | - |
| Scissors | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 100 | - |

Budget Proposals for Improving Primary Health Services in Hafizabad

| | | | | | | | | | |
|--------------------------------------|-----|-----|-----|----------------|-----|-----|---|---------|------------------|
| Straight scissors | No | Yes | Yes | Yes | Yes | Yes | 3 | | - |
| Screen four fold | No | No | No | Non-functional | No | No | 6 | 3,000 | 18,000 |
| Shadow-less lamps | No | Yes | Yes | Yes | Yes | Yes | 1 | 38,000 | 38,000 |
| Sim's vaginal speculum | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 300 | - |
| Sims speculum double Blade | Yes | No | Yes | Yes | No | Yes | 2 | 300 | 600 |
| Sims speculum single blade | Yes | Yes | Yes | Yes | No | No | 2 | 300 | 600 |
| Standard surgical set | Yes | Yes | Yes | Yes | No | Yes | 1 | 8,000 | 8,000 |
| Steel almirah | No | Yes | Yes | Yes | No | Yes | 2 | 6,000 | 12,000 |
| Steriliser | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 100,000 | - |
| Stethoscope | Yes | Yes | Yes | Yes | Yes | Yes | 0 | 550 | - |
| Stretcher | No | No | Yes | Yes | No | Yes | 3 | 10,000 | 30,000 |
| Suction and evacuation set (SNE) | No | No | Yes | Yes | No | Yes | 3 | | - |
| Table for vaccine supplies | No | No | Yes | No | No | Yes | 4 | 5,000 | 20,000 |
| Table lamp | No | No | No | No | No | No | 6 | 500 | 3,000 |
| Timing device/watch with second hand | No | No | Yes | No | Yes | Yes | 3 | 1,000 | 3,000 |
| Vaccine carrier and ice pack | No | No | Yes | Non-functional | Yes | Yes | 3 | 1,600 | 4,800 |
| Weighing scale, spring | No | No | Yes | No | Yes | Yes | 3 | 1,000 | 3,000 |
| Total | | | | | | | | | 2,952,416 |