Stagnation Concerns:

Geographic Distribution of Health Development Budget in Sindh, 2022-23

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1. Introduction

Background

The healthcare system is the backbone of any progressive society, with different kinds of healthcare units playing an indispensable role in delivering specialized medical services. This report examines the current state of development schemes related to health across various districts at the end of 2022-23.

Objectives

The primary objectives of this report are to:

1. Assess the status of incomplete hospital schemes across various districts.
2. Evaluate the equity distribution of these schemes.
3. Investigate the underlying reasons for stagnation in scheme completion.
4. Provide actionable recommendations to address the issues identified.

Methodology

To achieve the objectives, this report employs a mixed-method approach. First, a comprehensive quantitative analysis uses data from multiple sources, including governmental databases and surveys. This data is subjected to a range of statistical tests to gauge schemes' current state and geographical distribution. The combination of these methods allows for an in-depth understanding of both the surface-level trends and the underlying factors contributing to scheme stagnation.

Structure

The report is organized into several key sections, beginning with an overview of the current scheme statuses across districts. An in-depth equity distribution analysis follows this to determine how schemes are allocated among various regions. Stagnation concerns are then addressed, examining why schemes fail to be completed and how this impacts the healthcare system. Finally, the report concludes with targeted recommendations aimed at remedying the identified issues.

By integrating data-driven insights with stakeholder perspectives, this report aims to provide a comprehensive overview of the current challenges facing the Sindh Health Sector and offer constructive solutions to move forward effectively.

2. A Brief Health Profile of Sindh

Introduction:

The healthcare landscape in Sindh features a mix of public and private healthcare facilities, each with varying levels of resources and capacities. This brief health profile of Sindh reveals crucial areas that need attention and policy intervention.[1]

- Government Sector: Government hospitals, primarily Teaching and Civil, contribute to 33.6% of the total hospital beds. However, they comprise only about 4.1% of the total hospitals. This suggests a concentration of resources in fewer, larger facilities.
- Private Sector: Despite accounting for 76.1% of the total hospitals, the Private sector contributes only 35.5% of the beds, indicating a plethora of smaller hospitals.
- Local Bodies: Interestingly, hospitals under Local Bodies have a bed capacity of 1,139, but they are only 8 in number. This suggests an opportunity to expand public healthcare by enhancing Local Body healthcare capacities.

Specialized Healthcare Units:

- **Limited Reach**: The number of specialized healthcare units like Trauma Centers, Leprosy Clinics, and Homeo Dispensaries are very few, showing gaps in specialized healthcare services.

Dispensaries, MCHCs, and TB Clinics:

- **Bed Scarcity**: The incredibly low bed numbers across all sectors in dispensaries (691), MCHCs (139), and TB clinics (42) suggest a severe resource constraint.
- **Private Sector Prevalence**: In the case of dispensaries, the Private sector has almost as many beds as all other sectors combined, hinting at a potential over-reliance on private healthcare for minor ailments.

Basic Health Units and Rural Health Centers:

- **Rural Areas**: A total of 938 units with 3,522 beds indicate the scarcity of healthcare facilities in rural regions.
- ***Dispensaries, MCHC and T. B. Clinics, with bed capacity***
-

Sector	DISPENSARIES		M.C.H.C.		T.B. CLINICS	
	NO.	BEDS	NO.	BEDS	NO.	BEDS
Government	*915*	*6*	*108*	*49*	*283*	*30*
Semi Govt.	*170*	*69*	*22*	*8*	*4*	*2*
Local Bodies	*772*	*19*	*27*	*30*	*1*	*-*
Private/Missionaries	*1126*	*597*	*82*	*52*	*16*	*10*
TOTAL	***2983***	***691***	***239***	***139***	***304***	***42***

[1] The analysis for this section is derived from the data available in Health Profile of Sindh, 2017, Bureau of Statistics Planning & Development Department Government Of Sindh available at https://sbos.sindh.gov.pk/files/SBOS/Health/Health%20Profile%2001-01-2018.pdf

Human Resources:

1. Medical Personnel:

- **Physician-to-Population Ratio**: With 403 physicians and 382 surgeons, Sindh appears to have a relatively low physician-to-population ratio. The majority of these physicians and surgeons work in the private sector. Of 403 physicians, 312 (82%) work in the private sector. Similarly, 298 (78%) surgeons work in the private sector.
- **Specialized Skills**: The relatively high number of specialists in the private sector compared to public and local bodies raises questions about equitable access to specialized care.

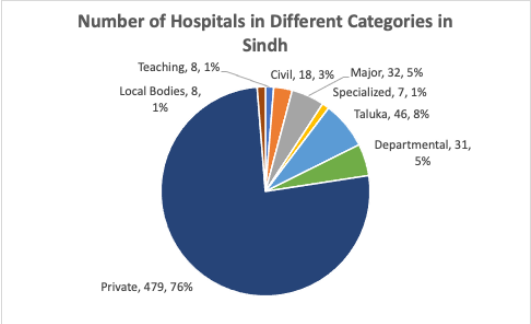
2. Para-Medical Staff:

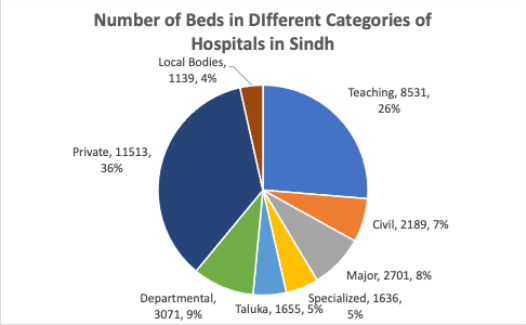
- **Technicians**: An overwhelming majority of technicians are in the private sector, pointing to an unequal distribution of skilled labor.
- **Training Gap**: The lower numbers of highly specialized technicians like Hemodialysis Tech, ETT Tech, and ICU Tech indicate a training and resource allocation gap.

Analysis of Beds Per Hospital Across Different Types in Sindh for the Year 2017

1. *Resource Allocation*: The fewer beds in rural and smaller hospitals indicates a disparity in resource allocation, which needs to be addressed for more equitable healthcare.
2. *Private Sector Role*: Despite their sheer number, private hospitals offer a lower average bed capacity, which suggests that the Government sector bears a larger responsibility for healthcare delivery.
3. *Urban-Rural Gap*: The concentration of beds in urban teaching and civil hospitals highlights the urban-rural gap in healthcare services. Policymakers should focus on balancing this distribution.
4. *Specialized Services:* The high number of beds per specialized hospital indicates a need for such services, but these are few and far between. Expanding specialized services should be a priority.

Sindh can build a more balanced and equitable healthcare system by addressing these issues.





Policy Implications and Recommendations:

1. **Resource Redistribution**: Policymakers should focus on better distribution of resources, especially to public hospitals and rural healthcare units.
2. **Human Resource Development**: Investments in training and placement of healthcare personnel, particularly in public and rural areas, are crucial.
3. **Expand Specialized Services**: An expansion of specialized healthcare services should be a priority, given the evident gaps.
4. **Community Healthcare**: Strengthening dispensaries and community healthcare centers can reduce the burden on major hospitals and improve general healthcare accessibility.

3. Analysis of Health Sector in Sindh's Annual Development Plan (ADP) for 2022-23

Introduction

A thorough examination of the ADP for Sindh's health sector for 2022-23 reveals significant insights into planning, budget allocation, and execution. This analysis aims to assess current affairs and provide actionable recommendations.

Key Statistics

- **Total Health Schemes**: 219
- **Total Estimated Cost**: 100,462 million
- **Total Allocation for Health Sector for 2022-23**: 23,335 million
  - **Foreign Scheme Assistance**: 3,630 million
- **Total Release**: 5,930 million
- **Total Expenditure**: 4,661 million
- **Oldest Scheme**: "Strengthening of Pir Abdul Qadir Shah Jeelani Institute of Medical Sciences at Gambat", approved in 2006
- **Schemes Older than 2010**: 8
- **Schemes Older than 2020**: 100
- **Unapproved Schemes**: 96
  - **No. of unapproved schemes with Released Budget**: 5
  - **Max Allocation to an Unapproved Scheme**: 28.31 million (Construction of Oncology Department at Liaquat University Hospital, Jamshoro)
  - **Total Expenditure on Unapproved Schemes**: 59.50 million
  - **Average Expenditure on Unapproved Schemes**: 0.62 million

Analysis

Budget Utilization

The total allocation for the health sector for 2022-23 is 23,335 million, but only 5,930 million has been released. This indicates significant bottlenecks or inefficiencies in the allocation and release process.

Aging Schemes

Schemes dating back to 2006 suggest systemic issues in scheme planning and execution. The routine extension of scheme deadlines indicates a lack of effective oversight and accountability.

Funding from Foreign Assistance

Foreign scheme assistance accounts for a significant chunk of the total allocation (3,630 million), signifying external dependency for health financing.

Unapproved Schemes

There are 96 unapproved schemes with a total allocation of PKR 23,335 million. Despite their unapproved status, 5 of these have been released budgets, indicating flaws in the system's rigor and consistency.

Recommendations

1. **Streamlined Budget Release**: Immediate intervention is required to expedite the release of the allocated budget for approved schemes.
2. **Scheme Reviews**: Conduct reviews of older schemes for their relevance and cost-effectiveness. If required, reallocate resources to more urgent needs.

3. **Transparency and Accountability**: Develop an online monitoring system for real-time tracking of scheme status, including delays and expenditures.
4. **Foreign Aid**: Formulate a strategic plan to use foreign scheme assistance optimally, ensuring alignment with the overall health sector objectives.
5. **Regulatory Overhaul for Unapproved Schemes**: Investigate why unapproved schemes are receiving budget releases and implement measures to prevent such occurrences.
6. **Data-Driven Decisions**: Integrate health metrics and KPIs into the ADP to ensure schemes align with public health needs.

By adopting these recommendations, the Sindh government can substantially improve the efficiency and impact of its health sector initiatives, contributing to better healthcare outcomes for its residents.

4. Equity in Distribution Analysis

In a healthcare landscape where timely access to medical facilities is not just a need but a critical component of community well-being, understanding the equity of scheme distribution across various districts is imperative. The Equity Distribution Analysis section aims to scrutinize the allocation and progression of incomplete schemes across multiple districts. This will offer a lens through which we can evaluate how evenly resources and efforts have been distributed and whether certain areas are disproportionately affected by delays or neglect. The analysis will inform our understanding of existing disparities and provide actionable insights for more equitable future planning.

District	Per Capita Budget Allocation	Per Capita Expenditure	District	Per Capita Budget Allocation	Per Capita Expenditure
Badin	94	69.52	Mirpurkhas	942	145.53
Dadu	66	0.00	N. Feroze	265	11.31
Ghotki	51	0.00	S.B.A	1716	306.83
Hyderabad	280	22.73	Sanghar	95	9.48
Jaccobabad	194	32.70	Shikarpur	164	0.00
Jamshoro	481	147.41	Sujawal	188	0.00
Kamber	37	0.00	Sukkur	547	108.21
Karachi	309	100.92	TMK	520	0.00
Kashmore	398	0.00	Tharparkar	802	330.35
Khairpur	270	15.16	Thatta	1666	288.22
Larkana	599	15.60	Umerkot	156	0.00
Mitairi	670	15.09			

Observations:

1. **High Variation in Per Capita Budget Allocation**:
    - The per capita budget allocation varies significantly across districts. It's highest for S.B.A at 1716 and lowest for Kamber at 37. This large gap suggests a disparity in how resources are being allocated.
2. **Discrepancy between Allocation and Utilization**:
    - Districts like S.B.A and Thatta have high per capita budget allocations (1716 and 1666 respectively) and relatively high per capita expenditures (306.83 and 288.22). This could suggest a relatively efficient use of funds.
    - Conversely, districts like Ghotki, Kamber, and Dadu have low per capita budget allocations (51, 37, and 66 respectively) and zero per capita expenditure. This could indicate either underfunding, poor utilization, or both.

3. **Mid-Level Allocations but Low Utilization**:
    - Districts like Khairpur and Larkana have moderate to high per capita allocations (270 and 599 respectively) but very low per capita expenditures (15.16 and 15.60 respectively). This mismatch might indicate inefficiencies or administrative delays in the utilization of funds.
4. **High Utilization in Specific Districts**:
    - Tharparkar shows high per capita budget allocation and also high per capita expenditure (802 and 330.35 respectively), which might be an indicator of effective fund utilization.

Recommendations:

1. **Review Funding Mechanisms**:
    - There's a need to review how funds are allocated to ensure more equitable distribution.
2. **Increase Oversight and Monitoring**:
    - For districts with low utilization rates, increased oversight might be needed to understand the reasons behind underutilization.
3. **Adjust Allocations**:
    - Districts with high per capita allocations but low per capita expenditures might need a review of their budget allocation processes to ensure funds are being used effectively.
4. **Transparency and Accountability**:
    - Enhanced transparency in the allocation and utilization of funds could improve public trust and also the efficiency of expenditure.

By considering these aspects of equity in distribution, policymakers can aim for a more balanced and effective budgeting process that serves the needs of all districts.

5. Analysis of Fund Release and Utilization Rates

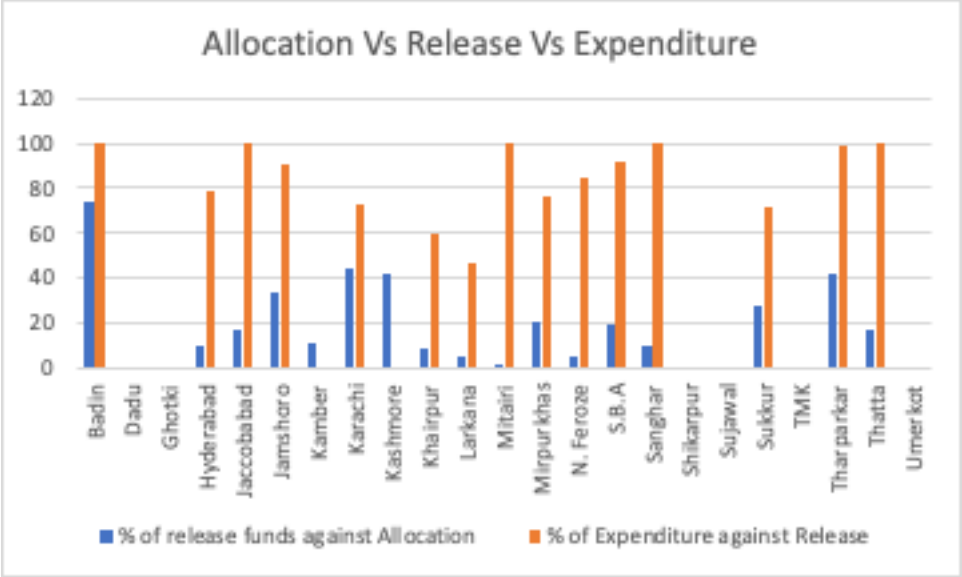
Observations:

1. **No Release, No Utilization**:
   - Districts like Dadu, Ghotki, Shikarpur, Sujawal, TMK, and Umerkot have neither fund releases nor expenditures. This is a red flag and suggests a complete stall in scheme execution.
2. **Full Utilization of Released Funds**:
   - Badin, Jaccobabad, Mitairi, Sanghar, and Thatta have 100% utilization of the released funds. This suggests effective management of released resources but also begs the question of whether more funds should be released.
3. **Partial Release, High Utilization**:
   - Jamshoro, S.B.A., and Tharparkar have high utilization rates (above 90%) of the released funds but have lower percentages of funds released against the allocation. This suggests that these districts could benefit from more funds being released.
4. **Partial Release, Partial Utilization**:
   - Hyderabad, Karachi, Khairpur, Larkana, Mirpurkhas, N. Feroze, and Sukkur have partial releases and utilization. This suggests inefficiencies either in releasing funds, using them, or both.
5. **Release but No Utilization**:
   - Kamber and Kashmore have had some funds released but no utilization. This could imply issues such as scheme stalling or poor financial management.
6. **Discrepancy in Release and Utilization**:
   - The percentage of released funds varies greatly across districts (from 0% to 74%). Similarly, the utilization of these released funds also ranges widely (from 0% to 100%). This inconsistency indicates that there are varying levels of efficiency in managing finances across districts.

Recommendations:

1. **Audit & Investigation**:
   - For districts with zero release and zero utilization, an immediate audit and investigation are required to identify the root causes.
2. **Performance Metrics**:
   - Districts that fully utilize their released funds should be analyzed to understand what metrics or practices make them more effective. These best practices could then be applied to other districts.
3. **Fund Flow Analysis**:
   - For districts with partial release and high utilization, an analysis should be made to determine whether more funds can be released to take advantage of the high utilization rates.
4. **Efficiency Improvement**:
   - Districts with partial release and partial utilization need to improve their efficiency either in fund release mechanisms, utilization, or both.
5. **Accountability Measures**:
   - For those districts where funds have been released but not utilized, accountability measures should be put in place to ensure that funds are not being mismanaged.

By understanding both fund release and utilization, more informed decisions can be made for effective and equitable resource allocation and utilization.


Allocation Vs Release Vs Expenditure
120
100
80
60
40
20
0
Badin
Dadu
Ghotki
Hyderabad
Jaccobabad
Jamshoro
Kamber
Karachi
Kashmore
Khairpur
Larkana
Mitairi
Mirpurkhas
N. Feroze
S.B.A
Sanghar
Shikarpur
Sujawal
Sukkur
TMK
Tharparkar
Thatta
Umerkot
% of release funds against Allocation
% of Expenditure against Release

6. Analysis of Scheme Status by District

Observations:

1. **Fully Approved District**:
   - Badin has just one scheme, which is fully approved and has no schemes under review or unapproved.
2. **High Number of Under Review Schemes**:
   - Districts like Karachi, Khairpur, Larkana, Mirpurkhas, N. Feroze, and Tharparkar have a significant number of schemes that are "Under Review". This indicates a bottleneck in the scheme approval process.
3. **High Number of Unapproved Schemes**:
   - Larkana, Tharparkar, and S.B.A have many unapproved schemes, which suggests that these districts have many new initiatives waiting for a decision.
4. **Zero Approved Schemes**:
   - Ghotki, Mitairi, Shikarpur, and Sujawal have no approved schemes. This could be a concern, especially if these districts have urgent needs that are not being addressed.
5. **Mixed Bag**:
   - Karachi has the most number of total schemes and also a mix of approved, under review, and unapproved schemes. This suggests a complex scheme landscape that might require focused attention for effective management.
6. **Small Districts, Few Schemes**:
   - Kamber and Kashmore have a few schemes, but all are either approved or under review, indicating a possible inefficiency in the implementation process.
   - Under review schemes are the schemes that have started, and a part of the allocation has already been expended, but the scheme is now stopped for unsatisfactory report.

District	Tot. Schemes	Approved (U/R)	% of U/R schemes	District	Tot. Schemes	Approved (U/R)	% of U/R schemes
Badin	1	0	0	Mirpurkhas	11	8	73
Dadu	9	6	67	N. Feroze	12	8	67
Ghotki	3		0	S.B.A	15	2	13
Hyderabad	9	3	33	Sanghar	4	1	25
Jaccobabad	6	3	50	Shikarpur	4	0	0
Jamshoro	9	3	33	Sujawal	2	0	0
Kamber	3	2	67	Sukkur	7	1	14
Karachi	42	19	45	TMK	2	0	0
Kashmore	4	3	75	Tharparkar	18	8	44
Khairpur	14	7	50	Thatta	7	3	43

Larkana	14	5	36	**Umerkot**	8	3	38
Mitairi	4	1	25				

Stagnation Concerns:

"Stagnation Concerns" represent a critical focal point of this study, given the importance of timely healthcare delivery in a community's overall well-being. In this section, we delve into the noticeable inertia affecting the completion of approved schemes under the 'Other Hospitals' subsector. This stagnation compromises the quality of secondary healthcare and poses questions about resource allocation and management efficacy.

1. **High Rate of Under Review Schemes**: Districts like Mirpurkhas, Kashmore, Dadu, Kamber, and N. Feroze have the highest percentage of schemes "Under Review." This could imply a bottleneck in the approval process, potentially stalling development.
2. **Zero U/R with No Releases or Expenditures**: Shikarpur, Sujawal, and TMK have zero schemes under review but no releases or expenditures. This shows a severe lack of progress at both the planning and implementation stages.
3. **Moderate U/R with Low Financial Release**: Districts like Karachi, Tharparkar, and Thatta have moderate U/R percentages but comparatively low financial releases or expenditures, indicating another form of stagnation.

High U/R Rates (Above 50%)	Moderate U/R Rates (25% to 50%)	Low U/R Rates (Below 25%)
Dadu: 67%	**Jaccobabad**: 50%	**Badin**: 0%
Kamber: 67%	**Jamshoro**: 33%	**Ghotki**: 0%
Kashmore: 75%	**Hyderabad**: 33%	**Mitairi**: 25%
Khairpur: 50%	**Karachi**: 45%	**S.B.A**: 13%
Mirpurkhas: 73%	**Larkana**: 36%	**Sanghar**: 25%
N. Feroze: 67%	**Tharparkar**: 44%	**Shikarpur**: 0%
	Thatta: 43%	**Sujawal**: 0%
	Umerkot: 38%	**Sukkur**: 14%
		TMK: 0%

A Deeper Analysis of Schemes under Subsector “Other Hospitals”

General Overview:

- There are 88 schemes in the subsector "Other Hospitals" with approval dates before January 2020 that are still incomplete.
- These hospitals are important for secondary health care.

Geographic Distribution:

- The schemes are spread across multiple districts.
- Some districts have zero schemes with approval dates before January 2020 (e.g., Badin, Ghotki, Shikarpur, Sujawal), while others have a high number of schemes (e.g., Karachi has 18 schemes, Mirpurkhas and N. Feroze have 8 each).

Completion Rates:

- Since all these schemes are incomplete, the data also points to a larger systemic issue concerning scheme timelines and completion in the "Other Hospitals" subsector.

Percentage Analysis:

- The percentage of schemes in the total schemes under the subsector "Other Hospitals" varies significantly across districts.
- Kashmore has 100% of its schemes with approval dates before 2020, suggesting that all the "Other Hospital" schemes in this district are lagging.
- Conversely, districts like S.B.A, Hyderabad, and Sanghar have 30%, 29%, and 25% respectively, indicating a lower proportion of older, still incomplete schemes.

Urban-Rural Divide:

- Karachi, an urban center, has many incomplete schemes (18), but it is not the highest in terms of the percentage of incomplete schemes (64%). This might indicate a higher overall number of schemes in Karachi.
- Rural areas like Kashmore and Tharparkar have fewer schemes but a higher or equal percentage of incomplete schemes, at 100% and 50% respectively.

Areas of Concern:

- Mirpurkhas stands out with 80% of its schemes still incomplete, even though they were approved before 2020.
- Kashmore has a smaller number of schemes (4) but all of them are incomplete, marking it at 100%.

Areas for Potential Investigation:

1. Why are schemes in districts like Kashmore and Mirpurkhas lagging significantly?
2. Is Karachi's high number of incomplete schemes due to administrative challenges, given its urban center?
3. What systemic issues are leading to many incomplete schemes across multiple districts?

Conclusion:

The data raises questions about scheme management and resource allocation in the "Other Hospitals" subsector, especially in their importance in secondary healthcare. It also suggests that urban and rural areas face challenges in completing these critical healthcare schemes.

District	No. of Schemes with approval date before Jan 2020	% of schemes in total schemes under subsector "Other Hospitals"	District	No. of Schemes with approval date before Jan 2020	% of schemes in total schemes under subsector "Other Hospitals"
Badin	0	0	Mirpurkhas	8	80
Dadu	6	67	N. Feroze	8	67
Ghotki	0	0	S.B.A	3	30
Hyderabad	2	29	Sanghar	1	25
Jaccobabad	3	50	Shikarpur	0	0
Jamshoro	3	50	Sujawal	0	0
Kamber	2	67	Sukkur	1	50
Karachi	18	64	TMK	1	50
Kashmore	4	100	Tharparkar	9	50
Khairpur	6	55	Thatta	3	43
Larkana	4	57	Umerkot	4	50
Mitairi	1	33	Sindh	1	33

7. Recommendations

Centralized Oversight and Accountability:

Establish a centralized body with representatives from all districts to oversee the progress of all incomplete schemes. This body should also be responsible for coordinating resource allocation, monitoring, and implementation across the board.

Standardization of Processes:

Develop and implement standardized protocols for scheme initiation, approval, and execution across all districts. This will bring uniformity in how schemes are managed, potentially increasing their success rate.

Performance Metrics:

Establish Key Performance Indicators (KPIs) that reflect both the speed and quality of construction and the operational efficacy once the hospitals are completed. These should be periodically reviewed.

Data-Driven Decision Making:

Employ advanced analytics and data visualization tools for real-time tracking of scheme status. Use this data for informed decision-making and timely intervention.

Public-Private Partnerships:

Explore the potential for partnerships between government bodies and private entities to expedite scheme completion. This could include financial investment, technical expertise, or scheme management capabilities.

Policy Reforms:

Based on the findings of why schemes have been delayed, consider advocating for changes in policies that govern healthcare infrastructure development.

Stakeholder Communication:

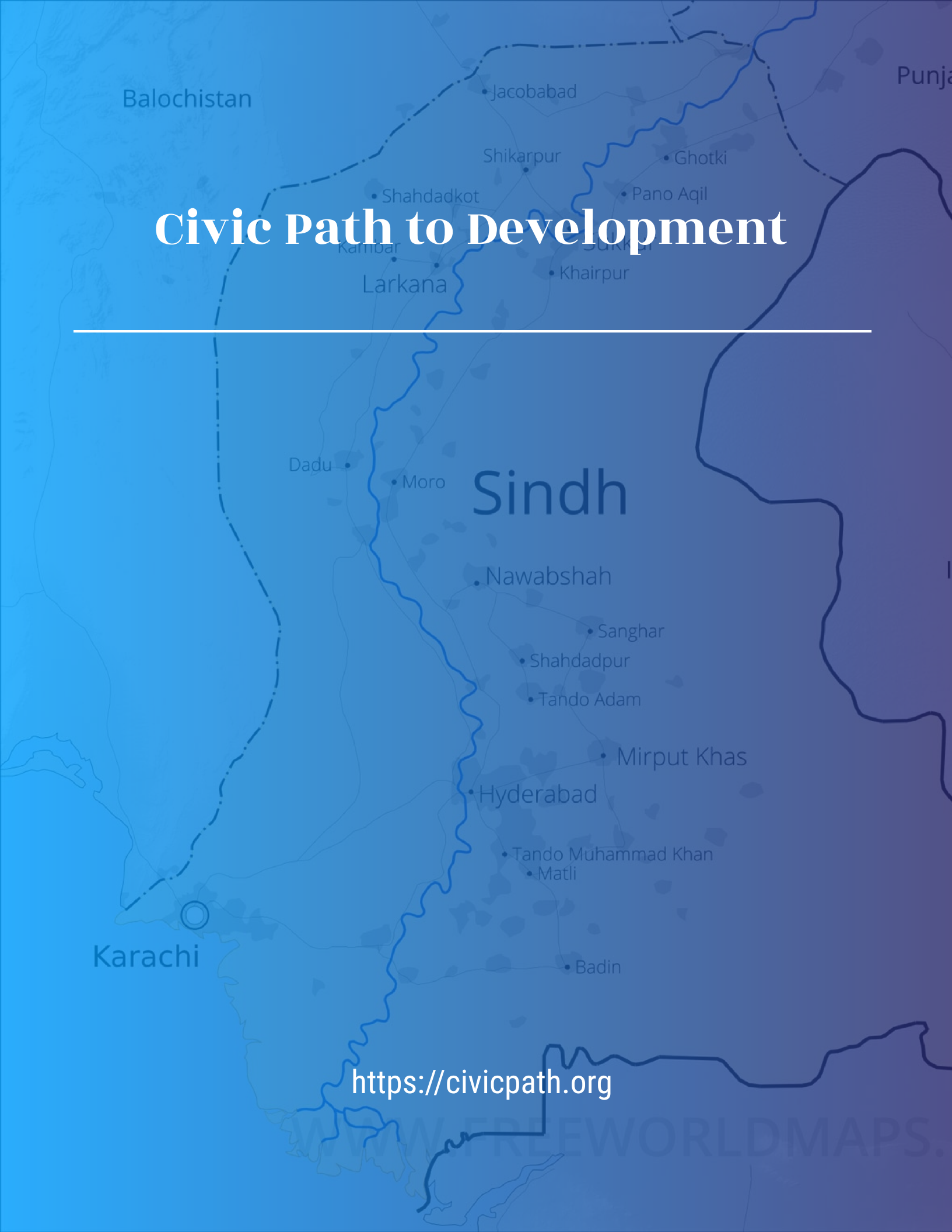
Maintain transparent and regular communication with all stakeholders including governmental bodies, contractors, and the public to ensure aligned expectations and collective problem-solving.

Risk Mitigation:

Establish a risk mitigation strategy that identifies potential bottlenecks and challenges across all districts. Preemptive actions should be planned for each identified risk.

Periodic Reviews:

Implement a bi-annual or annual review process that evaluates the effectiveness of implemented measures, offering room for timely revisions to the strategy.



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