To Assess the Extent of Absenteeism in

The Health Sector in Pakistan

Prepared for: Transparency & Accountability Project The Brooking Institution-WA

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1. Executive Summary

It has been observed that budget allocations, when used as gauge of the supply of public services, are insufficient interpreter of the actual quality of public services, especially in the third world countries having poor accountability and weak institutional infrastructure. Even with the revision of budgets to improve the situation, no desired results were achieved which confirms that increased spending alone does not automatically improve results unless it is closely supervised and monitored. One way of the most ineffective spending of public expenditure is the amount allocated for salaries of the staff, who are actually not present in their place of work. If public workers are not present at their postings, the amount allocated in the budget for their salaries does not reach the beneficiaries. Absenteeism in schools and hospitals increases in the less fortunate areas, decreasing both quality and quantity of health services. In Pakistan, there has not been much change in the health indicators over the past decade. The under 5 mortality remains at 95/1000, while one woman dies due to maternal complications every 20 minutes. Besides the leakage in the budgetary allocations, one important reason for these poor indicators is poor health services due to unavailability of health personnel. Either the sanctioned posts are not filled by the respective staff or absenteeism of the staff is the primary reason for this unavailability. Over a decade the budgetary allocation for health has increased from Rs 24.28 Billion ($286.647 Million) to Rs.64 Billion ($752.941 Million) per annum. We conducted a study in 10 districts of Sindh, randomly selecting three basic health facilities from seven districts and four health facilities from three districts, giving a total of 33 health facilities. The objective of the study was to ascertain the fraction of medical professionals absent from their place of posting and the impact of this on the quality of health services as well as the loss to the national exchequer. The absenteeism rate from 33 health facilities in the province of Sindh for doctors was 35.7%, for nurses was 26.7% and for technicians was 18.9%. As can be seen the absenteeism for doctors was much higher than for nurses or technicians. The doctors absenteeism varied from 66% in some remote districts to 42% in the metropolis of Karachi. Overall absenteeism was higher in rural areas. The absenteeism rate of female doctors was 43.5%, being 47% in rural areas and 40% in urban areas. While for males it was 33.5% overall, being nearly equal in rural and urban areas. A new incentive Pakistan Peoples Health Initiative (PPHI) was recently launched to improve services in rural areas. An attractive

salary package is offered to the doctors working in remote areas. When we compared the budget allocated to salaries between the government primary care level facilities and those sponsored by PPHI, we find a significant difference. The average amount spent by PPHI per facility on the salaries is Rs 720,341 ($8,475) as opposed to Rs. 482,802 ($5,680) spent by the Health Dept on the primary health facility. This is chiefly due to the fact that PPHI workers are paid more for their services. However, the absenteeism rate between the government run primary health care facilities and the PPHI run facilities was minimal 32% (PPHI) versus 39% (Government health facility). To assess the effect of doctors absenteeism on the service delivery to patients exit interviews were held with patients. Both in urban and rural areas patients said that in nearly three quarter of the visits, the doctor was not present in the health facility. In rural areas, there was a much stronger possibility (86.4%) of the dispenser acting as doctor than in urban areas (42%). Patients are often misdiagnosed and have to return without treatment as mentioned by the patients in the survey. This, obviously affects the quality of services offered to the main beneficiaries; patients. Absenteeism was also higher (40%) in those facilities which lacked basic infra structure and where availability of medicines and basic equipment were issues. Simply increasing budgetary allocations does not ensure better service delivery. Thus, increased salaries and allowances, does not ensure regularity of the staff. In the absence of accountability and monitoring new initiatives, which put an added burden on the exchequer, does not assure that the extra amount is reaching the ultimate beneficiary: the patient, this should be accompanied by strict monitoring and supervisory measures. Accountability for failure of services to reach the final beneficiary should not be just centralized but the local administration should also be accountable for the absence of service providers. Though, a large part of the budget goes in salaries, there is need to make more investment into monitoring mechanisms. Though, in some instances systems are there in theory, their implementation needs to be assured. There is a need to conduct more in depth studies on absenteeism to identify the causes of absenteeism as this study quantifies the problem and partially touches on the effects.