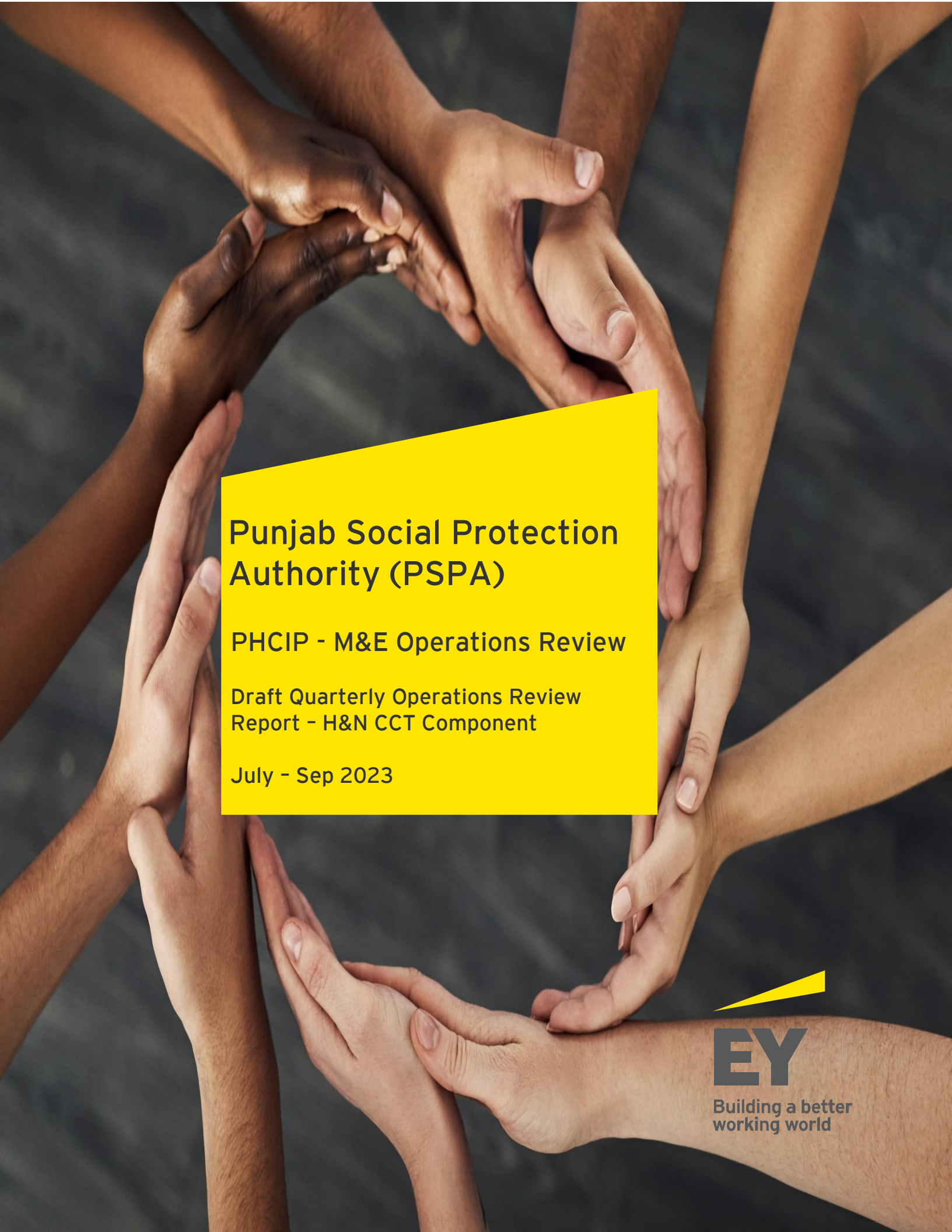


Punjab Social Protection Authority (PSPA)

PHCIP - M&E Operations Review

Draft Quarterly Operations Review Report – H&N CCT Component

July – Sep 2023

Building a better working world

Revision History

Version	Date	Editor	Description
1			
2			
3			
4			
5			
6			
7			

Table of Contents

Abbreviations

BBA	Branchless Banking Agents
BCC	Behavioral Change Communication
BHU	Basic Health Unit
BISP	Benazir Income Support Programme
CCT	Conditional Cash Transfer
CNIC	Computerized National Identity Card
COSMOS	Communication, Outreach and Mobilization Strategy
EMR	Electronic Medical Record
GRM	Grievance Redress Mechanism
H&N CCT	Health and Nutrition Conditional Cash Transfer
IEC	Information Education and Communication
KII	Key Informant Interviews
LHV	Lady Health Visitor
LHW	Lady Health Worker
MO	Medical Officer
M&E	Monitoring and Evaluation
NADRA	National Database and Registration Authority
NSER	National Socio-economic Registry
PDO	Project Development Objective
PHCIP	Punjab Human Capital Investment Project
PLW	Pregnant and Lactating Women
POM	Project Operations Manual
P&SHD	Primary and Secondary Healthcare Department
PSPA	Punjab Social Protection Authority
RHC	Rural Health Centre
IP	Implementation Partner

List of Figures

List of Tables

List of Annexures

Executive Summary

1. BACKGROUND AND PURPOSE OF THE OPERATIONS REVIEW

The Punjab Human Capital Investment Project (PHCIP) is a project financed by a World Bank credit to the Government of Pakistan. The project has three components which lead to improvements in the health situation of the eligible beneficiaries, as well as promoting economic and social inclusion helping accomplish the overall project development objective (PDO). This report presents an analysis of the Health and Nutrition Conditional Cash Transfer (CCT) program in Pakistan.

The purpose of this review is to assess the effectiveness of the program operations in improving the health and nutrition status of pregnant and lactating women and/or children under two years of age.

2. FINDINGS OF OPERATIONS REVIEW ACTIVITY

For the quarter ended Sept 2023, spot checks of Health Facilities, Branchless Banking Agents, Beneficiaries' Feedback Surveys and Key Informant Interviews were carried out to assess program success in achieving its desired objectives. The sample size of each activity is as follows.

Activity	Required Sample Size	Actual Completed
Spot Check	286	286
Beneficiaries (PLWs) Interview	385	398
Key Informant Interviews (KII)	286	301

Several key considerations were taken into account before sampling and data collection:

- Field staff were tasked with visiting selected health facilities, specifically BHUs and RHCs.
- The selection process involved a proportional sample, considering the type of facility, for each district and tehsil. This approach ensured representation across different healthcare settings.
- To prevent redundancy, it was emphasized that the same health facility is not visited more than once, preserving the integrity of the sample.
- In cases where all health facilities within a district have been covered, and additional spot checks are required, the sample may unavoidably be repeated. This ensures that the spot check activity remains comprehensive, even if revisiting a health facility becomes necessary.
- Key informant interviews play a crucial role, involving Medical Officers, Lady Health Visitors (LHVs), and Lady Health Workers (LHWs) at each health facility. The sample for key informant interviews is drawn purposively, emphasizing a targeted selection process to gather relevant and insightful information.
- Beneficiary feedback is actively collected through exit interviews conducted at each health facility.
- The control over this sample is minimal, suggesting that the selection of beneficiaries for exit interviews is not tightly regulated. This approach allows for a more natural and diverse representation of beneficiary perspectives.

A. KEY FINDINGS OF SPOT CHECKS OF HEALTH FACILITIES

Selected Health Facilities Infrastructure Reveals Challenges Amid Overall Positive Conditions

- 5% (13 out of 231) health facilities lacked a boundary wall as compared to our spot checks in June'23 where, 07% (18 out of 250) lacked a boundary wall.
- 7 out of 218 (5%) health facilities were either not well maintained or in a state of despair.
- 54 out of 227 health facilities, labor room was of poor condition followed by 85 health facilities with unhygienic ward rooms.
- 15 out of 231 (6%) health facilities lacked essential power backup systems such as UPS, generator, or solar power. Issue most prominent in Bahawalnagar where 10 facilities have no backup.
- 14 out of 231 health facilities (6%) faced internet connectivity issues, and 11 out of 231 (5%) did not have tablets for the EMR system.
- Brochures detailing the Conditional Cash Transfer (CCT) payment disbursement process were absent in 158 out of 231 (68%) health facilities higher than previous quarter.

Overall, Strong Supply of Medical Equipment Yet Issues with Ultrasound Unavailability

- Notably, medical supplies such as BP apparatus, weight machines, stethoscopes, and drip stands were found to be present in every health facility assessed.
- However, in 100 out of 231 (43%) health facilities, the ultrasound facility was not available which compared to previous quarter is consistent.

Non-Availability of Key Medical Staff

Key healthcare staff unavailability at Basic health units

Medical staff position	*June Quarter'23*			*September Quarter'23*		
	Total facilities	Unavailable (vacant)	Unavailable (on leave)	*Total facilities*	Unavailable (vacant)	Unavailable (on leave)
Medical Officers (BHU)	219	46 (21%)	74 (34%)	198	50 (25%)	*44 (22%)*
LHVs (BHUs)	219	6 (3%)	28 (13%)	198	10 (5%)	*18 (9%)*
Medical Officers (RHCs)	31	1 (3%)	5 (16%)	33	-	*4 (12%)*
Nurse (RHCs)	31	-	3 (10%)	33	1 (3%)	*6 (18%)*

Grievance Redressal Mechanism

- There is a lack of designated individuals responsible for registering complaints in the majority of health facilities (77% in Sept '23 quarter compared to 68% in the previous quarter).
- The dedicated register for complaint registration is not available in 78% of health facilities.
- The helpline number/complaint registration number is not displayed in 48% of health facilities, hindering PLWs from accessing assistance and information.
- Bhakkar, Khushab, and Lodhran have no designated focal person for complaint registration.
- Rajanpur and Bahawalnagar have a higher presence of focal persons in most health facilities.
- The non-utilization of EMR for complaint registration is a common issue across districts.

B. KEY FINDINGS OF SPOT CHECKS OF BRANCHLESS BANKING (BB) AGENTS

- Awareness about the AAGOSH program among branchless banking agents is high, with 91% of agents indicating that they received information about the program. However, the awareness rate has decreased slightly compared to the previous quarter where it was 95%.
- The availability of technological infrastructure, such as biometric verification machines and internet connectivity, is generally good, although there is room for improvement, particularly in districts like Bahawalnagar, Mianwali, and Rahim Yar Khan.
- Biometric verification success rate is 77%, with a slight decrease compared to the previous quarter, and challenges faced by PLWs during verification include failure of thumbprint, account failures, internet connectivity issues, and system errors.
- The behavior of branchless banking agents towards PLWs is generally positive, as observed during the spot checks.
- The majority of branchless banking agents do not make any deductions from the payments made to PLWs, aligning with the objective of transparent and full payment provision. However, 39% of beneficiaries reported payment deductions in beneficiary feedback interview though, during our spot checks, a lower percentage, i.e., 16%, observed such deductions. This difference may be attributed to agents being aware of field staff presence and refraining from deducting payments in their presence.
- Deductions ranged from PKR 100 to PKR 500, majority in Rajanpur.

C. DEMAND SIDE PERSPECTIVE – EXIT INTERVIEWS WITH BENEFICIARIES (PLWs)

Improved Awareness of H&N CCT (AAGOSH) Program Among Beneficiaries (PLWs)

- The program has seen a substantial improvement in PLWs' awareness, with 90% of beneficiaries reporting knowledge of the program in Sept 2023, compared to 82% in the previous quarter and 62% in March.
- There are district-wise variations in awareness levels, with Bhakkar and Bahawalnagar districts having relatively low awareness compared to other districts.

Good Access to Health Facilities

- Proximity to healthcare facilities and transportation modes are important factors for beneficiaries. 49% of PLWs reported that a health facility is located within three kilometers of their homes, and the majority have access to personal transportation.
- Financial considerations are also a factor, with 40% of PLWs spending PKR 0 to 150 for travel to health facilities. The average travel cost is PKR 261.
- Overall, access to healthcare facilities may not be a major issue for most PLWs in the program, but some district-specific challenges and financial considerations need to be addressed. Results summarized in table below.

Responses on travel cost to health facilities

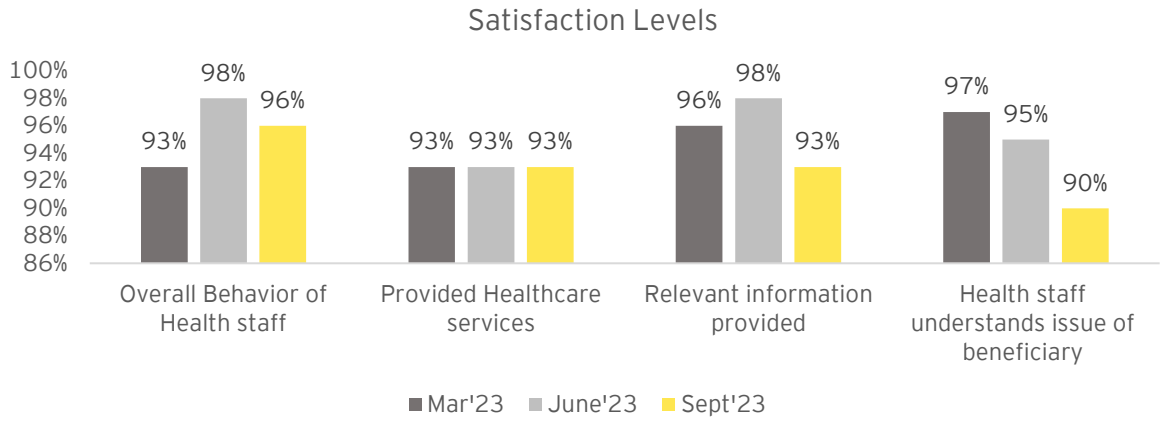
Travel Cost	Mar'23	June'23	Sept'23
PKR 0-150 (% of beneficiaries)	42%	46%	40%
PKR 151-300 (% of beneficiaries)	35%	31%	31%
More than PKR 300 (% of beneficiaries)	23%	23%	28%
Average Travel Cost	PKR 260	PKR 222	PKR 261

Majority of Beneficiaries (PLWs) are Satisfied with the Enrolment Process

- In the Sept 2023 quarter, 92% of PLWs reported no difficulties during the enrollment process, showing an improvement from the previous quarter's 87%.
- Challenges in enrollment include LHV unavailability (10%), lack of updated family tree records (20%), and non-availability of CNIC (13%) though LHV unavailability has decreased since June'23, but the other issues have remained consistent.
- 78% of the beneficiaries couldn't read. Out of these, 92% relied on someone else to read messages, and 8% ignored the messages indicating need for alternative ways for beneficiaries to understand messages related to AAGHOSH information and payment.

Beneficiaries' Satisfaction with Healthcare Services (IRI 3)

- In the Sept'23 quarter, 93% of PLWs who utilized healthcare services under the program were satisfied with the services provided, which is consistent with previous quarters. Though satisfaction levels were positive for all indicators, however, it was less than previous quarters as given in figure below.

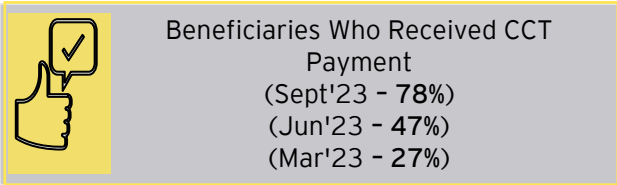


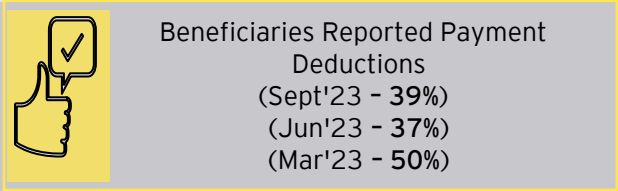
- 80% of PLWs reported the availability of prescribed medication, which is slightly lower than the previous quarter's 87%.
- Among those PLWs who reported availability of medication, 93% received the prescribed medicines and nutritional supplies free of cost.
- Some health facilities experienced issues with closed dispensaries, contributing to lower availability of medication.

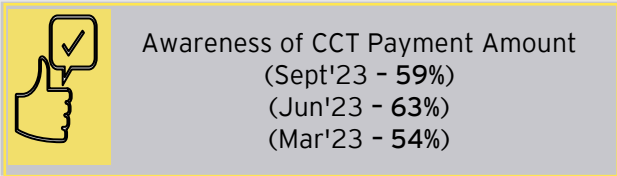
Major Improvement was Noted in Payment Distribution Process from Last Quarter

- There is an increasing proportion of beneficiaries experiencing delays in account opening, with 14% reporting their accounts being opened after three months.
- 20% of PLWs reported delays in receiving payments, with a substantial proportion experiencing delays of 61-90 days or more than 90 days.

- 39% of beneficiaries reported deductions made by branchless banking agents, slightly higher than the previous quarter's 37%. Rajanpur had the highest reported deductions.
- While 90% of PLWs expressed satisfaction with the payment process, the presence of delays and deductions highlights areas that require improvement.
- Timely opening of wallet accounts, improving knowledge of payment amounts, addressing payment delays, and minimizing deductions made by agents should be prioritized to enhance the efficiency and effectiveness of the payment distribution process.







Grievance Redressal Mechanism

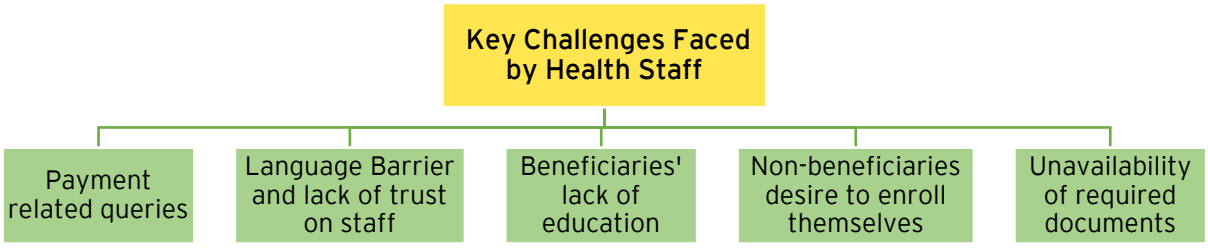
- Only 6% of PLWs surveyed in the Sept '23 quarter were informed about the process of registering complaints, indicating a need to increase awareness and communication regarding the complaint registration process.
- Thirteen PLWs reported registering complaints in the Sept '23 quarter, all related to payment issues. None of the PLWs utilized the PSPA helpline for complaint registration, relying solely on the assistance of health staff, primarily LHVs.
- Despite registering complaints, none of the PLWs reported having their grievances resolved, highlighting the need to improve the efficiency and timeliness of the resolution process.
- KIIs revealed that LHVs often listen to complaints verbally or share them within their group, but the complaints are not properly registered or resolved.
- Our spot checks also indicated that EMR is not used to register complaints in many health facilities, contributing to the non-resolution of complaints.

D. SUPPLY SIDE PERSPECTIVE – KEY INFORMANT INTERVIEWS WITH HEALTHCARE STAFF

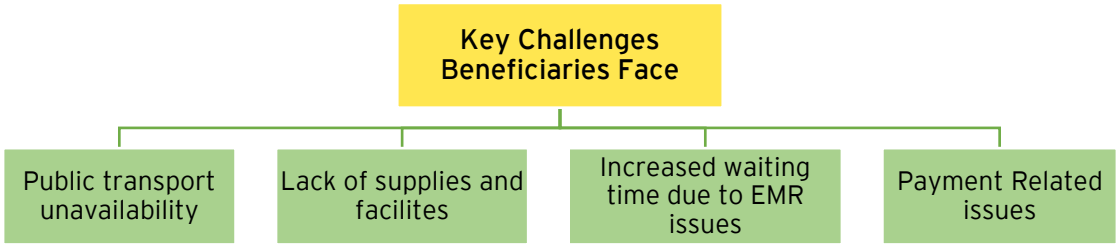
- 100% of the MOs, LHVs and LHWs demonstrated good understanding of the AAGHOSH program and their respective roles in conducting responsibilities.

- LHWs highlight behavior of LHVs towards PLWs was positive yet it decreased since previous quarter. Concerns over rude behavior remained due to over crowdedness.

Challenges faced by Beneficiaries and Health Staff



- 5% of the health staff express concerns over language barriers that hinder effective communication between healthcare staff and beneficiaries, potentially leading to misunderstandings and difficulties in explaining program information and addressing concerns.
- 17% express delays in payment and beneficiaries' lack of program awareness create frustration among healthcare staff, as they have to address queries and explanations repeatedly, potentially impacting the efficiency of their work.
- 6% express non-beneficiaries trying to enroll and beneficiaries not bringing proper identification documents contribute to administrative burden and challenges in ensuring accurate record-keeping.
- 1% express lack of trust in health staff may impact the willingness of beneficiaries to follow recommendations and adhere to prescribed treatments, potentially affecting the overall quality of healthcare delivery.



According to health staff:

- Lack of transportation options and associated costs create barriers for beneficiaries to access healthcare facilities, potentially leading to delayed or missed appointments and compromised health outcomes.
- Insufficient availability of essential medicines and required facilities, such as ultrasound machines, directly impacts the quality and effectiveness of healthcare services provided to beneficiaries.
- EMR system issues contribute to longer waiting times for beneficiaries, potentially causing frustration and inconvenience, as well as impeding the smooth flow of patient care within healthcare facilities.
- Few beneficiaries are experiencing delays in receiving Conditional Cash Transfer.

EMR Issues

- 34% of LHVs and 72% of MOs reported issues with the EMR system.
- Common problems include application and network issues due to weak internet connectivity which leads to crashes, invisible beneficiary data, and difficulties in navigating the system.
- Improved connectivity and allowing the EMR to work offline could enhance efficiency and ease of use.

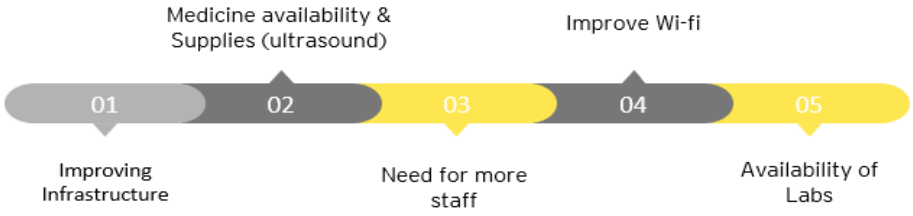
Addressing enrolment related challenges for increased participation

- Addressing enrolment issues is crucial for improved participation in the AAGHOSH program, with challenges including names not being listed in the EMR for registration, the need to update family tree records, and unavailability of CNICs and correct mobile numbers.

Issues/Challenges with enrolment into AAGHOSH (Multiple Answer Allowed)

Issues/Challenges	Jun' 23	Sep' 23
Name not in EMR for registration	53 (50%)	66 (47%)
Family tree is updated	33 (31%)	48 (34%)
CNIC and mobile number unavailable	20 (19%)	27 (19%)

Addressing Key Challenges for Health Facility Provision



- 95% of the LHVs and 81% of MOs expressed satisfaction with the upgradation of the health facilities yet there are suggestions for improved health facility provision as provided in the figure.

Grievance Redressal Mechanism

- Lack of designated GRM Focal Persons at 78% of health facilities hinders effective complaint registration.
- LHVs lack awareness of their responsibility to register and follow up on complaints, with only 61% acknowledging it as their duty.
- Complaints remain unresolved as they are verbally considered and disregarded.

E. Conclusion and Recommendation

- Internet connectivity issues hinder enrollment and payment disbursement and investing in robust infrastructure and alternative connectivity solutions is crucial.
- Lack of ultrasound facilities hampers the program's objective, and procurement and installation of machines, along with staff training, are necessary to address this issue.
- Improving the Grievance Redress Mechanism (GRM) by appointing focal persons, conducting awareness sessions, and establishing a centralized system will enhance effectiveness.
- Targeted efforts should be made to address payment deductions by improving the functionality and reliability of the branchless banking agent system.
- Spreading awareness about the importance of carrying CNIC and mobile numbers, as well as updating family tree information, is crucial to overcome enrollment and payment delays.
- Introducing recorded audio calls for beneficiaries with literacy challenges and expanding the program reach beyond BISP beneficiaries can improve communication and inclusivity, respectively.

Chapter 1
Introduction

Chapter 1: Introduction

1.1 Overview of PHCIP Program

The Punjab Human Capital Investment Project (PHCIP) is a project financed by a World Bank credit to the Government of Pakistan. The Project goal is to "achieve qualitative and quantitative improvements in Punjab's Human Capital Index (HCI) and related indicators". The project development objective (PDO) is to increase the access to quality health services, and economic and social inclusion programs, among poor and vulnerable households in select districts in Punjab namely Bahawalnagar, Bahawalpur, Bhakkar, Dera Ghazi Khan, Khushab, Layyah, Lodhran, Mianwali, Muzaffargarh, Rahim Yar Khan and Rajanpur. The project has three components which are further divided into sub-components. Each component and sub-components are illustrated in the diagram below.

Project Components	**Component 1:** Quality of and Access to Healthcare Services	**Component 1.1:** Quality of Health Services
		Component 1.2: Utilization of Health Services
	Component 2: Social and Economic Inclusion	**Component 2.1:** Economic Inclusion (EI)
		Component 2.2: Social Inclusion for Education (SIE)
	Component 3: SP Service Delivery Platform	

With regards to healthcare services, the project aims to improve both the demand and the supply side. Through Component 1.1, the supply side will be addressed. In order to do that, 155 Basic Health Units (BHUs) and Rural Health Centers (RHCs) will be upgraded and medical facilities including medicines, family planning and nutrition commodities will be provided. For the demand side, Conditional Cash Transfers (CCTs) will be provided to 731,000 eligible pregnant or lactating women (PLW) and/or parents of children up to 2 years of age if they comply with some pre-determined conditions.

For social and economic inclusion component, program will economically empower around 88,710 eligible young parents by providing Labor Market Readiness (LMR) Training to 80,500 beneficiaries and a productive asset to approximately 75,000 beneficiaries which they can utilize for income generation (Component 2.1). It will also help to improve the Early Childhood Education (ECE) of 3700 classrooms to develop fundamental skills in young children and prevent school dropout (Component 2.2).

Component 3 target improvements to the existing SP Service Delivery Platform, improving coordination and interoperability between the different SP programs currently being implemented. This will be done by ERP through third party for the Punjab Social Protection Authority and providing technical assistance in different functions including beneficiary targeting, procurement, benefit delivery, financial management, grievance redressal and M&E.

In combination all three components lead to improvements in the human capital index of the eligible beneficiaries, as well as promoting economic and social inclusion helping accomplish the overall project development objective (PDO).

1.2 Objectives and Scope of Operations Review

The PHCIP includes an operations review component, and the Punjab Social Protection Authority (PSPA) has contracted with EY Ford Rhodes to undertake the operations review of the program interventions. As per the contract, EYFR is required to conduct quarterly operational reviews for two PHCIP sub-components:

- Component 1.2 (CCT – utilization of health services) and
- Component 2.1 (Economic Inclusion),

To assess compliance with PHCIP operations and procedures outlined in the Project Operations Manual (POM), the operations review will help to evaluate the program activities and identify any major bottlenecks in project implementation. It will also help to inform stakeholders of the program on performance and enable lessons to be drawn to improve future practice and policy.

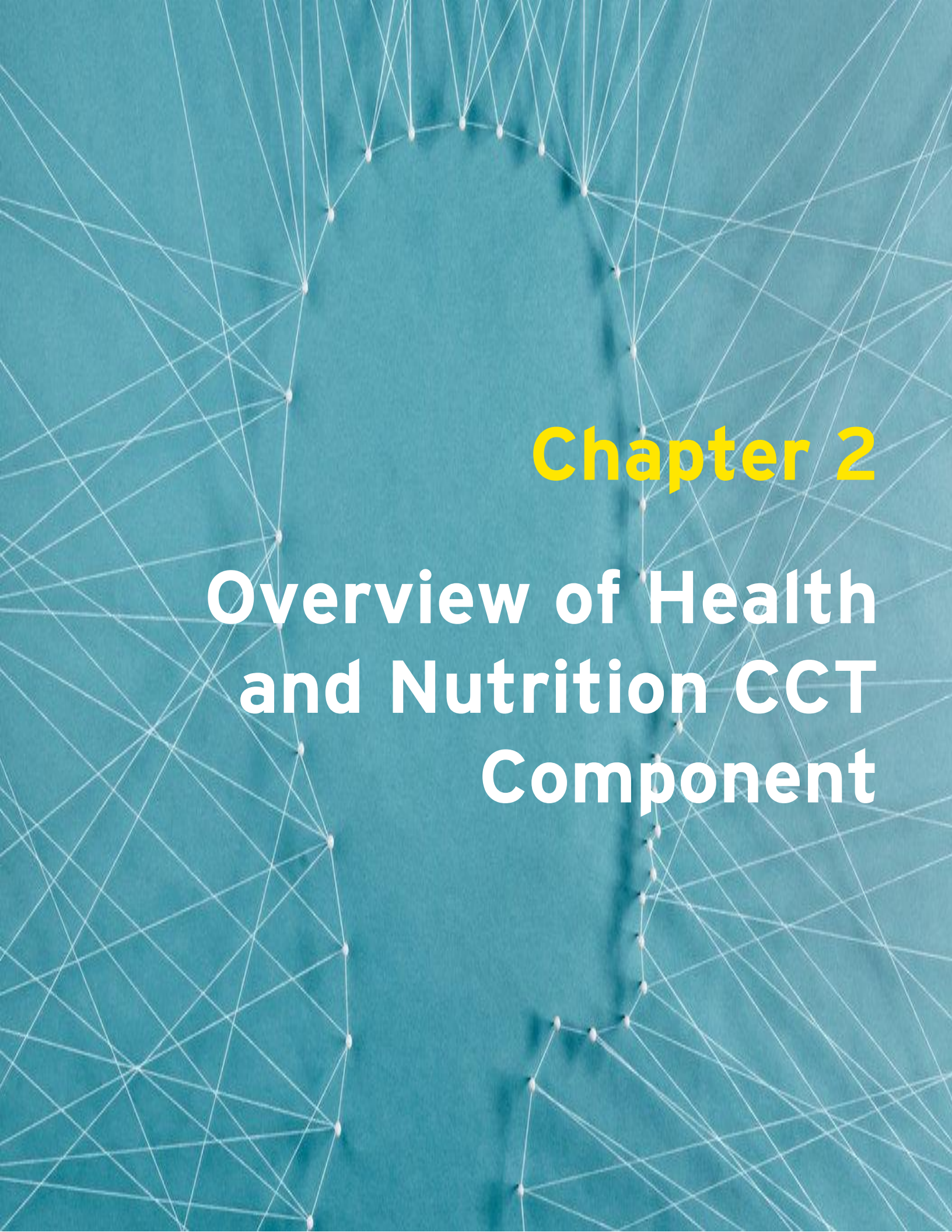
To provide context to the estimates of program operations, process evaluation through spot checks of various activities; beneficiaries' feedback on quality and delivery of services with key informant interviews are planned. For this, the data on the Programme operations including enrollment, behavior of health staff, availability of required medicines and experience with payments mechanism was gathered through spot checks of health facilities (BHUs and RHCs) & Branchless Banking Agent, Key Informant Interviews (KII) and Beneficiary Surveys.

1.3 Organization of this Report

This report provides a brief overview of the Punjab Human Capital Investment Project (PHCIP) and details the role of EY as an Operations' Review Firm. It evaluates the program activities for the quarter ending September 2023 and identifies any bottlenecks in project implementation and improvement opportunities. It also informs stakeholders of the program on performance and enable lessons to be drawn to improve future practice.

In this document, Chapter 1 provides a brief introduction of the Punjab Human Capital Investment Project (PHCIP) and EY's role as an Operations' Review Firm. In Chapter 2, an overview of the H&N CCT component of PHCIP, its implementation process and current progress achieved is provided. In Chapter 3, EYFRs field assessment methodology as well as detailed analysis of the field findings are presented. EYFR also evaluates the strengths and weaknesses of the program from beneficiaries' perspective as it is being currently implemented, propose recommendations to improve programmatic weak links and enable effective implementation.

Supplemental details, where required, have been included in the annexures.



Chapter 2

Overview of Health and Nutrition CCT Component

Chapter 2: Overview of Health and Nutrition CCT Component

The Health and Nutrition Conditional Cash Transfer (H&N CCT) component aims to increase the utilization of key healthcare services during the 1000-day period covering pregnancy to the child attaining two years of age among poor and vulnerable households in Pakistan. The component provides Conditional Cash Grants (CCGs) to eligible pregnant or lactating women and/or mothers of children under 2 years of age to compensate for the financial and non-financial costs of visiting healthcare facilities. The component is rolled out in 11 districts with the highest poverty and poor human development indicators, and the primary beneficiaries are Pregnant and Lactating (PLWs) and children under 2 years of age from Benazir Income Support Programme (BISP) beneficiary households. The component incentivizes eligible PLWs to fulfill conditionalities, such as regular health checkups, skilled birth delivery and birth registration, growth promotion, and immunization of pregnant mothers and children under two years of age, as well as participation in counseling and awareness sessions on population welfare, hygiene and feeding and caring practices, and children's cognitive development.

2.1 H&N CCT Implementation Process

Note: EYFR was informed of a revision in criteria's within H&N CCT, leading to the need for an updated Planning Commission form 1 (PC1). It is essential to note that the following program implementation process does not include those changes however, a request has been submitted to PSPA for the revised PC1. Upon receiving, EYFR will promptly proceed with the necessary revisions to align with the updated criteria.

Electronic Medical Record (EMR) System

For implementation of H&N component, project deploy an Electronic Medical Record (EMR) system at healthcare facilities in target districts, developed by the Health Information and Service Delivery Unit (HISDU) under the Primary and Secondary Healthcare Department (P&SHD). The EMR is integrated with an application specifically designed and developed for the PSPA H&N CCT to ensure project beneficiaries as well as general patients are served through a single interface. Lady Health Visitors (LHVs) handle the application at Project Health Facilities and register visiting PLWs in the EMR system and verify their eligibility based on NSER data.

Communications, Outreach and Social Mobilization Strategy (COSMOS)

As per the program document, a multi-layered and comprehensive Communications, Outreach and Social Mobilization Strategy (COSMOS) will inform the roll-out and implementation of the H&N CCT. The COSMOS focus on mobilizing and sensitizing the eligible beneficiaries to motivate them for enrolment in the program. The project employs multi-layered communication and delivery channels, including establishing a system to auto-generate SMS alerts and/or Robbo calls to eligible households before commencement of field activities.

Enrolment of Beneficiaries

The H&N CCT component is rolled out in all primary healthcare facilities (Basic Health Units and Rural Health Centers) in the target districts. The process begins when a pregnant or lactating woman visits a health facility. Upon arrival, she is issued a token to ensure she receives the right care at the right time in a comfortable and hassle-free environment.

Before being directed to the Lady Health Visitor (LHV) for enrollment, a designated staff member performs a basic examination on the woman, which involves checking her blood

pressure, body weight, and temperature. The LHV or other designated user will then use an Android-based tablet to enroll the beneficiary in the EMR system.

Once the CNIC is entered into the app, the system runs a quick verification by matching it with the available NSER data in the database. Upon successful verification, the system automatically routes the request for creating a beneficiary compliance profile.

The H&N-CCT process flow define the process for direct BISP Beneficiary as well as for Daughter-in-Laws (verified/unverified) from within BISP beneficiary households. For BISP Beneficiaries, an antenatal care and/or immunization schedule is generated at enrollment, and respective compliance is marked. Every day, data related to new registration, visits by beneficiaries, and eligible daughters-in-law who updated their family tree information at NADRA are automatically pushed to PSPA. Bank of Punjab (BOP) then pulls this data and creates inactive profiles of beneficiaries while the data is processed for name screening with the proscribed list of the State Bank of Pakistan. Profiles that fail the name screening are blocked, and those that pass receive payment. Once payment is made, an SMS alert is sent to the beneficiary, who can withdraw cash from any designated pay-point after undergoing biometric verification.

For Daughter-In-Laws who are part of BISP beneficiary households and have a CNIC, the details of the active beneficiary (Mother-in-Law) and Daughter-In-Law's CNIC/Family Tree status are recorded at the time of enrollment. If a Daughter-in-Law's CNIC/Family Tree information is not updated, it is held until updated and reported to LHV at BHU by the PLW. After the information is updated, the cases are queued up for submission to PSPA.

Payment Disbursement

The payment process flow for the component involves the use of the Biometric Verification System (BVS) based Wallet Accounts for making payments. New beneficiaries and existing ones need to undergo the BVS process for registration for which they need to visit designated pay-points for BVS based registration through NADRA, after which wallet accounts are created and funds transferred within an hour of verification.

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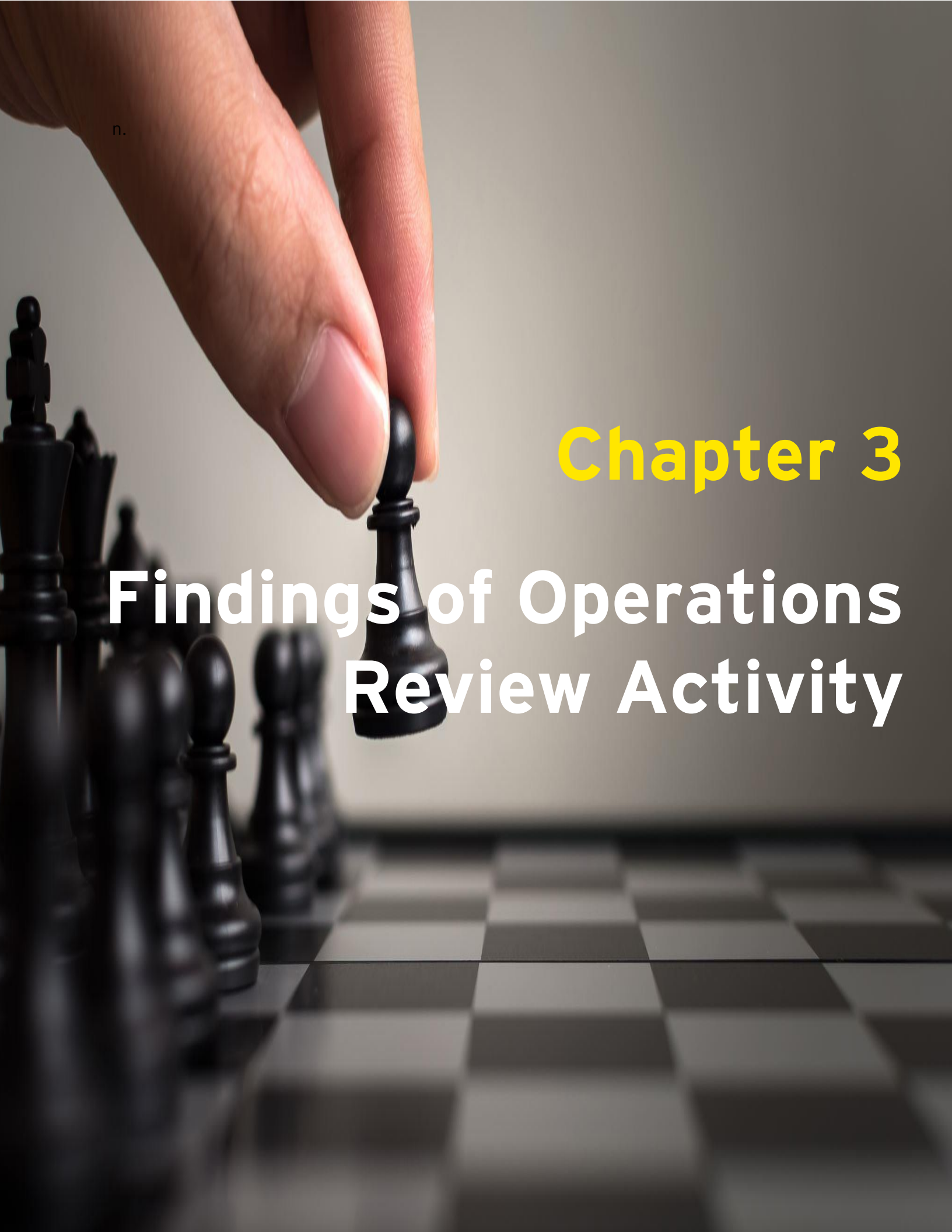


Chapter 3

Findings of Operations Review Activity

Chapter 3: Findings of Operations Review Activity

The operations review employed a quantitative and qualitative research design given the objectives of the assessment. In the preliminary stage, a framework was developed that identified themes corresponding with the program objectives and matched them with the program interventions. This aided in the development of a comprehensive survey tool and ensured compliance with all the objectives of the assessment. As a result, a structured questionnaire was developed for the assessment of program operations.

3.1 METHODOLOGY

The operations assessment was designed to evaluate the effectiveness of various activities involved in the implementation of the H&N CCT program. For this, we executed Spot Checks, gathered Beneficiary (PLWs) Feedback, and conducted Key Informant Interviews (KIIs) to assess the quality and delivery of services of the H&N CCT operations. Throughout each activity, we visited various locations to gather data. Details are illustrated in the table below.

Table 1: Activity conducted for Sept'23

Activity	Purpose	Relevant Stakeholders
Spot Checks	Assess several key aspects, including the availability of operational infrastructure of health facilities, and observe the beneficiary experience during various stages of the service delivery.	○ Healthcare staff ○ Beneficiaries (PLWs) ○ Branchless banking agents
Beneficiaries (PLWs) Exit Interviews	Beneficiary feedback regarding holistic H&N CCT implementation process from Enrollment to payment disbursement. Includes question on potential beneficiary complaints and their resolution status.	○ Beneficiaries
Key Informant Interviews (KII)	Interview with key supply and demand-side stakeholders to gauge their understanding of the overall program, perspective on issues faced in implementation as well as their own concerns	○ Medical Officers ○ Lady Health Visitors ○ Lady Health Workers

a. Sampling

For the operations review activity, EYFR planned to conduct spot checks on Health Facilities and Branchless Banking Agents (BBA), as well as gather beneficiary feedback and conduct Key Informant Interviews (KII). The following sample sizes have been determined and agreed upon for each activity in the approved inception report.

Table 2: Required sample size per activity

Activity	Required Sample size	Actual Completed
Spot Check	286	286
Beneficiaries (PLWs) Interview	187	398

Table 2: Required sample size per activity

Activity	Required Sample size	Actual Completed
Key Informant Interviews (KII)	286	301

These sample sizes have been carefully selected to ensure a representative and comprehensive assessment of the operations. By conducting spot checks and engaging with beneficiaries and key informants, EYFR aimed to gather valuable insights and data to inform our review process and identify areas for improvement. Following is the rationale behind making the sample representative:

- **Proportional Sample Selection:** The selection process involves a proportional sample, taking into account the type of facility within each district and tehsil. This ensures that the sample represents the distribution of different healthcare settings in the population, providing a more accurate depiction of the program's implementation across different areas.
- **Preservation of Sample Integrity**: To prevent redundancy, the emphasis is placed on not visiting the same health facility more than once. This preserves the integrity of the sample by avoiding duplication and the potential bias that could result from visiting the same facility multiple times.
  In cases where all health facilities within a district have been covered and additional spot checks are required, the sample may unavoidably be repeated. This is done to ensure the spot check activity remains comprehensive, even if revisiting a health facility becomes necessary.
- **Targeted Key Informant Interviews:** Key informant interviews with Medical Officers, Lady Health Visitors (LHVs), and Lady Health Workers (LHWs) at each health facility are conducted purposively. This means that the selection of key informants is based on their expertise, knowledge, and role in the program. The targeted selection process ensures that relevant and insightful information is gathered from key individuals directly involved in program implementation.
- **Beneficiary Feedback through Exit Interviews:** Beneficiary feedback is actively collected through exit interviews conducted at each health facility. The selection of beneficiaries for these interviews is not tightly regulated, allowing for a more natural and diverse representation of beneficiary perspectives. This approach ensures that the experiences and perspectives of a wide range of beneficiaries are captured, providing a more authentic understanding of their experiences with the program.

Overall, the methodology prioritized a comprehensive yet strategic approach to spot checks within health facilities. The proportional sample selection, avoidance of duplication, and targeted key informant interviews contribute to the robustness of data collection. Additionally, the minimal control over the beneficiary feedback sample ensures a more authentic representation of the experiences and perspectives of those receiving health services at the facilities.

b. Allocation of Sample

Please refer to table 3 for a detailed breakdown of the completed sample size for each operational activity, organized by district and tehsil.

Table 3: Breakdown of allocated sample for each activity (District and Tehsil wise)

Sr. No	District	Tehsil	Total Health Facilities	Spot Check of Health Facility Visited	Spot Check of BB Agents Visited	Beneficiary Surveyed	KII of LHV	KII of LHW	KII of MO
1	Bahawalnagar	Bahawalnagar	28	6	5	13	3	5	2
		Chishtian	27	6	-	5	4	-	3
		Fortabas	16	3	-	-	1	-	1
		Haroonabad	22	5	-	2	2	-	1
		Minchanabad	20	5	-	9	3	1	1
TOTAL			**113**	**25**	**5**	**29**	**13**	**6**	**8**
2	Bahawalpur	Ahmad pur east	29	7	4	2	3	2	2
		Bahawalpur Saddar	14	3	1	18	1	3	2
		Bahawalpur City	5	1	-	4	-	1	3
		Hasilpur	13	3	-	-	2	-	1
		Khairpur tamewali	8	2	-	10	1	1	-
		Yazman	18	4	-	1	3	2	1
TOTAL			**87**	**20**	**5**	**35**	**10**	**9**	**9**
3	Bhakkar	Bhakkar	17	9	2	19	2	2	6
		Darya Khan	9	4	2	6	2	3	-
		Kalorkot	11	5	-	2	4	2	1
		Mankera	8	3	1	9	1	2	2
TOTAL			**45**	**21**	**5**	**36**	**9**	**9**	**9**
4	DG khan	DG Khan	18	9	4	17	3	4	4
		Kot chuta	17	6	1	16	4	2	2
		Tounsa	18	5	-	-	2	3	3
		Tribal Area	9	-	-	-	-	-	-
TOTAL			**62**	**20**	**5**	**33**	**9**	**9**	**9**
5	Khushab	Khushab	20	11	3	30	6	4	4

Sr. No	District	Tehsil	Total Health Facilities	Spot Check of Health Facility Visited	Spot Check of BB Agents Visited	Beneficiary Surveyed	KII of LHV	KII of LHW	KII of MO
		Noorpur thal	12	4	-	3	1	-	3
		Noshera	9	3	-	3	1	3	-
		Quaidabad	8	3	2	-	1	1	2
TOTAL			**49**	**21**	**5**	**36**	**9**	**8**	**9**
6	Layyah	Choubra	6	4	1	7	4	2	2
		Karor	17	8	-	9	4	6	3
		Layyah	19	8	4	21	2	2	4
TOTAL			**42**	**20**	**5**	**37**	**10**	**10**	**9**
7	Lodhran	Duniya pur	16	8	1	5	3	5	1
		Kahror pacca	16	7	2	9	3	2	4
		Lodhran	20	8	2	25	4	2	4
TOTAL			**52**	**23**	**5**	**39**	**10**	**9**	**9**
8	Mianwali	Essa khel	13	6	-	5	4	1	2
		Mianwali	27	13	1	25	5	7	4
		Piplan	12	4	4	8	-	1	3
TOTAL			**52**	**23**	**5**	**38**	**9**	**9**	**9**
9	Muzaffargarh	Ali pur	15	6	-	4	1	1	3
		Jatoi	14	4	4	11	2	3	2
		Muzaffargarh	32	14	1	24	7	5	4
TOTAL			**61**	**24**	**5**	**39**	**10**	**9**	**9**
10	Rahim Yar khan	Khanpur	26	5	1	6	1	5	-
		Laiquat pur	35	7	-	5	1	3	3
		Rahim Yar khan	35	8	2	19	3	1	4
		Sadiqabad	29	6	2	6	4	-	2
TOTAL			**125**	**26**	**5**	**36**	**9**	**9**	**9**
11	Rajanpur	Jam pur	17	6	-	21	5	7	6
		Rojhan	8	-	-	-	2	-	2
		Rajan pur	14	2	5	19	2	2	1
TOTAL			**39**	**8**	**5**	**40**	**9**	**9**	**9**
Consolidated Total				**231**	**55**	**398**	**107**	**96**	**98**

c. Data collection

The data collection methodology was based on international standards of data collection and had contingencies in place to protect the integrity of the data. After the development of survey tools, it was reviewed by PSPA team for its finalization. After the survey tools were finalized, the questionnaire was codded onto a software platform: KoBo Collect. Pre-testing was conducted using dummy test entries. For all respondent categories, the data was recorded in-real time using tablets. The data collected in the tablets was uploaded onto the cloud at the end of every day. Completeness and accuracy of the data were checked periodically to ensure errors were rectified at the earliest. Data was then cleaned and coded to be entered into the statistical software (SPSS). In addition, a portion of data for selected for quality assurance calls by the Component in-charges.

Note: The spread of sample is provided in terms of a heat map on page 26.

d. Key Considerations of Survey

Key considerations relevant to survey methodology are given as follows:

- The results of the survey are based on data obtained from a selected sample of beneficiaries, rather than the entire population. While efforts were made to ensure a representative sample, it is important to acknowledge that the findings may not be fully generalizable to the entire beneficiary population.
- The results presented in this section are purely based on the beneficiaries' feedback. The possibility of response bias exists, as respondents may have provided answers, they deemed socially desirable or biased due to factors such as the desire to please or fear of repercussions.
- Beneficiaries' ability to accurately recall specific programmatic details or experiences may have been influenced by memory limitations or other cognitive factors. However, where possible, provided population data was used to validate specific details including the date of visit to health facility etc. In case of any discrepancy, information provided in the population data was utilized.

Heatmaps of Spread of Operations Review Activity

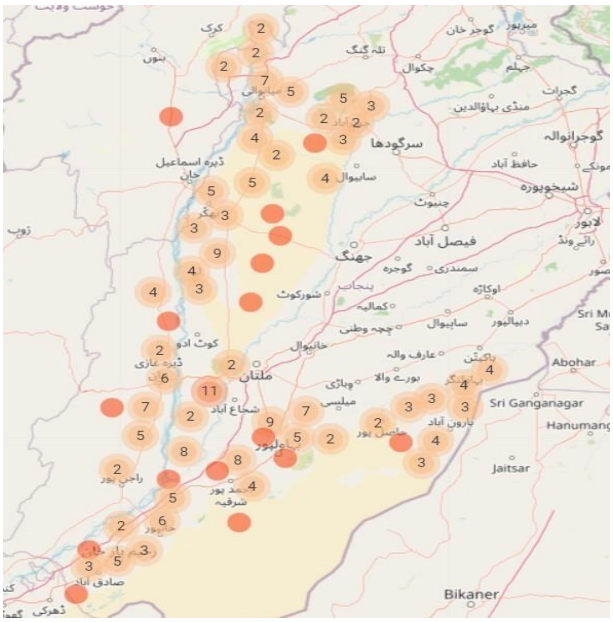


Figure 1: Spot Checks of Health Facilities

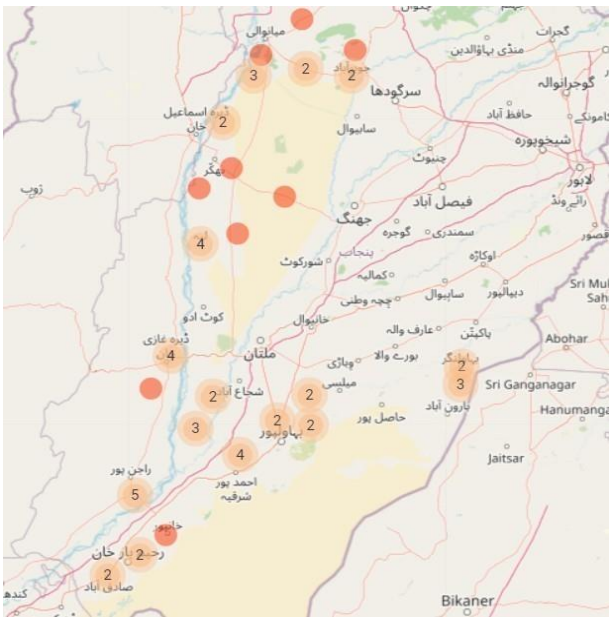


Figure 2: Spot Checks Branchless Banking Agents

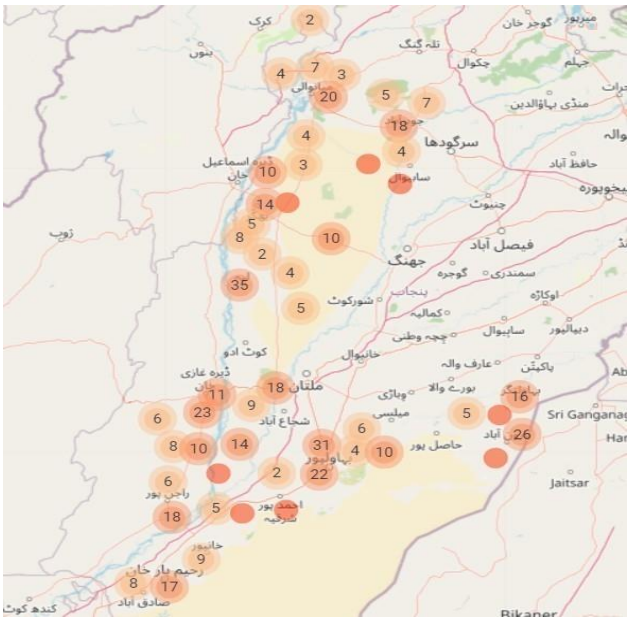


Figure 3: Beneficiary Feedback Interviews

3.2 SPOT CHECKS OF HEALTH FACILITIES AND BB AGENTS

To ensure the quality of the work being performed and identify issues in program implementation, conducting spot checks of the implementation process is important. In Health and Nutrition Conditional Cash Transfer (CCT) component, key processes such as beneficiary enrollment, service delivery are being implemented at health facilities while opening of wallet account including the payment mechanisms are made through branchless banking agents.

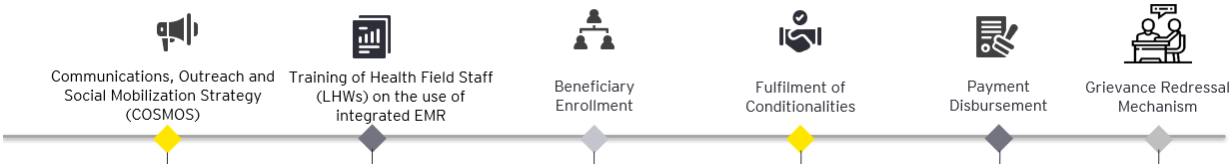


Figure 4: AAGHOSH Implementation process

As an Operation Review (OR) firm, EYFR conducted the spot checks of health facility and branchless banking agent to assess different stages of the implementation process. In spot check of health facility, we intend to observe the availability of resources (equipment, medicines, family planning commodities and public services in health facilities etc.) while in spot check of branchless banking agent, we observe the frequency, time taken, and amount disbursed to beneficiaries along with the efficiency of payment system. The stages whose spot checks are currently not being implemented are the training of health staff as these trainings were not conducted since June'23.

Note: This section is based on data collected during spot checks of health facilities conducted for the quarter ending Sept 2023, which has been analyzed and presented.

KEY FINDINGS OF SPOT CHECK OF HEALTH FACILITIES

During the spot check of health facilities, we have assessed the condition of the health facilities, the availability of paramedic staff, medical equipment and medicines, as well as IEC materials. Detailed findings of each facility are provided in this section.

Findings on Health Facilities Building Infrastructure

For the September quarter, different set of health facilities were visited therefore no facility is repeated from the June'23 quarter. During the spot checks of health facilities, a noteworthy observation regarding the infrastructure of the facilities was noted. Specifically, it was observed that 5% (13 out of 231) health facilities lacked a boundary wall as compared to our spot checks in June'23 where, 07% (18 out of 250) health facilities were lacking a boundary wall. Ensuring the proper maintenance and upkeep of boundary walls is crucial to maintain a safe and secure environment for both healthcare staff and PLWs. Details of health facilities and pictorial evidence of some of such health facilities are attached in **Annexure-A**.

Concerningly, it has also been observed that the boundary walls of 7 out of 218 (5%) health facilities were either not well maintained or in a state of despair as compared to 204 health facilities where the boundary wall was well maintained or moderately maintained. Details of health facilities and pictorial evidence of some health facilities is attached in **Annexure-B**.

However, a positive aspect worth highlighting was that each health facility is equipped with waiting areas except 2 health facilities in Bahawalnagar. These waiting areas play a crucial role in providing a comfortable and accommodating environment for patients and their companions while they await their turn for medical attention.

Moreover, we have observed the overall cleanliness of the health facilities. The general state of cleanliness across the majority of the health facilities was found to be adequately upheld. Cleanliness discrepancy was seen in 1 out of 231 health facility. Detail of this instance is provided in **Annexure-C.** Table 4 highlights the general state of cleanliness and outlook of health facilities for June and September quarter district wise.

Table 4: *State of Cleanliness & General Outlook of Health Facility*

District	Availability of Boundary Wall		Availability of Waiting Areas		Building Cleanliness	
	Jun' 23	Sep' 23	Jun' 23	Sep' 23	Jun' 23	Sep' 23
Bahawalnagar	16 (64%)	23 (92%)	24 (96%)	23 (90%)	25 (100%)	24 (96%)
Bahawalpur	23 (88%)	19 (95%)	26 (100%)	20 (100%)	26 (100%)	20 (95%)
Bhakkar	21 (100%)	17 (86%)	21 (100%)	21 (100%)	21 (100%)	21 (100%)
DG khan	21 (100%)	18 (90%)	21 (100%)	20 (100%)	21 (100%)	20 (100%)
Khushab	21 (100%)	21 (100%)	21 (100%)	21 (100%)	21 (100%)	21 (95%)
Layyah	22 (100%)	20 (100%)	22 (100%)	20 (100%)	22 (100%)	20 (100%)
Lodhran	18 (86%)	23 (100%)	21 (100%)	23 (100%)	21 (100%)	23 (100%)
Mianwali	21 (100%)	23 (95%)	21 (100%)	23 (100%)	19 (90%)	23 (100%)
Muzaffargarh	22 (100%)	24 (100%)	22 (100%)	24 (100%)	20 (91%)	24 (100%)
Rahim Yar khan	26 (93%)	22 (85%)	28 (100%)	26 (100%)	28 (100%)	26 (100%)
Rajanpur	21 (95%)	8 (100%)	22 (100%)	8 (100%)	22 (100%)	8 (100%)
Total	**232 (93%)**	**218 (94%)**	**249 (99%)**	**229 (99%)**	**246 (99%)**	**230 (99%)**

it is important to highlight that in **55 out of 228 health facilities, labor rooms were of poor cleanliness followed by 85 health facilities with unhygienic ward rooms**. Discrepancies in terms of cleanliness of toilet facilities were identified in 133 out of 231 health facilities (58%). Details of such instances have been provided in **Annexure-D and district wise breakdown is provided in table 5.**

Table 5: *Condition/State of Cleanliness of Labor and Ward rooms & Toilet*

District	Labor room Condition		Wardroom Condition		Toilet Condition	
	Good	Avg/Poor	Good	Avg/Poor	Good	Avg/Poor
Bahawalnagar	9	16	4	21	2	23
Bahawalpur	17	3	14	6	10	10
Bhakkar	21	0	21	0	20	1
DG khan	19	1	15	5	9	11
Khushab	10	11	10	11	7	14
Layyah	20	0	20	0	17	3
Lodhran	20	3	16	7	9	14
Mianwali	23	0	19	4	11	12
Muzaffargarh	11	13	11	13	5	19
Rahim Yar khan	19	7	10	16	5	21
Rajanpur	7	1	6	2	3	5
Total	**176(76%)**	**55(24%)**	**146(63%)**	**85(37%)**	**98(42%)**	**133(58%)**

Labor room conditions were poor in some health facilities across almost all districts except Bhakkar, Layyah and Mianwali. Though, poor wardroom conditions were noted in health facilities of Mianwali. Poor toilet conditions were the most prevalent in almost all districts especially Bahawalnagar and Rahim Yar Khan and of relatively good condition in Bhakkar and Layyah. These findings underscore the significance of addressing these cleanliness issues

promptly to ensure that laboring mothers and patients recovering in the ward rooms are provided with an environment conducive to their well-being and recovery.

Universal Electricity Access, But Essential Power Backup Gaps

During our spot checks, it was noticed that electricity facility was available in all the visited health facilities. However, it is worth noting that there is a notable gap in terms of power backup provisions in a specific subset of health facilities. To be precise, **15 out of 231 (6%) health facilities lacked essential power backup systems** such as UPS, generator, or solar power as compared to previous quarters 19 out of 250 (8%) health facilities with no power backup. Among the districts, **10 out of 15 health facilities in Bahawalnagar lacked a power backup**. Other districts included Bahawalpur (1), Khushab (1), Lodhran (1) and Muzaffargarh (2). The absence of backup power sources may raise concerns about uninterrupted healthcare services during potential electricity outages, which can impact critical medical procedures, equipment functionality, and patient care. To ensure the continuity and quality of healthcare delivery, it is suggested to address this issue by equipping these health facilities with reliable power backup solutions. Details of such health facilities are given in **Annexure-E.**

Additionally, the majority of the visited health facilities were equipped with adequate drinking water facilities. However, it's important to highlight that a discrepancy was identified in three specific health facilities of Bahawalpur, Bahawalnagar, and Muzaffargarh where proper drinking water facilities were lacking. This is consistent with the previous quarter as well.

Infrastructure Gaps May Impede Data Management and Communication in Health Facilities

In June'23 quarter, there were 10 out of 250 health facilities (4%) where tablets designated for the Electronic Medical Record (EMR) system were absent. Additionally, internet connectivity issues were noted in 25 out of 250 (10%) health facilities. However, in this quarter, **14 out of 231 health facilities (6%) had internet connectivity issues, and 11 out of 231 (5%) did not have tablets for the EMR system.** The non-connectivity issue remains significant which hinders the process of entering data timely as also reported by the health staff in the Key informant interviews. Personnel in these facilities are relying mobile data packages to access the internet. Details of health facilities where tablets for EMR system and internet connection was not available is attached as **Annexure – F and G**. The table 6 below shows the count of health facilities with internet connectivity issue and unavailability of tablets for previous and current quarter district wise. It should be noted that the facilities in our sample for the September quarter are different from the facilities visited in June'23.

Table 6: *No. of Facilities with internet connectivity issue and tablets district wise in our sample*

District	*Internet Connectivity Issues*		*Nonavailability of Tablets*	
	June'23	*Sept'23*	*June'23*	*Sept'23*
Bahawalnagar	9 (25%)	4 (16%)	6 (24%)	5 (20%)
Bahawalpur	1 (4%)	2 (10%)	(0%)	3 (15%)
Bhakkar	1 (5%)	(0%)	(0%)	(0%)
DG khan	(0%)	1 (5%)	(0%)	(0%)
Khushab	2 (10%)	2 (10%)	(0%)	1 (5%)
Layyah	(0%)	(0%)	(0%)	(0%)
Lodhran	1 (5%)	(0%)	(0%)	(0%)
Mianwali	1 (5%)	2 (9%)	(0%)	(0%)
Muzaffargarh	7 (32%)	(0%)	2 (9%)	2 (8%)
Rahim Yar khan	2 (7%)	2 (8%)	1 (4%)	(0%)
Rajanpur	1 (5%)	1 (13%)	1 (5%)	(0%)

Table 6: No. of Facilities with internet connectivity issue and tablets district wise in our sample

District	Internet Connectivity Issues		Nonavailability of Tablets	
	June'23	Sept'23	June'23	Sept'23
Total	25 (10%)	14 (6%)	10 (4%)	11 (5%)

In Layyah, the availability of internet and tablets were seen in both quarters however, internet connectivity issues have decreased in Bahawalnagar. Nonetheless, it is still crucial to address connectivity issues and the lack of tablets for the EMR system which can pose challenges to efficient data entry and management processes, affecting the quality and timeliness of data sharing and communication.

Medical Equipment Supply, Vaccine Storage and Ultrasound Availability

During our spot checks, a positive observation emerged regarding the availability of essential medical supplies within all health facilities. **Notably, medical supplies such as BP apparatus, weight machines, stethoscopes, and drip stands were found to be present in every health facility assessed.** The availability of crucial medical equipment signifies a foundation for effective healthcare service delivery, enabling healthcare professionals to accurately diagnose, monitor, and treat patients.

During our visits to various health facilities, it has been observed that 03 out 231 of health facilities lack the necessary refrigerators required for the proper storage of vaccinations. However, in **100 out of 231 (43%) health facilities, the ultrasound facility was not available** which compared to previous quarter is similar as in 107 out of 250 (43%), the vital ultrasound facility was not available.

Absence of CCT Payment Process Brochures at Health Facilities

As per the POM, the Information, Education, and Communication (IEC) materials e.g., a leaflet, fact sheet or an FAQ detailing introduction of the CCT, objectives, target group, benefits, conditions, payment process and Grievance Redress Mechanism (GRM) etc. shall be made available at primary healthcare facilities and to LHWs.

During our spot checks, observations have come to light regarding availability of IEC materials within the health facilities. Specifically, it has been observed that **brochures detailing the Conditional Cash Transfer (CCT) payment disbursement process were absent in 158 out of 231 (68%) health facilities** which is higher than our previous quarters spot checks where it was unavailable in 144 out of 250 (58%) health facilities. The unavailability of these brochures could potentially hinder PLWs understanding of the payment procedures and entitlements, affecting their informed engagement with the program. Table 7 provides a district wise breakdown over the June and September quarter.

Table 7: Availability of Brochures detailing CCT payment process

District	June'23		Sept'23	
	Available	Unavailable	Available	Unavailable
Bahawalnagar	12 (48%)	13 (52%)	6 (24%)	19 (76%)
Bahawalpur	18 (69%)	8 (31%)	9 (45%)	11 (55%)
Bhakkar	13 (62%)	8 (38%)	10 (48%)	11 (52%)
DG khan	9 (43%)	12 (57%)	4 (20%)	16 (80%)
Khushab	(0%)	21 (100%)	(0%)	21 (100%)
Layyah	9 (41%)	13 (59%)	6 (30%)	14 (70%)
Lodhran	4 (19%)	17 (81%)	3 (13%)	20 (87%)
Mianwali	9 (43%)	12 (57%)	11 (48%)	12 (52%)
Muzaffargarh	4 (18%)	18 (82%)	11 (46%)	13 (54%)

***Table 7:** Availability of Brochures detailing CCT payment process*

District	June'23		Sept'23	
	Available	Unavailable	Available	Unavailable
Rahim Yar khan	12 (43%)	16 (57%)	13 (50%)	13 (50%)
Rajanpur	16 (73%)	6 (27%)	(0%)	8 (100%)
Total	**106 (42%)**	**144 (58%)**	**73 (32%)**	**158 (68%)**

All surveyed Health facilities in Khushab had the brochures available in both quarters however, none of the health facility observed in Rajanpur has it available in this quarter. Other districts including Bahawalnagar, Bahawalpur, Bhakkar, DG Khan, Layyah, and Lodhran reported increased unavailability of the brochures since previous quarter.

Unavailability of Key Medical Staff in Majority of Health Facilities Raise Concerns

In the previous quarter, 50 out of 250 (20%) health facilities lacked dedicated desks specifically allocated for the data entry and PLWs enrollment and in 79 out of 250 (32%) health facilities, there was no designated personnel solely responsible for data entry and PLWs enrollment. Instead, different health staff members at each health facility undertook these responsibilities.

For this quarter, spot checks reveal similar results where in 51 out of 231 (22%) health facilities, enrollment desk was not available and subsequently, in 46 out of 231 (20%) health facilities, focal person to enroll beneficiaries was absent. Table 8 below shows the district wise breakdown of these discrepancies where majority of the desks are not available in Bahawalnagar and simultaneously the focal person to enroll beneficiary data is also unavailable in Bahawalnagar the most. Other districts where the desks and focal persons are not available are Bahawalpur, Khushab, Lodhran and Muzaffargarh etc. It is necessary to look into the reasons for the absence of focal persons who enroll data in order to ensure that the beneficiaries are enrolled, and their records are being kept and maintained.

***Table 8:** Availability of Enrolment Desk and Focal Person*

District	Enrolment Desk		Enrolment focal person	
	Available	Unavailable	Available	Unavailable
Bahawalnagar	2	23	2	23
Bahawalpur	4	16	17	3
Bhakkar	21	0	21	0
DG khan	20	0	19	1
Khushab	11	10	13	8
Layyah	20	0	19	1
Lodhran	23	0	19	4
Mianwali	23	0	22	1
Muzaffargarh	22	2	20	4
Rahim Yar khan	26	0	25	1
Rajanpur	8	0	8	0
Total	**180 (78%)**	**51 (22%)**	**185 (80%)**	**46 (20%)**

Moreover, a significant observation has arisen regarding the presence of essential medical staff within the health facilities. Notably, it was observed that in a total of **98 out of 231 health facilities (42%), the medical officer was not present** which compared to previous quarter has improved as medical officer unavailability was observed in 126 out of 250 (50%) health facilities. Though, there is still need to address the availability issue. Moreover, in 28 out of 198 health facilities, LHVs were not present and in 7 out of 33 RHCs, nurses were not available. The reasons among the unavailability were due to vacant position or the relevant person was

on leave during our visit. Table 9 shows the breakdown of the unavailable health staff during spot check.

Table 9: *Key healthcare staff unavailability at Health Facilities*

Medical staff position	June Quarter'23			September Quarter'23		
	Total HF Visited	Unavailable (vacant)	Unavailable (on leave)	Total HF Visited	Unavailable (vacant)	Unavailable (on leave)
Medical Officers (BHU)	219	46 (21%)	74 (34%)	198	50 (25%)	*44 (22%)*
LHVs (BHUs)	219	6 (3%)	28 (13%)	198	10 (5%)	*18 (9%)*
Medical Officers (RHCs)	31	1 (3%)	5 (16%)	33	-	*4 (12%)*
Nurse (RHCs)	31	-	3 (10%)	33	1 (3%)	*6 (18%)*

Over the span of previous quarter, LHV availability has increased slightly however, the absence of key medical staff presents a potential challenge to the delivery of quality healthcare services within these facilities. Inadequate staffing, whether due to leaves or vacancies, can impact the timely and effective medical care provided to patients. Ensuring the availability of medical officers is crucial for maintaining comprehensive patient care, diagnosis, and treatment.

Unavailable medical supply/commodities in dispensary

The overall availability of medicines in the health facilities was good however, in **22 out of 231 (10%) health facilities instances were identified, where the dispensary was not open** during the visit. Moreover, it was noted that in 34 health facilities (15%), vital micro-nutrients were not available. Additionally, in 19 health facilities, contraceptive commodities were reported to be unavailable. Breakdown of the unavailability of supplies is given in table 10 and details of the relevant health facilities are provided in **annexure H and I**.

Table 10: *Non-Availability of Supplies*

District	Dispensary closed during Visit		Micro-Nutrients Unavailable		Contraceptive Commodities Unavailable	
	June'23	Sept'23	June'23	Sept'23	June'23	Sept'23
Bahawalnagar	4 (16%)	1 (4%)	18 (72%)	4 (16%)	5 (20%)	3 (12%)
Bahawalpur	7 (27%)	5 (25%)	2 (8%)	3 (15%)	1 (4%)	2 (10%)
Bhakkar	(0%)	(0%)	2 (10%)	5 (24%)	(0%)	(0%)
DG khan	3 (14%)	3 (15%)	7 (33%)	1 (5%)	(0%)	(0%)
Khushab	(0%)	1 (5%)	3 (14%)	3 (14%)	1 (5%)	(0%)
Layyah	(0%)	(0%)	1 (5%)	3 (15%)	(0%)	2 (10%)
Lodhran	(0%)	3 (13%)	2 (10%)	(0%)	1 (5%)	1 (4%)
Mianwali	1 (5%)	2 (9%)	6 (29%)	6 (26%)	1 (5%)	4 (17%)
Muzaffargarh	4 (18%)	7 (29%)	9 (41%)	7 (29%)	1 (5%)	6 (25%)
Rahim Yar khan	2 (7%)	(0%)	1 (4%)	2 (8%)	1 (4%)	1 (4%)
Rajanpur	(0%)	(0%)	2 (9%)	(0%)	(0%)	(0%)
Total	**21(8%)**	**22 (10%)**	**53 (21%)**	**34 (15%)**	**11 (4%)**	**19 (8%)**

Grievance Redressal Mechanism

As per POM, Grievance Redressal Mechanism (GRM) for the H&N CCT program involves notifying GRM Focal Persons at primary healthcare facilities and designating a representative at HISDU to manage helpline calls. Training sessions be conducted at both district and facility

levels, enabling the registration of grievances and complaints through a standardized format. Registered complaints be uploaded to the EMR H&N-CCT application, where they will be categorized and shared with the relevant units for resolution. Healthcare service-related issues will be addressed by PMIU-P&SHD, while payment-related concerns will be handled by the PSPA, ensuring timely and effective resolution of grievances within their respective domains. The PSPA is to also establish an online helpline for payment-related queries. This process aims to streamline and enhance the redressal of complaints for improved program outcomes.

Regarding the GRM mechanism following observations were noted.

- In the course of our spot checks, observations regarding the complaint registration processes within the health facilities was noted. It has come to our attention that in **178 out of 231 (77%) health facilities, there was an absence of a designated individual responsible for registering complaints** though in the previous quarter, 170 out of 250 (68%) health facilities lacked these.
- Furthermore, it has also come to our attention that in **176 out of 231 (78%) health facilities, the dedicated register for complaint registration was not available**.
- In addition, it was noted that in **112 out of 231 (48%) health facilities the helpline number/complaint registration number was not displayed** which is a cause of concern as the number is higher than previous quarter where 102 out of 250 (41%) health facilities, the helpline / complaint registration number was not displayed. The helpline/complaint registration number acts as a crucial communication avenue for PLWs seeking assistance and information, making its accessibility integral to the program's effectiveness.

Overall, the utilization of GRM has not improved since previous quarter rather the issues are still prevalent and significant and require efforts to make the GRM process easier and effective to complete program objectives.

KEY FINDINGS OF SPOT CHECK OF BRANCHLESS BANKING (BB) AGENT

The objective of conducting spot checks on branchless banking agents was to assess several key aspects, including the availability of operational infrastructure, the PLWs experience during cash collection, and the conduct of agents towards PLWs. In pursuit of this objective, we carried out spot checks at various agent points located in close proximity to each health facility. A comprehensive breakdown of the spot check findings is outlined in this section.

Note: This section is based on data collected during spot checks of BB Agent conducted for the quarter ending Sept 2023, which has been analyzed and presented.

Good Awareness about AAGOSH Program Among BB Agents

During our spot checks, 91% (50 out of 55) of the agents indicated that they had received information about the AAGOSH program through various channels, such as PHCIP/AAGOSH team, HBL, OMNI, and others. This underscores the extensive outreach efforts to disseminate information about the program across multiple platforms although, the awareness in previous quarter i.e., June'23, the orientation rate stood at 95%, slightly higher than September quarter. The breakdown of the sources of this information is as follows:

Table 11: Source of Information about AAGHOSH for June and Sept'23 Quarter (multiple choice)

Source of information	June'23	Sept'23
BOP	5 (10%)	8 (16%)
Alfalah	17 (33%)	31 (62%)
Omni	9 (18%)	18 (36%)
HBL	12 (21%)	19 (38%)
PHCIP	9 (18%)	17 (34%)
Total	**52 (95%)**	**50 (91%)**

Availability of Technological Infrastructure

During our visits to various agent locations, it was noted that biometric verification machines were present at 89% (49 out of 55) of the agent locations assessed even though in the June quarter, 95% of the locations had this machine available. District where the machine was not present were Bahawalnagar (2), Khushab (1) and Mianwali (3). Additionally, we observed that merely 58% (32 out of 55) of the BBA agent's points were equipped with accessible and functioning internet connections. District wise breakdown is given in table 12 for the previous and current quarter.

Table 12: Internet Availability at BBA Points

District	June'23		Sept'23	
	Available (Count)	Proportion	Available (Count)	Proportion
Bahawalnagar	0	0%	0	0%
Bahawalpur	4	80%	2	40%
Bhakkar	5	100%	2	40%
DG khan	3	60%	5	100%
Khushab	5	100%	5	100%
Layyah	5	100%	5	100%
Lodhran	3	60%	2	40%
Mianwali	2	40%	0	0%
Muzaffargarh	5	100%	5	100%
Rahim Yar khan	0	0%	1	20%

Table 12: Internet Availability at BBA Points

District	June'23		Sept'23	
	Available (Count)	Proportion	Available (Count)	Proportion
Rajanpur	5	100%	5	100%
Total	**37**	**(67%)**	**32**	**58%**

Over the two quarters, there is no internet at BB points in Bahawalnagar which needs consideration. Moreover, the internet connectivity on the whole has reduced at the number of BBA points since June. BBA points in districts like Bahawalnagar, Mianwali and Rahim Yar Khan require better connectivity to ease the payment process for the beneficiaries. Though, overall observations reflect positively on the readiness and effectiveness of the agents' operational setup however, there is an ongoing need to be equipped with machine and working internet to fulfil the program's ability to provide efficient payment services to PLWs.

Challenges within Biometric Verification

Furthermore, a crucial aspect of the process, biometric verification, yielded noteworthy results. (77%) 222 out of 290 PLWs successfully completed their biometric verification slightly decreased as compared to previous quarter whereby 80% completed it. However, a subset of PLWs encountered challenges with their verification. BBA agents reported issues beneficiaries are more likely to face with branchless banking agents. Among the most prevalent issue across all districts, failure of thumb print was the most common. Other issues included account failures of beneficiaries, internet connectivity issue, OTP issue, system errors and overcrowding. The breakdown of each issue is given below in table 13.

Table 13: *Issues Beneficiary face during biometric verification as reported by BBAs*

District	Account Failure	Failure of thumb print	Internet issue	Non-availability of Cash	Mobile number & OTP issue	Over-crowding	System error
Bahawalnagar	0	0	0	1	1	0	0
Bahawalpur	0	1	0	2	1	0	0
Bhakkar	0	3	3	0	0	0	0
DG khan	1	4	1	0	1	0	0
Khushab	0	3	5	1	2	0	0
Layyah	2	3	4	3	3	0	0
Lodhran	5	5	1	5	3	2	0
Mianwali	0	1	2	0	3	0	0
Muzaffargarh	0	5	0	0	2	0	0
Rahim Yar khan	0	5	1	5	0	0	0
Rajanpur	0	1	1	2	1	0	3
Total	**5**	**31**	**4**	**2**	**5**	**2**	**3**

Comparatively, BB agents were asked what issues they encounter while operating as a cash agent. Table 14 list down these issues where the most common ones are internet issues and the fact that beneficiaries do not carry their correct mobile numbers or CNICs with them which hinders the process of verification and hence payment.

Table 14: *Issues faced by BB Agents*

Issue	Count	Proportion
Poor Network (OTP/Internet)	32	58%
Beneficiaries often don't carry their mobiles/CNICs with them	32	58%
Unavailability of cash	5	9%

Table 14: Issues faced by BB Agents

Issue	Count	Proportion
Poor commission by the Bank	20	36%
Higher influx of BISP beneficiaries	8	15%
Others (System errors, wrong numbers, account issues)	14	25%

Based on these findings, it is evident that both PLWs and BB agents face multiple challenges during the biometric verification process. Suggestions for improvement include addressing issues with thumbprint recognition technology, ensuring reliable internet connectivity, raising awareness among beneficiaries to carry their mobiles and CNICs, and improving commission structures for BB agents. Addressing these challenges will enhance the efficiency and effectiveness of the biometric verification process and ultimately improve the overall payment experience for beneficiaries.

Behavior of BB Agents with PLWs

During the course of conducting spot checks on branchless banking agents, we had the opportunity to observe interactions involving a total of 290 PLWs who visited the agent points for activities such as biometric verification and payment collection. Among PLWs, it was observed that almost all the agents exhibited positive behavior in their interactions with the PLWs i.e., 289 out of 290, fostering a conducive environment for effective communication and assistance.

Payment Deduction by the Agent

During our spot check activities, it was noted that a substantial proportion of agents, totaling 49 (89%) out of 55, did not apply any deductions upon disbursing payments to the PLWs which is an improvement since June'23 quarter where it was observed that 84% of the BB Agents did not make any deductions. This practice aligns with the objective of transparent and full payment provision to the PLWs. In instances where payment deductions were identified (6 BBA), our observations indicate that the deducted amounts fell within the range of PKR 100 to PKR 500. It was observed that the BB agents asserts to beneficiaries that deduction is their right, emphasizing that by making payments, they are entitled to receive a corresponding amount as a commission. The number of instances / agents point where the payment deductions are observed are given in table 15.

Table 15: Number of Payment deductions observed at BBA

District	50 - 100 PKR		101 - 300 PKR		350 - 500 PKR	
	June'23	Sept'23	June'23	Sept'23	June'23	Sept'23
Lodhran	-	-	1	1	1	-
Rajanpur	-	1	-	-	-	4
Bahawalpur	-	-	1	-	-	-
Layyah	3	-	1	-	-	-
Mianwali	1	-	-	-	-	-

In the previous quarter, payment deductions were not observed in Rajanpur however, in the current quarter, issue is most problematic in Rajanpur where 4 agents are deducting as much as 500PKR. Moreover, deductions made in previous quarter in districts of Bahawalpur, Layyah and Mianwali were not observed in this quarter. It is important to note that 39% of beneficiaries reported payment deductions during payments from agents. However, during our spot checks, a lower percentage, i.e., 16%, observed such deductions. This difference may be attributed to agents being aware of field staff presence and refraining from deducting payments in their presence.

3.3 DEMAND SIDE PERSPECTIVE – INTERVIEWS WITH BENEFICIARIES

In this section, the beneficiary (PLW) feedback regarding different activities involved in the implementation of H&N CCT program as obtained through field research is analyzed and key findings presented. The satisfaction regarding the overall program is also noted and complaints and concerns have also been highlighted.

Note: This section is based on PLWs feedback conducted for the quarter ending Sept 2023, which has been analyzed and presented.

The program aims to provide support and assistance to women up to age of 49. The specific criteria of enrollment into the program are that a women should be pregnant or lactating (PLWs) and/or mother of children under two years of age. Age bracket of selected PLWs are as follows in Table 16.

Table 16: *Age bracket of beneficiaries*

Age Bracket	Number of PLWs	Percentage of PLWs
17- 20	10	3%
21-25	51	13%
26-30	98	25%
31-35	120	30%
36-40	72	18%
41 - 49	47	12%
Total	**398**	**100%**

From the surveyed PLWs, a majority of 80% visited Basic Health Units (BHUs) for their healthcare needs, 16% visited Rural Health Centers (RHCs) while the remaining 4% visited District Head Quarter (DHQ) and Tehsil Head Quarters (THQ). Table 17 provides a quarter wise comparison of the proportion of beneficiaries utilizing health facilities.

Table 17: *Health Facility visited (Quarter wise comparison)*

Health Facility	*Mar'23*	*June'23*	*Sept'23*
BHU (proportion)	85%	79%	80%
RHC (proportion)	15%	19%	16%
DHQ (proportion)	-	2%	3%
THQ (proportion)	-	-	1%

- It is evident that throughout the quarters, BHUs are the most frequently accessed health facilities by the PLWs, suggesting importance of the need for upgradation of these health facilities.
- RHCs are utilized by a considerable portion of PLWs, serving as an alternative to BHUs for accessing healthcare services.
- Moreover, District Head Quarters (DHQs) and Tehsil Head Quarters (THQs) saw a slight increase in utilization by PLWs over time. In the Sept '23 quarter, 3% of PLWs visited DHQs, compared to 2% in June '23, and 1% visited THQs. Although the proportion is relatively small, it suggests an increasing awareness among PLWs about the availability of health facilities at higher administrative levels.

Improved Awareness of H&N CCT (AAGOSH) Program Among Program Beneficiaries

The AAGOSH H&N CCT program aims to ensure that PLWs are well-informed about the program's objectives, features, and benefits. To achieve these goals, a combination of a well-targeted public information campaign and beneficiary outreach mechanisms is utilized. In order to mobilize and educate the beneficiaries about the program, various activities are carried out, including the communication of key messages through materials such as leaflets and posters, conducting orientation sessions through targeted meetings and dialogue, mobilizing healthcare staff such as LHVs, LHSs, and LHWs, implementing an SMS and Robo-Call campaign, and conducting awareness sessions with local communities through allied government departments, local non-government organizations, and community and village organizations.

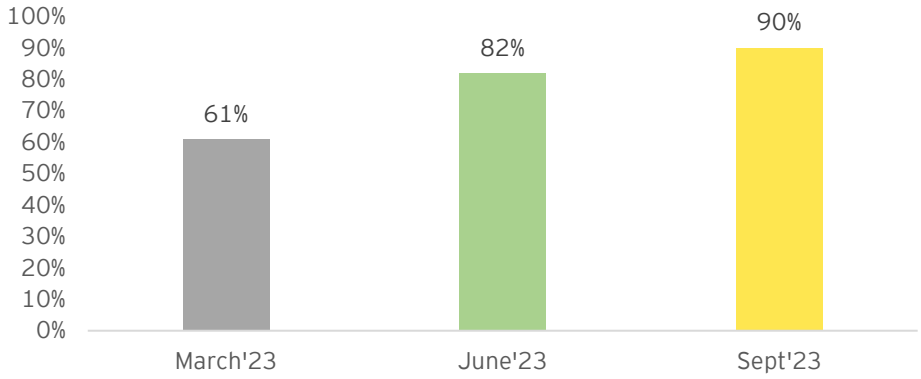


Figure 5: Quarter wise Improvement in AAGHOSH Awareness

For the quarter ended Sept 2023, the AAGOSH H&N CCT program saw a substantial improvement in PLWs' awareness, with **90% reporting knowledge of the program.** This is a significant increase compared to the previous quarter's 82% and March's 62%. Moreover, districts such as Bahawalpur, DG Khan, Khushab, Layyah, Lodhran, Mianwali, Muzaffargarh and Rajanpur show increased awareness over the period of three quarters. However, Bhakkar (56%) and Bahawalnagar (31%) districts still have relatively low awareness as compared to beneficiaries in other districts. Targeted efforts are needed to address this and further enhance awareness. District wise breakdown of the beneficiaries aware about AAGHOSH are given in table 18.

***Table 18:** Beneficiaries Aware of AAGHOSH*

District	*March'23*	*June'23*	*Sept'23*
Bahawalnagar	22 (31%)	32 (70%)	20 (69%)
Bahawalpur	41 (58%)	30 (77%)	33 (94%)
Bhakkar	53 (69%)	9 (24%)	16 (44%)
DG Khan	43 (57%)	35 (95%)	33 (100%)
Khushab	22 (28%)	27 (75%)	35 (97%)
Layyah	77 (99%)	40 (100%)	37 (100%)
Lodhran	41 (53%)	35 (97%)	38 (97%)
Mianwali	47 (67%)	29 (83%)	35 (92%)
Muzaffargarh	54 (75%)	35 (90%)	39 (100%)
Rahim Yar Khan	42 (55%)	44 (96%)	34 (94%)
Rajanpur	62 (83%)	41 (95%)	40 (100%)
Total	**504 (61%)**	**357 (82%)**	**360 (90%)**

Crucially, the Sept 2023 quarter reaffirmed the pivotal role of Lady Health Workers over the quarters, with 93% of those aware of the program crediting LHWs for their knowledge. While friends and family (6%) and other sources (2%) played a lesser role. The overwhelming reliance on LHWs underscores their significance in disseminating program details. The findings also suggest that the communication strategies, such as letters, and posters/banners, have had limited impact in creating awareness about the AAGOSH H&N CCT program. Table 19 provides a quarter wise comparison of the source of awareness for AAGHOSH.

Table 19: *Quarter wise Source of Awareness about AAGHOSH*

Source	Mar'23	June'23	Sept'23
Lady Health Worker	82%	92%	93%
Friends & Family	12%	05%	06%
Posters/Banners	05%	01%	01%
Letters	01%	01%	01%
Robo Calls	0%	01%	0%

Good access to healthcare facilities, aided by personal transportation and manageable travel costs

For the Sept 2023 quarter, the analysis continued to emphasize the importance of proximity to health facilities and transportation modes. The findings unveiled shifts in PLWs responses, indicating evolving circumstances. Notably, 20% of respondents reported health facilities being within a kilometer, while 29% stated distances of one to three kilometers, 22% reported three to five kilometers, and 29% specified distances greater than five kilometers. The transportation landscape also exhibited adjustments, with 57% utilizing personal vehicles, 18% relying on public transport, and 25% utilizing foot travel or others' vehicles. Table 20 provides a quarter wise comparison of the responses for travel cost incurred.

Table 20: *Responses on travel cost to health facilities*

Travel Cost	Mar'23	June'23	Sept'23
PKR 0-150 (% of beneficiaries)	42%	46%	40%
PKR 151-300 (% of beneficiaries)	35%	31%	31%
More than PKR 300 (% of beneficiaries)	23%	23%	28%
Average Travel Cost	PKR 260	PKR 222	PKR 261

It can be seen that financial considerations remained a factor, with 40% of PLWs spending PKR 0 to 150, 31% incurring PKR 151 to 300, and 28% allocating more than PKR 300 for their travel to health facilities. The average travel cost was PKR 261, which has increased since the previous quarter. Nevertheless, considering that PLWs receive monetary incentives for each visit, it may not pose a significant financial burden for the majority of them.

Overall, it can be inferred that the majority of PLWs have relatively good access to healthcare facilities, with 49% reporting that a health facility is located within three kilometers of their homes. The majority of PLWs also have access to personal transportation, which further eases their travel to these facilities. These factors, combined with the average travel cost, suggest that access to healthcare may not be a major issue for most PLWs in the program though the KIIs reveal a contrasting perspective where the medical staff highlighted beneficiaries to be facing access to transportation as an issue.

Majority of Beneficiaries are Satisfied with the Enrolment Process

The enrollment process holds immense significance in achieving the targets of the program. It serves as the gateway through which PLWs are identified and connected with the program's benefits and services. According to the survey conducted in quarter ended Sept'23, **92% of the PLWs reported that they did not encounter any difficulties during the enrollment process** which has improved since last quarter whereby 87% reported no difficulties. This finding indicates a positive experience for a significant portion of the PLWs. However, 8% of the beneficiaries who indicated that they encountered difficulties while enrolling is described below.

Issues Faced by PLWs in Enrollment

As we progressed into the Sept 2023 quarter, the challenges remained consistent with the June and March 2023 quarter, albeit with some changes in statistics. The issue of LHV unavailability due to busy schedules and the lack of updated family tree records continued to impact the registration process, with 20% of respondents highlighting this issue. Table 21 provides quarter wise results of the issues faced by beneficiaries during enrollment.

Table 21: *Issues encountered by beneficiaries during enrollment*

Time Period	*Mar'23*	*June'23*	*Sept'23*
Unavailability of LHVs	47%	18%	10%
Lack of updated family tree	7%	18%	20%
Non-availability of CNIC of PLWs	12%	13%	13%

Comparing all three quarters, it's evident that the challenges related to LHV unavailability and outdated family tree records have persisted however, the issue of unavailability has significantly decreased from 18% to 10% since June'23. Our spot check also reaffirmed that LHV unavailability existed in 15% of the health facilities visited, though the number has reduced since previous quarter as well. On the other hand, outdated family tree problem and non-availability of CNIC have remained at a consistent level.

Moreover, it was observed that among the PLWs who encountered challenges, there were variations in their registration timelines. We found that 07% of the PLWs registered two months ago, 7% registered three to five months ago, 13% registered six to eight months ago, 23% registered nine to eleven months ago, and 50% registered a year or more than one year ago. The table 22 below gives the breakup of respondents.

Table 22: *Beneficiary registration timeline who faced issues in enrolment*

Registered in H&N CCT Program	*Percentage of beneficiaries who face any difficulty in the enrolment process*
Less than Two Month	7%
Three to Five Month	7%
Six to Eight Month	13%
Nine to Eleven Month	23%
A Year Ago,	20%
More than One Year Ago	30%

Based on the observed variations in registration timelines among PLWs who encountered challenges, it can be inferred that a significant portion of PLWs faced difficulties during the initial stages of the program, with a large percentage (50%) registering a year or more than one year ago. This suggests that there may have been ongoing issues or delays in addressing and resolving these challenges, resulting in a prolonged registration process for a substantial

number of PLWs. Addressing these challenges and ensuring timely registration for all PLWs should be a priority to improve program efficiency.

Moreover, among the surveyed PLWs, it was found that 32% of them owned a mobile phone. Of those PLWs who owned a mobile phone, 27% provided their own mobile number for registration in the AAGOSH program which demonstrates their willingness to receive program-related notifications and updates directly though it is comparatively less than the previous quarters. For PLWs who did not own a mobile phone, it was noted that majority provided the mobile numbers of their husbands followed by fathers or mother-in-law for program registration.

Among the surveyed PLWs, 28% reported being able to read messages by themselves which indicates a low level of literacy among a portion of the PLWs yet consistent with the previous quarter. For the beneficiaries who were not able to read**, 92% of the PLWs relied on someone else to read the messages whereas 8% ignored the messages.** Quarter wise results are provided in table 23 below.

Table 23: *Proportions of Beneficiaries with Mobile Ownership and Reading Abilities (Quarter-wise Comparison)*

Indicator	*Mar'23*	*June'23*	*Sept'23*
Proportion of beneficiaries who own a mobile	39%	40%	32%
Provided their own mobile #	60%	67%	27%
Proportion of beneficiaries able to read messages	32%	28%	28%

Satisfaction of PLWs with Healthcare Services (IRI 3)

One of the Intermediate Result Indicator (IRI) of PHCIP program is the percentage of women who are satisfied with the healthcare services under the program. The target of this indicator is 80% women beneficiaries satisfied with the healthcare services. In order to gauge the satisfaction of the H&N beneficiaries, the IRI was broken down into sub-indicators and beneficiaries' feedback was obtained. In Sept'23 quarter, **93% of PLWs who utilized various healthcare services were satisfied with the services provided. This level of satisfaction remained consistent with the findings from June 2023 and March 2023 quarter, where 93% of beneficiaries also reported being satisfied with the services.** The satisfaction level of beneficiaries against each sub-indicator can be seen below.

Behavior of Healthcare Staff and their Competency

Based on the survey conducted among program beneficiaries (PLWs), an overwhelming majority of 96% expressed satisfaction with the overall behavior of the staff and expressed that healthcare staff demonstrated a clear understanding of their problems and situations. They reported that the healthcare staff treated them with respect, listened to their concerns, and communicated effectively during their interactions. Table 24 provides quarter wise satisfaction levels of beneficiaries.

Table 24: *Satisfaction levels of Beneficiaries with Staff*

Satisfaction Level	*Mar'23*	*June'23*	*Sept'23*
Overall Behavior of Health staff	93%	98%	96%
Provided Healthcare services	93%	93%	93%
Relevant information provided	96%	98%	93%

Table 24: Satisfaction levels of Beneficiaries with Staff

Satisfaction Level	Mar'23	June'23	Sept'23
Health staff understands issue of beneficiary	97%	95%	90%

A majority of PLWs, 93%, also expressed satisfaction with the healthcare staff, stating that they were provided with relevant information which indicates that healthcare staff effectively communicated essential information to PLWs, such as treatment options, procedures, and preventive measures. It is noteworthy that over the three quarters, the satisfaction levels have negligibly decreased and varied since last quarter though they are still positive.

Beneficiaries' (PLWs) Satisfaction with the Available Facilities in Health Centers

Understanding PLWs perspectives on availability of facilities in health center provided valuable insights of the health services and enhancing their overall healthcare experience. **The results indicate that overall, 93% of the respondent were satisfied with the available facilities at the health centers** which is consistent with the satisfaction levels of the previous quarters.

A majority of PLWs, 97%, reported satisfaction with the waiting areas which play a crucial role in the overall healthcare experience, as they contribute to patient comfort, privacy, and convenience. Among the surveyed PLWs, 96% expressed satisfaction with the pharmacy services provided under the H&N CCT program which increased since last quarter. This indicates the accessibility, availability, and quality of pharmaceutical provisions. For PLWs who had used testing laboratories, 67% reported satisfaction with the services provided which has also improved since the previous quarter. In addition, 94% of surveyed PLWs expressed satisfaction with the cleanness of the washroom facilities offered under the program.

Table 25: Beneficiary satisfaction with provided facilities at health facilities

Facility	Mar'23	June'23	Sept'23
Comfortable Waiting Areas	98%	99%	97%
Pharmacy	88%	94%	96%
Testing Laboratories	86%	62%	67%
Functional Washroom	96%	98%	94%

Overall, the analysis indicates a high level of satisfaction among PLWs regarding the available facilities in health centers. This indicates successful efforts in ensuring the quality and accessibility of essential services, such as waiting areas, pharmacy services, testing laboratories, and washroom facilities, contributing to the overall positive healthcare experience of PLWs.

Availability and Accessibility of Prescribed Medication at Health Facility

According to the survey, 80% of the surveyed PLWs reported the availability of prescribed medication, which is slightly lower than the 87% reported in the June quarter. Spot checks also revealed that in 10% of the health facilities (22), dispensary was closed at the time of the visit as well thus may contribute to the lack of availability and accessibility to prescribed medication.

However, among those PLWs who reported availability of medication, a high percentage of 93% confirmed that they received the prescribed medicines and nutritional supplies free of cost. This indicates that PLWs are able to fully utilize healthcare services without significant financial constraints. Though, it is worth noting that in the June quarter, 100% of beneficiaries received medication free of cost. In terms of remembering specific details, when asked about staff names or the amount charged, the surveyed beneficiaries were not able to recall this information.

Payment Distribution Process

HBL Konnect Wallet Accounts

The opening of HBL Konnect wallet accounts for PLWs involves several steps to ensure their registration and verification. PLWs visit designated health facilities, where they provide their information, and their information is verified from multiple channels. Once verified, inactive wallet accounts are created, and PLWs receive a confirmation SMS. Once the PLW receives the message, they visit any designated pay-point where they undergo biometric verification. Upon successful verification, an OTP message is sent, and the payment is made to the PLW.

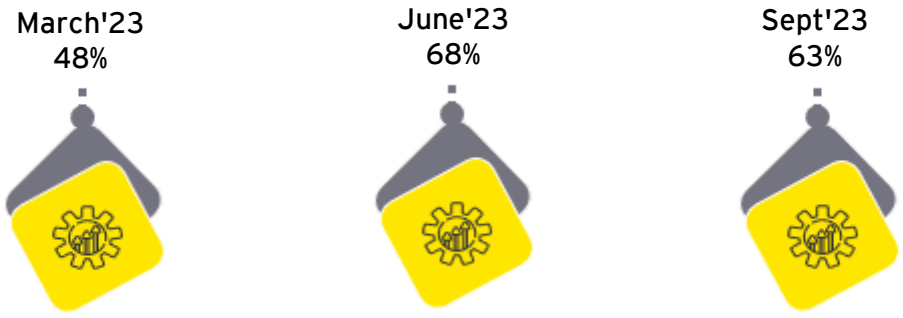


Figure 6: Proportion of beneficiaries who received SMS regarding opening of wallet (quarter wise)

Among the surveyed PLWs, 63% reported receiving SMS notifications regarding the opening of the HBL Konnect wallet account. This represents a decrease compared to the June 2023 quarter when 68% of PLWs reported receiving such notifications. As per feedback of the PLWs, the wallet accounts were opened within the following timelines as given in table 26.

***Table 26:** Timeline of the opening of Wallet Accounts*

Time Period	*Mar'23*	*June'23*	*Sept'23*
Within One day	-	14%	17%
Less than a week	-	22%	27%
Within one month	78%	29%	19%
One to Two month	9%	22%	1%
Two to Three month	4%	4%	5%
More than three months	10%	09%	14%

According to the timelines above, there is an improvement in the efficiency of opening wallet accounts within a day as 17% of the beneficiaries reported it as compared to previous quarter. However, over the quarters, there is an increase in proportion of beneficiaries who claim to have their accounts opened after three months which highlights the need to further improve the efficiency of opening wallet accounts and addressing the increasing delays in account opening for a portion of the beneficiaries.

CCT Payment Received in AAGHOSH

In the March 2023 quarter, it was highlighted that 54% of surveyed PLWs reported having knowledge of the amount they were supposed to receive under the Conditional Cash Transfer (CCT) program. As we moved into the June 2023 quarter, there was an encouraging increase in PLWs awareness, with 63% of respondents stating that they were aware of the CCT payment amounts. In the September quarter however, this awareness decreased to 59% having

knowledge of the CCT amounts to be received. Though, a noteworthy observation emerged within this group of PLWs who claimed to know the payment amounts - 32% of them were not aware of the exact CCT amount.

Among the PLWs surveyed in Sept 2023 quarter, 78% reported receiving the payment under the H&N CCT program compared to 47% in June quarter and 27% in March 2023 hence indicating that the payment disbursement process is improving. District wise breakdown of the beneficiaries who received payment is given in table 27 below.

Table 27: *PLWs who received payments district & quarter wise*

District	*March'23(Proportion)*	*June'23(Proportion)*	*Sept'23 (Proportion)*
Bahawalnagar	11%	33%	65%
Bahawalpur	0%	38%	91%
Bhakkar	40%	19%	74%
DG Khan	62%	68%	82%
Khushab	6%	72%	86%
Layyah	0%	33%	50%
Lodhran	17%	33%	87%
Mianwali	33%	49%	74%
Muzaffargarh	39%	49%	74%
Rahim Yar Khan	42%	41%	74%
Rajanpur	42%	88%	90%

According to the table 28, it is evident that the proportion of PLWs who received payments has increased significantly in several districts. For example, in Bahawalpur, the proportion of PLWs who received payments increased from 0% in March to 38% in June and further to 91% in Sept 2023. Similar improvements can be observed in other districts such as Rajanpur, Lodhran, Khushab etc. Though, it is concerning that still 50% of the beneficiaries in Layyah are experiencing payment delays.

Payment delays

Based on those who received payments, 80% of the beneficiaries expressed that they received their latest payment without any delay under the program as compared to 78% in the previous quarter. This indicates that majority received the payments without any delay or within a week. The breakup of PLWs who received the payments with delays (20%) are as follows in table 28:

Table 28: *Delays in receiving payments*

Time Period	Count	Proportion
6-15 Days	1	2%
16- 30 Days	4	7%
31- 60 Days	5	8%
61- 90 Days	13	22%
More than 90 Days	37	62%

The table 28 highlights the increasing severity of delays in receiving payments, with a substantial proportion of beneficiaries experiencing significant delays of 61-90 days or more than 90 days. Addressing these delays and ensuring timely and efficient payment disbursement should be a priority to improve the overall effectiveness and impact of the program.

Payment Deductions made by Branchless Banking Agents

In the September quarter, 39% of the beneficiaries reported that deductions were made by the branchless banking agents though during our spot checks, we observed that 11% of the BB Agents made deductions. Nonetheless, the reported deduction by the beneficiaries is slightly more that the June 2023 quarter whereby 37% reporting deductions and in March 2023 quarter, where 50% of PLWs reported deductions. Though there is an overall decrease in proportion of deduction since March however, addressing the issue of deductions made by agents is still required. Breakdown of the deductions reported by PLWs in Sept 2023 quarter district wise, are given in table 29.

Table 29: *Number of beneficiaries who reported payment deduction*

District	March'23		June'23		Sept'23	
	Count	Proportion	Count	Proportion	Count	Proportion
Bahawalnagar	2	29%	3	20%	2	12%
Bahawalpur	0	0%	3	20%	13	43%
Bhakkar	5	16%	1	14%	0	0%
DG Khan	34	74%	17	68%	21	78%
Khushab	0	0%	0	0%	0	0%
Layyah	0	0%	11	85%	13	76%
Lodhran	8	62%	0	0%	8	24%
Mianwali	2	9%	1	6%	1	4%
Muzaffargarh	14	50%	2	11%	6	21%
Rahim Yar Khan	26	79%	11	58%	16	64%
Rajanpur	21	66%	28	74%	35	97%
Total	**112**	-	**77**	-	**115**	-

- **It has also been noted that DG Khan, Rahim Yar Khan, Layyah and Rajanpur are the districts with the highest response rates in terms of PLWs reporting deductions** which is also consistent with the previous quarter where beneficiaries in these districts reported the most payment deductions.
- As beneficiaries in **Rajanpur reported the most deductions (97%), our spot checks also validate this finding** as we observed the deductions being made the most in Rajanpur. Though, the only other district where deductions were seen was Lodhran. It is possible that BB agents being aware of being observed, refrained from deducting any amount in other districts.

Nevertheless, beneficiaries in Khushab reported no payment deductions over the three quarters however, these deductions have increased relatively in many districts since previous quarter and require immediate attention. Table 30 shows results of deductions made over the quarters where the proportion of deductions of more than PKR 300 have decreased since last quarter.

Table 30: *Deducted amount by the BBAs according to PLWs*

Deducted amount	Mar'23	June'23	Sept'23
PKR 1 to 100 (proportion of beneficiaries)	40%	36%	41%
PKR 101 to 300 (proportion of beneficiaries)	40%	36%	37%
More than PKR 300 (proportion of beneficiaries)	20%	27%	22%

Majority i.e., 90% PLWs expressed satisfaction with the payment process mechanism in the H&N CCT program as compared to previous quarters' 83% beneficiaries, indicating its effectiveness in delivering financial support. However, the presence of delays in payment disbursement and deductions made by agents highlight areas that require attention and improvement.

Grievances Redressal Mechanism

We have been informed that the Grievance Redressal Mechanism (GRM) for PHCIP is developed and PLWs of the program are advised to report any grievance related to the program at the PSPA GRM number 1221 or they may also send written complaints to the PSPA field and head offices. Through this mechanism the program beneficiaries (PLWs) can initiate complaints regarding any aspect of the program. Accordingly, the beneficiary feedback tool incorporated questions regarding beneficiary awareness of the existing GRM and potential complaints escalated by the PLWs using this mechanism.

***Table 31:** Quarter wise comparison of GRM feedback*

GRM	*Mar'23*	*June'23*	*Sept'23*
Informed about process of registering complaint (proportion)	4%	6%	6%
Registered Complaint (count)	6	7	13
Complaints resolved (count)	0	0	0

An analysis of the GRM feedback across different quarters as shown in table 31 reveals important findings.

- In the Sept '23 quarter, **only 6% of the surveyed PLWs were informed about the process of registering complaints,** a proportion consistent with the previous June '23 quarter. Among this small percentage, the majority (65%) reported being informed about the complaint launching mechanism by their LHVs or LHWs, a higher percentage compared to the previous quarter. The remaining 35% gained knowledge through print materials or IEC materials. This indicates that there is still a need to increase awareness and communication regarding the complaint registration process.
- **Thirteen PLWs reported registering complaints in the Sept '23 quarter, all of which were related to payment issues.** Interestingly, **none of the PLWs utilized the PSPA helpline** for complaint registration and relied solely on the assistance of the health staff, primarily LHVs. This suggests that there may be a need to further promote and encourage the use of the helpline as an alternative channel for complaint registration. While PLWs expressed satisfaction with the process of registering complaints, there was dissatisfaction with the resolution process. Despite registering complaints, none of the PLWs reported having their grievances resolved. This underscores the importance of improving the efficiency and timeliness of the resolution process to address the concerns of PLWs promptly.
- Additionally, insights from KIIs revealed that LHVs who receive complaints typically listen to them verbally or share them within their group, but the complaints are not properly registered or resolved. Furthermore, our spot check also highlighted that EMR is not used to register complaints in many health facilities thus the non-resolution of complaints. This highlights the need for improved oversight and implementation of the GRM system to ensure that complaints are adequately addressed. Efforts should be made to increase awareness and utilization of the PSPA helpline and prioritize timely resolution of complaints to better serve the concerns of PLWs.

6.1 SUPPLY SIDE PERSPECTIVE – INTERVIEWS WITH HEALTHCARE STAFF

"Key informants" are individuals who—by virtue of their profession or community role—are experts in some aspect of the systems under consideration and/or well positioned to speak about specific touch points or the experiences of particular groups. These can be relevant system experts, government officials, community leaders, members of civil society, employees of ID or civil registration agencies (e.g., enrollment officers), and employees of service providers that are part of the ecosystem (e.g., mobile operators, banks). Interviews with these individuals are specialized to ask focused questions tapping into the "key" information each can provide by virtue of his or her professional or community position.

EYFR conducted such Key Informant Interviews (KIIs) with key stakeholders involved in the implementation of the AAGHOSH program. These included the Medical Officer, Lady Health Visitor (LHV) and Lady health Worker (LHW). These stakeholders have key roles to play in the various activities that constitute the implementation of the AAGHOSH program including beneficiary enrolment, antenatal checkups, safe delivery and child vaccination. Therefore, their understanding of the overall program, perspective on issues faced in implementation as well as their own concerns were elicited through separately developed survey tools, completed during the KII. The results are analyzed, and key findings presented.

Note: This section is based on interviews conducted with healthcare staff including Medical Officers, LHVs and LHWs. The results are presented below.

The working experience of the surveyed Key Informants was diverse, encompassing various roles. This range of experiences provided valuable insights into a wide spectrum of perspectives, contributing to a comprehensive understanding of the subject matter. The breakdown of working experience of the surveyed Key Informants was as follows.

Table 32: *Years of Experience of Health Staff at Health Facilities*

Experience in Years	LHV		LHW		MO	
	Number	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*
Less than 5	52	49%	2	2%	67	68%
5 - 10	38	36%	3	3%	24	24%
11 - 20	16	15%	63	66%	7	7%
More than 20	1	1%	28	29%	0	0%
Total	**107**	**100%**	**96**	**100%**	**98**	**100%**

All health staff, including MOs, LHVs, and LHWs, displayed a consistent and strong understanding of their job responsibilities. MOs primarily saw themselves as medical experts, conducting thorough examinations and potentially overseeing administrative tasks. LHVs were clear that their duties encompassed providing Antenatal and Prenatal Care, as well as registering PLWs through the EMR system. LHWs described their role as field workers, actively involved in door-to-door awareness campaigns and responsible for PLW registrations and administering vaccinations and medicines.

Good Awareness of H&N CCT (AAGOSH) Program Among Healthcare Staff

About awareness of the H&N CCT AAGOSH Program, among the Medical Officers (MOs), a resounding 100% affirmed their familiarity with the AAGOSH Program. Similarly, the Lady Health Visitors (LHVs) demonstrated in depth knowledge, with each participant responding with

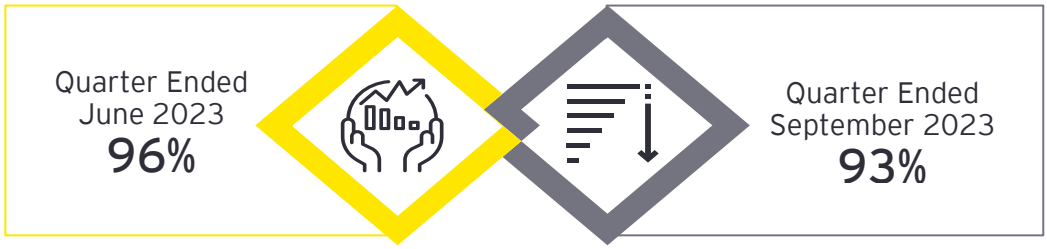
a confident "Yes, I know all about the program." Front-facing staff, represented by Lady Health Workers (LHWs), displayed level of awareness as well. An overwhelming majority of the 100% LHWs interviewed displayed a clear grasp of the program's essentials, including its eligibility criteria.

Positive Behavior of LHVs Towards PLWs

In our endeavor to assess the conduct of Lady Health Visitors (LHVs), a distinct approach was undertaken by soliciting feedback from their subordinates, specifically the Lady Health Workers (LHWs), regarding the behavior LHVs exhibit towards PLWs.

The behavior of LHVs towards PLWs is consistently positive over the span of previous quarter where 98 (96%) out of 102 of the interviewed LHWs affirmed that behavior is positive whereas in September quarter, 89 out of 96 (93%) affirmed the positive behavior.

Figure# **7 (Behaviour of LHVs Towards PLWs)**



However, the remaining 7% (7 out of 96) of LHW respondents shared a contrasting perspective. They indicated that instances of less favorable behavior occur, particularly in circumstances where health facilities become overcrowded or when PLWs interactions may become bothersome. In one instance LHW reported that the behavior is only good when she takes the patient with her to the LHV otherwise the patients report rude behavior if they go alone. This finding highlights the potential challenges LHVs face in managing demanding situations, occasionally leading to less favorable interactions.

Key Challenges faced by healthcare staff (MOs/LHVs/LHWs)

In the previous quarter, some of the key challenges faced by the healthcare staff were communication challenges due to language barriers (accounted for by 23% of LHWs and 30% of LHVs), frustration due to payment delays and challenges in explaining basic concepts to PLWs, such as payment-related queries and program participation eligibility criteria, due to their lack of awareness. In this quarter, LHVs, LHWs and MOs highlighted similar challenges which are consistent with the previous quarter hence indicating that these issues are prevalent and require attention or they will continue to persevere and hinder the program objectives. Table 33 below shows the challenges and proportion of health staff who highlighted them in the KIIs.

Table 33: *Issues/Challenges faced by health staff when interacting with Beneficiaries*

Issues/Challenges	*MOs (count)*	*LHV (count)*	*LHW (count)*	*Total*
Payment related queries/complaints	6	5	22	33 (11%)
Language Barrier	10	5	0	15 (5%)
Beneficiaries' lack of education/program awareness	16	1	2	19 (6%)
Non-Beneficiaries force to enroll themselves	5	3	3	11 (4%)

Table 33: Issues/Challenges faced by health staff when interacting with Beneficiaries

Issues/Challenges	MOs (count)	LHV (count)	LHW (count)	Total
Beneficiary do not bring CNIC	0	6	0	6 (2%)
Lack of trust on health staff of beneficiaries	3	0	0	3 (1%)
Total	40 (41%)	20 (19%)	27 (28%)	87 (29%)

- Among the highlighted issues, health staff faces difficulties when the beneficiaries who are not receiving payments confront the staff. As a result, these beneficiaries do not listen to the LHWs and consequently fail to understand whatever the health staff tries to teach them.
- Secondly, language barrier has been consistent with the previous quarter where it becomes difficult to explain to the beneficiaries who understand a different language.
- Thirdly, as beneficiaries are mostly uneducated, it is difficult to explain the program to them and several repetitions are required.
- Moreover, when non eligible pregnant beneficiaries see the AAGHOSH program offering payment incentives, they confront the staff to enroll them as well. This becomes tiresome as the beneficiaries do not understand the program eligibility as explained by the staff.
- Other issues include unavailability of the required documents of PLWs has surfaced as another notable issue where the PLWs either lack proper identification cards or possess incomplete family tree information.
- Lastly, some beneficiaries according to MOs do not trust the staff expertise on recommending medicines and treatment and ask the MOs to give them their desired medicine.

Operability Issues of the Electronic Medical Record (EMR)

34% (36 out of 107) LHVs and 72% (71 out of 98) MOs reported various problems with the EMR system. Though in the previous quarter, 52% LHVs and 77% of MOs reported problem, the number of issues faced by LHVs has improved as many did not report any problem. However, the most common problem reported previously was the internet connectivity and application/server issues along with lack of an option to edit registration requests and subsequently, in this quarter, the major issues reported remained the same with few other noted as well. Table 34 lists down the issues.

Table 34: Issues/Challenges with operating EMR

Issues/Challenges	MOs		LHV	
	Jun' 23	Sep' 23	Jun' 23	Sep' 23
Application / Server problem	14 (20%)	25 (35%)	7 (14%)	10 (28%)
Internet/ Connectivity Issues	33(46%)	39 (55%)	25 (51%)	14 (39%)
Both Internet and Application / Server Issue	17 (24%)	6 (8%)	12 (24%)	6 (17%)
Inability to make changes in EMR	7 (10%)	-	5 (10%)	-
Extra work/Time consuming	-	1 (1%)	-	6 (17%)
Total	**71 (100%)**	**79 (100%)**	**49 (100%)**	**36 (100%)**

According to the table 34,

- The most common issues reported by both MOs and LHVs are application and network issues. They express that due to weak internet connectivity, the application does not work and crashes. As a result, beneficiaries do not wait and sometimes it leads to overcrowding.
- In other instances, the beneficiary data is not visible on the application as well which becomes a problem to verify and enter data for the beneficiary.
- Other issues include that the application is updated every few days which makes it difficult to operate and navigate.
- Few MOs and LHVs believe that operating EMR is challenging and time consuming which can only be catered to if the connectivity issue is resolved. Some suggest enabling EMR to work offline will improve the efficiency and ease of operating the system.

Key challenges faced by PLWs/Beneficiaries according to Healthcare Staff

In the previous June'23 quarter, several issues were highlighted that the beneficiaries have to encounter when they visit the health facilities. These included unavailability of transport and long distances, delay in payments to beneficiaries etc. In this quarter, it was revealed that these issues are still prevalent along with some additional ones as reported by the health staff. Table 35 lists down the issues as expressed by health staff that the beneficiaries face.

Table 35: *Challenges/Issues faced by PLWs according to Health staff*

Issues/Challenges	MOs (Count)	LHV (Count)
Non-availability of public transport and cost to travel	23	28
Lack of medicine supply and required facilities (ultrasound etc.)	16	13
Increased waiting time due to EMR issues	10	9
Payment related Issues	-	4

According to the table above:

- The accessibility of health facilities and the means of transportation are pivotal considerations in shaping healthcare interventions for the target population. Within Key Informant Interviews (KII), insights have emerged from various perspectives. Among Medical Officers (MOs), 24% (23 out of 95) have underscored that PLWs encounter challenges in reaching health facilities due to long distances. Similarly, 26% (28 out of 107) of Lady Health Visitors (LHVs) have echoed this concern, emphasizing that the distance to health facilities poses difficulties for PLWs. These challenges stem from both the considerable distance to health facilities and the non-availability of personal or public transportation options
- Lack of medicine supply and required facilities, such as ultrasound machines, were reported by 16 MOs and 13 LHVs. This highlights the importance of ensuring adequate availability of essential medicines and medical equipment to meet the needs of beneficiaries.
- Issues related to increased waiting time and overcrowding were reported by 10 MOs and 9 LHVs. This crowdedness is due to the operability issues of EMR due to internet connectivity issues. This suggests the need for strategies to manage patient flow and improve efficiency in health facility operations by solving the operability issues of EMR.
- 4% (4 out of 107) LHVs reported the delays in receiving CCT payments which created numerous hurdles in registering new PLWs, getting the beneficiaries to visit the health facility for their routine checkups, and communicating with the PLWs as they tend to resort to rude behavior when their payments do not go through.

Overall, addressing transportation barriers, enhancing medicine supply and required facilities, managing waiting times, and addressing payment issues are important considerations for improving healthcare services and ensuring better health outcomes for beneficiaries.

Addressing Enrolment Issues for Improved Participation in the AAGHOSH Program

LHVs were inquired what issues beneficiaries face when they enroll for the AAGHOSH program. In the previous quarter, unavailability of CNICs and incorrect mobile numbers along with lack of updated family tree records were the prominent issues. In this quarter, these issues remain significant and consistent which highlight the need to spread program awareness regarding its requirements. Table 36 below lists down the issues.

Table 36: *Issues/Challenges with enrolment into AAGHOSH (Multiple Answer Allowed)*

Issues/Challenges	Jun' 23	Sep' 23
Name not in EMR for registration	53 (50%)	66 (47%)
Family tree is not updated	33 (31%)	48 (34%)
CNIC and mobile number unavailable	20 (19%)	27 (19%)

Analysis of the issues and challenges with enrolment into the AAGHOSH program reveals several key findings. The most prominent issue reported by LHVs is that beneficiaries name is not listed in the Electronic Medical Record (EMR) for registration, accounting for 47% of the cases. Another significant challenge reported by 34% of LHVs is the need to update family tree information, indicating the importance of accurate and up-to-date documentation for program participation. Additionally, 19% of LHVs faced challenges due to unavailability or lack of CNIC and correct mobile numbers, which are essential for identification and enrollment purposes. These findings highlight the need for improved data management systems, streamlined documentation processes, and effective communication during the enrolment process to ensure smooth and efficient participation in the AAGHOSH program.

Addressing Key Challenges for Health Facility Provision

Improving provision of health facilities is crucial for enhancing healthcare services. In the previous quarter, around 64% of LHVs and 61% of MOs expressed satisfaction with the current health services, while others believed that there is room for improvement. Key requirements identified included the need for an ultrasound machine, additional staff dedicated to the program, and facility upgrades such as the construction of an operation theater, labor room, and laboratory. Shortage of staff was also cited as a challenge.

However, in this quarter, 95% of the LHVs and 81% of MOs expressed satisfaction with the upgradation of the health facilities. Others cited concerns over the same matters as previously identified in the June quarter. Shortage of staff was the most highlighted by MOs followed by lack of ultrasound machines, medicine, and internet availability. For the LHVs, most emphasis was given on the requirement of medical equipment and supplies especially ultrasound machine in BHUs followed by equipping facilities with free and working Wi-Fi. Table 37 lists down all the improvements required in health facilities for its better provision. Addressing these issues is vital to ensure better access and quality healthcare for PLWs.

Table 37: *Requirements in Health facilities*

Major requirements	*MOs (Count)*	*LHVs (Count)*
Improving Infrastructure (walls and cleanliness)	1	2
Increase Medicine availability and Supply	2	-

Table 37: Requirements in Health facilities

Major requirements	MOs (Count)	LHVs (Count)
Need for more Staff	12	4
Medical Equipment (Ultrasound, cylinders, medicines, AC)	11	27
Wi-Fi	2	7
Labs	-	4

Suggestions by Medical Support Staff for improvement in training (LHVs/LHWs)

To ensure the effective implementation of the program, all Lady Health Visitors (LHVs) have reported undergoing comprehensive training on the Electronic Medical Record (EMR) system. This training equips them with the necessary skills to proficiently navigate and utilize the EMR system, resulting in accurate registration and management of PLWs' health records. Additionally, Lady Health Workers (LHWs) have undergone training tailored to their specific roles and duties within the program which ensures that LHWs are well-prepared to fulfill responsibilities such as conducting awareness campaigns, registering PLWs, and administering vaccinations and medications. Overall, the medical support staff expressed satisfaction with the training, although some LHWs and LHVs provided suggestions for further improvement as listed in table 38.

Table 38: Suggestions to improve the training of health staff

Suggestions	LHV	LHW
Add additional topics like family planning, medicinal knowledge in the training	19%	8%
Provide revisions and refresher trainings	21%	26%
Provide training for using new technology	4%	10%

According to the table above:

- Regarding additional topics in training, 19% of LHVs and 8% of LHWs suggested the inclusion of family planning, medicinal knowledge etc. This indicates a desire for a more comprehensive training curriculum that covers a wider range of healthcare topics beyond the current focus.
- In terms of revisions and refresher trainings, 21% of LHVs and 26% of LHWs recommended providing these to the medical support staff. This suggests a need for ongoing learning and updates to ensure that LHVs and LHWs stay updated on the latest practices and continue to enhance their skills.
- A smaller percentage of respondents, 4% of LHVs and 10% of LHWs, suggested providing training specifically for using new technologies. This highlights the importance of staying abreast of technological advancements in healthcare and ensuring that the staff is adequately trained to utilize such tools effectively.

Overall, the suggestions provided by LHVs and LHWs indicate a desire for continuous professional development opportunities through the inclusion of additional topics, revisions, refresher trainings, and training on new technologies. Implementing these suggestions can contribute to the ongoing improvement of the training programs offered to medical support staff.

Grievance Redressal Mechanism (GRM)

The Program Operation Manual (POM) outlines a comprehensive Grievance Redressal Mechanism, designating GRM Focal Persons at primary healthcare facilities. However, our spot checks revealed that in 78% of the health facilities, there was no focal person available to register complaints as compared to previous quarters 68% of the health facilities. Furthermore, during Key Informant Interviews (KIIs), it was revealed that only 65 out of 107 (61%) LHVs acknowledged it as their responsibility to register PLWs complaints which has improved since previous quarter where 61 out of 109 (56%) LHVs acknowledged it. Table 39 provides the responses for who is responsible to register complaints.

Table 39: *Responsible for registering Complaints according to LHVs*

Responsibility to register complaint	*Count*	*Proportion*
LHVs	65	61%
No one is registering complaints	30	28%
Complaint Box	5	5%
Helpline	5	5%
Medical Officer (MO)	2	2%
Total	**107**	**100%**

It is evident that there is lack of awareness of who should register complaints of the beneficiaries. Majority indicate that no one does whereas a few LHVs pointed to a complaint box, helpline number or the medical officer. Furthermore, **50% (53 out of 107) LHVs said they received beneficiary complaint for AAGHOSH however, according to them, these complaints were not registered electronically rather, they were verbally considered or either shared within a group of PHCIP members or AAGHOSH team.** When asked if they followed up on these complaints, merely 19 out of 53 LHVs said they did. The rest expressed that either no one follows up on the complaint or they verbally listen to them or share within their group to be followed up by the MOs. Lack of awareness regarding the responsibility to register complaint by the LHVs is one of the reasons why the GRM process is not implemented effectively. It is critical to make them aware of the importance of registering and following up on complaints.

Chapter 4: Recommendations and Conclusions

The operations review activity of the AAGOSH Health and Nutrition Conditional Cash Transfer (CCT) program has offered valuable insights into different facets of the program's implementation and its influence on the target population. The report highlights program accomplishments, such as the majority of beneficiaries expressing satisfaction with healthcare services, while also pinpointing areas necessitating improvements. These findings can serve as a compass for the program team, aiding in the refinement of their strategies and the mitigation of identified challenges. By effectively addressing these challenges and leveraging the program's strengths, its overall effectiveness can be augmented, ensuring it continues to have a positive impact on the health and well-being of the beneficiaries it serves.

Some key considerations in this regard are below.

- **Internet Connectivity posed to be a significant hindrance**, whether it was enrollment or payment disbursement by branchless banking agents. Surveyed health facilities in every district except Layyah and few in Lodhran, reported this major concern. Health staff suggests making EMR accessible offline to counter the issues of enrollment though, to overcome this, a strategic solution involves substantial investment in robust internet infrastructure. Additionally, exploring alternative connectivity solutions such as mobile networks and providing targeted staff training to troubleshoot connectivity issues will contribute to a smoother enrollment and disbursement process.
- The **lack of ultrasound facilities is a significant obstacle** within the AAGHOSH program, as beneficiaries hesitate to seek healthcare services when this essential diagnostic tool is unavailable. Both health staff and beneficiaries have emphasized the importance of having access to ultrasound services. Without this facility in many health facilities, the purpose of prenatal visits deteriorates and overshadows the program objective. The issue can only be addressed by the procurement and installation of ultrasound machines. Additionally, comprehensive training should be provided to the staff to ensure their proficiency in operating these machines effectively.
- The implementation and **effectiveness of the Grievance Redress Mechanism (GRM) within the AAGHOSH program has been identified as a potential issue**. One major aspect that impacts the effectiveness is the absence of designated individuals for complaint registration and Lady Health Visitors (LHVs) who are present only verbally listening to the complaints. To address this challenge, it is recommended to appoint GRM focal persons in each facility. Additionally, conducting awareness sessions to educate stakeholders on the complaint process and establishing a centralized system for tracking and resolving grievances in a timely manner will enhance the efficiency of the GRM and ensure that beneficiary complaints are properly addressed.
- There has been an **observed increase in payment deductions**. To address these challenges, it is important to focus on targeted efforts in districts where BBAs are deducting payments, as lack of commission could be a significant motivating factor behind these deductions. By taking proactive measures, the program can improve the functionality and reliability of the BBA system, ensuring fair and accurate payments to beneficiaries.

- One of the recurrent challenges that the health staff and branchless banking agents face during enrolment and payment disbursement is the fact that beneficiaries do not carry their CNIC or mobile numbers with them. As a crucial hindrance to enrolment registration and payment delays, efforts to spread awareness and importance of these required documents is needed. Moreover, awareness and education on the update of family trees is required as well.

Following improvement opportunities were noted for the overall improvement and effectiveness of the program.

- The challenge of beneficiaries being unable to read messages hinders effective communication. To bridge this gap, it is recommended to introduce recorded audio calls for beneficiaries who face literacy challenges. This practical solution ensures that essential information is effectively communicated, overcoming barriers, and facilitating better program engagement.
- Expanding program reach which is not only confined to BISP beneficiaries can ensure more inclusivity and accessibility to beneficiaries who are also relevant for the program. Evaluating the feasibility of expanding the program to non-BISP beneficiaries, addressing language barriers, and proactively resolving payment-related concerns are key components of a solution that aims for a more inclusive and impactful approach.

Annexures

Annexure A - (Lacking a boundary wall in Health Facilities)

Sr. No	Name of Heath Facility	Tehsil	District
1	BHU kalia shah	Chistiyan	Bahawalnagar
2	BHU Muhammad pur snsara	Minchinabad	Bahawalnagar
3	BHU 183 Murad	Hasilpur	Bahawalpur
4	BHU sial	Bhakkar	Bhakkar
5	BHU jahan wala	Kalorkot	Bhakkar
6	BHU gohar wala	Mankera	Bhakkar
7	BHU Chack Nau Abad	DG Khan	DG khan
8	BHU Jhok Bodo	Tounsa	DG khan
9	BHU Talk pur	Kot chutta	DG khan
10	BHU Tola bangi khel	Essa khel	Mianwali
11	BHU Bahishti	Raheem yar Khan	Rahim Yar khan
12	BHU thakal Arian	Khanpur	Rahim Yar khan
13	BHU Allah jawaya lar	Liaquat pur	Rahim Yar khan

Note: Following is the picture evidence of Health facility where a boundary wall is lacking.

BHU Chack Nau Abad - DG Khan

BHU Muhammad pur sansara - Bahawalnagar

Annexure – B (Boundary wall not well maintained or in a state of disrepair)

Sr. No	Name of Heath Facility	Tehsil	District
1	56MB BHU	Khushab	Khushab
2	BHU ochala	Khushab	Khushab
3	Bhu nawan kot	Choubra	Layyah
4	BHU Laddha bohar	Duniya pur	Lodhran
5	BHU jamrani wah	Kahror paccka	Lodhran
6	BHU jhuggi wala	Jatoi	Muzaffargarh
7	BHU Langarsaray	Muzaffargarh	Muzaffargarh

Note: Following is the picture evidence of Health facility where the boundary wall is of poor condition or not well maintained.

BHU Laddha bohar – Lodhran

BHU jamrani wah – Lodhran

Annexure – C (Cleanliness Discrepancies of Health Facilities)

Sr. No	Name of Heath Facility	Tehsil	District
1	Bhu hatheji	Ahmed Pur	Bahawalpur

Note: Following is the picture evidence of Health facility in Bahawalpur with poor cleanliness condition or discrepancy.

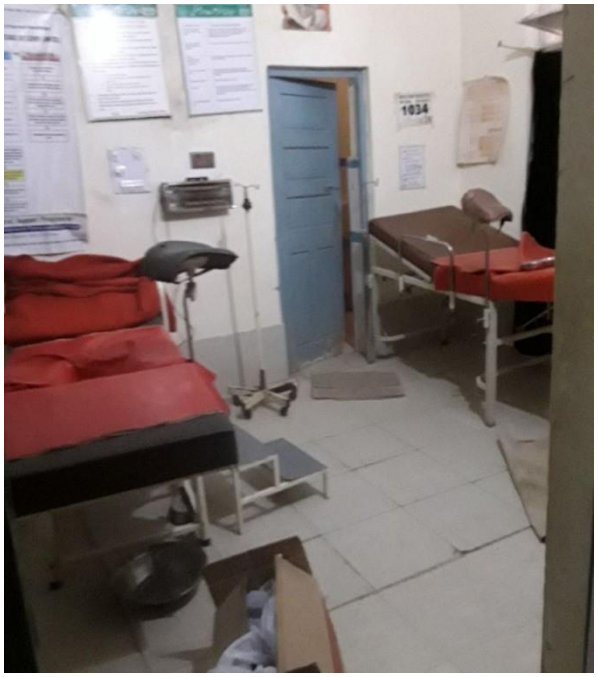
BHU Hatheji – Bahawalpur

Annexure – D (Cleanliness Discrepancies of Labor and Wardroom)

Sr. No	Name of Heath Facility	Tehsil	District	Remarks
1	Mari shoq ilahi	Chistiyan	Bahawalnagar	Labor Room in poor cleanliness condition
2	Bhu mongheran shreef	Chistiyan	Bahawalnagar	Labor Room in poor cleanliness condition
3	Rhc khuichi wala	Fortabbas	Bahawalnagar	Labor Room in poor cleanliness condition
4	Bhu bahawalpur Ghalwan	Ahmadpur	Bahawalpur	Labor Room in poor cleanliness condition
5	Mor jhangi	Tounsa	DG khan	Labor Room in poor cleanliness condition
6	Bhu Noor sar	Bahawalnagar	Bahawalnagar	Wardroom in poor cleanliness condition
7	Momori	DG Khan	DG khan	Wardroom in poor cleanliness condition
8	Bhu pilowains	Noor pur thal	Khushab	Wardroom in poor cleanliness condition
9	Bhu jamali blochan	Noor pur thal	Khushab	Wardroom in poor cleanliness condition
10	Bhu 22 mb	Q8dabad	Khushab	Wardroom in poor cleanliness condition
11	BHU Nari	Khushab	Khushab	Wardroom in poor cleanliness condition

Note: Following is the picture evidence of some Labor rooms in poor cleanliness condition in health facilities.

BHU Mari Shoq Ilahi – Bahawalnagar



BHU Mor Jhangi – DG Khan

Annexure – E (Health facilities lacked essential power backup systems)

Sr. No	Name of Heath Facility	Tehsil	District
1	Toba qlnder shah	Bahawalnagar	Bahawalnagar
2	Mari shoq ilahi	Chistiyan	Bahawalnagar
3	Bhu mongheran shreef	Chistiyan	Bahawalnagar
4	Bhu Mugabe ali	Bahawalnagar	Bahawalnagar
5	Bhu kot mkhdom	minchinabaad	Bahawalnagar
6	Rhc shaher fareed	Chistiyan	Bahawalnagar
7	Bhu 47/fateh	Chistiyan	Bahawalnagar
8	Rhc khuichi wala	Fortabbas	Bahawalnagar
9	215/9r	Fortabbas	Bahawalnagar
10	Bhu kot hemraj	Bahawalnagar	Bahawalnagar
11	Bhu bahawalpur Ghalwan	Ahmadpur	Bahawalpur
12	BHU ochala	Khushab	Khushab
13	BHU Ain wahin	Kahror paccka	Lodhran
14	BHU hamzy wali	Jatoi	Muzaffargarh
15	BHU khanpur baggage sher	Muzaffargarh	Muzaffargarh

Annexure – F (List of health facilities where EMR tablets was not available)

Sr. No	Name of Heath Facility	Tehsil	District
1	Bhu mongheran shreef	Chistiyan	Bahawalnagar
2	Bhu kot mkhdom	minchinabaad	Bahawalnagar
3	Bhu 47/fateh	Chistiyan	Bahawalnagar
4	Bhu moti pura	Minchnabad	Bahawalnagar
5	Bhu kot hemraj	Bahawalnagar	Bahawalnagar
6	Rhc qaimpur	Hasilpur	Bahawalpur
7	Bhu khuram pur	Ahmadpur	Bahawalpur
8	Bhu khairpur daha	Ahmadpur	Bahawalpur
9	RHC hadali	Khushab	Khushab
10	BHU sarki	Ali pur	Muzaffargarh
11	RHC Khangarh	Muzaffargarh	Muzaffargarh

Annexure – G (List of health facilities where internet connectivity was an issue)

Sr. No	Name of Heath Facility	Tehsil	District
1	Basic Health Unit, Toba Qalanadar Shah	Bahawalnagar	Bahawalnagar
2	Basic Health Unit, Kot Ahmad Yaar	Bahawalnagar	Bahawalnagar
3	Basic Health Unit, Noor Sar	Bahawalnagar	Bahawalnagar
4	Basic Health Unit, Lohar Wala	DG Khan	DG khan
5	Basic Health Unit, Bori Khel	Mianwali	Mianwali
6	Basic Health Unit, Chidru	Mianwali	Mianwali
7	Basic Health Unit, Mehtha Jhedu	Chistiyan	Bahawalnagar
8	Basic Health Unit, Kot Tahir	Jam pur	Rajanpur
9	Basic Health Unit, Sonak	Raheem yar Khan	Rahim Yar khan
10	Basic Health Unit, Hatheji	Ahmad pur east	Bahawalpur
11	Basic Health Unit, Khair pur Dah	Ahmad pur east	Bahawalpur
12	Basic Health Unit, Jaba 24/7	Noshera	Khushab
13	Basic Health Unit, Uchhala	Khushab	Khushab
14	Rural Health Center Nawan Kot	Khanpur	Rahim Yar khan

Annexure – H (List of health facilities where micro-nutrients supplies were not available)

Sr. No	Name of Heath Facility	Tehsil	District
1	BHU mongheran shreef	Chistiyan	Bahawalnagar
2	BHU Mugabe ali	Bahawalnagar	Bahawalnagar
3	BHU Muhammad pur snsara	Minchinabad	Bahawalnagar
4	BHU 215/9r	Fortabbas	Bahawalnagar
5	RHC qaimpur	Hasilpur	Bahawalpur
6	BHU janu wala	Ahmadpur	Bahawalpur
7	RHC Head rajkaan	Yazman	Bahawalpur
8	BHU sial	Bhakkar	Bhakkar
9	BHU kachi shani	Bhakkar	Bhakkar
10	BHU karlu wala	Mankera	Bhakkar
11	BHU bharanga	Darya Khan	Bhakkar
12	RHC Dulle wala	Darya Khan	Bhakkar
13	BHU Jhok Bodo	Tounsa	DG khan
14	BHU gole wali	Quaidabad	Khushab
15	BHU jahlar	Noshera	Khushab
16	BHU ochala	Khushab	Khushab
17	BHU 218tda	Karor	Layyah
18	BHU 75A tda	Karor	Layyah
19	BHU dinpur	Karor	Layyah
20	BHU Dabb blochan	Piplan	Mianwali
21	RHC Daud khel	Mianwali	Mianwali
22	BHU 4 db	Piplan	Mianwali
23	BHU Ganda	Essa khel	Mianwali
24	RHC Musa khel	Mianwali	Mianwali
25	BHU Jalal pur	Essa khel	Mianwali
26	BHU jhuggi wala	Jatoi	Muzaffargarh
27	BHU dammar wala	Jatoi	Muzaffargarh
28	RHC khair pur sadat	Ali pur	Muzaffargarh
29	BHU sarki	Ali pur	Muzaffargarh
30	BHU latti	Ali pur	Muzaffargarh
31	BHU Marian	Alipur	Muzaffargarh
32	BHU MONDKA	Muzaffargarh	Muzaffargarh
33	RHC Rajan pur khala	Raheem yar Khan	Rahim Yar khan
34	BHU kandani	Liaquat pur	Rahim Yar khan

Annexure – I (List of health facilities where contraceptive commodities were not available)

Sr. No	Name of Heath Facility	Tehsil	District
1	BHU mongheran shreef	Chistiyan	Bahawalnagar
2	BHU Mugabe ali	Bahawalnagar	Bahawalnagar
3	BHU kot hemraj	Bahawalnagar	Bahawalnagar
4	RHC qaimpur	Hasilpur	Bahawalpur
5	BHU janu wala	Ahmadpur	Bahawalpur
6	BHU shah pur	Layyah	Layyah
7	RHC 110 TDA	Karor	Layyah
8	BHU Ain wahin	Kahror paccka	Lodhran
9	BHU Dabb blochan	Piplan	Mianwali
10	RHC Daud khel	Mianwali	Mianwali
11	BHU Sultan khel	Essa khel	Mianwali
12	RHC Musa khel	Mianwali	Mianwali
13	BHU jhuggi wala	Jatoi	Muzaffargarh
14	RHC khair pur sadat	Ali pur	Muzaffargarh
15	BHU latti	Ali pur	Muzaffargarh
16	BHU Marian	Alipur	Muzaffargarh
17	BHU Dasti wala	Muzaffargarh	Muzaffargarh
18	BHU MONDKA	Muzaffargarh	Muzaffargarh
19	BHU kandani	Liaquat pur	Rahim Yar khan