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

The National Research Institute

Australian National University
A two-year journey

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

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The PESD (2002) and PEPE (2012) surveys

Primary schools and health clinics sampled in 2002 and 2012

- **Schools**
  - 2002: 150 matching, 50 non-matching
  - 2012: 175 matching, 25 non-matching

- **Health clinics**
  - 2002: 75 matching, 25 non-matching
  - 2012: 80 matching, 20 non-matching
The results!
Education
Strong growth in enrolments, turbo-charged by free education policies
Many more girls at school, but absenteeism also up.

Attendance and enrolment indicators (%)

- Share of girls in enrolments
- Grade 5 attendance rate
- Grade 5 missed more than 10 days in Term 3
- Most children in community attend school

Comparing 2002 and 2012 data.
Bigger schools

Classrooms, teachers and teacher houses

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

Comparison between 2002 and 2012
Better schools

Indicators of school quality (%)

Classrooms of permanent materials
Teachers' houses of permanent materials
Classrooms with teacher's table & chair
Year-round drinking water
Enough female toilets
Schools with electricity
Enough textbooks

2002
2012
Though lack of maintenance remains a major problem

![Bar chart showing the percentage of Classrooms and Teachers' houses requiring rebuilding and maintenance in 2002 and 2012.](chart.png)
Clear signs of overcrowding

Enrolled students per functioning classroom

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

The supervision of PNG’s primary schools (%)

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

2002 vs 2012
Solid community oversight

BoM and P&C indicators

2002 2012

BoM meetings BoM membership P&C meetings

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

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

School revenue per student (2012 Kina)

Total school revenue (2012 Kina)
Fewer patients are utilizing primary health care services.
Drug and medical supply availability has worsened

Percentage of clinics with basic drugs and medical supplies available

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

2002 vs 2012
No increase in staff

Health worker positions, working and present

- Positions
- Working
- Present

2002 vs 2012
Some troubling staff indicators

Health staff pay perspectives (%)

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

Number of years in position

- Average number of years in position: 9
Most clinics do not perform basic functions

Health clinics performing basic functions (%)

- Regular patrols (health centres only)
- Access to fuel (to pick up drugs)
- Ability to transfer patients
Most health clinics lack basic amenities

Percentage of clinics with basic facilities (%)

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

Clinic rooms and housing requiring rebuilding or maintenance (%)

- Clinic rooms
- Housing

Maintenance not undertaken in 2012 (%)

Needs rebuilding
Need maintenance

Clinic rooms
Housing
Facility-level budgeting is not working

Clinics which budget and receive funding in return (%)

- Budget prepared: 30%
- Budget submitted: 20%
- Budget approved: 10%
- Funding received: 0%
More clinics receive user fees than external support

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

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

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

Proportion of clinics being supervised and with VHCs (%)
Explanations
1. Financing: Funding and getting funds to the frontline is critical

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

Proportion of facilities receiving government support (%)

Average facility funding (2012, K)

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

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

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

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

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

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

- Teachers teaching

Percentage points
Wrapping up
The report in 10 key findings

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

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

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

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

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

• Budget for supervision has fallen over the last decade.
• BoMs need better access to financial records, especially when HTs leave (every 3 years).
• More teachers need to be hired.
• Address inflated subsidy bill and reduce absenteeism.
Recommendations: service delivery

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