

SEHAT SAHULAT CARD SCHEME

A model of pro-poor healthcare financing...

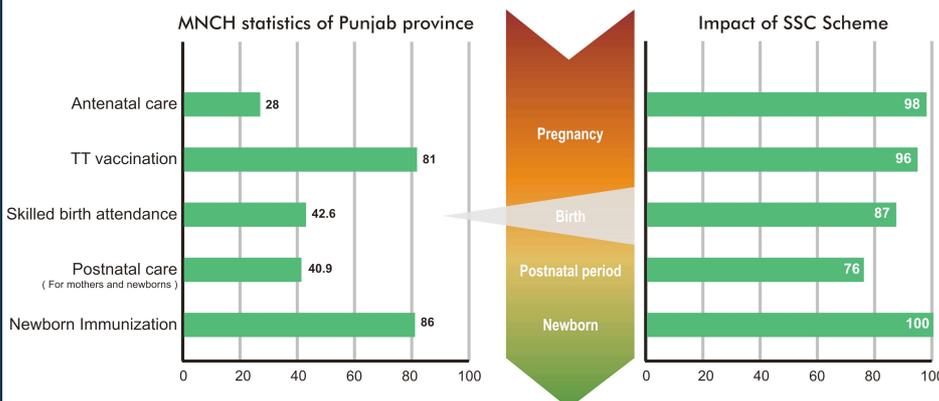
Poor mothers and children are undeserved along whole continuum of care because the poor are more likely to live in rural and remote areas with little access to healthcare services. Although public health services aim to make health care accessible and affordable for the poor and marginalized, but it has largely failed to do so. Barriers such as distance, transportation cost, problems with supplies of medicines and poor staff attitudes hold back mothers from seeking care in public sector hospitals, whereas high out of pocket payments in private sector health facilities have limited their access among the poor. These women are taken care by local TBAs who are unskillful to identify danger signs or to deal with complications arising during birth hence increasing risk of death for them. Such inequitable patterns of healthcare provision both reflect and entrench the social exclusion faced by the poorest and the most marginalized groups and help explain why maternal, neonatal and child mortality show marked socioeconomic variations.

SSC Scheme, an innovative model public private partnership, was implemented in

districts of Kasur and Rawalpindi as operational research to test out strategies that could bring improvements in the indicators of maternal and neonatal deaths. Given the limited resources and inefficiencies of the public sector, such PPPs were thought to be a straightforward solution to address the growing healthcare inefficiencies. Punjab Devolved Social Services Program initiated the whole process of building up this PPP model and acted as a catalyst between both parties. Contech International (private partners) contributed its share in the form of providing technical and management assistance for the scheme whereas district governments (public partners) provided financial resources for implementation of project activities and were also responsible for supervision of these activities. Private providers were selected for delivery of services. Pregnant mothers were enlisted through purposive sampling of the catchment area and final selection was made using a 'poverty index' that included income thresholds and social indicators of the households. SSC package included free antenatal care services, skilled birth attendance,

postnatal and newborn care by qualified medical personnel. Providing free transport, medicines and supplements to the beneficiaries enhanced their confidence and compliance. BCC was an integral part of this scheme and community awareness was enhanced through series of communication sessions with the beneficiaries.

SSC Scheme proved to diminish inequities in access to maternal and neonatal healthcare. It has made it possible to deliver health interventions to those that had often been forgotten or omitted. It also addressed the challenge of saving those households that are harmed by catastrophic healthcare payments through provision of free and quality MNCH services. The experiences and challenges faced during implementation of this scheme shall be helpful for upscaling this model. A third party evaluation of this project was conducted by Pakistan Economic Research Institute (PERI), P&D, Government of Punjab and their report has found the results of this intervention very promising and they have also recommended its upscaling to cover at least three districts before reaching whole of the province.



*Source: MICS Punjab 2009, DHS, other NS and project results



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