Social Health Protection Health Insurance Programme, Pakistan

(Ref No: BMZ 2009 66 168)

Progress Report (Jul to Dec 2020)

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List of Abbreviations

|  |  |
| --- | --- |
| ADB | Asian Development Bank |
| AKDN | Aga Khan Development Network |
| AKF | Aga Khan Foundation |
| ALOS | Average length of stay |
| COVID | Corona Virus Disease |
| BISP | Benazir Income Support Programme |
| DoH | Department of Health |
| EAD | Economic Affairs Division |
| FY | Financial Year |
| GB | Gilgit Baltistan |
| GoGB | Government of Gilgit Baltistan |
| GoKP | Government of Khyber Pakhtunkhwa |
| HDU | High-Dependency Unit |
| ICU | Intensive Care Unit |
| IMF | International Monetary Fund |
| JLI | Jubilee Life Insurance |
| KfW | Kreditanstalt für Wiederaufbau |
| KP | Khyber Pakhtunkhwa |
| LHW | Lady Health Worker |
| M&E | Monitoring & Evaluation |
| MIS | Management Information System |
| NO | No Objection |
| OD | Organisational Development |
| OPM | Oxford Policy Management |
| PPRP | Pakistan Preparedness and Response Plan |
| SHPI | Social Health Protection Initiative |
| SLIC | State Life Insurance Company |
| TA | Technical Assistance |
| UK | United Kingdom |
| UN | United Nations |
| WHO | World Health Organisation  |

# Financial Report

The following table depicts disbursement of funds in GB.

Table 1: Financial Position of Disbursements in GB (in Euros)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Premium | Separate Agreement | Contractual | Disbursed | Payable | Saving/ Excess |
| Year 1  | 83,550.00 | 78,693.00 | 74,327.00 | 0.00 | 9,223.00 |
| Year 2  | 79,152.00 | 59,232.00 | 59,232.00 | 0.00 | 19,920.00 |
| Year 3  | 74,756.00 | 63,430.00 | 44,135.00 | 0.00 | 30,621.00 |
| Year 4  | 70,358.00 | 59,020.00 | 44,756.00 | 0.00 | 25,602.00 |
| Year 5  | 65,961.00 | 55,331.00 | 0.00 | 41,959.00 | 24,002.00 |
| Total | 373,777.00 | 315,706.00 | 222,450.00 | 41,959.00 | 109,368.00 |
| Audit |
| Year 1  | 22,000.00 | 1,246.00 | 1,246.00 | 0.00 | 20,754.00 |
| Year 2  | 22,000.00 | 697.00 | 697.00 | 0.00 | 21303.00 |
| Year 3  | 22,000.00 | 697.00 | 697.00 | 0.00 | 21303.00 |
| Year 4  | 22,000.00 | 1,500.00 | 0.00 | 1,500.00 | 20,500.00 |
| Year 5  | 22,000.00 | 2,000.00 | 0.00 | 3,000.00 | 19,000.00 |
| Total | 110,000.00 | 6140.00 | 2640.00 | 4500.00 | 102860.00 |
| M&E |
| OPM | 90,000.00 | 338,623.00 | 160,333.00 | 0.00 | -70,333.00 |
| RSPN | 0.00 | 19,648.00 | 19,648.00 | 0.00 | -19,648.00 |
| RSPN | 0.00 | 24,976.00 | 24,976.00 | 0.00 | -24,976.00 |
| Total | 90,000.00 | 383,247.00 | 204,957.00 | 0.00 | -114,957.00 |
| OD | 300,000.00 | 240,624 | 240,624.00 | 0.00 | 59,376.00 |
| Contingency | 126,223.00 | 0.00 | 0.00 | 0.00 | 126,223.00 |
| Total | 1,000,000.00 | 947,323.00 | 669,277.00 | 46459.00 | 282870.00 |

The contract between the GoGB and AKDN Consortium for implementation of the scheme was signed in April 2015 for provision of services for a period of 5 years but actual provision of services started in August 2016. The provision of services under the contract was therefore to continue till July 2021. Premium for 4 years has already been disbursed. Withdrawal application for payment of premium for the 5th year was submitted to KfW on 11 December 2020, however disbursement of it is still awaited. Audit fee has been paid for 3 years. Auditor for years 4th and 5th has been selected and contract has been awarded to selected firm by PMU-GB. Payment to OPM has been made for the entire period of 5 years ending March 2020. After disbursement of all the funds related to the present activities there is a saving of Euros 0.282 million.

KfW asked OPM to suggest options for disbursement of this amount. But during KfW mission visit to Gilgit and meeting with the GB government officials an understanding was reached between GoGB and KfW that in Gilgit district the GB government will continue to provide both secondary and selective priority care services to population below 32.5 PMT with KfW funding. KfW agreed to allocate additional funds for the extended phase of SHPI in Gilgit Baltistan. A Separate Agreement (SA) in this regard was signed between KfW and Deportment of Health GB on 18 August 2019. According to this SA KfW committed to allocate Euro 2.6 million for the extended phase including piloting of coverage of Outpatient Services and funding the existing SHPI for two years in Gilgit district.

Based on this SA, DOH GB prepared a PC-1 for this extended phase of SHPI for a period of three years with enhanced population and benefit package. The population coverage will be increased from 16.17 to 32.5 PMT score and benefit package will include priority tertiary care. The cost of premium of IPD services (secondary and priority tertiary care hospitalisation) for this coverage during the initial two years will be co-financed by KfW and Government of GB and for last year all premium cost will be borne by the GB Government. PC-I for the extension is still pending approval of the Federal government.

## Organisational Development (OD) Funds

The entire amount of approved OD funds for both KP and GB has been disbursed.

### Gilgit Baltistan

During reporting period there was total spending of PKR 1,205,777 out of the OD fund on running cost of Social Mobilisation and Coordination.

The procurement process of consultancy services for three major components of OD Fund plan namely (a) preparation of a video documentary on SHPI in Gilgit, (b) carrying out a field assessment to document the key features of the health insurance and (c) development of Management Information System (MIS) for the SHP-Micro Health Insurance was completed. KfW has also granted ‘No Objection’ on procurement of the consultancy services. The contracts to consultants/firms are being awarded. The work on these assignments will be completed by end of April 2021.

The following table gives detail of funds received and expenditure made under OD fund.

|  |  |
| --- | --- |
| **Detail** | **Amount (PKR)** |
| **Total Committed Amount (KfW) (2017-2018):** | **29,970,000** |
| **AKDN Contribution (OD funds) (2016-2020)**  | **20,685,500** |
| **Total OD expenditure incurred to date:** | **27,052,973** |
|                        i.      From Programme funds: | 19,523,286 |
|                        ii.      From AKDN Consortium resources: | 7,529,687 |
| **OD expenditure during reporting period (Jul-Dec 2020):** | **1,205,777** |
| **OD funds allocated for next quarter (Jan-Mar 2021:** | **10,000,000** |

# Developments in Health Insurance Programmes in Pakistan, KP and GB

There are at least two government funded health insurance schemes in GB and three such schemes in KP.

Currently four schemes are being implemented in KP. One is federal scheme (in erstwhile FATA), whereas rest of the three schemes are funded by the Government of KP.

## Health Insurance Schemes funded by the GoKP

### Sehat Sahulat Programme (federal)

### Sehat Sahulat Programme (GoKP funded - Phase IV)

### Sehat Sahulat Programme (100% coverage)

## Health Insurance Schemes funded by the GoGB

### Federal Government funded Sehat Sahulat Programme

The Federal Government of Pakistan, in 2015, launched a health insurance scheme under the name of “National Health Programme” in 23 districts across four provinces, the Capital Territory of Islamabad, erstwhile Federally Administered Tribal Areas, Azad Jammu and Kashmir and Gilgit Baltistan. This scheme is managed by the Federal Programme Implementation Unit and planned to roll out to all districts of GB. However, upon request of Provincial Government, Gilgit district was excluded where the KfW supported programme is being implemented. By end of December 2020, a total of 70,771 families have been enrolled in this scheme in seven districts of GB against the target of 102,207 families as shown in the following table:

Table 2: Updated Enrolment Status of Sehat Sahulat Programme in GB

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.# | District Name | Total Eligible Families | Total Enrolled Families | Total Enrolled Members |
|  | ASTORE | 6,660 | 4,119 | 26,074 |
|  | BALTISTAN | 32,777 | 22,169 | 95,899 |
|  | DIAMIR | 24,697 | 17,340 | 66,663 |
|  | GHANCHE | 9,168 | 6,958 | 32,713 |
|  | GHIZER | 15,935 | 11,065 | 57,891 |
|  | GILGIT | 649 | 93 | 382 |
|  | HUNZA NAGAR | 12,321 | 9,027 | 45,533 |
|   | **TOTAL** | **102,207** | **70,771** | **325,155** |

The updated status of utilisation of services under this scheme is given in the table below:

Table 3: Updated Utilisation of Services under Sehat Sahulat Programme

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.# | Hospital Name | District | Total Patients | Discharged Patients |
|  | ABDULLAH HOSPITAL SKARDU | BALTISTAN | 1,022 | 1,021 |
|  | BALTISTAN SURGICAL AND MEDICAL COMPLEX SKARDU | BALTISTAN | 709 | 708 |
|  | DISTRICT HEAD QUARTER SKARDU | BALTISTAN | 1,105 | 1,102 |
|  | DOCTORS HOSPITAL SKARDU | BALTISTAN | 150 | 150 |
|  | CITY HOSPITAL GILGIT | GILGIT | 286 | 285 |
|  | DISTRICT HEAD QUARTER CHILAS | DIAMIR | 401 | 400 |

Furthermore, Sehat Sahulat Program has recently recruited a Deputy Director and M&E Officer for GB and they have been placed in PMU-GB for smooth implementation of the Project in GB.

### Government Employees Health and Life Insurance Scheme

In order to provide better health care facilities to the Government employees, GB Assembly has passed an act namely “The Gilgit-Baltistan Civil Servants Health and Life Insurance Act, 2019”, through which around 50,000 government employees and their entitled family members will be provided with Health and Life Insurance Coverage. For this purpose, an advertisement was published in newspapers. The bidding process has been cancelled due to technical reasons. Government of GB is planning to start re-bidding to select an insurance company for insurance of government Employees.

### Religious Clerics Health Insurance Scheme

Another health insurance scheme to provide health insurance coverage to the Imams/ Heads of all Mosques/ religious places of GB. The Government of GB has allocated PKR 65 million for this scheme in its Annual Development Programme. The PC-1 for this scheme will be prepared and after its approval, Request for Proposals will be floated later this year.

PART 2: Gilgit Baltistan

# Developments in Health Insurance Programmes in GB

The political government in Gilgit Baltistan completed its five-term in June 2020. New elections were held in November 2020 and Pakistan Tehreek e Insaaf (PTI) has formed the Government in Gilgit-Baltistan. Mr Khalid Khursheed has sworn in as new Chief Minister of Gilgit-Baltistan.

A presentation was given to the New Chief Minister on Social Health Protection Initiative. CM-GB took keen interest in SHPI and applauded the contribution of KfW towards Social Health Protection. CM-GB expressed his commitment for continuous collaboration with KfW.

## KfW funded Social Health Protection Initiative

Health is one the key indicator of human development in developing societies. In Pakistan around 30% of households live in poverty situation. In terms of poverty situation rural areas are in worst condition as compared to urban population. Gilgit Baltistan is one of the remotest and poverty-stricken area in northern Pakistan. Where a larger population is living below the poverty line and uncertainty, illness of a household head or an unforeseen event can put entire household into and endless cycle of debt. Entire families are then held hostage to a system in which they have little chance to recover. In this context, as a means to avert this hardship, Social Health Protection Initiative was launched in GB Government with financial assistance of KfW, Germany. After a competitive bidding process, the Aga Khan Development Network (AKDN) was awarded contract for implementation of the Micro Health Insurance scheme under SHPI by the Department of Health Gilgit Baltistan.

The objectives of Micro Health Insurance are aimed at strengthening a demand side approach through a low-cost health insurance product for the whole population, protecting the ultra-poor from out-of-pocket catastrophic health expenditures, improving health seeking behaviours of beneficiaries and general community and improving overall health status of the communities of the Gilgit district.

Under SHPI a Health Insurance scheme is being implemented that entails compulsory enrolment of 21% of the poorest families in programme district as per the Poverty Means Testing (PMT) scores maintained by Benazir Income Support Programme (BISP). The cut-off PMT score of poorest population of Gilgit district in existing scheme is 16.17. The premium of this population is paid by the Department of Health GB out of the programme funds created by KfW and Government of GB, the share of the latter is being scaled up annually from the initial 5% contribution as a step towards long term sustainability of the scheme.

In addition to increasing the contribution of Government of GB share in payment of premium, another important step taken in the design of the scheme for long term viability is mandatory enrolment of 29% population of the programme district amongst population with PMT scores of above the cut-off value over the life of the project. Considering that, two segments of population in Gilgit District are currently being insured for Health insurance under Social Health Protection Initiative:

* The poorest population group in the project area, whose premium will be paid by Department of Health GB out of the programme funds committed by German Government through KfW and Government of GB. Benazir Income Support Programme (BISP) data was used for enrolling the eligible households.
* The population (7567 HHs equivalent to 29%), obtaining the insurance voluntarily by paying insurance premium themselves from population in Gilgit district.

Aga Khan Development Network (AKDN) Consortium, comprising Aga Khan Foundation Pakistan, Aga Khan Rural Support Programme and Jubilee Life, is implementing the scheme of MHI in Gilgit District under a contract with DOH-GB for five years since August 2016.

The following table shows the updated status of population enrolled in this scheme in Gilgit district as of 31st December 2020.

Table 4: Enrolment of Beneficiary and Wider Populations

|  |
| --- |
| **Enrolment: Target vs. Achievement** |
|  **District Gilgit** | **Target** | **Achievement** | **Percentage Achieved** |
| **Households** | **Population** | **Households** | **Population** |
| **Insured from eligible population**  | 5480 | 38360 | 5340 | 35667 | 97% |
| **Insured from wider population** | 7567 | 52973 | 7701 | 37808 | 102% |

### Extension of Phase-I of SHPI in GB

Upon request of Government of GB and having a series of meetings with it, KfW agreed on extending the phase-1 of SHPI in Gilgit district. A Separate Agreement was signed on August 18, 2019 between KfW and Department of Health, Gilgit Baltistan on financial support for allocating financial resources for extension of Phase-I for two years i.e. from August 2021 to July 2023. During this extended phase tertiary level services will also be included in the benefit package of health insurance under SHPI in Gilgit district and coverage will also be extended to population living up to 32.5 PMT Score.

OPD services will also be piloted with KfW financial support during this extended phase. A new PC-1 was developed for implementation of the scheme for the extended period of three years. In this PC-1 the Government of GB committed allocation of additional funding from its own resources for paying 100% of premium of population below 32.5 PMT score during year-3 of the scheme. This PC-1, after approvals at GB level, was submitted to Planning Commission of Pakistan (PCP) for approval of Federal authorities. The Planning Commission raised a few queries on the PC-1, OPM worked with PMU-GB in responding to those queries.

A Pre-Central Development Working Party (CDWP) meeting was held in last week of July 2020 and Planning Commission decided to convene a joint meeting of SHPI and Federal Sehat Sahulat programme in Islamabad to develop a consensus on some of the features given in SHPI revised PC-1 during the second half of August 2020 before the CDWP meeting.

**The updated status of PC1 of the Phase-II** (Feb 2021): PCP asked two sectoral specialists for reviewing the PC-1 and both specialists have raised few more queries. PMU and OPM is currently working on addressing these queries. It is expected that the PC-1 will be presented in CDWP during second half of February 2021 for approval.

The PMU-GB expects that after approval of PC-1 and concluding tendering process, the services under the Extension Phase can be started from August 2021 after conclusion of Phase-1 contract.

# Enrolment of Eligible Beneficiaries in GB

## Programme Area and Population

The health insurance scheme under SHPI is being implemented in Gilgit district of GB. Gilgit district consists of 11 union councils and one Municipal Committee, spread over an area of 4,208 square kilometres with a population of 193,100, at the time of signing of contract in 2016. The census 2017 findings have not yet been released by the Government for GB.

Figure 1: Map of Gilgit District with its Union Councils



## Enrolment of Eligible Population

As per contract between DOH-GB and AKDN consortium, the unit of enrolment for insurance is ‘household’ with a maximum of ‘seven’ members. The total number of households in 21% of the poorest population in Gilgit district is 5,480. These households are termed as eligible household and their enrolment is mandatory for the project implementing organisation - AKDN. BISP data was used to identify and enrol eligible households using PMT scores; the cut-off value of the poorest 21% house is 16.17.

The insurance premium of these eligible households is being paid by DOH out the programme funds committed by KFW and Government of GB. AKDN used a multi-pronged strategy to reach and locate the households. AKRSP, being an organisation having extensive links with community-based forums like Village Organisations, Women Organisations and LSOs/CSOs, was tasked to locate and enrol eligible households and deliver insurance cards and MHI related awareness material. The following table shows the updated status of enrolment amongst eligible population in each union council against the set targets in the contract between DOH-GB and AKDN Consortium.

Table 5: Enrolment of Eligible Population by Union Council

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.# | Name of UC | Target # household | Achieved # household | PopulationCovered |
| 1 | Bagrote | 267 | 332 | 1660 |
| 2 | Chakarkote | 453 | 422 | 2110 |
| 3 | Damote | 1050 | 969 | 9690 |
| 4 | Daniyor | 362 | 302 | 2114 |
| 5 | Gilgit Municipal Area | 1182 | 1035 | 7245 |
| 6 | Haramosh | 363 | 363 | 1815 |
| 7 | Jalalabad | 538 | 525 | 2625 |
| 8 | Nomal | 180 | 245 | 1225 |
| 9 | Rahimabad | 219 | 326 | 1630 |
| 10 | Sakwar | 240 | 231 | 1423 |
| 11 | Shakiyot | 626 | 590 | 4130 |
| Total | **5,480** | **5,340** | **35667** |

Overall, 97% of the target of enrolment of households has been achieved. In three union council – Bagrote, Nomal and Rahimabad the number of enrolled households are more than the initial target. It was due to migration of families and errors in the addresses of the beneficiaries in data provided by BISP that was later rectified by the field workers of AKRSP who visited door to door in these union councils.

Table 6: Distribution of eligible beneficiaries by Gender and Age Group

|  |  |  |  |
| --- | --- | --- | --- |
| Age Group | Eligible | Total | % by Age Group |
| **Male** | **Female** |
| less than 1  | 92 | 82 | 174 | 0.5% |
| 1 to 04 yrs. | 926 | 839 | 1765 | 4.9% |
| 5 to 14 yrs. | 6977 | 6543 | 13520 | 37.9% |
| 15 to 49 yrs. | 6976 | 6366 | 13342 | 37.4% |
| 50 to 69 yrs. | 3261 | 2832 | 6093 | 17.1% |
| 70 yrs.& above  | 354 | 419 | 773 | 2.2% |
| Total | **18586** | **17081** | **35667** | **100%** |

In the enrolled population, 48% are women beneficiaries, other important findings of the population characteristics will be discussed after presenting the similar distribution of population who bought the insurance voluntarily (wider population beneficiaries).

# Enrolment of Paying Beneficiaries in GB

In addition to compulsory enrolment of ‘eligible’ households, AKDN, under the contract, is bound to enrol 29% of households from the remaining 79% population with PMT scores of above 16.17 over a period of five years. Enrolment for this section of population is called as “wider enrolment”. Jubilee Life with the help of AKRSP marketed a health insurance product for wider enrolment to be purchased by households voluntarily for their household members. A total of 600 new households were insured under the wider enrolment during the reporting period. Project has, so far, achieved 102% of wider enrolment target. Project is making significant progress in wider enrolment. Seemingly, it is due to increased awareness and persistently sharing of information about the SHPI’s insurance product has changed people’s perceptions regarding health and improved health seeking attitude.

The following table gives the updated information on enrolment of self-paying beneficiaries in the programme population.

Table 7: Enrolment of wider population since inception of SHPI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Period** | **Household Enrolled** | **Population** | **Cumulative Household Enrolled** | **Cumulative Population** | **Achievement against Target (7567 HHs)** |
| **Jan-Dec 2017** | 733 | 4142 | 733 | 4142 | 10% |
| **Jan-Jun 2018** | 2422 | 10928 | 3155 | 15070 | 42% |
| **Jul-Dec 2018** | 2015 | 10014 | 5170 | 25084 | 68% |
| **Jan-Jun 2019** | 135 | 358 | 5305 | 25442 | 70% |
| **Jul-Dec 2019** | 1693 | 8848 | 6998 | 34290 | 92% |
| **Jan-Jun 2020** | 103 | 555 | 7101 | 34845 | 94% |
| **Jul-Dec 2020** | 600 | 2963 | 7701 | 37808 | 102% |

Age groups of enrolled beneficiaries from wider population is given in the following table.

Table 8: Distribution of enrolled wider population by Gender and Age Group

|  |  |  |  |
| --- | --- | --- | --- |
| Age Group | Wider | Total | % by Age Group |
| Male | Female |
| **Less than 1**  | 626 | 642 | 1268 | 3.4% |
| **1 to 04 yrs.** | 1426 | 1457 | 2883 | 7.6% |
| **5 to 14 yrs.** | 3211 | 3174 | 6385 | 16.9% |
| **15 to 49 yrs.** | 8203 | 8498 | 16701 | 44.2% |
| **50 to 69 yrs.** | 2712 | 2729 | 5441 | 14.4% |
| **70 yrs.& above**  | 2604 | 2526 | 5130 | 13.6% |
| **Total** | 18782 | 19026 | 37808 | 100%  |

The above table shows that among the wider enrolled population, 50% are women beneficiaries, in these women 34% belongs to 5 to 14 years age group, and 45% belongs to age group which is 15 to 49 years. It is observed 15 to 49 years are counted as the largest age group who had been insured among total enrolled and under 5 children is 7.63% among total enrolled population.

The most striking differences between the age-group composition of eligible and wider populations include:

* The proportion of children under the age of 5 years in *eligible population* is 5.4% whereas in *wider population* it is 11.0%, as per 1998 census the national figure for this age group is 14.8%.
* The percentage of beneficiaries aged between 5 to 50 years is 75.3% in *eligible population* and 61.1% in the *wider population*.
* Beneficiaries aged 50 years or more are 19.3% in *eligible* and 28.0% in *wider* populations.

The possible explanation for lower proportion of enrolment of children (less than 5 years of age) is that most families do not have formal registration documents (Form B / Bay Form) from NADRA for their children. Such documentation is necessary to certify that the children are members of the household.

Another reason was that beneficiary households preferred to enrol grown-up people as they expected older members of the family to have need for hospitalisation.

# Empanelment of Hospitals in GB

AKDN consortium in collaboration with the Programme Implementation Unit (PIU) of DOH-GB has empanelled five secondary level hospitals in Gilgit Districts. A Memorandum of Understanding (MoU) was signed by Jubilee Life with each hospital after agreeing on the prices of services covered under the SHPI insurance scheme. These hospitals along with the total number of beds available include the following:

Table 9: Empanelled Hospitals in GB

|  |  |
| --- | --- |
| Empanelled Hospital | Number of Beds |
| District Headquarter Hospital Gilgit – Public Sector | 210 |
| City Hospital, Kashrote, Gilgit – Public Sector | 110 |
| Aga Khan Medical Centre, Gilgit – NGO – AKHSP | 46 |
| Family Hospital Gilgit – NGO – Family Planning Association of Pakistan | 20 |
| Sehat Foundation Hospital Daniyore, NGO – Sehat Foundation | 30 |
| Total available beds | 416 |

Considering that the total insured population in Gilgit district is 73,475, the average insured population per bed comes to 177 i.e. 5.6 beds per 1,000 insured population.

All the empanelled hospitals are secondary level hospitals. Though the Combined Military Hospital (CMH) Gilgit has not been empanelled due to procedural issues, however, few patients avail services from there too on reimbursement basis.

# Utilisation of Services in GB

## Admissions

During the reporting period (Jul to Dec 2020), 541 admissions including 189 (35%) from eligible and 352 (65%) from wider population were reported in different public and private empanelled hospitals. Sixteen patients with Corona infection were admitted during this period from the insured beneficiaries – five patients from eligible and 11 from wider population.

The overall utilisation during 2020 declined by 50% compared to 2019, there were a total of 1113 admissions in 2020 compared to 2240 admissions in 2019. The decline in utilisation is higher (57%) in wider population, 676 admissions in 2020 vs.1577 in 2019, compared to eligible beneficiaries (34%), 437 admissions in 2020 vs. 663 in 2019. The decline in admissions is more marked during the 2nd quarter (April to June 2020) when total admissions were only 180 compared to 392 admissions during first quarter, 267 in 3rd quarter and 274 in 4th quarter. The marked drop in admissions especially in wider population can be attributed, in addition to decline in hospital visits by beneficiaries due to COVID-19, to the lower enrolment of wider population – 703 families purchased health insurance in 2020 compared to 1828 families enrolled in 2019. More discussion on effects of the COVID-19 pandemic on utilisation of services is given in relevant sections below.

The utilisation of services, during reporting period, was comparatively higher in wider population than the eligible population. Sixty six percent (355) of admitted cases were of female patients. Among the admitted cases 50% (269 were reported to be non-surgical cases and 50% (272) surgical cases.

The following table shows the major causes of non-surgical admissions.

Table 10: Non-surgical Admissions

|  |  |  |  |
| --- | --- | --- | --- |
| Non-surgical Diagnosis | Public Hospitals | Private Hospitals | Total |
| Eligible Population | Wider Population | Eligible Population | Wider Population |
| Gastroenteritis | 4 |  0 | 1 | 62 | 67 |
| Fever, unspecific | 2 |  0 | 0 | 20 | 22 |
| Hypertension | 5 |  0 | 0 | 13 | 18 |
| COVID positive | 5 |  0 | 0 | 11 | 16 |
| Urinary Tract Infection | 0 | 1 | 0 | 15 | 16 |
| Chronic Obstructive Pulmonary Disease | 4 | 1 | 0 | 8 | 13 |
| Upper respiratory infection, acute | 1 |  0 | 0 | 11 | 12 |
| Asthma | 4 |  0 | 1 | 6 | 11 |
| CVA, late effect, unspecific | 4 |  0 | 0 | 4 | 8 |
| Gastritis, unspecific. without haemorrhage |  0 |  0 | 0 | 6 | 6 |
| All other Diagnoses | 13 | 3 | 2 | 62 | 80 |
| **Total** | **42** | **5** | **4** | **218** | **269** |
|  | **47 (17%)** | **222 (83%)** |  |

The data of non-surgical admissions shows that 223 (83%) patients from wider population were admitted for non-surgical health problems, among these, 98% (218) were admitted in private hospital and only 2% (5) visited public hospital. On the other hand, only 46 patients from eligible population visited the health care facility for non-surgical treatments, among that 89% (42) visited public hospital and 9% (4) visited private hospital. The major diagnosis of hospital admissions under non-surgical illness was Diarrhoea that accounted for 28% (75) in total admissions. The trend of utilising services from public sector hospitals by the eligible population and from private hospitals (particularly from GMC) by wider population continued. As highlighted in earlier reports it may be due to differences in health seeking behaviour due to economic status.

The following table shows the causes of surgical admissions.

Table 11: Surgical Admissions

|  |  |  |  |
| --- | --- | --- | --- |
| **Surgical/Obstetric Diagnosis** | **Public Hospitals** | **Private Hospitals** | **Total** |
| Eligible Population  | Wider Population | Eligible Population | Wider Population  |
| Acute Appendicitis / Appendectomy | 78 | 2 | 1 | 10 | 91 |
| Lower Segment Caesarean Section | 4 | 4 | 0 | 16 | 24 |
| Normal Delivery | 2 | 0 | 0 | 16 | 18 |
| Abdominal Pain | 5 | 1 | 2 | 8 | 16 |
| Pregnancy, other complications | 6 | 1 | 0 | 6 | 13 |
| Cholelithiasis | 3 | 0 | 1 | 6 | 10 |
| Fracture lower arm,  | 8 | 1 | 1 | 0 | 10 |
| Hernia, inguinal, NOS, unilateral | 4 | 0 | 1 | 4 | 9 |
| Other trauma, unspecific | 1 | 0 | 0 | 8 | 9 |
| Cholecystitis, acute | 3 | 0 | 0 | 5 | 8 |
| All others surgical diagnoses | 20 | 5 | 3 | 36 | 64 |
| Total | 134 | 14 | 9 | 115 | 272 |
|  | **148 (54%)** | **124 (46%)** |  |

The above information indicates that most of the patients (94%) amongst the eligible population got surgical treatment from public sector hospitals whereas the majority of patients (89%) from wider enrolment availed services from private hospitals. The reasons of this pattern of utilisation may include that most of the enrolled households in wider population belongs to catchment population of Aga Khan Health Service, where there is preference to use services from Aga Khan Medical Centre Gilgit (GMC), beneficiaries from eligible population prefer services from particular physicians and surgeons working in public sector hospitals as revealed in exit interviews from patients discharged from public sector health facilities in 2019. Moreover, AKRSP and JLI field teams identified that hospital choice is determined by patients’ socioeconomic characteristics and perceptions as private hospitals are quite expensive as compared to the government facilities. Whereas, psychological factors also affect regarding health service use, such as attitudes toward health, values, and knowledge regarding available wellness services.

## Quarterly Trend of Admissions

The following graph shows the quarterly trend of admissions.In 2020 admissions have fallen overall as compared to 2019.During the reporting period,admissions data revealed that in third quarter of 2020 (Jul-Sep), 267 beneficiaries were admitted in the hospitals and in fourth quarter (Oct-Dec) 274 clients were managed.

Figure 2: Quarterly trend of Admissions

Although service utilisation is showing marginal improvement since 3rd quarter comapred to 2nd quarter, however it is still low compared to the situation prior to onset of COIVD-19 pandemic. The decline in utilisation by wider population might be due to low renewal rates and low enrolment of new families in 2020.

Table 12: Overall Number of enrolled households, individuals and quarterly admissions (Eligible Population)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quarter, Year** | **HHs enrolled (Cumulative)** | **Lives Insured****(Cumulative)** | **Admissions****(In the quarter)** | **Quarterly** | **Annual Utilisation Rate (%)** |
| **Quarter 1, 2017** | 5334 | 35622 | 72 | 0.20 | 1.65 |
| **Quarter 2, 2017** | 5334 | 35622 | 241 | 0.68 |
| **Quarter 3, 2017** | 5334 | 35622 | 123 | 0.35 |
| **Quarter 4, 2017** | 5340 | 35671 | 151 | 0.42 |
| **Quarter 1, 2018** | 5340 | 35671 | 199 | 0.56 | 2.35 |
| **Quarter 2, 2018** | 5340 | 35671 | 251 | 0.70 |
| **Quarter 3, 2018** | 5340 | 35671 | 243 | 0.68 |
| **Quarter 4, 2018** | 5340 | 35671 | 147 | 0.41 |
| **Quarter 1, 2019** | 5340 | 35671 | 178 | 0.50 | 1.86 |
| **Quarter 2, 2019** | 5340 | 35671 | 216 | 0.61 |
| **Quarter 3, 2019** | 5340 | 35671 | 147 | 0.41 |
| **Quarter 4, 2019** | 5340 | 35671 | 122 | 0.34 |
| **Quarter 1, 2020** | 5340 | 35671 | 115 | 0.32 | 0.96 |
| **Quarter 2, 2020** | 5340 | 35671 | 37 | 0.10 |
| **Quarter 3, 2020** | 5340 | 35671 | 100 | 0.28 |
| **Quarter 4, 2020** | 5340 | 35671 | 89 | 0.25 |

The utilisation rate in eligible population was highest in 2018, since then it is dropping, AKDN planned to have awareness campaigns including medical camps in union councils in 2020 however due to COVID-19 epidemic this plan could not be executed and in 2020 utilisation trend significantly dropped down.

It is for the time in project life that the annual utilisation rate for the eligible population dropped to around one percent. The utilisation rate for wider enrolled population was 2.0% and over utilisation rate for entire insured population (eligible and wider) was 1.5%.

## Utilisation of Services by eligible population by Union Councils

Table 13: Service Utilisation of Eligible Population by Union Council

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| UC Name | Eligible Population | (Jan-Dec) 2018 | (Jan-Dec) 2019 | (Jan-Dec ) 2020 |
| **No.of Admissions** | **Utilisation Rate** | **No.of Admissions** | **Utilisation Rate** | **No.of Admissions** | **Utilisation Rate** |
| Bagrote | 1660 | 32 | 1.9% | 27 | 1.6% | 14 | 0.84% |
| Chakarkote | 2110 | 144 | 6.80% | 31 | 1.50% | 12 | 0.57% |
| Damote | 9690 | 78 | 0.80% | 127 | 1.30% | 113 | 1.17% |
| Daniyor | 2114 | 41 | 1.90% | 18 | 0.90% | 12 | 0.57% |
| Gilgit  | 7245 | 84 | 1.20% | 121 | 1.70% | 116 | 1.60% |
| Haramosh | 1815 | 78 | 4.30% | 70 | 3.90% | 33 | 1.82% |
| Jalalabad | 2625 | 114 | 4.30% | 60 | 2.30% | 10 | 0.38% |
| Nomal | 1225 | 67 | 5.50% | 21 | 1.70% | 9 | 0.73% |
| Rahimabad | 1630 | 73 | 4.50% | 107 | 6.60% | 13 | 0.80% |
| Shakiyot | 4130 | 83 | 2.00% | 66 | 1.60% | 11 | 0.27% |
| Sakwar | 1423 | 46 | 3.20% | 15 | 1.10% | 12 | 0.84% |
| Total | **35667** | **840** | **2.40%** | **663** | **1.90%** | **341** | **0.96%** |

## Hospitals visited by the Insured

During the reporting period Aga Khan Medical Centre, Gilgit (GMC) remained the most utilised health facility and got 59.7% share in total admissions. Most of the admissions in GMC were from amongst the wider population (89%) who had purchased insurance on voluntary basis. This could possibly be due to the fact, as already highlighted, that the major part of the population that purchased health insurance is from the catchment population of AKHSP which also arranges community-based events for its target population. Moreover this population also used to purchase micro health insurance even before launching of SHPI and that time no public sector hospital was empanelled. The City Hospital and DHQ were also utilised by patients from eligible population, as being economical secondary healthcare facilities. The utilisation of Sehat Foundation Hospital and Family Health Hospitals remained low these facilities provide comparatively limited range of healthcare.

The following table gives hospital-wise admissions from eligible and wider populations.

Table 14: Admissions in each Hospital (Jul-Dec 2020)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hospital** | **Eligible** | **Wider** | **Total** | **%** |
| **GMC** | 8 | 315 | 323 | 59.7% |
| **City Hospital**  | 100 | 7 | 107 | 19.8% |
| **DHQ Hospital** | 76 | 10 | 86 | 15.9% |
| **Sehat Foundation** | 4 | 2 | 6 | 1.1% |
| **FPAP** | 1 | 16 | 17 | 3.1% |
| **Other (CMH Gilgit)** |  | 2 | 2 | 0.4% |
| **Total** | 189 | 352 | 541 |  |

The City Hospital and DHQ hospital catered 93% of the 189 admissions from the eligible population. During the reporting period 36% of all admissions were in public sector hospitals. In terms of admissions from eligible population, 53% clients utilised City hospital, 40% DHQ hospital, 4% Gilgit Medical Centre, 2% Sehat Foundation and 1% utilised Family Health Hospital, Gilgit. The City Hospital catered the highest number of eligible admissions (100), while the Gilgit Medical Centre got the highest number of wider admissions (315).

## Influence of COVID-19 pandemic on the scheme in Gilgit district

The exponential rise in the number of confirmed COVID-19 cases in Pakistan in 2020 and the under-resourced health systems, and political and economic instabilities are adversely affecting the communities especially in the remote and rural areas of the country. A high level of uncertainty prevails among the target communities due to restricted mobility, economic downturn and rising unemployment rates. In Gilgit Baltistan, as of 31 December 2020, there have been 4856 confirmed cases and 101 deaths reported.

In the context of the COVID‑19 crisis, the following project activities were adversely affected during 2020:

**Wider enrolment campaign** adversely influenced during the reporting period, resulting only 103 new families enrolled in the scheme in Q1-Q2, and 600 new families enrolled in the scheme in Q3-Q4.Total 703 new families enrolled in 2020 whereas 1828 families were enrolled in 2019.

**Outreach activities** such as awareness raising sessions with WOs/LSO/VOs, community meetings, medical camps and experience sharing workshop to inform individuals regarding insurance products and its benefits could not be executed as per plan during the reporting period. Inability to conduct outreach activities and to contact with beneficiaries might also played a role in drop of utilisation of services.

**OD Fund utilisation:** The lockdown and mandatory work from home delayed in procurement of services planned under the OD Fund and initiation of capacity building activities as well

**Hospital admissions** in 2020 declined by 50% compared to admissions during the previous reporting year (2019). Only 1113 patients hospitalised during 2020. The average number of admissions per day remained 3.1 from Jan to December 2020 compared to 6.1 admissions per day in previous reporting year 2019. Hospital admissions markedly declined with imposition of lockdown in March in the district. It is evident from the fact that there were 392 admissions in first quarter (Jan to March) which dropped to 180 admissions in second quarter (April to June). Admissions increased to 267 in third quarter (Jul-Sep) and to 274 in fourth quarter (Oct-Dec). It shows hospital admissions

The COVID-19 pandemic not only adversely affected the services provision for insured population, but it also led to decline of utilisation of all healthcare services provided by public and private healthcare providers. The following graphs show the impact of COVID-19 on overall admissions in public sector hospitals (DHQ and City Hospital Gilgit) and on admissions of all insured beneficiaries in 2020 in comparison with admissions in 2019.

Figure 3: Impact of COVID-19 on total admissions from insured population

Figure 4: Impact of COVID-19 on total admissions from general population in Public Sector Hospitals

The total admissions in public sector hospitals Gilgit (DHQ and City Hospital) dropped from 97,669 in 2019 to 64,326 in 2020 recording a 34% decline.

## Age and Gender Distribution by Eligible and Wider Enrolled

During the reporting period 66% of all admitted patients were female. This trend of higher proportion of female beneficiaries was noticed both in public sector (39% female admissions) and private sector (61%) hospitals as well as among beneficiaries from the eligible (93% public & 7% private) and wider populations (7%public and 94%private). The following table shows the distribution of admitted patients by gender and by different age groups from eligible and wider populations.

Table 15: Distribution of admissions by age group, gender and type of enrolment

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group** | **Female** | **Male** | **Overall** |
| **Eligible** | **Wider** | **Total** | **Eligible** | **Wider** | **Total** | **#** | **%** |
| **Less than 1**  | 0 | 4 | 4 | 0 | 8 | 8 | 12 | 2.2% |
| **1 to 04 yrs.** | 0 | 21 | 21 | 0 | 24 | 24 | 45 | 8.3% |
| **5 to 14 yrs.** | 29 | 15 | 44 | 12 | 15 | 27 | 71 | 13.1% |
| **15 to 49 yrs.** | 83 | 111 | 194 | 24 | 40 | 64 | 258 | 47.7% |
| **50 to 69 yrs.** | 18 | 45 | 63 | 16 | 19 | 35 | 98 | 18.1% |
| **70 yrs.& above**  | 3 | 26 | 29 | 4 | 24 | 28 | 57 | 10.5% |
| ***Total*** | ***133*** | ***222*** | ***355*** | ***56*** | ***130*** | ***186*** | ***541*** |  |

The information in the table above shows that the highest number of admissions i.e.,258 (48%) were from the age group of 15 to 49 years followed by 98 (18%) admissions of patients aged 50 to 69 years. There were 57 (11%) admissions of under the age of 5 years children.

Table 16: Annualised Utilisation Rates for 2020 by Age, Gender and type of Enrolment

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group** | **Female** | **Male** | **Overall** |
| **Eligible** | **Wider** | **Total** | **Eligible** | **Wider** | **Total** |
| **Less than 1**  | 0.0% | 2.2% | 1.9% | 0.0% | 2.7% | 2.4% | 2.1% |
| **1 to 04 yrs.** | 0.0% | 2.3% | 1.5% | 0.0% | 2.9% | 1.8% | 1.6% |
| **5 to 14 yrs.** | 0.7% | 1.2% | 0.8% | 0.3% | 0.9% | 0.5% | 0.7% |
| **15 to 49 yrs.** | 2.5% | 2.8% | 2.7% | 0.5% | 1.1% | 0.8% | 1.7% |
| **50 to 69 yrs.** | 1.2% | 3.7% | 2.4% | 0.8% | 1.7% | 1.2% | 1.8% |
| **70 yrs.& above**  | 2.1% | 2.7% | 2.6% | 2.5% | 2.3% | 2.3% | 2.5% |
| ***Total*** | ***1.4%*** | ***2.6%*** | ***2.0%*** | ***0.5%*** | ***1.5%*** | ***1.0%*** | ***1.5%*** |

Although the number of admissions show the highest utilisation in the age bracket of 15 to 49 years, however the utilisation rate indicate that the highest proportion of oldest people (aged 70 years or more) utilised health services more often followed by infants in 2020. The female beneficiaries aged 50 to 69 years from the wider population have the highest utilisation rate.

## Readmission cases

For the current reporting period, there is no readmission case in public or private hospitals within 30 days of initial admission.

## Length of Stay

During the reporting period, out of 541 admissions (352 wider and 189 eligible), 27% of patients stayed for 1 day or less, 33% of patients stayed for 2 days, 19% of patients stayed for 3 days, 11% patients stayed for 4 days and remaining 10% of patients remained admitted for 5 days or longer. The average length of stay (ALOS) in government hospitals was 3.5 days, whereas the ALOS in private hospitals was 2.2 days. The following table shows average length of stay in the empanelled hospitals and in CMH.

Table 17: ALOS in each hospital by type of enrolled population (Jul-Dec 2019)

|  |  |
| --- | --- |
| **Hospital** | **Average Length of Stay (Days)** |
| **Eligible** | **Wider** | **Overall** |
| **City Hospital, Gilgit** | 3.4 | 4.4 | 3.4 |
| **District Head Quarter** | 3.6 | 3.7 | 3.6 |
| **AK Medical Centre (GMC)** | 2.8 | 2.3 | 2.3 |
| **Sehat Foundation Hospital** | 1.8 | 1.0 | 1.5 |
| **Family Health Hospital** | 1.0 | 1.3 | 1.3 |
| **CMH** | - | 1.5 | 1.5 |
| **Overall Average** | **3.4** | **2.3** | **2.7** |

The table above shows that the average length of stay for clients from eligible population was 3.4 days, and patients from wider enrolment stayed for an average of 2.3 days.

Table 18: Number of Admissions by Length of Stay by Type of Beneficiaries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Length of stay** | **Eligible** | **Wider** | **Total** | **Percentage** |
| **1 day** | 28 | 120 | 148 | 27% |
| **2 days** | 60 | 118 | 178 | 33% |
| **3 days** | 39 | 64 | 103 | 19% |
| **4 days** | 27 | 29 | 56 | 10% |
| **5 days or more**  | 35 | 21 | 56 | 10% |
| ***Total Admissions*** | ***189*** | ***352*** | ***541*** |  |

The following table gives the top ten diagnoses of one day admissions.

Table 19: Top Ten Diagnoses of One Day Admissions

|  |  |
| --- | --- |
| **Diagnosis** | **Number, (%)** |
| Gastroenteritis | 27 (18%) |
| Delivery | 17 (11%)  |
| Appendectomy | 12 (8%) |
| Fever, unspecific | 12 (8%) |
| LSCS | 6 (4%) |
| UTI | 6 (4%) |
| Upper respiratory infection, acute, NOS | 5 (3%) |
| COVID POSITIVE | 4 (3%) |
| Hypertension | 4 (3%) |
| Pregnancy, other complications, unspecific | 4 (3%) |
| Other diagnoses | 51 (34%) |
| **Total** | **148** |

# Premiums and Costs in GB

There were claims against admissions for common ailments. The following tables provide details of claimed amount for top 10 surgical and non-surgical admissions with average, minimum and maximum amounts:

Table 20: Claimed Amount against Non-surgical Admissions, July-Dec 2020 (in PKR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Non-surgical Diagnosis | Total Admissions | Average Claimed Amount  | Minimum | Maximum |
| Gastroenteritis | 67 | 12,177 | 1,849 | 40,000 |
| Fever, unspecific | 22 | 10,813 | 2,496 | 40,000 |
| Hypertension | 18 | 15,624 | 3,286 | 40,000 |
| COVID positive | 16 | 16,738 | 3,048 | 40,000 |
| Urinary Tract Infection | 16 | 9,959 | 4,521 | 21,926 |
| Chronic Obstructive Pulmonary Disease | 13 | 17,661 | 3,495 | 40,000 |
| Upper respiratory infection, acute | 12 | 8,306 | 994 | 22,698 |
| Asthma | 11 | 11,277 | 4,834 | 21,016 |
| CVA, late effect, unspecific | 8 | 21,541 | 4,687 | 40,000 |
| Gastritis, unspecific. without haemorrhage | 6 | 18,781 | 5,629 | 35,000 |
| All other Diagnoses | 80 | 16,051 | 994 | 40,000 |
| **Over all** | **269** | **14,069** | **994** | **40,000** |

Table 21: Claimed Amount against Surgical Admissions, Jul-Dec 2020 (in PKR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Non-surgical Diagnosis | Total Admissions | Average Claimed Amount  | Minimum | Maximum |
| Acute Appendicitis / Appendectomy | 91 | 12,814 | 1,775 | 40,000 |
| Lower Segment Caesarean Section | 24 | 19,217 | 5,524 | 24,000 |
| Normal Delivery | 18 | 10,823 | 3,214 | 12,000 |
| Abdominal Pain, unspecific | 16 | 13,361 | 827 | 40,000 |
| Pregnancy, other complications | 13 | 11,189 | 5,627 | 24,000 |
| Cholelithiasis | 10 | 19,089 | 2,828 | 40,000 |
| Fracture lower arm,  | 10 | 18,581 | 5,680 | 25,000 |
| Hernia, inguinal, NOS, unilateral | 9 | 22,615 | 6,738 | 40,000 |
| Other trauma, unspecific | 9 | 14,385 | 4,382 | 31,441 |
| Cholecystitis, acute | 8 | 16,863 | 4,435 | 31,600 |
| All others surgical diagnoses | 64 | 17,972 | 1,577 | 40,000 |
| **Over all** | **272** | **15,353** | **827** | **40,000** |

The above tables show that there is no marked difference between average claim for non-surgical (PKR 13,655) and surgical admissions (14,207). There are also cases when the admitted patients exhausted the capped amount (PKR 25,000 for eligible population and PKR 40,000 for wider enrolment).

The following table presents the total, average with minimum and maximum claimed amounts by each hospital in Gilgit district.

Table 22: Total, Average, Minimum and Maximum Claimed Amounts (in PKR)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hospital | Total Admissions | Average Claimed Amount | Minimum | Maximum | Total Claimed Amount |
| City Hospital Gilgit | 107 | 11,369 | 827 | 25,000 | 1,216,520 |
| District Head Quarter | 86 | 8,982 | 1,622 | 24,730 | 772,472 |
| AK Medical Centre (GMC) | 323 | 16,606 | 994 | 40,000 | 5,363,794 |
| Sehat Foundation Hospital | 6 | 22,255 | 12,000 | 30,000 | 133,532 |
| Family Health Hospital | 17 | 23,200 | 12,000 | 40,000 | 394,400 |
| CMH | 2 | 40,000 | 40,000 | 40,000 | 80,000 |
| ***Overall*** | ***541*** | ***14,715*** | ***827*** | ***40,000*** | ***7,960,718*** |

The highest average amount per admission is claimed by Combined Military Hospital, Gilgit (CMH) and lowest by District Headquarters Hospital, Gilgit (DHQ). Aga Khan Medical Centre, Gilgit (GMC) received the highest amount of PKR 5.36 million followed by City Hospital Gilgit that received PKR 1.22 million.

# Other Matters within the SHPI Phase I Project

## Gilgit Baltistan

### Cards Distribution

#### Cashless Cards Distribution Status

Total 5340 cashless cards were distributed in 2020, and during reporting period 138 cards were distributed. As per target 100% cash less cards have been distributed.

#### Wider Enrolment

During the reporting period, 600 new household were successfully enrolled with their willingness to purchase the health product of Jubilee Health Insurance Scheme. In addition, 114 families renewed their health insurance. Overall, 97% cards have been distributed through different LSO’s and WO’s.

During the reporting period only 3 awareness sessions/meeting could be conducted in two union councils Gilgit and Daniyore and a total of 40 people (10 male and 30 female) participated in these sessions. Wider enrolment campaigns were badly affected. All kinds of planned awareness raising activities such as meeting with LSOs/WOs, medical camps, experience sharing sessions with targeted communities were completely stopped due to restricted movement within the district during the COVID-19 pandemic.