

Underutilization: facility workloads in Yobe

Underutilized services lead to wastage of resources e.g. staffing, equipment and also incur recurrent cost for maintenance, etc. For example, an underutilized clinic or hospital still needs staffing, equipment, drugs and supplies.



Underutilized facilities lead to wastage

Key facts

- Work load is low – attendance figures –
 - Health Post = 10/day; Health Clinic = 17/day; and PHC = 25/day
 - 24 Deliveries in 3 months at Dapchi MCH and 13 deliveries in 3 months at Yunusari CHC
 - Only 5,472 out of expected 31,380 deliveries per annum in all hospitals
- Bed occupancy rates at hospitals average 51%, average length of stay is high
- Population per PHC facility ranges from 2,583 to 8,369

There are **multiple reasons** for underutilization:

- Oversupply of services
- Inadequate service planning
- Ineffective referral structure / system
- Barriers to access (both demand and supply-side barriers)
- Inadequate drugs and staffing
- Poor staff attitudes
- Social, cultural or geographical barriers to utilising services
- Financial barriers

But, whatever the reasons, resources are tied up in underperforming facilities, resources that could be used more effectively elsewhere.

What can be done?

As highlighted the reasons for underutilization are many. Suggested interventions could include:

- In depth analysis of the extent of and reasons for underutilisation
- Reviewing plans to address demand and supply side barriers to access services
- Contribution to the proposed service delivery or facilities plan to ensure that services are provided optimally and equitably.

For more details, contact PRRINN-MNCH Yobe Office, C92 Obasanjo Estate, Gubja Road, Damaturu or email info@prinn-mnch.org