



Draft Design and Monitoring Framework

Project Number: 41641-01
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Proposed Program Cluster and Loan for Subprogram 1 Islamic Republic of Pakistan: The Punjab Millennium Development Goals Program

A design and monitoring framework is an active document, progressively updated and revised as necessary, particularly following any changes in project design and implementation. In accordance with ADB's public communications policy (2005), it is disclosed before appraisal of the project or program. This draft framework may change during processing of the project or program, and the revised version will be disclosed as an appendix to the report and recommendation of the President.

Asian Development Bank

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/ Reporting Mechanisms	Assumptions and Risks
<p>Impact</p> <p>To help GoPb attain health MDGs 4 and 5</p>	<p>By 2015,</p> <p>IMR reduced from 77 in FY2003-2004 to 40</p> <p>MMR reduced from 300 in FY2003/2004 to 140</p>	<p>MICS DHS PSLM</p>	<p>Assumption</p> <p>GoPb's continued commitment to MDGs attainment</p> <p>Risk</p> <p>Political crises and economic instability</p>
<p>Outcome</p> <p>Improved access, quality and equity of health services</p>	<p>By 2011,</p> <p>Proportion of pregnant women who have received regular antenatal care increased from 61% in 2006-07 to 80%</p> <p>Women who have delivered at health facilities increased from 33% in 2006-07 to 50%</p> <p>Proportion of deliveries attended by skilled birth attendants increased from 38% in FY2006-2007 to 80%</p> <p>Proportion of fully immunized children between 12 and 23 months of age increased from 52.6% in 2006-07 to 80%</p> <p>Current use of modern contraceptive among currently married women increased from 23% in 2006-07 to 40%</p> <p>Difference in the indicators presented above between rural and urban areas reduced by 50% (Benchmarks are in Tables A1 and A2)</p>	<p>MICS, DHS PSLM DHIS reports LHWs' reports</p>	<p>Assumptions</p> <p>Change in the family's health seeking behavior responding to better and cheaper health services</p> <p>Timely and adequate supply of vaccines by the federal government</p> <p>Risks</p> <p>Fiscal crisis leading to reduced public health sector budget allocation and expenditure</p> <p>Weak institutional capacity of DGs</p> <p>Limited mobility of women due to socio-cultural norms</p> <p>Inadequate FP acceptance by men</p>
<p>Outputs</p> <p>I. Improved availability</p>	<p>By 2011,</p> <p>All BHUs and RHCs staffed</p>	<p>Program progress</p>	<p>Assumptions</p> <p>Adequate financial</p>

<p>and quality of primary and secondary health care</p>	<p>and equipped according to MSDS</p> <p>All THQs and DHQs staffed and equipped according to MSDS,</p>	<p>reports</p> <p>DHIS reports</p>	<p>resources available</p> <p>The regulation requiring WMOs at RHCs to do postmortem on female bodies is repelled</p>
	<p>Maternal wards, and delivery rooms at THQs and DHQs upgraded according to MSDS</p> <p>24-hour obstetric care available at RHCs, THQs and DHQs</p> <p>At least 70% of Health care workers at BHUs, RHCs, THQs and DHQs providing MNCH services according to MSDS, SOPs, and SMPs</p>	<p>Facility survey by EDOs, Health, and HD</p> <p>Reports from District Monitoring Officers and MEAs</p> <p>A study on health workers' performance</p>	<p>Risks</p> <p>Delay in contract awards, and works completion due to a large number of facilities</p> <p>Inadequate number of nurses, WMOs and paramedics available in the job market</p>
<p>II. Better Management of Health Service Delivery</p>	<p>By 2011,</p> <p>Selected essential drugs and contraceptives regularly available at BHUs, RHCs, THQs and DHQs</p> <p>Rules for contracting health services delivery or managements developed and contracting institutionalized</p> <p>Office of Director General, Health re-organized, adequately staffed and equipped to provide required technical assistance to districts and carry out regular monitoring and supervision</p> <p>All districts, and Director General, Health producing and discussing, and taking actions based on monitoring reports based on DHIS</p> <p>DG office to produce a</p>	<p>DHIS reports by EDOs, Health and Director General, Health Reports from DMOs and MEAs</p> <p>GoPb notification of the rules</p> <p>Contracts between districts and contracted organizations</p> <p>Minutes of the meetings on DHIS reports</p> <p>Revised organogram of Office of Director General, Health</p> <p>Supervisory reports</p> <p>Quarterly, semi-annual and annual DHIS reports comparing progress by districts on the key health indicators</p> <p>Semi-annual report published in at least</p>	<p>Assumption</p> <p>Vertical Programs are successfully integrated</p> <p>Risk</p> <p>Delay in capacity building for DGs and Office of Director General, Health</p>

	semi-annual popular version of DHIS report to apprise public on the progress	three national and provincial Newspaper	
III. Sustainable pro-poor health care financing	<p>By 2011,</p> <p>Health sector budget allocations and expenditure for primary and secondary health care to increase at least by 25% a year</p> <p>DGs' health expenditure to increase at least 25% a year.</p> <p>Medium term strategy for the health sector in Punjab developed by the SPU</p> <p>MTEF for the health sector developed and fully operational</p> <p>All DGs to develop district level MTEF which incorporates MSDS implementation</p> <p>Regular and systematic internal audit conducted in the health sector at both HD and DGs levels</p> <p>At least 50% of the poor pregnant women provided with health cards</p> <p>Health care financing and provider payment policy adopted by GoPb, and institutional arrangements for implementing the system completed.</p>	<p>GoPb Annual Budget Statement</p> <p>GoPb MTBF document</p> <p>White Paper on the budget</p> <p>MTBF document</p> <p>Monthly civil accounts</p> <p>FMC regular budget execution reports</p> <p>Strategy and Policy document of the Health sector SPU</p> <p>HD's MTEF document</p> <p>DGs' MTEF documents</p> <p>Annual plans and audit reports of IAW and DGs' internal auditors</p> <p>Director General, Audit Annual Reports for HD and DGs</p> <p>List of the recipients and a sample checking of the accuracy of the targeting</p> <p>GoPb's approval on the policy</p>	<p>Assumptions</p> <p>GoPb's sustained pro-poor policies</p> <p>Primary and secondary health services remaining to be devolved to DGs</p> <p>Risks</p> <p>Prevalent culture of corruption</p> <p>Lack of transparency and accountability</p>

Activities with Milestones	Inputs
<p>SP1 (by 28 October 2008)</p> <ol style="list-style-type: none"> 1. By end of July 2008, all 35 districts sign MOU with the HD committing that MNCH related MSDS have been fully implemented latest by the end of 2012. 2. By end of September, at least 30 districts have included the implementation of the priority MNCH-related MSDS for fiscal year in their 3-year rolling sector plans. 3. By end of September, all necessary posts of LHV's, midwives, and gynecologists as per MSDS have been sanctioned. 4. By mid August, policy guidelines for a comprehensive patient referral system have been approved by HD, and referral system introduced in five districts. 5. By mid September, private practitioners have been enlisted and included in the geographical information system on health care providers 6. By first week of September, job descriptions of paramedics including nurses have been updated. 7. By end of July, SMPs and SOPs have been approved by HD and training plan for all health workers developed. 8. By end August, a SPU in HD has been fully established. 9. By mid September, HD has developed a consolidated medium-term financing plan for implementation of MNCH- related MSDS. 10. By end of September, FD and HD have selected minimum conditions for transferring s to 35 DGs.. 11. By mid September, a FMC has been established . 12. By end of September, the project for PIFRA interface has introduced in FMC. 13. By mid October, the Internal Audit Wing in HD has been fully staffed and has submitted an audit plan for FY2008-09. 14. By first week of September, a working group on health care financing has been constituted and work plans developed. 15. By end of September, HD has reviewed drug, equipment and supply management system in consultation with the federal, provincial, and district governments. 16. By mid October, HD has developed sector-specific procurement guidelines for purchase of drugs. 17. By end of August, GoPb has started a rigorous third-party evaluation study on outcomes of the PRSP, NCHD, and non-NGO involvement models. 18. By the mid October, the concept on integration of various programs and services at primary health care has been finalized by HD. 19. By end of September, the Office of DG, Health has been reorganized according to its functions, and strengthened to monitor performance of district health care system, including progress towards meeting MSDS. 20. By end July, the vacant post of Director, DHIS has been filled and a M&E policy framework has been developed. 21. By mid September, the HD has formulated and published personnel guidelines on conditions for transfer to ensure appropriate job tenure, in particular for EDOs, Health. 22. By end of July, the capacity development plan for district health teams has been developed and implementation started. 23. By end of September, the DHIS rolled out to 10 districts, with those districts have submitted quarterly reports to DG, Health. 24. By 28th October, the DG, Health has published a quarterly summary report on district health situation and service performance based on DHIS. 	<p>ADB program cluster loan</p> <p>consisting of three subprograms, each supported by a single tranche loan at an interval of about 1 year each</p> <p>\$100 Million loan to support SP1</p> <p>ADB Review missions</p>

<p>SP 2 (By end of 2009)</p> <ol style="list-style-type: none"> 1. At least 7 districts to have achieved the minimum acceptance levels for MNCH-related MSDS standards. 2. All 35 districts to have included implementation of the priority MNCH-related MSDS standards for FY2009/2010 in their 3 year rolling sector plans. 3. DG, Health has published an annual report on achievement of MNCH-related MDGs and MSDS attainment. 4. 100% of BHUs, RHCs, and maternal and child health-related departments of THQs and DHQs fully equipped and staffed as per MSDS. BHUs without WMOs and facilities with insufficient number of nurses to have adopted alternative arrangements. 5. All 35 districts to have adopted the comprehensive patient referral system. 6. Telemedicine piloted in two districts and evaluated. 7. All MNCH-related workers trained in relevant part of SMPs, and SOPs disseminated. 8. HD to develop human resources planning for the primary and secondary health care training. 9. Training capacity to be developed for producing quality health workers as per the provincial human resources planning. 10. Autonomous examination body for accrediting paramedics established. 11. Continuing education system for medical doctors and paramedics with respect to doctors' promotion and relicensing established. 12. Feasibility study on creating a focal point for regular updating of clinical practice guidelines and SMPs, based on scientific evidence, completed. 13. HD has developed a consolidated MTEF (including provincial and district level information) for the health sector that reflects the health sector policy. 14. 35 DGs have submitted to HD costed medium-term sector plans; including the implementation of the priority MNCH-related MSDS with indication of possible funding sources over the medium term. 15. PFC Award for FY2009/2010 – FY2011/2012 has included a conditional grant allocation to district governments that meet MSDS. 16. GoPb to have increased actual spending in health sector during FY 2008/2009 by 15% in accordance with MTEF projections. 17. Those districts that received conditional grant support have submitted to HD quarterly progress reports, including financial and non-financial information in agreed formats. 18. Districts that have received conditional grants have appointed internal auditors to strengthen internal controls. 19. Secretary Health, based on the audit report submitted by Internal Audit Wing for FY2008/09, to take actions as required. 20. Steering committee has formulated a program for reducing health expenditure burdens on the poor, in particular, pregnant women and children. 21. User charges have been rationalized and retained by the health facilities. 22. EDOs, Health to have developed a monitoring system of drug and medicine availability at each primary and secondary health care facility. 23. DG, Health have prepared quarterly consolidated reports on the use of drugs and medicines by the health facilities and taken necessary actions to ensure availability of drugs through EDOs, Health. 24. Integration of programs and services at primary health care to have been piloted in 5 districts and the experiences evaluated. 25. DG, Health has published a quarterly summary report on district health situation and service performance based on DHIS. 	<p>\$300 Million loan in total for SP 2 and SP 3</p> <p>Midterm review of the progress</p> <p>Review of regular quarterly report</p> <p>Technical assistance report</p>
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<p>SP3 (By the end of 2010)</p> <ol style="list-style-type: none"> 1. At least 15 districts to have achieved the minimum acceptance levels for MNCH-related MSDS standards. 2. All 35 districts to have included implementation of the priority MNCH-related MSDS standards for FY2010/2011 in their 3-year rolling sector plans. 	
<ol style="list-style-type: none"> 3. DG, Health to have reviewed and provided technical assistance to districts for improving the MSDS component of their 3 year rolling sector plans and have published an annual report on achievement of MNCH-related MDGs and MSDS attainment. 4. Referral system fully operational in all districts. 5. All non-MNCH related health workers in primary and secondary health care trained in SMPs and SOPs. 6. Based on Local Planning Manual formats, DGs to have developed templates for planning and budgeting district wise allocation of resources. 7. PFC Award for FY2010/2011 – FY2011/2012 to include a conditional grant allocation to district governments that meet MSDS. 8. Third party validation of district specific action plans to have been submitted to PFC. 9. Necessary regulations for implementing the reforms identified in SP2 to have been adopted. 10. Pro-poor health care financing and provider system, in particular, pregnant women and children, to be expanded to the entire province. 11. Health Technology Assessment tools used by HD's Technical Wing in evaluating and purchasing drugs and technology. 12. All 35 districts implementing and regularly analyzing the DHIS data. 13. DG, Health to have published a quarterly summary report on district health situation and service performance based on DHIS. 14. DG, Health in collaboration with Bureau of Statistics to conduct a survey on IMR and MMR. 	

ADB = Asian Development Bank, BHU = basic health unit, DG=director general, DHIS = District Health Information System, DHS = Demographic and Health Survey, DHQ = District Headquarters Hospital, DMO= District Monitoring Officer, EDO = executive district officer, FD = Finance Department, FM = family planning, FMC = Financial Management Cell, FY = fiscal year, GoPB = government of the Punjab, HD = Health Department, IAW = Internal Audit Wing, IMR = infant mortality rate, LHV = lady health visitor, LHW = lady health worker, MDG= Millennium Development Goal, MEA = Monitoring and Evaluation Assistant, MICS = Multi-Indicators Cluster Survey, M&E = monitoring and evaluation, MMR = maternal mortality ratio, MNCH = maternal, neonatal and child health services, MOU = memorandum of Understanding, MSDS = Minimum Service Delivery Standards, MTBF = medium-term budget framework, MTEF = medium-term expenditure framework, NCHD = National Commission for Human Development, NGO = nongovernment organization, P&DD = Planning and Development Department, PFC = Provincial Finance Commission, PIFRA = Project for Improved Financial Reporting and Accounting, PRSP = Poverty Reduction Strategy Paper, PSLM = Pakistan Social and Living Standard Measurement Survey, RHC = Rural Health Centers, SMP = standard medical procedures, SOP = standard operating procedure, SPU = Strategy and Policy Unit, THQ = Tehsil Headquarters Hospital, WMO = women medical officer.