

## **MID-TERM REPORT OF WB-PHSRP**

JANUARY 2014-JUNE 2015

**POLICY & STRATEGIC PLANNING UNIT  
GOVERNMENT OF THE PUNJAB  
HEALTH DEPARTMENT**

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## 1. Background

After post 18<sup>th</sup> Constitutional Amendment, Punjab developed its own health sector Strategy (PHSS) on the basis of a comprehensive situation analysis. The situation analysis identified major bottlenecks and challenges in the health systems service delivery, human resource planning and management, health information system, availability of medical equipment and supplies, financial management system and in the area of governance and accountability. PHSS proposed a health reforms agenda to be implemented to address the bottlenecks indicated in the situation assessment report. In that backdrop a joint WB-DFID program PHSRP/PHNP was designed in consultation with the Policy and Strategic Planning Unit (previously Punjab Health Sector Reform Program) and other stakeholders to provide support for the implementation of PHSS. It was envisaged that the project will assist the Punjab province to improve sector performance and will help to accelerate its progress towards achieving the health related MDGs 1, 4, 5, and 6.

PHSRP was approved on May 31, 2013, but the Financing and Project Agreements were signed after six months on December 2, 2013. The project became effective from January 17, 2014 while HRITF agreement of US \$20 million grant was signed on 9th July, 2014. The project signing and effectiveness was delayed by seven months. The reason for the delayed signing and completion of internal approval is due to political transition after the general election and substantial changes in the DOH management.

## 2. Objectives

Objectives of the program are to support the implementation of the Punjab Health Sector Strategy, to enhance coverage, quality and access to essential health care especially for the poor and the vulnerable especially in low performing districts of Punjab by improving the capacity of health department and strengthening systems for enhanced accountability and stewardship functions.

## 3. Components of the PHSRP

The PHSRP with an investment of US\$100 million has been using a results-based approach. The project will be supported by US\$21.5 million from the Health Results Innovation Trust Fund (HRITF). The project comprises of four components. The first three components take a results-based approach using Disbursement Linked Indicators (DLIs), while the fourth component will finance inputs for piloting and technical assistance (TA). Components of PHSRP are as following:

- i. Improving Health Service Delivery
- ii. Enhancing Efficiency and effectiveness of the Health System
- iii. Strengthening Provincial Department of Health management capacity

- iv. Improving the Capacities in Technical Areas for Equitable Health Services

#### 4. Project Development Objective (PDO) Level Results Indicators

The success of the project in meeting its objectives will be measured by the key performance indicators outlined below.

- Percentage of fully immunized children 12-23 months of age;
- Percentage of births attended by skilled health personnel;
- Contraceptive prevalence rate (any modern method);
- Proportion of children 0-24 months of age receiving the basic package of nutrition services;
- Number of Category-1 Health Care Establishments issued with provisional licenses (certificate of registration) by Punjab Healthcare Commission;
- Community satisfaction with government health care services.

In addition to the above indicators, a full set of intermediate outcome indicators have been agreed to track improvements in service delivery, performance, governance and accountability.

#### 5. A Brief Overview of Joint Missions of WB/DFID for the Assessment of PHSRP

Both the World Bank and DFID are monitoring the implementation of project through a set of disbursement linked indicators (DLIs). Over the past one and a half year, two joint mission of WB and DFID visited Punjab. First joint mission came in February 2014, the objective was to: a) review implementation progress; b) assess achievement of Disbursement Linked Indicators (DLIs); c) identify risks to timely achievement; and d) provide support and agreed action to facilitate implementation of program. The team also reviewed the status of the legal covenants and updated the results matrix. As the project signing and effectiveness was delayed by seven months so at that time health department was in the process to complete internal approval for signing authority and submit withdrawal application for the project to disburse. This delay in signing had also slowed progress in implementation of reform agenda. Mission held meetings with Health department, Program Managers, Finance Department and Punjab Health Care Commission and identified many critical issues to be solved urgently to expedite the implementation of PHSRP. First Aid Memoire is attached as **Annexure-A**.

Main reason for delay and a slow start of the program were, of course, due to late signing of the project and at the same time frequent transfer of Secretaries health and his team including Additional Secretaries Development, Establishment and Admin. This frequent turnover of policy makers

significantly affected the pace of the program. In addition to this, non-availability of full time program director of PSPU also proved detrimental to the cause of the PHSRP.

Health department took a serious note of the assessment findings and held series of meetings with all stakeholders and carried out some important steps to expedite the utilization of funds by all relevant programs for achieving the objectives of the PHSRP.

Meanwhile to improve primary/preventive health care, Government of Punjab started the health reforms roadmap in April 2014. Key goal for this roadmap has been “saving lives of mothers and children” and it is focused on reducing IMR & MMR. Roadmap focuses on priorities which are: (i) increasing immunization (ii) increasing SBA rates, (iii) strengthening basic health units, (iv) improving district level effectiveness and (v) increasing CPR. Given the early success of the roadmap, the Chief Minister desired that focus areas be determined for reforming secondary health care in Punjab and ensure higher level of service delivery with measurable outcomes. To address this important issue, a team comprising of representatives from health road map, Special Monitoring Unit of CM, Health Department and PSPU worked very hard. A Secondary Hospital Reform workshop was held on Dec 17-19, 2014 involving top national and international consultants and all other stakeholders. Resultantly a reform package for consultants/specialist of THQ and DHQ was prepared and got approved by the Chief Minister to address the shortage/non availability of specialists at THQ and DHQ Hospitals.

In order to share the success of contracting out model in KP and in Afghanistan, WB organized a workshop involving representatives of Health Department, PSPU, SMU, DGHS and Health Road Map. A joint visit of Punjab team along with TRF + and WB was also made to KP to witness the progress made after contracting out. Major findings and successes of the contracting out model in KP were shared with CM in stock take meeting where it was decided by CM to contract out all districts of Punjab by Dec 2016 in a phased manner. It was decided by the Health Department that initially 10 districts would be contracting out by October 2015 without outreach services as inclusion of outreach services is an uphill task and given the short span of time until October 2015, it would not be possible to include it. But later on remaining all districts would be out sourced including outreach services. WB did not agree to this proposal as they were requested to divert HRITF grant from contracting in model, voucher scheme and performance based incentives and DLI regarding PRSP contracts (detail of those DLIs will be discussed later on).

Another reform carried out by the Health department in the area of monitoring and evaluation was to hire the monitoring and evaluation assistants (MEAs) for the third party validation with the help of DFID grant and in this regards 172 MEAs for Primary and 22 MEAs for secondary hospitals have been

hired. MEAs have been trained by PSPU and Health Roadmap on a standardized training manual and currently monitoring primary and secondary health care facilities through use of smart phones.

Second Joint World Bank/DFID implementation support mission visited Lahore during January 6-13, 2015. The objectives were to review progress of the implementation of the reform program including achievement of DLIs, and provide support to enhance pace of implementation. The mission held meetings with counterparts in the Department of Health (DOH), Department of Finance (DOF), Planning and Development (P&D); and the Road Map team.

The Aide-mémoire presents a summary of the mission's findings and discussions and was discussed in wrap up meeting chaired by Chairman Planning and Development Board. The Aide-mémoire presented the summary of mission findings, critical issues and agreed actions. It also provided details of progress in implementation of reform areas and field visits findings. Second Aid Memoire is attached as **Annexure-B**.

Most important concern of the joint mission during the second visit was about the slow implementation of the project due to substantial changes in the DOH management anticipating a high risk that the project would not achieve the results and agreed targets unless the implementation pace was increased and agreed reforms implemented. It was also highlighted that except some improvements, implementation of reforms remained slow especially management reforms lacked clarity of directions given the multiple efforts going on in DOH. At that time it was realized that there is dire need to revisit/restructure the program keeping into view the current reforms agenda of the government as it was thought that time that reforms agenda should need more clarity and need to bring in line with the already agreed objectives as indicated in PHSRP/PHNP Progress on Health Reforms/Components of PHSRP

PSPU and health department over the past more than one and a half year remained extensively engaged to expedite the process of implementation on PHSRP. In this regards several meetings with all stakeholders including P&D, Finance Department, DGHS and all program managers have been organized to discuss their relevant component/area and DLIs. Regular steering committee meetings were also convened under the chair of Secretary Health and important steps and decision were taken, as a result of which substantial progress has been made and a number of DLIs were achieved. Minutes of the three steering committee meetings are enclosed as **Annex-C**, **Annex-D** and **Annex-E** respectively.

As indicated above there are four components of the PHSRP and **first components is about improving service delivery**. Major thematic areas under this programs are

*i. Integrated Management of Maternal Neonatal and Child Health (MNCH) and Lady Health Workers (LHWs) Programs:*

Progress made on this thematic area/DLIs is as follows:

IRMNCH & Nutrition program PC-1 was prepared and approved by PDWP with a total cost of 9.8 billion in 2013 and all three programs namely IRMNCH & Nutrition, MNCH and LHWs program have been brought under one management structure at the provincial level. ADGHS IRMNCH & Nutrition Program is looking after the three programs and has been notified as a DDO by finance department for all the three programs. There has been one person notified at the district level as the district coordinator IRMNCH & Nutrition program responsible for the implementation of MNCH, LHW and Nutrition program activities at the community and facility level. By having integration at the district and provincial level, it is anticipated that there will be more coordination between LHWs and CMWs resulting in better monitoring and supervision minimizing the duplication.

*ii. Expanded Coverage of HIV/AIDS Preventive Services;*

A significant amount of work has been done in this regards and coverage of preventive, treatment, and care services for population subgroups vulnerable to HIV infection [IDUs and Men Who Have Sex with Men (MSM)] in targeted cities have been expanded.

## **5.1 Progress on Program Reform Milestones relevant to component-1**

**i. Training of CMWs**

Every year more than 1000 CMWs are being trained through MNCH Program to improve the skilled birth attendance. The MNCH Program monthly reports are showing a varying trend with an increase during the month of August 2014 (3.3) as compared to June 2014 (2.73). However, the overall picture for the last eight months depicts varying trends. The Road Map team is presently working with the MNCH Program on training of CMWs on marketing skills that will help them to expand their clientele in their work areas.

**ii. Status of Basic EmONC Facilities**

Currently 700 BHUs have been providing 24/7 Basic EmONC services and there has been a substantial increase in the number of deliveries at 24/7 BHUs

**iii. Status of Comprehensive EmONC Facilities**

In Punjab, all Teaching hospitals, all District Head Quarter Hospitals (26/27) and 55/97 Tehsil Head Quarter Hospitals (THQH) are providing Comprehensive EmONC services.

#### iv. Establishment of OTP and Stabilization centers

Significant progress has been made in this regards and currently 414 OTPs and 18 SC are functional in Punjab

#### v. Training of LHWs on IYCF and FP

A total of 47000 LHWs have been trained on Infant and Young Child Feeding practices (IYCF) and HTSP (FP) so far. A comprehensive manual on IYCF and Nutrition was developed for the community workers. Pre-test and Post-test as well as District wise training reports are available with the LHWs program, Health Department.

Second Components was “Enhancing Efficiency and Effectiveness of the Health System”

### 5.2 Progress on Program Reform Milestones relevant to component-2

Major thematic areas under this components are as following;

(i) revision of PRSP contract (ii) Results based district management contracts with district EDOs (iii) Enhancing Governance and Accountability mechanisms including establishment for PHCC for licensing of health facilities along with a fully functional consumer complaint system and Strengthening social accountability through empowerment of communities/people through Regular Health Facility Assessments and household surveys.

Fate of two DLIs regarding PRSP and Results based district management contracts with district EDOs will be discussed later in the section “DLIs to be revisited”.

Component three was; “**Strengthening Provincial Department of Health Management Capacity**”.

### 5.3 Progress on Program Reform Milestones relevant to component-3

Major thematic areas under this components are as highlighted below;

(i) Restructuring of DGHS office (ii) strengthening of PHSRP/PSPU (iii) establishment of FMC and Procurement cell in health department for strengthening financial management and Procurement structures to improve internal control for greater accountability and Management effectiveness. Details of these thematic areas/DLIs will come in the section of “Progress on DLIs”.

Component four was “**Improving the Capacities in Technical Areas for Equitable Health Services for All**”

### 5.4 Progress on Program Reform Milestones relevant to component-4

Major thematic areas are as following;

(i) Results-based financing pilots in two districts (ii) to implement voucher scheme in two districts and (iii) social health insurance in four districts of Punjab

## **6. Summary of First Year (2013-14) DLIs**

There were six DLIs of the first year under the first three component and three out of six DLIs of the first year (training of LHWs, licensing of Health Care Establishments (HCEs); and implementation of Medical Waste Management (MWM) Plan) and one out of three DLIs of the second year (provision of services related to HIV/AIDS) needed a third party validation report which was carried out with the support of TRF+ by hiring an independent consultant in Oct-Dec 2014. Out of the three remaining DLIs of the first year, one DLI regarding PRSP contract needed to be restructured/revisited keeping into view current health initiative of Government of Punjab like contracting out. Documentary evidence for the remaining two DLIs regarding integrated management structure of IRMNCH, MNCH and LHWS program and establishment of Financial Management and Procurement Cell (FMC and PC) in Health department have been provided to the WB which was accepted by them and subsequently funds released against these DLIs.

## **7. Summary of Second Year (2014-15) DLIs**

There were three DLIs of the second year and documentary evidence of one DLI regarding HIV/AIDS after was also provided to the WB while two out of three DLIs of the second years were also thought to be revisited after mutual discussion of PSPU, Health department and WB taking into account current initiatives of government of Punjab and health department like contracting out and bifurcation of health department into two as already pointed out.

## **8. Status of Funds Reimbursement by the WB**

After submission of documentary evidence of six DLIs of the first and second year to the WB, funds amounting 22.6 M US\$ against 4 DLIs were released by the WB: 10.4 Million US\$ in April 2015, 10.6 Million US\$ in March 2015 and 1 Million US\$ for TA in Dec 2014.

Some deficits were observed by WB after verification of documentary evidence of remaining two DLIs regarding training of LHWs and Hospital waste management protocols implementation in at least two secondary level hospitals. Detail of these two DLIs is as follows;

**i. At least 15,000 LHWs in the target districts trained on (a) family planning (HTSP) and (b) Nutrition (IYCF)**

National Program for FP & PHC Punjab completed the training of 15000 LHWs on HTSP & IYCF in May 2014 to achieve this DLI. In this regard, third party validation was conducted to assess the achievement of this DLIs by verifying the necessary documents/records of these training in December 2014 and report was shared with the World Bank in Feb 2015. World Bank after going through the TPV report shared following concerns with PSPU:

TPV confirmed about 85% LHWs reported actually received training, which was 12,469 in FP and 13,140 in nutrition. The target of “at least 15,000” was not achieved b) It was unclear whether (1) pre- and post-training knowledge test was available or not; as it was not verified by the TPV team.

In order to resolve the shortfall, LHWs Program conducted training of approximately 2531 LHWs trained on HTSP and 1860 on IYCF in May 2015 and submitted a detailed report of training including pre and post test results, attendance sheets, registration, training claim & training orders of LHWs to PSPU. PSPU further shared the documentary evidence with WB. Corrigendum of TPV report with the comments that pre & post test results were available at the district and provincial level was also submitted to WB. These documents are being reviewed by the WB team and funds are expected to be released shortly against this DLI.

**ii. At least two secondary level health facilities in Districts have adopted and implemented the Medical Waste Management Plan**

Complete hospital medical waste management plan report has been prepared and submitted to WB. World Bank after reviewing the report asked to create a separate budget line for hospital waste management which was done as per requirement of the WB and evidence submitted to the WB. Another requirement was to physically verify the HWM protocols in two secondary level hospitals jointly by WB and PSPU. In this regards a joint field visit was done on July 8, 2015 to Aziz Bhatti Shaheed Hospital Gujrat which has recently been converted into teaching hospital from DHQ hospital and THQ Wazirabad Gujranwala. HWM implementation was found satisfactory at THQ Hospital Wazirabad while Aziz Bhatti Shaheed Hospital did not show satisfactory performance regarding implementation of HWM protocols. It was discussed and mutually decided to have a visit of THQ Burewala of district Vehari to meet the requirement of DLI. The visit to THQ Burewala has been scheduled on 29 July 2015 after which hopefully funds against this DLIs would be released by WB.

## 9. Health Reforms by Government of Punjab

As already discussed that in April 2014, government of Punjab started health Roadmap to bring reforms in primary health care (PHC). Roadmap focuses on priorities of increasing immunization, increasing SBA rates, strengthening basic health units, improving district level effectiveness and increasing CPR. With initial success in PHC, now its focus is on secondary health care reform as directed by CM and also working very closely for the contracting out modalities along with the team hired by TRF+, DGHS and PSPU. As already explained that Chief Minister decided to contract out all 36 districts of Punjab by Dec 2016 and in first phase 10 districts without outreach will be contracted out by October 2015. With the decision of contracting out of all districts now revision of PRSP contracts and implementation performance based district management contracts is very unlikely so there is need to decide fate of these DLIs and need to restructure them. Detail of each DLIs is reflected in the section below.

Another reform in the area of monitoring and evaluation is the hiring of MEAs with the support of FID grant to initiate third party validation so PC-1 of DIME has been changed/revised accordingly and submitted to P&D. A pre –PDWP has been held in this regards at P&D on 30-07-2015

## 10. DLIs that Needs Restructuring

### i. Results based contract for primary care revised and signed including community and facility level services covering 14 districts (PRSP contracts)

It was agreed previously to revise the PRSP contracts with the inclusion of community outreach services in addition to facility level services in the contract. It was also thought to include the role of provincial and district level health managers for the monitoring and evaluation of these contracts on periodic basis on the basis of well-established key performance indicators (KPIs). The contract was revised by the Health department in concurrence with the WB and DFID. Taking into account, current health reforms and initiatives of government of Punjab like contracting out, this DLIs needs to be revisited/ restructured accordingly.

### ii. Results-based District Management Contract; Performance management contract and payment mechanism designed and Performance management contract signed with all district health offices.

Under this DLI, it was thought that Health department would go for a contracting in model with district EDOs on the basis of well-established KPIs to promote a culture of performance based management.

A significant amount of work had been carried out in this regards over the last 2 years: KPIs of EDOs were developed in concurrence with TRF, DFID and WB. M&E dashboard and its software were also developed. A comprehensive report indicating the process of contracting in was also prepared by TRF's consultants and shared with all stakeholders. Briefing on M&E dashboard and KPIs to all EDOs was also given during EDO meeting and their feedback was also incorporated. A payment formula for disbursing the performance based incentives, involving the district health managers, TRF+ was also prepared. In addition to this Operation Manual for the Performance Management Contract has been prepared in concurrence with the WB and submitted to the WB for approval in February 2015. But as it was decided by Chief Minister to outsource all districts of Punjab by 2016, it is obvious that the DLI cannot be achieved now and hence needs restructuring.

### **iii. Restructuring of DGHS office**

Under this DLI, DGHS office had to be restructured pursuant to the revised roles and responsibilities, including the establishment of a contract management unit there. Substantial amount of work has been done to achieve this DLI over the past more than a year. A complete working paper was prepared by PSPU, Health Department, DGHS and TRF through a series of consultative meetings identifying the role of health department, DGHS office, divisional directorate and district EDOs. But keeping into view the latest decision of CM to bifurcate health department into two, a) one section for primary and secondary care and second section for the tertiary care, there is need to restructure this DLI also.

It is important to mention that keeping into account the new major contracting out initiative of Punjab Govt. a request has been sent through Chairman P&D to WB for diversion of grant for result based financing under the new contracting out model.

## **11. Progress on Legal Covenants**

### **i. Description of Legal Covenant-1**

"Punjab will: (1) establish and maintain (i) a Steering Committee at the provincial level; (ii) a Health Technical Committee in the Department of Health; and (2) maintain (i) the Punjab Health Sector Reforms Program; and (ii) the Executive District Officers (Health)".

All the formalities under this legal covenant have been carried out and it is fully met.

### **ii. Description of Legal Covenant-2**

"Punjab to ensure that the activities under the Project are carried out in accordance with the Environmental and Medical Waste Management Plan"

An Environmental and waste management plan was prepared by the DGHS office and shared with the WB for approval.

### **iii. Description of Legal Covenant-3**

“Essential Health Service Package at primary and secondary levels approved”

A lot of work has been done in this regards, EPHS for the primary health facilities (BHUs &RHCs) including community level health staff has been prepared, approved and notified by the health department. Orientation of master trainers on EPHS at the provincial level has been carried out at provincial level. Implementation activities at the district level for the EPHS are being prepared. The districts will be provided funds out of current DFID release for implementation of EPHS at district level. Districts have prepared and shared their consolidated training plan with PSPU.

The Health Department has also developed an Essential Package for the Secondary level of health services and will be notified shortly.

### **iv. Description of Legal Covenant-4**

“Annual Health Report and Annual Health Facility Assessment done”

Health facility assessment for the year 2014-15 has been done by the TRF and first draft report prepared and shared with the WB. It was conducted with the purview of assessing the district health system across all the 36 districts of Punjab. The assessment was designed through involvement of DoH Punjab’s nominated Technical Committee. The design was focused to elicit quantitative results for provision of Basic and Comprehensive EmONC services in line with the Essential Package for Health Services (PHC) and the Composite Key Performance Indicators of Executive District Officers Health at the primary and secondary care provision levels.

Annual Health report for 2014-15 has been prepared after an exhaustive process and under printing, will be disseminated shortly.

### **v. Description of Legal Covenant-5**

“Provision for hiring one environment specialist and one financial management specialist within Punjab Health Sector Reforms Program”

Financial Management Specialist has been hired through the technical assistance of WB at PSPU

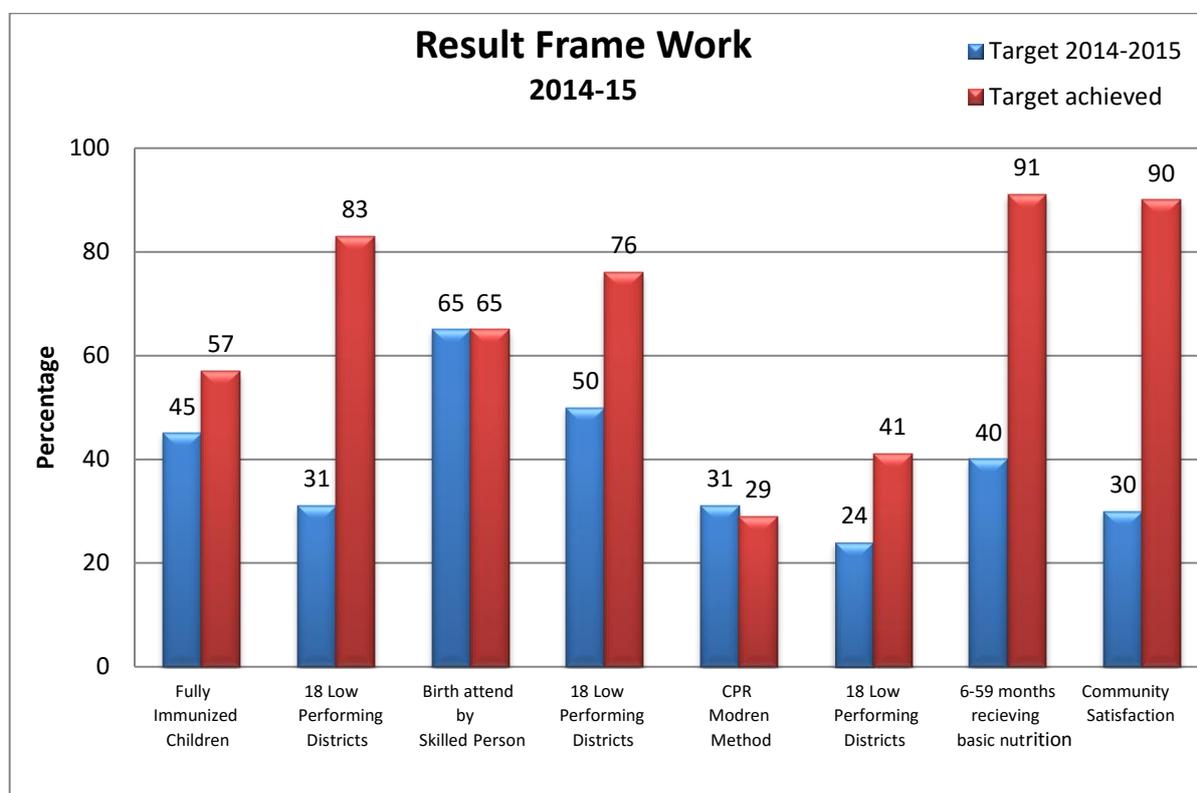
## **12. Key Milestones Achieved**

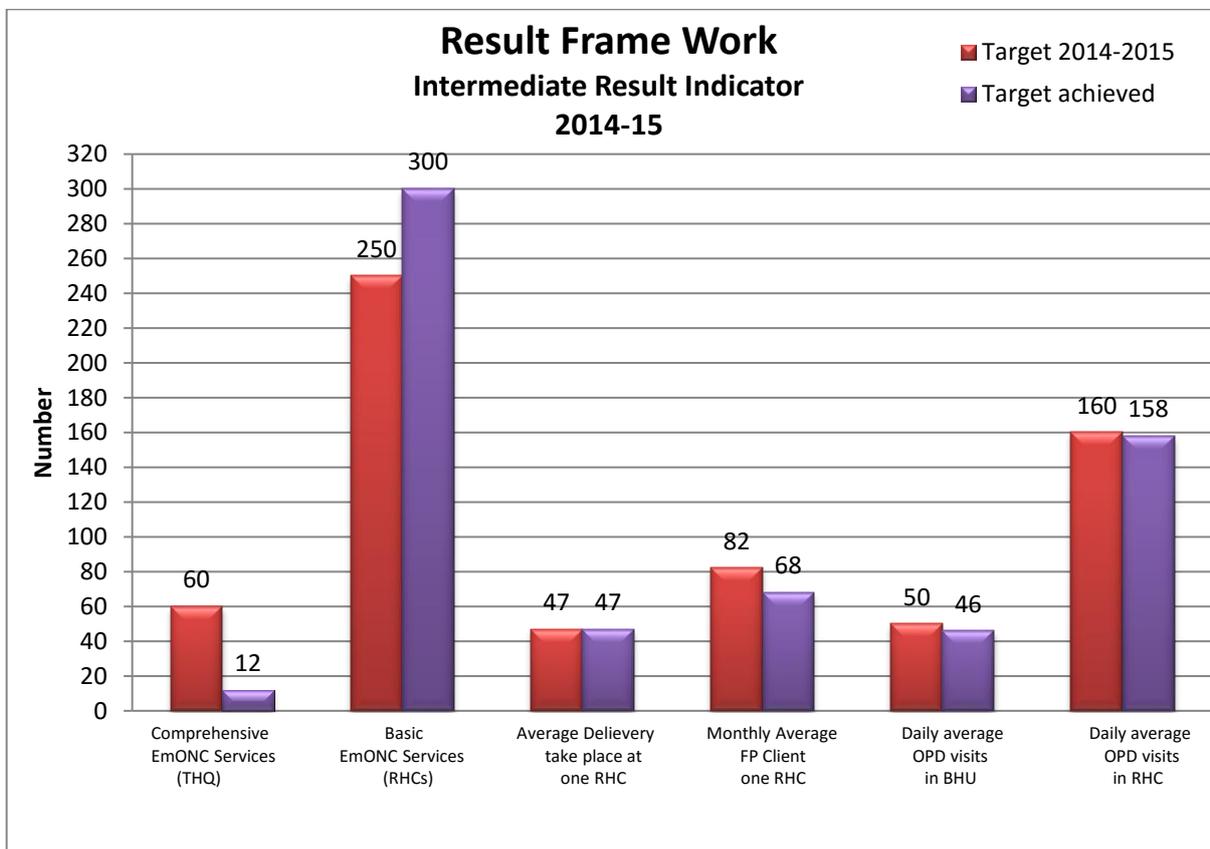
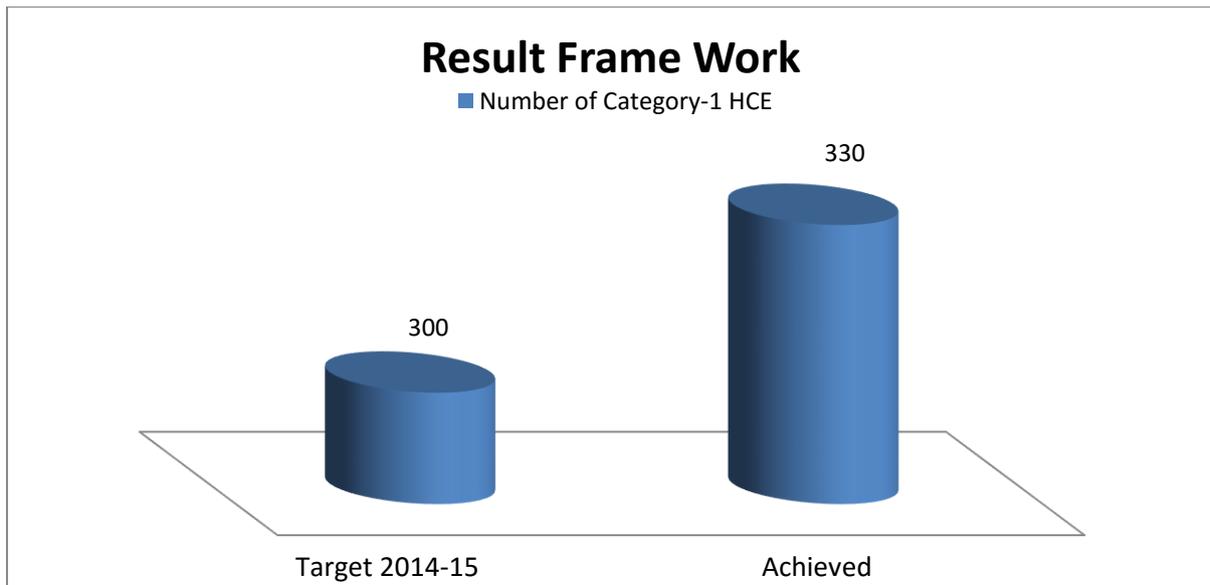
- Since last portfolio review; Substantial progress has been made in achievement of DLIs, TPV done and submitted to WB

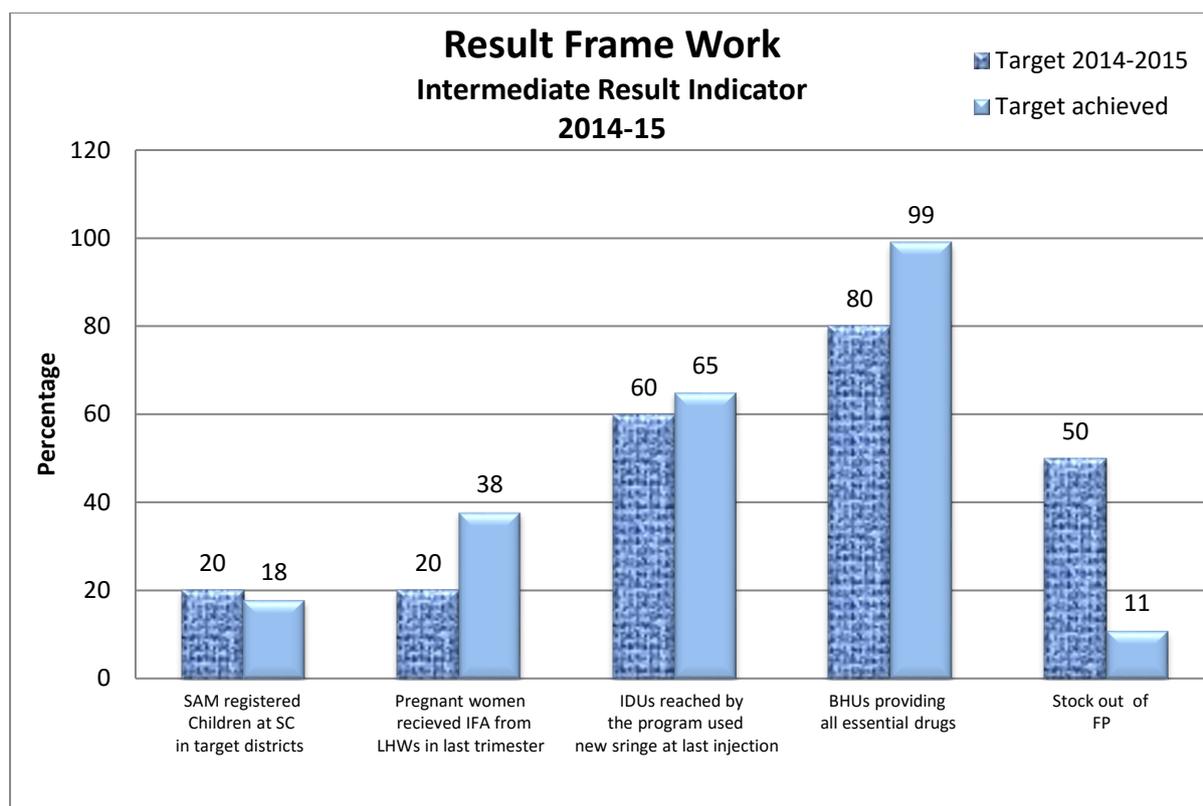
- Funds of 22 Million US\$ have been disbursed by WB. Funds for the remaining 2 DLIs is under process as all documentary evidence submitted to WB
- Audit of PHSRP for 2013-14, as per requirement of WB has been completed; Provincial Audit Department has completed the audit, issued the Audit Report and submitted the case for issuance of Audited Financial Statement (AFS) and Audit Certificate to Auditor General Islamabad. AFS will be issued shortly.
- Hiring of 6 technical experts in PSPU from open market completed
- Financial Management Specialist hired.
- Health Sector Strategy & Multi-Sectoral Nutrition Strategy has been approved.

### 13. Result Framework Achievement

According to MICS 2014, major Result framework target of PHSRP set for the second year (2014-15) have been achieved as reflected below;







## 14. Annexure

Details of annexes is given below:

Sr. No	Detail	Annexure
i.	Aid memoire-Feb 2014	Annex-A
ii.	Aid memoire Jan-2015	Annex-B
iii.	First Steering Committee minutes	Annex-C
iv.	Second Steering Committee minutes	Annex-D
v.	Third Steering Committee minutes	Annex-E
vi.	Result Frame Work Sheet	Annex-F