



Punjab Devolved Social Services Programme
PDSSP presentation to ADB/DFID Mission

The Mandate & the Initiatives
(With a Focus on 3rd Tranche Actions)

20.10.2008.

***“Difficulties increase the nearer
we get to the goal.”***

Goethe

PDSSP- Objectives & Framework

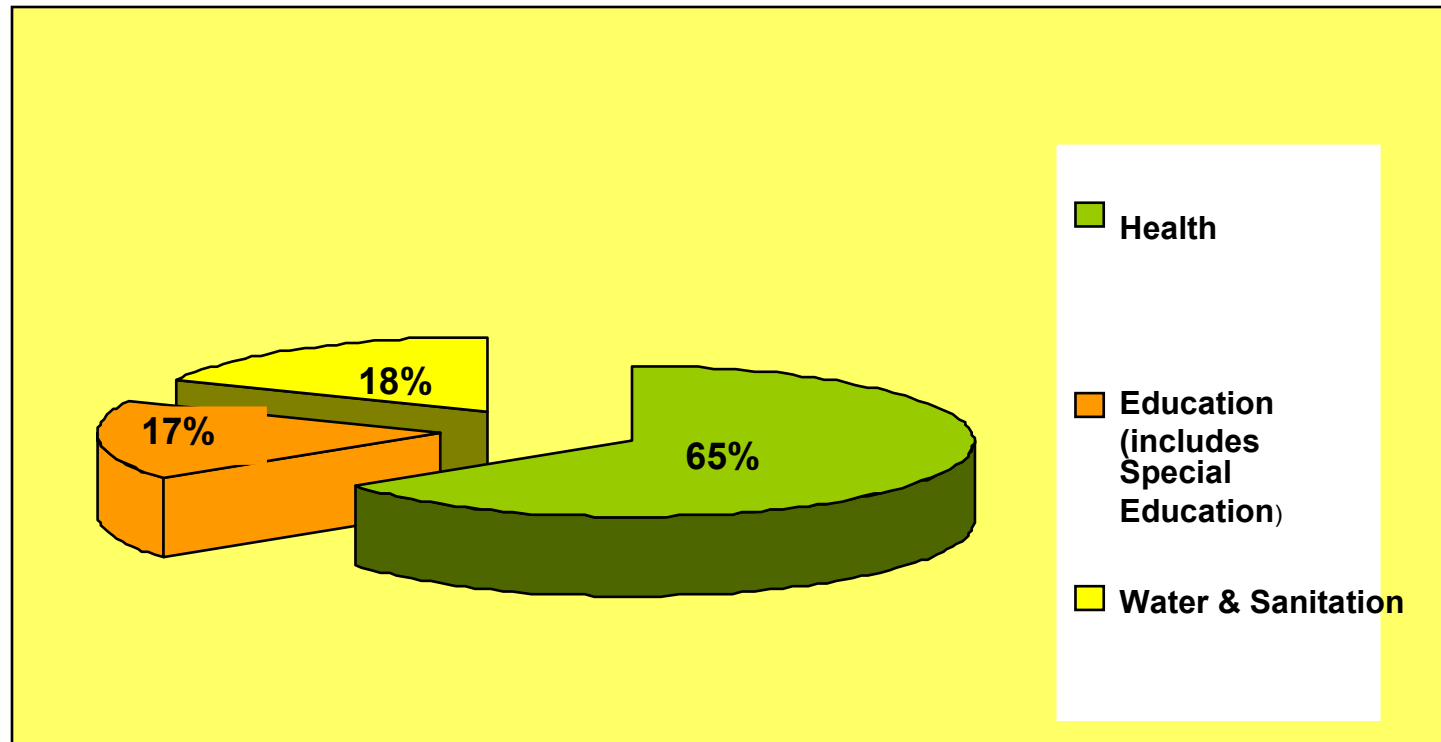
- ❑ **Aims to achieve the MDGs by introducing systemic improvements in service delivery & planning mechanisms**
- ❑ **Has both Interventionist (ADF) and Budgetary Support (OCR) components on the Programme side**
- ❑ **Expected to complement the sectoral interventions of GOPb while itself being multi-sectoral**
- ❑ **Has a huge Technical Assistance component to carry out systemic changes in the service delivery mechanisms**
- ❑ **TA Component outlives the Programme component by 1 Year**
- ❑ **Is implemented through a Policy Matrix**
- ❑ **Close interaction with both Provincial & Local Governments (MOUs give the Terms Of Partnership)**

The Three Tranches

Tranche	ADF (US \$ Million)	OCR + DFID Budgetary Support (US \$ Million)	Total (US \$ Million)
1st	23.895	51.1	75
2nd	25	30	55
3rd	26.1	23.9	50
Total	75	105	180

PDSSP's Sectoral Configuration

- PDSSP aims at achieving the MDGs
- PDSSP is multi-sectoral but with a distinct Health focus



1.a

Approval of 5-Year Strategic Plans developed by the PLDs

“The Provincial Cabinet shall have approved the 5-Year Strategic Plans developed by the PLDs”

- **Medium-term now defined as 3 Years in the Punjab**
- **PDSSP was involved in the formulation of the Medium-term Development Framework (MTDF) developed by the P&D**
- **Write-ups of 13 Sectors were specifically allocated to the PDSSP for purposes of augmentation, editing and aligning the MTDF with the Strategic Planning Guidelines**
- **The 13 Sectors included the 4 PDSSP works in**
- **Approval of Provincial Cabinet of MTDF 2008-11 acquired (Minutes of Cabinet)**

1.b

3 Year Rolling Plans

1(b)Tranche Action: At least 75% of the DGs, and 50% of the Programme TMAs, shall have developed their 3-Year Rolling Plans consistent with the 5-Year strategic plans; and the respective local government councils shall have approved such rolling plans.

1. b

Development & Approval Of 3YRPs

Status as of 01 November 2008

Sector	3YRP Development	3YRP Council Approval
Health	33 of 35 Districts = 94.28%	28 of 35 Districts =80%
Sp. Education	8 of 8 Districts = 100%	4 of 8 Districts = 50%
Education	10 of 12 Districts = 83%	6 of 12 Districts =50%
WSS	30 of 34 TMAs =88.2%	24 of 34 TMAs =70.6%

1. b

Development & Approval Of 3YRPs

- **Development (iterative process) & Quality Assurance**
 - PDSSP reviewed all 3YRPs
 - Regularly returned/amended/approved 3YRPs to ensure quality
- **Causes for delays in Council Approval**
 - Political Uncertainty – devolved system under review
 - Convening Sessions- Irregular & Inconclusive
 - Councilors believe it is a futile exercise; quorum issues
- **Impact of Transfers**
 - Development and approval of 3YRPs is a hands-on activity, and is directly impacted by transfers

1.c

Devolved Social Services: Implementation of Time Bound Action Plan

1(c) Tranche Action: Punjab shall have approved the time-bound Action Plan and PLDs, S&GAD and the DOF shall have implemented such action plan

Objectives:

Provincial Government to

- Ensure implementation of administrative & financial powers under PLGO 2001**
- Identify gaps in the existing set-up**

1.c

Time Bound Action Plans

Key Achievements

- **After a series of meetings with line departments and review of important official documents 71 gaps were identified**
- **PDSSP developed a time-bound action plan for:**
 - **Removal of these gaps**
 - **Achieving full implementation of administrative and financial powers**
- **A consultant was hired to help complete this activity**
- **Approval acquired from Secretary LG&CD**

1.c

Time Bound Action Plans

Key Achievements

Department	Actions Proposed	Actions completed	% of actions completed
C&W	1	1	100
Cooperatives	1	1	100
Finance	16	16	100
Health	7	7	100
LG&CD	22	22	100
S&GAD	2	2	100
Total	49	49	100

1.c

Time Bound Action Plans

Key Achievements

- **Devolved Administrative Powers**
 - **Most of the administrative powers, not decentralized earlier, have been delegated to the Devolved offices/District Governments**

1.c

Time Bound Action Plans

Key Achievements

Following have been achieved:

□ **Devolved Financial Powers**

- **Handbook of Delegation of Financial Powers for District Governments is in the process of being developed. On completion it will be**
 - **Printed by the PDSSP after due approval by the Governor of Punjab**
 - **Circulated to District Governments and devolved offices**
- **Handbook of Delegation of Financial Powers, 2006, is being revised and after due approval will be printed by the PDSSP**
- **The handbook of Delegation of Financial Powers, 2008 has been designed keeping in view the gaps identified by the PLDs**

1.c

Time Bound Action Plans Challenges

- **Local Government System is under critical review after the General Elections**
- **Action plan is an evolving document & has undergone several changes**

Therefore milestones of the activity set in an ever-changing, nebulous environment w.r.t the overall context and specific to the action plan become more complicated

1.d

Appointment of SDOs & XENs

1(d) Tranche Action: 100% of SDOs and 50% of XENs shall have been appointed in each programme TMA to exercise Technical Sanctioning (TS) powers

Objectives:

- ❑ **100% postings of Sub-Divisional Officers (BS-17)**
- ❑ **50% postings of Executive Engineers (BS-18)**
- ❑ **Ensure exercise of TS powers**

1.d

Appointment of SDOs & XENs Key Achievements

- **100% SDOs posted**
- **More than 50% XENs posted**
- **Technical Sanctioning Powers are being exercised**
 - **Notification**
 - **Example of exercise of TS powers**

However, the hybrid structure of the LG and PHED led to administrative and functional conflicts

1.d

Appointment of SDOs & XENs Challenges

- **Due to the February 2008 Elections postings and transfers had been stalled during**
 - **Pre-election (caretaker government) period**
 - **Election time**
 - **Post-election period**

- **Following the General Elections**
 - **The Devolution Plan came under incisive review**
 - **Frequent transfers and postings affected timely completion of this Action –**
(snapshot of transfers during a 2 month period [Au

1.e

PFC Award & Conditional Grant System

1(e) Tranche Action: PFC Award Announced & Continuance of the Conditional Grants System

- **PFC Award Notification being presented as evidence**
- **Minutes of the specially convened meeting (in March 2007) of the PFC for the PDSSP are also being submitted as evidence**
- **Finance Department (PFC Secretariat) Release Orders to DGs & Programme TMAs- evidence of continuation of Conditional Grants System for the PDSSP**

1.f

MOUs for 3rd Tranche Funds

1(f) Tranche Action: MOUs Signing for Access to 3rd Tranche Funds

- Evidence from both the DGs & Programme TMAs being presented
- MOUs signed by DCOs & TMOs this time under a LG&CD advice
- Update on Signing (correct about 18.10.2008):

Local Government Level	Number of MOUs Signed
District Governments	30/35
Programme TMAs	30/34

2.a

MSDS Health Implementation

2(a) Tranche Action: HUD & PHED, DOH, DGs and the Programme TMAs shall have commenced implementation of the technical and service standards

2.a

MSDS Health Implementation Key Achievements

- **MSDS** developed through process of extensive consultations, and detailed quality assurance
- **MSDS Health** document notified by Department of Health on 31 December 2007
- **Costing of MSDS Health Implementation**
 - **MSDS Health is costed at Pak Rs. 21.8 billion**
- **Evidence Collection from Districts**
 - **Districts show evidence of capacity to initiate some utilization of funds towards MSDS Implementation actions and activities**

2.a

MSDS Health Implementation Key Achievements

□ Positive-Negative List

- Focus on MCH related equipment, capacity strengthening
- Focus away from civil works

□ Workshops

- In collaboration with UNDP MNCH, PDSSP presented the MCH-focused-MSDS Implementation strategy to attending EDOs, MSs, and DCOs.

□ MOU-MSDS Signing

- Signed by all 35 DGs, the MOU obtains a commitment for adequate fund allocation over 3 years towards the achievement of MSDS goals
- Monumental shift to long-term planning and policy stability

2.a

MSDS Health Implementation Key Achievements

□ Health Awareness

- DVD documentaries on MCH related issues distributed to all Districts in Punjab for dissemination

□ Implementation Guidelines (English and Urdu)

- Guidelines circulated to all EDOs (H) through offices of Secretary Health and DGHS Punjab.
- The EDOs (H) further instructed to disseminate Guidelines to all field functionaries and service providers
- ADB's request for strategic Guidelines addressed. Strategic Guidelines developed, which shall directly benefit the PMDGAP

2.a

MSDS Health Implementation Challenges

□ Ownership

- PDSSP's persistent efforts to get ownership for MSDS
- MSDS Health now enjoys ownership from the Health Department, support from the P&D Board, and inclusion in parallel Health interventions (PMDGAP, HSRP & MNCH)

□ Phased implementation approach

- **Phase 1** is focused on MCH; congruent with PMDGAP agenda
- Phasing eases financial commitments, increases confidence, and allows for greater acceptability and inclusion of MSDS in medium-term planning at the Districts without overwhelming their capacity

2.a

MSDS Health Implementation Challenges

- **Devolution Paradigm**
 - The political transition and the ensuing Devolution assessment
 - The Devolution Plan is under serious review
 - Implementation of reform (through a system under scrutiny) has been more challenging than anticipated

- **Delays due to frequent transfers of EDOs (H) and DCOs**

- **Financial Planning**
 - MSDS Health implementation requires capacity for rolling financial planning at the District level

2.a

MSDS Health Implementation Challenges

□ Structural Challenges

- MSDS is a revolutionary service delivery concept in Punjab's health sector context – hence change needs time
- Persistent efforts over 3.5 years would be required to ensure implementation
- The paradigm needs acceptance and ownership at both local and provincial levels, without losing focus of the spirit of 'devolved powers'

2.a

MSDS WSS Implementation

2(a) Tranche Action: HUD & PHED, DOH, DGs and the Programme TMAs shall have commenced implementation of the technical and service delivery standards

2.a

Context for MSDS WSS in Punjab

- **Water and Sanitation services in Punjab**
 - Serious systemic problems accentuated by capacity constraints
- **Tehsil Municipal Administration (TMAs)**
 - PDSSP evidence of TMA capacity to undertake reform refutes the general perceptions
 - TMAs have shown greater eagerness and responsiveness
- **MSDS WSS involves two specific areas**
 - Service Delivery Standards – i.e. collection, distribution, consumer responsiveness, complaint redress etc.
 - Technical service standards – i.e. purification, solid waste management, pumping, etc.

2.a

MSDS WSS Implementation Key Achievements

- **Document Review Process**
 - Extensively reviewed by all stakeholders
 - Quality assured by an International Consultant
 - Urban Unit provided key support in the drafting of Chapter 4 of MSDS WSS
- **Approval of Chief Minister obtained on 26 August 2008**
- **Implementation Guidelines**
 - Shared extensively with all 34 Programme TMAs through the PHED

2.a

MSDS WSS Implementation

Key Achievements

- **Urdu Translation of Implementation Guidelines**

- **Positive/Negative List communicated to Programme TMAs**
 - **Endorsed and sent by PHED & FD**
 - **Utilization of funds for Operations, Maintenance, and Equipment encouraged**
 - **Utilization of funds for Staffing, Sewage pipe-laying discouraged**

2.a

MSDS WSS Implementation Key Achievements

□ Workshop on Implementation

- Sensitized towards MSDS requirements
- Implementation Started



MSDS WSS Implementation Challenges

- **Implementation of reform in an unsure political environment**
 - PDSSP has observed that the political scrutiny of TMA structures has reduced interest among officials
- **Recent spate of posting/transfers of TMOs**
- **PDSSP has had to ensure ownership of change from all ends**
 - New ideas gain acceptance after a period of information sharing; reform will take time

2.b

Essential Posts in DG and Programme TMAs

2(b) Tranche Action: DG and Programme TMAs shall have filled half of the remaining 50% of essential vacant positions in accordance with the guidelines notified by LG&CD and LGC shall have reported on the transparency of the recruitment process.

Objectives:

- ❑ **Fill half of the remaining 50% essential vacant positions i.e. 75%**
- ❑ **LG & CD to have reported on the transparency of the recruitment process**

2.b

Essential Positions in DGs and TMAs Key Achievements

Department	Sanctioned	Filled	Vacant	% of posts filled
Health	17802	13968	3834	78.46
Education	361007	304286	56721	84.29
PHED/WSS	184	166	18	90.21
Special Edu	1413	1096	317	77.56

2.b

Essential Positions in DGs and TMAs Key Achievements

- **These figures have been provided by the PLDs**
- **The LG&CD Department has reported on the transparency of the recruitment process of the Departments**

Monitoring Strategies

3(a) Tranche Action: PLDs, DGs and Programme TMAs shall have Implemented the Monitoring Strategies

Background & Overall Context

- ❑ **Government commitments to achieve MDGs and introduction of MTDF require focus on monitoring**
- ❑ **Extensive use of IT for programme monitoring**
- ❑ **Project Management Units have a major focus on M&E**

3.a

Components of Costed Monitoring Strategy for the Social Sector

Education & Special Education Sectors

- **PMIU-PESRP leading the way**
- **DMO-MEAs Methodology**
- **Implementation of Costed Monitoring Strategy**

3.a

Components of Costed Monitoring Strategy for the Social Sector

Health Sector

- Steps taken by the PMU of PHSRP to Strengthen the **Internal Monitoring & External Monitoring**
- **MSDS** in the Health Sector and its Implementation and Monitoring
- **Implementation** of Monitoring Strategy

3.a

Components of Costed Monitoring Strategy for the Social Sector

Water Supply & Sanitation Sector

- **Minimum Service Delivery Standards in WSS Sector**
- **PHED established an MIS Cell at the Secretariat level**
- **The PHED is establishing Community Development Units at District level**
- **Implementation of Monitoring Strategy**
 - **Proof of Implementation in PHED & HUD**
 - **Proof of Implementation in TMAs**

3.b

Behaviour Change Campaign

3(b) Tranche Action: Punjab shall have continued to implement its Behaviour Change Communication Campaign

BCC Initiatives in 4 sectors:

- **Health**
- **Education**
- **Special Education**
- **Water & Sanitation**

3.b

Behaviour Change Campaign Key Achievements

Awareness campaigns through a mix media approach during the last year and a half:

Print Media:

- **Posters – Examples from the Health Sector**
- **Brochures/Booklets** –
Examples from the Health Sector
- **Informative Newspaper Ads** –
Examples from the Education Sector

3.b

Behaviour Change Campaign Key Achievements

Electronic Media

□ Electronic/Video Clips

- **Special Education Sector** – 2 clips, (each approximately 1 minute long) on the reform initiatives of the Department

□ Documentary Films

- Two documentaries were produced
 - **Health Sector 'Mothers of Punjab - The Three Delays that lead to a Higher MMR'** – 18 minutes long
 - **WSS - 'Reinventing the Lifelines of Punjab'** – 19 minutes long
- Aired in Urdu on Cable TV networks across 14 cities and districts in the Punjab for a total of 28 times between 10th January and 6th March, 2008
- Both the documentaries have been sent to LGs for dissemination and telecasting

3.b

Behaviour Change Campaign Key Achievements

□ Website

- The PDSSP and all other flagship programmes like the PRMP and the PESRP have also moved towards e-Governance by developing their own websites
(A snapshot of the PDSSP home page)
- PESRP & HSRP have also developed their websites

3.b

Behaviour Change Campaign Key Achievements

- **Examples of District Interventions**
 - **Health Sector**
 - **Special Education Sec**
 - **Water & Sanitation Se**



3.c

Status of Monitoring Committees

3(c) Tranche Action: LGC shall have carried out a survey and confirmed the effective functioning of the LG Monitoring Committees

- **Diverse Standings**
 - **Functional in some Districts & non functional in others**
- **Reasons for being Non-functional:**
 - **Political Situation in the District**
 - **MNA/MPA vs District *Nazim***
- **Deficient Role of DCO, EDO and District *Nazim***
- **Repercussions of transition**
 - **Intrusive, overbearing and 'motivated' ways of MCs; oblivious to Sec 138 PLGO, 2001**
- **Adversarial posturing**

3.c

Status of Monitoring Committees

- **Higher Expectations of the Members of Monitoring Committees**
 - **Lack of logistical arrangements**
 - **Aspiration for facilities during operation**

- **Low Capacity of the Members of Monitoring Committees**

PPP Implementation

Condition 3.d

PLDs, DGs and the Programme TMAs shall have implemented the ~~policy~~ on public-private partnerships.

Strategy



3.d

Context of PPP Strategy in Punjab

□ Knowledge of PPP Paradigm:

- Important to gain provincial and local confidence, consent, and support for proposed interventions/ implementations
- Dissemination pursued through workshops, presentations, literature, briefs, and regular contact with DGs

□ Ownership:

- PDSSP is confident that key achievements towards Implementation of PPPs show a growing ownership of PPP models/Strategy/paradigm by the Districts
- The PDSSP has made certain that PPP implementation is not a 'top-down' directive, nor an imposition; the emphasis has remained on local ownership, acceptance and leading to 'bottom-up' initiatives

3.d

PPP Implementation Key Achievements

- **Development of PPP Strategy**
- **Implementation Guidelines (English and Urdu)**
- **PPP Roundtable**
- **PPP Presentations – CM, Chairman P&D, Sect. P&D**
 - PDSSP obtained clear approval for PPPs by the CM from the meeting on 20 August 2008



3.d

PPP Implementation Key Achievements

- **Vetting of 7 PPPs by Law Department**
 - PDSSP submitted 7 PPP Models on 28 August 2008, and obtained vetted models from Law Dept. on 19 September 2008.
- **MOUs signed to-date: 8 in Health, 4 in WSS, 1 in Education**
- **Provincial PPPs assessed in accordance with PDSSP PPP Strategy**
- **Gujranwala PPP**
 - Modified model from Gujranwala was independently assessed by PDSSP
- **Issuance of Financial guidelines/SOPs from Department of Finance**

3.d

PPP Implementation Challenges

- **Lack of trust between the private and public sector**
- **Lengthy process of approval of Strategy from stakeholders**
- **The hesitance towards change in administration**
 - **Development of a new social sector service delivery model**
- **Local capacity constraints**
 - **Necessitated the adoption of a supply-side strategy for arranging partnerships**

3.d

PPP Implementation Challenges

- **Implementation delays due to frequent transfers of EDOs, DCOs and TMOs**
- **Lack of coordination of public offices at the District level**
- **PDSSP recognizes the need for immediate successes for reform programmes**
 - **Thus strategized targeting of partnerships with Districts that have the capacity to deliver success**

Third Tranche Actions- An Assessment (done in May 2008)

Compliance would not pose any challenge	Compliance would be achieved	Could be a case of Shades of 'Substantial Compliance'	Partial Compliance
Approval by Cabinet of Strategic Plans	3-Year Rolling Plans development & approval	Implementation of MSDS- Health & WSS	Effective Monitoring Committees
PFC Award & Conditional Grants System	Commencement of MSDS Health and WSS Implementation	Implementation of Time-Bound Action Plan for Devolved Powers	
Signing of MOUs	TS Powers exercise by 100% SDOs & 50% XENs	Implementation of PPP Strategy by PLDs, DGs & PTMAs	
Filling of 75% of Essential Vacant Positions	Implementation of Costed Monitoring Strategies		
Implementation of BCC Campaign	Implementation of Time Bound Action Plan		
	Implementation of PPP Strategy		

PDSSP's Take on the Ranking Status

Ranking Status	Number of Tranche Actions
Full Compliance	10
Substantial Compliance	1
Partial Compliance	1

An Update on the T.A. Component

- **So far 62 Contracts have been finalized under the TA**
- **Total spending is touching US \$ 1 million**
- **TA utilization needs to be made diverse, dynamic & result-oriented**
- **TAMA induction should help**

HEALTH

T.A. Activities

OTHERS

- ❖ Development of MSDS-Health
- ❖ Detailed Costing of MSDS-Health
- ❖ SOPs for Primary & Secondary Health Care
- ❖ Standardized Medical Protocols
- ❖ Medico-legal Reform
- ❖ Job Description & Performance Evaluation System for medical & paramedical Staff
- ❖ Mental Health Care System
- ❖ Development of a Referral System
- ❖ Restructuring of the PHF
- ❖ Restructuring of DGHS Office
- ❖ A 3rd Party Performance Audit of all Autonomous Institutions: 2 Teams fielded, 2 more to work
- ❖ Study on Model Urban Catchment Hospital
- ❖ ECCD Nutritional Model
- ❖ Career Progression of Paramedics
- ❖ *A Health Insurance Model for Punjab*
- ❖ *Preventive Maintenance of Equipment*

- ❑ Development of MSDS- Edu, Sp'l Edu & WSS
- ❑ Pedagogy & Andragogy in Special Education
- ❑ Institutional Development in Special Education
- ❑ An Array of Activities (14 in all) documented for the PESRP
- ❑ Integrated Literacy & Vocational Skill Planning for NFBE & Literacy
- ❑ A Human Resource Management Manual (Synergy: PRMP)
- ❑ 2 BCC Documentaries
- ❑ Creation of TMA Support Cell in PHED
- ❑ Developing a Waste Water Treatment System
- ❑ International Best Practices for WSS
- ❑ Training Workshops for PHED Community Mobilizers
- ❑ *Study to determine Water Aquifers*
- ❑ Sociological Analysis of the PCWSSP Model
- ❑ *Curriculum Development for the Special Education Sector*
- ❑ Developing Criteria for Establishment/Upgradation of Govt Special Education Institutions
- ❑ *Third Party Audit of PESRP*
- ❑ *PETS & Debt Sustainability Analysis*

Status of Utilization

Health Sector

Category	amount	%age
Civil Works	236.77	53.47
Equipment	148.47	33.53
Transport	45.78	10.34
Others	12.55	2.83
Total	442.85	

Civil Works	amount	%age
Construction	201.65	85.17
Repair/Renovation	24.34	10.28
Upgrade	10.78	4.55
Total	236.77	

Equipment	amount	%age
Medical	121.84	82.07
Non-Medical	26.63	17.93
Total	148.47	

Status of Utilization

Education Sector

Category	Utilization	%age spent
Furniture	11.33	9.20
Construction	84.93	68.97
Upgradation	20.18	16.39
Books	1.66	1.35
Transport	1.4	1.14
Equipment	2.87	2.33
Total	123.14	

Status of Utilization

Water & Sanitation Sector

Category	Amount	%age
Sanitation	130.45	58.64
Water Supply	80.99	36.40
Solid Waste	11.04	4.96
Total	222.48	

Sanitation	Amount	%age
Const Drains	85.52	65.55
Const Sewerage	44.34	33.99
Repairs	0.59	0.45
Total	130.45	

Water Supply	Amount	%age
Repair	7.31	9.88
Extension	15.77	21.31
Construction	42.33	57.20
Equipment	8.59	11.61
Total	74.00	

Solid waste	Amount	%age
Construction	2.36	21.34
Repair	1.18	10.69
Equipment	7.50	67.97
Total	11.04	

Process & Output Indicators for Health

- A list of indicators were extracted from the 3YRPs to measure progress in the health sector
- The results have been **tabulated** & the better performing indicators have been separated from the weak performing indicators have also been presented in the form of a **table**