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Sub-National Governance Programme

IMPROVING PUBLIC SERVICE DELIVERY

EDUCATION

HEALTH

District Delivery

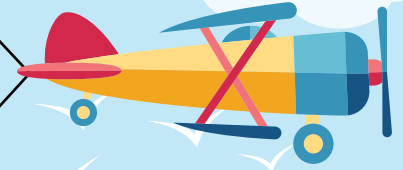چیلنج
Fund
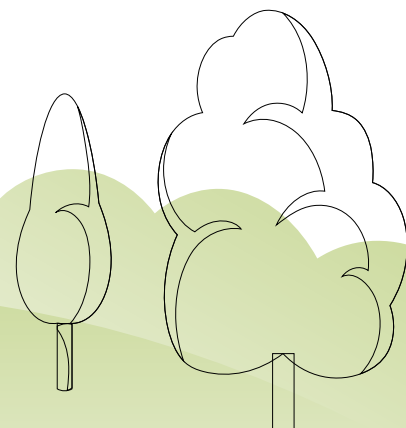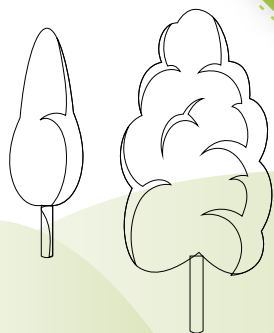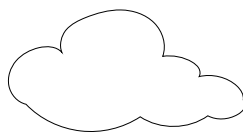
DISTRICT DELIVERY
CHALLENGE FUND (DDCF)

PUNJAB 2013-17

INVESTING IN INNOVATION

Total No of Beneficiaries of DDCF Pilots in Punjab: **1,592,921**
Round 1: 184,376
Round 2: 1,408,545

3 education pilots

Teachers' capacity **strengthened**

Teachers' accountability **enhanced**

Child engagement **enhanced** through activities that promote learning and interest in education

Innovative Pedagogical Techniques introduced at **primary level**

Female Teachers **facilitated** through trainings at convenient locations

Provincial teachers' training programmes **reformed**

District Delivery چیلنج Fund

DDCF KEY FOCUS AREAS

4 health pilots

Improved child traceability for **100% vaccination** coverage

Improved governance in the procurement and distribution of medicine at Basic Dispensing Units

Enhanced disease patterning for informed planning and budgeting of medicines at district level

Introduced Remote diagnostic facilities and prescription to combat resource constraints at basic health facilities

Improved EmONC services through emergency transportation and medical assistance at patients' doorsteps

SUB-NATIONAL GOVERNANCE (SNG)
PROGRAMME

The Sub-National Governance (SNG) programme, a 5-year DFID funded initiative, was specifically designed to improve the Pakistan provincial government's capacity to respond more efficiently and effectively to the public service needs of the local communities. The programme's primary areas of focus included, implementation of governance policies, efficient public financial management and investment in innovations in governance to improve the access to and satisfaction with the basic public services. The initiative incorporated an iterative and collaborative approach, which encouraged participation and feedback from a range of stakeholders to help achieve relevant and effective results.

SNG programme was piloted in a total of twelve districts in the provinces of Punjab and Khyber Pakhtunkhwa (KP), where six pilot districts were selected from each province. In Punjab, these included Sheikhupura, Hafizabad and Mandi Bahauddin in north and Sahiwal, Vehari and Bahawalnagar in the southern region. The project team of each province worked with the local authorities to strengthen governance at the district level. These led to demand-driven solutions, relevant to the different provincial contexts. The programme employed a range of methodologies to assess needs, understand key political influences and target service delivery priorities.

The Programme teams provided technical assistance in the following key areas to help district governments of Punjab and Khyber Pakhtunkhwa better plan, budget and target services. The programme supports the achievement of these objectives by enabling delivery of three programme-level outputs:

i.   Public Financial Management (PFM) and planning systems improved;
ii.   Devolved systems, processes and budgets better focused on service delivery; and
iii.   Support to innovative experiments, some of which substantially improved service delivery.

District Delivery

چیلنج
Fund

DISTRICT DELIVERY CHALLENGE FUND (DDCF)

The District Delivery Challenge Fund (DDCF) was a sub-component of SNG programme that was established in April 2013. The DDCF was a competitive grant to identify and test innovative solutions that addressed the challenges of poor quality and inadequate governance in public education and health sectors. The challenge fund sought to embed solutions within the mainstream working of government departments. In Punjab, DDCF launched two rounds and allocated funds to three experiments in education and four in the health sector.

The total financial allocation for 7 DDCF pilots was approximately over PKR 256 million

The first round of funding focused on improving learning outcomes in primary education whereas the second round was dedicated to the improvements in primary healthcare services. In **Punjab**, seven innovative pilots were funded, three from the education sector and four from health. The education pilots focused on improving learning achievements through in-service teacher training (INSET) and by providing mentoring and lesson support. Health pilots emphasised on improving Basic Health Unit (BHU) management, mother and child traceability for 100% immunisation coverage and provision of basic healthcare facilities at the district level. The health pilots were relevant and appropriate in the context of what works in wider public health sector landscape in developing countries, across the globe.

> " Government has scaled up parts of all 3 Round 1 education pilots under its Khadim-e-Ala Teacher's Training Programme and other DSD initiatives; whereas all 4 health pilots of Round 2 have recorded more pronounced success with their pronvincial adoption and scale up. Har Zindagi – E-vaccination project and Intergrated Ambulance Service (IAS) are being scaled up across Punjab; whereas parts of TeleMedicine/Diagnostics and Teemardar – Medicine Inventory Management pilot are influencing the designs of future initiatives of the government. "

In **Punjab,**
DDCF awarded grants to **3 primary education** pilots in Round 1 and **4 health care** pilots in Round 2

DDCF
Round 1
Primary Education Pilot Projects

- Learning Boost
- Learn While You Teach
- Education Data Management System (EDMS)

EDUCATION

HEALTH

DDCF
Round 2
Primary Health Pilot Projects

- Har Zindagi
- Temaardar
- Telemedicine
- Integrated Ambulance Service (IAS)
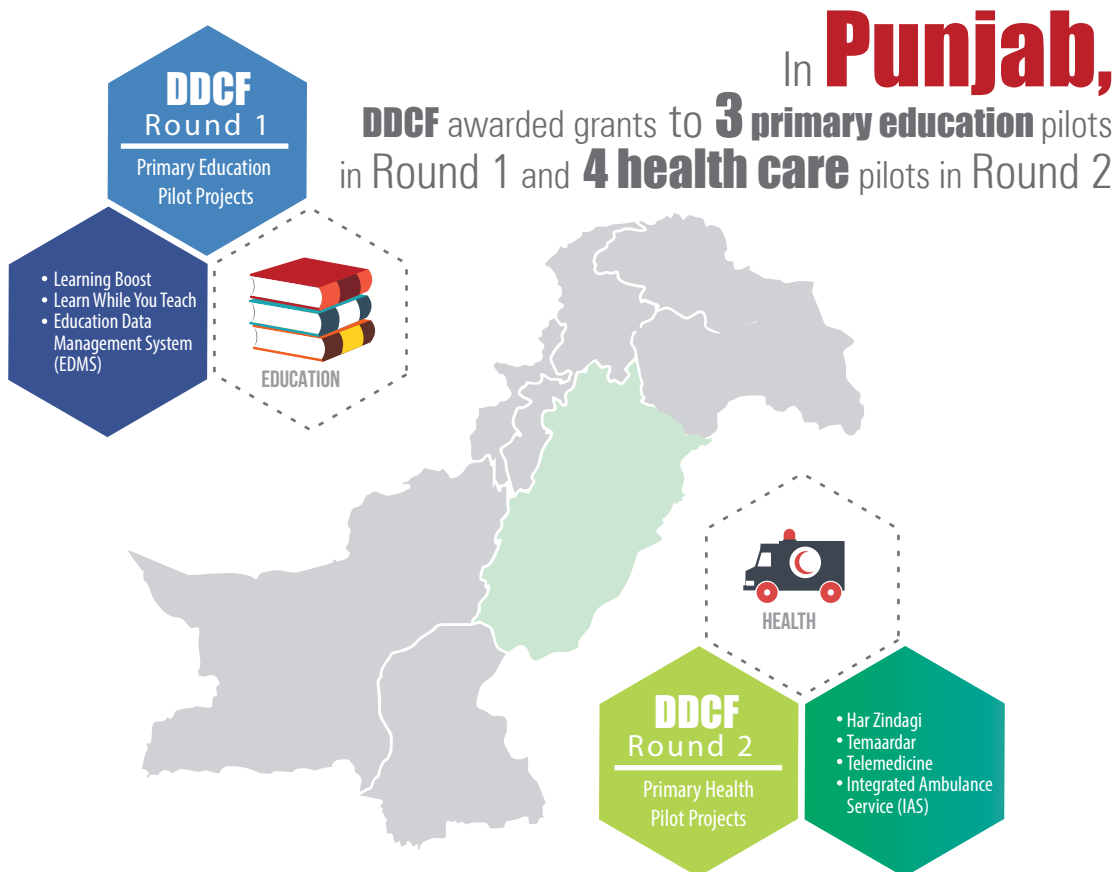
DDCF ROUND 1
Primary Education Pilot Projects

LEARNING BOOST

The Project's Implementation Partners: TeleTaleem & Directorate of Staff Development (DSD) , School Education Department, Government of Punjab

The project focused on improving children's learning outcomes in numeracy, literacy, and grade 5 mathematics skills by strengthening and improving teacher training

£ INVESTMENT COST
PKR 43.3M

Total no of beneficiaries: **86, 992**

including:

337 teachers

30 DSD officials

26,000 children of treatment schools

46,226 children attending community activities

14,240 parents (**70%** of which were mothers)

40%

53 community workers

2 0 0 SCHOOLS

WERE FEMALES

Of Vehari & Mandi Bahauddin

MEASURED IMPACT ON CHILDREN'S LEARNING

CHILDREN IN TARGET SCHOOLS GAINED

30% more in early grade literacy

144% more in early grade numeracy

25% more in grade 5 mathematics skills

COMPARED TO THEIR COUNTERPARTS IN THE CONTROL GROUP

Directorate of Staff Development is scaling up parts of the project in 3 more districts under its Khadim-e-Ala Teacher's Training Programme

USAID

under the Sindh Reading Programme provided Teletaleem
PKR 25.8 MILLION
to implement key components of the Learning Boost programme.

Endorsements

Directorate of Staff Development
Executive District Officer, Vehari
Punjab Teachers' Union, Vehari
Punjab Teachers' Union, Mandi Bahauddin
District Training & Support Centre, Vehari
USAID

> Training with Teletaleem is a lifelong investment in my future. With this training, I feel equipped to teach math in an accurate, engaging and helpful manner. I highly recommend this course to anyone who is considering teaching Mathematics.

Shakila Akhter
Grade 2 Numeracy Teacher, Vehari

> In my opinion, Teletaleem Learning Boost training programme has been the best learning experience in my career so far. I have learned that teaching is not just teaching but learning as well. We cannot expect our students to develop innovative things if we are not equipping them well. Learning Boost was a phenomenal experience that introduced me to endless resources. It was an energising and inspiring experience that has completely transformed my role as a teacher and a learner.

Rao Asghar
Grade 5 Teacher, Vehari

Learn While You Teach

For Improved Teaching Technique

The Learn While You Teach (LWYT) project identified why children performed poorly in Science and Mathematics. The project improved student learning outcomes by strengthening and improving the delivery of teacher training in the province. The initiative improved service teacher training via Information and Communications Technology (ICT) and District Teacher Educators (DTEs).

20 videos were developed for improving teaching quality. DTEs were trained using innovative teaching techniques mathematics and science through videos on tablets. The DTEs trained Primary School Teachers (PSTs) who, in turn, taught differently in their classrooms. The implementation partners of LWYT were Society for Advancement of Education (SAHE) and Institute for Development and Economic Alternatives (IDEAS).

EDUCATION DATA MANAGEMENT SYSTEM (EDMS)

A sophisticated automated student assessment technology was developed under the project to promote the usage of educational data and information for evidence based planning and monitoring at district level. The technology developed could conduct student assessments six times a year for grade 3-5 and provided an analytical tool to correlate learning outcome data with data on missing facilities and other monitoring for better planning and management.

Over PKR 50 Million was spent on training PSTs In 3 districts Sahiwal, Bahalwalnagar and Hafizabad

BENEFICIARIES 17,715 individuals
178 District Teacher Educators
1537 Primary School Teachers
16,000 students

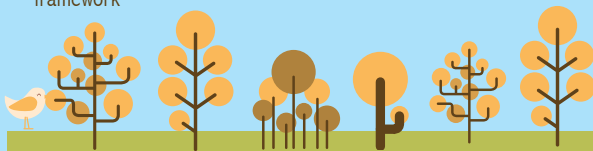Improved teaching skills for **science & mathematics**

Improved teachers' score by **1.2 %** on average & **2.4%** for the least educated teachers

84% of treatment school teachers in all districts watched at least

2/3rd of math videos on the tablets

88% of teachers rated training material as "very beneficial" in explaining concepts

81% of teachers rated LWYT's training method as superior, compared to those used in the existing Continuing Professional Development (CPD) framework

With an investment cost of over **PKR 21.6 M**

48% girls

79,600 students

4,800 Primary School Teachers

114 District Teacher Educators

in **Sheikhupura** district benefitted through EDMS pilot, whose implementation partner was Teletaleem

Directorate of Staff Development (DSD) is scaling up parts of LWYT. DDCF collaborated with PITB and CM's Roadmap team for early adoption of EDMS to meet the needs of education policymakers.

> It was Programme Monitoring and Implementation Unit (PMIU)'s initiative to devise a tool to improve the performance of Punjab's schools. Existing data was not serving the purpose and there was no system in place to measure school's performance credibly. SNG's round 1 pilots had tested different methods in measuring performance. PMIU developed School Performance Index, which includes indicators like learning, student attendance, teacher attendance, teacher qualification and school infrastructure. SNG's pilots had already devised ways to correlate these indicators to school's performance which made it easier for PMIU to consolidate them in form of an index.
> Mr. Omair Bodla
> Financial Management Specialist, PMIU

DDCF ROUND 2
PRIMARY HEALTH PILOT PROJECTS

TELEMEDICINE/ DIAGNOSIS (TMD)

The Telemedicine equipment used GPRS technology to connect patients at BHUs with consultants at district hospitals for all initial pre-natal tests, including ultrasound.

The technology enabled consultants to review test results remotely and store patient information in order to identify disease patterns for predicting staff and medicine requirements. The technology introduced diagnostic tools, audio visual connectivity and Electronic Medica Record system.

TOTAL PATIENTS TREATED
87,836
IN SHEIKHUPURA DISTRICT

GRANTEE
Health Department
District Sheikhupura

BENEFICIARIES

17% of visits included **ANC scans** for pregnant women with as many as **14,000** revisits

INCREASED DEMAND

ANC follow-up increased from **15%** to **60%**
Patients' inflow improved at BHU by more than **50%**

Adoption & Scale-up

PRSP has replicated some components of the project in district Vehari. Moreover, district Hafizabad is implementing full scale model of the project.

Full Province-wide Scale-up Benefits for 600 BHUs

1. Perpetual Value of Service Provided is equivalent to **PKR 52.6 billion**
2. Value of medical tests Performed: **PKR 1 billion** a year, equivalent to **PKR 1,680,000** worth of tests and diagnostics at each BHU
3. Increased patient flow at BHU improved cost savings

Integrated Ambulance Service (IAS)

The pilot developed a **GIS Enabled Ambulance Dashboard**, managed centrally by the DCO OFFICE to map the entire area of Hafizabad. The project aimed at filling the gap of timely availability of medical service for Emergency Obstetric and Newborn Care (EmONC).

Almost **63.3%** of MNCH complications are due to the transport barriers, IAS focused on eliminating transport barriers to bring down the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).

UFONE provided technical assistance free of cost for public private partnership to develop the technology that established an integrated system of ambulance service to provide doorstep EmONC facilities in rural Hafizabad.

The pilot trained paramedics/Lady Health Workers (LHWs) associated with each ambulance to provide emergency care to obstetric and neo-natal patients and notify the nearest hospital about the patient's condition and arrival time.

Grantee: Health Department District Hafizabad

7162
Emergency Pick-ups
Deliveries **5545**
Babies with shortness of breath (SoBs): **271**
Medical Emergencies: **1098**
Road traffic accidents: **248**
Shifted to tertiary health facilities: **610**
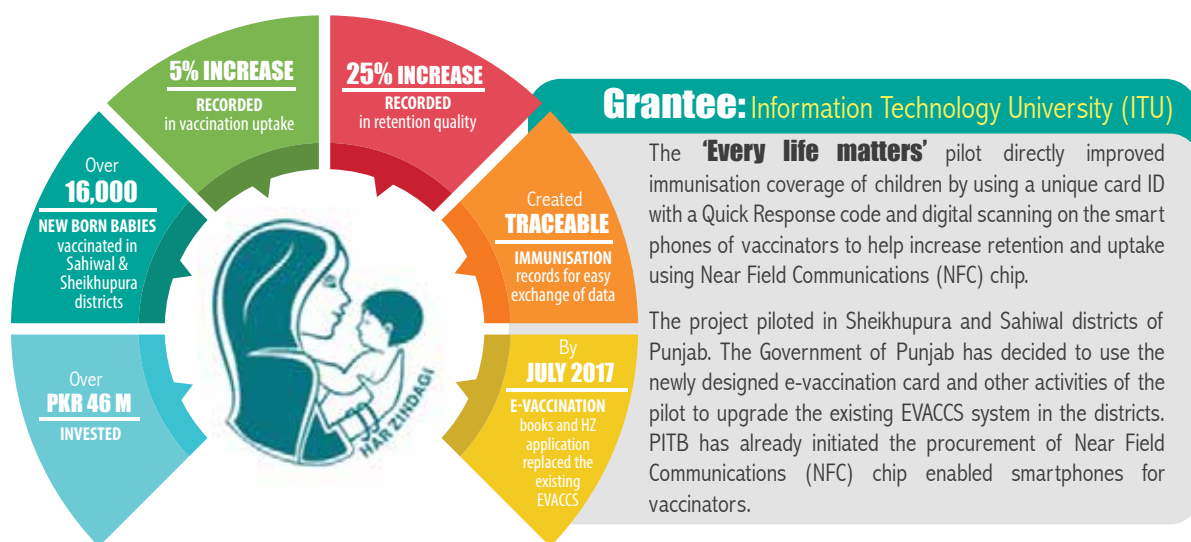
Investment Cost
Over PKR 25 Million

Increased accessibility of **EmONC** by at least **25%**.

Scaled-up the model for **province-wide** adoption in Punjab. The District Government has procured **28 ambulances**. The ambulance service with a dedicated number of **1025**, has rolled out across Hafizabad

Har Zindagi – Every Life Matters (HZ)

5% INCREASE
RECORDED
in vaccination uptake

25% INCREASE
RECORDED
in retention quality

Over
16,000
NEW BORN BABIES
vaccinated in
Sahiwal &
Sheikhupura
districts

Created
TRACEABLE
IMMUNISATION
records for easy
exchange of data

Over
PKR 46 M
INVESTED

By
JULY 2017
E-VACCINATION
books and HZ
application
replaced the
existing
EVACCS

Grantee: Information Technology University (ITU)

The **'Every life matters'** pilot directly improved immunisation coverage of children by using a unique card ID with a Quick Response code and digital scanning on the smart phones of vaccinators to help increase retention and uptake using Near Field Communications (NFC) chip.

The project piloted in Sheikhupura and Sahiwal districts of Punjab. The Government of Punjab has decided to use the newly designed e-vaccination card and other activities of the pilot to upgrade the existing EVACCS system in the districts. PITB has already initiated the procurement of Near Field Communications (NFC) chip enabled smartphones for vaccinators.

Teemardar – Medicine Inventory Management (TM)

Grantee: Burki Institute of Public Policy (BIPP)

Teemardaar automated the medicine inventory management system in Sheikhupura district. The pilot automated the inventory management system at Basic Health Units (BHUs) for improved transparency and accountability in the procurement, management and distribution of essential drugs. This prevented the misuse of medicines at government health facilities and ensured their timely availability within the district.

The inventory management component of the project controlled pilferage, and improved transparency for better monitoring, evaluation and efficient service delivery. The Electronic Record Management (EMR) component improved patient record, disease records and patient disease history.

DG Sheikhupura and BIPP collaboratively developed PC-1 of the project for its presentation in the next year's Annual Development Programme (ADP) regarding its adoption.

The District government SKP has forwarded SNE for retention of employed staff. Secretary health has also been kept up to date regarding transition of project to the District Government.

Over PKR 51 Million invested out of which BIPP contributed **PKR 13.1 M** as a matching amount
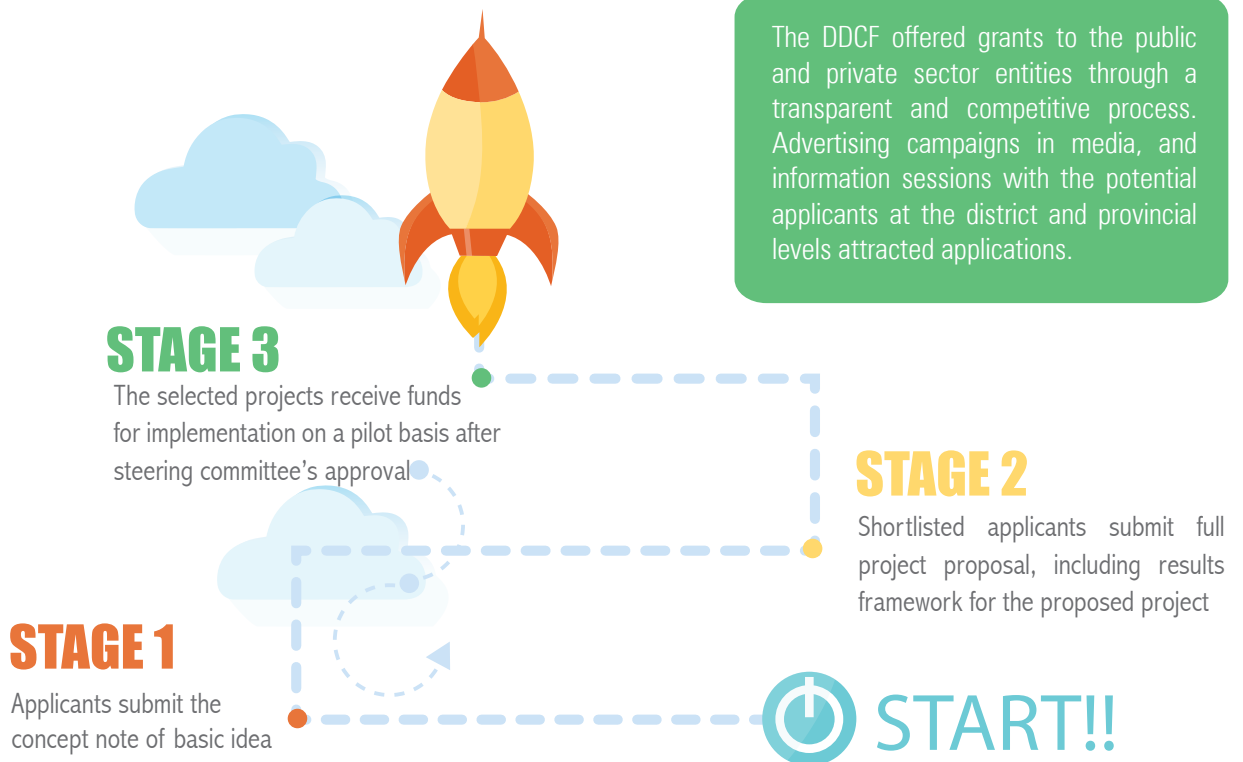
Disease pattern identification for informed planning and budgeting of **medicine**

Vertical integration with **PITB & district planners** for **evidence based needs assessment** of medicine requirements

With **3,500 patients/day** at each medical unit, the pilot directly benefitted **1.3 million patients per annum**

SNG DDCF PROCESS

The DDCF offered grants to the public and private sector entities through a transparent and competitive process. Advertising campaigns in media, and information sessions with the potential applicants at the district and provincial levels attracted applications.

STAGE 3
The selected projects receive funds for implementation on a pilot basis after steering committee's approval

STAGE 2
Shortlisted applicants submit full project proposal, including results framework for the proposed project

STAGE 1
Applicants submit the concept note of basic idea
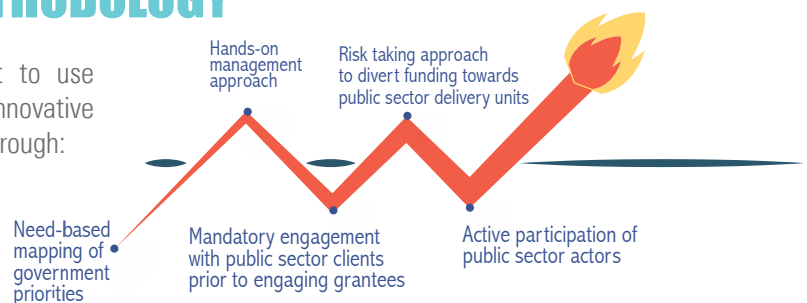
START!!

HOW TO DO CHALLENGE FUNDS?

It is important to mention that the success in the context of challenge funds must be seen from the multiplier effects that were realised from:

1 Replication 2 Adoption 3 Scale-up of pilot experiments

CHALLENGE FUND METHODOLOGY

The DDCF convinced the government to use challenge fund methodology to identify innovative solutions for complex social problems through:

Hands-on management approach

Risk taking approach to divert funding towards public sector delivery units

Need-based mapping of government priorities

Mandatory engagement with public sector clients prior to engaging grantees

Active participation of public sector actors

DDCF AND ITS SUSTAINABILITY

The DDCF's approach proved its sustainability in the public sector. The DDCF presented its process to the Planning & Development Department (P&DD) and Punjab Information Technology Board (PITB). The lessons from the DDCF are influencing the design of PITB's IT Innovation Fund. The Punjab Population Innovation Fund (PPIF) of P&DD adopted the DDCF methodology as it is expected to test and scale-up innovative projects that address population issues of Punjab. The entire process of PPIF from its launch, distribution of funds, evaluation, and selection to monitoring was developed in close collaboration with the DDCF team.

LESSONS LEARNT FROM DDCF

Given below are important lessons learnt from DDCF, which contributed towards its success. These lessons may benefit similar future interventions.

TWELVE
Technology infusion should be taken as an aid rather than a driver of change.

ELEVEN
A 'hands-on' approach to challenge fund management enables fund managers to be in close contact with grantees, for monitoring the progress.

TEN
Clear and easy processes along with communication add credibility with partners.

NINE
The focus beyond innovation supports evidence based reforms, which aids in adoption and scale up.

EIGHT
An efficient hybrid model deeply embedded in local government perfectly supports pilots optimised to the needs of the district government.

SEVEN
Transparency in evaluation of applications leads to effective sharing of information on awards, whereas rapid feedback enhances the integrity of the process, while reducing the administrative and management burden for the fund.

SIX
Strong partnerships with government combined with early and widespread dissemination of results improve the chances of early adoption. DDCF innovation at the Punjab Information Technology Board's innovation fair in Lahore exposed DDCF pilots to a wider audience.

FIVE
An iterative and adaptive process in implementation ensures flexibility for future amendments in processes. For example, in Round 2, the DDCF rules were adapted to allow District Administrations to apply the DDCF and deliver their own pilots.

FOUR
Bespoke solutions that seek to address specific challenges make them more likely to succeed and be scaled up.

THREE
A well thought out political economy management strategy and demand driven ideas ensure improved level of visibility, engagement and ownership by key decision makers at provincial and district governments.

TWO
A robust monitoring and evaluation framework ensures easier potential scale up by the government where each pilot is designed with an in-built evaluation criterion.

ONE
A manageable size of Challenge Fund ensures a high level of attention to detail both in design and its implementation.

DDCF LESSONS

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