TOOLKIT

Needs Assessment &
Preparing
Evidence Based Budgets
in Districts

sng
**Sub-National Governance
Programme**

Improving public service delivery

Acknowledgement

This Toolkit has been prepared to serve two purposes: first to be used as Training Toolkit to impart training to relevant district level staff; and second to serve as reference document for any user to undertake needs assessment and prepare evidence based budgeting in the districts. The work on the Toolkit was led by Sajid Siddique, Institutional Development Specialist and supported by Omair Bodla, Budget Specialist. Hamed Yaqoob Sheikh, Provincial Team Leader, and Naveed Saleh Siddique, Governance Advisor, SNG Punjab provided valuable input and guidance on every step.

SNG Programme acknowledges the support of all the team members of the Punjab Team in finalisation of the Toolkit.

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Acronyms

BHU	Basic Health Unit
CERP	Centre for Economic Research in Pakistan
DCO	District Coordination Officer
DFID	Department for International Development
DGHS	Directorate General Health Office
DHIS	District Health Information System
DHQ	District Headquarter Hospital
DoH	Department of Health
DSD	Directorate of Staff Development
EDO	Executive District Officer
EmONC	Emergency Obstetric and New-born Care
EPHS	Essential Package of Health Services
FP	Family Planning
GIS	Geographic Information Systems
GRB	Gender Responsive Budgeting
HFA	Health Facility Assessment
HIS	Health Information System
HR	Human Resource
KPI	Key Performance Indicators
MDGs	Millennium Development Goals
MEA	Monitoring & Evaluation Assistants
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MNCH	Maternal New-born and Child Health
NAE	Needs Assessment Exercise
NGO	Non-governmental Organisation
NIPS	National Institute of Populations Studies
NMNCHP	National Maternal New-born and Child Health Programme
OPD	Outpatient Department
OPM	Oxford Policy Management
PBB	Performance Based Budgeting

PDHS	Pakistan Demographic and Health Survey
PDP	Pakistan Data Portal
PEF	Punjab Education Foundation
PESRP	Punjab Education Sector Reforms Programme
PLGA	Punjab Local Government Act
PHC	Primary Health Care
PHIS	Punjab Health Information System
PLGO	Punjab Local Government Ordinance
PSLM	Pakistan Social and Living Standards Measurement
RHC	Rural Health Centre
SBA	Skilled Birth Attendant
SD	Standard Deviation
SDGs	Sustainable Development Goals
SNG	Sub National Governance Programme
THQ	Tehsil Headquarter Hospital
UC	Union Council
WDIs	World Development Indicators

About the Toolkit

- In 2014-15 Sub-National Governance (SNG) Programme undertook Needs Assessment Exercises (NAEs) in the 6 districts of Punjab in which the programme is operating. Performance gaps were identified as a result of these exercises. Evidence based budgeting followed from the results and recommendations of the above-mentioned exercises. Though concerned staff in these districts was involved in the entire process, yet the SNG staff took the lead, as it was the first exercise of its kind that was undertaken in these districts. This Toolkit is based on the experience of this exercise. The purpose is to first address the capacity constraints in the districts in this area and second to institutionalise this process in the districts.

- The Needs Assessment Exercises were undertaken in the health sector only. But this Toolkit is sufficiently generic to cater to the needs of all sectors including education and others. However, the examples used in the Toolkit are from the health sector only and these examples are mostly drawn from the previous NAE.

- The Toolkit focuses mainly on the use of secondary sources, as was done in the Needs Assessment Exercises. There is another reason to adopt the same approach in the Toolkit and that is the lack of resources and skills to conduct primary research at the district level.

- The Toolkit is meant for all those officers and staff of the different offices and sectors in the district who are involved in the preparation of budgets. The term sector incharge is used in the Toolkit, which is generic and cater to the existing and future local government structures. For example at the time of development of this Toolkit, Punjab Local Government Ordinance (PLGO), 2001 is still in place which in turn means presence of district governments, District Coordination Officers (DCOs), and Executive District Officers (EDOs). The last one acts as the sector incharge of the respective area/ sector. The Toolkit will remain relevant when the local governments including Authorities for education and health are formed in the districts under Punjab Local Government Act (PLGA), 2013.

- The Needs Assessment Exercises and Evidence Based Budgeting are important departures from the existing incremental budgeting and random allocations without any systematic basis. These also serve as effective tools of advocacy for systematic fund allocations. The Toolkit will help the user in preparing evidence-based budgets.

1

Introduction

1 Introduction

1.1 Needs assessment?

What is needs assessment?

A needs assessment is an activity that is used to determine needs, examine their nature and set priorities for future action. Needs assessment is a process that is to be undertaken by the concerned sector incharge at the time of preparation of the budget -- both development and current. Need is a gap between "what is" (present state) and "what should be" (desired state). It sets criteria for determining how best to allocate available money, people, facilities, and other resources.

Why is it to be done?

The objective of this exercise is to identify the needs of the population in the district and reflect them in the budget. In this way, the budget prepared by the district reflects the needs of the local community.

Although most sector incharges working at the district level already know the needs and gaps that exist in service delivery at the district level; a systematic approach is still required to assess the needs of citizens. Following are some of the advantages of a needs assessment exercise:

- A decision maker will be able to identify gaps.
- It can help improve the quality of decisions taken by sector incharge.
- It will determine how best to allocate available money, people, facilities and other resources.
- It will help to move from current level of service delivery to the desired level.

1.2 Incremental budgeting vs. evidence based budgeting

Needs assessment will lead towards evidence based budgeting, where every item in the budget can be justified and approved based on the needs, instead of making incremental changes in the budget. Districts usually follow the incremental budgeting method where budget for the next year is prepared by adding incremental amounts ranging 10-15 % on allocations of previous year's budget. But this approach fails to take into

account the actual changes and real needs. On the other hand, evidence based budgeting technique will enable the managers to efficiently allocate scarce resources and find cost effective ways to improve the operations. This activity will also identify the opportunities of outsourcing.

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Box 1

Polio eradication through incremental budgeting

Polio eradication is on the priority list, and district government is increasing the budget to 10% every year for this particular disease whereas the disease pattern in the past years reveals that just 10% increase in the budget is not sufficient and more resources will be required to fight against the disease in the district.

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1.3   Performance Based Budgeting (PBB)

Evidence based budgeting ultimately leads to Performance Based Budgeting (PBB). It uses the same process that is used in PBB. The only difference is that in evidence based budgeting, the choice is with the decision-maker to develop one or more budgetary proposals on the basis of needs assessment. On the other hand under PBB the organization/ sector is taken as one unit and the entire budget is prepared using the PBB technique.

Therefore, the Performance Based Budgeting is the framework that enables the preparation of a budget that shows how all the inputs (resources) are linked to outputs (services) and ultimately to outcomes (impact). In this form of budgeting, the decision makers systematically take into account the results to be achieved by incurring specific expenditures.

To start decision makers must ponder on the following questions to design an effective & efficient PBB:

- What would they want the end result (outcome) to be?
- What would be the key activities involved in attaining the desired outcome (outputs)?
- Which activities (inputs) would be required to achieve these outputs?

The above process can be explained with the help of following figure:

Figure 1
Process of Performance Based Budgeting

Outcome → Outputs → Process → Inputs
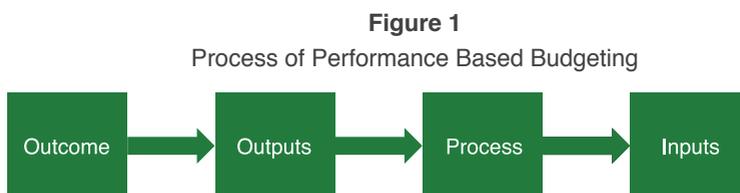
In this process, firstly it is important to know what the desired end results are. The end results (outcomes) are reflected by macro key performance Indicators (KPIs). For example one KPI for education can be improvement in literacy rate. The second step in this case would be to identify the outputs that would achieve the improvement in the literacy rate. There can be more than one factor (output) that can affect the literacy rate. Some of the factors can be number of children completing primary education, number of illiterate adults completing basic education, etc. Inputs are the resources required to achieve the outputs. In the above example, these may be number of schools, number of teachers, availability of textbooks, etc.

The success of this model will be determined through performance, that how comprehensively the desired outcome (KPI) has been achieved. But the potential issue in this framework can be in the identification of right activities/factors influencing the outcome and the presence of such factors that are outside the control of the sector incharge or concerned organization. For example, in the above example one such outside factor can be household income.

1.4   Gender Responsive Budgeting (GRB)

Gender-responsive budgeting (GRB) is government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfilment of women's rights. It entails identifying interventions to address gender gaps in government policies, plans and budgets[1].

GRB is a strategic tool to improve the gender equality and equity in public financial management. It tries to include everyone, regardless of gender, as distinct beneficiaries of the budget. GRB is based on the

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1   United Nations Development Fund for Women, "Gender Responsive Budgeting"

analysis of the impact of expenditure and revenue on women and girls as compared to men and boys. This analysis in turn helps the government to understand the impact of government policies and expenditures and to make appropriate reallocations to address gender inequalities. It is not the purpose of GRB to make separate budgets for men, women, boys or girls but to ensure gender sensitivity in the planning and budget making process.

It is also not about equality of allocation amounts, i.e., 50% funds for men and 50% for women. It is about the actual needs of both. It is about knowing where the needs of men and women are same and where these are different. For example in the health sector, there are some common diseases for men and women but in case of reproductive health the needs of women are greater than men. These unique needs of women would require to be taken into account while allocating funds under the health sector. Needs assessment exercise can be helpful in identifying unique needs of the women and development of budgetary proposals accordingly.

1.5   Approach that the Toolkit adopts

A gradual approach regarding implementation of gender responsive performance budgeting in the districts has been advised and recommended in this Toolkit. The user will be exposed to the concept and process in the development of PBB. While PBB takes a holistic approach in development of a performance based budget for an entire unit, program or organisation, the users of this Toolkit will be working selectively with some indicators to prepare a few budgetary proposals on the basis of evidence of needs.

For example, the process of PBB starts with outcomes for the achievement of which an organisation exists and functions. The next steps involve identifying all the outputs, processes and inputs – in that sequence – necessary to achieve the outcomes. In this manner all the activities of the organisation are linked and quantified to achieve outcomes. Since this process is fairly complex, at this stage this Toolkit will help the user in understanding the concept and process and to work in developing one budgetary proposal, on the basis of evidence, at a time. The work in this Toolkit will provide the foundation on which SNG would develop the process further to support the districts in preparing comprehensive Performance Based Budgets at a later stage.

2

Steps of Needs Assessment

2 Steps of needs assessment[2]

Figure 2
Phases of needs assessment

Pre-assessment (Planning)
- Formation of team and planning of exercise
- Define the Vision and Mission of the sector
- Define the scope of needs assessment
- Identify thematic areas
- Define the objectives of the needs assessment
- Conduct the initial research

Assessment (Collection and analysis of data)
- Identify the indicators
- Collect relevant information
- Analyse and synthesise the information
- Use of GIS for gap analysis
- Evaluate needs on the basis of performance gaps
- Establish an initial prioritization of needs
- Identify multiple performance improvement activities
- Evaluate each potential performance improvement activity

Post-assessment (Recommendations for evidence based budgeting)

- Develop the recommendations
- Present the findings and recommendations
- Prepare a report
- Identify or develop cost standards
- Analyse budget and expenditure trends
- Develop evidence based budgeting proposals

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2   Adopted from World Bank publication: A guide to assessing needs

Figure 3
Flowchart of needs assessment

Pre-assessment (Planning)	Assessment (Collection and analysis of data)	Post-assessment (Recommendations for evidence based budgeting)
3.1 Formation of team and planning of exercise	4.1 Identify the indicators	5.1 Develop the recommendations
3.2 Define the vision and mission of the sector	4.2 Collect relevant information	5.2 Present the findings and recommendations
3.3 Define the scope of needs assessment	4.3 Analyse and synthesize the information	5.3 Prepare a report
3.4 Identify thematic areas	4.4 Use of GIS for gap analysis	5.4 Identify or develop cost standards
3.5 Define the objectives of the needs assessment	4.5 Evaluate needs on the basis of performance gaps	5.5 Analyse budget and expenditure
3.6 Conduct the initial reseach	4.6 Establish an initial prioritization of needs	5.6 Develop evidence based budgeting proposals
	4.7 Identify multiple performance improvement activities	
	4.8 Evaluate each potential performance improvement activity	

3

Planning

3   Planning

3.1   Formation of team and planning

First step for the sector incharge is to constitute a small team from the sector staff, which would be responsible for undertaking this exercise, preparation of brief report, and development of evidence based budgetary proposals. It is recommended that at least one team member should be from budget section and two members should be those who are involved in service delivery. Sector incharge should provide the strategic guidance to the team and supervise the entire exercise. At the planning stage it would be useful to prepare a brief work plan showing timelines and responsibility for each activity. Following format is advised which may be adopted to cater to individual needs.

Work Plan			
#	Responsibility	Target Date	Remarks
1	Identify or define the vision and mission of the sector		
2	Identify and define the scope		
	Other activities		

3.2   Define the vision and mission of the sector

Top management's views about the organization's direction and future goals constitute a strategic vision for the organization/sector. These are generally reflected through the vision and mission of the organization. It is important to keep the vision and mission of the sector in sight throughout the needs assessment exercise as it provides the parameters and direction for the organizational performance.

In case there are no vision or mission already developed and adopted by the sector, the team should endeavor to develop these in consultation with other staff and senior management.

Vision statement should be short, specific to organization's functions, simple and ambitious enough to be exciting. It is a shared vision of group of people or stakeholders. A very simple process to develop a vision statement, is advised here, which may involve the following steps by the team:

1.   Assess where they are now

2.   Determine where they can realistically expect to be in future[3].

It usually is a one or two sentences statement describing the clear and inspirational long term desired change expected to result from organisation's work. It states the goal and purpose for its existence.

Box 2
Vision statements

Directorate of Staff Development (DSD): The vision of DSD is to develop a knowledgeable, committed, motivated, competent and ethically sound cadre of education personnel to ensure the delivery of top quality education to the students in government schools of Punjab.

Punjab Education Sector Reforms Program (PESRP): A well-educated and learned Punjab; while spotlighting the parameters of quality, access and governance. While learning from the previous experiences, we have a vision to shelf the best practices and apply them for improving Education Sector deliverables at grassroots level in more open and inclusive ways.

Source: http://www.dsd.edu.pk/pages/contents/13
               http://www.pesrp.edu.pk/pages/mission

On the other hand the mission statement gives the gist of organisational plans to achieve that vision. It is action-oriented and slightly lengthier than vision.

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3   DFID: Tools for Development

Box 3
Mission statements

DSD: To establish a system of professional development for teachers and education personnel for enhancing the quality of learning in the government schools of Punjab.

In line with DSD's quality vision and in conformance with the requirements of the Quality Management System, Quality Assurance steps will be taken to guide the work of the involved DSD directing staff which includes – faculty as class in-charges / trainers / RPs and all others relevant to execute training events at all levels. It will be worked out keeping in view the nature and requirements of training. Specified duties are being placed in the relevant SOPs.

PESRP: Our mission is to support the Education Department and Government of Punjab (GoPb) by bridging the implementation gaps and delivery mechanisms. The PESRP embraces the principles of increased transparency, participation, and collaboration as essential to accomplish its mission. By focusing on open practices and increasing access to data, we anticipate the creation of new information and knowledge that will help promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

The GoPb believes that the provincial education sector plan should be meaningful and relevant in order to alleviate poverty and sustain growth through the provision of quality education of all, without any discrimination, thus facilitating the creation of a knowledge based society.

Source: http://www.dsd.edu.pk/pages/contents/13

               http://www.pesrp.edu.pk/pages/mission

The terms vision and mission are often confused with each other. Both terms are interrelated but significantly differ from each other.

Box 4
Difference between vision and mission

Vision	Mission
States the goal and purpose of the organisation	States the plan to achieve that goal
Future oriented	Action-oriented
Short	Comparatively lengthier

3.3 Define the scope of needs assessment

There can be different ways in which the scope can be defined. It will be upto the team and sector incharge to define the scope at this stage. One parameter can be the geographical area; whether to include the entire district or some part of it. Though the earlier is preferable, yet there may be circumstances that necessitate the focus on one particular area.

Another consideration may be to select one aspect of service delivery. For example, in health sector it may be only Basic Health Units (BHUs) or only Rural Health Centres (RHCs) or both BHUs & RHCs, etc. In case of education it can be primary schools, middle schools or all schools.

Box 5
Scope of Needs Assessment Exercise

The exercise will focus on the service delivery gaps at the BHU level with special focus on women and children in the district.

There can also be specific focus on a target group such as women, children, girls etc.

3.4 Identify thematic areas

Depending on the scope of the assessment, identify the thematic areas or main pillars of the sector on which the exercise would be focused. To the extent possible, review existing information to guide the assessment. Identify and create a list of performance problems and opportunities.

Box 6

Thematic areas

For health primary thematic areas can be access, coverage and quality.

Coverage: Coverage is a measure of extent of services made available to the intended users.

Quality: The six areas or dimensions of quality require that the primary health services should be effective, efficient, accessible, patient-centric, equitable, and safe.

Access: The ability of an individual or a defined population to obtain or receive appropriate health care. This involves the availability of programmes, services, facilities and records. Access can be influenced by factors such as finances (insufficient monetary resources); geography (distance to providers); education (lack of knowledge of services available); appropriateness and acceptability of service to individuals and the population; and sociological factors (discrimination, language or cultural barriers).

Source: World Health Organisation (WHO)

3.5 Define the objectives of the needs assessment

Clearly identify what is desired to achieve through the needs assessment exercise. Write down the objectives as a guide throughout the study that will help to plan, manage and carry out the assessment. Objectives should clearly indicate how the findings of the exercise are going to be used. There is no value in producing a needs assessment if no changes are brought about as a result of it. The needs assessment must be done with the commitment to address the identified needs once it is complete. The objectives of the exercise should be aligned with the mission and vision.

Box 7

Objectives of health needs assessment

Objective 1: To identify issues with access, coverage and quality of primary health services in light of the needs of residents of the district, especially women, children, girls and marginalized groups.

Objective 2: Highlight gaps in planning, budgeting and management processes, with special focus on women, children, girls, and marginalized groups.

Objective 3: Inform relevant stakeholders about service delivery gaps and identified needs, along with recommendations to improve the provision of primary health care.

3.6   Conduct the initial research

At this stage, it is useful to conduct an initial research of the sector and to find out and collect the existing research undertaken on the service delivery issues by different entities. Following can be some useful sources:

1.   Planning and Development Department, Punjab
2.   Provincial department of the sector
3.   International organisations working in the district or at the provincial level in the sector
4.   Non-governmental organisations (NGOs) working in the district or at the provincial level in the sector
5.   Internet

(Please note that that Wikipedia is not a reliable data/information source.)

The study of these documents/studies, if any, will be useful in understanding of the issues and taking of next steps in Section 4.

4

Collection
and Analysis
of data

4   Collection and analysis of data

4.1   Identify the indicators

After conducting the initial research, now there should be enough information to identify the indicators relevant to intended exercise. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators allow the decision makers to measure progress towards the achievement of intended objectives. Each sector has different and specific set of indicators but all of them cannot be used, as the scope and objectives of the study is always limited.

Generally indicators are divided into input, process, output, and outcome indicators. These are defined briefly as under:

Inputs: The resources that the sector uses in the delivery of goods and services.

Activities: The processes and actions undertaken to achieve the objectives.

Outputs: The products or services that the sector delivers.

Outcomes: The resulting benefits for the society; the long-term impact.

Box 8 Types of indicators				
	Inputs	Process/ Activities	Outputs	Outcomes
Primary Education	Teachers, Schools, Books	Child enrolment in primary schools	Children completing primary education	Increased literacy rate
Road Construction	Asphalt, paving machines	Road paving	Km of road surfaced	Reduced travel time
Agricultural Training	Trainers	Trainings	Trained farmers	Increased productivity
Primary Health Care	Doctors, medicines, health facilities	Vaccination of children	Children spared from preventable diseases	Reduced morbidity, longer life expectancy

Source: USAID Toolkit: Developing Key Performance Indicators (2013)

It is also important at this time to determine the sources of information against these indicators. Such questions should be asked:

1.   Is the information against these indicators collected?

2.   By whom and at what level?

3.   What is the frequency of collection of information?

4.   Is it readily available?

Selection of indicators will be influences by the answers to the above questions.

4.2   Collect relevant information

Once indicators are identified, start collecting data. Data can be qualitative or quantitative, both having their respective strengths and weaknesses. If possible, it is better to obtain a mix of different types of data to increase the robustness and credibility of results. As explained earlier, it is advised to use only secondary data as collection of primary data is often a resource-intensive and time-consuming exercise. The collection of gender disaggregated data will be useful at the time of analysis, for example, gender equity analysis resulting in gender responsive budgeting. There is every likelihood that required skills to collect primary data are also not present in the district.

There can be some useful databases that can be tapped for collection of data.

Box 9
Data sources

- Multiple Indicators Cluster Survey (MICS)
- Economic Survey of Pakistan
- Pakistan Social and Living Standards Measurement (PSLM)

Note: A list of databases has been provided as appendix.

Attempt should be made to collect and use both the quantitative and qualitative data.

Qualitative data is information about qualities that can be observed e.g., socioeconomic status, satisfaction level with a particular service, perceptions about services, etc.

Quantitative data is numerical information that can be measured easily e.g., total population of a province, growth rate, etc.

The sources of both types of data may vary. For example, qualitative data can be found in perception surveys conducted by an agency in the area. Both types of data are used to validate the findings.

4.3   Analyse and synthesize the information

Once sufficient data has been collected to inform a justifiable decision, move on to the next step, which is the analysis and synthesis of useful information that has been collected. Different techniques can be used to analyse the data but it all depends on the scope of assessment. Hence, choosing a right mix of tools and techniques is important to reach a conclusion.

It is also important at this stage to understand the nature of data analysis. It starts with the tabulation of information in a manner to make it meaningful and useful for interpretation and decision-making. Sometimes trends over the years can be useful and sometimes comparisons of different facilities may be a helpful.

Box 10

Tools and techniques that can be used to analyze data

There are three kinds of averages that are most commonly used to analyze the data:
Mean is the average where first all the numbers are added and then divided by the number of numbers.

Median is the middle value in the list of numbers. To find the median, all numbers have to be listed in numerical order. If not, then rewriting in numerical order would be required.

Mode is the value that occurs most often. If no number is repeated, then there is no mode in the list.

4.4   Use of GIS for gap analysis

Geographic Information Systems (GIS) is a method of digital (i.e. computerized) mapping that can show where particular people, events, things, or conditions are, and can present other information about them as well. It links data to its geographic location.

A GIS makes it possible to link or integrate information that is difficult to associate through any other means. Presenting data in the form of a map helps to understand the significance of where, when, and by whom. GIS represents data on a map using points, lines, and polygons. Features that can be represented as points include schools, hospitals, and other points of interest. GIS is designed to capture, store, manage, integrate, and manipulate various layers of data, allowing the user to identify the gaps for a needs assessment in a spatial environment.

GIS can be used as an effective and efficient tool for identifying gaps in needs assessment. After gaps are identified and baseline values for performance indicators are set, their change over time can be monitored using GIS to see if the planned targets have been achieved or can be achieved realistically in the defined timeframe.

GIS is often extremely useful in health and community services. It can track the spread or incidence of diseases, or of medical or social conditions. It can show where people with particular characteristics – age, ethnicity, income level, education level, etc. – cluster; where certain things happen or are likely to happen; the pace and direction of development; the spread of pollution; the location of current and former buried utilities networks. In short, just about anything that is needed for assessment, planning, or evaluation purposes, as long as it had a geographic component and was accurately recorded.

Following are some of the uses of GIS analysis[4]:

Box 11

Use of GIS in planning & monitoring of education

- Enrolments and retention at primary schools
- Staff rationalization to achieve optimal student-teacher ratios
- Optimal allocation of funds for repairs and provision of missing facilities

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4   SNG: Use of GIS for problem-solving and decision-making in Sheikhupura and Vehari

Box 12

Use of GIS in planning & monitoring of health

- Improving accessibility of health care services
- Adequate provision of medicine
- Rationalization of staff appointments, including Medical Officers and Lady Health Workers etc.
- Better provision of maternal, new-born and child health (MNCH) related services
- Deployment of vaccinators for comprehensive EPI coverage
- Effective surveillance and prevention of diseases such as dengue, gastroenteritis, diarrhea etc.

Box 13

Use of GIS in planning & monitoring in other areas

- Delimitation of constituencies for local government elections
- Evaluation of development projects
- Location marking of Ramzan Bazars, wheat procurement centres, and slaughter houses
- Flood preparedness (location marking of water bodies, health facilities, relief centres, veterinary relief centres and identification of most vulnerable areas during flood)
- Identification of new rating areas for assessment and collection of Capital Value Tax (CVT)
- Identification of areas not suitable for setting up of industries and jurisdictional areas for Assistant Inspectors Industries
- Demarcation of police stations and beat boundaries for prevention of crime

District-level GIS capacity has been developed with the support of Sub-National Governance (SNG) Programme in six (6) pilot districts including Bahawalnagar, Vehari, Sahiwal, Sheikhupura, Hafizabad and Mandi Bahuddin. These GIS cells are adequately equipped with the required hardware and software, and staffed by GIS Analyst.

Following layers of GIS are available:

1. Roads at district level
2. Settlements as points and boundaries (built up areas)
3. Estimated population or mauza level demographic data

4.   School locations
5.   Administrative boundaries (district, tehsil, mauza, union council, etc)
6.   Health facilities locations

More layers will be constantly added to enhance the usefulness of GIS.

Support Provided

The cells have aided district officials from different sectors. A few instances of this support are given below:

Box 14

Use of GIS for accessibility analysis

As part of the education sector Roadmap, the district government is committed to ensuring 100 % enrolment in district Sheikhupura at primary level. Therefore EDO Education, Sheikhupura used a GIS map showing dropout ratios with indication of locations/schools.
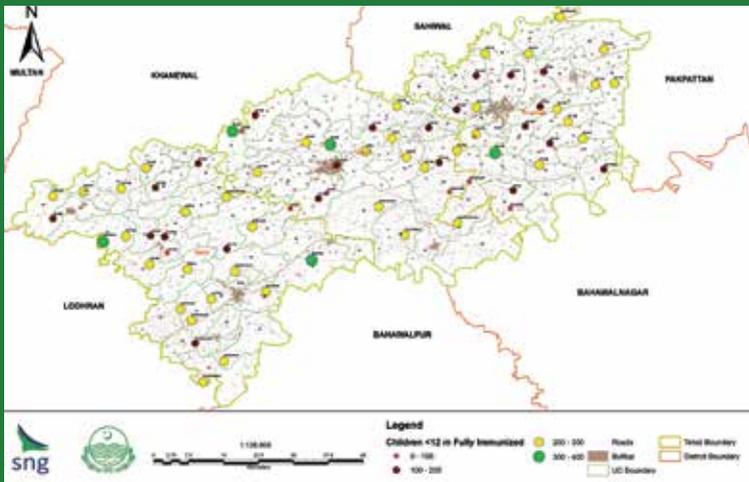
Accessibility analysis carried out on the GIS map above using location of female primary schools and overlapping this information with the built-up area layer. From the hotspots identified on the map, it can be concluded that dropout ratios are the highest where accessibility is poor. Therefore, to attain 100% enrolment in district Sheikhupura at primary level the district government will have to work on improving access to primary school in the areas highlighted above.

Box 15

Use of GIS for estimating travel time

SNG-supported GIS cell conducted a health sector needs assessment in district Sheikhupura to identify the gaps and issues in access, coverage and quality of primary health service delivery. An illustration of how GIS was used to identify gaps in access can be seen in the following figure depicting travel distance by road to nearest BHU with a doctor.
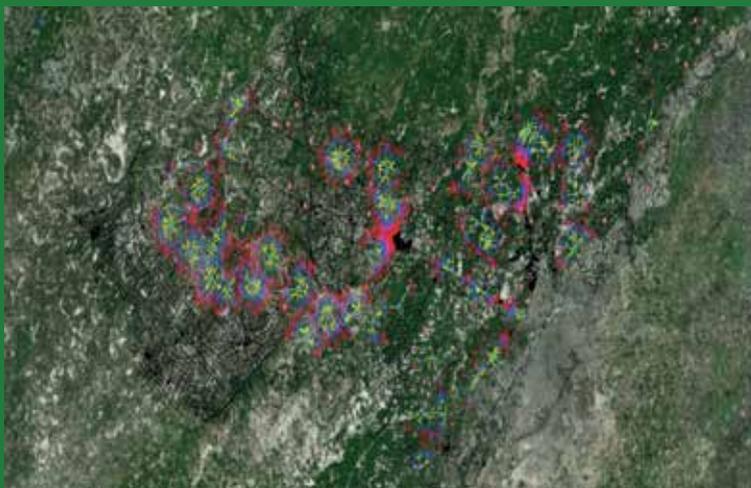
The settlements in black are those that are beyond 5 km of straight line distance of the nearest health facility and can be termed as underserved region as the average travel time to the BHU is 45 minutes or above, making these facilities practically inaccessible at the time of an emergency.

A gender specific example has been included as an appendix to this Toolkit.

4.5   Evaluate needs on the basis of performance gaps

Once sufficient data has been gathered, define the needs on the basis of performance gap between current situation (what is) and desired result (what should be). Set criteria for gap analysis and measure each indicator against the set standard. This is a major step in needs assessment as it will help to prioritize the needs and will identify which area needs further attention. Gap analysis will be the first step towards recommendations.

An important decision here is about the standards. Which standards to follow? The answer in most of the cases, especially health and education, is simple as standards for service delivery have been provided by the provincial departments. There are also roadmap standards. Overall standards/targets have been provided under the Millennium Development Goals (MDGs) which have very recently been replaced by Sustainable Development Goals (SDGs). Another set of standards are the Minimum Service Delivery Standards (MSDS) notified by the provincial government for Water Supply & Sanitation (WSS), and health sectors. The alternatvie is agreeing on standards/targets at the district level.

Gap = What it should be (Standard) - What it is now (Current situation)

Box 16
Gap identification

An example of identifying gaps in Primary Health Care (PHC) service delivery in district Sheikhupura against standards can be seen below:

Services	Standard care	Minimum level of acceptance	Current situation in district Sheikhupura	Gap in the services
Immunisation	100%	80%	86%	14%
Pre-natal care	100%	80%.	76%	24%
Natal Care	100%	More than 2/3rd deliveries by SBAs	75%	25%
Post-natal care	2 postpartum visits; first visit within 24 hours of delivery.	67% or 2/3rd of all women should receive postpartum care	24%	76%
Family planning	100%	67% or 2/3rd of all eligible couples	20%	80%
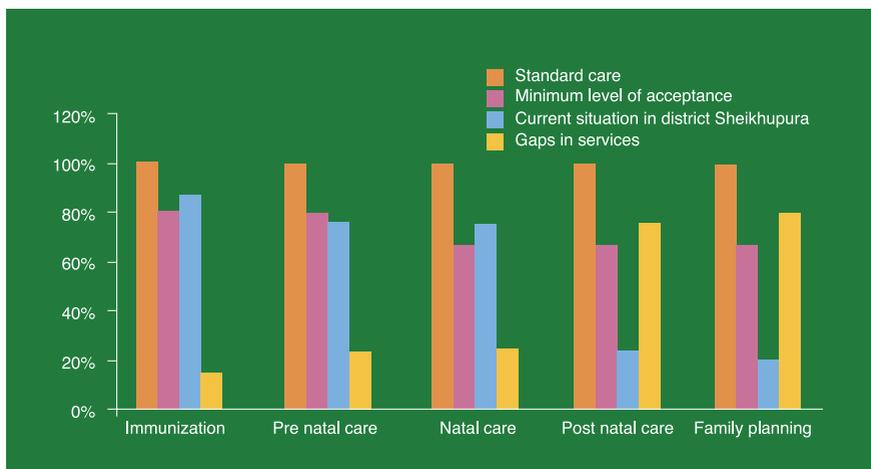
4.6   Establish an initial prioritization of needs

Establishing priority among needs would help in making a sound decision. Initial prioritization can be based on several factors:

- Policy based prioritisation;
- The magnitude of discrepancies between current and target states;
- The degree of difficulty in addressing the needs;
- Risk assessment—the consequences of ignoring the needs;
- The cost of implementing solutions; and
- Other factors that might affect efforts to solve the need.

Box 17

Gap based prioritization

Using the example 12, prioritization can be on the basis of highest gap:

Services	Gap in the services	Prioritization
Immunisation	14%	5
Pre-natal care	24%	4
Natal Care	25%	3
Post-natal care	76%	2
Family planning	80%	1

4.7   Identify multiple performance-improvement activities

For each priority need and its associated causal factors, identify multiple performance-improvement activities that in combination could address the complete need. There are always multiple options to be considered, so it is important not to become fixated on any one solution until it can be compared with others against the agreed-upon criteria.

Box 18

Addressing needs

Considering the example 16 the needs can be addressed by the following performance improvement activities:

- Improving access
  - Improving infrastructure (Roads) to BHUs
  - Improving public transportation to BHUs
  - Improving ambulance services at BHU level
- Improving coverage
  - Improving medicine availability to BHUs
  - Improving human resource (doctors) at BHU level
  - Improving availability of diagnostic equipment at BHUs
- Improving quality
  - Improving patient satisfaction
  - Improving performance management systems
  - Making use of evidence based planning

4.8   Evaluate each potential performance-improvement activity

Evaluate each potential performance-improvement activity to assess its value to the improvement effort. Performance improvement activity can be evaluated on the basis of time, cost and impact to undergo a particular improvement plan that will help identify whether a particular activity is feasible to carry on or not.

5

Recommendations
for bridging the gaps
and evidence based
budgeting

5 Recommendations for bridging the gaps and evidence based budgeting

5.1 Develop the recommendations

On the basis of priority needs, use the information to make recommendations regarding the improvement efforts that will best achieve the desired results within the given context. Make recommendations on what can be done to bridge the gap between the current state and the desired result. Also, integrate post assessment monitoring and evaluation activities into recommended activities that will be undertaken.

Box 19

Recommendations for bridging gaps

Using example 16, the following recommendations can be made to bridge the gaps:

- Immunization:
  - Improving coverage by marking low coverage UCs
  - Fleet cards to be issued to the vaccinators to ensure their mobility and reach

- Pre-natal, natal and post-natal care:
  - Improve the availability of medicines at BHUs
  - Improve the availability of functional equipment at BHUs
  - Improve the availability of skilled human resource at BHUs

- Family Planning:
  - Develop proper protocols for referral of Family Planning (FP) clients
  - Recording of FP information by Monitoring & Evaluation Assistants (MEA)

5.2 Present the Findings and Recommendations

At this stage, it will be very useful to present the findings and recommendations to sector incharge, other officials and representatives of the community in a formal meeting/workshop to ensure their participation, ownership and useful advice. The feedback should be analysed carefully and integrated in the final recommendations, wherever possible.

5.3   Prepare report

A comprehensive written report should be prepared including description of needs assessment process, findings, priority needs and criteria to determine priorities, gap analysis and recommendations to achieve the desired level of service delivery. The report will be helpful in institutionalising the exercise and will also serve as institutional memory.

The outline of the report should be simple and should describe briefly all the steps presented in this Toolkit as taken during the actual exercise.

5.4   Identify or develop cost standards

After identifying the gaps the next question is how much funds to be allocated on the identified activities to fill the gaps. Information on cost standards can be useful at this point.

There may be some useful cost standards that have been worked out by the provincial government and by respective sector departments that can serve as the basis of budgetary proposals. For example, Government of the Punjab (GoPb) has worked out the equipment cost per BHU. Similarly cost of providing Essential Health Service Package (EHSP) at different types of health facilities including a BHU has been worked out. This can be a useful cost standard to calculate the funds required for individual BHUs.

However, it may be noted here that it would also be necessary to determine whether such cost standards address the particular context of the the specific district. For example, delivering health services in a geographically large area or mountainous area might be more expensive than the cost standard.

The cost standards can also be useful at the time of decision-making and budgetary allocations, negotiations and advocacy, as it will be easy and effective to defend the budgetary proposals based on acceptable cost standards.

5.5   Analyse budget and expenditure

At this stage it may be useful to undertake a simple analysis of budgetary allocations and actual expenditure over the years. The purpose of this exercise is to identify those heads of accounts where some space is

available so that it can be used under other heads of accounts where more funds are needed. This will facilitate the reallocations among the different heads. It is also an exercise in budget rationalisation. It may be possible to make available some funds at the district level through this exercise.

Box 20

Budget & expenditure analysis

Function and Object Heads	2013-14			2014-15		
	Original Allocation	Revised Allocation/ Actual Expenditure	Variance	Original Allocation	Revised Allocation/ Actual Expenditure	Variance
List All						

5.6   Develop evidence based budgetary proposals

At this stage budgetary proposals can be developed using the recommendations and cost standards, where available. Example in Box 19 elaborates the activities, which would require more funding to improve the service delivery. One such budgetary proposal and its rationale have been explained by example in Box 21.

Box 21

Allocation for repair & maintenance (R&M) funds for equipment

In the example provided in Box 19, it has been recommended that there should be improvement in the availability of functional equipment in BHUs to improve the pre-natal, natal, and post-natal cares. At this stage the question arises how much funds should be allocated to ensure functional equipment at a BHU. Here the cost standard becomes useful, if known. In this case the provincial health department has worked out the total cost of equipment required under Essential Package of Health Services (EPHS) at one BHU. From there the estimates of repair and maintenance have also been worked out. An estimated Rs. 53,600 should be allocated per BHU. By multiplying this amount with number of BHUs in the district will indicate the funds required for this purpose.

6

Needs Assessment – an on-going process

6 Needs Assessment – an on-going process

It is important to recognize that although a formal needs assessment will generally follow the same basic steps, having on-going informal needs assessments can be a necessary tool for responding to changing situations. Even after completing formal needs assessment, the collection of information continues to monitor and evaluate the situation. When there is a recognition that needs are changing, either update the findings of the previous formal needs assessment or begin the process again to update recommendations.

Figure 4
Needs assessment an on-going process
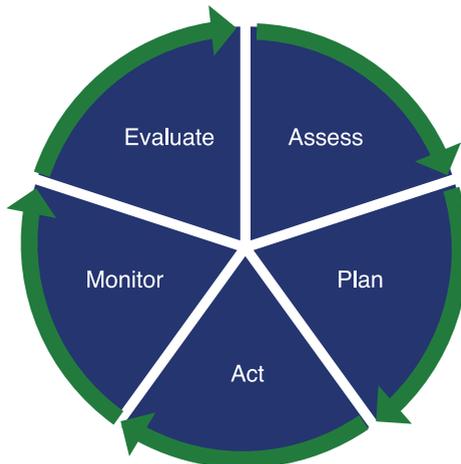
7

Appendices

7 Appendices

7.1 Model Exercise

Model Exercise

_____

Notes:

1. This is a step-by-step exercise using the process explained in the Toolkit. By completing the exercise, you will be able to develop one need-based budgetary proposal.

2. 2. This exercise is for health sector.

3. 3. The exercise is kept open-ended and that is why no or little information is provided. It is expected that the user will be able to develop one evidence-based budgetary proposal by following the instructions in the Toolkit.

_____

Name: _____ Designation: _____

Organisation: _____ District: _____

Date:_____

_____

Step 1: Define the Vision and Mission statement of your sector/organization as per guidelines provided in Section 3.2 of the Toolkit.

Vision _____

_____

_____

Mission Statement: _____

_____

_____

_____

Step 2: Define the Scope of the needs assessment exercise.

i. Decide the geographical area to be covered in the exercise. Put (X) against

the desired option:

   a) Whole District _____

   b) One or more tehsils _____ (name of tehsils) _____

   c) City only _____ (name the city) _____

   d) Any other _____ (Define)_____

   Reason _____

ii.   Decide the facility level to be covered in the exercise. Put (X) against the
      desired option(s):

      a)   BHUs _____

      b)   RHCs _____

      c) THQ Hospitals _____

      d) DHQ Hospital _____

      Reason _____

iii.   Decide the segment of population to be focused in the exercise. Put (X)
       against the relevant option(s):

       a) General population _____

       b) Women _____

       c) Children _____

       d) Any other disadvantaged group _____ (name) _____

       Reason _____

Step 3: Define the thematic areas.

Decide the thematic area(s) to be covered in the exercise. Put (X) against the
desired option(s):

      a) Coverage _____ , b) Quality _____, c)   Access _____

Step 4: Define the objective(s) of the needs assessment exercise.

Decide the objective(s) of the exercise:

_____
_____
_____
_____

Step 5: Conduct the initial research.

List down the studies/ reports relevant to your scope, thematic area, and objective of needs assessment exercise that have been identified at this stage, if any:

_____
_____
_____
_____
_____

Step 6: Identify the Indicators.

List down the indicators that are relevant to your intended exercise.

_____
_____
_____
_____
_____

For the purpose of this exercise, we take the following indicator:

Percentage of children vaccinated in the district. _____

Step 7: Collect relevant information.

List down the relevant information/ data that needs to be collected.

      i.   Vaccination rate over period of time in the district
      ii.   Targets for the district
      iii.   Location comparisons
      iv.   Availability of vaccinators
      v.   Availability of medicines
      vi.   Coverage by vaccinators
      vii. Management issues

These and other relevant information will help in understanding the situation of vaccination of children in the district.

Step 8: Analyze and synthesize the Information.

The above information is to be analysed to determine:

  i.   What is the vaccination rate in the district?

  ii. What is the target rate?

  iii. Is the target being achieved?

  iv. If yes, what is the next desired target?

  v.   If not, what are the reasons of non-achievement?

  vi. What factors including shortage of vaccinators and medicine are responsible for non-achievement of the target?

  vii. Which areas require more efforts?

Step 9: Use of GIS for gap analysis.

The GIS may be used to understand and determine the coverage by vaccinators and to identify the specific geographical areas where the gaps are wider as compared to other areas. Results may be summarized below:

_____
_____
_____

Step 10: Evaluate needs on the basis of performance gaps.

On the basis of steps 7,8 and 9, evaluate the gap in vaccination. It is the difference between the existing rate and the target rate. Write it down:

_____

Step 11: Establish an initial prioritization of needs.

It may not be relevant here as only one service/ indicator is considered here.

Step 12: Identify multiple performance improvement activates.

List down the activities that will help improving the vaccination rate in the district and achieving the target:

_____
_____
_____
_____

Step 13: Evaluate each potential performance improvement activity.

Evaluate each activity identified in step 12 on the basis of time, cost and impact and list down in order of priority (less costly, less time consuming and high impact):

_____
_____
_____
_____

Step 14: Make the recommendations.

On the basis of evaluation in step 13, list the recommendations below:

_____
_____
_____
_____

Step 15: Identify or Develop cost standards.

Identify the cost standards by answering the following questions:

i.   What will be the cost of the different activities identified in step 14 to improve the vaccination rate in the district?

ii.   Are there any provincial cost standards?

iii.   Total fund requirement against each activity to bridge the gap?

_____
_____
_____
_____

Step 16: Analyse budget and expenditure.

1.   Examine the following table and determine the heads from where the funds should be reallocated.

2.   The example is for illustration purpose only and has no relevance with actual allocations in a district.

3.   (+) means savings and (-) means excess expenditure.

(Rs. In 000)

#	Head of account	2013-14			2014-15		
		B.E.	R.E.	Variance	B.E.	R.E.	Variance
1	Electricity charges	1,000	500	+500	1,200	550	+650
2	Salary of vaccinators	5,000	5,900	- 900	5,500	6,400	-900
3	Purchase of furniture	2,000	100	+ 1,900	2,000	200	+1,800
4	Repair of vehicles	1,000	700	+300	1,100	300	+800
5	Medicine	5,000	5,500	-500	5,000	6,000	-1,000
6	Petrol	500	500	0	600	600	0

Names of head of accounts with consistent savings:

_____

_____

_____

Step 17: Develop evidence based budgetary proposal.

On the basis of Steps 14, 15 and 16 determine how much funds are to be allocated to the identified activities and from where these funds are to be transferred.

_____

_____

_____

7.2   Data Sources

7.2.1   Pakistan Social and Living Standards Measurement (PSLM) Survey

- The PSLM surveys are conducted at district level and at Provincial level respectively at alternate years. The project was initiated in July 2004 and will continue up to June 2015.

- PSLM District level survey collects information on key social indicators

whereas provincial level survey collects information on social indicators as well as on Income and Consumption. Data is also collected about household size; the number of employed people and their employment status, main sources of income; consumption patterns; the level of savings; and the consumption of the major food items.

- The sample size of PSLM surveys at district level is approximately 80,000 households and approximately 18,000 at Provincial level.

- The data has 6 targets and 13 indicators that are monitored through PSLM Surveys.

7.2.1.1   Main Indicators

1. Demographic characteristics
2. Education, Health, Employment
3. Household Assets
4. Household Amenities
5. Population Welfare
6. Water Supply & Sanitation

7.2.1.2   Accessibility

The *PSLM report* is accessible without restrictions on the following link:

http://www.pbs.gov.pk/content/pakistan-social-and-living-standards-measurement-survey-pslm-2012-13-provincial-district

7.2.2   Statistical Pocket Book of the Punjab

- tatistical Pocket Book of the Punjab is a regular annual publication of Bureau of Statistics. It serves as a handy reference book for important Provincial Statistics.

- This publication contains data on almost all sectors of the Provincial economy at various administrative levels. It also includes some national data on important subjects like:

1. Major Crops

2.   Foreign Trade
3.   Number of Villages Electrified
4.   Labour Force & Employment
5.   National Accounts
6.   Population
7.   Prices and Transport

7.2.2.1   Accessibility

The *statistical pocket book* is accessible without restrictions on the following link:

http://www.bos.gop.pk/?q=publicationreports

7.2.3 Pakistan Millennium Development Goals (MDGs) report

The Report examines the degree to which the MDGs have been integrated in national policy and demonstrates how de-facto each MDG has been addressed in the on-going national programmes across time series data of 33 indicators.

7.2.3.1   Indicators are associated to the following goals:

1.   Eradicate extreme poverty and hunger

2.   Universal primary education

3.   Promote gender equality & women's empowerment

4.   Reduce child mortality

5.   Improve maternal health

6.   Combat HIV/AIDS, malaria and other diseases

7.   Ensure environmental sustainability

8.   Develop global partnership for development

7.2.3.2   Accessibility

The Pakistan Millennium Development Goals report is accessible without restrictions on the following links:

http://www.pk.undp.org/content/pakistan/en/home/mdgoverview/

http://www.pk.undp.org/content/pakistan/en/home/library/mdg/#

7.2.4 Health Information System (HIS) annual report, 2013

- Government has a nationally standardized health related data generation system at all levels called District Health Information System (DHIS).

- Raw data on a prescribed format from public health care facilities is regularly received on monthly basis in District MIS Cells where it is entered into District HIS Software in every district of the Punjab. This report makes use of the data with different indicators.

- The data of teaching/tertiary care hospitals is also included.

- Year wise comparison of important indicators is presented in the form of graphs.

7.2.4.1   Accessibility

The *Health Information System* annual report is accessible without restrictions on the following link:

http://health.punjab.gov.pk/?q=system/files/DHIS%20Yearly%20Report%20 2013%20Final.pdf

7.2.5 Pakistan Demographic and Health Survey (PDHS)

- The Pakistan Demographic and Health Survey (PDHS) is an occasional national survey conducted by the National Institute of Populations Studies (NIPS)

- The sample design is based on 1998 census sampling frame. The survey excluded Federally Administrative Tribal Areas, Azad Jammu & Kashmir and restricted military and protected areas. Two areas of Baluchistan province (Punjgur and Dera Bugti) are dropped because of their deteriorating law and order situations.

- The survey gathers extensive household data on demographics, health and education which includes data on the following:

  1. Fertility levels and preferences

  2. Contraceptive use

  3. Maternal and child health

  4. Infant (and especially neonatal) mortality levels

5.   Awareness regarding HIV/AIDS

6.   Other indicators related to the MDG

7.   Information on child and newborn morbidity and mortality

8.   Fertility and maternity

9.   The survey provides information on education attainment, population, gross and net enrolment rates,

10. Gender parity index

11. Education of children by their parenthood

12.   Migration for education

7.2.5.1   Accessibility

The *Pakistan Demographic and Health Survey* data and report are accessible without restrictions on the following links:

http://data.org.pk/dataset/pakistan-demographic-health-survey-pdhs-12-13

http://www.nips.org.pk/abstract_files/PDHS%20Final%20Report%20as%20 of%20Jan%2022-2014.pdf

7.2.6 Multiple Indicator Cluster Survey (MICS) Punjab

- MICS Punjab 2011 provides estimates on a large number of indicators on the situation of women and children including the socio-economic indicators at the provincial level for 9 divisions, 36 districts, 150 tehsils /towns, major cities, other urban and rural areas.

- It provides information for assessing the situation of children and women in Punjab, including the identification of vulnerable groups/ disparities and formulation of policies and interventions.

- It provides data for time series analysis and benchmark position for new indicators and to develop strong advocacy tools.

- The survey has a total sample size of 7250 PSUs and 102,545 SSUs (households) to provide estimates on more than 100 indicators for the province.

- The survey reports are available in 37 volumes with the first one comprising the main report (provincial report) & technical appendices and 36 volumes, one for each district, presenting tehsil results.

- The main feature of MICS 2011 was its international recognition by the UN MICS Statistical Office and UNICEF Regional Office for South Asia (ROSA).

- Results of the survey are also available by:

    1. Gender

    2. Background characteristics

    3. Wealth index

    4. Age groups

7.2.6.1   Accessibility

The *MICS Punjab* data and report are accessible without restrictions on the following link:

http://www.bos.gop.pk/?q=mics

7.2.7 World Development Indicators

- The World Development Indicators (WDI) is the primary World Bank collection of development indicators, compiled from officially-recognized international sources. It presents the most current and accurate global development data available, and includes national, regional and global estimates.

- This statistical reference includes over 800 indicators covering more than 150 economies. The annual publication is released in April of each year. The online database is updated three times a year.

- Users can browse the data by:

    1. Country

    2. Indicators

    3. Topics

    4. Data Catalogue

7.2.7.1   Accessibility

The World Bank's Open Data site provides access to the WDI database free of charge to all users. A selection of WDI data is featured at
http://data.worldbank.org.

7.2.8 3-year rolling plans for districts

- Districts have been preparing three year medium term plans under the Department of Health (DoH) Government of Punjab with consultations from other key stake holders.

- The reports have *District Health Profiles* which contain all relevant information on:
    - Geography of districts
    - Demography of districts
    - Socioeconomic and health indicators of the district
    - Health resources in terms of human resource, infrastructure and others

- District diseases pattern compiled from DHIS Primary and Secondary Health Care reports and current status of vertical /national programs is part of the report.

- Incudes a health related fact sheet of the districts and depicts the true picture of health status and health resources/services of the district. The accurate district health profiles provide a sound basis for evidence-based planning.

7.2.8.1   Accessibility
The *3-year rolling plans for districts* are accessible without restrictions ont eh following link:

http://pdssp.gop.pk/annual-sector-plans.asp

7.2.9 Essential Package of Health Services for Primary Health Care in Punjab

- The main objective for developing the EPHS at primary care level in Punjab is to define minimum health services to be provided as an integrated package, at a given level of health service.

- The document is divided into sections with major service components

such as nutrition, maternal health, new-born, infant and child health at the community and facility levels.

- Following the service components, additional details of the support services needed to ensure service delivery are also mentioned in separate sections. These include:

  1. Essential equipment and supplies

  2. Essential medicines

  3. Diagnostic services

  4. Pharmacy services

  5. Infrastructure

  6. Human resource

  7. Referral system and linkages

  8. Monitoring and reporting system

  9. Scopes of work of providers

  10. Infection control guidelines: included within the annexes according to the relevant area/provider/facility

  11. Costs of the resources: mentioned in a separate document

7.2.9.1   Accessibility

The *Essential Package of Health Services for Primary Health Care in Punjab* report is accessible without restrictions on the following link:

http://pspu.punjab.gov.pk/system/files/Essential%20Package%20on%20 Health%20Services%20(EPHS).pdf

7.2.10   Health Facility Assessment - Punjab

- The health facility assessment (HFA) is aimed at assessing the availability, functioning, and quality of health care services in the public sector health facilities, with a focus on maternal, new-born and child health services at district level.

- This report provides the findings of the HFA for each surveyed health facility in the district. It is baseline information for the district and the national maternal newborn and child health programme (NMNCHP), to set performance

benchmarks and realign activities for bridging the gaps existing in maternal new-born and child health (MNCH) services for achieving the objectives of the programme.

- Districts health facilities are assessed comprising District Headquarter Hospital (DHQ), Tehsil Headquarter Hospitals (THQs), Rural Health Centres (RHCs) and basic health units (BHUs).

- The BHUs are assessed for the availability of 8/6 preventive MNCH services; RHCs are assessed for the availability of 24/7 basic emergency obstetric and new-born care (EmONC) services; and DHQ and THQ hospitals are assessed for the availability of 24/7 comprehensive EmONC services.

- In order to assess the perceptions of the clients, client exit interviews are also conducted at DHQ, THQs and RHCs levels. Where the main focus of findings is the clients' perspective on the quality of care.

- The health facilities are also assessed for the availability of enabling factors necessary for the delivery of MNCH services. Assessment criteria is formulated to ascertain gaps in the availability of inputs, including:

  1. Infrastructure

  2. Human resources (HR)

  3. Drugs and supplies

  4. Equipment

  5. Level specific support services

7.2.10.1   Accessibility

The *Health Facility Assessment - Punjab (District Vehari)* report is accessible without restrictions on the following link: http://psp.pitb.gov.pk/hfa_punjab

7.2.11   The Pakistan Data Portal (PDP)

- The Pakistan Data Portal (PDP) is an online tool for the sharing and dissemination of all data on education in Pakistan.

- The portal is aimed at sharing all publicly available data at a single place in a usable and comparable format allowing for users to browse historical data as well as to download files and merge data to compare and to contrast across regions and years.

- The PDP is also aimed at providing analysis and overview of the information shared through the use of charts and graphs as well as blog pieces.

7.2.11.1 Accessibility

The Pakistan Data Portal (PDP) is accessible without restrictions on the following link: http://data.org.pk/

7.2.12 Economic Survey of Pakistan

- The Economic Survey is published annually as a pre-budget document highlighting the overall performance of the economy during the out-going fiscal year.

- The study is conducted across various elements of the economy analysing the following subject areas of the economy:

   1. Growth and Investment
   2. Agriculture
   3. Manufacturing & Mining
   4. Fiscal Development
   5. Money and Credit
   6. Capital Markets
   7. Inflation
   8. Trade and Payments
   9. Public Debt
   10. Education
   11. Health & Nutrition
   12. Population, Labour Force and Employment
   13. Transport and Communications
   14. Energy
   15. Poverty and Social Safety Nets
   16. Environment
   17. Contingent Liabilities
   18. Tax Expenditure
   19. Impact of War in Afghanistan and Ensuing Terrorism on Pakistan's Economy
   20. Economic and Social Indicators

7.2.12.1   Accessibility

The Economic Survey of Pakistan is accessible without restrictions on the following link: http://www.finance.gov.pk/survey_1314.html

7.2.13   Punjab Development Statistics

- Bureau of Statistics, Government of Punjab publishes a report on Punjab Development Statistics in respect of social, economic and financial sectors of the economy at aggregate as well as sectoral levels.

- This publication contains data on almost all sectors of the Provincial economy with their break-up by Tehsil, District & Division as far as possible.

- It also contains a 'Statistical Abstract' which gives a comparative picture of information on almost all Socio-Economic sectors of Pakistan and the Punjab. Key findings of Multiple Indicator Cluster Survey (MICS) of some of the Socio-Economic Indicators are also included viz-a-viz Education, Health, Housing and Socio-Economic Development by district.

- It also includes some national data on important subjects like:

  1.   Major Crops
  2.   Foreign Trade
  3.   Labour Force & Employment
  4.   National Accounts
  5.   Population
  6.   Price
  7.   Transport

7.2.13.1   Accessibility

The Punjab Development Statistics report is accessible without restrictions on the following link: http://www.bos.gop.pk/?q=publicationreports

7.2.14   Centre for Economic Research in Pakistan's data centre

- CERP's Data Centre compiles links to Pakistan-related data sets. The data sets available are for the following categories:

1. Household Surveys
2. Firm-level Data
3. Agriculture
4. Macro-level Data
5. Education
6. Environment
7. Transport
8. Gender
9. Statistical Handbooks
10. National Statistical Agencies
11. International Agencies
12. Pakistani Journals

7.2.14.1 Accessibility

The CERP's Data Centre is accessible without restrictions on the following link:
http://cerp.org.pk/dataresources/

7.2.15 Pakistan Bureau of Statistics

Pakistan Bureau of Statistics gathers data for various fields which are mentioned below:

1. Agriculture Statistics
2. Business Register
3. Demographic and Research Statistics
4. Energy & Mining Statistics
5. Foreign Trade Statistics
6. Industry
7. Labour Force Statistics
8. National Accounts
9. Pakistan Social And Living Standards Measurement
10. Population Welfare Statistics
11. Price Statistics
12. Social Statistics

7.2.15.1   Accessibility

The Pakistan Bureau of Statistics is accessible without restrictions on the following link:

http://www.pbs.gov.pk/

The categories enlisted above are hyperlinks, which can be used to access the required area of concentration of Pakistan Bureau of Statistics.

7.2.16   Punjab Health Information System (PHIS), DG Health

- The Directorate General, Health collects data on various indictors of health on monthly basis.

- To collect Primary Health Care data, PHIS has made a PHC Facility Monthly Report for Districts. This is a checklist and all indicators are included in this report.

- This report is circulated to each BHU and RHC and is filled by the facility in-charge.

- The data is maintained at the MIS cell of DG Health office.

- Similarly, they also collect and maintain the data of DHQs and THQs.

7.2.16.1   Accessibility

The primary data is accessible from DG Health

7.3 Public Expenditure Tracking Survey (PETS): Highlighting Flow of Funds

Predictable, transparent and timely flow of funds to service delivery units is essential to strengthen provision of service delivery. In order to ensure this for primary healthcare service delivery in the programme districts, SNG conducted a diagnostics study, called Public Expenditure Tracking Survey (PETS), in primary healthcare for two of the SNG districts i.e. Bahawalnagar and Mandi Bahauddin. The study clearly highlighted bottlenecks, leakages, delays and inefficiencies that existed in the flow of funds from provincial government to BHUs and established a benchmark of the proportion of funds reaching BHUs. In addition, a detailed PETS Implementation Plan was developed to guide and monitor implementation of PETS recommendations in all the 6 SNG districts.

The SNG district teams presented and discussed in detail the recommendations of the PETS report with the district governments. This resulted in an agreement with the district government and implementation of priority recommendations, including:

i.   Procurement and distribution of medicines based on Burden of Disease (BoD) and patient load/ OPD data in 4 SNG districts (Sheikhupura, Hafizabad, Mandi Bahauddin and Vehari).

ii. Office Orders by DCOs in all 6 SNG districts for cancellation of all kinds of "general duty" of staff from BHUs to any other health facility/office/ department with immediate effect. This is resulting in deployment of all posted officials back to their original place of posting.

iii. Walk-in interviews for speedy appointment of medical and paramedical staff against vacant positions at BHUs in 2 districts (Hafizabad and Mandi Bahauddin).

iv. More rigorous monitoring of attendance of BHU staff by the district level health managers in 2 districts (Mandi Bahauddin and Bahawalnagar). Also deduction in the salary of staff for unapproved leaves by PRSP in Mandi Bahauddin.

v.   Introduced a new system of centralized payment of electricity bills by DHO in 2 districts (Hafizabad and Bahawalnagar).

vi. Timely procurement of medicines ensured in 2 districts (Sheikhupura and Hafizabad) on the basis of rate contract done by the Provincial Government for medicine and timely release of budget allocated for non-salary component

by the district governments.

vii. A system of budgeting and expenditure tracking by BHUs has been developed in 2 districts (Sheikhupura and Bahawalnagar) on pilot basis.

Plan for Implementation of PETS Recommendations

Following matrix shows a plan to implement the findings of the PETS:

#	Issue	Recommendation	Evidence of Progress
1.	There are significant delays in PFC transfers to district Governments	PFC transfers are made to district governments within first 04 days of every month in accordance with the requirements of Fiscal Transfer Rules, 2006	Agreement with Finance Department to implement Fiscal Transfer Rules, 2006
2.	System for allocating resources to BHUs lacks a proper evidence based assessment of community level needs	Districts undertake evidence based budgeting for primary health	- Report on implementation of evidence based budget proposals prepared by SNG programme - Training of staff of district governments on evidence based budgeting
3.	The use of aggregate budgeting leads to lack of transparency and accountability for expenditures on the delivery of services to the public	A system of budgeting and expenditure tracking by BHUs is developed and implemented	- Distinct accounting codes allocated for each BHU - Agreement of district governments to undertake budgeting and expenditure reporting by BHUs

#	Issue	Recommendation	Evidence of Progress
4.	Resources (particularly medicines) are distributed equally among BHUs, resulting in distribution of resources without proper use of evidence	Resources may be distributed on the basis of evidence of needs e.g. on the basis of patient-load	Report showing distribution of medicines on the basis of evidence of needs
5.	Leakage of resources due to posting of staff on general duty (i.e. staff drawing salary from BHUs but working elsewhere	A strict ban may be imposed on posting of staff on general duty	Imposition of ban on posting on general duty
6.	Resources don't reach BHUs as they are tied up against long term vacancies	District governments should consider freeing up resources tied up against such vacant positions and diverting these resources to non-salary budget for BHUs	Certificate by district governments
7.	A significant portion of allocated resources does not reach BHUs due to absenteeism of staff – no proper system to check attendance	District monitoring of BHUs should be made more rigorous to curtail staff absenteeism	Notification of the new system

#	Issue	Recommendation	Evidence of Progress
8.	Electricity bills of BHUs paid by staff are reimbursed after a long delay or not reimbursed at all	A new system of centralized payment of electricity bills by DHO may be introduced	Procurement plan developed by the district governments
9.	Delays in procurement of medicines due to absence of procurement planning by the district governments	Plan for procurement of medicines is developed at the beginning of the year with clear timelines and responsibilities and monitored periodically by the DCO	Cash plan developed by the district governments
10.	Delayed procurement of medicines due to absence of cash planning by the district governments	Cash planning by district governments in the light of plan for procurement of medicines	Inventory management system developed and introduced
11.	No proper inventory management system for triangulation of medicines	A system for inventory management preferably an automated system needs to be developed and implemented with appropriate capacity building at all levels	Certificate by District Government
12.	Inefficiencies arise in the system due to purchase of too many types of drugs / medicines by the district governments	Purchase of medicines in accordance with Essential Drug List	

7.4 Example of use of GIS to carry out gender sensitive analysis

Travel time on-foot to Girls' Elementary Schools, Vehari
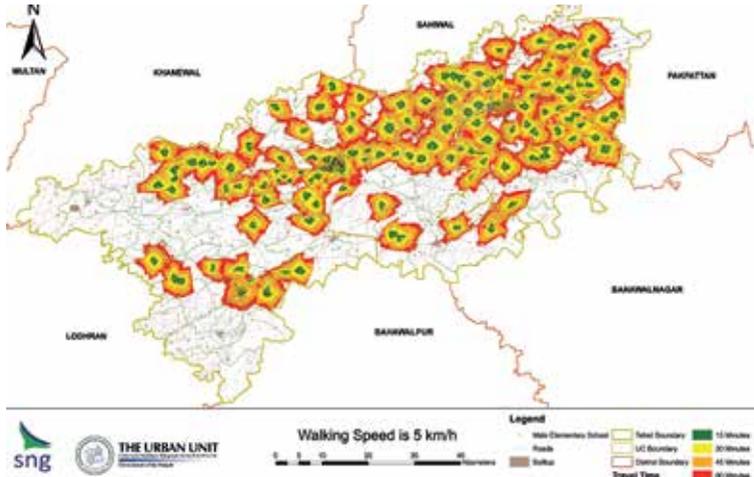
The green, yellow, orange and red colours around schools show the travel time for pedestrians. The red circles represent a travel time of above 45 minutes and white gaps between schools show travel time of more than 60 minutes. This information is crucial for decision-making on such issues as equitable budgetary allocations for the construction of new girls schools.