Country
Pakistan

Capabilities
Governance; Public finance

In depth

Piloting service delivery innovations for education and healthcare in Pakistan

The provision of basic services in Pakistan has for a long time fallen short of acceptable international standards, with marginalised and vulnerable groups struggling to access basic health and education opportunities. As such, the country lags behind on a number of key social indicators: Pakistan ranks 23rd in the world for under-five deaths and, at 60%, has one of the world's lowest literacy rates.[1] Oxford Policy Management (OPM) is implementing the DFID-funded Sub-National Governance (SNG) programme in Punjab and Khyber Pakhtunkhwa (KP) provinces of Pakistan. The SNG programme aims to support lasting improvements in the quality of, and access to, basic services in these two provinces (which have a combined population of over 125 million), by strengthening their governance and the management of public finances.

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About Oxford Policy Management's *In depth* series

Our *In depth* publications aim to share detailed learning and analysis from our practical experiences working with governments, funders, practitioners, and partners to achieve lasting, positive change through policy reform.

Background

Under Pakistan's decentralised governance arrangements, district governments are responsible for overseeing and monitoring service delivery. As the tier of government closest to front-line service providers, they are considered best placed to understand and address any challenges they encounter.

Innovative solutions are required to open up access to, and improve the quality of, health and education services in Pakistan. However, for many years local governments have lacked the finances, technical expertise, and 'thinking space' required to design, test, and scale up innovations on their own. They also have limited experience of partnering with the private sector and non-governmental organisations for innovation purposes. As a result, chronically poor health and education services have prevailed, resulting in low levels of citizens' confidence in public services and the.government.[2]

Supporting service delivery innovation

To support the Governments of Punjab and KP in addressing these service delivery delays, the SNG programme manages a District Delivery Challenge Fund (DDCF). The DDCF offers limited grants to public and private actors to demonstrate innovative and scalable pilot approaches that address challenges in the public health and education sectors. The SNG programme works with provincial civil servants to develop the themes for the funding rounds, issue calls for proposals, and evaluate submissions. The programme also provides technical advice in the implementation of pilot projects, and oversees a rigorous monitoring and evaluation system.

Grants from the DDCF have been within the £50,000 - £250,000 range. With these relatively small amounts, grantees have been able to pilot interventions that, as the evaluations demonstrate, have led to significant improvement in the quality and coverage of health and education services. The DDCF projects demonstrate how modern communications technologies can be harnessed to provide cost-effective solutions to otherwise intractable service delivery problems.

The DDCF process was designed so that demonstrably effective pilots can be replicated by the government. With broader adoption in mind, all funding proposals are screened for their alignment with government priorities, and only low-cost and practicable proposals are selected for funding. Furthermore, the grantees and the DDCF management team work closely with local governments throughout the pilot projects' life cycles.

To date, there have been two rounds of DDCF funding, supporting 14 projects in the health and education sectors. Four examples of DDCF-supported projects are discussed below.

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[1] UNICEF State of the World's Children 2015; Social and Living Standards Measurement (PSLM) Survey 2014-15.

[2] At the inception of the SNG programme only 25% of households were reported to be satisfied with their sewerage and sanitation services, 39% with their water supply, 35% with government health services and 58% with government education services (Social Audit Local Roundtable Report, Government of Pakistan).
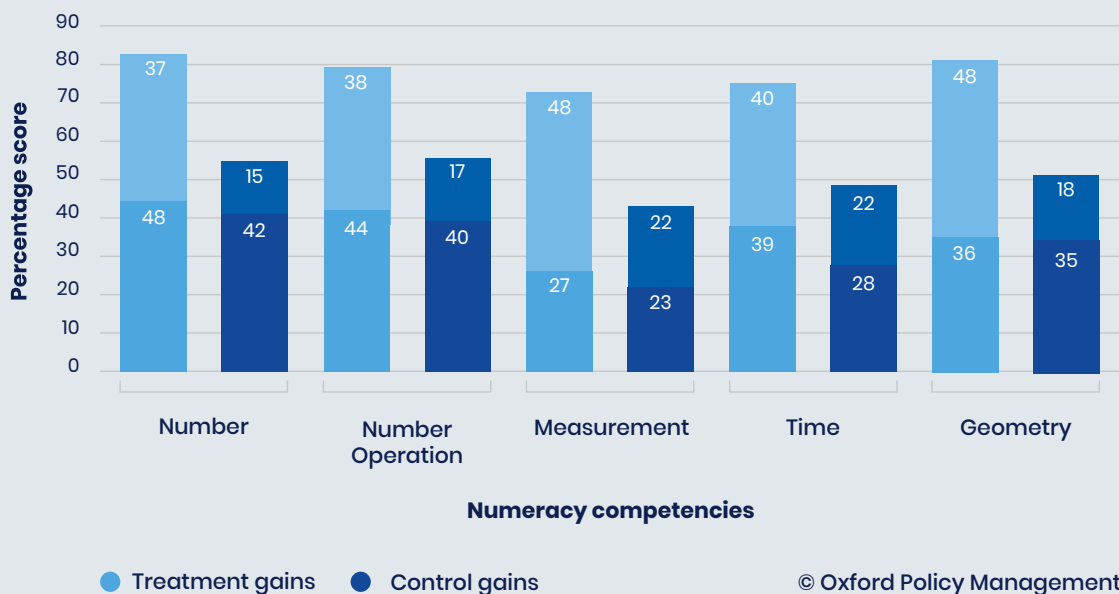
Learning Boost (Punjab)

Training opportunities for teachers in Punjab are limited, given the lack of resources and cultural restrictions around female teachers' travel. This pilot project in the Vehari and Mandi Bahauddin districts in Punjab provided 373 teachers with computer tablets to remotely access training and mentoring services.

At the end of the pilot, the teachers showed significantly higher achievement in pedagogical skills and content knowledge compared to teachers in other schools. They were also adopting more engaging instructional approaches that made frequent use of technology and visual aids, as well as tailoring content to the needs of their students. This has translated into marked improvements in their pupils' learning outcomes. For example, grade 2 students in the Learning Boost classes significantly outperformed their control group counterparts in all aspects of numeracy competencies, as shown in figure 1.

The improvements were similarly impressive in other subjects. On average, the mean scores of children in target schools improved by 32% in early grade literacy, compared to 18% for the control group, and by 20% for grade 5 mathematics compared to 15.9% for the control group. Critically, the highest gainers were the children who struggle in class and who are at most risk of dropping out. 99% of the teachers surveyed said that Learning Boost contributed to improved education in their schools. A majority also said that they were more successful in engaging their students, thus positively affecting classroom performance.

The programme is being scaled up by the government to 4,882 schools. Economic rate of return analysis suggests that the cost of full scale up across the province would be PKR 1 billion (USD 9.5 million)[3] a year for the next 5 years, but it could realise benefits of PKR 121 billion (USD 1.15 billion) in 10 years' time due to students' higher earnings and reduced dropout rates.[4]

Figure 1 | Learning Boost results (Grade 2 numeracy)

Source: Dech 2016 Learning Boost: External Evaluation Report

[3] PKR 1 = USD 0.0095 at June 2017 exchange rates (Google Finance).

[4] Usman Khan and Tim Williams 2017, Position Paper on Innovation Challenge Funds Lessons from the District Delivery Challenge Fund (DDCF) of the Sub-National Governance (SNG) Programme in Pakistan. Working Draft January 2017

Telemedicine (Punjab)

Some remote communities in Punjab are situated a great distance from hospitals, so they rely entirely on their local basic health units, many of which lack the capacity to provide more complex medical procedures. The Telemedicine project provides medical staff at remote basic health units with solar-powered, satellite-enabled telediagnosis equipment that connects patients with medical professionals in regional hospitals. It can be used for a wide range of medical tests, including pre-natal ultrasounds.

As of April 2017, 70,000 patients have been examined using this technology. For participating health units, the number of patients seen has risen from an average of 10-15 per day to over 50 patients a day, as the technology allows them to offer new services which were previously only available in hospitals. Furthermore, over 18,000 repeat visits have taken place, indicating high levels of confidence in the medical advice given. Indicative perceptions data point to significant improvements in the availability of facilities and services. When questioned about the perceived availability of staff, equipment, and medicines at their local basic health unit, on average respondents felt that nearly all (95%) of the required services were available. Before the Telemedicine technology was introduced, the average assessment was that only 27% of required services were available.

Punjab's Chief Minister has indicated the government's intention to roll out Telemedicine across all districts, focusing on basic health units that suffer from a lack of doctors. It is estimated that the equipment could support PKR 1.7 million (USD 16,000) of medical tests at each health unit, at a cost of only PKR 0.35m per unit (Khan and Williams, 2017). As well as providing vital health benefits for large numbers of communities, this roll out would be likely to lead to further cost savings as a result of reduced patient loads in hospitals.

Broad Class (KP)

With around half of all boys and girls aged 5-16 in Pakistan unable to read basic words in English or do simple calculations,[5] the Broad Class pilot in the district of Haripur uses classroom radios as an instructional tool. Curriculum-based lessons in numeracy and English language are broadcast daily for 35 minutes in the 500 classrooms of government schools, to improve teaching quality and learning outcomes.

The lessons have been broadcast to approximately 9,000 school-aged children. The engaging format, which includes rhymes, stories, activities, exercises, and daily health tips, is designed to teach skills which are culturally, linguistically, and contextually relevant to marginalised populations. It has already led to demonstrable improvements in literacy and numeracy for kindergarten, grade 1, and grade 2 students. Independent assessment of the students' baseline and end-line scores in participating schools revealed a statistically significant improvement in learning outcomes compared to the control schools (see figure 2). Furthermore, the poorer-performing rural schools saw the biggest improvements, thus helping to close the long-standing performance gap. This project also led to an increase in attendance rates from 53% to 75% in the target schools.

Overall, the success of Broad Class has been picked up by a range of audiences the project was given the prestigious accolade of 'most innovative development project in the world' at the 2016 Global Development Awards. The provincial government in KP has committed to adopting radio-enhanced learning, starting with 3,100 schools in the Abbottabad district.

[5] The Annual Status of Education Report (2015).

Diabetes Talk (KP)

The prevalence of diabetes in KP is the highest in Pakistan, and is projected to reach three million cases by 2010 (WHO). Due to a lack of understanding of the causes and symptoms of the disease as well as a shortage of diagnostic facilities, it is often not diagnosed in patients until too late, at which point the costs of managing the disease can quickly spiral. The Diabetes Talk project is testing a new system to detect pre-diabetic/diabetic patients through screening at primary healthcare units, facilitated by community awareness efforts, and to refer them for treatment when necessary. In doing so, the objective is that more cases of pre-diabetes can be prevented from developing into fully-fledged type-2 diabetes.

As part of this pilot project, a diabetes screening procedure manual has been developed and doctors and paramedic staff have been trained to use it. At the same time, a registration and referral system has been set up, and a number of public awareness campaigns launched.

This project has provided over 70,000 patients with diabetes screening services, most of whom live in remote, rural locations. Significantly, the data collected through the pilot so far have revealed much higher prevalence of the disease than had previously been reported: 40% of the people screened as part of this project were found to be pre-diabetic, the majority of whom are women. This evidence is being used to inform strategies to fight diabetes, and is influencing policy discussions at the provincial government level.

Based on the successful results of this project, the government is preparing a project proposal for a diabetes awareness project, which will soon be extended to every district in KP. Economic cost-benefit analysis suggests that replicating this model throughout the province would require an expenditure of PKR 7 million/district (PKR 175 million or USD 1.67 million in total) and would help around 175,000 patients annually with the early diagnosis and treatment of the disease. Treatment of these people, if early detection opportunities are missed, is estimated to cost PKR 465.5 million (USD 4.44 million) per annum, far outstripping the cost of intervention (Khan and Williams, 2017). More broadly, the evidence generated from the pilot has facilitated a pivotal shift in the government's health policy, from a focus on the treatment of diabetes to a focus on its prevention.

Figure 2 | Broad Class's impact on learning outcomes
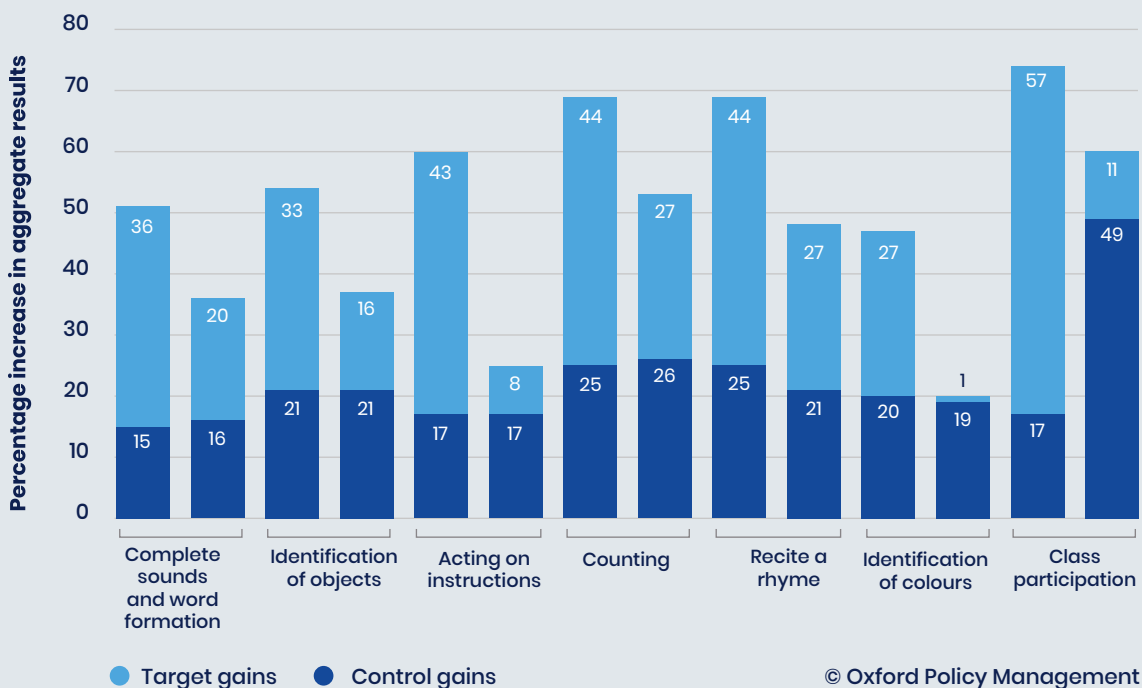
Source: Broad Class results validation report

Key lessons for the management of challenge funds

The success of the DDCF pilots is testament to the innovative nature of the projects' designs, but also to the robust manner in which the fund was managed. The DDCF has engaged proactively and transparently with district governments, grantees, and citizens from the outset, and has been responsive to the political environment in Punjab and KP. Despite this relatively intensive management approach, the overhead costs of the DDCF have been lower than challenge funds of a similar size. The success of the DDCF highlights a number of valuable lessons that are relevant for other challenge funds, particularly those trying to influence public sector governance or service delivery.

- Fostering government ownership of pilots has been paramount to the success of the DDCF (particularly given that some of the pilots have challenged the status quo). District and provincial governments were involved at all stages of DDCF management, including shortlisting, evaluation, funding awards, and pilot evaluations. Furthermore, the DDCF has made it mandatory for grantees to sign a Memorandum of Understanding with their public sector counterpart before grants are issued, which sets out the details of their partnership with the government.

- Creating space for innovation for public sector grantees ensures that over-stretched government officials have the capacity to apply for grants. In these circumstances, fund managers need to actively support district officials in developing and reviewing proposals, and where necessary, offering them temporary space outside their regular working environment to focus on the DDCF processes.

- Ensuring pre-defined, transparent procedures is not only inherently valuable, it also increases the level of interest and competition. The DDCF has a dedicated website where information on the application procedures, evaluation criteria, selection process results, and feedback for unsuccessful candidates is displayed, along with a fraud report hotline.

- Defining themes which are responsive to needs and aligned with priorities gives a clear thematic focus from the outset.

Before launching a round of requests for proposals, the DDCF team conducted in-depth stakeholder meetings with provincial/district decision makers and citizens, formally captured in the 'terms sheet', which was shared with any interested applicants.

- Providing ongoing technical assistance is vital during implementation, as methodologies are often untested and contexts evolve rapidly.

- Using monitoring and evaluation (M&E) to support adaptive programming ensures due diligence, but it does not restrict the space for adaptive programming and learning by doing. The DDCF has a clearly defined process and a robust, hybrid M&E strategy where both internal and external agents are involved. The high frequency of monitoring and hands-on management allows the projects to be continually refined during implementation, thus resulting in stronger results.

- Disseminating and demonstrating the lessons learned during the pilot projects offer an important contribution towards better understanding of service delivery issues and potential solutions from a wide range of stakeholders. This can be done by establishing evaluation committees composed of representatives from the government, donor institutions, and the fund manager, and by inviting other donor programmes and NGOs to visit project sites and engage in the learning being generated.

About Oxford Policy Management

Oxford Policy Management is committed to helping low- and middle- income countries achieve growth and reduce poverty and disadvantage through public policy reform. We seek to bring about lasting positive change using analytical and practical policy expertise. Through our global network of offices, we work in partnership with national decision makers to research, design, implement, and evaluate impactful public policy. We work in all areas of social and economic policy and governance, including health, finance, education, climate change, and public sector management. We draw on our local and international sector experts to provide the very best evidence-based support.

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About the authors

Stephanie Allan is a consultant in OPM's Public Financial Management team.

Mohammad Fayyaz is a member of the OPM Pakistan Governance team, and a senior M&E advisor currently working with the SNG KP programme.

Usman Khan is a senior advisor on the SNG programme. He launched and manages the District Delivery Challenge Fund in Punjab.