



# I-PRSP

## First report on intermediate social outcomes

**PRSP SECRETARIAT  
Finance Division  
Government of Pakistan**

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## **Introduction:**

One of the central components of a Poverty Reduction Strategy Paper (PRSP) is creation of a system to monitor the implementation and outcome of poverty reduction policies. A monitoring framework includes a set of indicators that track policy **inputs** (generally public expenditures), their **outputs** (e.g. number of functional schools) and progress towards intended policy **outcomes** (e.g. literacy rate). The setting up and implementation of a monitoring framework is a demanding task involving a number of steps: selection of appropriate indicators that may provide the sought after information, identification of information sources for these indicators, highlighting gaps or weaknesses, and design and implementation of institutional mechanisms for collection, collation and dissemination of data to policy-makers and other stakeholders for evaluation and determining policy choices.

2. Well-targeted anti-poverty outlays and social safety net transfers are critical ingredients of a comprehensive poverty reduction strategy. While anti-poverty public expenditures are essential for improving human capabilities, reducing income inequalities, and ensuring greater participation of the poor in the process of economic development, social safety nets are necessary for creating an environment in which the most vulnerable segments of society are protected from social and political costs of economic and structural reforms. The effectiveness of safety nets depends upon the amount of resources, the quality of the mechanism to identify and reach groups vulnerable groups and the tracking of the program to assess its efficiency in achieving agreed set of outcomes.

## **Inputs, Intermediate Indicators and Final Outcomes**

3. The monitoring framework for the PRSP includes:
- the institutional arrangements that are needed to make this monitoring system work;
  - the framework of indicators to be monitored;
  - process of identifying and implementing steps necessary to strengthen or develop existing information sources and
  - the arrangements that need to be put in place for interpreting the monitored indicators and feeding conclusions back into management and policy change.

4. Education is the key component of the poverty reducing public expenditures identified in the PRSP with close to 50% of the budgetary expenditures allocated for this sector. The emphasis on education stems from the realization of the close nexus between poverty and illiteracy. The monitoring framework developed under the PRSP is designed to track inputs, intermediate outputs and ultimate outcomes of public expenditures. However, emphasis is now being placed on immediate outputs (intermediates) on an annual basis in view of the diminishing efficacy of government expenditures that has been observed and which has failed to show substantial impact on outputs in the past.

5. The government has set new direction for the health and population sectors by focusing public expenditures towards primary and secondary tiers. This new approach provides a clear shift from curative to preventive and from urban to rural. Its focus is on disadvantaged and on promoting gender equity. The specific indicators we have developed seek to monitor the government's efforts to redress these major imbalances. The quarterly monitoring and evaluation system addresses the issues of reducing the widespread prevalence of communicable diseases, inadequacies in primary/secondary health care services, removing professional deficiencies in the health system and promoting greater gender equity; and at the input level correcting the urban bias. The focus is exclusively on public sector interventions, although the rapidly growing role of the private sector is recognized in the system.

6. Recognizing the need for a strong and efficient Monitoring and Evaluation system as a key to effective implementation of the PRSP process, we have reached a consensus on a set of intermediate indicators in Education, the Health and Population sectors, and their respective baselines. The Government in collaboration with donors organized a number of workshops beginning in March 2002 and spread over one year as detailed below:

- A first workshop was held in March 2002 with the assistance of DFID and the World Bank to develop consensus on finalizing intermediate indicators for the education, health and population sectors. This one-day workshop was attended by 80 participants representing key stakeholders from the federal and provincial governments, donors, NGOs and civil society.
- A second workshop was held in August 2002 with the assistance of DFID to carry forward the consensus process. This three day event was attended by 40 participants including representatives from federal and provincial governments, and donors.

- A third workshop was held in September 2002 with assistance of DFID to finalize the intermediate indicators on education, health and population sectors. The one day meeting was inaugurated by the Finance Minister and was attended by more than 100 stakeholders comprising federal and provincial governments, donors, NGOs, civil society and the media.
- The fourth workshop was held in February 2003 with assistance of JICA to finalize the baselines of intermediate indicators of health sector. The workshop was attended by more than 25 participants, primarily from the federal and provincial governments.

This would ensure timely information availability to policy makers annually.

7. The real test of public expenditures lies in their impact. However, depending upon the variable in question, there is an implementation lag between expenditures incurred and outcomes achieved that makes it difficult to assess policy performance immediately. For instance, even though public expenditures on primary schools may be increased, higher gross primary enrolment rates will take place only after a time lag, and it will take even more time before higher literacy rates will result. The government has identified a set of intermediate indicators that will depict the effect of policy interventions over a relatively shorter period of time, on an annual basis.

8. Regular information on intermediate indicators is a valuable guide for evaluating the efficiency of public policies and the use of public funds. Nevertheless, information/ data sources for intermediate indicators in Pakistan are not readily available and reporting systems are not tuned for quick reporting in some cases. However, as part of the government's anti-poverty efforts, information systems are being developed to track intermediate indicators, their measurement methodologies, definitions, and sources for timely and accurate review of policy interventions through a comprehensive consultative process as detailed above. This process needs to be pushed further before the baseline information/ data on education and health sector intermediate indicators can be finalized. The efficiency of PRSP expenditures will be regularly assessed, in terms of progress on intermediate indicators, once the reporting mechanisms are in place.

### **Health & Population Sectors**

9. Presently in the health and population sectors, two intermediate indicators are being monitored and reported quarterly since September 2002. These are:

- Number of Lady Health Workers and their coverage in terms of population
- Utilization Rate of Health Care Facilities (Curative)

10. The government in consultation with all stakeholders, developed a consensus on six additional PRSP intermediate indicators in health and population.

These comprise:

- Immunization coverage of children - completed courses of all six vaccinations (Diphtheria, Pertussis (Whooping cough) Tetanus (DPT) – 3, measles, BCG, polio)
- Percentage of births attended by skilled birth attendants - doctors, Lady Health Visitors (LHVs), nurses and midwives.
- Number of skilled female birth attendants - doctors, Lady Health Visitors (LHVs) nurses and midwives but not Trained Birth Attendants (TBAs)
- Number of skilled female health workers, Lady doctors, Lady Health Workers (LHWs), LHVs and nurses
- Number of First Level Care Facilities (FLCFs) meeting staffing norms (Doctors & LHVs are key staff to monitor)
- Availability of all four contraceptive supplies from FLCF

In a recent workshop held in February 2003, under the auspices of the PRSP Secretariat, JICA and the Ministry of Health, one more intermediate indicator has been incorporated, namely:

- Percentage of FLCFs not experiencing stockouts of any of the five key supplies (ORS, Cotrimoxazole, Foalte tablets, chloroquine and Syringes) during the past month.

11. The underlying baselines of the agreed intermediate indicators along with preliminary tentative projections for the next five years, in the health and education sectors are indicated below. These indicators will be monitored from July 1, 2003 and a first set of results will be available at the latest by December 2003 for those indicators with quarterly frequency. The remaining will be reported in accordance with frequency reflected against each indicator. The available data will be compared with the respective baselines (of the year 2000-01) and an analysis of the amelioration/ deterioration will be reflected in Annex 1 of the PRSP report covering July-September 2003.

## Baselines and tentative projections of intermediate indicators for health and population welfare sectors

Indicators	Data Source	Baseline (2000-01)	2001-02	2002-03	2003-04	2004-05	2005-06
Utilization Rate of First Level Care Facilities/ Day (Curative only) <b>Frequency: Quarterly</b>	NHMIS	34	37	36	40	44	48
Proportion of the population covered by Lady Health Workers. <b>Frequency: Annual</b>	LHW MIS	30%	44%	55 %	65 %	75 %	85 %
Immunization coverage of children/ Pregnant Mothers <b>Frequency: Quarterly</b>	EPI MIS	DPT III	76%	80%	79 %	79 %	79 %
		TT - II	51 %	60 %	55 &	54 %	54 %
Percentage of births attended by skilled birth attendants. <b>Frequency: Quarterly</b>	NHMIS <sup>1</sup>	13%	12%	16 %	18 %	19 %	21 %
Number of skilled female birth attendants. (MCH) (WMO, LHV, FMT, FHT, Mid-Wife) <b>Frequency: Bi-annual</b>	Provincial Health Dept. <sup>2</sup>	96354	101823	110376	117500	124000	131000
The percentage of FLCFs not experiencing stock -outs of any one of five key supplies during the past month. <b>Frequency: Quarterly</b>	NHMIS	26 %	30 %	28 %	26 %	25 %	23 %
Number of FLCFs meeting staffing norms. MO, WMO, LHV/ FMT/ FHT <b>Frequency: Quarterly</b>	Provincial Health Dept. <sup>2</sup>	30%	34%	38%	42%	45%	50&
Availability of contraceptives from FLCFs <b>Frequency: Quarterly</b>	NHMIS	68 %	70 %	72 %	72 %	72 %	72 %

12. The reporting mechanism and process flow of the Health Management Information System (HMIS) works as follows: National HMIS reports or outputs are compiled from the data/ information received by the National HMIS Cell of Ministry of Health from the Provincial HMIS Cells, located within the provincial health departments. The provincial health departments in turn gather these data from the respective districts where staff is trained in HMIS data collection methods and where facilities are already reporting under this setup. Primarily this information originates from peripheral health

<sup>1</sup> This is deliveries conducted at FLCFs only.

<sup>2</sup> A request has been made to the Provincial Health Departments for a consolidated response to the PRSP Secretariat.

facilities, which transmit monthly report forms to the respective district offices during the first week of subsequent month. HMIS Data presently are gathered from Government (Federal or Provincial) health facilities only. Plans have been developed to collect such information from hospitals and the private services. Monthly reports from the outpatient departments of teaching and District Health Quarter Hospitals are however sent directly to the Provincial HMIS Cell, as these are outside the administrative control of District Health Offices. Data consolidation takes place both at the Provincial and National HMIS Cells, which also generate analysis reports out of this data. More than 100 peripheral computer centers have been established at the District level for the data entry and processing. A graphical flow chart of HMIS is presented in Attachment 1. The progress relating to the two intermediate indicators being monitored now vis-à-vis a) Percentage of population covered by LHWs, and b) Utilization rate of FLCFs (curative) per day, has been reported in the IPRSP second quarterly report.

### **Education Sector**

13. Presently the PRSP Secretariat is reporting two census based intermediate indicators on an annual basis since September 2002 in education sector. These include:

- Number of functional schools
- Number of functional schools with basic facilities (water, electricity, latrines and boundary wall)

Three additional intermediate indicators were finalized through a series of workshops comprising all relevant stakeholders. These indicators comprise:

- Percentage of trained teachers - (primary and middle schools separately). A teacher with a minimum qualification of a Primary Teacher Certificate or Matric for the primary level and a teacher with a minimum qualification of CT or an F. A or F.Sc for the middle level
- Lack of Teacher Presence (primary and middle schools) – No. teachers present on a particular day
- Percentage of sanctioned staff strength filled (primary & middle schools) i.e. sanctioned strength of each school and the number of teachers actually working. The information on staff should include only teaching staff and not administrative or support staff

14. The baselines and preliminary tentative projections of the agreed Intermediate indicators for the PRSP that have consensus by NEMIS and Provincial EMIS Centers, are at page 8 along with the source frequency of data collection. It was further decided that the year 2000-01 will be the base year for PRSP monitoring. Monitoring of these

indicators will begin once these data are captured for FY 2002-03 census by NEMIS. Results will be reported from FY 2003-04. NEMIS data collection would be on an annual basis. The progress as on December 31, 2002 on two intermediate indicators presently being monitored, as against the projected data is as follows.

No	Indicator	Preliminary Actuals 2001-02	Projected 2001-02
1	Number of functional schools <b>Variance: +3.22%</b>	Primary:137,104 Middle:12,573 Total:149,677	Primary: 133,531 Middle: 12,473 Total: 145,004
2	Percentage of functional schools with basic facilities	<b>Water:</b> Primary:54% Middle:76% Total:56% <b>Electricity:</b> Primary:18% Middle:51% Total: 22% <b>Sanitary:</b> Primary:34% Middle:54% Total:37% <b>Boundary Wall:</b> Primary:40% Middle:53% Total:42%	<b>Water:</b> Primary:51% Middle:61% Total:52% <b>Electricity:</b> Primary:19% Middle:45% Total:22% <b>Sanitary:</b> Primary:37% Middle:46% Total:38% <b>Boundary Wall:</b> Primary:42% Middle:48% Total:42%

Note: The Actuals for 2001-02 are preliminary figures and results of NEMIS 2001-02 census will be posted once data are compiled by Ministry of Education

15. The data on these indicators will be collected by each EMIS unit on an annual basis and will be reported to NEMIS for consolidation at national level. Strengthening of the Provincial EMIS units and District EMIS Cells in view of the Devolution Program and data collection on the PRSP intermediate indicators was also discussed. It was decided that each Provincial Education Department will prepare and approve PC-I from its respective DDWP for strengthening of the district EMIS cells as well as provincial EMIS centers. After approval of the PC-I s these would be sent to Federal Government for a consolidated PC-I during next FY. The development budget would be provided by the federal Ministry of Education from its allocations. Resources from the recurring budget if any would be arranged by respective provincial governments. Annual census of NEMIS for 2001-02 has been completed and results are under compilation.

## BASELINES AND TENTATIVE PROJECTIONS OF THE INTRMEDIATE INDICATORS ON EDUCATION

Indicator	Source	Frequency	Baseline 2000-01	Year 2001-02	Year 2002-03	Year 2003-04	Year 2004-05	Year 2005-06
Number of functional schools	NEMIS	Annual	Primary: 132,531 Middle: 12,473 Total: 145,004	Primary: 133,856 Middle: 12,598 Total: 146,454	Primary: 135,195 Middle: 12,724 Total: 147,919	Primary: 136,547 Middle: 12,851 Total: 149,398	Primary: 137,912 Middle: 12,979 Total: 150,892	Primary: 139,291 Middle: 13,109 Total: 152,401
Percentage of trained teachers	NEMIS	Annual	Primary: 97.6% Middle: 98.5% Total: 97.8%	Primary: 97.8% Middle: 98.6% Total: 98%	Primary: 98% Middle: 98.6% Total: 98.1%	Primary: 98.2% Middle: 98.7% Total: 98.3%	Primary: 98.3% Middle: 98.8% Total: 98.5%	Primary: 98.5% Middle: 98.9% Total: 98.6%
Teacher absenteeism or lack of teacher presence	CWIQ	Periodic	CWIQ would develop baseline	CWIQ would develop projections till Year 2005-06				
Percentage of sanctioned staff strength filled	NEMIS/ Depts. of Education	Annual	Data awaited	Projections are being worked out by Ministry of Education.				
Percentage of schools with sanitary facilities, water supply, electricity, playground and boundary level	NEMIS	Annual	<b>Water:</b> Primary: 50% Middle: 59% Total: 51%  <b>Electricity</b> Primary: 19% Middle: 44% Total; 21%  <b>Sanitary:</b> Primary: 36% Middle: 46% Total: 36%  <b>Boundary Wall:</b> Primary: 41% Middle: 47% Total: 41%	<b>Water:</b> Primary: 51% Middle: 61% Total: 52%  <b>Electricity</b> Primary: 19% Middle: 45% Total; 22%  <b>Sanitary:</b> Primary: 37% Middle: 46% Total: 38%  <b>Boundary Wall:</b> Primary: 42% Middle: 48% Total: 42%	<b>Water:</b> Primary: 52% Middle: 62% Total: 53%  <b>Electricity</b> Primary: 20% Middle: 46% Total; 22%  <b>Sanitary:</b> Primary: 38% Middle: 47% Total: 39%  <b>Boundary Wall:</b> Primary: 43% Middle: 49% Total: 43%	<b>Water:</b> Primary: 53% Middle: 63% Total: 54%  <b>Electricity</b> Primary: 20% Middle: 47% Total; 23%  <b>Sanitary:</b> Primary: 39% Middle: 48% Total: 39%  <b>Boundary Wall:</b> Primary: 43% Middle: 50% Total: 44%	<b>Water:</b> Primary: 54% Middle: 64% Total: 55%  <b>Electricity</b> Primary: 21% Middle: 47% Total; 23%  <b>Sanitary:</b> Primary: 39% Middle: 49% Total: 40%  <b>Boundary Wall:</b> Primary: 44% Middle: 51% Total: 45%	<b>Water:</b> Primary: 55% Middle: 66% Total: 56%  <b>Electricity</b> Primary: 21% Middle: 48% Total; 23%  <b>Sanitary:</b> Primary: 40% Middle: 50% Total: 41%  <b>Boundary Wall:</b> Primary: 45% Middle: 52% Total: 46%

Please refer to Annexure 2 for the process flow of National Education Management Information System (NEMIS)

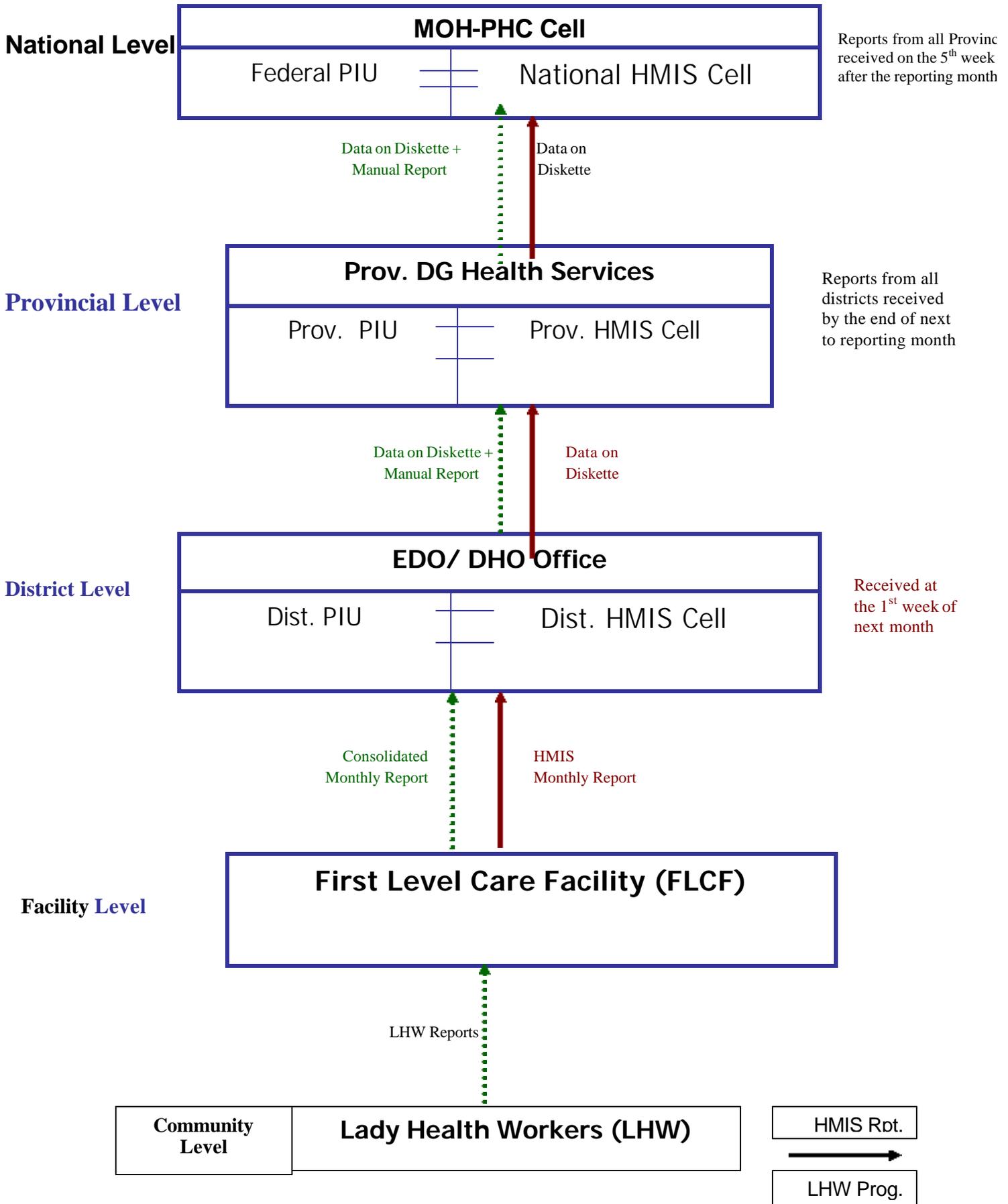
## **Progress on Core Welfare Indicators Questionnaire (CWIQ) and PIHS:**

16. The government has decided that a CWIQ survey will be conducted to capture facility and household based district level data relating to all intermediate indicators. The PIHS questionnaire is also being reviewed to ensure capturing all information needed in relation to the outcome of the PRSP process. The intermediate indicators will be captured through CWIQ and the final outcome indicators would be monitored through the PIHS which will be conducted every three years. CWIQ will be conducted on an annual basis except the year in which a PIHS is undertaken. CWIQ will provide quick results as well as third party validation to the HMIS and NEMIS data relating to above intermediate indicators. The Technical Committee constituted to adapt CWIQ has finalized the questionnaire format. PC-I allocating resources has been approved. The launching of survey awaits the arrangement of consultants to train the master trainers and to supervise the data processing for which request has already been made to the World Bank. We are expecting finalization of the report based on CWIQ survey by March 2004.

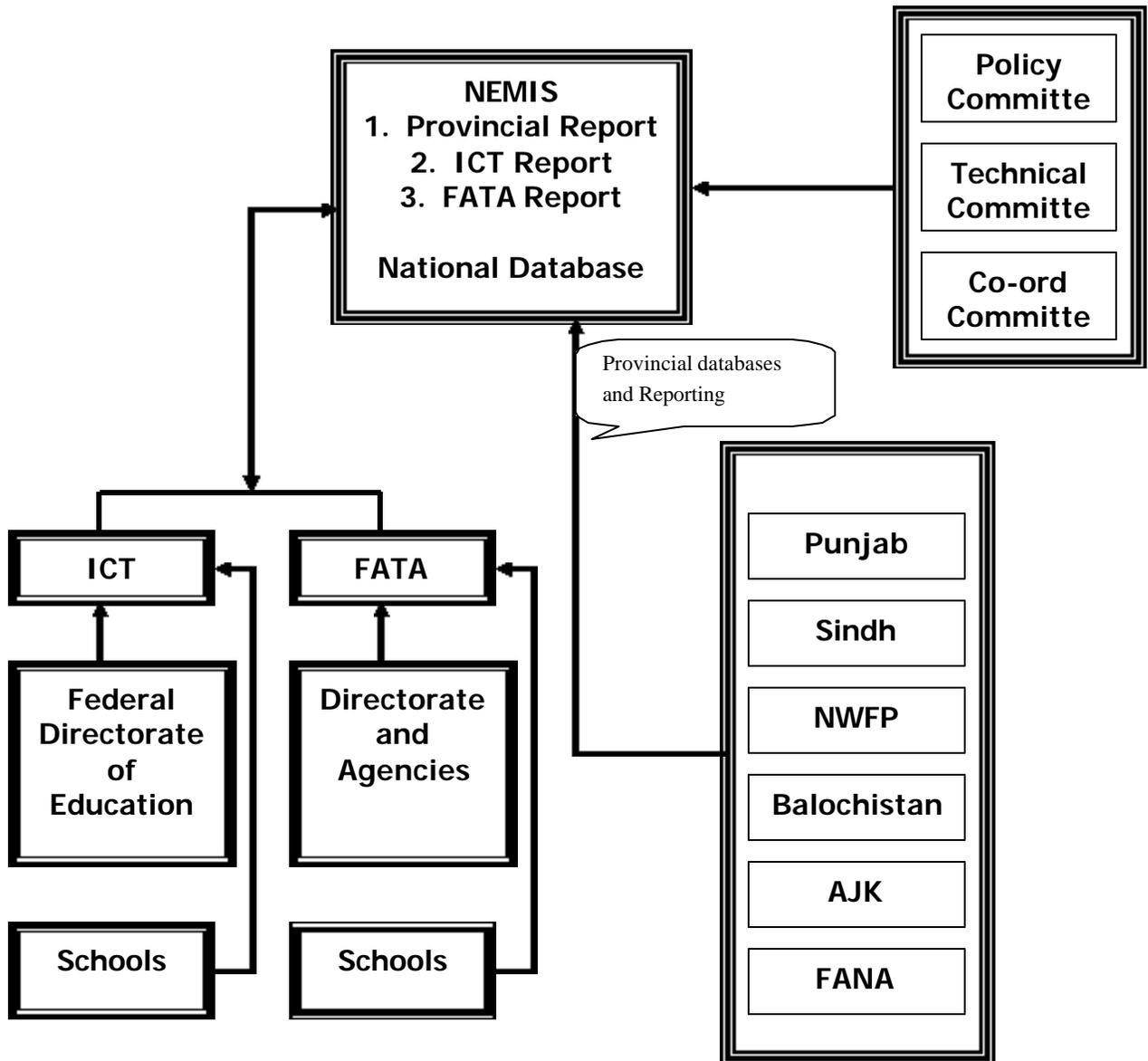
17. While the monitoring framework can help identify efficiency of the policies, additional work will be needed to understand *why* policies could not yield the desired output. Making these judgements will typically necessitate more in-depth studies, focused on specific questions and using a different approach (such as detailed analysis at district level particularly when primary health care is now the responsibility of the district governments).

18. In the future, as we start capturing data on all agreed intermediate indicators on Education, Health and Population Welfare sectors, the results will be posted as Annexure to the Quarterly Reports on the PRSP.

# ANNEXURE 1: NMIS INFORMATION FLOW



# Annexure 2



**National education management information system (nemis) outline**