

- **Initial training:** The Project facilitated a two-day training programme for taskforce members from the selected districts, which included developing a Facilitators' Guide for the training as well as tools and templates for preparing the PPB budget at the district level. The Project team also prepared a PPB Toolkit that was distributed on CDs to all trainees. The training session included theoretical and practical sessions, a focus on skill building, as well as interactive sessions to effectively train the taskforce members in PPB preparation.
- **On-site mentoring:** One month after the initial training, Project staff held a one-day mentoring session at the district headquarters with the taskforce members, to provide additional guidance in preparing the PPB and improving their skills. The staff held a second mentoring session three months later. The first mentoring session focused on scheme maps, organizational charts and programme narrative pages. The second mentoring session focused on a review of narrative pages and performance measurement and indicators. In addition to these mentoring sessions, Project staff were available to the taskforce members as needed, to help them prepare the PPB. Based on field-level interviews, it appears that taskforces met at least three times, and some met as many as 15 times to prepare their PPB document.
- **Follow-up workshop:** A two-day follow-up workshop was held with taskforce members from all districts, after the district shared its mission statement, programme description pages and budget summaries. Following this workshop, the Project continued some support, as requested, as the taskforces finalised their PPBs. Districts were responsible for final preparation and submission of the PPB to DHFW at the state level.

Statewide Scale-up Effort

In 2010, the DHFW approved the use of PPBs for all 24 districts of the state. Accordingly, the Project supported this scale-up effort, including conducting a training of trainers to establish a pool of state-level PPB trainers, who could continue support and scale-up for the state.

The Director of Reproductive and Child Health

DHFW, nominated 14 officials to attend a one-day master trainer's workshop in July 2011. The workshop included guidance on conducting PPB workshops for district taskforces. In addition, the Project introduced PPB to five additional districts (Garhwa, Giridih, Jamtara, Pakur, and Simdega) with less intensive technical assistance than in the earlier phases.

Results

The Project had a Management Information System (MIS) to capture process-level data in all Project-supported districts (e.g., number of persons trained). The status of PPBs for the ten districts in phase one and two is listed below in Table 1.

Table 1: Status of five-year PPBs

First Phase Districts	Prepared	Submitted
Deoghar	✓	✓
Gumla	✓	✓
Khunti	✓	✓
Latehar	✓	✓
Ramgarh	✗	✗
Second Phase Districts		
Chatra	✓	✗
Godda	✓	✗
Hazaribagh	Narrative Only	✗
Koderma	✓	✗
Sahebganj	Narrative Only	✗

Note: In Ramgarh, the taskforce did not make progress, mainly because the District Accounts Manager position was vacant for most of this time period.

In addition, to determine the extent to which the districts found value in the PPB process, the Project team undertook an internal review in September 2011. Of the ten districts that received more intensive support through the Project, nine were covered in the review, as they had made significant progress with their PPBs (Chatra, Deoghar, Godda, Gumla, Hazaribagh, Khunti, Koderma, Latehar, and Sahebganj). The Project team administered a survey to the district-level PPB taskforce members including the Civil Surgeon, District Programme Manager and District Accounts Manager in each district; a total of 27 interviews were conducted. The internal review showed that nearly all respondents (24 out of 27) found the PPB useful in preparing their official annual DHFW budget against the state programme implementation plan (PIP). Out of 27, 21 respondents reported that PPB has led to improved planning and budgeting in the district. A majority of the respondents also reported the PPB improved budget and programme monitoring (Table 2).

“ PPB helps in accurate and detailed planning and budgeting for the districts and in developing programme-wise indicators. ”

- PPB Taskforce Member

“ PPB is an important and useful tool and it needs to be implemented in all blocks, districts, and up to state headquarters. ”

- PPB Taskforce Member

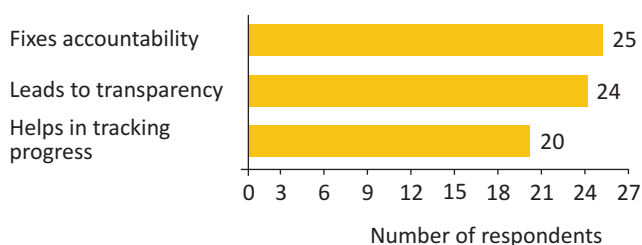
Table 2: Improvement in processes due to PPB
(in actual numbers)

Process	To a great extent	To some extent	No change
Budgeting	21	6	0
Planning	21	6	0
Monitoring	6	15	6
Number of respondents	27		

The respondents appreciated the PPB because it improves accountability and transparency (Figure 1). The respondents also recommended adopting and using the PPB across the state because it:

- Linked the budgets with the department goal and objectives, allows budget allocations in a planned manner
- Helps in the design, implementation and monitoring of programmes
- Aids in preparation of District Activity Plans (DAPs) and Programme Implementation Plans (PIPs)

Figure 1: Reasons for appreciating PPB



The respondents also showed interest in further training on PPB. They noted that periodic refresher training and mentoring is required. Other suggestions were to emphasize the use of the PPB for programme monitoring and that the PPB should be supported with software. Scale-up of PPB from district to state level was recommended to bring uniformity in planning, budgeting and monitoring across all districts by the study respondents.

Lessons Learned and Recommendations

The major contribution of this effort is that it demonstrated that district-level teams can learn the PPB approach and apply it, with relatively modest training and support. The internal review also indicated that the taskforces felt the approach had value for improved planning, budgeting and monitoring. The Project learned several valuable lessons in implementing PPB at the district level, which are summarised below.

Taskforces play a key role: The formation of district-level taskforces is critical in operationalising the PPB process and ensuring that the training is put into practice. The taskforces provide a mechanism to develop and implement the PPB and establish a team approach, which was a new experience for most of the district team. This was often the first time that programme experts and financial staff sat together to discuss programming and budgeting. The on-going mentoring was an important input, and the state PPB taskforce should consider ways to provide this type of ongoing support, in addition to the initial training.

The PPB is most valuable if used as a monitoring tool: To fully realize the value of the PPB, district teams need to monitor programme activities, indicators and expenditures against the plans over time and update information on an annual basis.

The PPB approach should be fully integrated into the official budgeting system: Since the PPB approach is not yet approved or “notified” as the official budgeting process at the state level, it continues to be a supplemental or parallel budgeting system. Districts must still prepare and submit the traditional line item budget to the state. At this stage, PPB has been viewed as a complementary process although it is sometimes viewed as an extra administrative burden. Ideally, it should be more fully integrated or merged into the official planning and budgeting process.

State-level leadership is critical for sustainability: The leadership of the state’s NRHM Mission Director was instrumental in motivating the districts to begin the PPB process. Continual change in state-level leadership, however, have been a challenge



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The Purpose of the Vistaar Project

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

for scale up and state level support to the PPB process and sustainability. The district taskforces have proven their ability to learn and apply the PPB approach. However, state DHFW officials must encourage ongoing use of the PPB approach, provide feedback to the districts on their PPB once it is

submitted, and use their PPBs to make budget allocations.

The Project has demonstrated the usefulness of the PPB approach at the district level. There is need for active involvement of state-level leadership and regular capacity-building for this approach to be sustained over time.

IntraHealth International, Inc. is the lead agency for the Vistaar Project. For more information on the Vistaar Project, see: www.intrahealth.org/vistaar

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