PROGRAM RESULTS FRAMEWORK ASSESSMENT

A. Program Results Framework

1. **Program scope.** The proposed results-based lending (RBL) Punjab Nursing and Health Workforce Reform Program is aligned with the Punjab Health Sector Strategy, 2019–2028 and the Pakistan Nursing and Midwifery Policy Framework, 2025–2034, which prioritize the availability of skilled human resources, quality health care services, and improved governance in the health sector. By addressing critical gaps in workforce planning, education, and infrastructure, the RBL program advances the objectives of achieving equitable and efficient health care delivery across the province. It is further anchored in the Punjab Nursing Education Reform Policy, 2025–2030, which serves as a critical policy instrument supporting these broader goals, providing a structured road map for scaling up nursing education, strengthening workforce governance, and ensuring long-term sustainability of health care workforce development. Developed by the Specialized Healthcare and Medical Education Department (SHC&MED) in collaboration with the Asian Development Bank (ADB), the strategy focuses on key policy interventions involving infrastructure, faculty capacity building, accreditation reforms, and career pathways for nursing professionals. The strategy serves as the foundation for the proposed centers of excellence (COEs) under the RBL program, ensuring that these institutions align with broader provincial health workforce development objectives.

2. With the aim to improve and optimize health workforce availability, quality, and performance, the broader government program comprises six outputs to help achieve this: (i) establish governance and leadership structure for human resources for health (HRH) policy, planning, production, and management; (ii) ensure availability of health care providers where required; (iii) establish methods for improving quality and productivity of HRH; (iv) strengthen methods to retain health workers and revitalize continuous professional education and training; (v) update health profession's education curriculum with a focus on community-oriented medical education; and (vi) improve nursing education through providing missing equipment and upgrading infrastructure for nursing colleges and hostels.

3. Reforms introduced through this RBL program correspond with the broader government program addressing critical gaps in nursing education, workforce governance, and infrastructure. In particular, COEs will play a pivotal role in implementing key reforms outlined in the strategy and policy, ensuring that Punjab's nursing workforce is equipped to meet both domestic and global health care demands. The three outputs of the RBL are designed to (i) improve the quality of nursing professionals through degree programs, specialized courses, and faculty development programs offered at the COEs; (ii) establish climate-resilient and gender-sensitive COEs for nursing education in north, central, and south Punjab, adhering to Pakistan Nursing and Midwifery Council and international standards, furnished with state-of-the-art simulation labs and digital infrastructure, and staffed with qualified faculty; and (iii) strengthen governance and management for health workforce through measures including a functional HRH unit and expansion of the human resource management information system (HRMIS) to inform HRH planning and a COE governance framework.

4. **Results chain.** The proposed RBL program contributes to the achievement of the government's ambition of improving workforce availability and quality. The RBL program's three outputs address key challenges: (i) inefficient workforce governance lacking formal mechanisms which link workforce supply to population needs, especially in light of the population's changing disease burden; (ii) gaps in nursing education with outdated programs and insufficient qualified faculty; (iii) infrastructure and capacity constraints requiring significant expansion and

modernization; and (iv) cultural and social barriers where societal stigma and gender norms continue to challenge the perception of nursing as a career.

5. The outcome results are clearly linked to interventions at the output level. Improved quality of nursing professionals, climate-resilient and gender-sensitive COEs to impart advanced nursing education, and strengthened governance and management for health workforce will collectively contribute to achieving the program outcome of enhanced availability of an adequately qualified nursing workforce to fulfill the evolving health needs with increased access to employment opportunities for women in the nursing industry.

6. The outcome and output indicators selected for tracking the progress of results are considered an appropriate mix as they measure both the intermediate results and the outcome which form part of the results chain and also focus on the priorities of the strategy. The RBL program's indicators are (i) specific, focusing on a clear indicator; (ii) measurable, since indicators are tracked in quantities or activity completion with data sources specified; (iii) achievable, as targets are realistic and based on incremental improvement of the indicator to be realized during the program's duration; (iv) relevant, with each indicator supporting an outcome or output of the RBL program; (v) time bound, since both the baseline date and the target date are being specified; and (vi) transparent, with clear definitions and achievements of results.

7. **Program flexibility.** The approach of the RBL program embeds flexibility to achieve the program outcome and is responsive to gender concerns and the adverse impacts of climate change. Climate-resilient COEs to be established under this program are strategically situated in the north, center, and south of the province to maximize geographic reach. Courses to be offered in COEs include degree programs and specialized courses and faculty development programs, enabling demand-driven and need-based curricula to be offered during the RBL program and to continue after its completion.

8. The program is also attentive to the needs of existing government nursing colleges, linking them with COEs through faculty development programs of nursing educators for improved education delivery and exposure to advanced laboratories, equipment, and training practices. In parallel, the planned intervention on HRH for improved governance is geared towards the sector overall (commencing with COEs and government nursing colleges and expanding to private colleges) to optimize supply of the nursing workforce with domestic and international demand. Such measures are expected to strengthen the role and capacity of the SHC&MED for enhanced health sector planning, management, and delivery.

B. Disbursement-Linked Indicators

9. Program disbursement-linked indicators (DLIs) were collaboratively designed with the SHC&MED and are aligned to a specific outcome or output of the RBL. They have been selected because they represent key objectives of the Punjab Nursing Education Reform and Capacity Building Policy, 2025–2030. The ADB team worked closely with the SHC&MED to agree on definitions, verification protocols, and targets. The DLIs embody flexibility to accommodate adjustments as the program evolves over the implementation period of 2026–2030. The RBL program has eight DLIs with three sub-DLIs (table).

Disbursement-Linked Indicators

Disbursement-Linked Indicators	Total ADB Financing Allocation	Share of Total ADB Financing (%)
Outcome: Availability of an adequately qualified nursing workforce to fulfill evolving health needs with increased access to employment opportunities for women in the nursing profession		
DLI 1: At least 800 nursing professionals (of which at least 60% are women) graduated from COE degree programs, specialized courses, and faculty development program	6.5	4.33
DLI 2: COE student and faculty quality assessment scores improved by at least 2 percentage points	2.0	1.33
Output 1: Quality of nursing professionals improved		
DLI 3: Nursing education faculty strengthened	3.5	2.33
a. At least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international PhD programs		
b. At least 45 nursing educators (at least 80% women) sponsored to pursue MScN degrees from accredited national institutions	1.5	1.00
c. At least 150 nursing educators (of which at least 80% are women) from government nursing colleges completed COE faculty development program training	3.0	2.00
DLI 4: Nursing students enrolled in COE degree programs	6.0	4.00
a. At least 800 nursing students (of which at least 80% are women) enrolled in COE BScN program		
b. At least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program	4.0	2.67
DLI 5: International participation certificates in public health, health security, or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women)	3.0	2.00
Output 2: Climate-resilient and gender-sensitive COEs for nursing education established		
DLI 6: Three climate-resilient and gender-sensitive COEs for nursing education constructed	80.0	53.33
DLI 7: Three COEs furnished with modern equipment and digital infrastructure	35.0	23.33
Output 3: Governance and management for health workforce strengthened		
DLI 8: Improved health workforce governance	3.0	2.00
a. COE governance framework comprising rules, regulations, and policies including workplace gender equality approved by the independent COE board of governors, of which at least 33% are female		
b. A dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance functional	2.5	1.67
Total	150.0	**100.00**

ADB = Asian Development Bank, BScN = bachelor of science in nursing, COE = center of excellence, DLI = disbursement-linked indicator, MScN = master of science in nursing, PhD = doctor of philosophy, SHC&MED = Specialized Healthcare and Medical Education Department Punjab.
Source: ADB.

10. There are two DLIs associated with the outcome. DLI 1 will track at least 800 nursing professionals (of which at least 60% are women) graduating from COE degree programs, specialized courses, and faculty development programs. Since the COEs will be operational by year 3 of the program, the target involves (i) one cohort of master of science in nursing (MScN) graduates, (ii) nursing professionals completing specialized 1-year courses, and (iii) existing government nursing college faculty completing the 1-year faculty development program. DLI 2 measures improved quality at COEs based on student and faculty quality assessments covering

various aspects of COEs, including the curriculum, teaching methods, clinical placements, and student outcomes. A baseline composite score will be established in year 4 of the RBL program and targets an improvement of 2 percentage points after 1 year.

11. Three indicators are linked with output 1. DLI 3 focuses on strengthening the nursing education faculty based on three subindicators. DLI 3a tracks at least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international doctor of philosophy programs. DLI 3b tracks at least 45 nursing educators (of which at least 80% are women) sponsored to pursue MScN degrees from accredited national institutions. DLI 3c tracks at least 150 nursing educators (of which at least 80% are women) from government nursing colleges who complete COE faculty development program training. The aim is to (i) prepare a cadre of qualified faculty to staff COEs and (ii) increase prevailing teaching standards and pedagogy in existing government nursing colleges. DLI 4 will measure the number of nursing students enrolled in COE degree programs through two sub-DLIs: (i) for sub-DLI 4a, at least 800 nursing students (of which at least 80% are women) are enrolled in COE BScN programs, and (ii) for sub-DLI 4b, at least 100 nursing students (of which at least 60% are women) are enrolled in COE MScN program. This DLI focuses on enrollment, reflecting the pipeline of COE-trained nursing professionals which will add to the nursing workforce in Punjab. The RBL will also facilitate regional knowledge exchange, and DLI 5 will track international participation certificates in public health, health security, or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women).

12. Two DLIs are linked with output 2. DLI 6 will track construction of three climate-resilient and gender-sensitive COEs for nursing education. COEs will be established in Rawalpindi, Lahore, and Multan and offer cutting-edge curricula, fully digital learning environments, advanced simulation labs, and climate-resilient and gender-sensitive infrastructure. COEs will include climate resilience and energy efficient features to achieve Leadership in Energy and Environmental Design (LEED) gold certification (preferred) or a minimum of LEED silver certification for academic and student center buildings. DLI 7 focuses on equipping COEs, and it will track furnishing the three COEs with modern equipment and digital infrastructure.

13. One DLI is linked to output 3. DLI 8 will measure improved health workforce governance through two sub-DLIs: (i) for sub-DLI 8a, the COE governance framework comprising rules, regulations, and policies including workplace gender equality will be approved by the independent COE board of governors, of which at least 33% are female; and (ii) for sub-DLI 8b, a dedicated HRH management unit is functional within the SHC&MED to oversee workforce planning, management, and quality assurance. One board of governors will be formed to oversee operations and the quality of all three COEs, while the HRH management unit will oversee all human resource for health matters at the provincial level.

14. The achievement of the DLIs will be verified through independent verification agencies (IVAs) involving up to two firms. One firm will be considered for verification of indicators associated with infrastructure and a second will be considered for program indicators pertaining to nursing education, equipment, and governance. To verify prior results, the SHC&MED will engage a separate IVA which will be an independent government body. The program implementation unit and SHC&MED will draw data and information from identified sources and compile periodic reports. The IVAs will conduct verification at the COE and provincial levels.

15. **Flexibility.** The DLI selection embeds sufficient flexibility by including a balance of ambitious and achievable indicators aligned with the government's strategy. At the heart of the

RBL program are functional COEs. DLIs associated with COE construction and operationalization (DLIs 6 and 7) and delivery of various programs marked by successful completion and enrollments (DLIs 1 and 3–5) set realistic targets to be achieved under the program, which may be expanded through efficient implementation or innovation by the government. Moreover, partial disbursement is applicable for specific DLIs**.** These factors aim to motivate the government in the program's delivery.

C. Managing Risks and Improving Capacity

16. While the Government of Punjab has experience implementing RBL programs with other international development partners, this is the first RBL being implemented by the SHC&MED. Accordingly, good practice and experience at the provincial level will be leveraged to manage risk and strengthen capacity. Within the SHC&MED, a dedicated PIU will be set up with requisite staff for effective program management, monitoring, and delivery.

17. Risks associated with the achievement of results include timely construction of COEs. Utilizing the Infrastructure Development Authority of Punjab as a service provider is a pragmatic choice to mitigate risk as it has experience in developing and managing quality infrastructure projects in the province. Qualified third-party construction firms are to be selected competitively and subsequently will be closely monitored by the Infrastructure Development Authority of Punjab to ensure timely delivery according to design specifications. This is essential for several other program results to be delivered, which are centered on establishment and operationalization of the COEs.

18. A program action plan agreed with the SHC&MED includes capacity development and implementation support. The plan identifies specific activities related to the IVA, nursing education and academic preparedness, actions to address climate change, environment and social safeguards, human resource management, procurement, financial management, and monitoring and evaluation. All these activities are expected to help ensure the results are achieved and build the capacity of the SHC&MED.