

CASE STUDY 1: ENCOURAGING COMMUNITY-BASED MONITORING OF HEALTHCARE IN UGANDA

Program Theory and Measuring Outcomes



This case study is based on the paper “Community-based monitoring of primary healthcare providers in Uganda” (forthcoming) by Martina Björkman Nyqvist (Stockholm) and Jakob Svensson (Stockholm)

J-PAL thanks the authors for allowing us to use their paper.

KEY VOCABULARY

Hypothesis: a proposed explanation of and for the effects of a given intervention. Hypotheses are intended to be made *ex ante* or prior to the implementation of the intervention.

Indicators: metrics used to quantify and measure specific short-term and long-term effects of a program

Logical Framework: a management tool used to facilitate the design, execution, and evaluation of an intervention. It involves identifying strategic elements (inputs, outputs, outcomes, and impact) and their causal relationships, indicators, and the assumptions and risks that may influence success or failure.

Theory of Change: describes a strategy or blueprint for achieving a given long-term goal. It identifies the preconditions, pathways, and interventions necessary for an initiative's success.

HOW CAN HEALTHCARE BE IMPROVED?

Nearly 11 million children under five die each year, many from preventable diseases such as pneumonia, malaria and measles. Though prevention and treatment for such diseases is relatively cheap, health infrastructure in developing countries is often inadequate to deliver the necessary services. Some possible reasons for this include a lack of monitoring of health service providers and that people do not hold them accountable. In addition, poor incentives for public providers to deliver quality services may result in high absenteeism and low-quality patient care. The participation of beneficiaries who are in regular contact with service providers in the monitoring of public service delivery may be a good way to raise quality of care.

Uganda, like many newly independent countries in Africa, had a functioning healthcare system in the early 1960s, but saw a collapse of government services as the country underwent political upheaval. The government has been implementing major infrastructure rehabilitation programs in the public health sector, but health outcomes have not improved substantially – nearly 75% of all deaths are from preventable causes. Children under the age of 5 are particularly vulnerable.

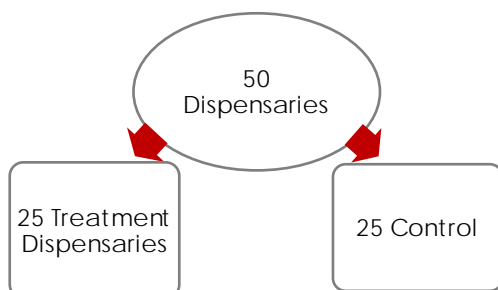
Rural dispensaries are the lowest level of the Ugandan health system and they provide preventive outpatient care, maternity and laboratory services. There are a number of actors who are responsible for supervising the dispensaries, but it is only the officials at the very top who can suspend or dismiss staff who are in charge of the day-to-day running of the facility. Usually staffed by one medical worker, two nurses and three aides, dispensaries provide no incentives for their workers to increase their efforts, as wages and promotions are not closely related to performance. Community members are generally unaware of how many children are dying in their community, and don't know what level of quality to expect in their health services.

COMMUNITY-BASED MONITORING OF HEALTHCARE RANDOMIZED EVALUATION

In 2004, researchers conducted a randomized evaluation at 50 dispensaries from nine districts in Uganda to see if

community monitoring would improve health worker performance and the impact this might have on health utilization and outcomes.

FIGURE 1



In the 25 randomly selected treatment villages, local NGOs facilitated meetings between the community and their healthcare providers. After community members of all backgrounds had discussed the status of their health services and the steps providers should take to improve health service provision, they then met with health workers to discuss patient rights and provider responsibilities.

The outcome was a shared action plan, or a contract, outlining the agreement between the community and healthcare providers on what needs to be done, how, when and by whom. These meetings were aimed to kick-start the process of community monitoring. Finally, a second set of meetings was held 6 months later to review progress and suggest improvements. More than 150 participants attended a typical village meeting.

THEORY OF CHANGE

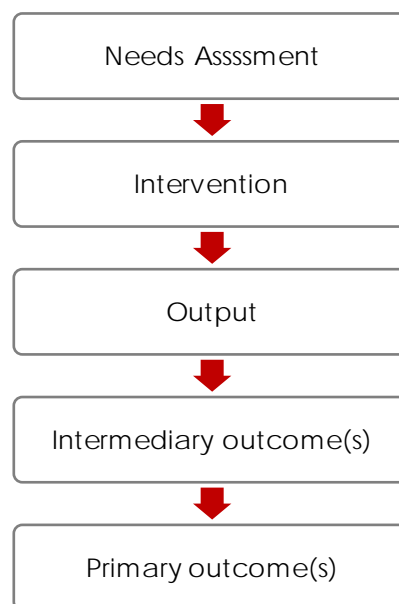
To understand how the programme is intended to have an impact, it is necessary to draw up the Theory of Change from beginning to end.

Discussion Topic 1

Needs assessment and chain of causality

1. What is the need which this intervention is hoping to answer?
2. Using the same framework as used in Session 2, lay out the chain of causality. If you think there could be multiple chains, feel free to draw up more than one.

FIGURE 2



Discussion Topic 2

Assumptions and long-term outcomes

1. What are the assumptions which underlie this chain of causality?
2. Are there any long-term outcomes which you think might be interesting to study?

MAPPING FROM TOCTO INDICATORS

Discussion Topic 3

Measuring each step in the chain

1. List several indicators you would use to measure each of 'Output', 'Intermediate Outcomes' and 'Primary Outcomes' in your ToC.
2. What kinds of instruments would you use to collect data on these indicators? Think carefully about issues such as cost and time effectiveness, as well as what sort of instrument will capture that information most accurately.