Evaluating Impact:
Turning Promises into Evidence

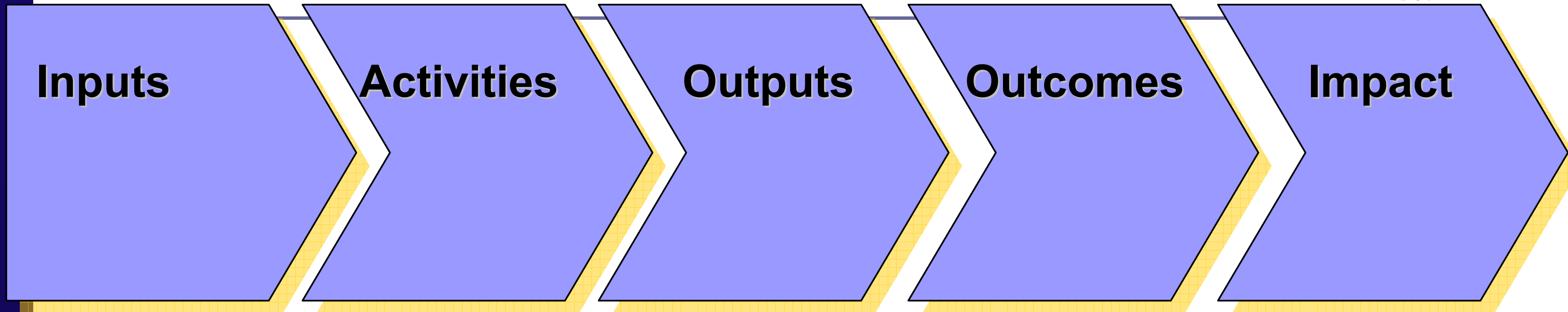
Incentive based Payment through Health Service Delivery Grant for Improving Maternal and Child Health

1. Background

IMPACT EVALUATION

- 1998 – 2002: ADB supported (i) Contracting-out; (ii) Contracting-in and (iii) Control districts were selected for impact evaluation (IE in 2002).
- 2003 – 2008: WB and ADB support contracting for health services (11 Districts), a hybrid of the above two models (IE in 2008).
- January 2009: 11 internal contracting districts using Service Delivery Grant (SDG) as a funding mechanism, **80% of the SDG fund** is for **incentives**.
- June 2009: 8 additional districts to receive SDG.
- January 2010: 6 more districts to receive SDG

2. Results Chain



Inputs

1. HSP2 and other MOH policies
2. Joint funding support RGC and HSSP2 in 11 ODs and User fees
3. HR (hiring contracted staff to fill the gaps)
4. TA

Activities

1. Incentive based performance cover 80% of SDG and 60% of User Fees.
2. Training to health staff in relevant to MCH and management
3. Quality control including supervision at health facility and community level

Outputs

1. Number of health staff received incentives
2. 24 hours service delivery at designated health facilities
3. Availability of EOC at referral system at all RHs.
4. HCs with at least one secondary midwife

Outcomes

1. Increased utilization of health services
2. Increased quality of health services.
3. Reduced absenteeism

Impact

1. Reduced maternal and child mortality
2. Declined fertility
3. Reduced poverty

3. Primary Research Questions

IMPACT EVALUATION

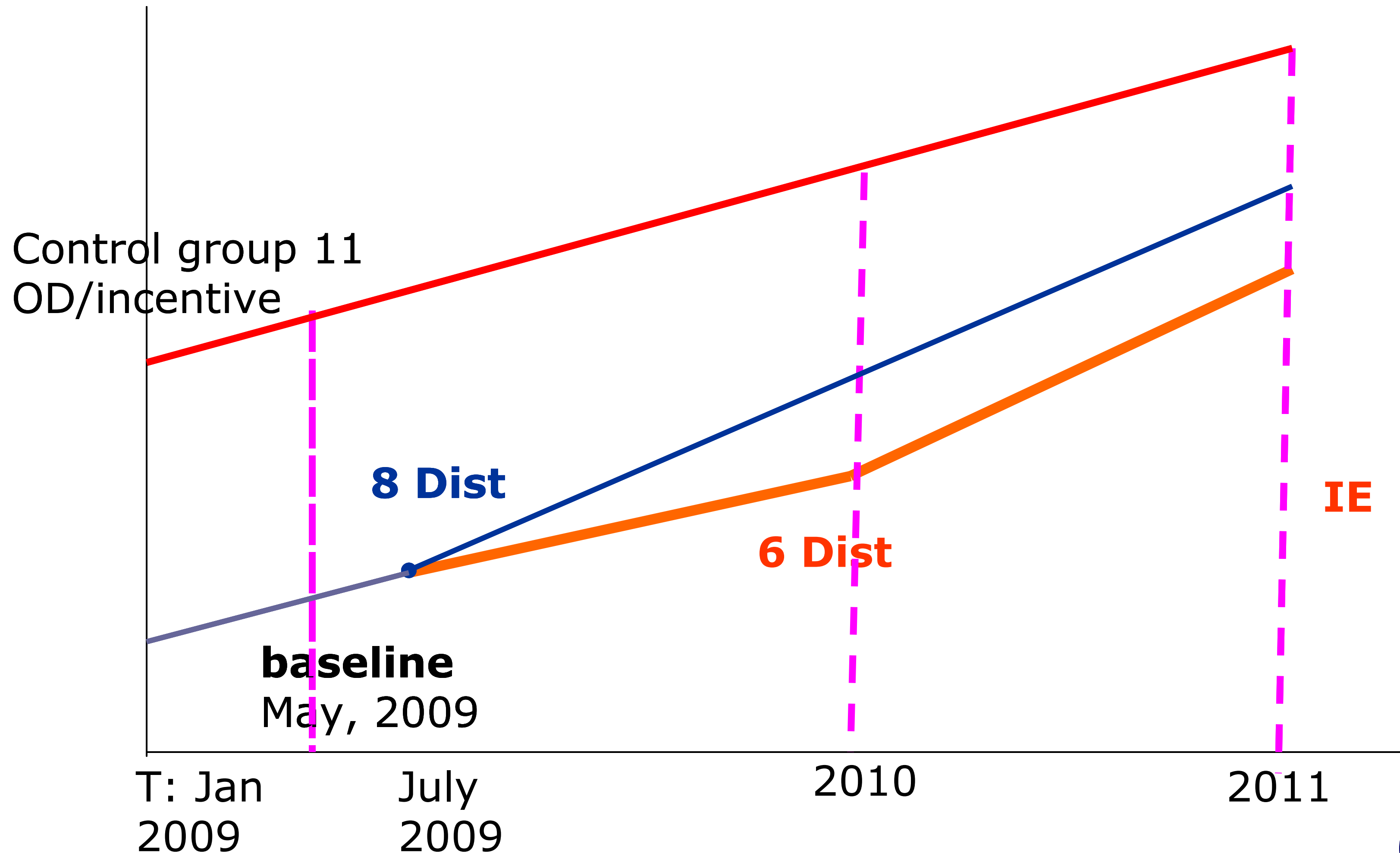
- Will the incentive based payment increase utilization of health services?
- Will incentive based payment improve quality of health care?

4. Outcome Indicators

IMPACT EVALUATION

1. Increase utilization of health services.
    - Increased number of contacts per capita
    - Increased ANC and PNC
    - Increased delivery at health facilities
    - Increased immunization coverage
    - Increased C-Section rate (EOC)
2. Increase quality of health services.
    - Increased % client satisfaction
    - Reduced drug stock-out
    - Improved compliance with treatment protocols.
3. Reduce absenteeism
    - 24 hours availability of health services

5. Identification Strategy/Method



6. Sample and data

IMPACT EVALUATION

- Sample Size: Will be determined by the power calculation based on the predetermined indicators.
  - Selected health facilities
  - Households
- Data: Quantitative and qualitative data to be collected through household and facility survey.

7. Time Frame/Work Plan

IMPACT EVALUATION

- May 2009 for baseline survey
- May 2010 for progress evaluation
- May 2011, IE.

8. Sources of Financing

- Health Sector Support Project

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