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How Effective are Health Systems Strengthening Programs in Reaching the Poor? A Rapid Assessments Approach

Executive Summary; March 2006

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This document was produced by PHRplus with funding from the US Agency for International Development (USAID) under Project No. 936-5974.13, Contract No. HRN-C-00-00-00019-00 and is in the public domain. The ideas and opinions in this document are the authors' and do not necessarily reflect those of USAID or its employees. Interested parties may use the report in part or whole, providing they maintain the integrity of the report and do not misrepresent its findings or present the work as their own. This and other HFS, PHR, and PHRplus documents can be viewed and downloaded on the project website, www.PHRplus.org.



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Order No TE 086

Abstract

Over the past two decades, a number of countries have adopted health reform policies to improve the performance and effectiveness of the health sector including ensuring access to care for the poor. To identify the types of interventions that work, it is important to evaluate the interventions quickly by using relatively simple methodological approaches. The purpose of this paper is to provide an overview of the rapid assessment methods used in the evaluation of poverty alleviation activities and health and development programs. Based on a literature review, the study proposes a simple methodology that can be used to identify methods that can be used to rapidly assess the effect of health policy changes on the health service utilization and health status of the poor. By using the methods proposed, evaluators should be able to evaluate health programs and their impact on the health of the poor within a short period of time.

Executive Summary

Despite rapid improvements in health technology and knowledge, developing countries are finding it difficult to achieve the rate of progress in health necessary to achieve global health targets. One reason for this slow progress is the failure of the health system to reach the poor. Infant and child mortality among poor households remains significantly higher than among non-poor households. In order to improve health indicators of a country within a short period of time, it is important to design a pro-poor health care delivery system so that health concerns of the poor can be addressed more effectively. Reaching the poor is also important for achieving a higher degree of equity and social justice.

Over the past two decades, a number of countries have adopted health reform policies to improve the performance and effectiveness of the health sector including ensuring access to care for the poor. Although health reform experiments have been going on for a long period of time, little is known about the effectiveness of alternative options on the health status of the poor. To identify the types of interventions that work, it is important to evaluate the interventions quickly by using relatively simple methodological approaches. Usually, a scientifically rigorous evaluation of health programs or interventions requires a significant amount of resources and time. The long time lag between the initiation of an evaluation and the presentation of results makes major policy changes quite difficult to adopt. In fact, in traditional program or project evaluations, by the time the policymakers become aware about the poor performance of the interventions, a significant amount of resources have already been used up and wasted. Therefore, it is important to develop methods to estimate the effect of reform initiatives within a short period of time. If the interventions can be evaluated within a short time frame, policymakers can take corrective measures or fine tune the system to ensure effective use of scarce health resources. Although many of the health effects are observable in the long run, a number of intermediate outcomes or processes must improve in the short run to produce the longer run final outcomes. Rapid evaluation techniques rely on these short-run indicators to understand the potential effects of the program in the longer run. Moreover, the rapid assessment can also indicate if the reform policies are being implemented in the appropriate manner and whether the implementation of the policy changes are showing any impact on health service utilization, health status of the population, etc.

The purpose of this paper is to provide an overview of the rapid assessment methods used in the evaluation of poverty alleviation activities and health and development programs. The principal objective is to identify methods that can be used to rapidly assess the effect of health policy changes on the health service utilization and health status of the poor. Therefore, we need to develop rapid measurement of two different aspects: the degree of poverty and the degree to which the health services and interventions are reaching the poor. To understand if the health policy changes are reaching the poor, we need to define poverty using low-cost data collection procedures. The second aspect will be to identify the health sector indicators which are likely to be very sensitive in the short-run. If the health sector is successful in reaching the poor, these short-run indicators will reflect the changes within a short period of time.

To illustrate the alternative approaches of measuring poverty or health or both, we use Demographic and Health Survey (DHS) data from Ghana. Incorporating the application component

with the review of literature should be useful for a better understanding of practical application of the methodology and potential problems a researcher might face in using the methodologies described in the literature. These data can also indicate how well different measures of poverty and health worked in the context of a poor developing country.

This review presents an overview of rapid methods for identifying the poor and assessing the effects of health reform activities and interventions on the health status of the poorest sections of the population. The term “rapid assessment” has been used here in a relative sense, to indicate the methodological approaches that can provide relatively accurate and appropriate information to the policymakers within a short period of time. How short the time frame should be depends on the nature and size of the interventions to be evaluated. Some interventions or changes may not show significant health effects within a year (i.e., buying an x-ray machine for a health center) while other interventions may show positive outcomes within a month (i.e., vaccination of infants, use of oral salt for the control of diarrheal diseases). Once the minimum time is allowed for the operation of the project, rapid assessments need to provide relevant information to policymakers in the short run, preferably within three to four months after the initiation of the assessment study.

Because the objective is to identify the effects of health reform activities on the health status of the poor, the rapid assessment needs to incorporate information both on poverty status of households and health effects of interventions. This review examined a number of approaches used in the literature to categorize households by economic status. Asset ownership and some living condition indicators appear to be quite sensitive in identifying the poor and non-poor households. Based on these indicators and the questionnaires currently being used, the report proposes a short questionnaire that can be used in poor developing countries. The questionnaire includes questions on educational status of the head of the household, housing conditions, employment status, whether the household hires any help, whether the members work outside, ownership of various assets and food security. Two asset types from low-value, medium-value, and high-value assets are included in the questionnaire so that it will be easier to discriminate among the households in terms of their economic situation. Because the questionnaire is about one page long, the time needed to collect the data should not be more than 15 minutes per household.

Once the data are collected, the next step would be to categorize households by socioeconomic status so that poverty rankings can be identified. There are many different ways the information on household economic status can be summarized. Because the wealth scores based on principal component analysis (PCA) are widely used in the literature, it is suggested that the indicators from the questionnaire be combined using the same PCA approach.

For rapid assessment of health effects, another questionnaire is proposed. The problem with rapid assessment of health is that many of the final desired outcomes can not be observed within a short period of time and therefore, it is important to identify either the relatively more sensitive health measures or the intermediate processes or outcomes. The literature review suggests that a number of nutritional status measures are quite sensitive to the economic position of households and access to quality health care services. Height-for-age and weight-for-age scores for children are quite sensitive to socioeconomic status and both these measures can be used in a rapid assessment.

Unmet service demand for various types of health conditions is another set of indicators that can be used in rapid assessment. For some illnesses and symptoms, children should be seen by health professionals and these conditions are incorporated in the questionnaire to understand the prevalence of these illnesses and the degree of unmet demand by socioeconomic groups. Higher unmet demand among the poor indicates the failure of the health system in reaching the poor. Child mortality and

maternal health are also quite sensitive to the availability of health services and socioeconomic status of households.

Combining the two proposed questionnaires, evaluators should be able to evaluate health programs and their impact on the health of the poor within a short period of time. The questionnaires should not take more than half an hour to implement. Although the questionnaire should work well in rapid assessments, further research is needed to validate the method as a rapid assessment of health reform activities on health status of the poor.