

Salud Mesoamerica Process Evaluation: Evidence on Culture Change in Health Systems

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Outline

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SMI Initial Results - Chiapas

- Tremendous improvement in supplies from baseline to 18-month, to 24-month measurements
- Performance targets were not met at first follow-up in Mexico, but were achieved when given extra time

Mexico indicator for basic child care	Baseline (%)	18-Month (%)	24-Month (%)
	7.3	40.7	100
Equipment	27.3	64.4	100
Pediatric scale/salter scale	70.9	81.7	100
Child scale/salter scale	52.7	98.3	100
Height rod	69.1	100	100
Pediatric stethoscope	38.9	50	100
Stethoscope	60	100	100
Pediatric blood pressure apparatus	22.2	50	100
Digital/mercury thermometer	97.3	95.6	100
Growth & development card/National vaccination card/National health card (0-9 years old)	97.3	100	100
Vaccines ¹	26.9	29.6	100
Pentavalent (DPT + HepB + Hib)	73.1	59.3	100
MMR	80.8	88.9	100
Rotavirus	73.1	81.5	100
Pneumococcal conjugate	34.6	40.7	100
BCG	69.2	48.1	100
Pharmacy inputs	40.4	88.3	100
Oral rehydration salt/serum	75	100	100
Ferrous sulfate drops/micronutrients	57.7	90	100
Albendazole/mebendazole	76.9	100	100
Antibiotics	76.6	98	100
Ringer's lactate/Hartmann's solution/saline solution	31.3	100	100

¹Only applicable to facilities that store vaccines

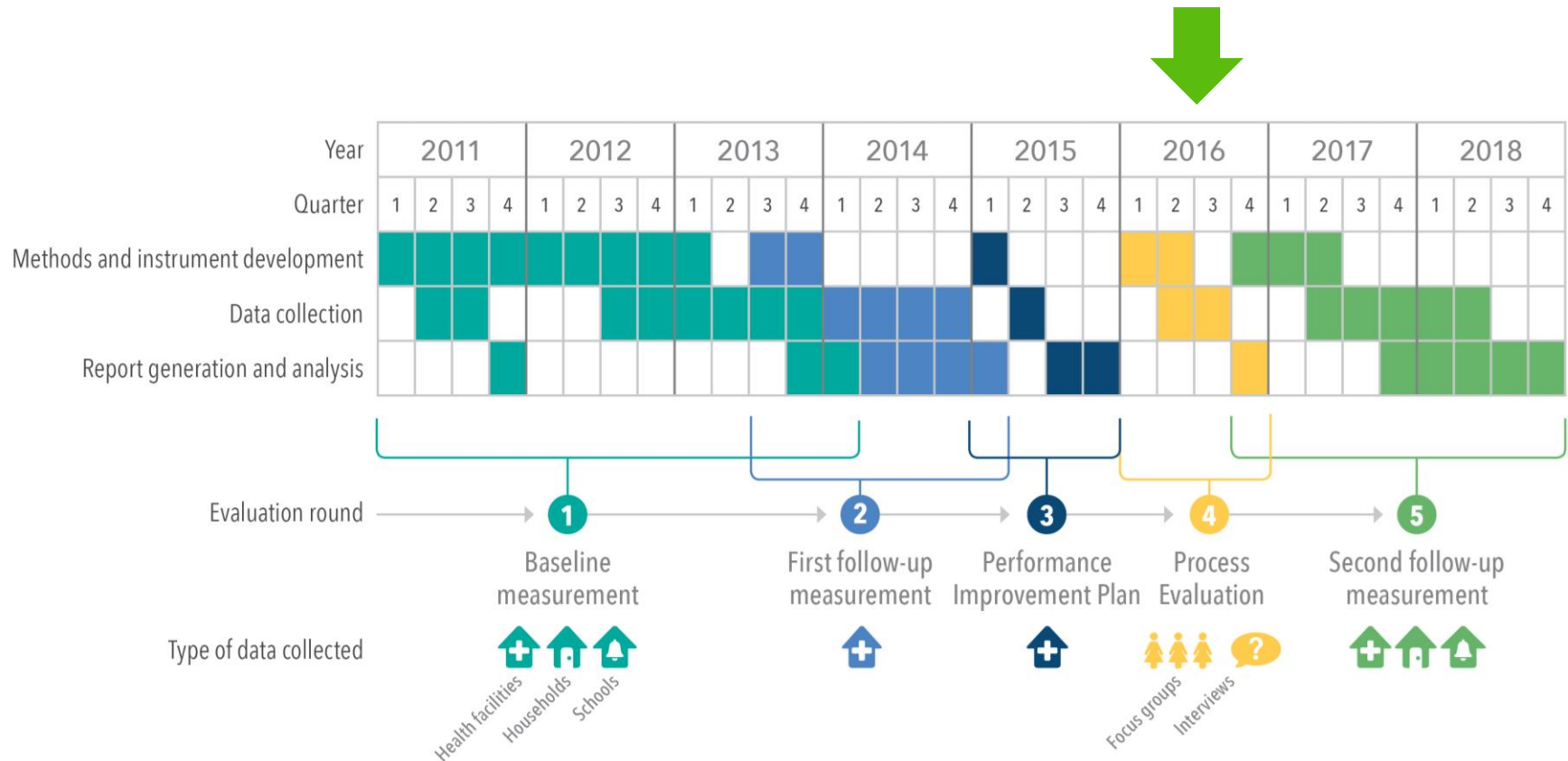
Need for process evaluation

- Answer the “How” and “Why” questions
- Explain (unexpected) findings
- Explore crucial design topics
- Assess certain topics qualitatively

Process Evaluation Questions

- SMI influential components
 - Use of information
- SMI contribution in the performance of health systems
 - Technical assistance
- SMI contribution to the visualization and prioritization
 - Policy dialogue model
- SMI vs. other financing or intervention models
 - SMI Design
- Effects of specific interventions and possibility of scale-up
 - Sustainability

SMI Independent Evaluation



Methods

- Document reviews
- Key informant interviews
- Focus group discussions
- Overall SMI Information with a focus on Chiapas



SMIPE Key Informants

Study Informants*	KIs
SMI Funders	11
IDB/ SMI Coordinating unit + Management Sciences for Health	13
SSA + ISECH, including Jurisdiction Leaders	28
Health care providers - SMI	45
Health care providers - non- SMI	12
Midwives – SMI	10
Midwives – non-SMI	1
TOTAL	120

*Key informants include individuals who are currently involved in the initiative or individuals who were previously involved, and are no longer in the same position

SMIPE Focus Group Discussions

	FGD audience	Total FGDs	Total Participants
SMI	Health committees	4	35
	Women with children under 5	17	110
	Women without children	7	44
	Men	8	45
Non- SMI	Health committees	2	10
	Women with children under 5	4	26
	Women without children	2	11
	Men	2	9
TOTAL		46	290

Chiapas Sample by Jurisdiction

	KII/ FGD	Total
Ocosingo	Health care providers	8
	Midwives	3
	FGDs	10
Palenque	Health care providers	14
	Midwives	3
	FGDs	15
Pichucalco	Health care providers	8
	Midwives	2
	FGDs	4
SCLC	Health care providers	20
	Midwives	3
	FGDs	12
Tuxtla	Health care providers	4
	FGDs	5

Key findings: Evaluation Design

The regional model promoted competition

- “Though not a lot of money from SMI, being measured and fear of failing is a big motivator for the country and it pushes everybody to start mobilizing. We mobilize everybody in terms of this objective and this goal. It's like we are taking an exam and we want to pass”
- “The fact that it is RBF on a regional scale adds a lot of pressure to achieve results and to not look bad”
- Specifically for Chiapas, competition will be stronger for the second operation with focus on service delivery

Benefits of a regional model outweigh its inconveniences

- Involvement of a larger number of stakeholders means:
 - Longer timelines for country-by-country negotiations
 - Additional human resources to meet the needs of all countries
- Shared cultures, geographies, histories, and languages create:
 - Peer pressure and sense of competition
 - Inter-country learning and support
 - Economies of scale
 - Standardization of best practices and intervention comparisons
 - Efficient use of technical assistance across countries
- The Policy Dialogue Model has advanced new policies (cold chain, micronutrients, diarrhea treatment)

Policy Dialogue Model has brought topic of inequalities to table

- SMI has encouraged more evidence-based decision making
 - Inequalities and health gaps have been brought to light with strong evidence from the measurement surveys
 - National stakeholders are now forced to think about inequalities and not just averages
 - SMI has forced governments to allocate resources to the poorest areas
 - Uncertainty whether allocation of funding for poor areas will be sustained

The RBA model held countries accountable

- It is the defining factor that makes this initiative different from others and it creates an additional stimulus to achieve results
- It provides a learning platform and the fact that there will be consequences holds actors accountable
- It forces the mobilization of decision-makers around this financing
- The measurement component promotes continuous monitoring of pre-established and well-defined goals

Unique experience due to SMI design

- Respondents indicated attractive novel features in SMI include:
 - Results-based
 - Incentives scheme
 - Measurement
 - Performance tranche re-investment
 - Regional aspect
 - Direct contact with ministries
 - Direct support from donors
 - Direct dialogue

Positive and unintended consequences

- Positive:
 - Countries took first round of results from SMI to heart
 - Knowledge from SMI experience has been transferred to other IDB projects in non-SMI countries
 - Shifts in demand for health services from non-SMI to SMI areas
 - Few local stakeholders see SMI as affecting other programs due to the focus on the initiative
- Unintended:
 - Focus on indicators may lead to less focus on other topics
 - The design generated additional administrative challenges

Chiapas Performance Improvement Plan

Lessons learned from first operation

- Better communication was needed
 - Health care staff need to know what the indicators are and what is expected of them
 - The initiative involves working as a team and not in silos or isolation
 - Need to continuously strive and to plan well so that there's no rush at the last minute
- Stronger support from the federal level was needed
- Community involvement and accountability and the role of social factors are key to success
 - The culture of the indigenous people must be integrated into the initiative
- Donors feel that transparency around results is crucial and that the targets may have been too ambitious

Changes during the improvement plan

- **Positive aspects:**

- Communication improved across all levels in the country – federal, state, jurisdiction, all the way to health care providers
- Better information on the targets and their components were created and displayed at health facilities
- IDB provided technical assistance for internal monitoring
- Changes to supply logistics

Changes during the improvement

- **Potential negative aspects:**

- State level acknowledged that this was not a sustainable process – especially in regard to supply and stocks being prioritized without continued resources
- May have detracted focus away from other health areas and jurisdictions during this push for success
- Disagreement amongst donors - some still feel that letting Chiapas and Guatemala move forward is jeopardizing the second operation

Aiming for a new culture of health in Chiapas

- Culture of accountability from top levels down to health workers
 - Habit to check the necessary inputs every day among health workers
- Culture of quality due to the long-term nature of the project
- Culture of priority of neonatal and maternal health, and family planning in SMI regions
- Improved communication, coordination, and supervision
- Community engagement
- Better mechanisms of performance analysis
- Joint decision-making between SSA and ISECH
- Coordination and integration of activities across ISECH

Key findings: Sustainability

Exit plans following SMI are underway in Mexico

- At the local level, the plan is to continue shifting responsibility over communication, monitoring, and information processes from the SMI project coordinating unit and MSH to the country
- Federal respondent feels that Mexico will continue to invest in SMI programs and areas once SMI has ended
- As suggested by a key informant: *“Economists have a saying that “Policy without budget is poetry.” And I think in a way that co-financing is an attempt to try to put – ministries all have policies about getting services into the most disadvantaged areas. But in a way, this actually forces them to put skin in the game and put money there.”*

Sustainability

- A promising likelihood of sustainability after external funding ceases.
- The flexible design, partnerships and an improved culture of health, health systems strengthening mechanisms, policy changes, and scale-ups of interventions are promising.
- However, threats to sustainability needs to be addressed, including:
 - possible transient culture of health
 - dissipation of reputational risk
 - financial partnerships
 - personnel turnover
 - Strong and transparent measurements

In Summary

- Strengths
 - SMI is well perceived by countries
 - Making a huge difference in health systems in the area
 - Many lessons for outside donors and global health in general
 - Culture of accountability born in many of participating countries
 - Beyond knowledge: wisdom in decision making
 - Sustainability through policies, scale-up, and spillover
 - Drivers of success: regionality, RBF, use of information, and technical assistance
- Room for improvement
 - Local politics: social, institutional, systemic

Comparability to other financing or intervention models

- Many components are valuable, but originality and success mostly due to:
 - Regional approach
 - Flexible design and technical assistance
 - Design-embedded evaluation
 - Knowledge sharing
 - Expertise support and dialogue with the Government

Next Steps

- Convergence of findings between quantitative and qualitative data
- Qualitative methods complemented the quantitative ones
 - Explained many of the “Hows” and “Whys”
 - Uncovered new fields for investigation
 - Improved the next rounds of surveys
- Need for process evaluations in remaining countries to account for their particularities
- Need for a comprehensive qualitative evaluation for SMI

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