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# **Evaluating Impact: Turning Promises into Evidence**

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## **Improving Maternal and Child Health using RBF**

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**Accra, Ghana  
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# 1. Background

Ghana has made great strides towards achieving MDGs in the past 5 years, the under five mortality reduction was 28% and the infant mortality reduction was 22% (GDHS2008).

But special effort is needed for MDGs 4&5:

- Under 5 mortality Ghana needs to have a reduced by 35%
- Infant mortality by 48%
- Maternal mortality ratio for 2007 was 451/100.000 live births.

Study site -The Northern & Eastern region

- Needs a reduction of 36% of under five mortality and 51% of infant mortality.

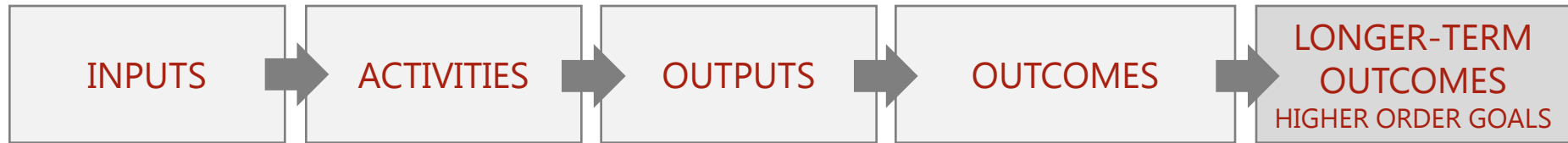
# Background cont'

- The children who completed all standards vaccines are only 76% (national coverage of 79%)
- Malnutrition-stunted children =38% (national malnutrition level of 28%)
- The unmet needs for family planning is 40% (national level =35%).
- Eastern region, has a bit higher institutional birth/delivery (59%) (national level =57%), but very low maternal mortality reduction.



- *The outcomes related to family planning, maternal health, child health, nutrition, malaria shows important variable gaps in demand and supply services:*

# 2. Results Chain



- Personnel with required competencies
- Essential medicines, vaccines & logistics
- Basic Equipment and supplies
- Means of transport including ambulance, and other vehicle

- Providers( Doctors , nurses and midwives) hired/trained
- Health and Scheme providers trained
- Development of Standards and Training Manual for personnel (Providers, Schemes)
- Providers practicing according to standards and guidelines

- Number of Providers and Schemes trained
- Implementation manuals developed
- Awareness of improved M&C health services created
- Number of pregnant women seen at ANC
- Number of births attended by skilled health personnel

- Improved Quality Care:
- Increased 4+ ANC visit
  - Reduced pregnancy related complications
  - Increased IPT3 coverage
  - Increased proportion of births attended by skilled health personnel
  - Improved Referrals
  - Reduced maternal mortality

**LONGER-TERM  
OUTCOMES  
HIGHER ORDER GOALS**

- Healthy mothers
- Healthy children
- Healthy Community
- Increased life expectancies of women (living longer)
- Children living longer

# 2. Results Chain – cont'd



- Standard & Evidence based guidelines
- Training manual for providers
- Plans, budgets, finance & Accounting
- MIS equipment
- Clients/ Beneficiaries (children under 5 and WIFA)
- Catchment area
- Incentives for S and D

- Awareness Creation for women and community
- Registration of pregnant women
- Registration of Children at ANC
- Registration of children at PNC
- Registration of women at maternity wards

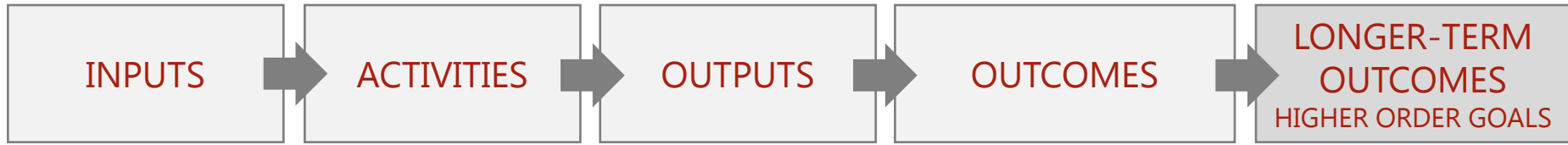
- Reduced maternal morbidity
- Number of pregnant women seen at PNC;
- Number of pregnant women using FP services
- Number of children Immunized
- Number of children dying before age 1
- Number of children dying before age 5
- Number of

- Reduced infant (under 1) death rate
- Reduced under-5 death rate
- Increased contraceptive utilization rate
- Reduced adolescent pregnancy 'birth rate
- Increased proportion of 1-year-old children immunised
- Improved BEONC & CONC,

**LONGER-TERM  
OUTCOMES**  
HIGHER ORDER GOALS

- Happy and satisfied women and children

# 2. Results Chain – cont'd



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- Determining the level of incentives for S and D
- Routine Data Collection
- Routine Supervision
- Quarterly M&E

Level of incentives determined for both S&D

- Increased FP, SD, FANC, FPNC uptake
- Increased utilization of Maternal health services
- Increased utilization of child welfare services
- Waiting time shortened
- Client satisfied with services



# 3. Primary Research Questions

- Will monetary incentives lead to increased 4+ANC and 3+PNC visits
- Will monetary incentives lead to increased utilization of ITN among pregnant women and under 5s
- Will monetary incentives motivate health personnel to improve quality of care
  - Reduced birth outcomes -
    - Early identifications of complication and referrals
    - Reduced attitudinal changes
    - Reduced institutional maternal morbidity
- Will supervised delivery reduce maternal and child morbidity and mortality
- Will increased PNC visits lead to reduced child morbidity?
- Will increased PNC visit lead to identification and treatment of danger signs in mother and child.

# 4. Outcome Indicators

- Percentage increase in utilization of 4+ ANC services lead to improved birth outcomes – mother and baby
- Percentage increase in utilization of 3 PNC services lead to improved maternal and infant health
- Percentage increase in ITN utilization will lead to reduction in malaria and anemia in children
- Percentage decrease in the incidence of birth complications
- Percentage decrease in waiting time of referred cases – mothers and under 5s
- Percentage increase in skilled birth attendance
- Percentage reduction in institutional maternal deaths
- Percentage reduction in low births
- babies with
- Percentage reduction in institutional neonatal /infant/under5 deaths
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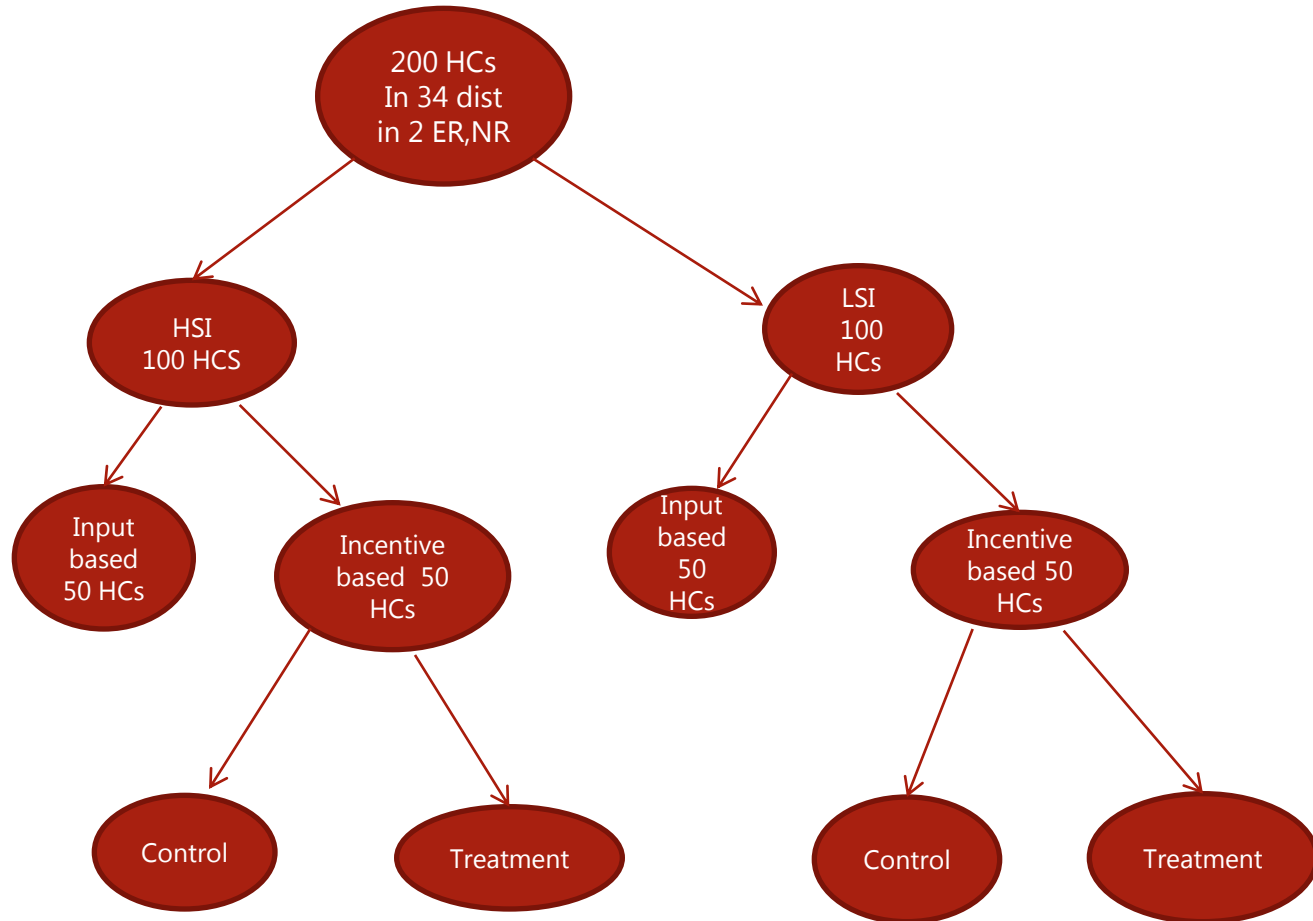
# 5. Identification Strategy/ Method

- Purchaser- DHIS
- Beneficiaries – Health Centres and Pregnant Women
- Monitoring- Existing Systems at DHMTs and Outsourcing
- Incentives paid quarterly to Health Centres
- Project Evaluation – Consultants
  
- Method
  - Cluster randomized study
  - Regression analysis
  - Diff in diff
- Identification of study sites
  - Infant mortality
  - Under 5 mortality
  - Supervised delivery rates
  - Malnutrition rates
  - EPI coverage

# 6. Sample and Data



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DEMAND SIDE  
BASED ON  
WIFA & FUND

# 7. Time Frame / Work Plan

Activity	Date	Responsible Persons
Complete Draft Detailed Proposal	May 2010	Project Team
Validation Workshop with stakeholders	June 2010	Project Team
Submission of Final Proposal	July 2010	Project Team
Funding Approved & Released	Sept 2010	World Bank and Govt of Ghana
Implementation of Project	2011-2013	DHIS, GHS
Evaluation (Baseline and follow-ups)	2011, 2012, 2013	Consultant

# 8. Sources of Financing

- Government of Ghana
- World Bank