

Impact Evaluation of the Burkina Faso Community Monitoring for Better Health and Education Service Delivery Project

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Baseline Results

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by

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Presentation Outline

- Project
- Impact Evaluation (IE) methodology
- Key baseline results
- Challenges
- Conclusions
- Next steps

Main project objective

Increase the quality & quantity of health and education services through empowering the local communities and individuals to better monitor the service provision

Project Components

1. Public Awareness and Coalition Building
2. Training and Capacity Building
3. Conducting Pilot Community Monitoring Exercise
4. Public Dissemination of Results and Integration of Feedback into Health and Education Programs
5. Impact Evaluation
6. Project management

Why community monitoring is important?



Method of community monitoring

Community Scorecard Exercise (CSE):

- Input tracking matrix
- Performance scorecard by communities
- Self-evaluation scorecard by service providers
- Interface meetings

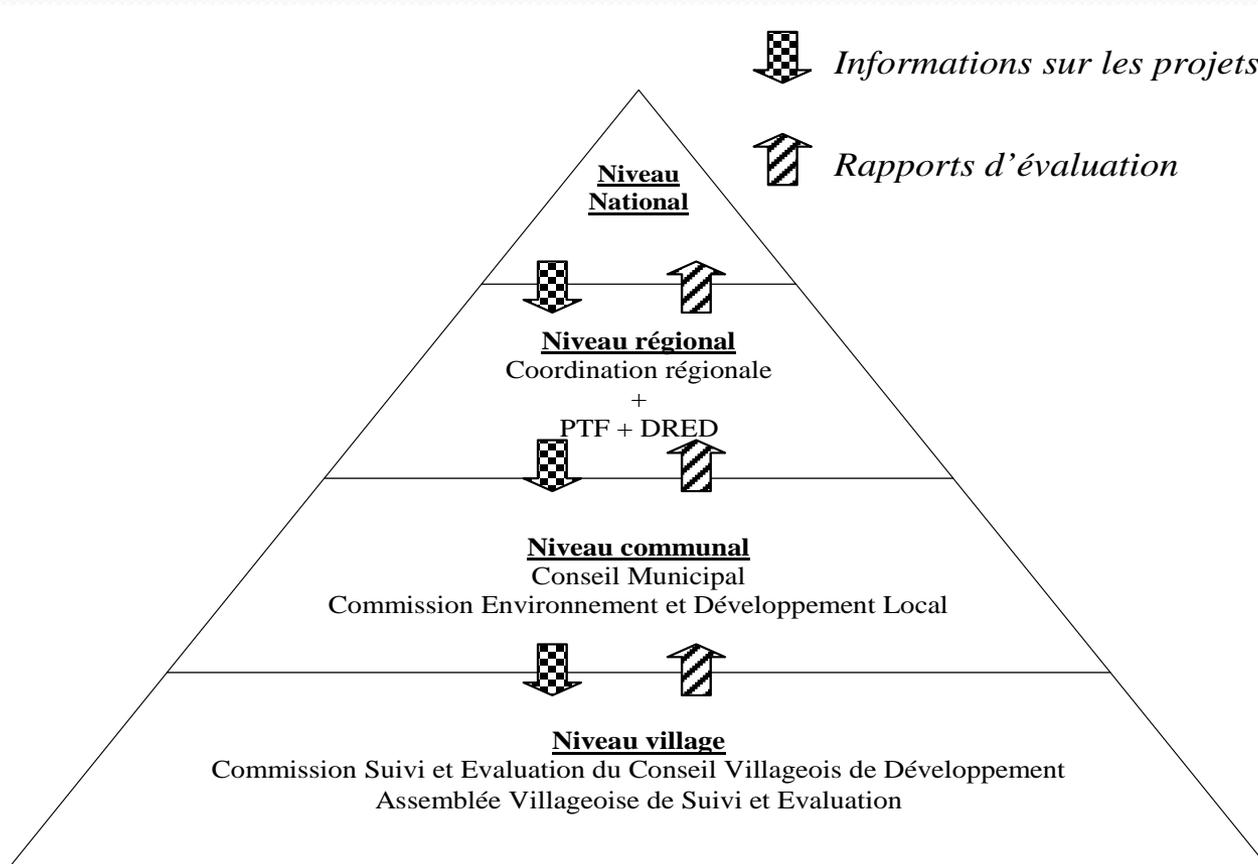
Method of community monitoring

Criteria	CSPS Kel-Tamisgueit			CSPS Salmossi		
	Nov.	March	% Evolution	Nov.	March	% Evolution
Medecine						
Human resource/Number						
Infrastructures						
Reception						
Medecine cost						
Medical Equipments						
Satisfaction						

Communities targeted

- Municipality
 - Commission for Environment and Development (CED)
- Village
 - CVD (Village Development Committee)
 - PTAs/MTAs (Parent/Mother-Teacher Associations)
 - COGES (Management Committee in Education and Health)

Community monitoring reporting



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Timeline

Activités	Septembre	Octobre	Novembre	Decembre	Janvier	Fevrier	Mars	Avril	Mai	Juin	Juillet
Elaboration et approbation du manuel de procédure	■										
Signature des arrêtés de création des cadres de concertation (région, commune)	■										
Rencontre du comité national de pilotage			■								
Recrutement d'un consultant en SEP	■	■									
Recrutement des ONGs	■	■									
Formation du comité national de pilotage par le consultant			■								
Formation des ONGs			■								
Formation des communautés (9 communes)				■							
Cérémonie de remise des matériels aux communes				■							
Réalisation du premier exercice de suivi-évaluation					■	■	■				
Dissémination des résultats CSC au niveau commune							■				
Dissémination des résultats au niveau des régions								■			
Réalisation du second exercice de suivi-évaluation							■	■	■		
Dissémination des résultats du 2nd exercice de suivi-évaluation participatif										■	
Evaluation à mi-parcours											■

Baseline data

- Was collected in summer 2011
- 29,818 people surveyed in 4,120 households
- 36 health centers (CSPS) and 36 primary schools
- Social capital games were conducted in February-March 2012 in 70 villages

Key baseline results

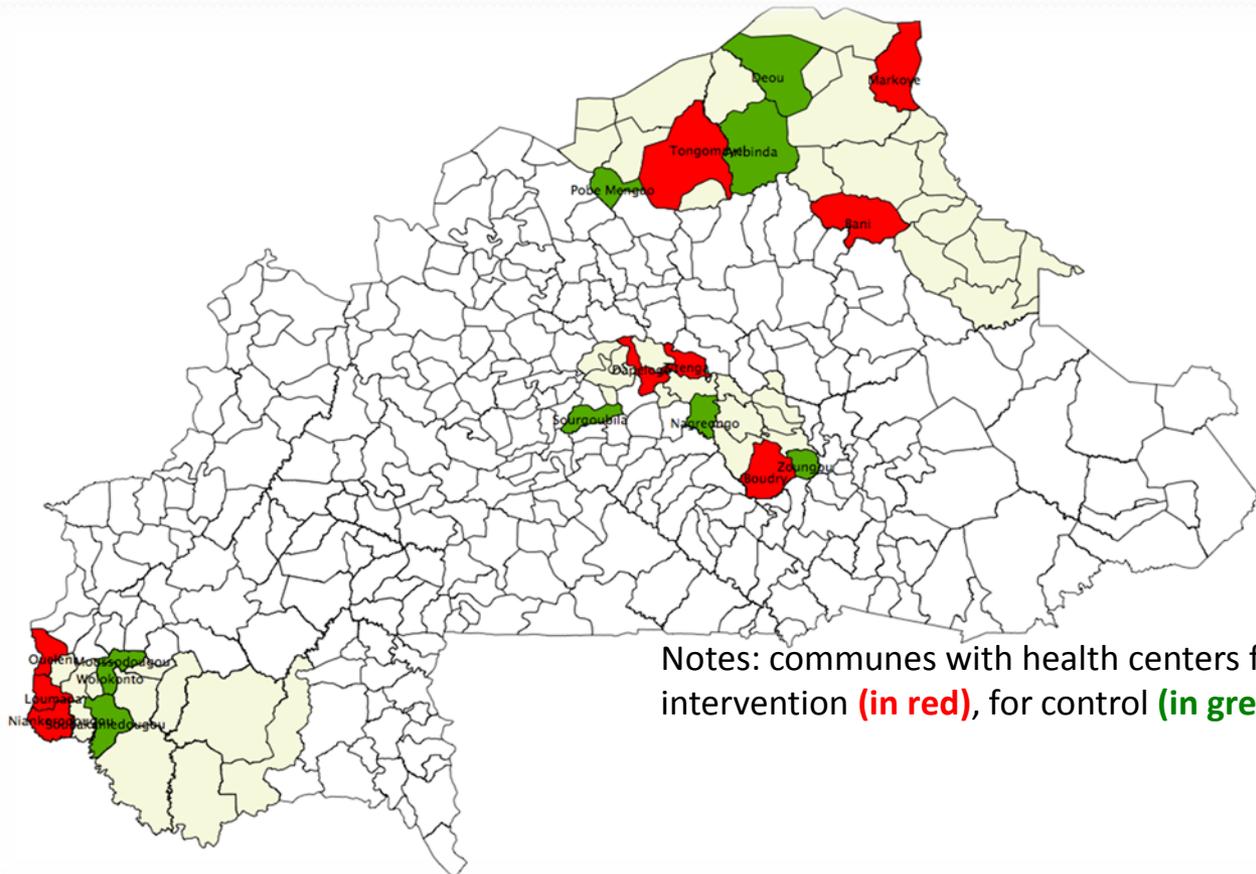
Household level	Facility level
Poor child health 37% stunted and 21% malnourished	Poor infrastructure 67% of primary schools have no drinking source, 28% of health centers have no electricity
High female illiteracy 85% (aged over 15) cannot read & write	High health (out-of-pocket) expenditures and inconsistent pricing/service charging policies
Low community participation rate 9-17% of the HH heads ever participated in PTAs/MTAs/COGES	Low CEPE success rate a minimum of 20% in one of the schools
Dissatisfaction with the service provision overcrowded classrooms, expensive services, etc.	Low repeaters ratio 5% on average

Research questions for IE

1. What are the impacts of the community monitoring (CM) intervention on health and education service delivery and on human development outcomes?
2. Do these impacts differ across health and education services?
3. How does the level of social capital (SC) within communities affect the outcome of CM?
4. Does the CM intervention build informal institutions (SC)?

Evaluation Design

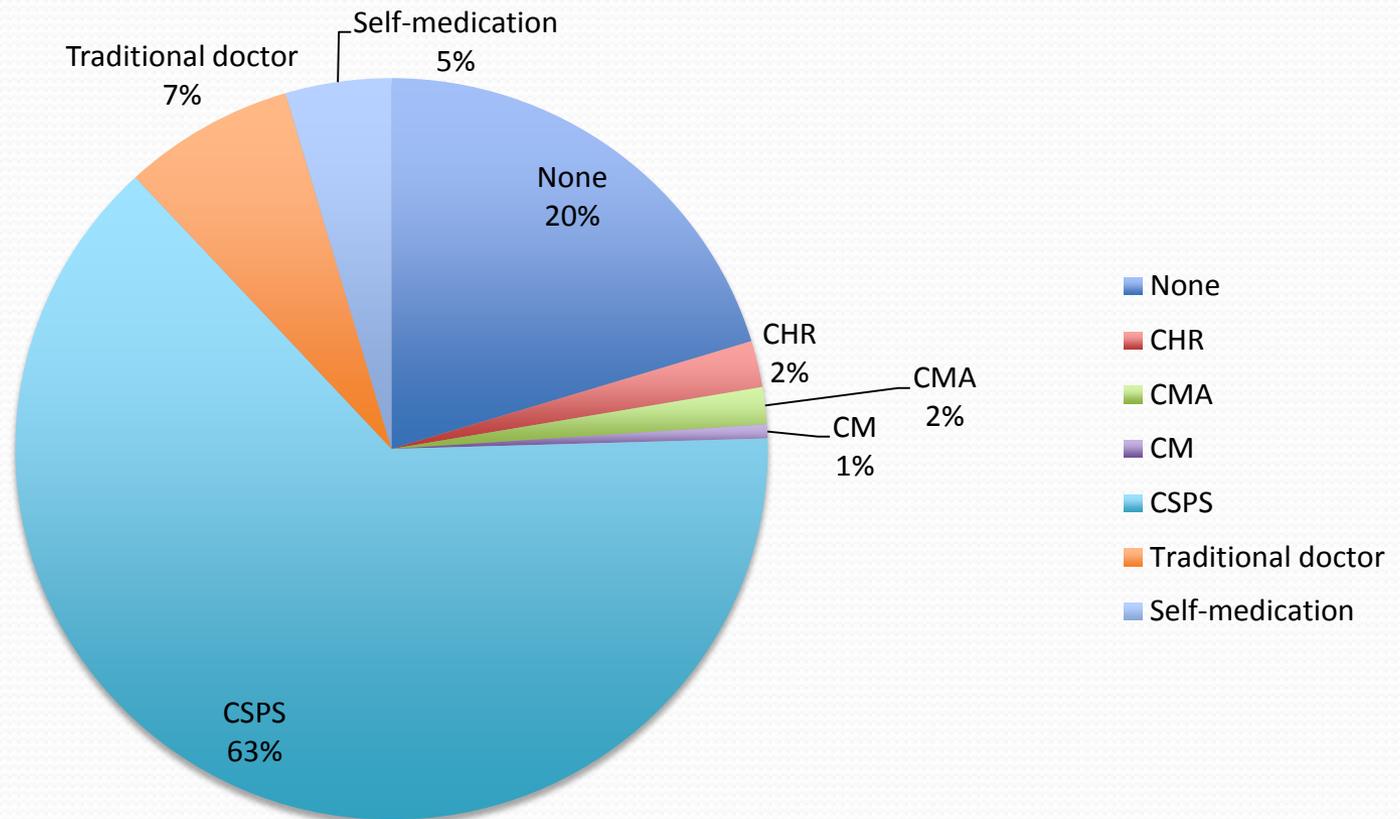
Communes with the health centers randomly chosen for control and intervention



Notes: communes with health centers for intervention (in red), for control (in green)

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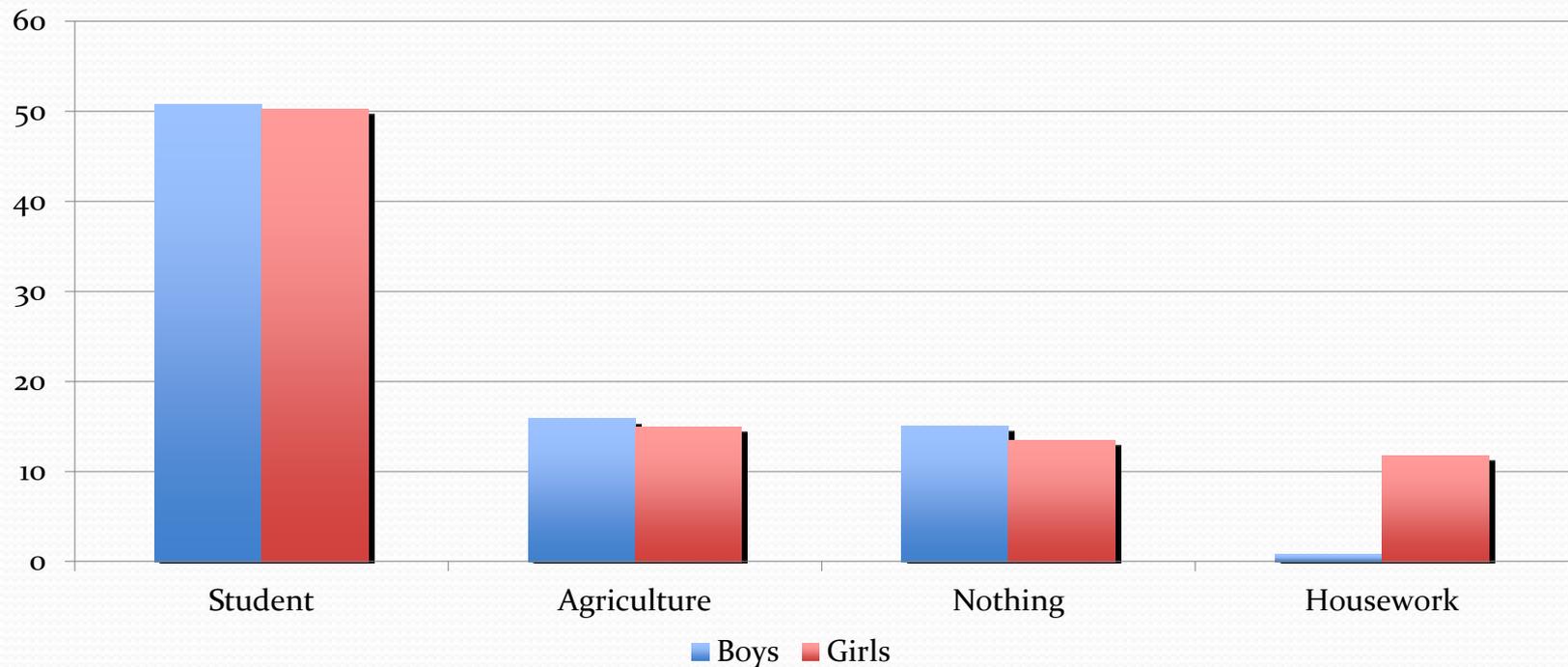
Which type of health facility is more frequently consulted?



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School enrollment: children (6-15 years old)

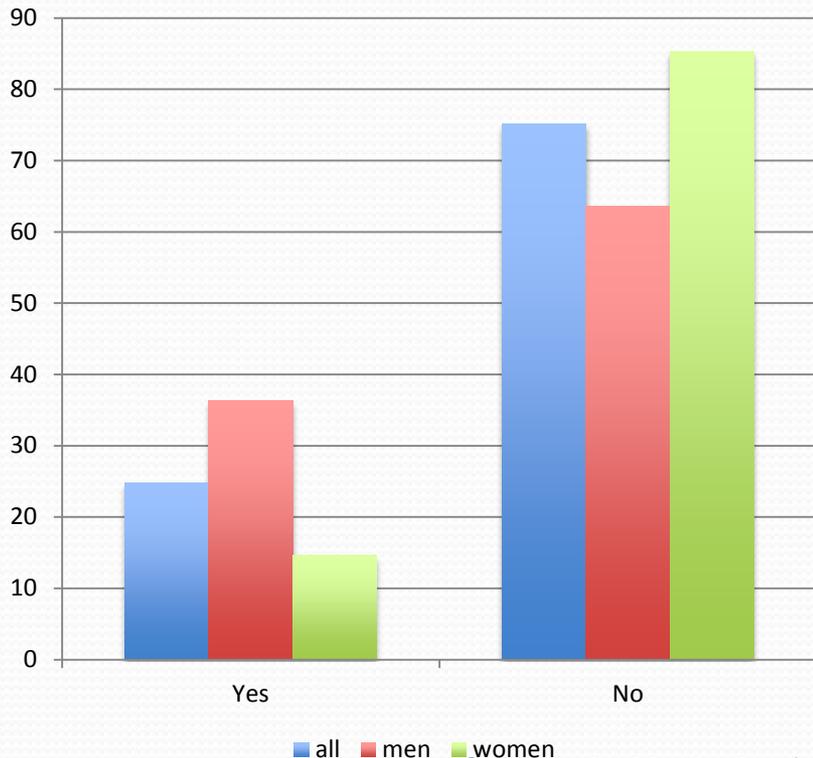
The main reasons for school non-attendance are: poverty/incapability to pay the school fees and necessity to help with the fieldwork/housework



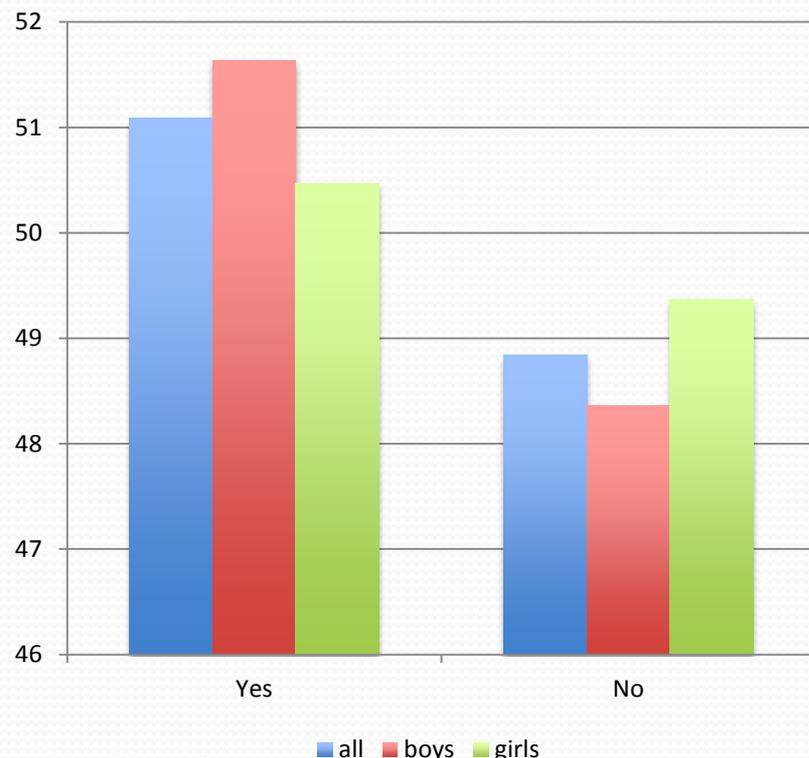
Literacy rates

- + Literacy rates are higher among the young generation than the older one
- High female illiteracy, which might be transmitted into poor child health, poor child education and low utilization of health services

Adults (over 15 years old)



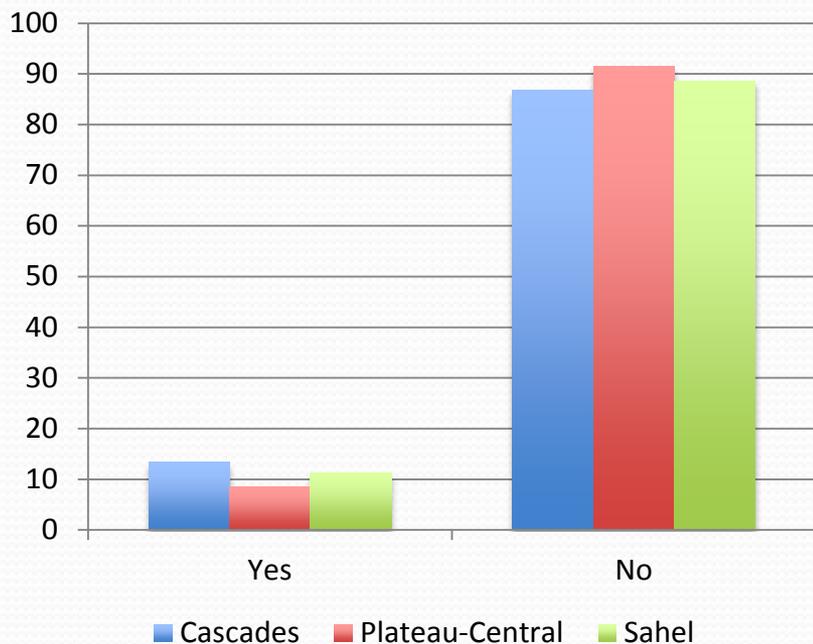
Children (5-15 years old)



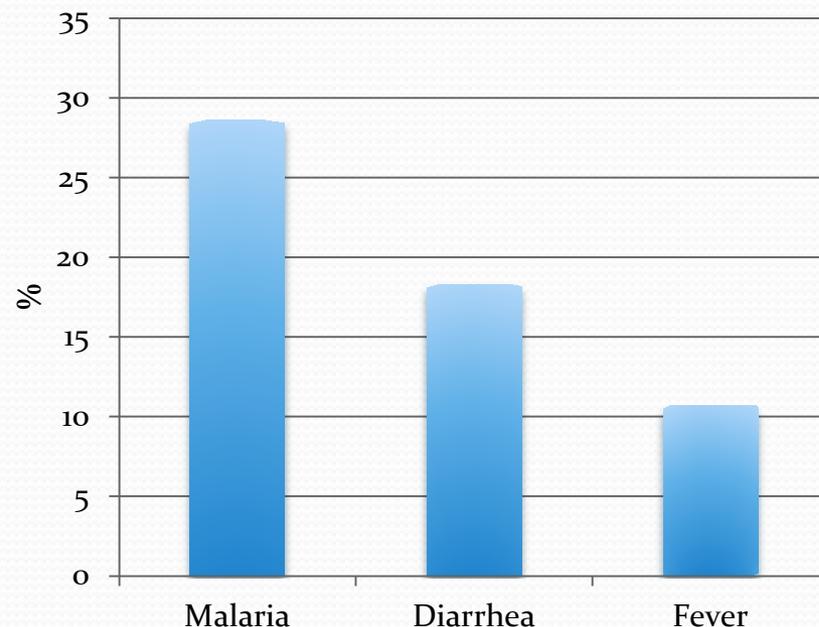
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Disease prevalence is not high (!) (population over 6 years old)

Proportion of people who got sick during the last 30 days



Type of disease

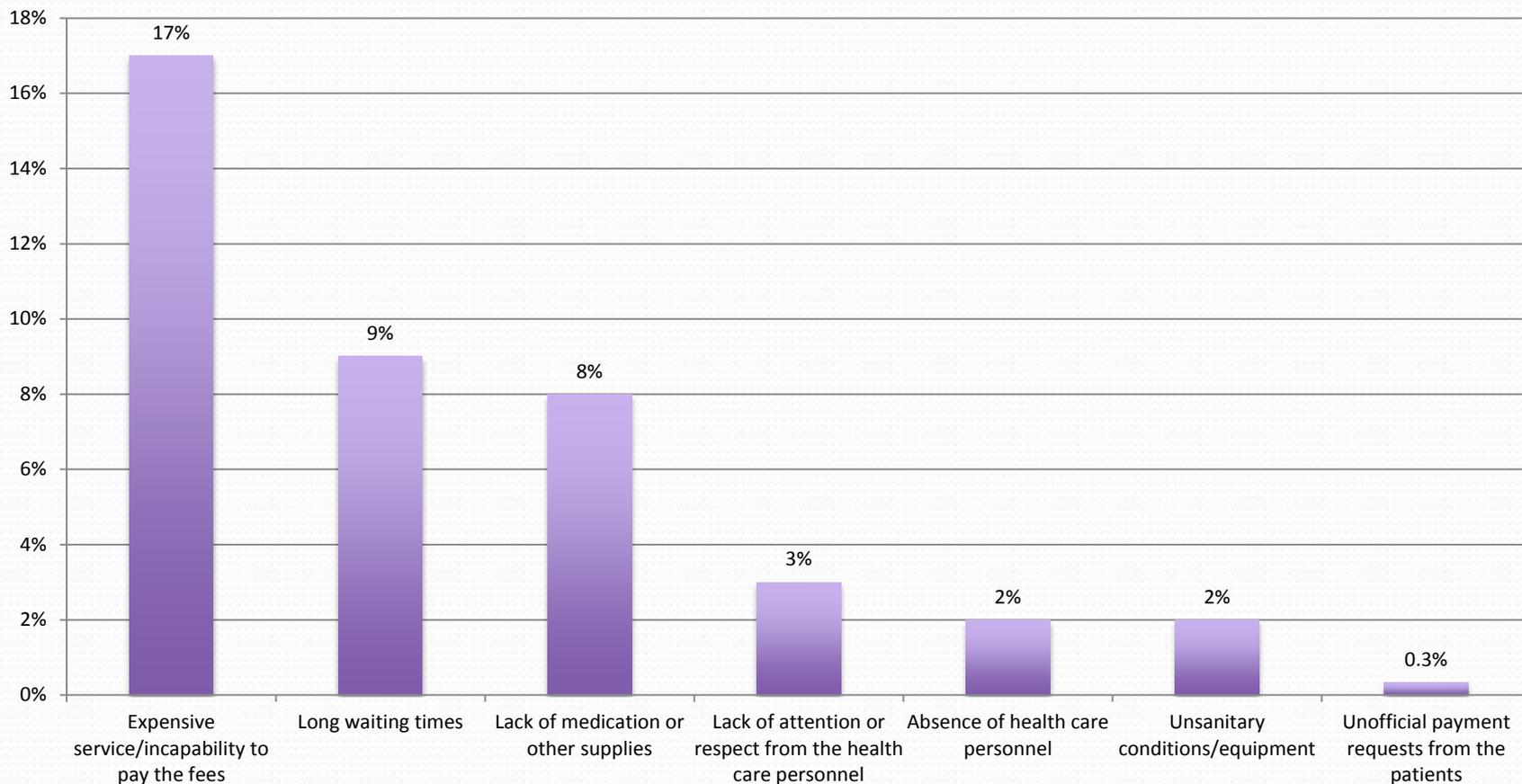


Child health (under 5 years old)

- Based on WA (weight-for-age) and HA (height-for-age) z-scores calculated from the sample, 37% of children aged between 0 and 5 are stunted and 21% are malnourished

Indicator	Burkina Faso		Sub-Saharan Africa
	Baseline data	Other sources	WB Development Indicators
% of malnourished children (aged under 5)	21%	27,2% (Source: DHS, 2010)	22% (2010)
% of stunted children (aged under 5)	37%	37,3% (Source: DHS, 2010)	-

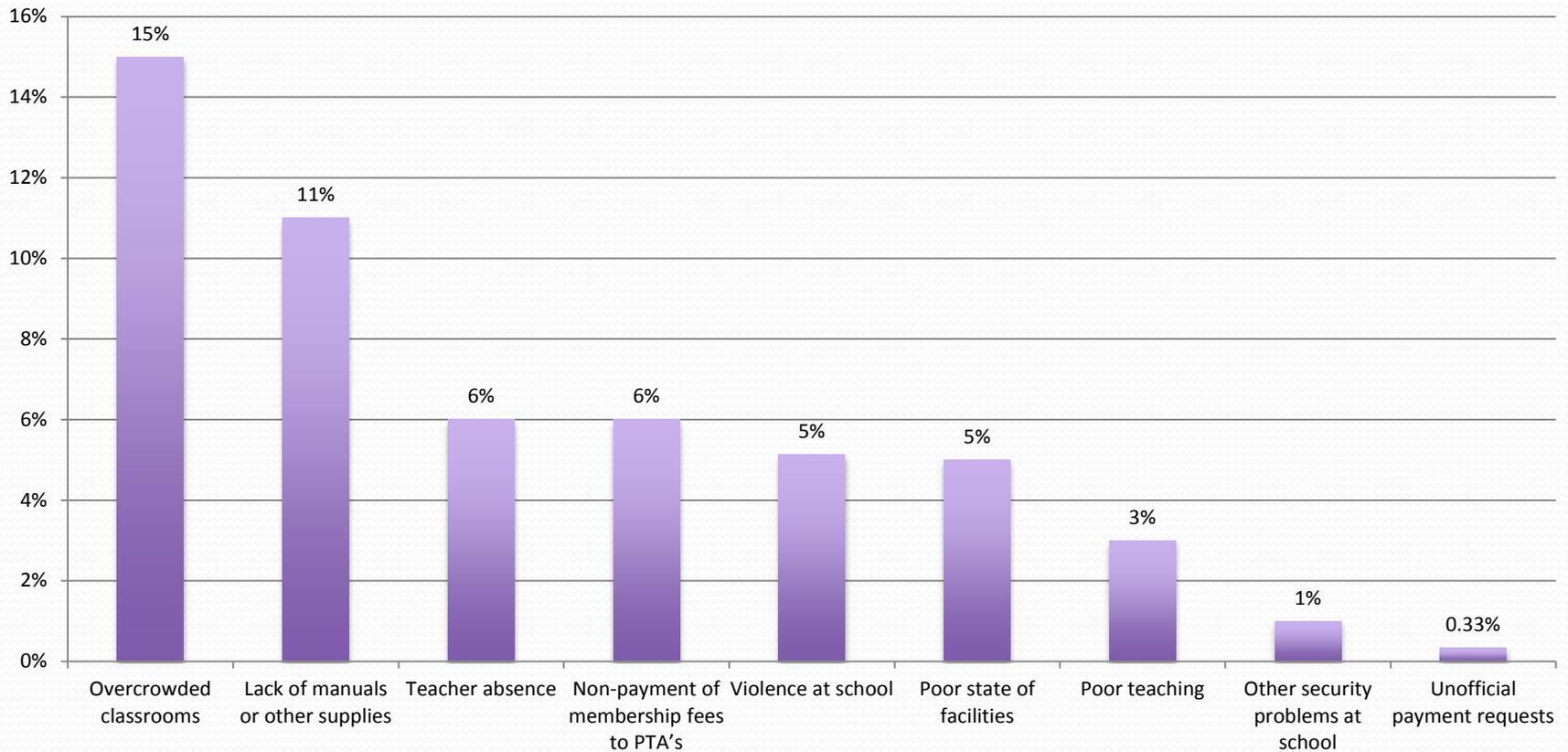
Quality of health services provided by CSPS: assessment



■ often

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Quality of education in primary sector: assessment



■ often

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Health facilities: poor infrastructure

Indicator	Mean	Std. Dev.	Min	Max
N of rooms/units	11,14	3,66	5	21
N of maternity units	1,08	0,28	1	2
Proportion of CSPPS with drinking water	0,25		0	1
Proportion of CSPPS with public water source	0,17		0	1
Proportion of CSPPS with electricity	0,72		0	1
N of employees	6,97	2,67	4	16

Health facilities: user charges

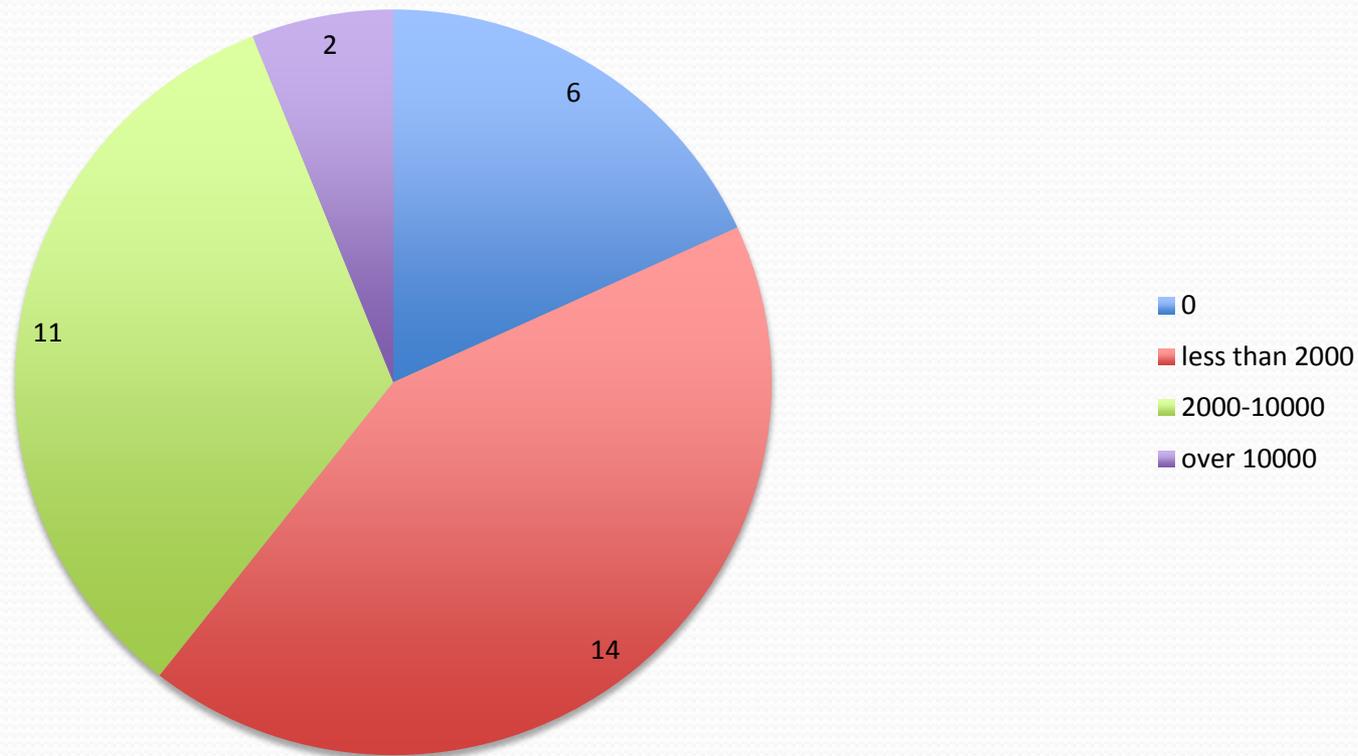
Inconsistent pricing/service charging policies

Indicator	Mean	Std. Dev.	Min	Max
Proportion of patients who paid for registration	0,08		0	1
Proportion of patients who paid for consultation	0,31		0	1
Proportion of patient who paid for drugs	0,83		0	1
Registration fee (in FCFA)	240,91	523,84	0	1650
Consultation fee (in FCFA)	83,33	78,59	0	300
Drug fee (in FCFA)	3903,32	3552,85	0	12840

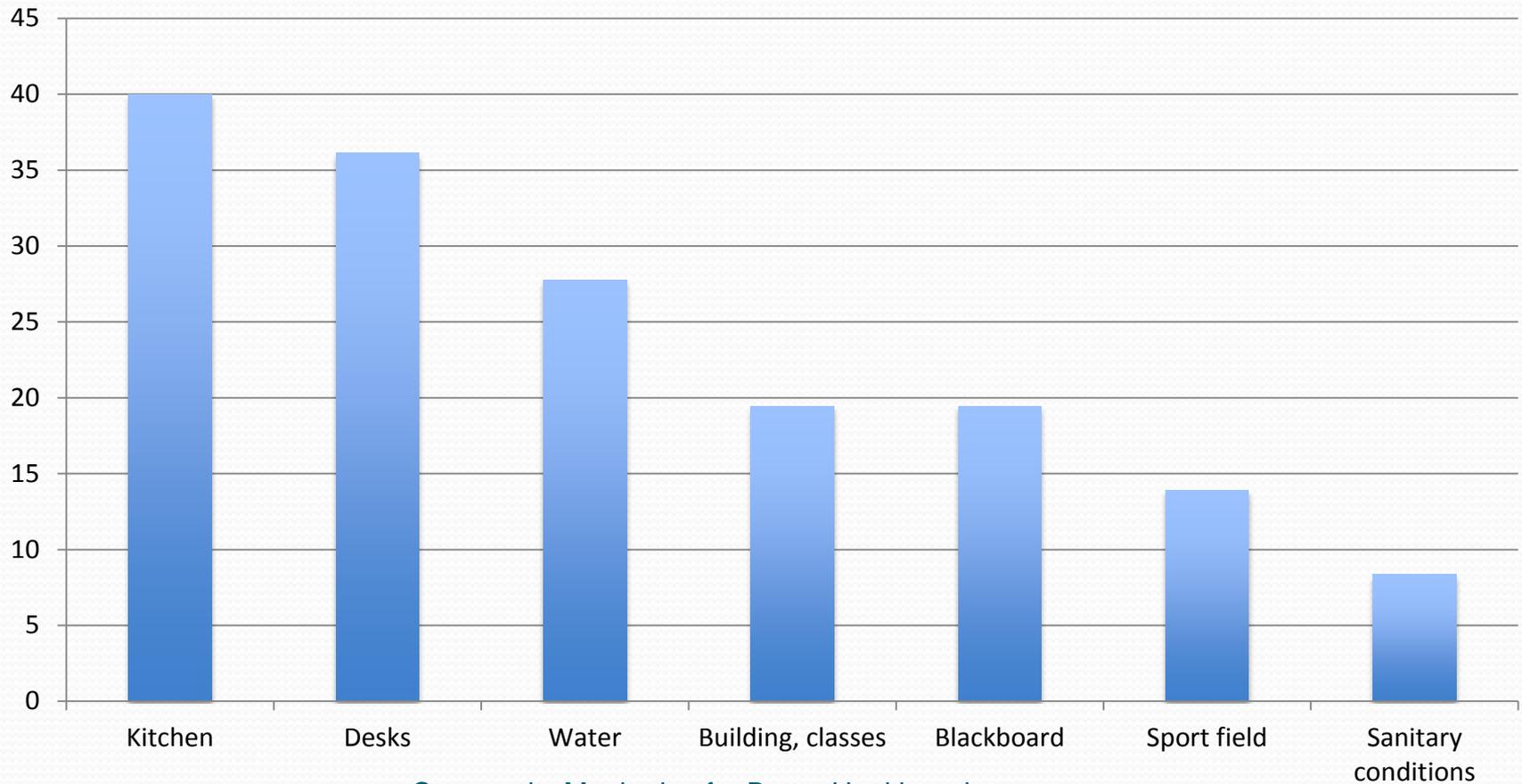
Health facilities: price of the services

Total, per day, per patient, in FCFA

Note: 2,000 FCFA is an average daily wage (!)



Primary schools: poor infrastructure



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Primary schools: poor infrastructure and fees

Indicator	Mean	Std. Dev.	Min	Max
Total N of pupils	147,3	95,1	27	515
Total N of classes	3,6	1,4	1	8
Enrollment fee, in FCFA	236,1	418,6	0	1300
Yearly fee, in FCFA	1618	617,3	500	2500
Proportion of schools with drinking water	0,33		0	1
Share of classrooms in bad condition	0,22	0,35	0	1

Primary schools: pupils performance

Low CEPE success rate: a minimum of 20% for boys and girls

Indicator	Mean	Std. Dev.	Min	Max
Total N of pupils	147,3	95,1	27	515
Total N of classes	3,6	1,4	1	8
Ratio of repeaters to total N of pupils in a given year (on average)	0,055	0,069	0	0,24
Manual/pupil ratio	2,40	1,56	0,76	6,48
Pupil/teacher ratio	45,4	17,5	13,5	80,6
CEPE success rate (girls)	0,63	0,28	0,2	1
CEPE success rate (boys)	0,70	0,29	0,2	1

How will the main indicators respond to the intervention?

- In the short and medium-term we expect:
 - Increase in the quality and quantity of health and education service provision
- In the long-term we expect:
 - Better health and education outcomes of individuals
 - Increase in the level of social capital

Challenges

- Monitoring with illiteracy communities
- Monitoring with CVD, CED who are not dynamic
- Challenges at school and health facility level
- Accelerate the procurement process
- Valorization of the baseline survey data

Conclusions

- The baseline revealed the weakest sides in the service provision which should be targeted by the project at the first place
- Comparison of means between treatment & control groups did not show any systematic differences: randomization has been successful
- Follow-up: right after the project?



Thank you!

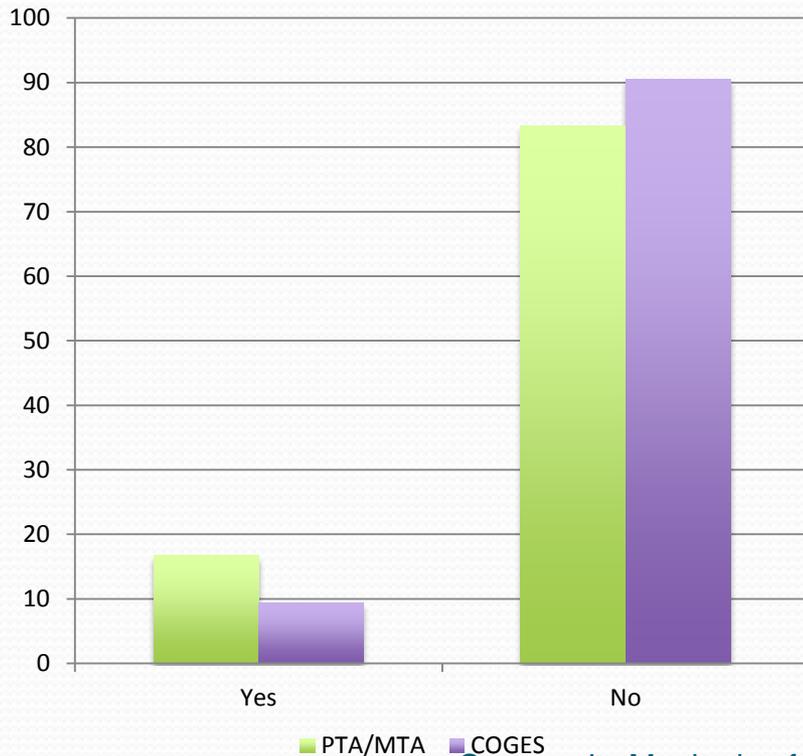
Appendix

Next steps

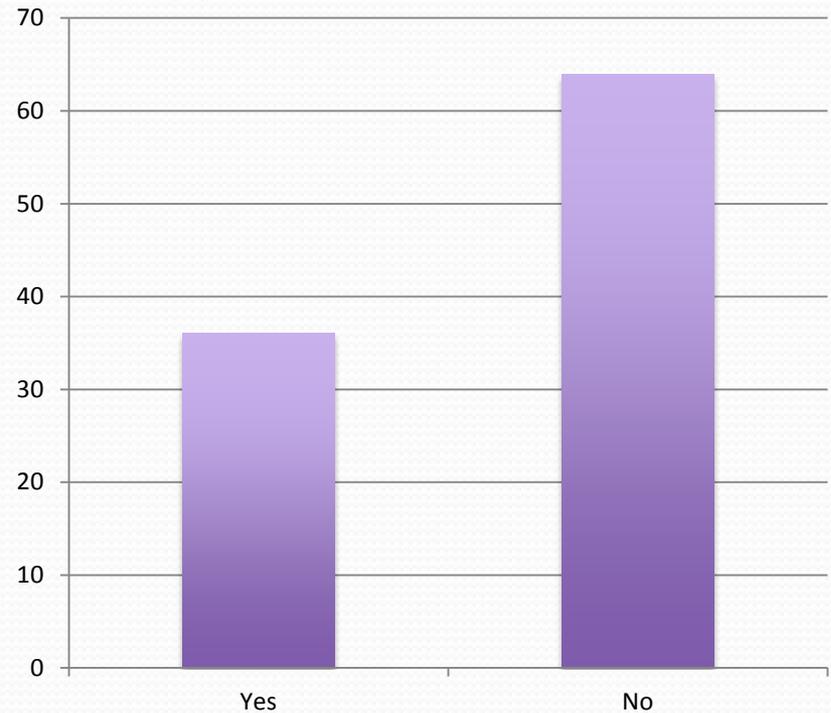
- Policy implications
- Follow up
- IE methodology: diff-in-diff

Community participating

Membership in PTA/MTA and COGES

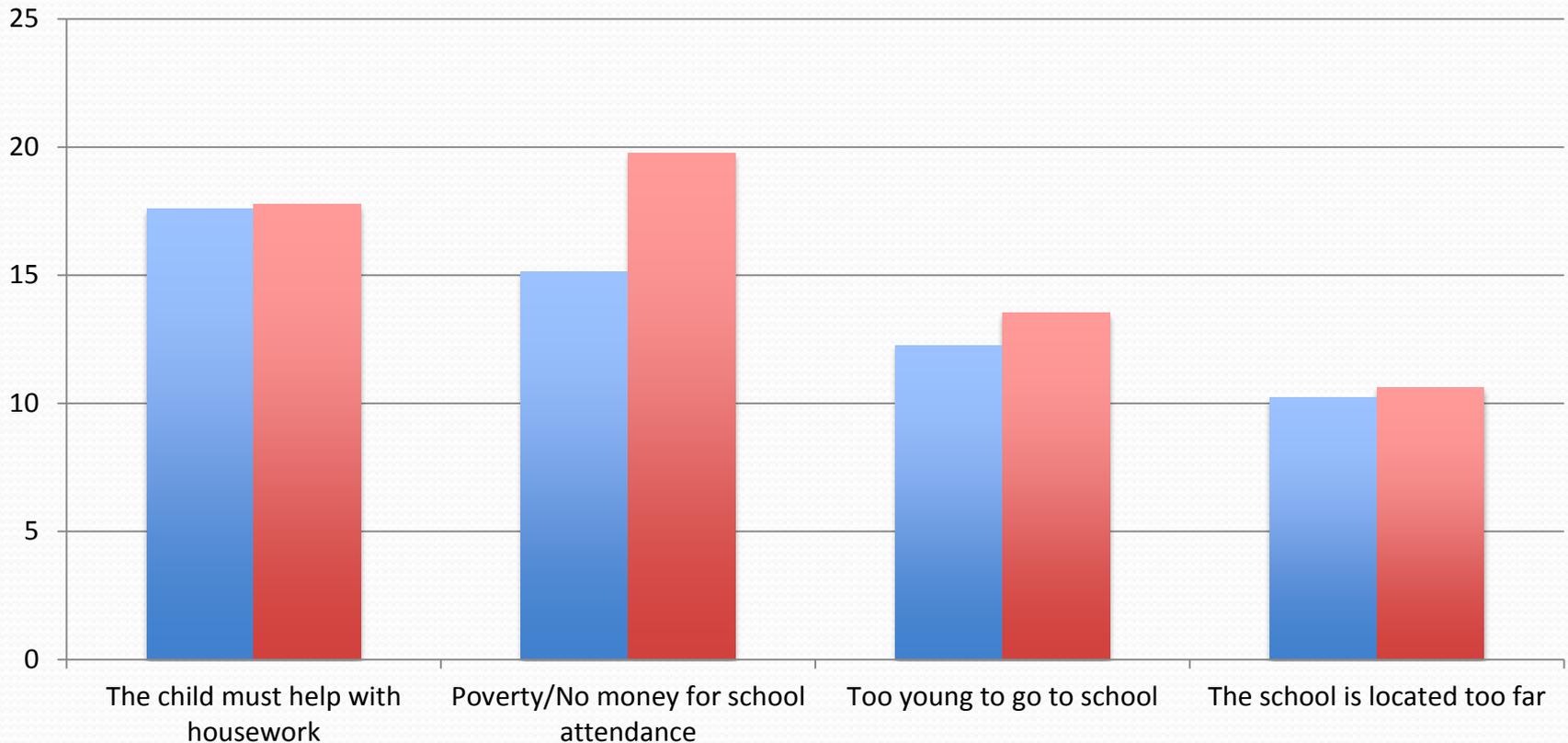


Have you benefited from the services provided by PTA/MTA and COGES?



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Four primary reasons for school non-attendance, children 5-15 years old



Boys Girls

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