

Tajikistan - Health Results Based Financing Impact Evaluation 2014, Health Facility Baseline Survey

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Sampling

Sampling Procedure

Table 1.4.1 of the survey report provided under the Related Materials tab presents the list of selected districts, their assignment into the PBF treatment and the number of RHCs in each district. As the set of RHCs in each study district were randomly assigned into three study arms, some RHCs were not included in the study when the number of RHCs in a district was not divisible by three. Excluded RHCs were randomly selected with all RHCs having identical probability of being selected. The sample size is of 216 Rural Health centers, 108 in PBF districts and 108 in control districts. Of the 216 RHCs, 66 are in Sughd and 150 are in Khatlon. The sample of facilities will be identical for the baseline and endline surveys.

An abridged Health Facility survey was implemented also in Health Houses. While some Rural Health Centers have one or more subsidiary Health Houses in their catchment areas, other do not have any. One Health House from each RHC with subsidiary HHs was to be included in the sample. Selection was random with each health house within a cluster having identical probability of being chosen. Non-selected health houses were ranked to serve as replacements in case the survey cannot be implemented in the selected HHs. Table 1.4.2 of the survey report presents the number of HHs selected for the sample for each district (that is, the number of RHC that have subsidiary health houses). Of the 216 RHC selected for the sample (after excluding some RHCs when the total number was not divisible by three), 150 have subsidiary HHs. Forty-three HHs were selected of the sample in Sughd and 107 in Khatlon.

Response Rate

In Sughd, all health facilities were assessed according to selected list and no replacement was used. In Khatlon, four health facilities were replaced. The reason for replacement was absence of RHC and referring HH. One HH was added due to replacement of a RHC and the final number of surveyed health facilities is 367. The achieved sample sizes for the direct observations and exit interviews is low because of low number of patients who visited the facilities during the survey days. It was more difficult to achieve the required sample in Khatlon compared to Sughd region. For the criterion-based audit, the field teams encountered difficulties in finding the medical records to review. The average number of staff members present at the HHs resulted in the low number of health providers interviewed.

Tables 2.4.1 and 2.4.2 in the survey report (provided under Related Materials) show the targeted and achieved sample sizes for each questionnaire.

Questionnaires

Overview

A complete health facility survey was conducted in RHCs, whereas for health houses a shorter survey was implemented. A challenging and important goal of the facility-based survey is to collect different measures of quality of care in the health facilities.

Form F1: Health Facility Assessment: The facility assessment module seeks to collect data on key aspects of facility functioning and structural aspects of quality of care. The respondent for this module were the individuals in charge of the health facility at the time when the survey team visits the health facility. The main themes to be covered by the facility assessment include:

Facility staffing, including the staffing complement of the facility, staff on duty at the time of the survey team's visit and staff present at the time of the survey team's visit

Facility infrastructure and equipment

Availability of drugs, consumables and supplies at the health facility

Supervision

Record keeping and reporting to the Health Management Information System

Service volumes

Form F2: Health Worker Questionnaire: A random sample of 4 health workers was to be taken at each of the Rural Health Centers and Health Houses included in the sample. Eligible health workers include doctors, nurses, midwife/auxiliary midwife, and any other health worker providing MCH or NCD care. In facilities with less than 4 health workers on their staff roster, all eligible health workers were to be interviewed.

The main themes to be covered by this module include:

Role, responsibilities and characteristics of the interviewed health worker

Staff satisfaction and motivation

Technical knowledge on MCH and NCDs. Knowledge was assessed through the use of provider vignettes on MCH and NCD protocols and diagnosis.

Direct Observation of Patient-Provider Interactions: The goal of the direct observations is to assess adherence to protocols in terms of IMCI and hypertension management. At each Rural Health Center, up to 5 children under-five and up to 5 adults over 40 years who are potential candidates for hypertension identification/management services was to be selected. A member of the survey team observed consultations using a structured format to note whether key desired actions were carried out. In the case of patients under five, the instrument focuses on whether IMCI protocols are followed. For adults over 40 years, the instrument focuses on whether MoH and international protocols are followed. The direct observations were implemented only in RHCs.

Form F4: Patient Exit Interviews: The same set of patients who were selected for the direct observations of patient-provider interactions were also selected for exit interviews. If the patient is a child, the child's caregiver was interviewed. The exit interviews collected data on the patients' perceived quality of care and satisfaction with the care given. Additional information was collected on socio-economic background and the general health of the patient. Like the direct observations, the exit interviews were only administered in RHCs.

Criterion Based Audit: A target sample of 5 under-five and 5 adult (40+ years) medical records was selected using systematic random sampling methodology at each Rural Health Center to assess whether the content of clinical care delivered is complete and appropriate in light of clinical best practices. Each indicator in the criterion-based clinical care audit is scored through a review of patient records or other facility logs using a structured format. The criterion-based clinical audit focused on IMCI protocols (for under-fives) and hypertension screening and management (for adults over 40 years).

Data Collection

Data Collection Dates

Start	End	Cycle
2014-11	2015-03	N/A

Data Collection Mode

Computer Assisted Personal Interview [capi]

DATA COLLECTION NOTES

The Committee on Ethics of the Ministry of Health and Social Protection reviewed the study design, fieldwork protocols and the instruments and granted ethical clearance for the study on October 24th 2014. The Health facility survey was conducted in two phases, according to the PBF treatment status of the districts. As the baseline was to be implemented prior to the launch of the program, districts that were assigned to the PBF program were prioritized and the health facility surveys in those seven districts were implemented from November to December 2014. The survey in the other nine districts took place in January to March 2015. Field teams for the health facility survey were composed of a supervisor and two enumerators, with each team covering a district or two. All recruited enumerators had some medical background. For the first phase, a seven-day training was held in Dushanbe. For the second phase two 5-day training were held in each of the regions. Each training included a day of piloting the survey instruments by the field teams, using the tablets.

Data Processing

No content available

Data Appraisal

No content available

Related Materials

Questionnaires

F1 - Health Facility Assessment Questionnaire

Title F1 - Health Facility Assessment Questionnaire
 Date 2014-01-01
 Country Tajikistan
 Language English
 Filename f1_health_facility_eng_fin.pdf

F1 - Health House Assessment Questionnaire

Title F1 - Health House Assessment Questionnaire
 Date 2014-01-01
 Country Tajikistan
 Language English
 Filename f1_health_house_eng_fin.pdf

F2 - Health Worker Individual Questionnaire

Title F2 - Health Worker Individual Questionnaire
 Date 2014-01-01
 Country Tajikistan
 Language English
 Filename f2_health_worker_eng_fin.pdf

F2 - Health Worker Individual Questionnaire for Health House

Title F2 - Health Worker Individual Questionnaire for Health House
 Date 2014-01-01
 Country Tajikistan
 Language English
 Filename f2_health_worker_health_house_eng_fin.pdf

F4 - Exit Interview Adult 40

Title F4 - Exit Interview Adult 40
 Date 2014-01-01
 Country Tajikistan
 Language English
 Description Questionnaire for selected adults 40+ years old
 Filename f4_exit_itw_adult_40_eng_fin.pdf

F4 - Exit Interview Child under age 5

Title F4 - Exit Interview Child under age 5

Date 2014-01-01
Country Tajikistan
Language English
Filename f4_exit_itw_under_5_eng_fin.pdf

Criterion Based Audit - CBA Tools

Title Criterion Based Audit - CBA Tools
Country Tajikistan
Language English
Filename criterion_based_audit_english_final.pdf

Tool: Direct Observation

Title Tool: Direct Observation
Country Tajikistan
Language English
Filename direct_observations_english_final.pdf

Tool X2: Treatment of Sick Children From 2 Months up to 5 Years

Title Tool X2: Treatment of Sick Children From 2 Months up to 5 Years
Country Tajikistan
Language English
Filename clinical_vignettes_english_final.pdf

Reports

Report: Baseline Study for the Impact Evaluation of a Performance Based Financing (PBF) Pilot in Tajikistan

Title Report: Baseline Study for the Impact Evaluation of a Performance Based Financing (PBF) Pilot in Tajikistan
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