The role and interpretation of pilot studies in impact evaluation research

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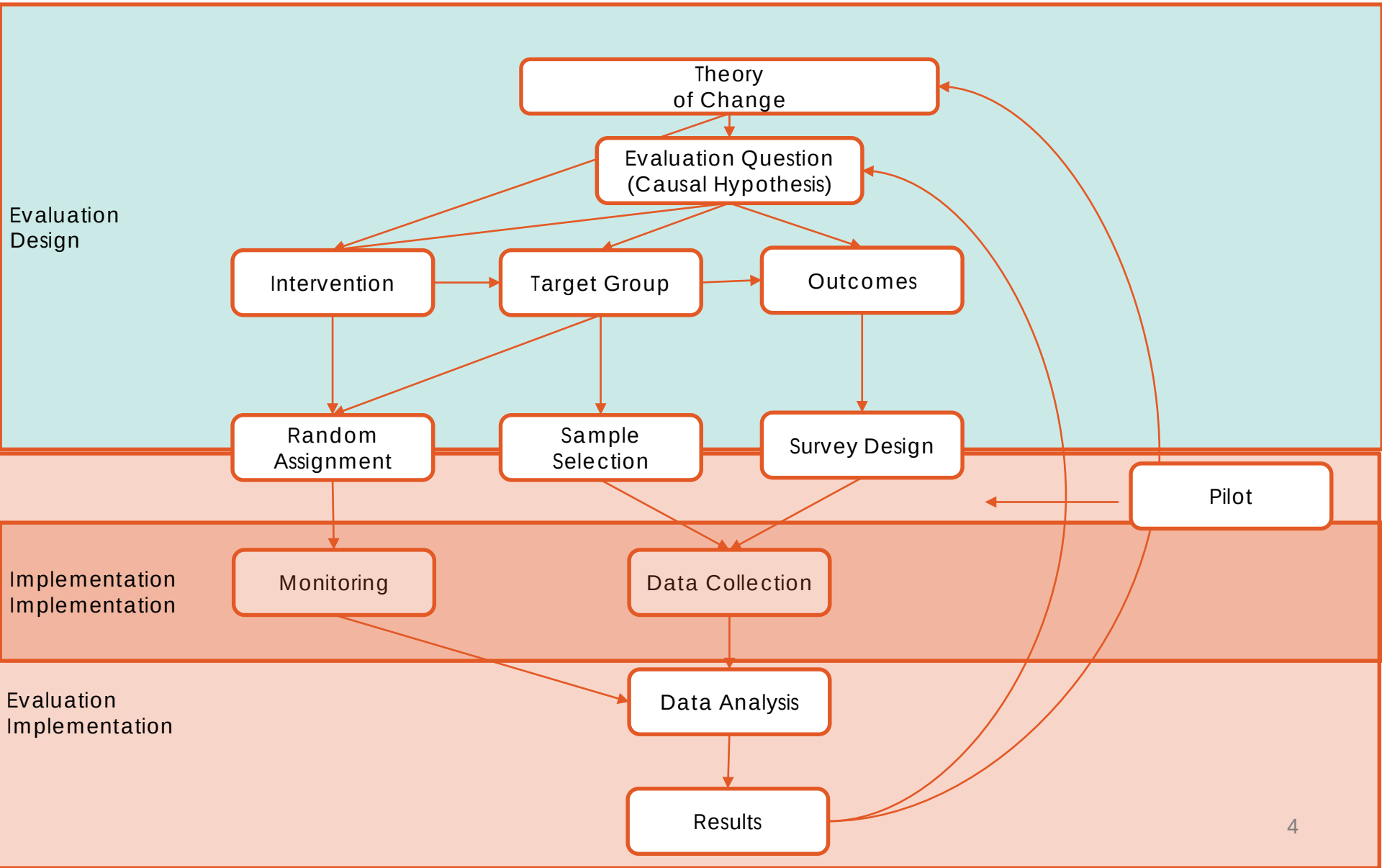
Motivation

For the seminar and the project

Design and implementation of evaluation



Our approach

- We began with a series of health policy dialogues with different state governments, Punjab being one of them
- GoP emphasized need for improvement in MCH indicating the need for looking into more supply side

Policy Challenge in Punjab

- Punjab state leads India on many social, economic and human development outcomes

- Despite this, Punjab needs improvement in important maternal and child health outcomes

Outcome	Prevalence	
	Punjab (Rural) (%)	Sangrur (Rural) (%)
Any antenatal care visit (ANC)	80.3	72.4
At least 3 ANC visits	55.4	51.2
Pregnant women blood tested	58.5	46.2
Pregnant women abdomen examined	42.4	29.3
Received all 3 doses of DPT vaccine	82.2	81.6
Fully immunised	67.2	67.1

Source: DLHS - IV

Team

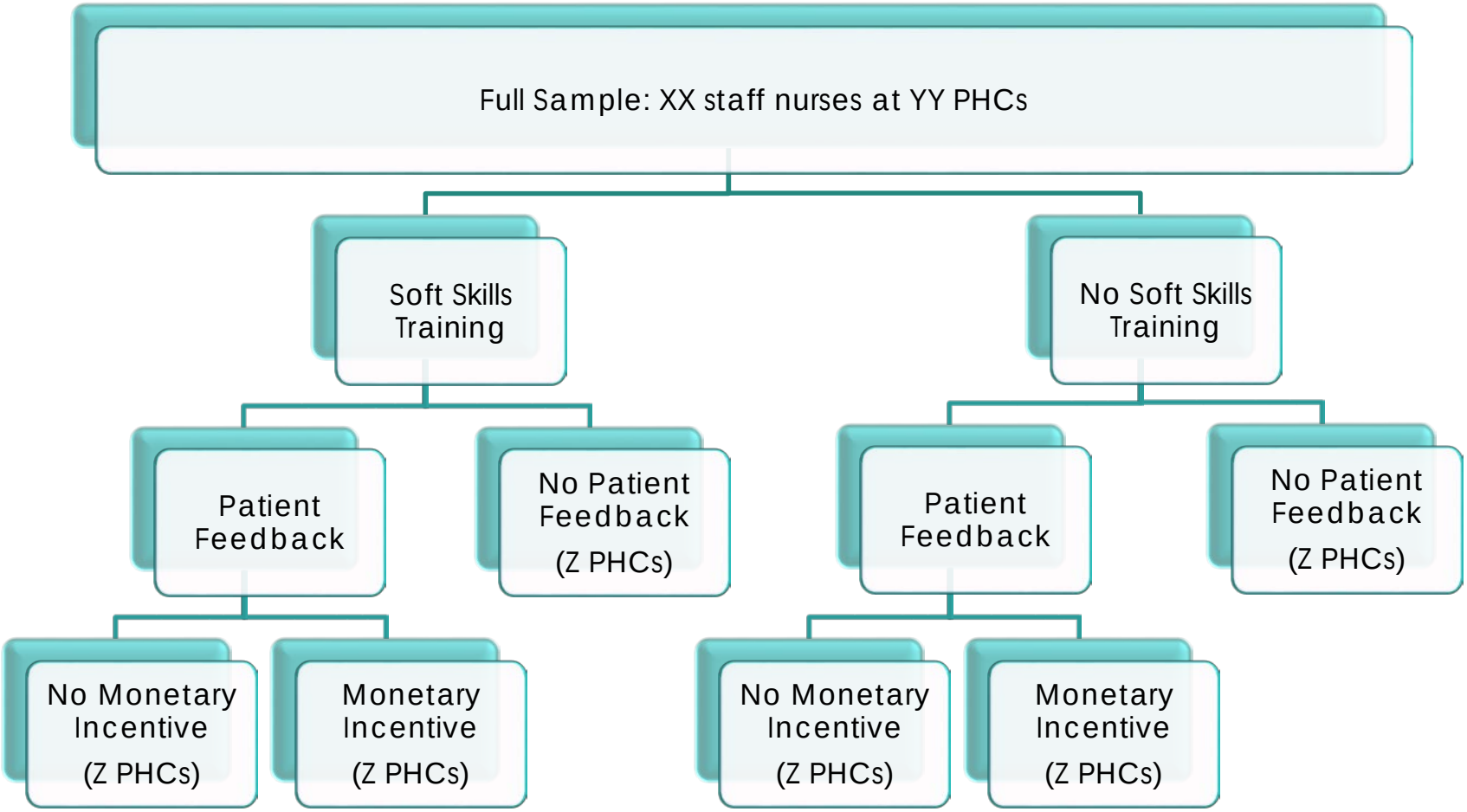
Principal investigators

- Seema Jayachandran (Northwestern University)
- Simone Schaner (Darthmoth University)
- Shagun Sabarwal (J-PAL SA)

Research staff

- Vrinda Kapoor, Research Associate
- Vrinda Kapur, Research Manager

Study design



Pilot activities

Methods and findings

Pilot activities

Qualitative scoping work and needs assessment (October 2015 – December 2015)

Patient Feedback Mechanism (January 2016 – May 2016)

Phase 1: Qualitative scoping study

The aim of this phase was to study

- Utilisation of health care services
- Roles and responsibilities of an ANM
- Challenges faced by the ANMs
- Feedback of the community on the services of an ANM
- How the ANM fares against other health workers

Methods

- Qualitative methods including focus group discussions and one-on-one interviews
- Participants included ANMs and beneficiary women from the community
- “Shadowed” ANMs to observe their time allocation and interactions with patients
- Covered 5 (out of 7) blocks in Sangrur
- Covered 27 sub-centres like Balian, Mahorane, Sakrodi etc.

Findings

Roles and responsibilities of an ANM

- Record keeping of all eligible couples
- Ante-natal care (ANC)
- Post-natal care (PNC)
- Routine immunisation

Lack of clarity on ANM roles/responsibility among key stakeholders

Provision of important services

- Regular routine immunisation
- Provision of other services lagging behind
- ANMs provide less case to women far from the SC, richer households

ANMs under provide services like PNC, family planning counselling

Division of work: Desk versus field work

- Desk work includes maintaining registers and draft the death and birth certificates
- Field activities include visiting newly married women to educate them about family planning methods, motivating pregnant women to get ANC check-ups done

ANMs are burdened by the desk work and do not find time to go into the field

Need for soft skills

- ANMs realise that patience, empathy and communication skills are important qualities for an ANM to have

- Interviews with beneficiaries, however, did not highlight this gap as most women thought their interactions with the ANMs were positive

Need for a softs skills training did not come out as being a salient problem

Phase 2: Patient Feedback Mechanism

The aim of this phase was

- To conduct phone interviews to assess the feasibility of collecting patient feedback on **ANM's performance**

- To understand the process of delivering the feedback collected from the patients back to the ANMs

Methods

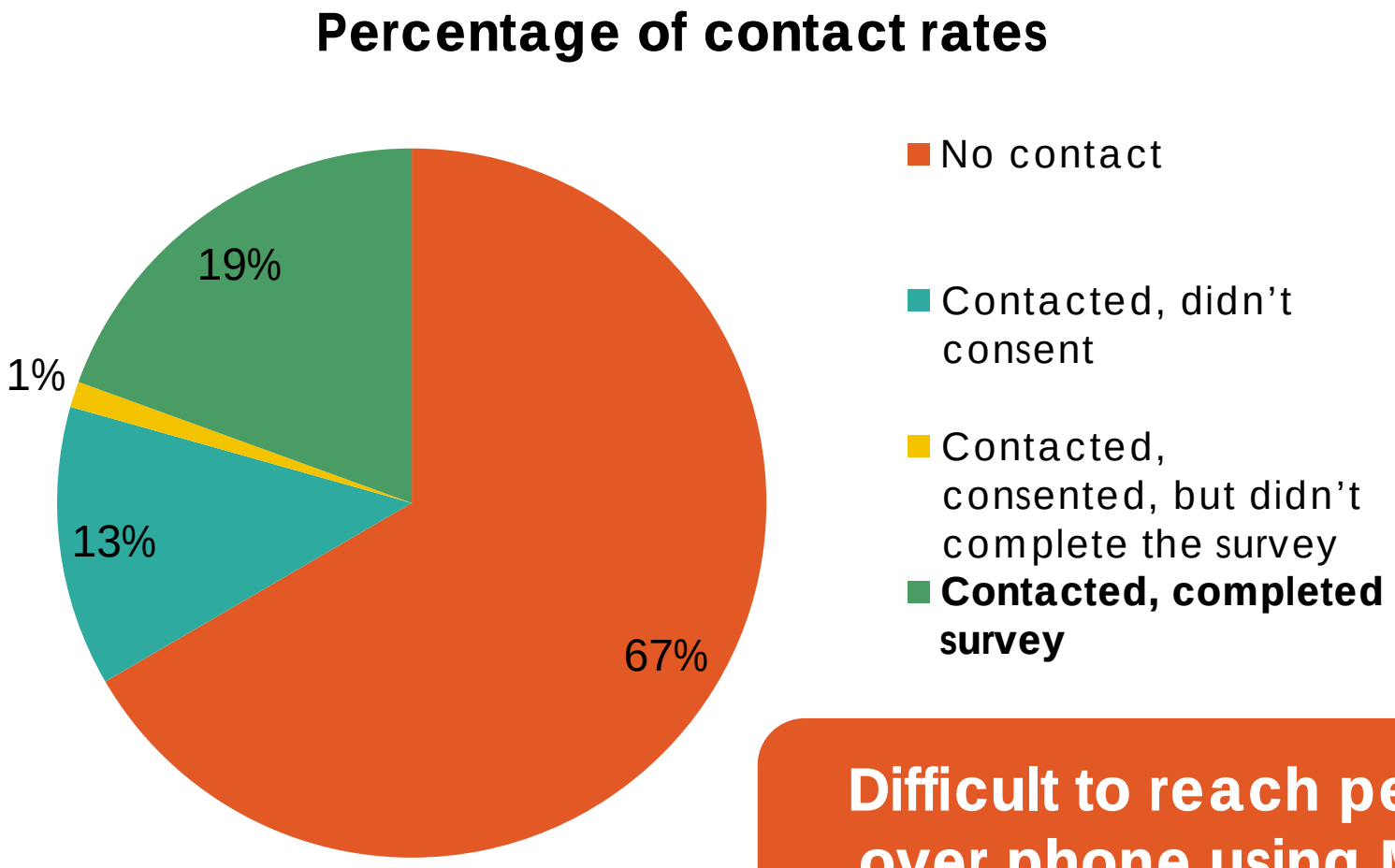
- Included
  - calling patients to get feedback on the ANM,
  - aggregating the responses to calculate average satisfaction for each nurse,
  - and giving feedback to the nurse on her performance across different dimensions

- Use MCTS data to access beneficiary phone numbers

Components of the survey instrument

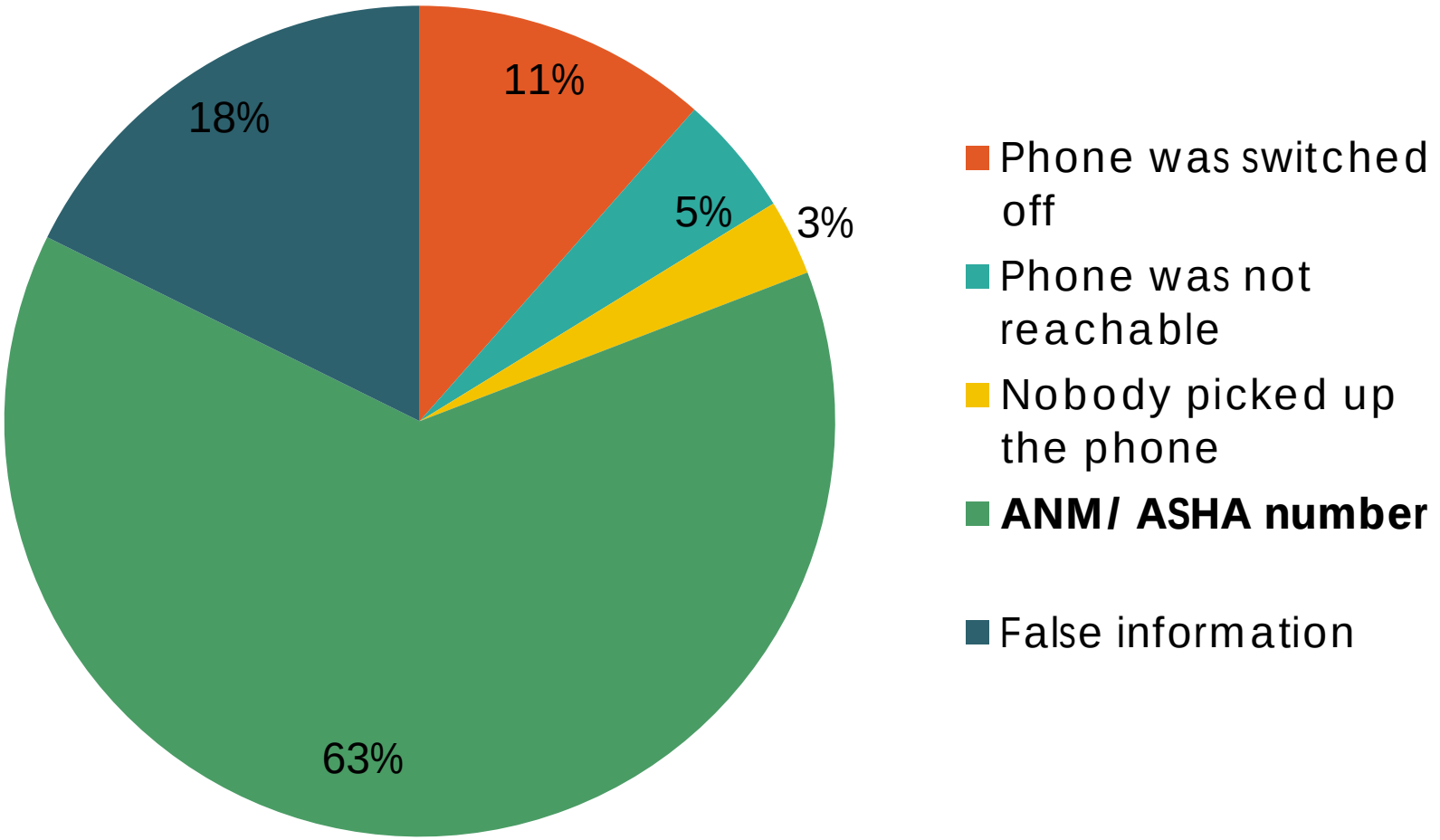
- Call details
- Demographics
- Details of healthcare services used previously
- PNC check-ups
- Rating the ANM on different dimensions

Low contact rates using MCTS data

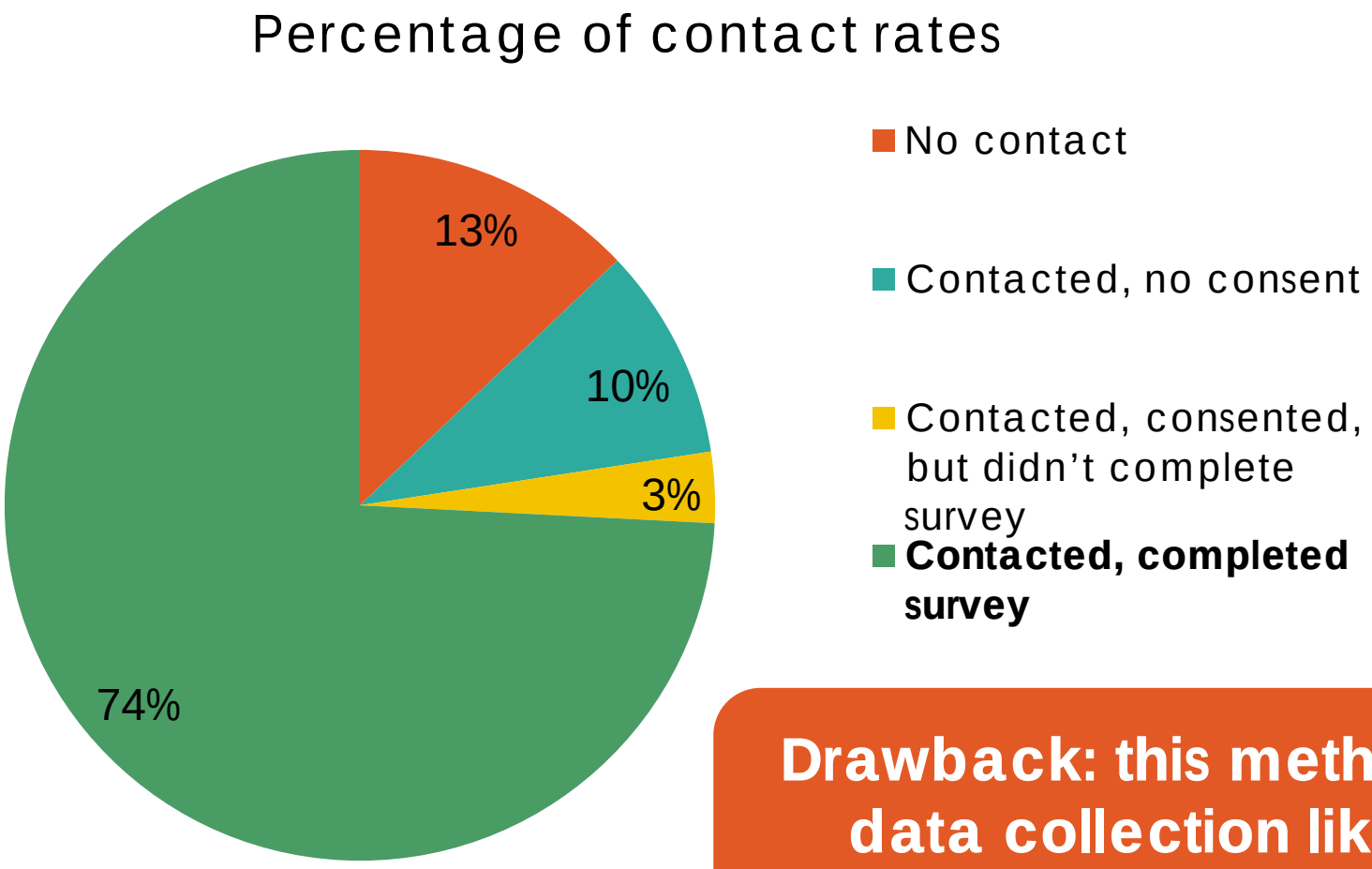


Difficult to reach people over phone using MCTS data

Reasons for call not going through



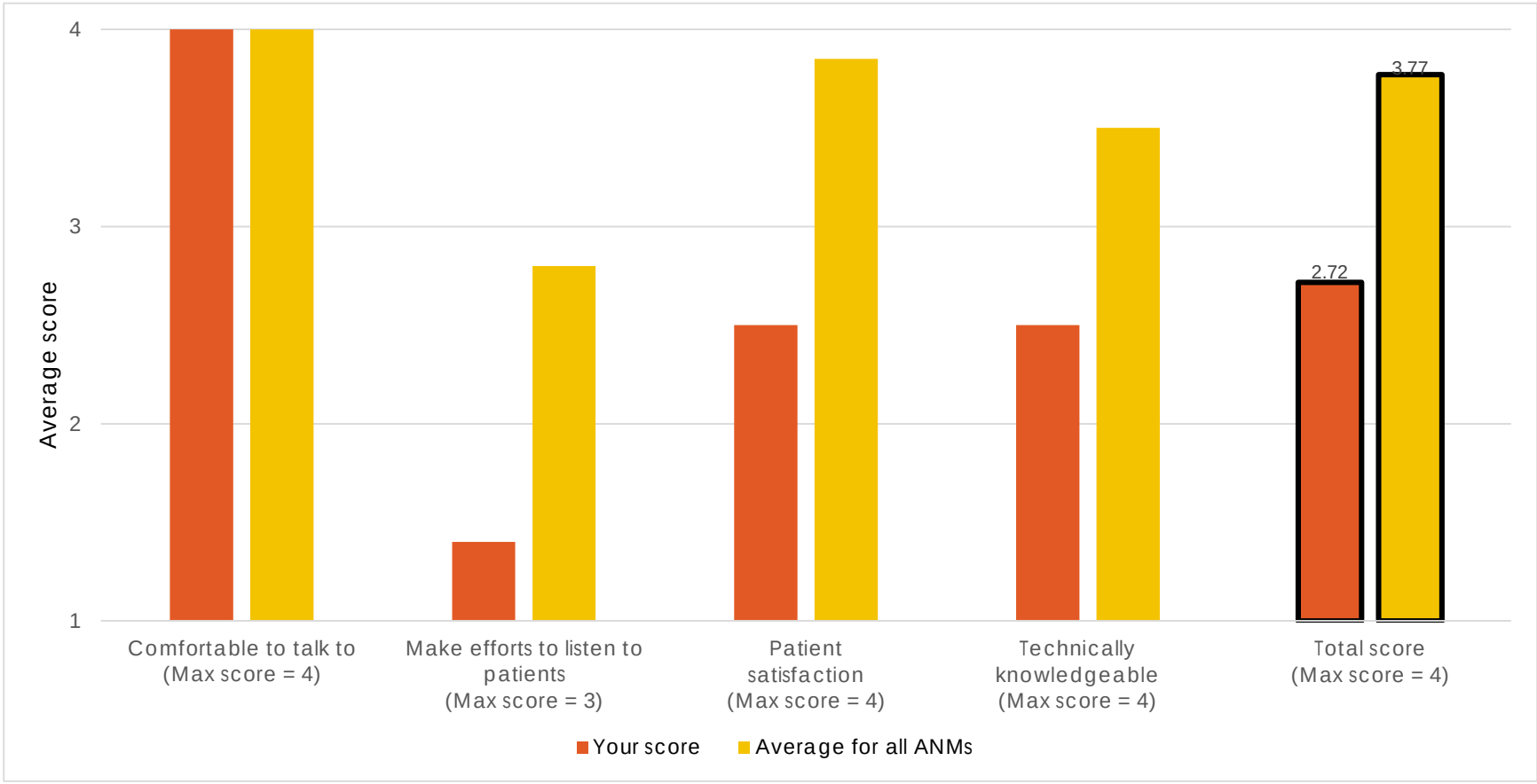
Collecting contact information at point of delivery more promising



Drawback: this method of data collection likely difficult to scale, costly

ANM report card (template)

Patient rankings



Ranking based on all ANMs in sample: You are ranked number '*X*' out of '*Y*' ANMs

Conclusion

Implications for research

Conclusion: How did the pilot change our decision?

Phase I

- Highlighted that the problem we anticipated (lack of soft skills) did not exist
- Based on this we decided to drop the soft skills training from the study after discussions with GoP
- Revealed a new problem that could effect the performance: lack of clarity on roles among ANMs and beneficiaries
- Decided to replace the soft skills arms with an information arm

Conclusion: How did the pilot change our decision?

Phase II

- Highlighted a huge implementation challenge in contacting the beneficiaries using the MCTS data
- Indicated that non-response was not much of an issue since person-to-person method yielded good response
- Red flag: huge potential of us running into low sample size and low power issues
- Ultimate decision: not to move forward with the full scale RCT

Conclusion: Caution in interpreting and recommending based on pilot findings

- By itself the pilot revealed several important policy lessons
- We were in regular touch with the Government and did in-person meetings with the Government and shared report
- Cautious in not inferring any causal relationship
- Descriptive and qualitative work itself revealed important patterns
- While communicating emphasised that results might not generalise and are not based on a representative data

Conclusion: Measurement

- Likert scale difficult to use
- Completely open ended did not work
- Getting the right field staff a challenge in the area

Recommendations

- A well-designed and thorough pilot is a critical component and should be a mandatory first step for impact evaluations
- Might be considered ‘unsexy’ from research perspective but is vital for course correction
- Brings the context to the researchers
- Allows window for incorporating suggestions from partners