



**Support to the Health, Nutrition
and Population Sector Programme
in Bangladesh
BMZ-No.: 2003 66 237 / 2005 70 424**

Component A:
Health Financing

**Annex 16
Monitoring and Evaluation Framework for SSK**

October 2013

Presented to:

Ministry of Health and Family Welfare
Health Economics Unit
14/2 Topkhana Road (3rd floor)
Dhaka-1000
Bangladesh

KfW Entwicklungsbank
Abt. LED 5
Palmengartenstr. 5-9
60325 Frankfurt am Main
Germany



Contents

1	INTRODUCTION	3
2	KEY CONCEPTS	5
3	CONCEPTUAL FRAMEWORK	6
4	MONITORING	7
5	EVALUATION	10

1 INTRODUCTION

A clear framework is essential to guide monitoring and evaluation for SSK activities. A framework should explain how the SSK is supposed to work by laying out the components of the initiative and the order or the steps needed to achieve the desired results. A framework increases understanding of the SSK objectives, defines the relationships between factors key to implementation, and articulates the internal and external elements that could affect the SSK's success.

Importance of SSK monitoring and evaluation framework

A well thought out monitoring and evaluation framework for SSK can assist greatly with thinking through SSK programmatic strategies, objectives and planned activities, and whether they are indeed the most appropriate ones to implement.

Monitoring and evaluation frameworks

- Assist in understanding and analyzing a programme
- Help to develop sound monitoring and evaluation plans and implementation of monitoring and evaluation activities
- Define relationships among inputs, activities, outputs, outcomes and impacts
- Clarify the relationship between programme activities and external factors.
- Demonstrate how activities will lead to desired outcomes and impacts, especially when resources are not available to conduct rigorous impact evaluations. They often display relationships graphically.

Factors consideration during developing a monitoring and evaluation framework

- Objectives of the monitoring activities?
- Specific questions that need to be asked to gauge the progress of the intervention?
- Information is needed to see if activities are being implemented in the way that was planned, and who can provide that information?
- Objectives of the evaluation?
- Specific questions that need to be answered to gauge the impact and success of the intervention?
- Information is needed to determine if the expected objectives and outcomes were accomplished and who can provide that information?
- Determining whether the questions being asked are appropriate ones for understanding how “successful” the intervention has been with respect to its expected objectives and outcomes?

Developing a corresponding monitoring and evaluation plan that acts as a monitoring tool by defining how information from the programme will be tracked. Developing the framework and plan before activities are implemented.

Steps in developing monitoring and evaluation frameworks

1. Determine the purposes of the monitoring and evaluation mechanisms and assess the information needs of each actor.
2. Ensure prevention and response interventions have clearly defined objectives, outputs and indicators.



3. Establish coordinated and common reporting tools.
4. Determine methods for obtaining information on indicators.
5. Assign responsibilities for information gathering, determine time frame and frequency of data collection, and allocate resources; and
6. Establish mechanisms for sharing information and incorporating results into prevention and response planning.



2 KEY CONCEPTS

Monitoring is an ongoing activity to track progress against planned tasks. Monitoring involves continuously overseeing the proper execution of planned scheme procedures and providing timely information to improve management

Inputs are the resources put into an activity - here, a SSK, health insurance scheme - so that it can deliver its planned activities. Inputs include time, money, human resources, and physical infrastructure.

Processes are the planned and carefully coordinated activities carried out to achieve the outputs and outcomes.

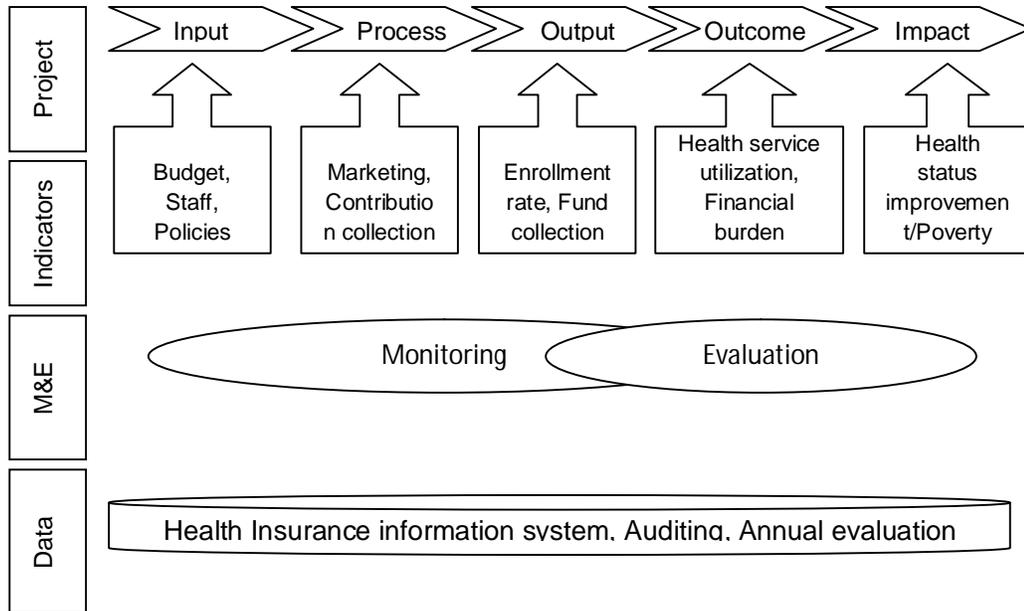
Outputs are the tangible results that the activities produce.

Outcomes are all the results of the efforts and usually directly benefit the consumers.

Impacts are the broader, longer term effects resulting from an activity and generally relate to the overall goals. The health protection scheme contributes to the impacts, but impacts also are affected by other efforts/factors. Impacts can be difficult to assess in the short term.

Evaluation is usually a periodic activity. It is the systematic and objective assessment of ongoing or completed activities in terms of their design, implementation, and results. Evaluation determines whether the scheme's objectives have been fully or partially achieved.

3 CONCEPTUAL FRAMEWORK



4 MONITORING

Monitoring will show us how the SSK is doing on an ongoing basis by tracking inputs and outputs to assess whether the scheme is performing according to plan. A functional MIS is essential to do effective monitoring. It is used on a day-to-day basis and facilitates regular follow-up of activities and finances during implementation. The MIS data can also be used to evaluate the performance of the SSK by the management team as well as through internal and external audits.

Key Monitoring indicators can be classified into three categories:

- SSK Targeting / BPL identification/ Claim related performance
- Financial performance,
- Facility Management

Below are the key performance indicators with a definition or illustration, and potential sources of the data that can be retrieved from the MIS.

a. SSK Targeting / BPL identification/ Claim related Indicators:

INDICATORS	ILLUSTRATION	MOV
Enrollment		
Population coverage rate	Number of total household as a percentage of the target population.	Member register
Membership growth rate	New household registration as a percentage of total household during a given period.	Member register
Renewal rate	Number of renewals/Number of potential renewals.	Member register Renewal sheet
Reimbursement		
Average period for payment of providers	Time elapsed between the date of issuance of accurate invoices by providers for payment and the date on which payment is made	Balance sheet Income and expense statement
Average period for reimbursement of members	Time elapsed between the date of members' claims for reimbursement (assuming accurate) and the date on which payment is made.	Balance sheet Income and expense statement
Monthly claims status	Set of indicators summarizing service utilization.	Health care provider invoices Claim register Claims listings by provider type



b. Financial performance indicators

INDICATORS	ILLUSTRATION/FORMULA	MOV
Incurred claims ratio	Incurred claims for the period given as a percentage of earned contributions in the same period. This period can be for a fiscal year or any other accounting period.	Income and expense statement
Incurred expense ratio	Incurred expenses for a period are divided by earned contributions in the same period.	Income and expense statement
Ratio of operating costs to income	Operating cost given as a percentage of total income.	Income and expense statement
Ratio of coverage of expenses	Ratio of coverage of expenses = Reserves/Monthly expenses. The accumulated reserves should cover the average claims for 3-6 months.	Income and expense statement

c. Facility management Indicators

INDICATOR	ILLUSTRATION	MOV
Meeting of Upazilla Health Management Committee	No of meeting held as per TOR	Meeting Minutes
Meeting of TQM committee of UHC	No of meeting held as per TOR	Meeting Minutes
Grievance procedure activated	No of complain raise & mitigated conducted	Meeting Minutes
Scheme Operator performance	SO performing task as per TOR	Monthly report
LLP tools	Evidence based LLP develop	Complete LLP doc
P4P	No of persons receive incentive based on performance	Facility monthly report



HRH in place	No of Fill up & vacant post	Organogram / Office order
Referral system	No of patient referred to Tangail DH & Private facilities	Register / Referral database
SSK drug store	Drug store properly managed in public health facilities	Organogram
Capacity development	No of training conducted as per hospital manual	Training report
Standard operating Manual	No of SOP followed	List of SOP
Clinical audit	No of clinical audit	Clinical audit report
Clinical protocol	No of protocols	Hospital report

5 EVALUATION

Evaluating impacts of SSK in terms of equity, efficiency, and effectiveness requires the use of analytical methodology that cannot be fully summarized in this brief document. Briefly, a complete picture of the scheme's impact can be obtained through measurement of changes in health status, financial risk protection, access to health care, service delivery efficiency, and quality of care.

Public satisfaction is another important dimension. A comprehensive evaluation of SSK cannot be conducted in a short time frame because some impacts, such as changes in health status, will only be observed in the long term.

List of indicators by type of impact are listed below:

1. Health status change
 - Self-assessed health status
 - Days of work lost (productivity measure).
2. Financial risk protection
 - Annual out-of-pocket payments, by socioeconomic status and enrollment status
 - Out-of-pocket payments as a percentage of household income, by socioeconomic status and enrollment
 - Percentage of reimbursement of total medical expenditures, by socioeconomic status and enrollment
 - Poverty due to illness, i.e., medical expenditures that cause the household to fall below some poverty line
3. Client satisfaction
 - Changes in worries or anxiety about becoming ill
 - Satisfaction with health services (including access to and quality of services)
 - Satisfaction with SSK management.
4. Change in access barriers
 - Change in inpatient utilization rates primarily & OPD later on
 - Percentage of sick persons reporting that they failed to seek care for financial reasons
 - Percentage of sick persons reporting that they failed to seek care because of distance from health facility
 - Percentage of sick persons reporting that they failed to seek care for technical reasons (such as health facility's lack of drug, equipment, or staff)
 - Preventable hospitalizations.
5. Efficiency gains or losses in service delivery
 - Number of drugs used per visit or intravenous injections given per visit for some selected common illness such as flu
 - Charges per inpatient day with same diagnosis or treatment
 - Number of patients treated per public & private health facilities
 - Charges per visit comparing SSK and non SSK.
 - Length of stay



6. Non Health Areas

- Responsiveness
- Address the Dignity of client
- Privacy of the client
- Patients right
- Autonomy

Evaluation will show what the SSK has achieved by assessing its outcomes and impacts. Evaluation is important for ensuring that the SSK is having its intended effects: Is it increasing access to healthcare? Has coverage of health services increased? Are the right beneficiaries being targeted? Have out-of-pocket expenditures been reduced? Positive evaluation results can increase political buy-in for a scheme as it scales up and consumer demand for enrollment. Negative evaluation results can help policy makers to revise scheme design or operations so that desired results are achieved. Evaluation results are also important for determining whether the most cost-effective approaches are being used.

Policy makers should consider from the outset how to evaluate the impact and cost effectiveness of any proposed insurance scheme for formal or informal sector. Introducing the scheme in a way that facilitates evaluation will ensure more rapidly available, robust, compelling, and policy-relevant results. This can be done, for instance, by piloting the scheme in a randomly selected set of UHC that have been matched to control districts -if SSK is introduced on a universal basis, it is much more difficult to retroactively design a robust evaluation. The results from an evaluation in pilot areas can also be used to modify the scheme's design prior to national scale-up, as well as work out solutions to any operational challenges that arise.

The following evaluation approaches might be used to assess the SSK:

- Pre-post evaluation design is often used in project evaluation. It compares the selected indicators before and after the intervention to observe the changes that might be attributable to the intervention.
- Case-control comparison evaluation design is used to identify factors that may contribute to the effects by comparing subjects who are in the intervention group (the “cases”) with those who do not participate in the intervention but are otherwise similar (the “controls”).
- Cross-sectional evaluation design involves simultaneous observation of a sample, with groups compared across different independent variables. Cross-sectional design takes a “slice” of its target group and bases its overall finding on the views or behaviors of those targeted, assuming them to be typical of the whole group.
- An experimental evaluation design will be used to test the efficacy or effectiveness of health care services or technologies. An experiment involves the random allocation of different interventions (treatments or conditions) to subjects. Due to the general difficulty of randomization, it is rarely used for health system or health insurance evaluation.
- A quasi-experimental evaluation design resembles an experimental evaluation and shares characteristics of evaluations of interventions or treatments. The key difference in this approach is the lack of random assignment.