HMIS Evaluation - certain theoretical issues
• Evaluation is against a set of objectives. But there are different understanding of how a certain set of processes are related to each other and how together these relate to an outcome/objective.

• This we call “Programme Theory” or “Framework of Understanding” that each individual or stakeholder group holds.
A CCTV is installed to prevent car thefts in a car park
The CCTV example.

- **Caught in the act** - present offenders are caught and removed from the system.
- **You’ve been framed** - potential offenders are scared off because they know they’ll be caught.
- **Nosy parker**: Increased use of car parks leads to increased ‘natural’ surveillance.
- **Effective deployment** - may help deploy human resource more where it is more likely to happen or come in from – making both 1 and 2 more likely.
- **Publicity mechanism** - visible statement of govt acting will deter potential car thefts.
- **Time for crime** - long duration crimes would be deterred
- **Memory jogging mechanism** - reminds drivers for responsible behaviours.
- **Appeal to the cautious** - make safe, safer and make vulnerable more vulnerable.
The context of installation

- Criminal Clustering- many offenders – or single offender doing very often.
- Style of usage- is the car park full for whole day/ at some times- can it take more cars if there are more users.
- Lie of the land- blind spots would be a problem if theory a is being considered- makes no difference for b.
- Alternative targets – crime would shift elsewhere or to other things.
- Resources context- can more security staff/police be deployed.
- Surveillance culture- this is the correct thing for governance to be seen doing. Enhanced image. That too helps.
Evaluation questions:

- Have arrests and convictions increased?
- Has frequency of thefts/attempted thefts come done? Car thefts- all thefts.
- Has location and time of thefts changed?
- Has responsible car user behavior improved?
- Was publicity successful in convincing public?
ASHA evaluation- how does the programme work?

- **Demand generation**: she promotes demand and utilization of facilities. More people go to facilities and facilities save lives. Service provision by herself or conflict with service providers would be a negative influence.

- **Service Provision**: most lives are saved by changed health practices she brings about and care for common childhood illness which in turn promotes appropriate care in facility and helps her to be a successful activist.

- **Rights activist**: She cannot and should not promote care—she should organize women to demand that care is provided.
Pregnancy tracking – how does it help reduce maternal mortality.

- By helping identify all the pregnant women who did not get services.
- By helping identify and help service provider give quality follow up and delivery of all services to the pregnant woman who came into contact with the system.
- By helping the supervisor to monitor whether the service provider is providing complete services to pregnant women.
- By improving institutional delivery.
- By improving quality of HMIS and reducing false reporting in HMIS- and HMIS in turn would help provide better services.
- By reducing cheating in payments under JSY.
HMIS- what is the programme

- Improves **understanding**: to know how a system works and how it might be improved (research role)
- Improves **performance monitoring**: if and how a system is performing to an agreed standard (managerial improvement role)
- for **accountability**: allows work of service providers and junior officers to be scrutinized as individuals, teams and organizations; and health department performance as a whole is visible to public.
Outcome-output Relationship activities

Output- 1A
Completeness, timeliness, truth telling

Outcome:
Management Action Policy Action

Output- 1B
Reliable Indicators

Output -2
Process of review /reading data

which serves a purpose
Reduce maternal mortality and neonatal mortality.- improving service delivery

Enabling Framework- culture, orders etc
• Facility Level data- disaggregation is used for actions
• District level data- action from states-
• Actions could be
  • A more supervisory visits
  • Disciplinary action
  • Reward or recognition
  • More financial resources
  • More human resources.
  • Discussion/study to understand a problem
Output -1

- Completeness- what are the issues involved- is private sector integrated- if not why not?
- Timeliness- what are the issues- are delayed responses less reliable or better off.
- Is there a verification/authentication process.
- Is recorded data match with reported data
- If yes does reported data triangulate with external surveys
Output -2

- Is there a review committee in place?
- What is the perception of reliability of data.
- Are there examples of use of data- could be sporadic and could be systematic.
- What outputs were generated- in terms of suggestions for action.
Enabling framework- context

- What is the need/ systems in place for responding to information.
- What are the processes that need data inputs for planning.
- What is the monitoring system in place and its function.
- What is the use of data for accountability- how much does it help HMIS grow- and how much does it thwart data flow.

- Context- Historical; Social; Health systems:
Thank You