

## Module 5: Using Surveys to Monitor Budget Implementation

### READING 5.1: CASE STUDY FOR DESIGNING A SURVEY

You are a member of the Healthy Mothers, Healthy Children (HMHC) coalition in the fictional country of Polarus. At your most recent meeting of the HMHC Steering Committee, you identified the need to gather more evidence about the quality of maternal health care received at primary health clinics in the city of Swellentsia in Sunrise State. You have already made great strides in collecting budget data and physical evidence on maternal health services. You have also gathered a wealth of qualitative information through a series of focus group workshops conducted in Sunrise State. However, you realize that your advocacy message will be even more powerful if you can back it up with some reliable facts and figures about the everyday realities of accessing these services.

During the Steering Committee meeting, one of your colleagues mentioned a presentation she recently heard at an international conference on participatory governance in Polarus' capital. The presentation was made by the Public Affairs Centre (PAC) of Bangalore, India, on their use of Citizen Report Cards to monitor the quality of public services. She was inspired by how PAC was able to use data from their surveys to effectively advocate for improvements in public services, particularly for the poor. After hearing about the Citizen Report Card, you and other Steering Committee members agreed that this type of survey would provide HMHC with useful facts and figures to enhance your budget advocacy message.

You are well aware that the main causes of maternal death in Swellentsia seem to be linked to complications arising during delivery, and the lack of basic emergency obstetric care at the clinics. Most women who had complications during delivery – or women whose family members or friends had died during delivery – complained that the clinic staff did not have the skills to assist with obstructed labour and other complications, and that the clinic didn't have the proper drugs, for example, to treat high blood pressure (eclampsia). Some women who had to be transferred to a secondary hospital for emergency C-Sections said

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that their families had to find and pay for their transport to the hospital, since the clinics did not have a vehicle to take them there. A number of women, including those who had normal deliveries, complained about the lack of cleanliness in delivery rooms and shortages of medical supplies.

Some women felt that the complications they experienced during delivery could have been prevented if they had received proper antenatal care. These women said that they were not able to access the primary health clinics during pregnancy due to long distances. Some women who were able to make it to the clinics said that they were charged for services that were supposed to be provided for free. They also complained of long waits; short, superficial examinations by health workers without obstetric training; and rude treatment by health clinic staff. Women had similar experiences with accessing and receiving postpartum care. Some women also mentioned that they had to pay bribes to clinic staff to get faster or better service.

As a member of HMHC's Steering Committee, you raised these concerns with the Sunrise State Department of Health, who pointed out that the quality of maternal health services are ensured by the government's National Standards for Maternal Health Care. It has assured you that it adheres strictly to the quality standards outlined in this national policy. The state health officials you have met with promised to investigate allegations of malpractice, substandard health services, or mistreatment once they are provided with hard evidence, including statistical data. As a result, you decide to conduct a survey to compare the standards outlined in the national maternal health care policy with women's actual experiences of maternal health services on the ground.