

# Performance of primary health care services

## Examples of research in three continents

### Bangladesh

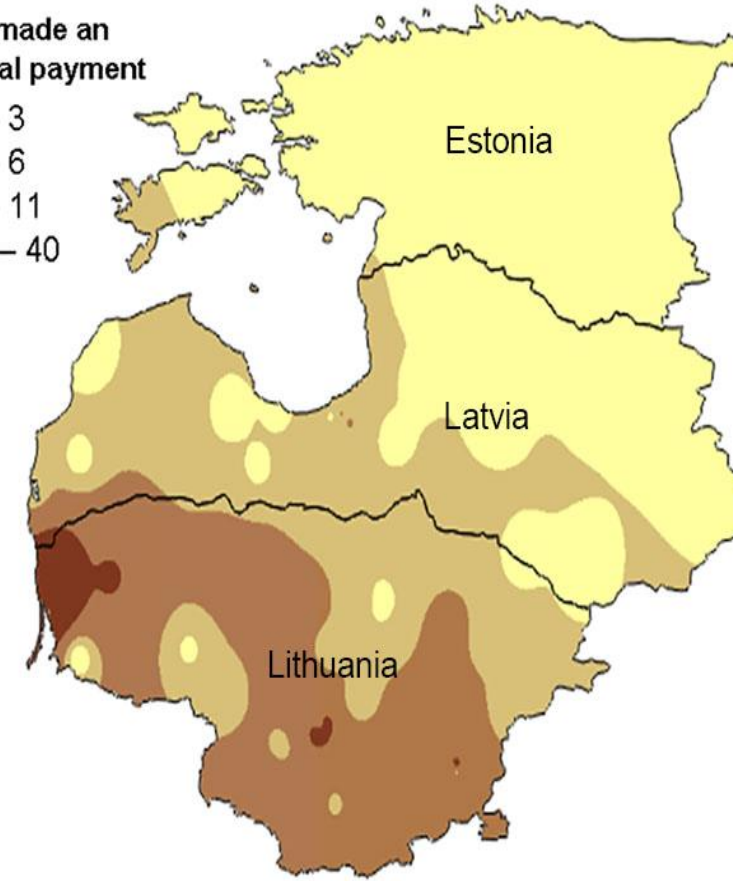
- Evaluation of impact of major health reform programme on public perception, use, and experience of health services
- Three national cycles: 1999, 2000, 2004
- Each 25,000 households, 2,000 health workers, 200 facilities
- Feedback to communities, service planners, professional bodies
- Satisfaction with and use of government health services *fell* during the period
- Serious problems with corruption
- Poorest and women worse experience and no improvement during period.



Discussing findings with local service providers

% who made an unofficial payment

|         |
|---------|
| 0 - 3   |
| 4 - 6   |
| 7 - 11  |
| 12 - 40 |



Proportion who admitted making unofficial payment

### Baltic States

- Public perceptions and experience of health services in Estonia, Latvia and Lithuania; focus on system leakage
- 10,300 households across three countries
- Nearly half did not consider unofficial payment to health workers corruption; but half thought corruption was “very high”
- Few admitted unofficial payments
- Variation across the region (see map)
- Feedback included national parliaments.

### Nigeria

- Nigeria Evidence Based Health System Initiative – NEHSI – in two states, ongoing
- Government priorities: maternal morbidity; and childhood (0-47 months) illness
- Data from some 25,000 women and 21,000 children in the two states
- Features:
  - >Government involvement, sustainability
  - >Capacity building for health planners
  - >Socialising evidence as intervention
  - >Mobile technology for data capture.



A male focus group in Nigeria discusses findings



Participatory Research at McGill

**CIET** Building the community voice into planning

#### For more information:

Hlth Res Pol Syst 2007, 5:1

BMC Hlth Serv Res 2008, 8:15

BMC Hlth Serv Res 2011,11(suppl2): S7

<http://www.ciet.org>