



Strengthening Health Activities for the Rural Poor

Defining Data Access Policy Among Several Stakeholders

1. Background

Intervention: Afghanistan started implementing RBF in October 2010. RBF was initiated as a component of the Strengthening Health Activities for the Rural Poor project, implemented in 11 provinces. In this project, started in 2008, NGOs were contracted by the Afghan Government at the provincial level to provide primary healthcare. In this context, RBF consisted in a top-up reward to the existing contract of the NGOs contracted when performance exceeded the targets indicated in the base contract.

Impact Evaluation: The impact evaluation of RBF intends to measure the effect of paying for performance on service delivery. The IE is a collaborative work between the World Bank, Johns Hopkins University (JHU) and the Government of Afghanistan.

Data collection: JHU collected baseline data in late 2010. The intervention is still ongoing, and the follow-up survey is scheduled for February 2013.

Data access: There is no explicit Memorandum of Understanding between the parties that defines access to data. However, there are contractual agreements between JHU and the government defining access to data.

2. Country Experience

Data access amongst the team: After baseline data was collected, the three stakeholder team shared the data amongst themselves. Since the IE is constituted of two cross sections, there was no need to include information identifying households or health facilities to find them again in the second round within the datasets. JHU, as the survey firm, has access to the nominative data contained in the paper questionnaires.

Data access to outsiders: Even though data access within the team was a smooth and obvious process to the team, it is not yet clear how the data will be made available to outsiders. According to the World Bank Open Data Initiative, the data collected and financed by the World Bank would have to become public at some point. The IE team discussed which approach they should adopt to comply with the initiative, while benefiting from a privileged access to the data in the first stages of baseline data release. The team unequivocally agreed that the data would become public. However, the timing of this public release is still being debated.

3. Lessons Learned

- Although the World Bank guidelines on data public release do not include a specific timeframe, teams should encourage internal discussions and agree on a suitable timeframe for data release.

www.worldbank.org/health/impactevaluationtoolkit

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