



**Using Administrative Data
To Monitor the Impact of RBF and Advocate for Local Capacity Building**

1. Background

Intervention: The Maternal-Child Health Program, known as Plan Nacer, provides health insurance to mothers, from the start of pregnancy until 45 days after birth or the loss of the fetus if that occurs, and children under age six who are not covered by social insurance in Argentina. The program, started in 2005, is based on a pay-for-performance model with the primary objective of reducing maternal and infant mortality and morbidity.

Impact evaluation: Under Plan Nacer, a number of IEs were launched to generate evidence on the impacts of Plan Nacer as well as to inform key program design and implementation decisions. The evaluations include: i) a national IE randomized at the province level in each of the 23 provinces (and the city of Buenos Aires), to measure the program impacts on maternal and child health outcomes, and ii) a series of provider-level experiments to test alternative design features of the Plan Nacer model in the provinces included in the comparison group of the first evaluation.

2. Country Experience

Program implementation conflicted with impact evaluation: The national IE was rolled out in two phases with nine provinces in Phase I and the remaining provinces in Phase II. In 2007, the program was expanded to cover the rest of the country which in effect contaminated the comparison group for the phase I provinces, while no follow-up data had been collected yet due to a long survey firm contracting process. In light of the changes to the IE design as well as delays in contracting the survey firm to collect the data, the World Bank team sought alternative strategies for generating interim results in order to further support the policy dialogue.

Using alternative monitoring data sources: In particular, the World Bank team set out to generate some interim results using available sources of administrative data. In two provinces, Misiones and Tucuman, data sources were found that included all health services provided at public sector Primary Care Centers (PCCs) and at maternity clinics. Those sources included data on prenatal care, delivery care, and well-child care outcomes. The available data were for the 2005-2008 period in Tucumán and the 2007-2009 period in Misiones. The results from these data showed an increase in the quantity and quality of services as well as better birth outcomes, including higher average birth weight, a lower probability of very low birth weight babies, improved Apgar scores, and a reduction in early neonatal mortality (Gertler et al. 2011)¹.

Benefits of monitoring data: An important feature of these databases is that records include the complete universe of care provided, both for Plan Nacer participants and non-participants. All told,

databases cover more than 2,750,000 services during the period of analysis. The vast amount and high quality of the data offer excellent statistical potential in terms of identifying impacts, even with respect to very low incidence indicators such as neonatal mortality.

Using monitoring data to generate policy dialogue: The data from the two pilot provinces were analyzed in half a year, which allowed the team to generate intermediate results and organize a dissemination event in early 2010. The positive results served as an important endorsement of the program and raised the interest of the national and provincial Governments to explore the use of monitoring systems to further track the intervention and generate additional results.

Responding to political endorsement through improvements in the impact evaluation: As a result, the team agreed to replicate the impact analysis across the remaining provinces of the first evaluation, by digitizing the universe of birth records ranging from 2004-2008. The results from the administrative data are expected to become available prior to the final results of the impact evaluation survey. The Government is very keen to compare the results from these analyses, in order to strengthen administrative data systems to monitor program impact at the national level.

3. Lessons Learned

- Political commitment and leadership in generating evidence and investing in data systems is key to the development of an efficient monitoring system.
- Strengthening local administrative data systems in pilot areas can play a strong advocacy role, both at the national and sub-national level, for the development of systematic monitoring systems nationwide.
- Administrative data can serve as an effective tool for generating preliminary results on program impacts, while supporting the operations and necessary adjustments of the program and generating internal capacity.
- Administrative data can be cheaper and easier to access than primary data.
- Strengthening administrative data records can lead to a more sustainable approach for generating results and monitoring program implementation.
- The World Bank can play a strategic role in enhancing data systems through large investments in and technical assistance on data collection and quality control.
- Administrative data can generate huge political rewards for in-country policymakers, as success can only be asserted via tangible results.
- Ultimately, comparing results from administrative and impact evaluation data can inform on program impact, impact evaluation methodology or flaws in the monitoring system.

1. Source: Gertler, P., Martinez, S. and P. Celhay. 2011. Impact of Plan Nacer on the use of services and health outcomes. Intermediate results using administrative data from Misiones and Tucuman provinces. Version for Comments: March 2011. World Bank - Impact Evaluation Report.