Chapter 23

Assessing Health Programmes

There is a common tendency to believe that since health services and programmes are meant for the improvement of the health of the people, nothing but good must come out of all health work. Certainly those families who make use of the health services on a regular basis, especially the personal preventive services like antenatal care and the under-fives clinic, will derive a great deal of benefit. But there are only few such enlightened families. In fact there is a universal tendency for those who need the services most to make the least use of them. Thus, it is possible that health services and programmes may be organised in a district and the health personnel working in such programmes may be fully occupied, and yet the impact of such efforts on the health of the community can be very little. Hence it is necessary to take stock at regular intervals and measure the effectiveness or otherwise of all health activity, so that appropriate changes and improvements can be introduced if necessary.

In measuring the effectiveness of health services two principles should always be borne in mind.

(1) Since a health programme is meant primarily for the benefit of the community, leaders of the community should be involved in its evaluation. As a matter of fact, it is always wise to involve the community, through its elected and natural leaders, at every step of the programme—planning, implementation and evaluation. Continuing dialogue and consultation should be established between the community and the health team in order to enable the people to identify their health problems, to establish priorities, to define targets and goals, to decide upon the ways and means of achieving these goals, and to evaluate progress.

(2) There are several parameters which are traditionally used to assess improvement in health. Thus infant and under-five mortality rates, prevalence rates of various communicable diseases, anthropometric indices like height, weight and arm circumference, etc., have all been used either singly or in combination to measure improvement in health. However, one important parameter rarely gets a mention. In the rural
areas of most developing countries the basic problem is that of inadequate coverage by health services. For example, it is estimated that not more than 15 to 20 per cent of the rural populations receive health care on a regular basis. Whether it is due to ignorance, lack of development of services, or the presence of the wrong kind of service, the fact remains that no improvement in health can be expected if sufficient numbers of families and individuals do not receive regular health care. Hence the primary parameter to be measured is the number of individuals in the vulnerable group and in the 'at risk' category, who are the regular beneficiaries of the health programmes. No health programme can be expected to have a measurable impact unless at least 80 per cent of individuals in the above-mentioned groups are covered by it. Thus the antenatal and the under-fives clinics will demonstrate their benefits only when 80 per cent or more of the pregnant women and children under five years of age attend on a regular basis. And the same applies to creating herd immunity with immunisations.

Monitoring disease in the community

In a well organised health programme with good coverage of the community, it is possible to adopt a more aggressive attitude towards preventable illnesses, especially communicable diseases, and initiate steps either to contain or to eradicate such illnesses. Thus, various diseases can be monitored by locality and age group as they occur. When infectious illnesses like measles, whooping cough or polio occur in a village or a locality in spite of services for immunisation, it indicates a weakness of the programme or an increase in the number of susceptibles. With a good system for monitoring disease, pockets of infection can be identified early and mass immunisation campaigns or other community action can be organised to prevent a large outbreak. Attendance at the clinic of children suffering from tuberculosis, leprosy or trachoma should lead to action aimed at case finding and identification of the reservoir of the infection in the locality where such children live. Similarly, when more than the usual number of cases of malnutrition or vitamin deficiency are diagnosed in children from a particular village or community, failure of food crops or increasing unemployment is the likely cause, and early intervention with nutrition rehabilitation programmes and mobilising of community resources is indicated to avoid widespread hardship.

Regular audit

In addition to monitoring disease, a system of regular assessment and audit will provide ready information about the progress of the health programme, so that if it is not satisfactory, corrective action can be