



## Does Involvement of Local NGOs Enhance Public Service Delivery? Cautionary Evidence from a Malaria-Prevention Evaluation in India

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Country	India
Organizing Theme	Women's Health
Status	Completed
Intervention Category	Information Campaign, Supervision, Malaria control
Sector	Health, Nutrition & Population
Abstract	Using data from an experimental supportive intervention to India's malaria control program, this paper studies the impact of leveraging local non-state capacity to promote mosquito net usage and recommended fever care-seeking patterns. The supportive activities were conducted simultaneously by three nongovernmental organizations in two endemic districts in the state of Orissa. The study finds that program impact varied significantly by location. Examining three potential sources of this variation (differential population characteristics, differential health worker characteristics, and differential implementer characteristics), the analysis provides evidence that both population and nongovernmental organization characteristics significantly affected the success of the program. The paper discusses these findings as they relate to the external validity of development policy evaluations and, specifically, for the ability of the health system to benefit from limited non-state capacity in under-resourced areas.
Gender Connection	Gender Informed Analysis
Gender Outcomes	The usage of long-lasting insecticide treated nets by pregnant women, prompt treatment by skilled providers in cases of fever
IE Design	Clustered Randomized Controlled Trial
Intervention	The first intervention group received community mobilization activities and intensive supervision of community health workers, called ASHA, in addition to the long-lasting insecticide treated nets (LLINs) distributed to every study village as part of the new national control program; the second intervention group received community mobilization activities but without the intensive individual supervision of ASHA.
Intervention Period	2010
Sample population	A total of 120 endemic villages, with an average population of approximately 900 from four sub-districts of Sundargarh and Mayurbhanj districts, both of which are on the national list of 50 highly malaria endemic districts identified by the Indian government.
Comparison conditions	The control arm (referred to as arm K) received the routine activities of the government's malaria control program, i.e. fever case management by ASHAs



	without any additional supervision or community mobilization.
Unit of analysis	Individual level
Evaluation Period	2010-2011
Results	<p>Overall, we find the interventions, particularly the one with supportive supervision of ASHA, improved care-seeking behavior, ASHA motivation and job satisfaction, and gains in population LLIN usage. However, we also observe considerable divergence in the outcomes between the two districts in our sample. In Mayurbhanj district, the intervention increased net usage from an already high baseline level, particularly for the most vulnerable subpopulations of children under five and pregnant women, as well as dramatically increased the rates at which fever cases promptly seek care from ASHA. In Sundargarh district, however, the intervention had little effect, whether on net usage, care-seeking behavior, fever incidence, or health worker motivation. There are various possible reasons that account for the observed divergence across districts. The characteristics of the population diverge in some key dimensions such as caste, religion, and possibly household wealth. In addition, the MGOs that satisfied the selection criteria in each district have vastly different characteristics that may have impacted implementation.</p>
Primary study limitations	
Funding Source	Strategic Impact Evaluation Trust Fund and the Knowledge for Change for Program
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