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The Political Economy of Health Worker Absence

Experimental Evidence from Pakistan



In brief

- A major challenge to public service delivery in developing countries is that of public servant absence. Studies suggest absence persists even when monitoring is improved.
- We investigated the link between public official underperformance and the use of public sector jobs as patronage in developing countries through the evaluation of a monitoring intervention in the Punjab health sector.
- Our results strongly suggest that:
 - Public sector workers rely on local politicians for getting desirable postings
 - Once posted, they continue to depend on the politicians for protection from suspension, transfer and other sanctions connected to consistent absences and underperformance, in order to retain their positions.
 - Monitoring initiatives are more likely to have an impact on bureaucratic absence in areas which are more politically competitive.
- Key recommendations:
 - The Monitoring the Monitors system is a promising technological innovation. It can greatly improve information flow inside of public bureaucracies.
 - Addressing absence may require limiting political interference in appointments, transfers and promotions
 - When designing anti-corruption initiatives, consider political rationales behind persistence of public sector underperformance

The project's intervention was designed in collaboration with the Punjab Health Sector Reform Program and piloted with support from the World Bank

“The introduction of the new system allowed the health officers to do their reporting on Android smartphones”

Motivation

In developing countries, doctors, teachers, and other public servants are commonly absent. This poses a major challenge to effective service delivery. Several studies show that absence tends to persist despite attempts to improve monitoring. We investigate a political economy theory of bureaucratic absence: the distribution of jobs with minimal work requirements as patronage explains why absence is resilient. In order to explore the link between public sector worker absences and the use of public jobs as patronage in developing countries, we evaluated a novel smartphone monitoring initiative in the health sector in Punjab, Pakistan.

The Intervention

The program, titled ‘Monitoring the Monitors’, involved the use of smart phones in the government healthcare monitoring system in 18 out of the 36 districts of Punjab. Districts were assigned to the program randomly.¹ Before the intervention, district health officers, who are responsible for monitoring government healthcare facilities (mostly small rural clinics called Basic Health Units or BHUs), were required to record facility performance related information on paper forms during their inspection visits.

Prior to the program, data were only available to policymakers after the collection and digitization of these forms, which were sent to the provincial capital from all over the province.

This usually took about 2-3 months. There was also no way to verify that the monitoring officer’s visit actually took place, and whether the staff he marked present were actually at the facility during the visit.

The introduction of the new system allowed the health officers to do their reporting on Android smart phones using a specially designed Android application programmed using Open Data Kit (ODK). This format required inspectors to have their picture taken with the staff they had marked present, in front of the facility being visited. Furthermore, the device geo-tagged and time-stamped this picture. Information from this device was sent using mobile internet to an online portal, where it was automatically aggregated and used to build important indicator charts in real time. Access to this online portal was provided to senior health officials in addition to the district health officers. This information was made available to senior policymakers in an online dashboard.

The technology worked very effectively. It nearly doubled rates of inspection. Of the 99 phones provided to inspectors, only four phones were lost and only two were damaged during the first ten months of the program. Because the technology activates existing monitoring networks, a large number of facilities can be regularly

1. We piloted the system in Khanewal district. We therefore exclude this district from the experimental sample.

monitored with only a small capital outlay. All health facilities in our 18 districts were monitored. Our results suggest this is a promising technology that can be easily scaled to other monitoring applications.

Investigating the Political Reasons for Absence

“Doctor attendance is very low across control districts.... however, doctors attend work more often in politically competitive districts”

We investigated the link between absences and the use of public sector positions as patronage in three ways:

1. We compared independently collected data on doctor absence in 850 clinics randomly selected out of a total of 2,496 against outcomes in local elections. We visited all 850 clinics three times.
2. We conducted interviews with doctors posted in clinics (including follow-ups with 541 doctors who were absent in all three visits) in order to investigate if political connections were linked to doctor attendance.
3. We evaluated the impact of this intervention on district health officers’ monitoring frequency across treatment and controls, as well as in light of the degree of local political competitiveness

Results and Analysis

In the first part of our analysis, we explored doctor attendance non-experimentally in our control districts. We found that doctor attendance is very low across control districts (we were only able to locate doctors in 22.25 percent of visits). However, we found that doctors attend work more often in politically competitive districts. This could be either because politicians in competitive districts have stronger incentives to delivery public services, or because politicians who have captured districts hand out more sinecures.

We also found that a doctor’s reporting knowing the local parliamentarian correlates very highly with their being absent more and being posted in more desirable positions.

While they do not permit causal interpretation, these findings are consistent with the explanation that local politicians provide sinecures to people who can help them secure office. Doctors that are from families and clans that are politically powerful locally can offer three types of favors to local politicians; they can guarantee a substantial number of votes through their networks, they are often selected to help with finalizing local voter lists and overseeing election-day polling potentially allowing politicians to influence polling, and they can offer preferential care to the politician’s supporters or even condition care on support. The politicians, in return, ensure that the doctors get their most desired postings, and are shielded from sanction if detected shirking.

“A doctor’s reporting knowing the local parliamentarian correlates very highly with their being absent more”

If this explanation is indeed accurate, it provides a prediction for the effectiveness of our experiment: politically connected doctors and inspectors should be less sensitive to monitoring.

“Implementation of the program increased health inspector visits to clinics significantly”

The second part of our analysis comprised our experimental results: we found that the implementation of the program increased health inspector visits to clinics significantly (since their visits were geo-tagged and time-stamped, and therefore made most visible), but that the program had no significant average effect on staff or doctor presence. While the impact of the program on inspector attendance attenuates over the life of the project, it remains substantial, staying 89% greater than at the start of the project.

In this analysis also, we found results to be different in competitive and uncompetitive districts. The monitoring program we have evaluated leads to a larger increase in attendance by inspectors and more staff presence at facilities in competitive districts. We also find that while doctors in competitive constituencies in treatment areas were reported to be present at about 30 percent more facilities, no significant increase in presence rates was observed in less politically competitive constituencies. This suggests that these doctors, once posted, continue to rely on the politicians to help them retain their desired positions through protection from sanctions in response to underperformance or potentially external political pressure.

We also test whether actions by senior officers affect absence of staff. We found that if a facility is flagged for senior officers on the dashboard due to absence of three or more staff members, the doctor absence in subsequent month reduces by twenty percent.

Recommendations

These results link the findings in development economics about the issue of absences being severe in the public service delivery positions and being extremely difficult to address, to political science findings about public sector jobs being a core means of patronage. Our analysis suggests that the use of public sector jobs as patronage might play a crucial role in the failure of monitoring initiatives in the developing world.

In order to increase the likelihood and level of success of these initiatives, it may be required to limit the ability of elected politicians to influence public sector appointments, transfers, promotions and suspensions. Moreover, monitoring interventions which are complemented by policies that reduce politician reliance on patronage may improve attendance.

About the authors

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