



Results-Based Financing, Senegal: A look inside the 'black box'

Marianne El-Khoury
Sophie Faye
(Elaine Baruwa)
AfHEA 2016, Rabat, Morocco



Outline



- Rationale and context
- Overview of the RBF program
- Evaluation questions and methods
- Main findings: successes and challenges
- Recommendations
- Next steps

Rationale



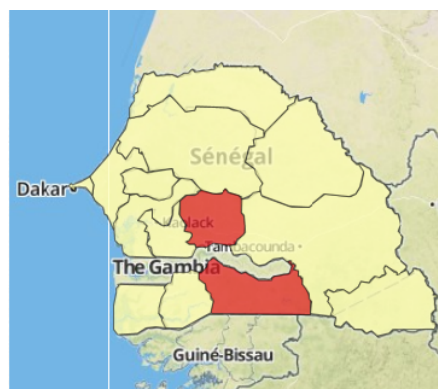
- RBF programs are expanding all over the world
- Evidence of impact emerging
- Evidence on what's inside the black box is thin – *how do RBF schemes modify behavior and why do they work (or don't work)?*
- An RBF pilot in Senegal under the USAID-funded HSS bilateral, with the potential for scale-up
- An opportunity to assess the program to look inside the black box and inform future efforts

Abt Associates | pg 3

Why RBF in Senegal?



- Senegal behind on reaching health MDGs
- Shortage in human resources and **poorly motivated health staff**, especially in rural areas
- **Weak health information** system compromising decision-making process



Abt Associates | pg 4

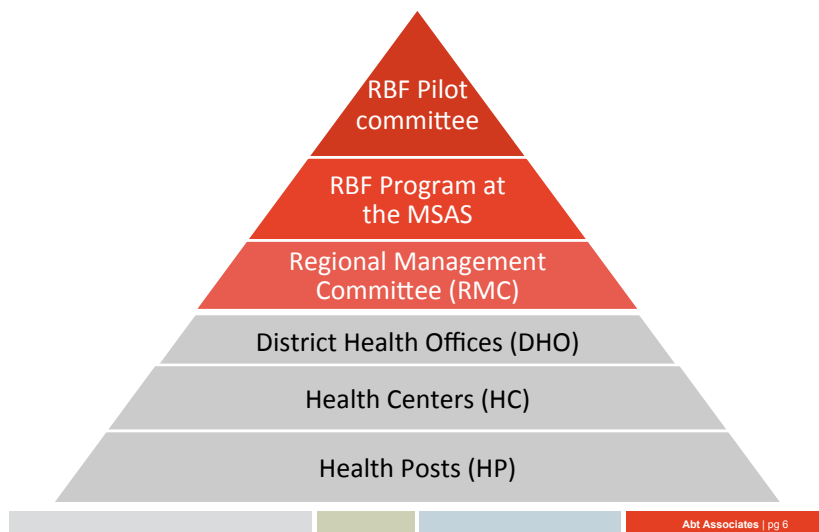
RBF in Senegal: a snapshot




- Program led and financed by the Government of Senegal and USAID
- A pilot in **108 health facilities** (102 health posts and 6 health centers) and **7 district health offices** in **2 regions**, 2012-2014
- Seeking to:
 - **Motivate** health workers
 - Improve the **quality** of care
 - Improve health **outcomes**
 - Strengthen the **capacity** of district health teams
- **Financial incentives** provided for achieving maternal, newborn, child health and disease targets
- **Quality of care** is considered when determining incentive payments

Abt Associates | pg 5

The RBF actors




The specifics

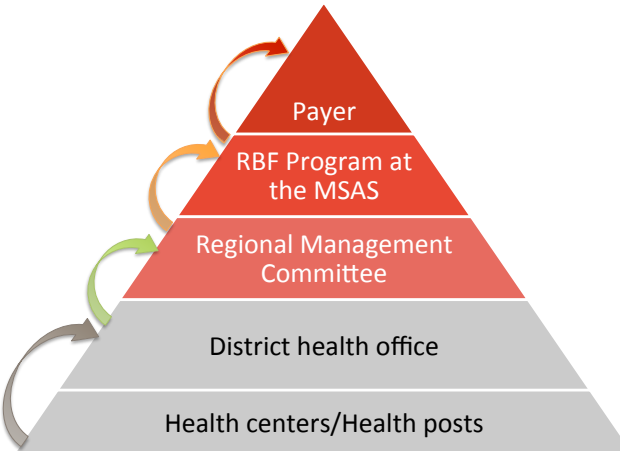


- **Contracts**
 - Signed at each level
 - Renewed annually
 - Signed over 3 phases: Q2 2012, Q1 2013 and Q3 2013
- **Verification system**
 - Led by RMC
 - Facility visits
 - Household survey
- **Targets**
 - Set for each beneficiary
 - Based on the previous year performance
- **Payments**
 - If quarterly & annual targets are met
 - Deflated by quality score
 - 75% distributed to personnel, 25% reinvested in facility

Abt Associates | pg 7

RBF reporting: How does it work?





<ol style="list-style-type: none"> 1. Validation 2. Payment authorization
<ol style="list-style-type: none"> 1. Verification report 2. Verified /Corrected data
<ol style="list-style-type: none"> 1. Compiled facility reports 2. Own performance report 3. Payment request
<ol style="list-style-type: none"> 1. Performance report 2. Quality check list 3. Payment request

Abt Associates | pg 8

Evaluating the pilot



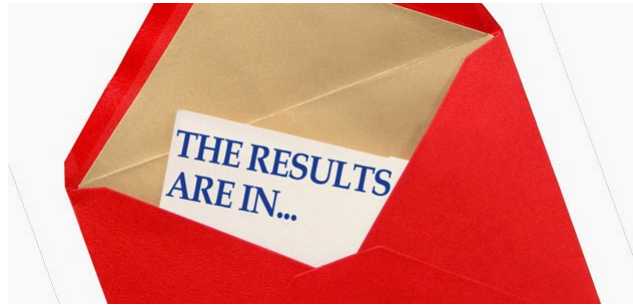
- ✓ How well have health facilities performed against RBF targets?
- ✓ How are health facilities responding to the RBF incentives?
- ✓ What are the successes and challenges in the implementation of the RBF pilot?

A mixed methods approach



- A team work: Abt (HQ, R2S), CRDH, BroadBranch, PNFBR
- **Quantitative analysis:**
 - Reviewed program data on beneficiaries' performance indicators and quality score (Q2 2012 - Q4 2013)
- **Qualitative analysis:**
 - Conducted 56 interviews with beneficiaries and key stakeholders at national, regional and district level

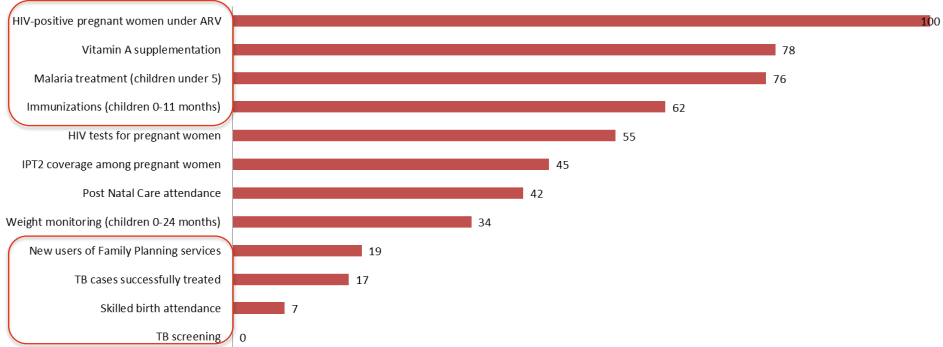
What did we find?

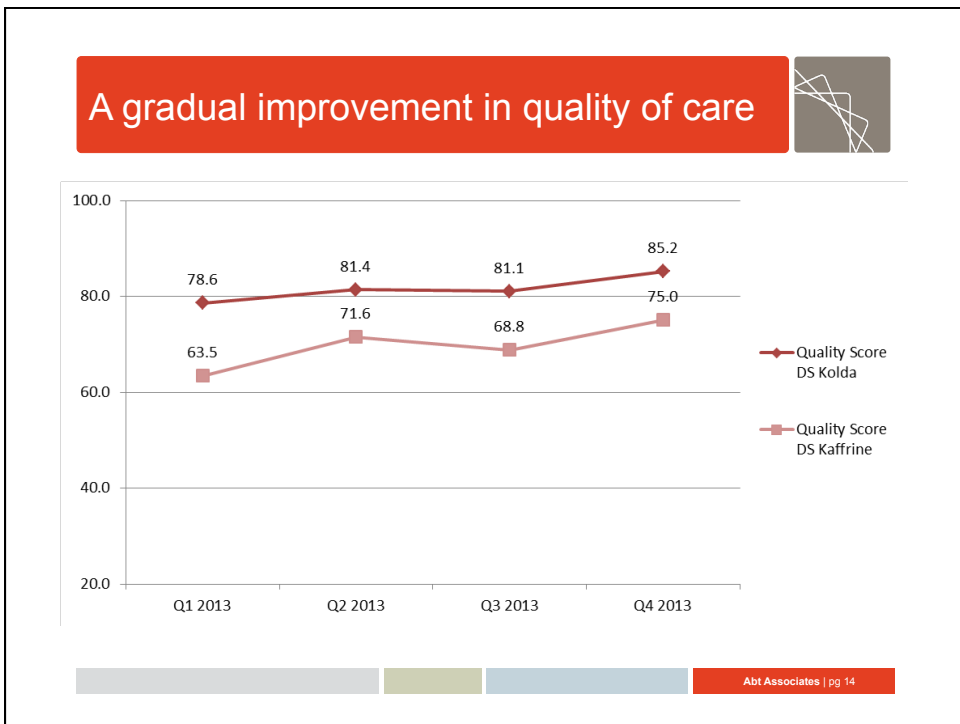
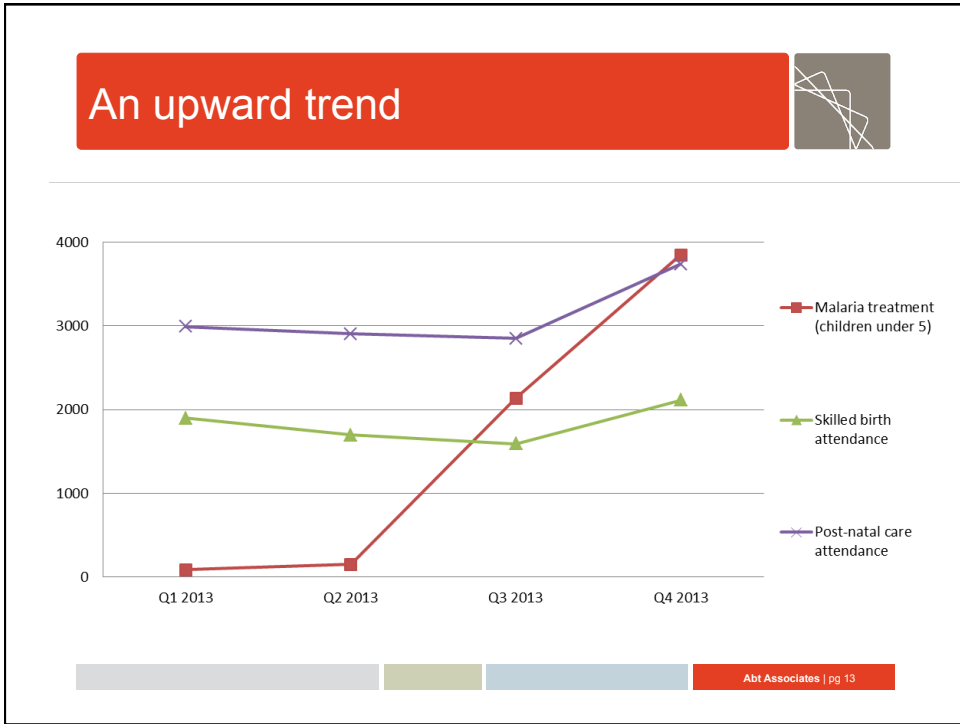


Some targets are harder to reach than others



Percentage of health facilities that met or exceeded Q4 2013 targets, by indicator





Positive changes noted



- Strengthened leadership role for the health post chief
- Improved communication and better division of labor among facility staff
- Increased involvement of community health workers
- More transparent financial management of the facility
- Better monitoring of drugs stocks and procurement
- Better recording and monitoring of the services provided
- Marked improvements in working conditions (hygiene, infrastructure, equipment)
- Better quality of services

Abt Associates | pg 15

In their own words...



- *“In the past, I faced stock outs in HIV test kits because I used to wait until all tests are gone before ordering more. Now, I make sure I place an order as soon as one box is emptied. This is all because of the RBF!”*
- *“For post natal visits I used to only provide care to women who gave birth in the facility. Now with the RBF when I hear that a woman has given birth at home, I immediately visit her and try to convince her to come at the facility for follow up visits. This way I improve my numbers!!”*
- *“With the RBF, we organize monthly meetings with community health workers. I now follow their work closely”*
- *“As the head of this health post, I now have more responsibility. The difference is that I don’t just submit my reports, I also analyze the data beforehand”*

Abt Associates | pg 16

Innovative solutions



- Using ambulance radio to call mothers to vaccinate their children
- Redistributing incentive payments to better compensate community health workers
- Conducting more outreach & counseling
 - Traditional healers
 - Grandmothers and mothers-in-law
 - Husbands

Abt Associates | pg 17

The challenges



IMPLEMENTATION ISSUES

- **Major delays** (135 days* in Q4 2013 for a normal cycle of 55 days!) – by far the most important challenge
- Lack of continuous training on RBF especially on performance assessment for each indicator
- No formal feedback to the beneficiaries after the verification process
- Lack of communication channels between the beneficiaries and the RBF top management
- Confusion about indicators and targets

Abt Associates | pg 18

The challenges



STRUCTURAL CHALLENGES

- Difficulties collecting data on services provided at the community level
- Weak information system
- Geographical and transportation barriers
- Human resource shortages (e.g. midwives)
- Cultural and religious barriers

In their own words...



- *“With respect to vaccination, it was difficult for me to reach the target, mostly because I am all by myself in this health post. And I had other commitments like outreach activities and trainings to attend. There is no one to take over the work when I am away from the health post”.*

What the RBF actors recommended



- Introduction of penalties for delays in transmitting the performance reports
- Decentralization of RBF payments at the regional level to help minimize delays
- More training at all levels, especially with the turnaround in staff
- More financial and human resources for the regional and district levels
- Creation of computerized tools for data capture, verification and management

Abt Associates | pg 21

Bottom line



- A promising program with tangible results... yet some critical threats to overcome
- A few things to remember:
 - The RBF pilot is one of many other programs currently implemented to improve service utilization and quality
 - We cannot attribute all changes observed solely to the RBF pilot
 - The World Bank is designing a randomized controlled trial to evaluate the impact of RBF in Senegal

Abt Associates | pg 22

Acknowledgements



- **Funding:** USAID (*United States Agency for International Development*) and MSAS (*Ministère de la Santé et de l'Action Sociale*)
- **Program implementation:** PNFBR (*Programme National du Financement Basé sur les Résultats*); R2S project (*Renforcement du Système de Santé*)
- **Research and data collection:** CRDH (*Centre de Recherche pour le Développement Humain*); Interview respondent

Thank you!