**Background**

In 2011 and 2015, Sierra Leone implemented Performance Based Financing Schemes (PBF) with the aim of paying health facilities based on their performance on maternal and child health indicators. An evaluation of the Scheme[[1]](#footnote-1) found that the PBF was successful in increasing provider autonomy, but its potential was dampened by delayed payments, and inaccurate external verifications. To rectify the past issues with the PBF, the Ministry of Health in Sierra Leone is re-designing the PBF and will pilot it in two districts this year.

**Aim**

1. To conduct a bottleneck analysis of the previous PBF, to identify the exact causes of its constraints and thereby offer recommendations for the new PBF.
2. To recommend ways in which the PBF – a form of strategic purchasing – can be integrated with the rest of the health system of Sierra Leone, and the wider environment of provider-purchaser arrangements (i.e., “not missing the forest for the trees”)[[2]](#footnote-2).

**Methods**

The research will be primarily based on interviews with a variety of stakeholders involved in the previous PBFs – national and local Ministry of Health staff, district health management teams, local councils, health facility workers, and donor agencies. The authors are economists at the Ministry of Health, and are in a unique position to access data and anecdotes from stakeholders. Two of the authors were involved in the implementation of the first two PBFs. Findings from the evaluation of the PBF conducted by CordAid will also complement our research.

**Initial findings**

Initial findings show that before the PBF can be implemented, certain systems need to be strengthened: (i) Data reporting: Accurate data is crucial, as providers are paid on its basis. Therefore, certain systems are required to be in place – staff trained in data entry, technology for entering and uploading data, etc. (ii) Public financial management: The previous PBFs saw facilities receiving their money after more than a year. The research will propose PFM measures to address this, and also examine how to integrate the ‘output-based’ payments for the PBF, with the payments for the rest of the health system in Sierra Leone, which are typically input-based.

1. CordAid (2014). Performance Based Financing in Healthcare in Sierra Leone. External Verification – Final Report. In: Freetown and the Hague: Cordaid, vol. 1 [↑](#footnote-ref-1)
2. Soucat, A., Dale, E., Mathauer, I., & Kutzin, J. (2017). Pay-for-performance debate: not seeing the forest for the trees. *Health Systems & Reform*, *3*(2), 74-79. [↑](#footnote-ref-2)