**Community Performance Based Financing for Health in Cameroon**

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This paper describes an innovative research protocol for a randomized field experiment to test two community-based interventions, *performance contracting of community health workers* (CHWs) and *community monitoring* of health facility performance and resource utilization, to be deployed within a “standard” facility-based Performance-Based Financing (PBF) program in northern Cameron. Prior PBF programs have focused primarily on performance contracting at the health facility level, with limited investments in strengthening community-level service delivery models. We argue that the incorporation of community-level interventions could improve health system performance and service delivery outcomes in two important ways. First, we hypothesize that using CHWs to identify patients living in more remote areas and refer them to the health facility will increase services used by patients who would otherwise lack the time, resources, or motivation to seek care. Second, we hypothesize that feedback provided by community members within community monitoring about local health services to CHWs and facility-level staff will generate better performance at the facility level. One mechanism by which this occurs is the inclusion of community feedback into the facility’s budget development and execution. Our study sample is in three regions of northern Cameroon and includes three treatment arms (T1, T2, T2), two of which are randomized at the health facility catchment area level. The first treatment involves the implementation of a “standard” performance-based financing (PBF) approach at the facility level, absent of the community interventions. This standardized PBF package occurs across all of the experimental sample so that PBF presents the baseline and experimental counter-factual compared to T2 and T3. The second treatment (T2) includes PBF at health facilities and “community performance-based financing” or cPBF. cPBF uses all of the same protocols from PBF, but integrates the hiring, contracting, training, deployment, payment, and monitoring of CHW into the business plan and operations of the health facilities. Treatment group three (T3) includes the same interventions as T2 with the addition of the community monitoring and feedback meetings. We include evidence from a pre-pilot of the cPBF and community monitoring interventions conducted in the North-West region of Cameroon from July 2015-June 2016. Our results will provide important evidence to action on whether and how community level interventions regarding CHWs and community monitoring contribute to the performance of health facilities above and beyond levels achieved by PBF.