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

Marianne El-Khoury
Sophie Faye
(Elaine Baruwa)
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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

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
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

The RBF actors

- RBF Pilot committee
- RBF Program at the MSAS
- Regional Management Committee (RMC)
- District Health Offices (DHO)
- Health Centers (HC)
- Health Posts (HP)
The specifics

- **Contracts**
  - Signed at each level
  - Renewed annually
  - Signed over 3 phases: Q2 2012, Q1 2013 and Q3 2013

- **Targets**
  - Set for each beneficiary
  - Based on the previous year performance

- **Verification system**
  - Led by RMC
  - Facility visits
  - Household survey

- **Payments**
  - If quarterly & annual targets are met
  - Deflated by quality score
  - 75% distributed to personnel, 25% reinvested in facility

RBF reporting: How does it work?

1. **Validation**
2. **Payment authorization**

1. **Verification report**
2. **Verified /Corrected data**

1. **Compiled facility reports**
2. **Own performance report**
3. **Payment request**

1. **Performance report**
2. **Quality check list**
3. **Payment request**
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

<table>
<thead>
<tr>
<th>Percentage of health facilities that met or exceeded Q4 2013 targets, by indicator</th>
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<tbody>
<tr>
<td>HIV-positive pregnant women under 20%</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
</tr>
<tr>
<td>Malaria treatment (children under 5)</td>
</tr>
<tr>
<td>Immunizations (children 0-11 months)</td>
</tr>
<tr>
<td>HIV tests for pregnant women</td>
</tr>
<tr>
<td>IPT2 coverage among pregnant women</td>
</tr>
<tr>
<td>Postnatal Care attendance</td>
</tr>
<tr>
<td>Weight monitoring (children 0-24 months)</td>
</tr>
<tr>
<td>New users of family planning services</td>
</tr>
<tr>
<td>TB cases successfully treated</td>
</tr>
<tr>
<td>Skilled birth attendance</td>
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<tr>
<td>TB screening</td>
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</tbody>
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An upward trend

A gradual improvement in quality of care
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

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!”
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

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
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

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
Acknowledgements

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Thank you!