Learning from Results Based Financing: The World Bank’s Experience in Africa
The RBF Portfolio

- 30 countries with 36 Country Pilot Grants
- HRITF has committed $396 million, linked to $2.2 billion financing from IDA

RBF models:
- Performance Based Financing
- Vouchers (CCT), Community RBF, Cash on Delivery
RBF is a health system intervention

LINKING PAYMENTS TO RESULTS

CONTRACTING

AUTONOMY

VERIFICATION

WORLD BANK GROUP
Health, Nutrition & Population
A Conceptual Framework

HEALTH FACILITY

Key Behavioral Attributes
- Understanding
- Expectancy
- Valence
- Buy-in
- Perceived fairness

Program Design & Implementation
1. Contract with PBF indicators
2. Increased autonomy
3. Performance payment (size and frequency of performance payment, distribution mechanism, individual vs. facility levels, additional resources)
4. Data reporting
5. Capacity building

Organizational Changes
- Improved clarity of priorities 1, 4, 5
- Autonomous facilities allocate resources better through management & leadership response 2, 5
- Facilities get paid more/more productive staff 1, 3
- Change in trade-off between user fees & number of patients 1, 3
- Change in value of being client-friendly 3
- Improved transparency & accountability 1, 4, 6, 7
- Use of data for decision-making 1, 2, 4, 6
- Better prepared facilities (inputs, training, etc.) 3, 5, 7

Behavioral Changes
- Improved motivation & morale 2, 3
- Improved teamwork & collaboration 1, 3
- Improved communication & awareness 1, 4, 5, 6, 7
- Improved perceived control 2, 4
- Increased demand for knowledge 1, 2, 4

COMMUNITY

Health system pillars:
- (i) Service delivery
- (ii) Human resources
- (iii) Financing
- (iv) Governance
- (v) Medicines/ commodities
- (vi) Information

Health system
- Geography/remoteness
- Cultural values, attitudes & perceptions
- Socioeconomic Status
- Demand for services

POLITICAL ECONOMY
- Stakeholder support
- Public policies
- Institutional capacity
- Legal framework
- Governance

IMPROVED AVAILABILITY & QUALITY OF SERVICE DELIVERY

IMPROVED HEALTH OUTCOMES
Learning from Implementation

Analyzing operational data → Qualitative Learning → Impact evaluation

Concept → Start-up → Implementation

Design → Implementation

EXPERIENCE

THEORY

EXPLORATORY STUDY

IE BASELINE → IE FOLLOW-UP

MONITORING, IMPLEMENTATION CASE STUDIES, TOPICAL ANALYSES

DOCUMENTATION
Tracking Operational Data in Nigeria

**COVERAGE OF INSTITUTIONAL DELIVERY**

Coverage increases sustained over phases

**QUALITY OF CARE**

Dynamic quality measures improve outcomes

Recalibration of quantified quality checklist

Dynamic quality measures improve outcomes
**Qualitative Learning**

Respondents included health care providers and administrative/regulatory bodies

**Qualitative Component of IE included:**
- In-depth interviews
- Focus groups discussions

**Results:**
- Average total quality of care score increased from 43% to 64% between 2012 and 2015
- Service providers and regulatory agents have a strong desire for the PBF program to continue
- Increased collaboration among the various stakeholders
- Enhanced transparency and accountability in resource management
- Increased satisfaction among both providers and patients
Rwanda

- PBF at the health facility level was scaled up nationally in 2008

- Community PBF (Second Generation)
  - Since 2009, Community Health Workers (CHWs) were paid for reporting on health indicators in their communities
  - Additional components were added through the Community Performance-Based Financing Program in order to promote targeted services.

- The IE evaluated the impact of 2 interventions that were added to the scheme:
  1. Performance incentives for CHW cooperatives
  2. Demand-side in-kind incentives

- Qualitative study in progress
Second generation IE: Cooperatives & In-Kind Incentives

Performance Incentives for Coop

- No impact of incentives to CHW cooperative on targeted indicators, CHW behaviors and CHW motivation.
- Potential reasons for lack of impact
  - Incentives were too low
  - Collective reward but individual effort
  - Pay-for-reporting could have already oriented the CHWs towards targeted indicators
  - Limited scope given the many supply-side programs targeting the same indicators

Demand-side in-kind Incentives

- The demand-side in-kind incentives caused an increase in timely ANC and PNC services
- Despite some challenges in procurement frequent stock outs
- Although some health centers independently implemented their own demand-side incentives strategies to promote utilization
- Although program ended before end-line data collection
- Consistent with findings in other countries
Study Design

30 districts triplet-matched on key health systems and outcome indicators and randomly allocated to 3 arms:

- **10 RBF Intervention Districts (RBF)**
  - Women at RBF district facilities sought care ~3 weeks earlier than others

- **10 Input-Based Financing Districts (C1)**
  - Rate of in-facility deliveries increased by ~13% in RBF districts

- **10 Pure Control Districts (C2)**
  - No statistically significant increase in women’s satisfaction with delivery
Key Findings

• **Sizable gains in some key coverage indicators:**
  – in-facility delivery rate, earlier presentation for ANC care, maintenance of immunization coverage

• **RBF facilities report**
  – higher availability of equipment
  – higher autonomy
  – more satisfied staff

• **Enhanced financing: during implementation, C1 received funds but not to the level of RBF districts – roughly half as much – and were restricted in fund use**
  – No incentives to individual workers, only facility strengthening

• **Preliminary analysis suggests some gains from enhanced financing**
  – Large gain in in-facility delivery rate as well as gains in client satisfaction, some ANC process measures, and FP outreach
  – No change in other coverage indicators – vaccination, any ANC
  – Cost effectiveness analysis to compare the two financing modes is underway
Key Learnings from Experience

Data is vital and could be better mined

Keep quality measures dynamic
Continuous Quality Improvement (CQI)

Match demand and supply
(Nigeria LGAs Barriers: Transportation Challenges, variable & unpredictable fees for Services and Drugs, Social and cultural Barriers)

Results measurement and verification itself bring changes

Strong implementation support is important

Complex interplay of issues
(autonomy, supervision, accountability)