



The World Bank and Results-Based Financing (RBF) for Health- The role of Civil Society Organizations in RBF

The Promise of RBF

A key objective the Bank's 2007 Health, Nutrition and Population Strategy is to tighten the links between lending and results through increased use of RBF. RBF holds considerable promise for increasing health service utilization and improving service quality, increasing efficiency, and enhancing equity. It focuses on health results (such as the number of women receiving early antenatal care and delivering their babies in health facilities), rather than inputs (such as the construction of health centers and staff training), tightly linking budgets and financing to results.

The Health Results Innovation Trust Fund (HRITF)

The World Bank's multi-donor Health Results Innovations Trust Fund (HRITF) supports Results-based Financing (RBF) approaches in the health sector for achievement of the health-related Millennium Development Goals (MDGs), particularly MDGs 1c, 4, and 5. The Governments of Norway and the United Kingdom have committed US\$575 million equivalent to the HRITF through 2022. The HRITF supports the design, implementation, and monitoring and evaluation of RBF approaches; develops and disseminates evidence for implementing successful RBF approaches; builds country institutional capacity to scale up and sustain the RBF approaches, within the national health strategy and system; and attracts additional financing to the health sector. The HRITF supports 17 countries to design, implement, monitor, and evaluate RBF mechanisms; knowledge and learning grants in 29 countries; and impact evaluation efforts in 7 countries.

RBF as an Approach for Accelerating Progress Towards the Millennium Development Goals

The Health Results Innovation Trust Fund (HRITF) is a key channel for Bank support to improve the health of girls and women. In September 2010, the Bank pledged \$600 million in results-based financing to improve child and maternal health outcomes. As of mid-2011, the Bank had committed \$300 million towards this goal in 7 of the 35 high-burden countries.

The Role of Civil Society Organizations (CSOs) in World Bank Supported RBF Projects

RBF is not 'business as usual' but focuses on results by making payments contingent upon their achievement. One key principle of RBF is the separation of functions between the purchaser of services and the provider contracted to deliver the services. Verification of results linked to payment and transparent decision making are also critical elements of RBF. These are often new functions that require an appropriate institutional set up and actors to carry out these different roles. Training different actors on the new functions and rules is vital. The following examples highlight the pivotal role that CSOs play in RBF projects supported by the HRITF.

CSOs as a Purchaser of Services in RBF

In *Zimbabwe*, the CSO Cordaid is the Project Implementing Entity (PIE) for the RBF project, directly receiving funding from the Bank (with the Government as the official recipient of the grant). As the PIE, Cordaid is responsible for training, development of the project implementation manual, contracting of (both government and non-government) facilities, and performance payments. Cordaid also procures goods needed for the project and hires the verification firm. CSOs play a role in the verification process by tracking patients.

In the *Democratic Republic of Congo (DRC)*, implementation of our Katanga RBF pilot has been based on a partnership with International Rescue Committee (IRC). Services are delivered by district health facilities and the CSO mainly plays a fiduciary role, supports logistics, and is in charge of verification. There is a close partnership between the management of the World Bank funded health project (referred to as PARSS), the CSO and the Provincial health staff. The situation will evolve in the near future as IRC's contract comes to an end, which means that the Project Unit will manage implementation. Fiduciary responsibilities will be shifted over to a fiduciary agent.



In *Zambia*, the Government is the main purchaser of services. However, CSOs play an important role as parallel financiers of the project. The CSO, CIDERZ, purchases certain indicators (HIV/AIDS related) as part of the package of services. CSOs are also represented in the governance structure of the project (district and national steering committees) to ensure transparent decision making related to results-based payments.

CSOs Contracted to Deliver Services in RBF

In some countries, CSOs may be contracted to deliver health services. In *Afghanistan*, for example, the Ministry of Public Health (MOPH) contracts CSOs to deliver a basic package of health services in particular provinces. Currently 82% of the entire population is living in districts where primary care services are provided by CSOs. In 8 provinces, CSOs have performance-based contracts with the MOPH that are funded by the World Bank. These CSOs can earn a monetary bonus of up to 10% of the contract value based on their performance against a series of maternal and child health services. Serious constraints, such as scarce human resources, lack of physical facilities, and logistical challenges have been addressed by giving CSOs a fair degree of autonomy but holding them accountable for achieving national priorities.

CSOs as a Verification Agent and Contributing to Good Governance in RBF

In many of the RBF projects, a mix of CSOs and government agencies are used, which leads to effective public-private partnerships. In *Burundi*, the teams that verify results reported at the health facility level (prior to payment being made) include CSO and government health staff. The CSO staff are also part of the committee that decides whether payment should be made to the relevant contracted health facilities (both government and non-government). In addition, local CSOs are contracted to verify at the household level whether the reported services have actually been delivered and to assess client satisfaction with the services provided in a randomly selected sample. For quality assurance, Health, Development and Performance (HDP), an international CSO from Rwanda, has been contracted to counter-verify all RBF verification processes.

CSOs as a Trainer in RBF

CSOs often play an important role in training related to the implementation of RBF projects. Such training can focus on increasing understanding of how RBF works and how to implement various processes, such as verification. Cordaid, for example, carries out this type of training in Zimbabwe and Burundi. Training staff in contracted health facilities is also necessary to improve service quality and is done by CSOs in Afghanistan and Burundi. This is key to improving performance and thus vital in every project.