Using evidence to inform scale-up: Insights from a Results Based Financing (RBF) Pre-pilot Project in Zambia

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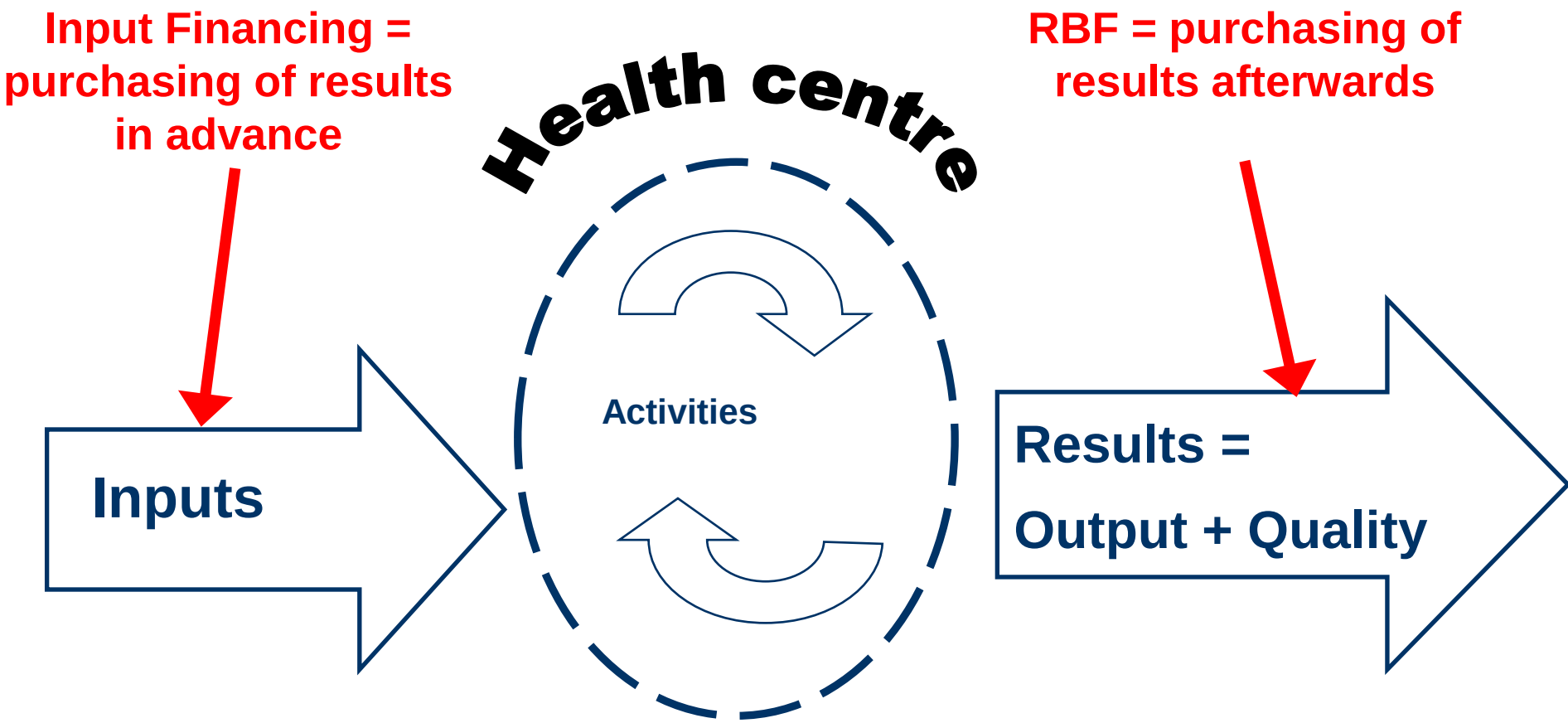
Background to RBF

- **RBF** initiatives are increasing being used in Africa
- **RBF** refers to a range of mechanisms designed to enhance the performance of the health system by **linking financing to outputs or results**
- The premise is that linking financing to results will lead to improvements in health system and health outcomes
- Payment is conditional on measurable actions being undertaken
- Clear lines of responsibility and division of tasks between (a) service providers (b) financier or purchasing agency and (c) regulator

Input Financing Vs RBF



RBF in Zambia

- A RBF pilot project is being implemented in **ten districts** (….with 20 Controls Districts)
- Aim is to catalyze efforts to reduce maternal and child health outcomes
- A pre-pilot was implemented in Katete District for 2 years as a prelude to the main RBF pilot
- The objective was to test and refine the initial RBF model and design before piloting

Objectives of this Study

To assess the effect of the RBF on:

a) MCH quantity and quality outputs in Katete District;

b) Health system performance in Katete district;

c)Staff motivation and community participation in Katete District;

d)Mode of funding, financial sustainability, and managerial autonomy in Katete District; and

e) **....** and how the evidence was actioned.

Research Methods

Mixed Method Approach combining quantitative and qualitative techniques. We reviewed:

- Project documents and technical reports
- Health Management Information System (HMIS) reports and raw data
- In-depth interviews (n=22)
  - *District Health Managers (n=7)*
  - *Community Representatives (n=15)*
- Focus group discussion with Health Facility Staff (n=8)

FINDINGS

1. Health System Features - Katete

Number of Health Facilities	**25**
District Population	261,869
Types of Services	Maternal and Child Health
Level of Health Care	Primary
Quantity Regulator	District Medical Office
Quality Regulator	St. Francis Mission Hospital
Verifier/Purchaser	District Steering Committee
Fund Holder	Ministry of Health HQ
***RBF Funds Per Capita Per Quarter (low to high)**	$US0.23 to $US1.82

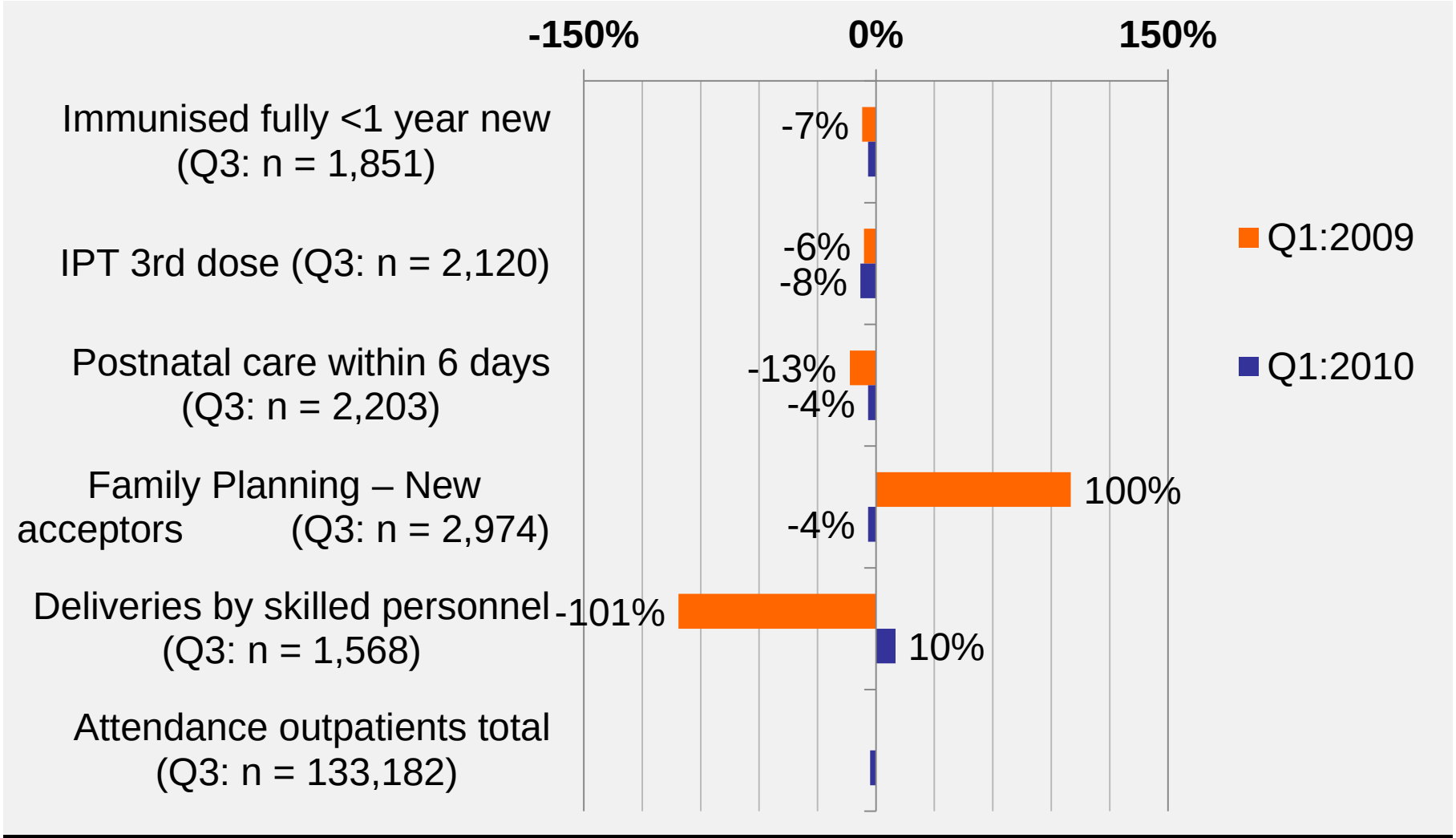
2. Model and Design Features - Katete

- Supply-side intervention with “demand-side” features
  - *Contracting public health facilities to deliver a package of key maternal and child health services*
  - *Performance payments dependent on the attainment of specified quantity and quality indicators*
- 100% eligibility (All health facilities were enrolled)
- Quantity and quality verification
- District Steering Committee as Verifier
- Semi-annual External Verification by UNZA

3. Positive Effect on Health System

- Fiscal decentralization at the health facility level
- Increased autonomy in decision making at health facility level leading to a wide range of innovations
  - *Supply side = Recruitment (volunteers, data clerks, midwives); hire transport, purchase minor equipment, sundries, stationery etc*
  - *Demand side = Incentives to Traditional Birth Attendants and pregnant mothers*
- Increased staff motivation at health facility level
- Increased Community Participation
- Improved HMIS data collection and reporting accuracy

4. Improvements in HMIS data collection and accuracy by 10%



Source: Data quality audit by University of Zambia

Framework for HMIS data quality audit

Audit Analysis Framework: Illustration

DHMT HMIS

Kakula:

Indicator	Month 1	Month 2	Month 3	Quarter 1
Fully Immunizated	20	34	39	93
1st postnatal visit (6 days)	37	29	30	96
⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮
IPT 3rd dose	16	16	21	53

Mbinga:

Indicator	Month 1	Month 2	Month 3	Quarter 1
Fully Immunizated	12	11	40	63
1st postnatal visit (6 days)	19	16	15	50
⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮
IPT 3rd dose	7	10	8	25

Total of Sample Facilities:

Indicator	Month 1	Month 2	Month 3	Quarter 1
Fully Immunizated	32	45	79	156
1st postnatal visit (6 days)	56	45	45	146
⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮
IPT 3rd dose	23	26	29	78

Health Facility HMIS (HIA.2)

Kakula:

Indicator	Month 1	Month 2	Month 3	Quarter 1
Fully Immunizated	20	34	39	93
1st postnatal visit (6 days)	37	29	30	96
⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮	⋮ ⋮
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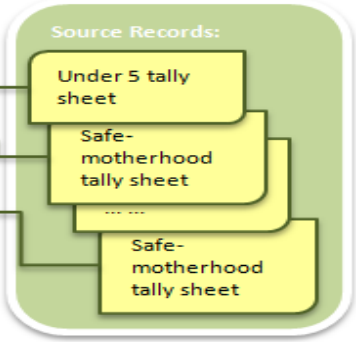
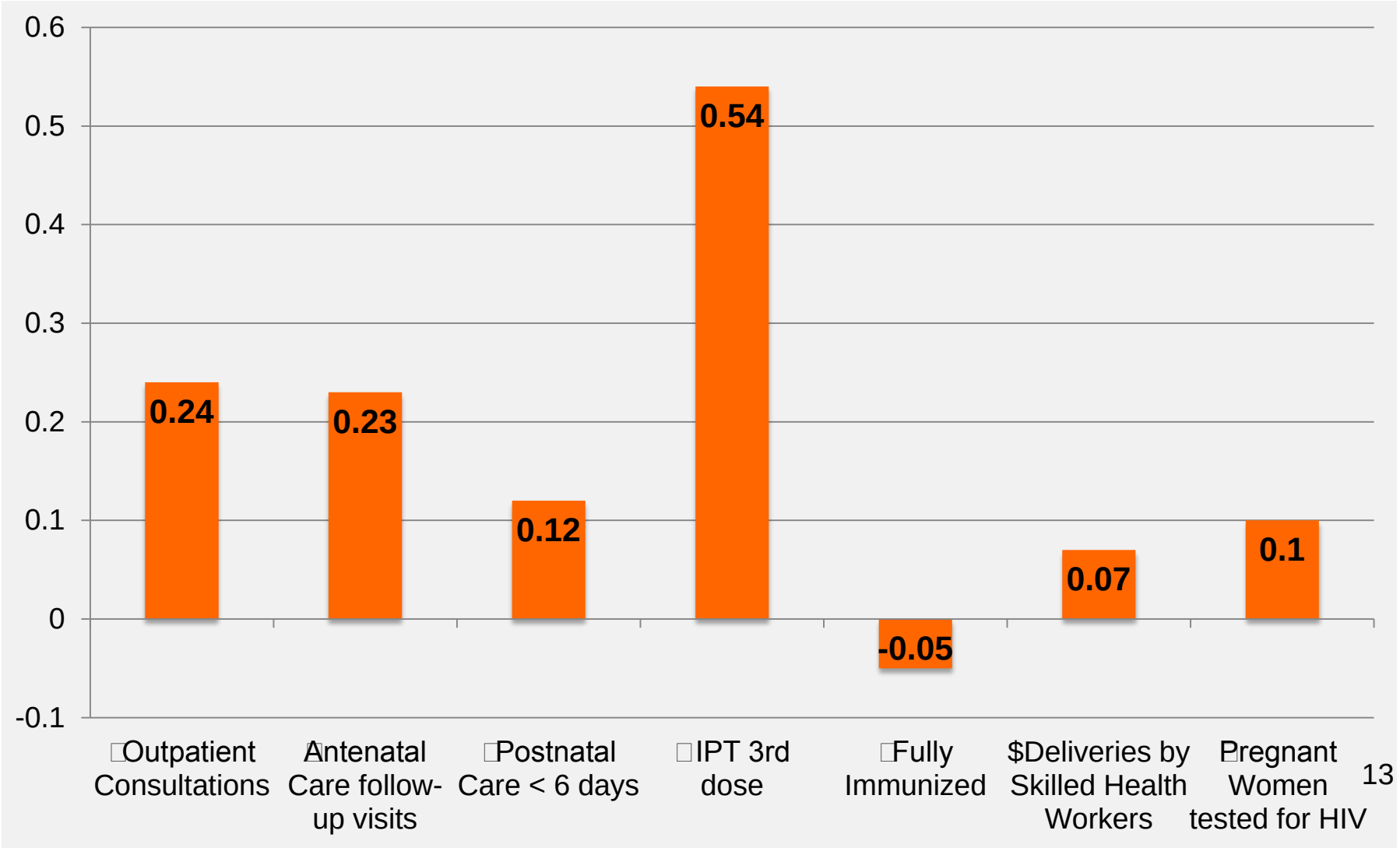
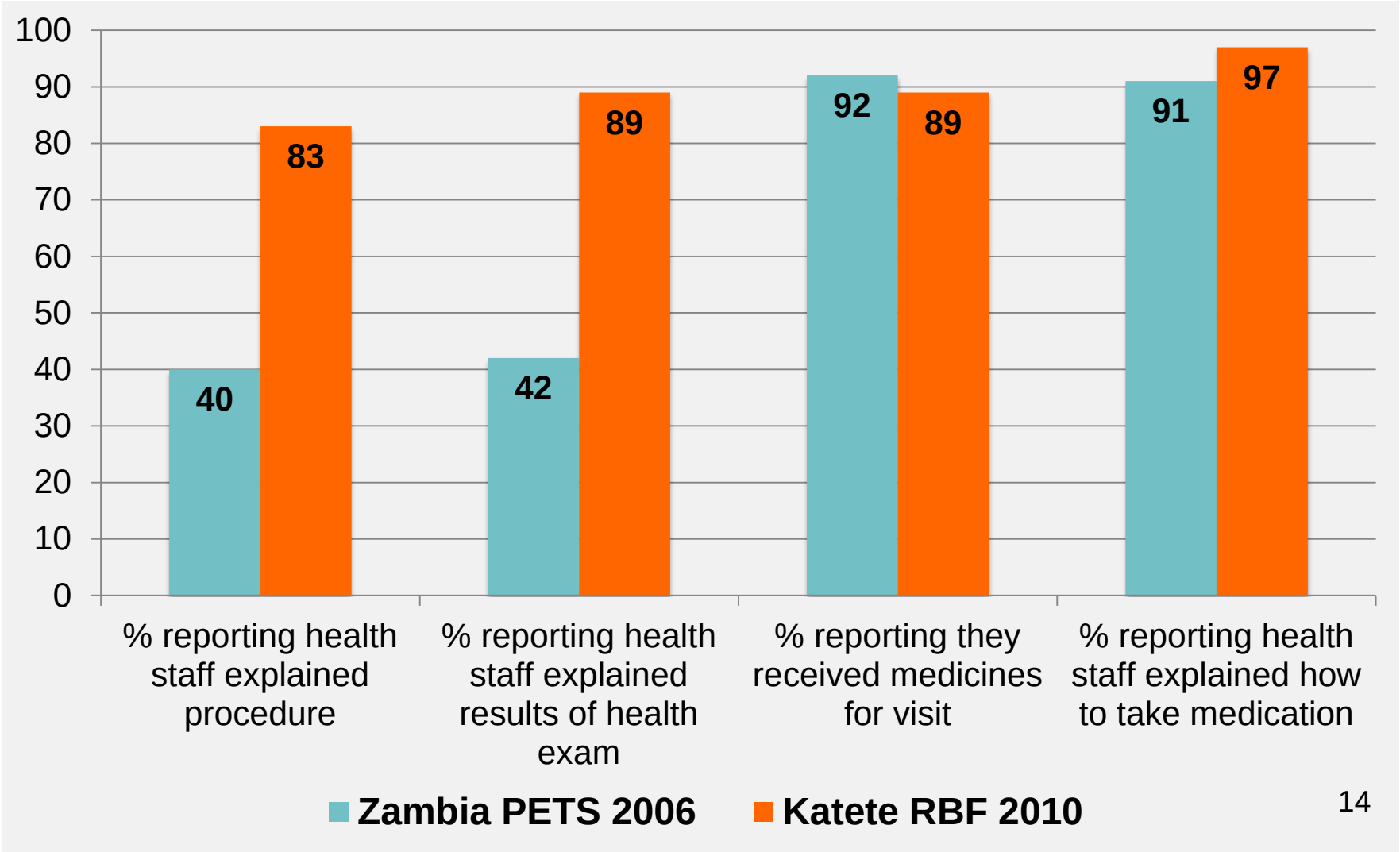


5. Positive trend in Incentivized indicators – Percentage Change (2009 Vs 2010)

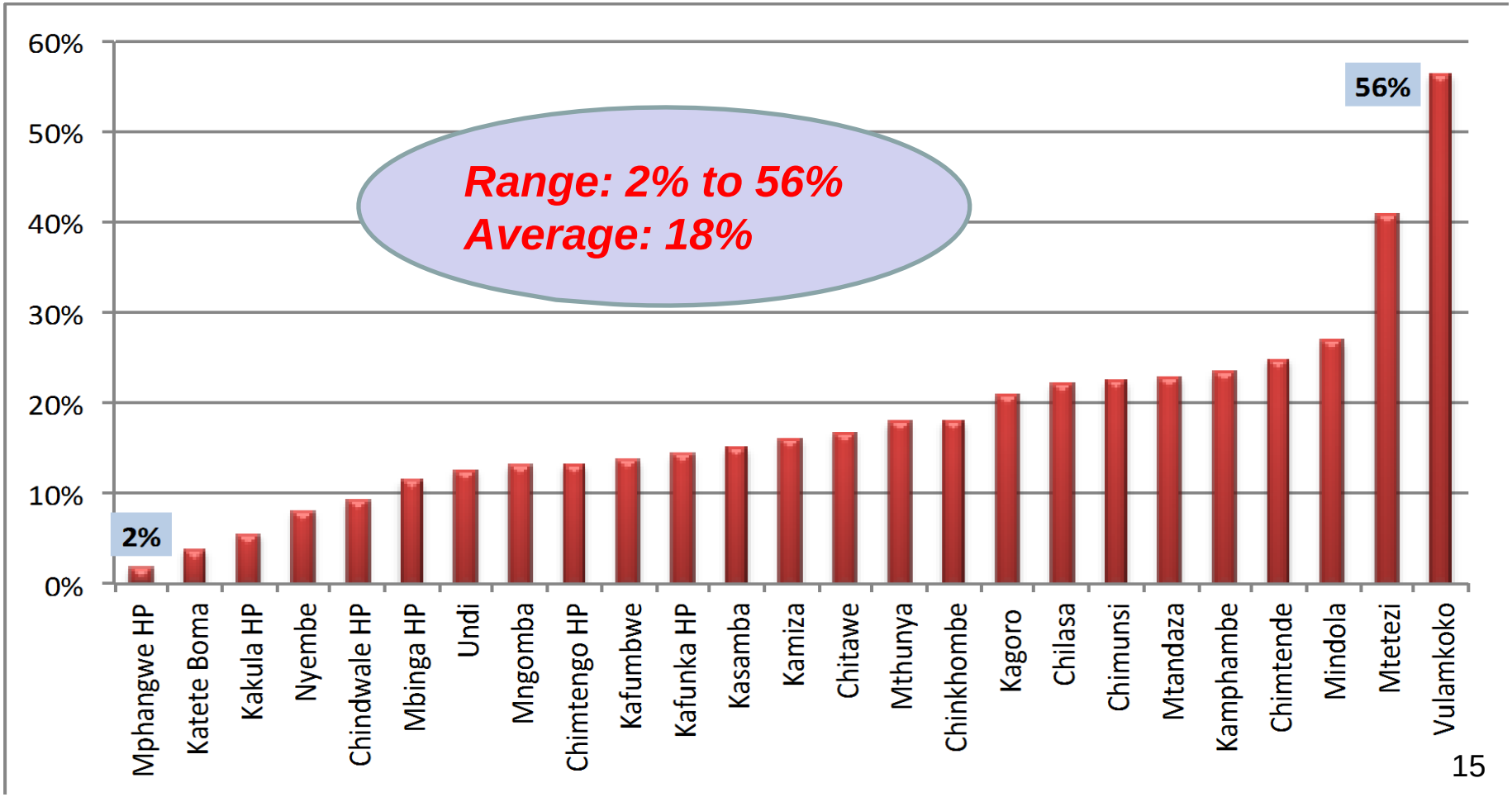


6. High Patients' Perceived Quality



7. Ratio of RBF staff incentive Bonuses to GRZ Salaries

Additionality and sustainability of RBF Funds…



8. Some Responses….

- *We are able to make budgets without necessarily consulting the district, the budgets are based on health centre needs and priorities. I like that kind of autonomy because as a health centre we know our needs and priorities. [H/Worker, RHC]*

- *What we have seen as the community is that the staff is really working well. They have put in extra effort. [Community member]*

- *The introduction of RBF has improved the services at the hospital and people in the village are more willing to go to the clinic knowing that they will be treated well. [Community member]*

9. EVIDENCE → ACTION

1. Revision of RBF design in the Pilot Phase

- Eligibility criteria; quality tool; district level incentive package; Fee-for-Service as provider-payment mechanism; Fees per indicator adjusted downwards
- Impact Evaluation tools

2. Stimulating policy dialogue and advocacy for RBF

- Presentations in Zambia, regional and international fora
- Working papers and journal articles in pipeline
- Creating sufficient local capacities for scaling up
- The Zambian Government agreed to pilot RBF with an Impact Evaluation component in 10 districts + 20 controls

Conclusion

a) The pre-pilot served as a systematic modus operandi of testing and refining the RBF model and design before piloting

b) Pre-pilot used to create support and advocacy for RBF

c) Piloting is a useful approach to embedding research in action