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Results-Based Financing in Senegal: What Have We Learned so Far?

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Context: Urgent Need to Improve Health Outcomes in Senegal

- Weak health indicators
- Limited and poorly motivated health personnel, especially in remote rural areas
- Slow and weak health information system compromising the decision-making process
- Achieving health-related MDGs is a priority for the Government of Senegal**



Results-based Financing (RBF): Incentivizing Health Workers to Provide Effective and Quality Services

- Program led by the Government of Senegal with USAID support
- Implemented in **108 health facilities** (health posts and health centers) and **7 district health offices** in 2 regions, 2012-2013
- 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
- Targets** are determined based on baseline performance in each facility
- Quality of care** scores are used to modify incentive payments
- 75% of payments directly distributed to health staff; 25% invested in the health facility

Research Questions

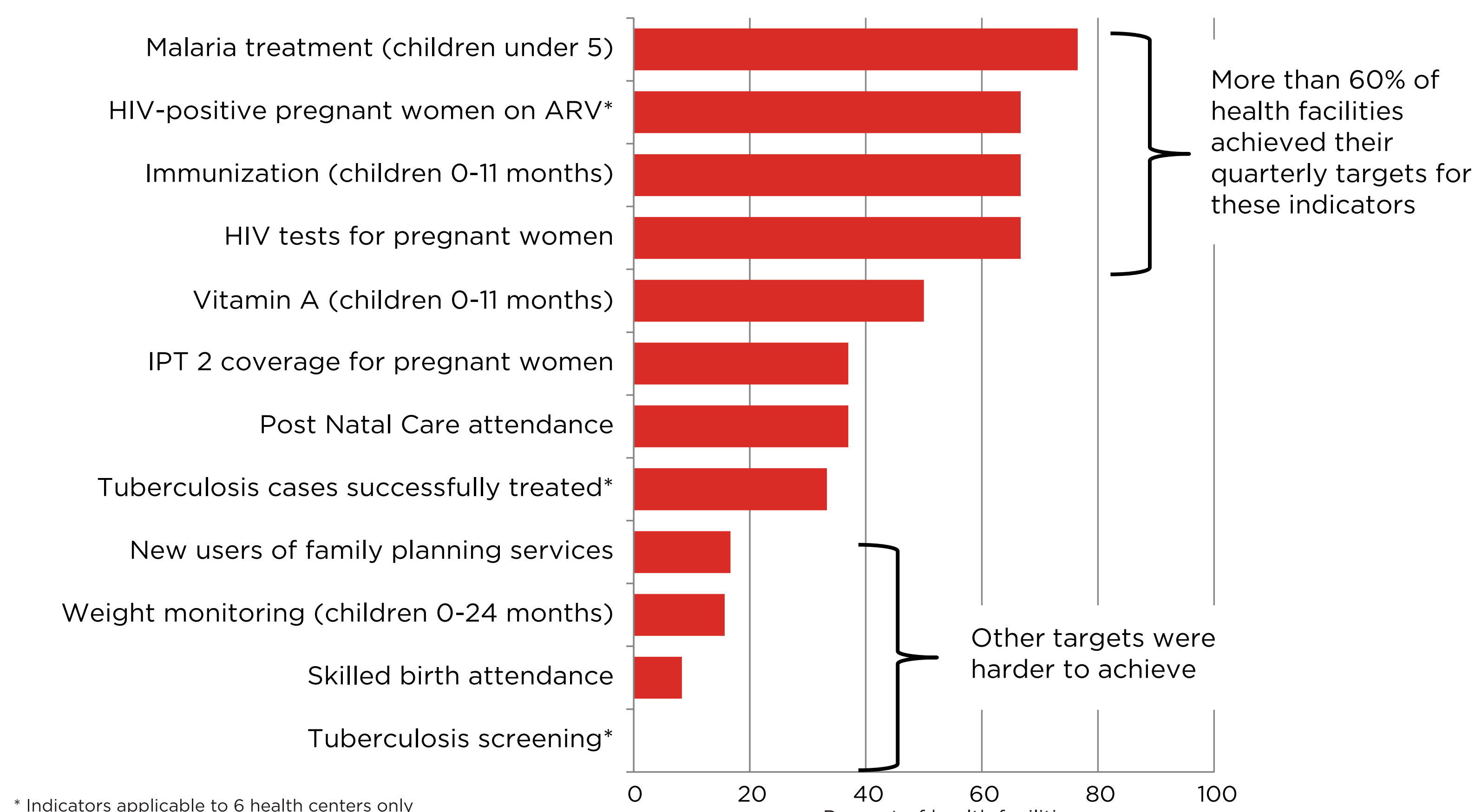
- How well have health facilities performed against RBF targets?
- How are health facilities responding to the RBF incentives?
- What are the successes and challenges in the implementation of the RBF pilot in Senegal so far?

Methods

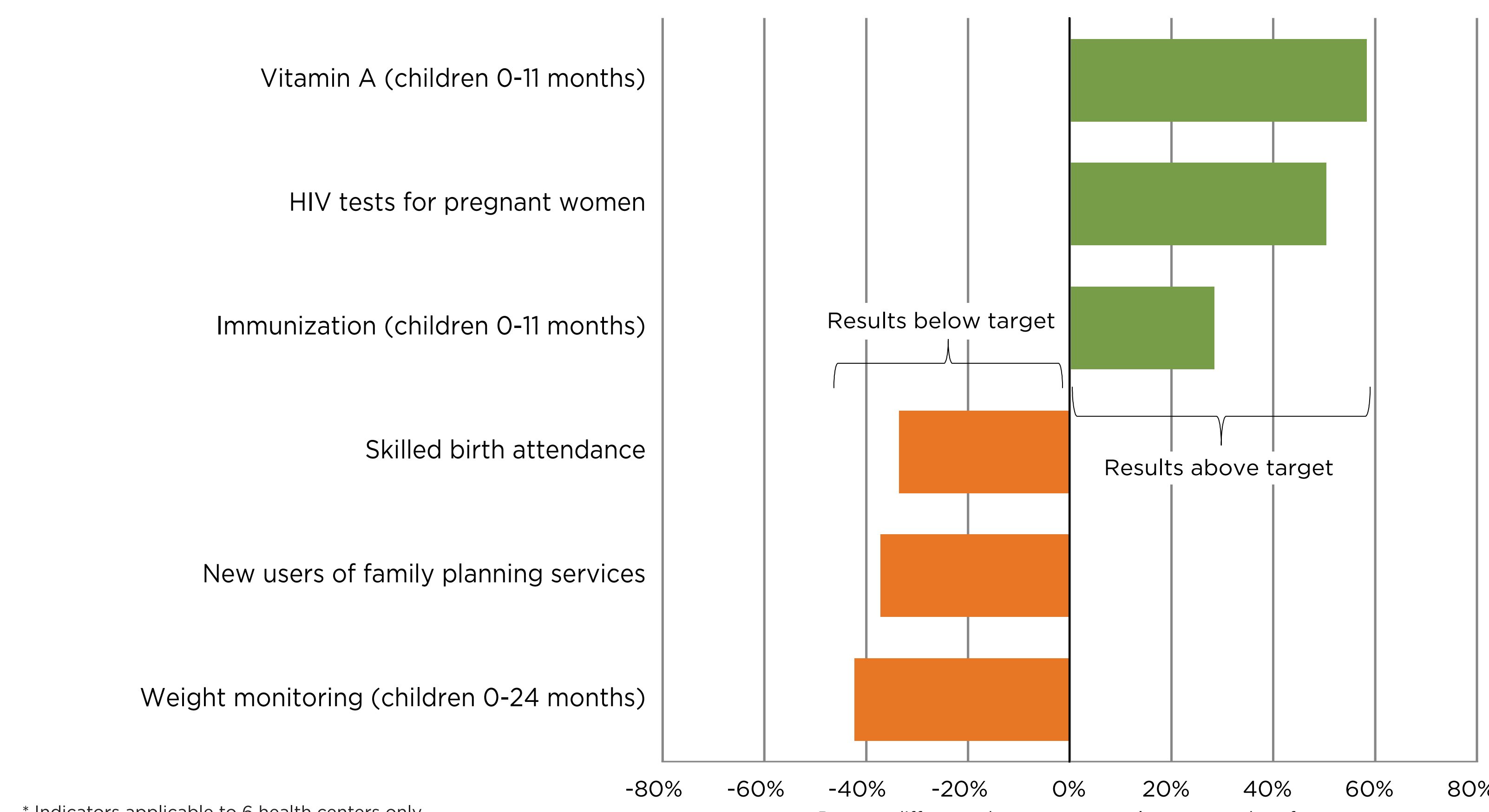
- A mixed methods approach:
 - Quantitative:** Program monitoring data analysis
 - Qualitative:** 40 semi-structured interviews with selected health workers and stakeholders

Preliminary Results

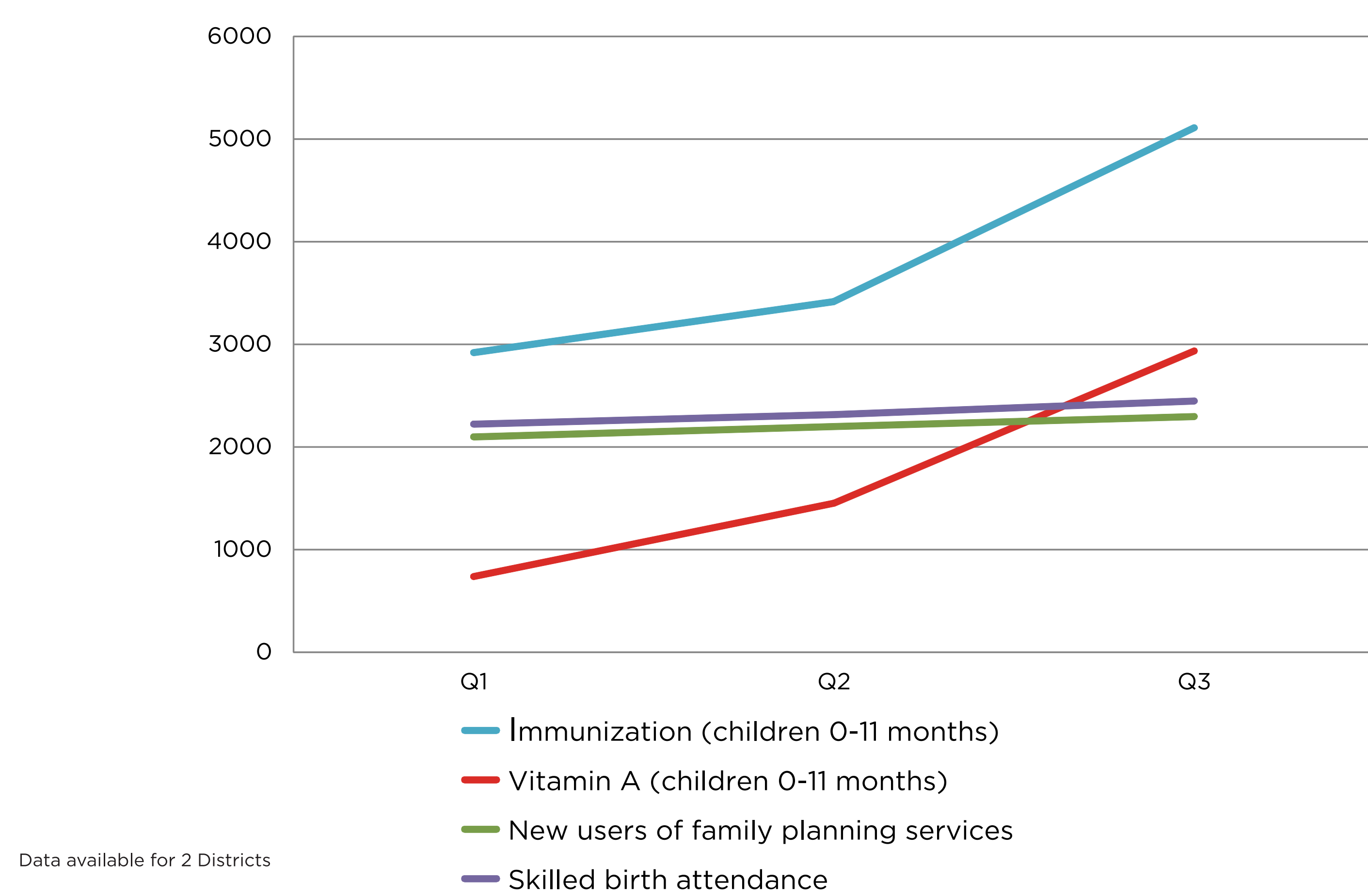
Percentage of Health Facilities Who Met or Exceeded Their Q3 2013 Targets, by Indicator



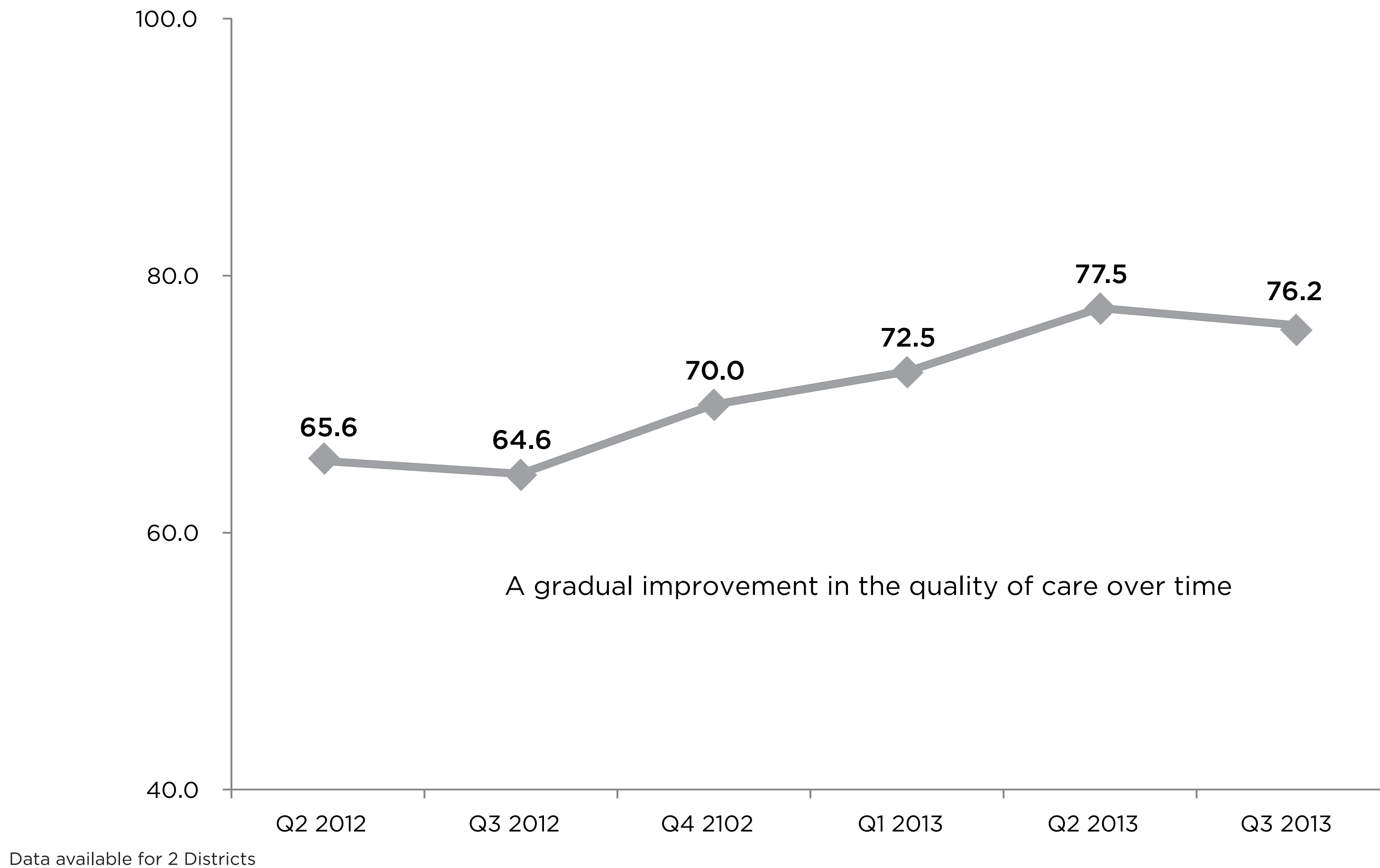
Comparing Performance to RBF Targets in Q3 2013, for Selected Indicators



Improvement Over Time in Selected Indicators, 2013



Average Quality of Care Score of Health Posts, by Quarter



What Is Working Well? Comments from health workers

- Better work environment:**
 - Marked improvement in conditions of health facilities (hygiene, supplies, and drug availability)
 - Better division of labor and roles
 - Improved communication among facility staff
- Increased motivation and creativity:**
 - Clear and specific goals motivating health workers to devise strategies to meet them
 - Work recognition
- Increased community involvement** in facility spending and management

“What I’ve mostly noticed is (better) communication, work sharing, the fact that everyone knows what to do”

(Health Post in Kaffrine)

“At our district level meetings and seminars, we now discuss best practices and exchange strategies to reach RBF targets”

(Health Post in Kolda)

Strategies and Initiatives Employed by Health Workers to Improve Performance

- Increased involvement and capacity building of **community health workers**
- Redistribution of incentive payments to better compensate community health workers (health post in Kaffrine)
- Increased **direct outreach** to community
 - Use of ambulance radio to call and invite mothers to vaccinate their children (health post in Kaffrine)
 - Outreach to traditional healers for early referral of malaria cases among children (health post in Kolda)
 - Outreach to and counseling of grandmothers and mothers-in-law on importance of facility-based deliveries, and of husbands on the benefits of family planning (health post in Kolda)
- Early **planning** of drug requests to avoid disruptions
- Recruitment** of personnel



Some Difficulties Identified by Health Workers

- Major delays** in contract signatures and incentive payments:
 - Demotivates health workers
 - Threatens credibility of program
- Some indicators are less amenable to change:**
 - Geographical and transportation barriers:* difficult access to health facilities for assisted deliveries
 - Human resource shortages:* lack of qualified personnel (e.g. midwives)
 - Cultural and religious barriers:* sensitivities to family planning use
- Insufficient training** on RBF forms and procedures and lack of clarity on indicator definitions and calculation methods
- Lack of feedback** to health facilities on performance, payments, disbursements



Conclusions

A Promising Program with Tangible Results... Yet Some Critical Threats to Overcome

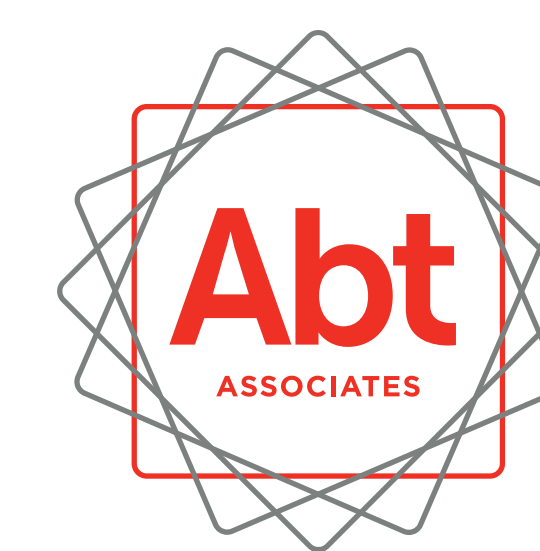
- Notable improvements in some health indicators and the quality of care
- Increased motivation among health workers
- Improved work and facility conditions
- Urgent need to address barriers that threaten the long-term success of the RBF program:
 - Implementation challenges:** delays, feedback procedures, capacity of health workers
 - Structural and staffing challenges** beyond the control of the health facilities; lack of measures to support facilities

Acknowledgements

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