
PAY FOR PERFORMANCE [P4P] IMPLEMENTATION STATUS

Key activities and time line

Presented on 16th October 2008

Kigali, Rwanda

BACKGROUND

- There is little progress made in the reduction of maternal and new born mortality ratio over the past decade.
 - Road map for accelerating reduction of maternal , new born and child deaths is in place
 - Through better motivation and explicit attention to results, **Pay for Performance [P4P]** is one of the strategy expected to ensure that health workers and their supervisors are Motivated, actively seek ways to increase coverage and quality of service including address local service delivery constraints
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IMPLEMENTATION [1]

- Feasibility study was done between October 2007 – February 2008 which came up with proposed design for consideration.
 - The P4P proposal was interpreted in the context of Tanzania LGAs , and the Basket financing modalities.
 - The DPs agreed to increase the funding level of per capita from 0.75 US\$ to 1.0US\$ with a condition of introducing P4P in the service provision, using the increase 0.25 US\$.
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IMPLEMENTATION [2]

- The government summarized the P4P approved documents and made a circular to all LGAs, and RAS to factor in the CCHPs, HCs, Dispensary plans an activity P4P – to finance Bonus payments to levels mentioned in the documents.
 - All LGAs – CCHPs 2008/09 have activities to operationalize P4P.
 - National coordination unit under DPP established
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IMPLEMENTATION [3]

- Ministry of Health and Social Welfare has developed Health Centers & Dispensary planning templates and the P4P activities have been included
 - RHMTs similarly have factored P4P activities in their plans and those of Regional Hospitals.
 - Payments:- It is proposed to be done twice a year. Midyear and end of FY.
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IMPLEMENTATION [4]

Amount for Payments:-

- Dispensary 1 million per year
 - Health Center 3 million ”
 - Hospital 9 million ”
 - Regional Hosp 10 million ”
 - CHMT 3 million ”
 - RHMT 3 million ”
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IMPLEMENTATION [5]

Performance Indicators

- Immunizations DPTHb 3 - 85%
 - Deliveries in health facilities – 65%
 - IPT for pregnant women – report
 - Quarterly HIMS reports – timely and accurate
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Roles of Partners

- Include Result Based Bonus Scheme in their Budgets
 - Facilitate the Development of implementation guidelines
 - Facilitate Monitoring and Evaluation
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Role of Ministry of Health and Social Welfare

- Develop implementation Guidelines
 - Facilitate implementation
 - Track Progress
 - Share and disseminate best practices
 - Undertake annual assessment
 - In collaboration with PMORALG award bonuses to Regions
 - Revise the model for subsequent years
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Role of RHMTs

- Supervise CHMTs
 - Provide Technical Support to districts
 - Prepare reports and submit timely
 - Award bonuses to CHMTs
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Roles of CHMTs

- Conduct Supportive Supervision to Hospitals, Health centres and dispensaries.
 - Conduct annual biannual P4P assessment
 - Award bonuses to facilities
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Clients

- Direct clients: Health workers in Hospitals, health centers, dispensaries, CHMTs and RHMTs
 - Indirect clients: Consumers of health services
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Key activities and time line

1. Developing implementation guidelines [October, 2008]
2. Orientation on the implementation guidelines to national facilitators, regions and districts through zones in phased approach [November, 2008]
3. Orientation of facility in-charges & other staff [November – December 2008 +]

Key activities and time line....

4. Monitoring activities

- Supportive supervision [January – May 2009]
- Monthly reporting [*January – June 2009]

5. Awarding of bonuses to facilities, CHMT and RHMT

- Assessments[Facilities- June, 2009]
[CHMTs and RHMTs – June, 2009]
- Awarding [Facilities - June 09]
[CHMTs& RHMTs - July/August 09]

6. National Performance report 08/09 **September 09**

Thank you for listening

