INTERNATIONAL MEETING

OF MULTI-COUNTRY PERFORMANCE AGENCIES

Kinshasa
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FINAL REPORT
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1. OBJECTIVES AND PROGRESS OF THE MEETING

1.1 Introduction

This report summarises the proceedings of the first two days of the annual meeting of the Multi-Country PBF Network/DRC organized by CORDAID in Kinshasa from 5 to 6 February 2013. Since 2010 CORDAID has been, thanks to the European Union funding[1], facilitating networking and sharing of experiences and lessons learnt through the PBF Approach within the framework of its policy to improve access to and quality of health services. In a bid to attain its objectives, CORDAID assists in the development of innovative approaches. Performance - Based Financing (PBF) is one of these new approaches established to contribute to the development of the health sector. CORDAID's fundamental strategy is to support partner organisations by building their capacities[2]. CORDAID partners concerned are experimenting the PBF approach in more than 20 different health districts thanks to several sources of funding. The Multi-Country programme was mainly designed to share experiences among countries.

1.2 Objectives of the meeting

The main element of Performance-Based Financing (PBF) is that health facilities receive funding in connection with well accurate and measurable achieved results and whose conditions are specified in a contract, instead of receiving support per input[3]. Pilot projects evaluations have shown promising results with increase in the use of quality health services. In its implementation, PBF promotes the separation of functions, and performance purchasing agencies constitute one of the key stakeholders in the programmes. However, practitioners, governments and many other stakeholders interested in PBF do not always have a same vision on institutional organisation and its functioning.

It is within this context that the following were the objectives of the meeting:

- Exchange among structures according to purchasing and payment managed by Multi-Country PBF Network partners and other guests , on the rationale, functioning and sustainability in country programmes ;
- Share experience on Performance purchasing agencies' challenges, strengths and weaknesses in the implementation of their daily activities;
- Develop common strategies aiming at reinforcing these structures.

Participants

During the annual meeting, the following were invited besides purchasing agencies managed by Multi-Country PBF Network partners (See Table 1): representatives from Governments and other Performance Purchasing Agencies (PPAs), notably from Zimbabwe, Northern and Southern Kivus (DRC), Congo Brazaville, Bertoua and Far North Cameroon.

[1] CORDAID, The Hague, is responsible for the project administrative coordination and HDP Rwanda for the project technical coordination. Besides specific activities concerning the programme in Rwanda, HDP also carries out activities regarding the networking of all stakeholders. The project is implemented by two CORDAID offices (Burundi and DRC) and CORDAID partners.

[2] CORDAID even implements the programmes where local partners are not available, for instance in countries in conflict or in post-conflict situation.

[3] Reinforcement of the health system through performance-based financing in seven African countries – 2010-2012 –Mid-term evaluation, January 2012

Official Multi-Country Network partners	
Country	Partners
Burundi	COPED – Education and Development Council
Cameroon	CODASC Batouri - Diocesan Coordination of Socio-Charitable Activities
CAR	ASSOMESCA - Association of Church Medical Health Programs in the Central African Republic
DRC	BDOM Boma
Rwanda	HDP - Health, Development & Performance
Tanzania	CSSC - Christian social service committee and KCMC - Kilimanjaro Christian Medical Commission
Zambia	CHAZ - Christian Health Associations of Zambia

Table 1: Multi-Country Network official partners

1.3 Progress of the meeting

The meeting started with an opening remark by the representative of the Permanent Secretary in the Ministry of Health. In his address, he first thanked HE the President of the Republic for peace maintenance in DRC and for his involvement in the development of basic services, among which health. He then thanked all participants for their presence. He recognized the worth of the Multi-Country PBF Network's choice of DRC at a time when the health sector opted for PBF as a tool for the health financing reform. He highlighted the situation of Results-Based Financing (RBF) in the health sector as well as the achievements of the Ministry of Public Health's RBF Technical Taskforce for the period 2011-2012. Lastly, he urged participants to come up with a common vision on actions to be carried out in the future.

During the two-day exchange and experience sharing, participants had the opportunity to examine purchasing agencies' organisational challenges and ponder over lessons learnt and the perspectives of the PBF approach. The meeting was characterised by fruitful discussions during several sessions organized in groups to ensure participatory and inclusive exchange and experience sharing. Simultaneous interpretation facilitated interaction and dialogue among French-speaking and English-speaking participants. Many participants express their satisfaction about the content and working method of the meeting: "spontaneous and sincere exchanges", "the meeting reinforced institutional and interpersonal ties ", "exchanges on the practice in different countries at health PPAs level are enriching "," exchange enables everybody to be able to better target field interventions ", to improve the application of the PBF approach and take up challenges in our country ", "the methodologies used during the workshop were very diversified and interesting ", "great satisfaction about group work." Some participants needed more time for discussions in plenary session and one additional day to visit an Agency located in the area. He thanked everybody for having achieved objectives. The representative of the Permanent Secretary in the Ministry of Health closed the workshop.

The report

The report consists of four chapters. Chapter Two provides an assessment of the Performance-Based Financing approach. Chapter Three reproduces the summary of exchanges on lessons learnt. Chapter Four deals with the sustainability of the PBF approach as well as conclusions. Several annexes are attached to the report. The latter contain general information such as the programme of the meeting, the list of participants and written evaluation results. The report is written in French with the exception of the English-speaking members 'responses to the questionnaire and their contribution to group works.

2. ASSESSMENT OF THE PERFORMANCE-BASED FINANCING (PBF) APRPOACH

2.1 Multi-Country PBF Network

The workshop started with a recapitulative presentation of information about the Multi-Country PBF Network and PBF good practices. This presentation was made by Mr. Christian Habineza (HDP), in charge of the networking of all stakeholders.

Practical definition of PBF

- A results-based health system approach
- Quantity and quality of services provided
- Health facilities are considered as autonomous institutions
- Contracts for stakeholders
- Regulation, purchaser, payers and users.
- Applies market forces, but aims also at correcting weaknesses

PBF: Practical definition of (PC)

- Aims for the control of costs and multiplicity of receipts
- Seeks to continuously test these theories through empirical researches and strict impact evaluations
- PBF reference: micro-economics, system analysis, public choice theory and new public management.
- PBF efficient intervention would be complemented by interventions:
- Demand side: conditional cash transfers, voucher systems, equity funds and compulsory health insurances.

PBF : Good practices

- Separation of functions: regulation, service provision, service purchasing, payment and consumption
- Collaboration between the public and private sectors
- Contract and competition
- Orientation through the regulation of indicators, quality, equity, budget, standards, policy, etc.
- Management autonomy for health facilities
- Balance of receipts and expenditure at the level of health facilities
- Contract negotiation on the basis of the business plan
- Involvement of community-based associations > reinforcement of the population's voice
- Payment of cash subsidies
- Economic multiplier effects
- Extend PBF to other sectors

Multi-country project organisation structure

The project activities are carried out at the following level:

- Implementation at country level by each partner
- Partners' network management and coordination at regional and international level by HDP and CORDAID respectively.

Duration and financing

- Project to last 3 years and 6 months;
- Launch on 01 January 2010
- Closure of the project scheduled to take place on 30 June 2013.
- Co- financing by European Commission and CORDAID: Euros 3,927,813 .

Expected results

- Result 1: An inter country exchange network is operational.
- Result 2a: Community PBF is experimented in Cameroon and Burundi
- Result 2b: Integration of a horizontal (PBF) and vertical (HIV/AIDS) is experimented and results are disseminated.

- Result 2c: The PBF approach is harmonised between the Church (religious denominations) and the Government in Cameroon, Tanzania and Zambia

- Result 2d: Health Service Purchasing Agencies (HSPA) are local structures, legally recognised in Burundi, Cameroon, CAR and DRC
- Result 2e: The effects of a PBF programme on human resource management are known in Rwanda, Burundi and DRC.
- Result 3a: An institute capable of conducting PBF-oriented training exists in Burundi, DRC, Rwanda, Tanzania and Zambia
- Result 3b: There is in each country a partner capable of independently promoting and extending PBF experience.
- Result 4a: The client's voice is reinforced in each country
- Result 4b: Mechanisms for the harmonisation between PBF and mutual health insurance schemes are being examined (Rwanda and DRC).

Results achieved by the network

- The partners' network established among different countries with several international meetings organized
- Informal meetings and communication tools are not optimally used
- Community PBF pilot projects are in place and successful
- There is harmonization between the Government and the Church (religious denominations)
- Purchasing agencies are in place in 3 out of 4 countries
- 5 out of 5 countries established training centres; 4 out of them are operational
- Partners are capable of promoting PBF
- The population's voice was reinforced through their involvement in health facilities data verification and in patient satisfaction assessment.
- Three studies were conducted: PBF influence on HR; harmonization of PBF and mutual health insurance scheme mechanisms.

Integrated intervention

- PBF exchange network
- Establishment of communication instruments
- PBF experience documentation
- Research
- HR capacity reinforcement in PBF
- Update of PBF good practices
- Advocacy in favour of PBF

3. QUESTIONNAIRE RESULTS RESTITUTION

The organisation of the meeting was preceded by a survey questionnaire that was filled in by agencies to obtain data on the structure and the application of the PBF approach. The restitution on a part of PPA functioning questionnaire results enabled to share main observations and opinions about some themes related to PPAs' organization and structuring.

General observations

Questionnaires draw up an inventory of similarities and differences currently existing in CORDAID partners and at the level of other guests. This particularly detailed list provides useful indications on PPA structure and the implementation of PBF approach. One can observe that, on some aspect, PPAs' functioning system differs from one PPA to another.

Country	Region	Start-up date PPA closing	Population of the area Served by the PPA	Annual budget	PPA staff Total number
Cameroon	Batouri	2012	313 918	€ 73 746,05	10
	Bertoua /East	2012	840 080	Cfa Fr 476 891 415	34
	Far North	2012	191 544	Cfa Fr 23 886 000	3
Congo Braz.		2011	714 786	€ 268.660	18
CAR		2008	277 393	€ 600.771	13
DRC	Lower Congo	2010	200.000	$ 557 634	9
	Southern Kivu	2006	960.000	€ 1.200.000	30
	Northern Kivu	2008	2 900 000	$ 194.705	12
	Eastern Kasaï	2008	806.000	€ 2.122.805	13
Rwanda		2002	300.000	?	4
Zambia		2011	518, 700	$ 30 192.00	8
Zimbabwe		2011	3.461,000	$ 4,000,000	57
Tanzania		---	---	---	---

Table 2: Database

Table 2 shows that the context, the development phase (2002-2012), the population of the area served by the PPA (191.544 – 3.461.000),the annual budget, the number of staff (4-57) and the sources of funding (World Bank), EU, Dutch Government, Global Fund, USAID, earmarked funds) are variable. However, the figures should be considered with some reserve because the reference used differs. They are, therefore, not comparable.

PPAs not only have a different name (PPA, Funds Channeling Organ (OCF in French), Health Service Financing Support Centre (CAFSS in French) but also variation in their institutional structure (table 3).

Country	Region	Structure
Burundi		Performance purchasing is done by Provincial Committees (CPVV) and CORDAID Burundi and COPED's role consists of technical support and purchasing of community indicators in a district.
Cameroon	Batouri	Batouri PPA operates under the Batouri Diocese legal coverage through Batouri CODASC and the Batouri Bishop is its legal guarantor.
	Bertoua /East	Bertoua PPA is a government structure
	Far North	The performance purchasing agency /Diocesan Development Committee (CDD)
Congo Brazzaville		It is a project of the Ministry of Health and Population, financed by the World Bank. The Ministry of Health and Population entered into a contract with CORDAID, which, in turn, subcontracted Memisa Belgium for the implementation.
CAR		The Funds Channeling Organ is the structure in charge of the purchasing of services and payment for them.
DRC	Lower Congo	CAFSS (Health System Financing Support Centre) is a structure established within BDOM, which provided financial support to the revitalisation of Kitona and Muanda health areas. It is developing into an autonomous structure (Lower Congo PPA), intended to support basic social structures.
	Southern Kivu	The performance purchasing agency is a public utility Congolese NGO, which has been running the performance -based financing programme in the Southern Kivu Province since 2006 with financing mobilisation and channelling as the main task.
	Northern Kivu	Public utility institution (EUP); performance purchasing agency and fund channeling agency.
	Eastern Kasaï	Public utility institution (EUP). It is a structure established to manage funds meant to alleviate the quality healthcare cost charged to patients by health facilities, to cover the cost of healthcare services provided to vulnerable people and to improve service provision.
Rwanda		Public Structure/Government
Zambia		Non-Governmental Organization structure CHAZ PBF
Zimbabwe		NGO working under the umbrella of the Bishop's Conference
Tanzania		It is not yet a structure

Table 3: Institutional structure

Appropriate statute for a purchasing agency/ financial agency / Funds Channeling Organ

Table 4 presented indicates that some agencies opt for the most appropriate private statute for a purchasing agency for various reasons such as independence, efficiency and transparency. Many other agencies are of the view that the semi public-private statute ensures better transparency and balance in management decisions. For an agency, the public statute is the most appropriate.

Public	Private	Semi Public-Private
The status should be public	• Autonomy in decision-making, management autonomy, more transparency • Prevents bureaucracy, reduces payment timeframe • Quickness in task performance • Possibility of regrouping Government funds and those of other development partners • Private having special agreements with the Government, conventions ensuring good work performed by PPA and the Government. • Non-lucrative private : management autonomy, Non lucrative, public utility • Private / NGO: more independent, more efficient, more competitive	• This would also enable to develop public-private partnership. • Gives the Government the possibility to support and control the Agency, • Ensures accountability vis-à-vis the population and the Government; encourages transparency in management. • To respect the separation of functions • To avoid negative taxation likely to lead to the current situation of state-owned or public enterprises. • The semi public-private statute allows for some balance in management-related decisions.

Table 4: Opinions about the appropriate statute

3.1 The separation of functions

In PBF best practices, the separation of functions is strongly recommended among the four major functions: regulation, Purchasing, Service provision and Payment. Agencies were specifically requested to give arguments for and against the separation of the purchasing and payment functions.

Pro arguments

- Increase in accountability
- Autonomy decentralisation in decision-making
- Powers balance – less powers for only one organisation in the system
- The separation of functions prevents the mixing of responsibilities and promotes transparency in the payment of subsidies - safe management or good governance
- Updated payment of subsidies
- Ensure the objectivity and accuracy of results
- Reduce conflicts of interest (being judge and party)
- Avoid opportunistic decisions (complacency, collusion, corruption)
- Limit the possibilities of payments handling and negotiation between the purchaser and the service provider
- Non-existence of trust or little trust of authorities and other donors/partners
- What is aimed for is to avoid that the Performance Purchasing Agency becomes judge and party; to avoid abuse and that it behaves like a field master because it has money. However, both functions may be integrated within a same structure provided that there is strict separation of functions.
- Government money to be managed by MoF
- All parties act as control measures through the provision of checks and balances.
- Promotes specialization in service delivery to the population (good and quality services)
- Effectiveness and efficiency is enhanced.
- Networking and sharing of ideas is strengthened.
- It is difficult to audit oneself hence bias is reduced in separation of functions
- It enhances correctness of data capturing and reporting system.
- In case of disputes, the other parties can come in and help out (dispute resolution is enhanced)
- Each part plays an integral role with less interference

Counter- arguments

- This involves economic losses/additional costs/cost for additional transactions and risk of delay in procedures /Increases management cost through the multiplication of structures, delaying/complicating the payment chain, loss of time
- The payer is not fully informed about what he buys
- It is better to give preference to efficient and coherent allocation of decision-making rights and income rights
- The person paying is not necessarily aware of what they buy
- Risk of contradiction between payment and verification
- When purchasing and payment functions are separated, there is always a delay in payment
- Good governance , light workload
- Who plays or how to organize the role of sourcing for other funds

- Fund Holder signs contracts with the service providers, purchases indicators and monitors the verification. There is no conflict of interest in having one agency purchasing and paying, but it cuts out one management layer
- It tends to take a long time for activities to be implemented if one part delays its service in the chain
- It requires more time to mentor all the stakeholders for full utilization of their roles

Other observations from PPAs

- In a well-structured enterprise, purchasing is a procurement activity and payment a finance activity. The Procurement Directorate has always been separate from the Finance Directorate to avoid negative influences.
- On the other hand, in a small enterprise restricted to almost one individual, purchasing and payment are closely linked because the person purchasing is the one who negotiates to obtain the price-quality-service arrangement and can be exempted vis-à-vis the service provider only when he has paid the price agreed upon.
- As for a PPA, it has often been of restricted size; that is the reason why regulation (Government) participates in the negotiation of prices and the quality of services to be purchased while the PPA is autonomous as regards payment.

The relevance of an agency's effective adherence to the principle of the separation of functions

- According to agencies, this is relevant because it enables each actor to play its role without interfering in the affairs of the other party

- to ensure the safe management of available resources ; however, it is necessary to adapt to the local context, which differs from a country to the other
- to be neutral and free in the application of best practices.
- It is important to separate both functions, but it is necessary to take into account the context of the environment before applying it
- Purchasing, service provision, and regulation (including quality control) need to be separated because of conflict of interest. The purchasing entity cannot be the same as the service provision entity because it would monitor and verify, and ultimately invoice itself. Regulation (including quality control) need to be separated from the service provider because one entity cannot objectively control its own service quality
- It acts also as a control measure in the implementation of PBF, promotes accountability and hard working. No one can handle all the issues

Other observations regarding effective adherence to the separation of duty principle

- It should be noted that this is not always possible in a PPA's implementation pilot phase
- The application of this principle depends on the context and means to be invested in the operation
- The relevance of an agency's effective adherence to the separation of duty principle cannot be objectively analysed outside the PBF set-up and in its entire implementation dynamics. What is important is to be able to convert weaknesses noticed into strengths

throughout the implementation

- Where PBF has reached the national scale, the Government is the first investor in the intervention. Therefore, it is not advisable to create a parallel payment system for only one intervention.

3.2 Duties and tools

The main duties incumbent upon the structure

- Service purchasing:
  - Contract agreement system
  - Community health services
  - Billing
- Payment
- Technical assistance (technical support to PBF implementation stakeholders, in particular through service providers' training and coaching)
- Resource mobilisation

Tools used by PPA, Financial agency and the Funds Channelling Organ

Contract agreement system

- PBF execution Manual
- Business Plan
- NHIS Report
- Sanction scale
- Framing of performance contract indicators
- Contracts

Verification

- Quality assessment tool
- Reports (sensitisation sessions, visits, NHIS and HIS reports and tools, monthly summary)
- Database
- Patient sheet/ Partogram
- Community questionnaire
- Destitute people identification questionnaires
- Business plan assessment documents

Billing

- Invoice
- Sanction scale,
- Maximum tariff instruction
- Results-analysis software

Payment

- Subsidy payment order
- Grant slip

Technical Assistance

- Index management tool (bonus allocation grid)
- Training module

The level of harmonisation between the Health Information System (HIS) and the PBF system

It was noticed that in most of the countries there is no total harmonisation between NHIS and the PBF system and that harmonization with HIS is difficult because of vertical programmes. In some countries, it is possible for PBF to make use of NHIS information, but additional tools are often necessary to collect information. For some indicators, one is obliged to improve the tracing of registers to make community survey easy. What one notices on the ground is that health facilities officers are sometimes overwhelmed by work because all services (district, health coordination, PBF, and others) want to have reports at the same time. This leads to a delay in the transmission of these reports. In other countries, all indicators or purchased services are directly linked to NHIS and are part and parcel of NHIS-related activities monitoring indicators. During presentations, participants' concern was to know whether one had to wait for the harmonization between HIS and PBF instead of considering that PBF should reinforce HIS.

Determining criteria and circumstances for the determination of the number of health facilities

Currently, there are five determining criteria and circumstances for the determination of the number of health facilities (Table 5 provides more details).

1. Administrative/ territorial division of the country
2. Determination of the population of the health area
3. Means at the disposal of the PPA
4. Total number of all health facilities in the district covered
5. Geographical conditions (distance, road conditions, health facilities accessibility)

The determination of health facilities (HFs)		
Country	Region	Structure
Burundi		• Administrative and territorial division of the country • Health centre: On average, a 5 km walking distance to the health centre, population oscillating between 10,000 and 15,000 inhabitants • District hospital: First reference level for patients from health centres (HC). Coverage of a responsibility area of 10 to 15 HCs, that is an average population, estimated at 150,000 inhabitants.
Cameroon	Batouri	• Project budget; the geographical situation of the region; -The legal status of the school institution
	Bertoua, East	• Population size; geographical area of the zone; road conditions and other means of communication. Relationship with regulation: replace a PBP suggestion
	Far North	• This number depends on the administrative division, the population served, the geographical situation and ways of communication. Relationship with regulation : replace a PBP suggestion

The determination of health facilities (HFs)		
Country	Region	Structure
Congo Brazaville		• It is the determination of the population in terms of the health area, and he contract will be signed first with health facilities in charge of health areas. This is the best method.
CAR		• The number will depend on geographical coverage as well as demography. Relationship with regulation : replace a PBP suggestion
DRC	Lower Congo	• The coverage should take into account the population size instead of the number of health facilities (200,000 to 600,000 inhabitants for a PPA).The following are major considerations: population size, number of health areas making up the health zone, the structures that the population attends the most.
	Southern Kivu	• In our view, it is better to think in terms of health zones. Criteria: Distance, geographical conditions, number of verifiers from the population; relationship with regulation: replace a PBP suggestion.
	Northern Kivu	• Relative and variable according to the means at the disposal of the PPA (human resources, rolling materials and equipment, premises). Normally, the ideal is to have one verifier for three (3) health zones (300,000 inhabitants). Verification missions conducted in health facilities (on a quarterly basis)
	Eastern Kasai	• The number of health facilities and that of the population in general varies according to the importance of subsidies to avoid sprinkling. Criteria: Financing budget, the population covered by health areas, health facilities accessibility, the population's level of financial accessibility, training viability.
Rwanda		• It is necessary to take into account the PPA's capacity to cover these health facilities and to monitor them. At any rate, in case an agency had to cover an entire district, the first criterion is the consideration of the total number of all health facilities in the district covered.
Zambia		• Health facilities should have a population of 30, 000 and each PA should cover a population of 300,000. Health catchment area/geographical coverage should be considered (not too close).- All levels of health facility (Rural Health Centre, Hospital Affiliated Health Centre, Referral Hospital, teaching hospital) to be taken into consideration either private, mission and Government (Zambia has only Mission and Government).
Zimbabwe		• A Local Purchasing Office covers all eligible clinics in the chosen districts of its Province. The number of HF per Purchasing Office varies from 34 to 73 HF per agency. The ideal number depends on the context and geographical spread, but decentralisation of PAs is desirable. Geographical spread, accessibility of HFs, number of indicators,

Table 5: Determination of the number of health facilities

3.3 The purchasing agency's financing policy

The main observation to be made is that most of agencies depend on external grants. The self-financing level is relatively low while the importance of consolidated funds is recognised. Regarding the question consisting in knowing the type of financing a purchasing agency needs to remain as an enterprise, agencies provided the following responses:

- Not applicable
- Financing by the Government and other national and international partners./donors
- Public financing, Government grant
- Own funds through self-financing and members' contributions to mutual health insurance schemes and/or through its consultancy works and contract awards for the management of PBF financings
- Donors
- The PA needs financial support in terms of personnel, transport and maintenance, infrastructure development and investment support as an ideal PA

The practice for the sourcing of funds

- Nothing to be mentioned
- Not applicable
- Currently, we entirely operate thanks to the donor's support
- Through project development and partnership with the Government
- Staff's intervention in different national and international courses on PBF (facilitator), advocacy with local authorities, looking for new partners
- Mainly by safely and rationally managing management fees obtained from donors and by soliciting the promotion of mutual health insurance schemes
- Advocacy and lobbying based on PBF programme results
- The PPA should progressively constitute it through administrative charges from the management of different projects. Negotiation with existing mutual health insurance schemes should be conducted to propose to them services in terms of paying third parties (purchasing of services for members to mutual health insurance schemes)
- Regarding our HSPA, everything depends on the results that we are going to see in these three (3) departments. If results are satisfactory, the World Bank will finance again the Government so that we pursue our activities.
- In Zambia, the support is part of the project. But in an ideal Purchasing Agency they suppose to source for funds from donors, generate their own and get extra from the activities implemented
- Proposal writing

People's concern was to know how some structures replied by "Nothing to report" or "Not applicable". The response to this concern should be nuanced, given each country' specificities to be taken into account. The cases of Burundi and Rwanda where, for government structures, PBF is a national strategy recorded in the finance law, this question may not be relevant. On the other hand, this sourcing for funds depends on the process of the PPA establishment as well as its development.

Different strategies put in place by current agencies to ensure their sustainability

- Not applicable
- Advocacy and lobbying in order for a PBF line to be inserted into the Government budget
- After scaling up, the Ministry of Health requests bilateral agencies and NGOs involved in the health

sector to provide funds to be poured into PBF basket Fund.

- Government's involvement in all the project implementation stages
- Advocacy with the Government and other donors
- Convince the Government to own the PBF strategy and scale it up
- Regarding our HSPA , we are training national senior officers who will perpetuate RBF when foreign experts brought by NGOs leave
- Widely disseminate PBF advantages in several areas (health, school, infrastructure)
- Encourage voluntary subscription to health insurance or mutual health insurance system
- PPA's integration into the provincial health system financing strategy as a tool to finance health facilities should be done. It is necessary to recognize this performance purchasing strategy as a financing mechanism. Advocacy with financial partners and the Government should be conducted during CPP PAS meetings by showing results obtained.
- Lobbying with the provincial government
- Public/private partnership
- Be 100% Purchasing Agency and to source for funds and continue being the PA even when rolled out in the country.
- N/A yet, being discussed in National Taskforce

Participants, HDP, CORDAID and the Consultant provided some explanations on the questionnaires results before starting working in groups.

4. EXPERIENCE SHARING

4.1 Service quality assessment

Sharing lessons learnt is an essential element of the process for the continuous improvement of the approach. The items to be examined during the meeting include the quality assessment system, the relevance of tools, the population's influence on the functioning of the agency and accessibility to healthcare services for the needy or minorities

WORKING GROUP 1
Share your quality assessment system
With who rests the responsibility for quality assessment?
What is your appreciation of existing indicators for quality assessment with regard to the criteria below?

Reliability of the information
Efficiency/cost ratio
Relevance of the tool
Who is responsible for cross-verification?
How is the quality assessment result taken on board in the calculation of the subsidy?

Group restitution summary

1. The quality assessment system interests different levels of the health pyramid ;
2. The quality assessment responsibility rests with the regulator;
3. a. As for the reliability of information, one notices that community verification (perceived quality) constitutes an added value to the technical quality. However, some structures integrate names of fictitious patients on the list of community surveys while others omit elements related to patients' identification

b. All groups agreed upon the cost-efficiency ratio and on the relevance of the quality assessment tool.

4. An external organ conducts cross-verification to ensure the separation of functions;
5. Quality weighting in the calculation of subsidies depends on one structure from another jointly with the regulator (see table 6)

Aspects taken into account in the calculation of subsidies				
Country	Quantity	Quality	Community	Formula
Burundi	V	V (60%)	V (40%)	Qty subsidies = Qty services X UR / with gap penalisation. QIty subsidies = (30 % - 25%) X SGQ X Subsidies Quarters
BRAZZAVILLE				
CAMEROON	V	V	V	Qty 50% ;QIty - 25% Regulator - 25% Qty
CAR	X	X	X (30%)	Quantity service X PV / with equity and isolation
DRC: NORTHERN KIVU	V (30% HC) (40% HX)	V (30% HC) (40% HX)		Package availability (30%) + Quantity (30 or 40%) + Quantity score X 40%)
DRC :SOUTHERN KIVU				
RWANDA	V	V		Subsidies X % of qualities obtained (Quantity X Quality score)
ZAMBIA	V	V		Quantity X Quality Score (%)
ZIMBABWE	V	V		Quantity + % Quality

Table 6: Aspects taken into account in the calculation of subsidies

4.2 Relevance of tools

Working Group 2

To determine the level of appreciation at the level of the business plan tool and operating costs for purchasing agencies, participants were invited to share observations on several assertions and to find pro arguments and counter-arguments.

1.
The business plan is not a tool adapted for PBF management cycle (planning–contracting- monitoring and evaluation)

A. Pro arguments:

- Short-term planning and development vision;
- Lack of operational coherence between Business plan and annual action Plan;
- Lack of control of other sources of funding;
- Health facilities and CODESA's low capacity in Business plan development;
- Understanding of the "business plan" 'concept limited to PBF access or contract (subsidies);

B. Counter-arguments:

- Business Plan involves all implementing stakeholders ;
- Business Plan is flexible, and it is part and parcel of the annual action plan;
- It can be adapted and updated;
- Being a short-term plan, it facilitates monitoring and evaluation;
- It is an attachment to the Contract and ,therefore, results in legal consequences if it is not respected
- It promotes Health facilities' decentralised management;
- It improves transparency and accountability;
- It contributes to the execution of the Ministry's action plan;
- It is a tool used to assess Health Facilities;
- It is a precondition for entering into contract or not with a health facility.

2.
Operating costs for purchasing agencies are too high

A. Pro arguments:

- It is at the beginning of the project setting up that operating expenses are high, particularly if it is a short-term pilot project
- If verification is conducted monthly;
- If the donor imposes budget lines in a set way;
- If access to the intervention area is difficult.

B. Counter-arguments :

- Even with the acquisition of the PPA's equipment and furniture, the percentage of operating costs is 30% and 70% for Health Facilities' subsidies
- If it is a long-term project.

4.3 Population's influence

Organizational stories constitute a platform for interpreting (individual and collective) experiences. To give a meaning to learning experiences, participants were requested to tell a story about the population's influence on the functioning of the agency and the quality of services provided (gender aspect and minority

voices included).

WORKING GROUP 3

Questions to be handled

- Describe in writing an event that actually took place in the course of your activities where the population significantly influenced the functioning of the agency or the quality of services provided (individual exercise to de done in 15 minutes)
- Tell the stories and agree on one you find more significant (likely to be considered as a good practice)
- Later on, present to the group the most significant event.

Group results

GROUP I: P**opulation's voice**

Health Centre where Christians constitute the majority and Muslims the minority.

- Survey results: Some services do not positively meet clients' needs such as ANC and delivery services provided by men
- Muslim women would use other Health Facilities
- This complaint was raised by Muslim women during the survey
- The action, therefore, took into consideration this aspect and put at the disposal of the Health Centre well-trained female staff.

Consequences: The number of Muslim women resorting to the services increased and the action increased the cross-verification budget.

GROUP II: Story: REMCO HC(AS KIBAMBA, KITONA HZ)

- Remote and isolated AS (Congo River mouths) and without any suitable infrastructure;
- Existence of a PBF programme, a CODESA (AS Development Committee)
- Advocacy for equity constitutes a framework for the HZ to build a suitable building ;
- ECZ's advocacy in favour of PPA ;
- Existence of a plan to allocate a remoteness/isolation and equity bonus ;
- PPA's decision to provide HC with both bonuses instead of keeping the standard bonus that was provided for at the beginning;
- Construction of a HC compliant with standards thanks to the bonus and the population's own contribution (Materials, labour).

GROUP III: Health Centre in Southern Kivu

In a health centre from IDJWI HZ in Southern Kivu (DRC), the ANC utilisation indicator is in decline. Efforts are made to maintain the level but to no avail. Community surveys reveal that pregnant women from this region are of small size, and whenever they go for antenatal consultation, they are lifted to go on the consultation bed. They do not continue to support this situation and, at the end of the day, they no longer go for antenatal consultation. All this is due to the lack of a stool likely to help women to get on the consultation bed without being lifted. The Health Centre then made the stool to respond to this concern, and women started informing each other that they were no longer lifted. After six (6) months, the indicator increased because the availability of the stool improved the quality of antenatal consultation services.

Group restitution summary

After listening to different stories, participants confirmed the value of stories for exchange among countries. On basis of these stories, the following observations were made concerning the advantages of community survey:

- It constitutes the key for PBF success;
- It enables decision-makers to make objective solutions regarding human resource management;
- Results obtained exceed financial means committed;
- It reduces reimbursement costs in a free healthcare system;
- It yields more results in the revitalization of community participation;
- It enables to incorporate community's concerns in the Business Plan.

After the reading of proceedings from the first day of the workshop, participants proposed the following modifications regarding community verification:

- Community verification responsibility does not necessarily rest with the PPA; instead, it is conducted by an external organ to ensure the separation of functions;
- Different community verification methodologies should be added; in particular some structures put on the list names of fictitious patients while others omit patients' identification elements.

4.4 Accessibility to healthcare for destitute people or minorities

Agencies were asked to list the mechanisms they put in place to make sure that destitute people or minorities have access to healthcare.

Questionnaire results

- Identification of destitute people and vulnerable groups (for instance the Batwa, repatriated people, the elderly)
- Equity bonuses/equity funds
- Adapted tariffing
- Distribution of destitution cards to beneficiaries that were identified
- The Government covers these destitute people by paying their contribution to the mutual health insurance scheme
- The following is provided to destitute people :

  – Training on health matters
  – Coverage of medical costs by the Ministry having National Solidarity within its remit
  – Coverage of delivery costs for HIV positive women.
  – Income generating activity in favour of some local associations within the framework of the provision of mutual health insurance to destitute people and the elderly
  – No fees for maternal and child health services

Participants were requested to have an in-depth dialogue on these mechanisms.

WOKING GROUP4

Instruction:

- What is the result expected from the mechanism you have put in place?
- How do you show the results of your strategies concerning destitute people's coverage?

Group restitution summary

- The activity to identify destitute people is carried out either by the community (Loc. Assoc. or CODESA)or by health facilities in collaboration with the community
- PPA may also check whether destitution criteria, fixed by the regulator, have been respected

The following are some of the different mechanisms:

- Targeted or total free healthcare
- Health insurance card, mutual health insurance schemes
- Equity funds with patient's contribution towards the cost of medical treatment
- Private initiatives
- Provision to destitute people of mutual health insurance

Control mechanisms are difficult and sometimes constitute a challenge. Results are assessed either through the existence of a database or through community surveys.

5. SUSTAINABILITY OF PBF APRPOACH

5.1. Purchasing agencies strategies

In a bid to provide the opportunity to discuss about the problems raised by the issue of the sustainability of PBF Approach and the viability of results[4], participants were requested to think over these organizational challenges.

WORKING GROUP 5
Instruction
Imagine that you are tasked to work on a televised programme meant to draw the audience's attention to the sustainability and viability of PBF structures results in various parts of the world. The programme organisers wish to show specific challenges faced by structures in Africa.

Prepare a 10-minute presentation by highlighting:

1. The strategies that current agencies put in place to ensure the sustainability of the PBF Approach
2. Suggestions to improve these strategies and the viability of results

In the form of individual interviews organised by a panel, participants presented group results. The following strategies were pointed out:

- Establishment of a PBF platform to which all partners are represented ; this is the extended PBF technical taskforce;
- External assessments to demonstrate that the approach results are convincing;
- Training of stakeholders and even donors so that they get information;
- Training of decision-makers with a view to their ownership;
- Advocacy in favour of funding by other donors who are not yet involved;
- Introduction of PBF in sectors other than the health sector, in particular education (ongoing in Cameroon), education and public administration (case of DRC);
- Diversification of sources of funding by taking on board the private sector;
- Establishment of a RBF Technical taskforce to coordinate activities;
- Increase the critical mass of people who understand the PBF Approach;
- PPAs empowerment;
- Provision of a PBF budget line;
- Introduction of a PBF module in the curriculum intended for medical students.

Proposals to improve strategies
Proposals listed by some participants are those applied by other participants as strategies:

- Extending PBF training to other faculties, nursing schools
- Establishing a national permanent structure in charge of planning PBF-oriented training in all sectors;
- Incorporating a PBF budget line in the Government budget

[4] Results sustainability implies that development (in a village, a region) or the level of services provided will not, after the interventions, drop to the level that existed before the interventions.

5.2. Conditions for PBF success and viability

WORKING GROUP 6

How we act, our manner of being, our modus vivendi and the way we carry out our duties constitute the most important instrument to achieve desires results. The goals grid [5] ensures coherence between "to have" and "to want". From these four different perspectives, participants were requested to establish relationship between the past and the desired future:

What do PPAs want to achieve?
What do PPAs want to avoid?
What do PPAs want to keep?
What do PPAs want to do away with/eliminate?

	I Achieve *We do not have* *We want*	II Avoid *We do not have it* *We do not want it*
NO	1. Diversified and sufficient budget 2. Government's permanent financial involvement – Government approval 3. Effective regulation and community involvement 4. Assessment tools harmonisation 5. Reinforcement of exchange communication and collaboration – Interaction and training	1. Fraud 2. Interference in structure management – bad governance and mismanagement of available resources 3. Excessive operating costs up to more than 30% 4. Regulation substitution effect
Yes	III Keep *We have it* *We also want it in the future*	IV Eliminate *We have it* *We no longer want it*
	1. Transparency in management – good governance 2. Compliance with the separation of functions – PBF fundamental principles 3. Efficiency = better cost /effectiveness ratio 4. Accountability 5. Government's and community's involvement in the PBF Approach= Government's approval	1. Lack of communication – no information circulation among stakeholders 2. No ownership of the approach – non- involvement of stakeholders 3. Multitude of tools and various ways of assessing quality – Lack of coordination 4. Fraud / corruption because you cannot eradicate fraud but reduce it – Bad governance 5. Delay in subsidies payment – Bureaucracy

Do we have it?

Yes | No

Do we want it?

[5] « The goals grid » - John Arnold

5.3. Conclusions

At the end of the meeting, it was noticed that the meeting's objectives concerning experience sharing among structures in the areas of purchasing and payment were achieved. The objective to develop a common strategy aiming at reinforcing these structures is not completely achieved because of differences among participants regarding their institutional status and on account of the phase for the development of programmes and structures. In an opening spirit, however, three working groups made common conclusions on the themes dealt with the previous day, particularly on the following:

1: Lessons learnt and recommendations regarding service quality assessment
2: Population's influence on the functioning of a purchasing agency and the quality of services provided (gender aspect and minority voices included)
3: The strategies that current agencies put in place to ensure the sustainability of the PBF Approach.

CONCLUSION FROM GROUP 1

EVALUATION OF THE QUALITY OF SERVICES

1. Quality assessment tools should be standardised, periodically revisited with all items applicable to all health facilities with the same basic conditions
2. The quality perceived by the population should be taken into account in the calculation of subsidies
3. Technical quality assessment rests with the regulator.
4. Open questions adapted to the environment context should be encouraged in community surveys

CONCLUSION FROM GROUP II

POPULATION'S INFLUENCE ON THE QUALITY OF SERVICES PROVIDED

Through:

1. Community survey results
2. Integration of suggestions from the population
3. Incorporation in the calculation of subsidies of the quality score perceived by the population
4. Taking on board minority viewpoints

CONCLUSION FROM GROUP III

STRATEGIES TO ENSURE THE PBF APPROACH SUSTAINABILITY:

1. Capacity reinforcement
    - On the PBF Approach for local stakeholders
    - On advocacy (resource mobilisation) for NGOs
2. Ownership by the Government and the population
3. Resource (sufficient) mobilisation and diversification
    - PBF articulation with other dollar mechanisms
4. Information conservation and management
5. Documentation of evidences and best practices
6. Transparency, accountability, collaboration (good governance)

Appendix 1

CORDAID

PROGRAMME

FOR THE MEETING OF PERFORMANCE PURCHASING AGENCIES

within the framework of results-based financing

Venue: Kinshasa

Date: 05 - 06 February 2013

05 February 2013

Time	Subject
8:30-9:00	Registration and welcoming guests
9:00-9:30	Opening address – Ministry of Health – Health Delegate , Mr. KOMBA DJEKO
9:30-9:45	Presentation of the objectives and programme of the meeting / working standards / Social Map
9:45- 10:00	The Performance-Based Financing (PBF) Approach/Cordaid strategies/ Multi-country programme
10:00-10:30	Results of the questionnaires on purchasing /payment structures in PBF
10:30-10:45	Questions for clarification / General observations
10:45-11:15	COFFEE-BREAK
11:15-12:15	*Working group :* Lessons learnt and recommendations concerning service quality assessment
12:15-13:00	Group results presentation and discussion
13:00-14:15	LUNCH
14:15-15:30	*Working group:* Population's influence on the functioning of the agency and the quality of services provided (gender aspect and minority voice included)
15:30-16:00	Group presentation
16:00-16:30	COFFEE BREAK
16:30-18:00	*Working group:* Strategies on care for destitute people

06 February 2013

Time	Subject
8h00-8:30	Registration and welcoming guests
8:30-9:00	Summary for Day One
9.00-9:15	Results sustainability/viability (presentation)
9:15-10:15	*Working group:* The strategies current agencies put in place to ensure their sustainability
10:15-10:45	Group presentation
10:45-11:15	COFFEE BREAK
11:15-13:00	*Working group*: Purchasing agencies' business plan and operating costs Group presentation
13:00-14:15	LUNCH
14:15-16:00	Conditions for PPAs to be successful and sustainable, and long-term results
16:00–16:30	COFFEE BREAK
16:30–17:00	Conclusions from the meeting
17:00-17:30	Assessment and closing

ASSESSMENT FORM RESULTS

IN YOUR OPINION, HOW IMPORTANT WAS THE MEETING BRINGING TOGETHER PERFORMANCE PURCHASING AGENCIES?

1. It is of great importance: Not all PPAs present are at the same level of PBF implementation and the exchange enables to correct what was badly done and provides guidance for further implementation.
2. Improvement of knowledge on different PBF approach implementation mechanisms
3. Other countries' experiences in the PBF approach will enable me to improve the strategies for PBF sustainability in my country
4. The organisation of the PPA meeting is of great importance. It enabled PPAs to share experiences, management tools, evidences and to make corrections in the management of PPA activities
5. It is of great importance: experience sharing. We will try to materialize conclusions in our strategic plan.
6. The important contribution from this meeting is that it enabled to share experiences in terms of achievements, difficulties met and challenges to be taken up together and per country. It also contributed to the reinforcement of institutional and personal links.
7. Good meeting for exchange and information on the development of PBF in other countries
8. This meeting is important because, through the Performance Purchasing Agency, the PBF programme is well implemented and understood well by stakeholderS, healthcare services consumers included.
9. Experience sharing for both main implementation phases: 1° PPA, 2° Scaling up.
10. This meeting is important for experience sharing, that is to say that we provide information about what we do and at the same time we learn about new methods and formulae in force elsewhere.
11. The meeting enabled us to find out the experience from other countries. This helps us improve our practices.
12. This meeting is of great importance because it brings together all PPA officers so that they share their experiences. This enables everybody to better target field interventions.
13. An experience sharing opportunity between those in charge of PBF strategies and advocacy on the one hand and PBF implementing stakeholders on the other hand.
14. The meeting is very important because it will enable to conduct advocacy in favour of the viability, sustainability of purchasing agencies lest PBF should be compromised.
15. The meeting enables to meet other PPAs, to know their modus operandi, which is different from one PPA to another on some aspects. However, similar aspects exist as well.
16. This meeting is important because it enables to share experiences and to enhance skills in the implementation of the PBF strategy.
17. This meeting is of great importance because it brings together all PPA officers to share their experiences; this enables everybody to better target field interventions.
18. In my view, this meeting was of great importance; this will continue in discussion groups via Internet.
19. Meeting PPAs friends and exchanging on the current status
20. Exchanges on the practices in different countries at health PPA level are enriching.
21. A good opportunity to share experiences, to harmonise practices in everybody's work.
22. Experience sharing: understand ongoing development in the countries; opportunity for

meeting stakeholders from other countries.

23. Exchange and experience sharing meeting bringing together different PPAs.
24. The meeting is of great importance in terms of experience sharing.
25. The meeting is really useful in terms of sharing of very rich experience and personal action capacity.
26. Community verification is the key for PPAs' success: understand the difficulties met by PPAs in the implementation of technical and perceived quantitative and qualitative verification.
27. This meeting enabled to have an idea on how PPAs operate in different countries. It it's a platform for experience sharing.
28. The importance of purchasing agencies is, understanding of the indicators to be purchased, verification of the achievements and the process of payment. Each country has a different approach of purchasing. Some countries have a 50% attached to quantity and 50% to quality; others are based on each indicator cost, but overall the important tact is that all stakeholders in each country agree on the mode of how the purchasing agency will pay the succichy
29. The different methods of aggregating the funding of the quantity / quality assessments
    That the perception of the quality as seen by the community should be considered in to the quality score.
30. Learn about different structures, what is the set up in different countries and what can we take back home.
31. Various systems from other countries learnt LPA; Experience gained = other countries.
32. Understanding how PA from various countries has grown in terms of Technical Know-how.
33. Ushering of experiences from various countries within the region.
34. The operation of purchasing agencies in other countries. Purchasing agencies in each country, operating differently. There is no universal way of doing business.

WHAT HAVE YOU LEARNT FROM OTHER COUNTRIES REGARDING THE FUNCTIONING OF PBF STRUCTURES?

1. We have leant about some practices, which are different from those we experienced at the time of PPAs. Operation is difficult because of the territory that is vast.
2. Verification of perceived quality, strong involvement of the approach in Rwanda and Burundi; existence of community PBF in Burundi and Cameroon.
3. I learnt about good strategies for a good assessment of the quality of healthcare.
4. There are some countries where PBF is implemented at national level and others where PBF process is ongoing
5. PPAs' empowerment enables to ensure their sustainability; the regulator has an important role to play in PBF. The taking into consideration of the equity mechanism.
6. Strong government involvement in Burundi; importance of documentation and information management.
7. The technical quality assessment system in Cameroon is done with a heterogeneous standardized indicator grid. Community surveys conducted in CAR with a system of fictitious patients.
8. Importance of government's involvement in all the levels of the process.
9. Exchange was interesting, but some difficulties were not mentioned. What I learnt about more is the operational effort from different agencies.
10. Difference in terms of incorporating in decision-making the results from community assessment.

11. The thing I learnt about is quarterly assessment instead of monthly one, particularly when the project is more than 2 years old. I also learnt about cross-verification.
12. The multitude of mechanisms in place to care for destitute people.
13. In some countries, cross-verification is conducted by a PPA, while, in other countries, it is conducted by the regulator together with the agency. 50% of the payment of equity bonus by destitute people goes to the agency.
14. The diversity of strategies, the dynamics of agencies, the motivation for everybody.
15. In some countries, purchasing agencies are structures democratically established without any influence from the territorial or national authority.
16. Even though the approach is based on the same principles, it is not uniform in its functioning. In some places, one feels dysfunction in the separation of functions.
17. The establishment of criteria to select destitute people and the determination of equity in terms of a lump sum related to the performance of reception facilities.
18. In some countries, cross-verification is conducted by a PPA, while, in other countries, it is conducted by the regulator together with the agency. 50% of the payment of equity bonus by destitute people goes to the agency.
19. Several agencies are established because of the government's involvement. The freezing of a project in a region or throughout the country. Case of Zimbabwe.
20. The verification system with fake cases.
21. We currently practice Education PBF/community rehabilitation PBF. Apart from the administrative aspect, tools are not the same. The ownership issue remains the same.
22. Introduction of fictitious elements during quality assessments and the government's involvement.
23. Sustainability actions and differences among countries. It is necessary to take into consideration contexts and the evolution. Problems are almost the same and joint actions are recommended.
24. Conditions for caring for destitute people. Importance of clear verification; advocacy with the government and PBF introduction in other areas such as administration and education.
25. Introduction of fictitious sampling cases for community surveys: real stories on the population's influence on health facilities and PPAs. How community control is exercised in Rwanda.
26. The organisation of verification in equity funds (destitute people), the calculation of quality bonus and its assessment.
27. Government's ownership by participating in country or region financing through the budget will help sustain the approach.
28. Some countries are still in their embryonic stages while others are advanced; the government took ownership at all levels. People should not be afraid of the cost related to its functioning, as it is low.
29. I have learnt the different mode of purchasing but above all achieving the intended goals of the PBF program (improving quality of health service delivery, increasing access for everyone including the minority).
30. They have diversified into education, a case of Cameroon; That the organization is taking the role of final holder and PA; which we did not consider can happen before: separation of functions.
31. Community verification by purchasing agent rather than by community organization.
32. PA can be useful by bringing transparency in the way service is delivered - Possible to get

opinions, users important services delivery - The level of APM cost – LPA to be reasonable to ensure quality service.

33. They operate in a different way but at last they aim in the same issues.
34. Separation of functions is for PA to execute its duties.

IN YOUR OPINION, WHAT IS THE MAIN PROBLEM YOUR STRUCTURE IS FACING IN ITS CURRENT DEVELOPMENT PHASE?

1. On account of ownership, the government has the duty to look for funds for the continuation of PBF implementation
2. Ownership of the approach by the government; some donors' resistance to channel funds through this mechanism; reflection on the articulation between PBF, mutual health insurance schemes and healthcare financing by enterprises.
3. Mobilisation of sufficient resources to extend PBF to national life sectors others than the health sector.
4. So far, financing comes from the donor community
5. Government's low involvement; non-diversity of donors
6. It is the problem pertaining to viability/sustainability of our PBF approach-related interventions.
7. Training of staff from PPA and other stakeholders
8. Not applicable in my country.
9. Insufficient involvement of the regulation at intermediate level; this slows down the PBF implementation ownership process.
10. The duration of the project is very short and the donor (WB) wants to see results in the first 3 to5 years
11. Sustainability after the pilot phase as well as ownership by the government.
12. Ownership of the approach by the Government (policy) is the main problem. The Government continues to consider the approach as CORDAID property.
13. Empowerment and sustainability of financings.
14. Sustainable financing of the activities of the structure
15. No community verification is conducted by neutral stakeholders such as local associations.
16. Means necessary to ensure good community verification.
17. Ownership of the approach by the Government (policy) is the main problem. The Government continues to consider the approach as CORDAID property.
18. The main problem is the government's involvement, the sustainability of the approach and the effective care of destitute people
19. PPA's institutional anchoring in the health system
20. Precisely, the main problems we are facing are those of ownership and scaling up.
21. Ownership of the approach by the government.
22. Ownership by decision-makers and other main donors.
23. Empowerment; the quality of Local Association services.
24. Training/support/reinforcement of capacities for implementing stakeholders.
25. Community verification and care of destitute people; the calculation of quality bonus and its assessment.
26. Sustainability of the financing of the approach.
27. Financial resource mobilization, alignment of other partners and ownership of PBF approach by the Government.

28. The biggest challenge of PA is confronted with is the issues of continuity / sustainability due to lack of funds for purchasing of the services.
29. Lack of personnel to undertake documentation; Lack of capacity to undertake field research; Delayed funding of performance subsidies; the different players in the assessment delay the final result and payment of subsidies.
30. Segregation of functions, = change current structure in more sustainable.
31. Determination of % for administrative part, Dealing with many data source not unified.
32. Country ownership and sustainability
33. Payment of subsidies on time
34. The purchasing agency does not exist because of PBF project land. PBF activities are just added responsibilities. Its primary accountability is its donors who are different from PBF donors.

OTHER OBSERVATIONS

1. it is important that implementation monitoring and classic training sessions increase to avoid a mutation that could completely distort the PBF approach; it is important to safeguard PBF's good practices despite the diversity of the set- up for each country,
2. I express my warm thanks for the organisers of this meeting, which allowed for spontaneous and sincere exchanges meant to find solutions to the problems we face in our various diversities.
3. The methodologies used during the workshop were very diversified and interesting. Results obtained are proportional to the time participants had.
4. I thank organisers for having thought of this sharing experience workshop. It was enriching and will enable to improve the application of the PBF approach and to take up challenges in our country.
5. The government's involvement and participation are very important for the viability of the PBF approach. This is not yet the case in the majority of countries.
6. Meetings like this one should often be organized. But an additional day is needed to visit an agency of the area where the meeting takes place.
7. Not completed
8. The venue of the meeting was completely inadequate. There is need to give more time to plenary discussions.
9. I suggest, as one participant in the meeting room said, that we take into consideration the aspect of PBF programmes sustainability and viability. We wish this programme to develop but without losing substance: Quantity and quality of the services provided for the population and by the population.
10. Very positive appreciation of the group work. "Objective grid". Pro-arguments and counter-arguments as well as interesting themes.
11. Such a meeting should be organised every six months instead of once a year. Please provide accommodation for participants in hotels with minimal conditions.
12. Not completed
13. Not completed
14. Very tight meeting room
15. Not completed
16. PPAs should be encouraged. We urge donors and NGOs to provide them with support at the level of financial capacity reinforcement, advocacy with their respective governments in

order for the latter to get involved.

17. Limited time for group discussions while themes for discussion were relevant enough.
18. Not completed
19. Provide documentation on sustainability and viability.
20. Inadequate meeting room; correct facilitation but lacking humour and jokes. Diversified group work; On the whole, the objective of the meeting was achieved.
21. Nothing to report
22. To encourage periodical meetings bringing together performance purchasing agencies. Logistics (especially accommodation) was not good. The arrangement of participants in the meeting room was not comfortable. Moreover, it was not favourable to exchanges. Groups worked outside, and were exposed to warmth and the sun.
23. To improve accommodation conditions for participants. Communicate more about all the aspects of the organisation.
24. To continue to organise such meetings. To improve reception, especially conditions in the bedrooms (they are dirty); to disseminate the workshop report.
25. The workshop laid a particular emphasis on the reinforcement of the voice of the population through communities 'influences on healthcare quality and quantity.
26. To theoretically train new stakeholders so that they have bases for the comparison model. Reinforce this network.
27. The government's involvement in PBF is very important.
28. On the whole, the workshop was interesting, but time was not enough for exchanges, experience sharing and discussions.
29. Over all the organization preparation and sequence of agenda items was very good. Unfortunately the challenge encountered was language barrier. If the presentations and all group works were translate into English as well.
30. A very useful meeting to have an in-depth understanding of PBF principles and applications. The experience exchanges were very useful and helpful.
31. Would like to have more discussion on segregation. Are some of the segregations gram the theory really needed /required.
32. No answer
33. Community and country ownership should be given special attention so that even after PBF downers pull out PBF, activities will be able to continue (quality services to continue without any interruption).
34. PBF has to be adapted to the situation prevailing in each individual country.
35. Next meeting, presentations should be at least in both English and French. It was extremely difficult to actively engage in deliberations and contribute positively due to language barrier.

Appendix 3

Cordaid
BUILDING FLOURISHING COMMUNITIES

5-6 February 2013 International workshop bringing together Performance Purchasing Agencies (PPAs) implementing the results-based financing approach

List of Participants

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APPENDIX 4

PRESS RELEASE

Annual meeting of the Multi-Country PBF Network and international workshop bringing together Performance Purchasing Agencies (PPA) implementing the Results-Based Financing Approach

Kinshasa, 5 February 2013- The Democratic Republic of Congo (DRC) in collaboration with CORDAID[6] (NGO) hosts from 5 to 6 February 2013 in Kinshasa an annual meeting of the results-based financing (RBF) multi-country network. This workshop is in line with the multi-country programme co-financed by European Union and CORDAID. During this meeting, participants from seven (7) African countries will think over and discuss about RBF gains in the following sectors: health, education, rural development and pubic administration.

Indeed, results-based financing promotes the separation of functions among the regulator (Ministry of Public Health), the service purchasing agency and service providers (hospitals, health centres). It is a governance instrument aiming at ensuring efficiency, transparency and accountability in the programme financing.

In two days, performance purchasing agencies will exchange ideas on their raison d'être, their functioning and sustainability in countries. They will also share experiences and good practices in the implementation of RBF-oriented activities. A restricted group composed of teams of coordinators of the multi-country network will continue works of the last two days to plan future activities.

The countries represented are PBF Network member countries, namely: Burundi, Cameroon, Central African Republic, Democratic Republic of Congo, Rwanda, Tanzania and Zambia. The Republic of Congo and Zimbabwe are also represented to the meeting, as they also developed expertise in this area with CORDAID.

This workshop enjoys technical expertise from CORDAID (The Hague and Kinshasa) in partnership with Health, Development and Performance (HDP).

For more than ten years, CORDAID has been initiating and successfully executing the Results-Based Financing approach in several countries. It has also been conducting advocacy in favour of its ownership and scaling up.

For further information, please contact CORDAID Office, Kinshasa on the following address:
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[6]The Catholic Organisation for Relief and Aid (CORDAID) is a civil society organization with a head office in The Hague. It focuses on development and partnership in vulnerable regions and conflict areas.
CORDAID aims for an equitable and viable society in which each individual counts, a society giving room for diversity and where communities share the common good.