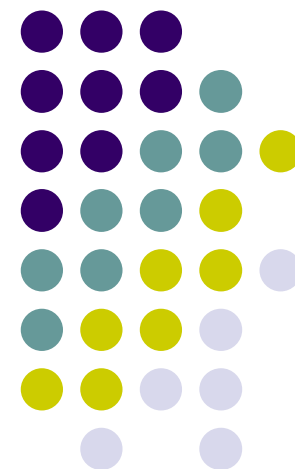


Proposed Results Based Financing to improve maternal and child health in Zambia

Collins Chansa
Chief Planner

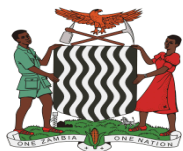
Multilateral & Bilateral Cooperation
Ministry of Health – Zambia



Zambian Health System



- Health Reforms initiated in 1992
- Health Vision: “...provide the people of Zambia with equity of access to cost-effective, quality healthcare as close to the family as possible...”
- Three-Tier decentralized system of Planning & Implementation
- Input funding through Sector Wide Approach (SWAp)
- Basic Health Care Package of Interventions
- Community Involvement in Health Service Delivery



Selected Health and Socio-economic Indicators

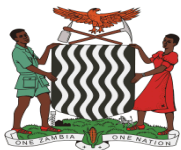


	1991/2	2001/2	2006/7
Infant Mortality Rate per 1000 live births	79	95	70
Child Mortality Rate per 1000 live births	120	168	119
Maternal Mortality Rate per 100,000 live births	20.1	729	449
Fully Immunised Children Under 1 Year (%)	73%	76%	87%
HIV/AIDS prevalence (15-49yrs)	23%	15.6%	14.3%
Life Expectancy at Birth (Years)	46.9	43	41
Incidence of Poverty (%)	70%	68%	64%

Re-newed thinking on how to finance health services



- Augment input funding with PBF
- Sustain the recent gains and further reduce the indicators towards attainment of MDGs
- Enhance equity and pro-poor focus by providing more support to low performing districts
- Child and Maternal Health indicators can be further improved through scale-up of incentive schemes i.e. PBF, Rural Retention schemes, infrastructure development



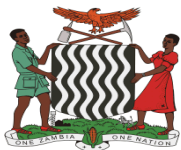
What is Results Based Financing or “RBF”?



Results Based Financing (RBF) is *“Transfer of money or material goods conditional on taking a measurable health related action or achieving a predetermined performance target”* *

Financial risk is the assumed driver of change.

*From the Center for Global Development working Group on Performance Based Incentives



Overall Objectives of the RBF in Zambia



- **Increase coverage of key interventions that contribute to reducing maternal and child mortality**
- **Contribute to changing the policy & implementation framework in Zambia from a focus on inputs & processes to a focus on performance & impact**



How will RBF contribute to improved maternal and child health?



- **Motivating health workers and their supervisors**
- **Helping to build capacity at community, health center, district, and central levels**
- **Strengthening the systems needed to deliver quality services**
- **Rewarding innovation and results**



The “All Important” Details



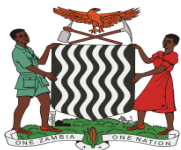
- **US\$15 million grant won by the GRZ through a competitive process**
- **Additional US\$ 1 million dollar impact evaluation to measure progress and results**
- **Funding will flow through the district basket**
- **Facilities and district teams will be rewarded (with money) for increasing utilization of key services by women and children**
- **Performance will be measured against a set of pre-agreed indicators collected by the HMIS**





Operational Design

- **Pilot will cover 9 districts; one in each province of Zambia**
- **Performance contracts between health facilities and DHMT**
- **Performance contracts between DHMT and MoH**



Performance Targets



- **%increase in institutional deliveries**
- **%increase in postnatal visits within 6 days of delivery by health centre staff (delivery at home or in facility)**
- **% increase in full immunization of children under 1 (target depends on baseline)**
- **% increase in pregnant women receiving 3 doses of IPT**

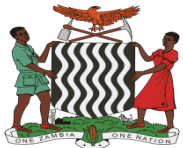


Performance Targets



- **Contraceptive prevalence rate**
- **% pregnant women received Iron supplements at antenatal care**

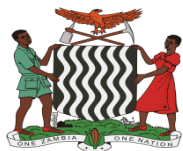
- **COMMUNITY LEVEL:**
 - **% houses with bed net properly set up**
 - **% children taking Vitamin A administered by CHW**



Katete Pre-Pilot to inform design



- **Payment model:** fees for services or reward attainment of performance targets
- **Data Quality:** How to best strengthen reliability of data collected through the HMIS
- **Capacity building:** what capacities need strengthening at district and health facility levels
- **Data Validation :** How to assure reliability of performance data with external audits
- **Community-based RBF:** How to operationalize



Payment Model



- Katete has been randomly divided into two groups:
 - Group A: **target-based**- performance rewarded against a set-of pre-agree targets
 - Example: reward if 70% of children under 1 are fully immunized.
 - Group B: **fee-for-service**- payment of a fee for each unit of a service provided.
 - Example: pay x for each fully immunized child.



Data Quality



- Builds on existing HMIS
 - Each month, facility reports to district
 - Each quarter, district reports to center
- Assess strengths and weaknesses
- Develop a plan to strengthen data quality
- Use District Management Tool to monitor progress and identify potential data entry errors





Data Validation

- Evaluate proposed approach to externally validate reported data at both district and facility level.
- Independent entity contracted to examine random sample of reported results. Households interviewed to verify
- Penalties for discrepancies



Capacity Building



- Provide tools to district team to help manage results in the district
- Establish new systems and strengthen existing ones
 - Financial management- enable facilities to open bank accounts and manage funds
 - Technical assistance- DHMTs will provide strategic assistance to help low performing facilities improve





Timeline

- October 15, 2008: roll-out of Katete pre-pilot
- January 15, 2009: roll-out of pilot in Zambia
- Pilot will run for 3 years.

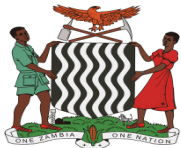
The pre-pilot will inform the design and implementation of the pilot



Design elements and implementation considerations



- Agree on indicators
 - Small number is best (LT 10?)
- Agree on targets
 - Relative to own baseline
- Agree on reward (or penalty) linked to attainment of target
- Agree on way to measure and validate
- Regulatory role and Fund holder

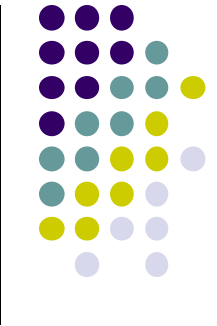


Design elements and implementation considerations



- Agree on Institutional framework while sustaining what is currently working
- Capacity Building and more investments for low performing districts
- Huge amount of money available through basket funding as compared to PBF
- Sustainability of the PBF





END OF PRESENTATION

