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Study of Enhanced Quality of Care Assessment Instruments in Senegal's Performance-Based Financing Program

Presenter: April Williamson, Program Officer, R4D
Global Maternal and Newborn Health Conference
Mexico City, Mexico

Study duration: 2015-2016

Location: Senegal (Dakar, Kaolack, Kaffrine, and Kolda regions)

Research team:

- Co-Principal Investigators: Marty Makinen, Results for Development (R4D); Jurrien Toonen, Netherlands Royal Tropical Institute (KIT)
- April Williamson and Emily Allen (R4D); Christel Jansen (KIT)

Key partners:

- Senegal's MoH
- Abt Associates/Senegal
- World Bank

Financial and technical support:

- USAID's Translating Research into Action (TRAction)



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Study Context

- What is performance-based financing (PBF)?
 - “PBF schemes create **incentives for provision of high quality and quantity health care** by injecting performance-based cash into the facility while increasing **local decision** rights on all financial and productive resources, and also strengthening **local accountability** and oversight mechanisms” - *Fritsche et al., 2014 (PBF toolkit)*

Study Context



Study Context

- 2012: Performance-Based Financing (PBF) program piloted in Kaffrine and Kolda regions; 2015 expansion to 4 new regions
 - Quality checklists are used to deflate bonus payments for quantity results
- 2013: Review and Revision of the PBF program concluded that there was a need to:
 - Improve the primary-level (Health Post/Health Center) quality checklists
 - Develop a quality checklist for the hospital level
 - Better understand how **provider behavior changes in response to the quality checklists**
- 2015: USAID/Abt Associates/MoH process evaluation provided some initial findings on provider behavior, but further study is still needed



Study Objectives

- Correspond to identified needs from 2013 Review & Revision
 1. Improve primary-level quality checklists
 2. Develop quality checklist for the hospital level
 3. Explore “**black box**” of provider behavior in response to quality checklists
 4. Provide recommendations based on the above
 5. Contribute to the knowledge base on quality assessment mechanisms for PBF



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The “Black Box”



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“Black Box” Study Component Objectives

- Conduct an in-depth study on the “black box” of how and why providers respond to quality incentives
 - Beyond focusing on quality scores
- Identify possible complements to facilitate quality improvements
- Provide recommendations for improvements to the program’s quality component



Literature Review

- Existing literature on PBF programs and quality is limited
- The “black box” of provider behavior identified as an area where further study is needed
- Some anecdotal evidence that PBF programs can lead to improved provider behavior
 - Greater autonomy and accountability
 - Increased productivity and motivation
 - More collaboration within structures (but not between health systems levels)



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Literature Review (cont.)

- But...
 - Most studies did not include an explicit focus on provider behavior
 - Evidence is anecdotal, not systematic
 - Evidence is mixed on the effects of quality incentives
 - Mechanisms for quality improvement are not systematically explored



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Anecdotal Evidence from Senegal

- Source:
 - *Evaluation du processus du projet financement basé sur les résultats dans le secteur de la santé au Sénégal - 2015* (USAID/Senegal, Abt Associates, MoH)
- Objective of the evaluation:
 - Document the PBF program's process of implementation, initial results, and challenges



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Senegal's Quality Scores

Highest scores

- Lab services
- Family planning
- Vaccination and newborn care

Lowest scores

- M&E/HIS
- Maternal care
- Infectious diseases



Anecdotal Findings on Provider Behavior

- Greater staff involvement
 - More autonomy, accountability, and active management
 - More respect for working hours and reduced absenteeism
- Quality improvement
 - Greater adherence to norms, protocols, and hygiene standards
 - More attention to customer care
- Organization and management
 - More systematic planning and implementation of activities, including regular monthly coordination meetings
 - Better management of data, including emphasis on drug supply to avoid stock-outs



Anecdotal Findings on Provider Behavior

- Use of PBF payments
 - Used for personnel bonuses and facility and service improvements (e.g. strengthening equipment and supplies; improvement to the physical structure)
- Innovative strategies
 - Addressing issues that reduce use of certain services (ex: use of loudspeakers to inform populations about scheduled services)
- Greater attention paid to users
 - Interest in meeting the needs and wants of populations served

Enabling and Constraining Factors

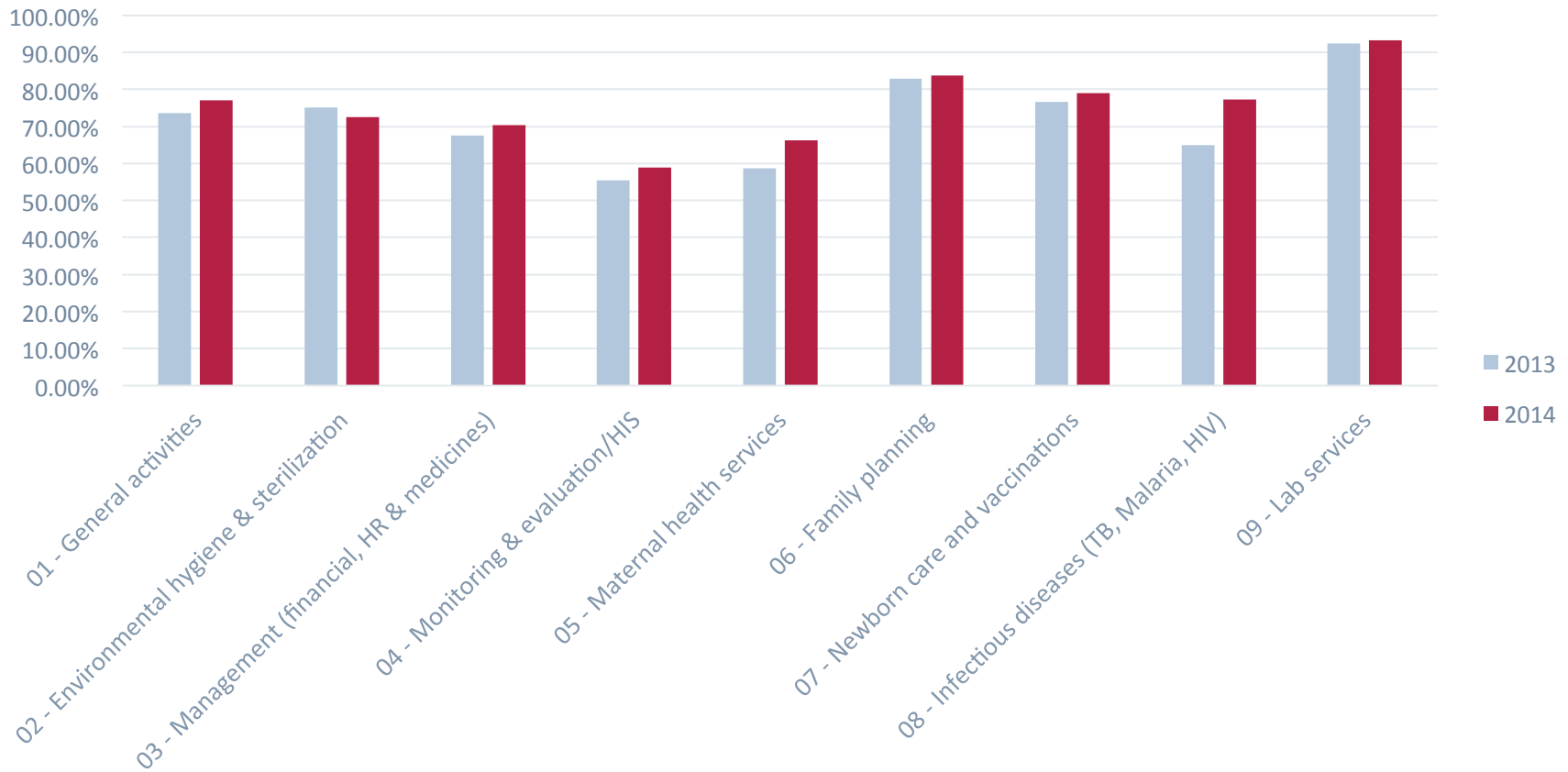
Enabling Factors

- Equipment and skills available for lab tests and family planning
- Assistance from other projects/programs

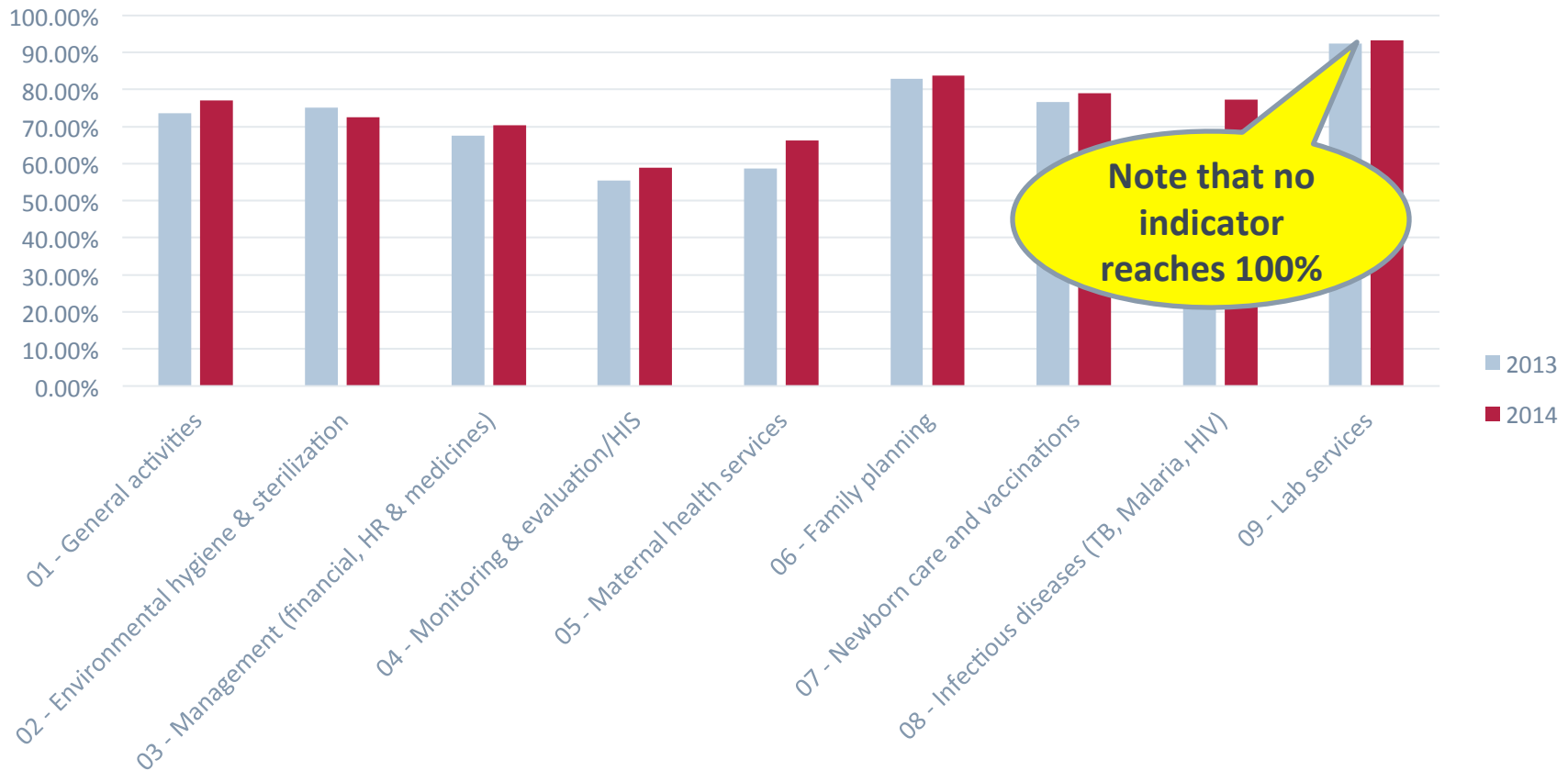
Constraining Factors

- Lack of availability of equipment and supplies for maternal care
- Difficulty holding monthly meetings and managing information for M&E
- Insufficient training, weak support from District Management Teams, and insufficient supervision concerning certain areas
- Human resources shortages and absences (ex: off-site trainings and meetings for nurses in charge of Health Posts)

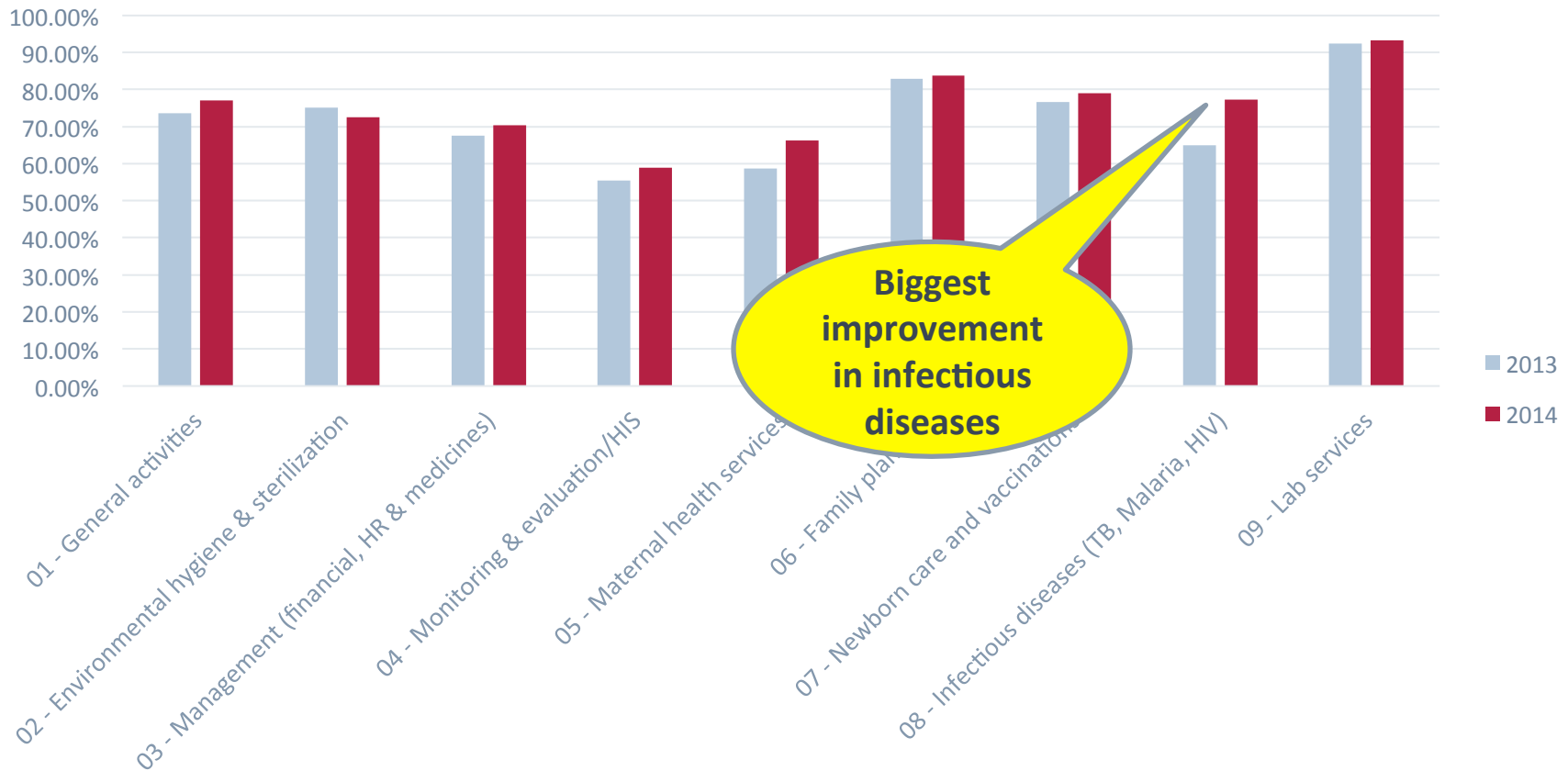
Quality Scores – Quality Area



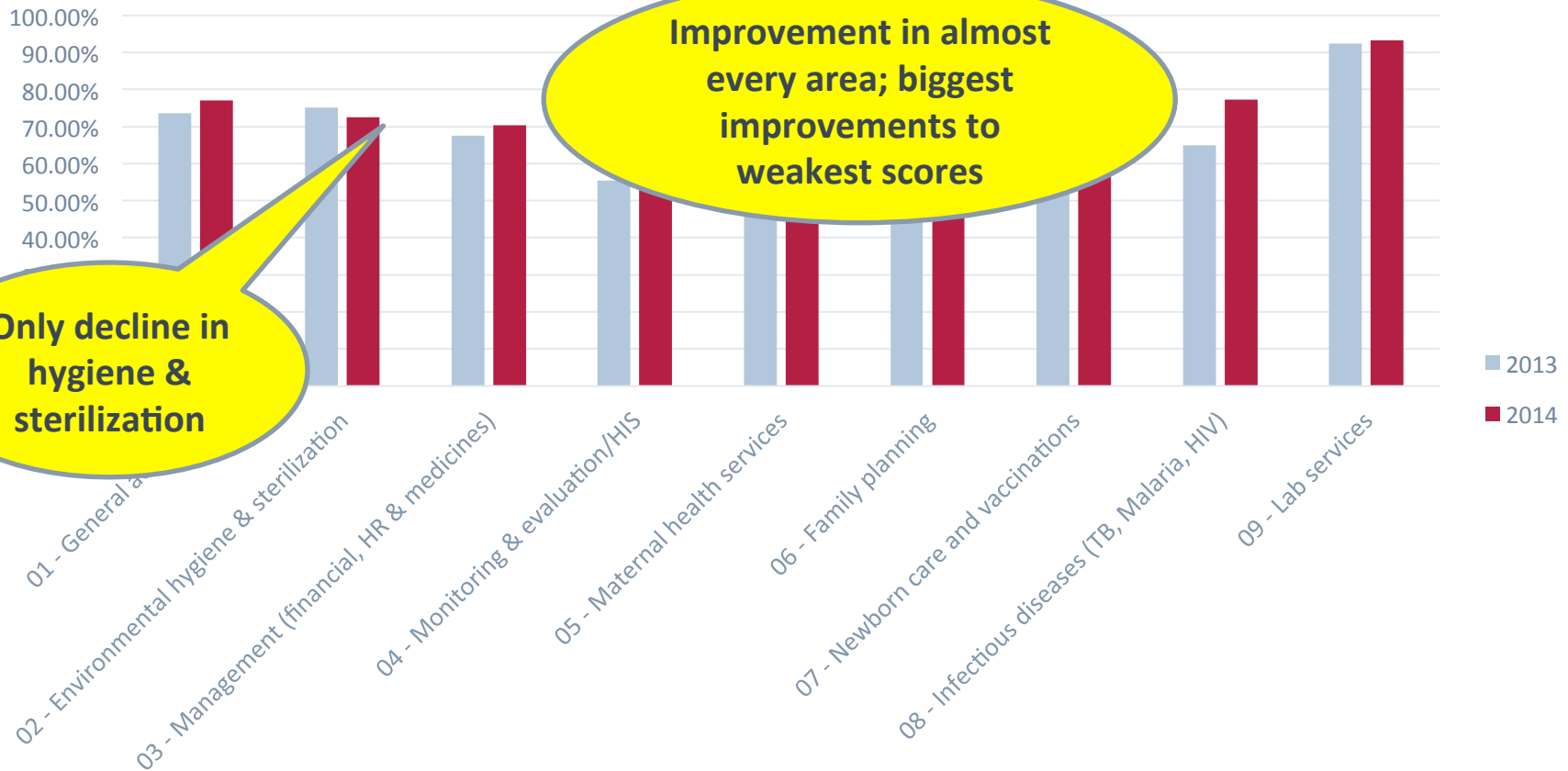
Quality Scores – Quality Area



Quality Scores – Quality Area



Quality Scores – Quality Area



Only decline in hygiene & sterilization

Improvement in almost every area; biggest improvements to weakest scores



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Hypotheses

- Provider personnel under the PBF program's quality checklists will:
 - Be capable of obtaining better quality scores where improvement is within their control
 - Take advantage of available tools and approaches
 - Have entrepreneurial creativity
 - Respond to user needs and wants
 - Use PBF bonus payments to improve quality
 - Look for tools, advice, and financing to improve quality
 - Be more aware of quality in their work
 - Plan based on outcomes, rather than inputs
 - Know what they're accountable for
 - Be limited by supplies and equipment available



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Methodology

- Qualitative study
- Individual interviews and focus group discussions with providers in intervention (PBF) and control (non-PBF) areas
- Three key themes:
 - Behavior to attain quality results
 - Enabling/constraining factors
 - Attitudes toward quality
- Emphasis on essential obstetric and neonatal care (EONC)



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Timeline

- **May – June 2015:** Award received; protocol development; literature review
- **August 2015:** KIT ethical approval
- **October 2015:** Data collection instrument development and field testing; submission to Senegal's ethical review board
- **January 2016:** Field data collection
- **May 2016:** Presentation of draft report
- **June 2016:** Final report and brief



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Indicative Findings from Instrument Testing

- Biggest benefits of PBF in terms of quality
 - Focus on important elements of quality
 - Financial support to purchase needed materials/equipment (specifically items on the checklist)
 - Motivation of personnel, especially community workers, to perform activities
- Biggest constraints
 - Financial support doesn't meet all needs
 - Inability to purchase more expensive equipment
 - Lack of sufficient technical supervision



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Indicative Findings from Instrument Testing

- Most important activities to achieve quality
 - Ensuring availability of equipment
 - Avoiding drug stock-outs
 - Communication with the population
- Emphasis on the quality checklist
 - Frequent mention of the checklist as a point of reference
 - Checklist criteria themselves are motivating, regardless of bonus payments



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Thank you!



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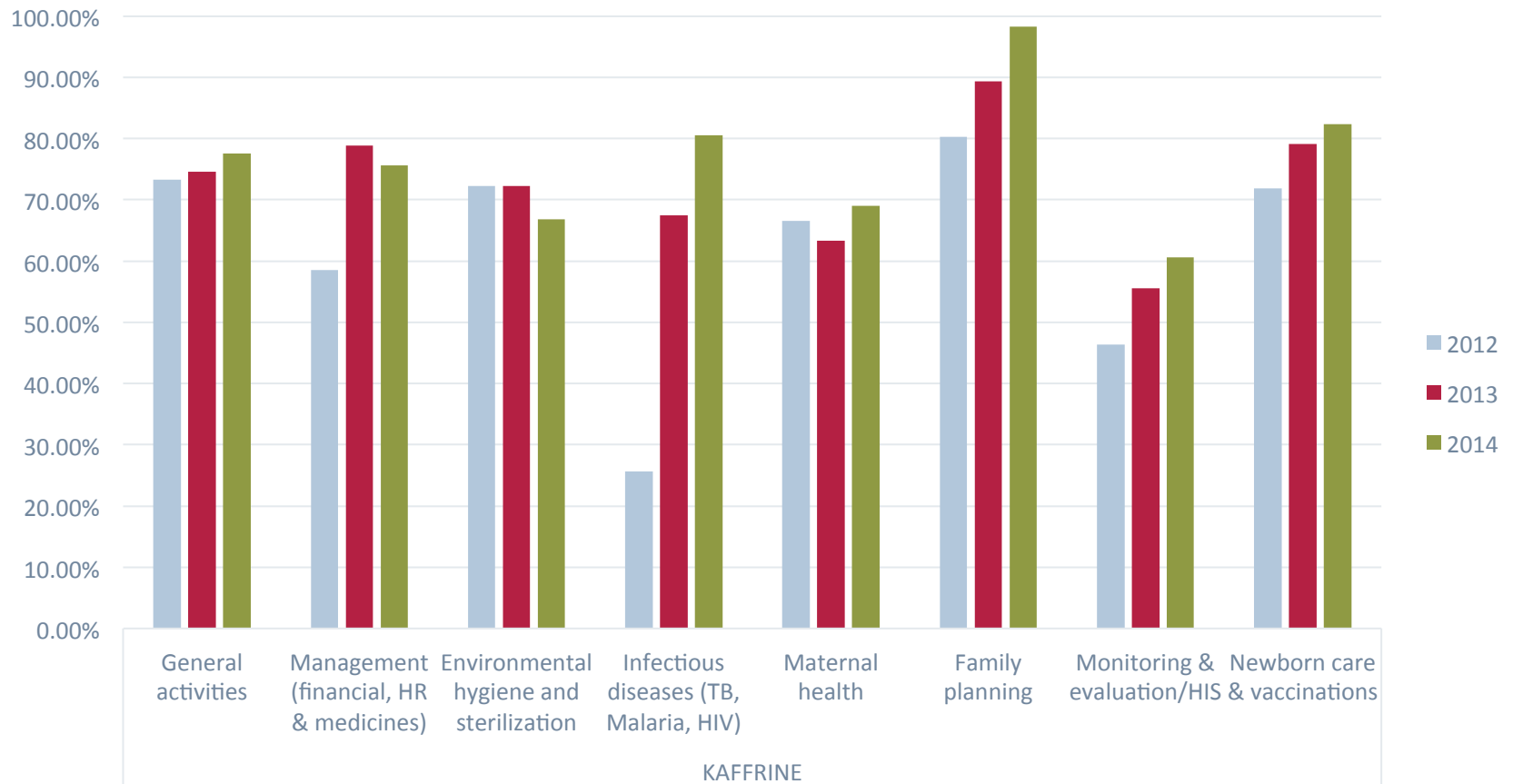


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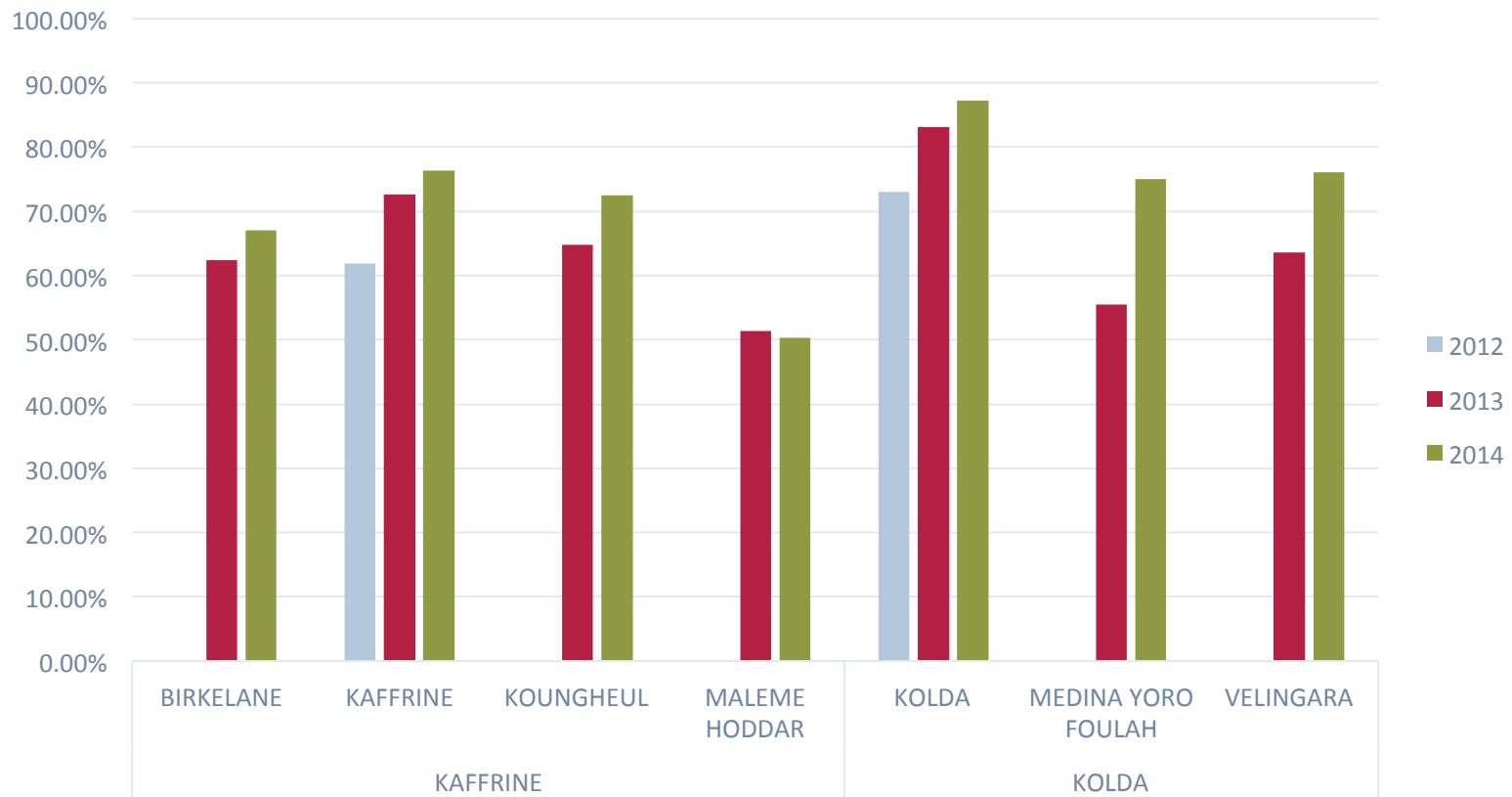
Quality Scores– (DS Kaffrine)



Quality Scores– (DS Kolda)



Quality Scores – by district



Quality Scores- by region

