

Direct financing of health facilities: RBF and HBF-DHFF

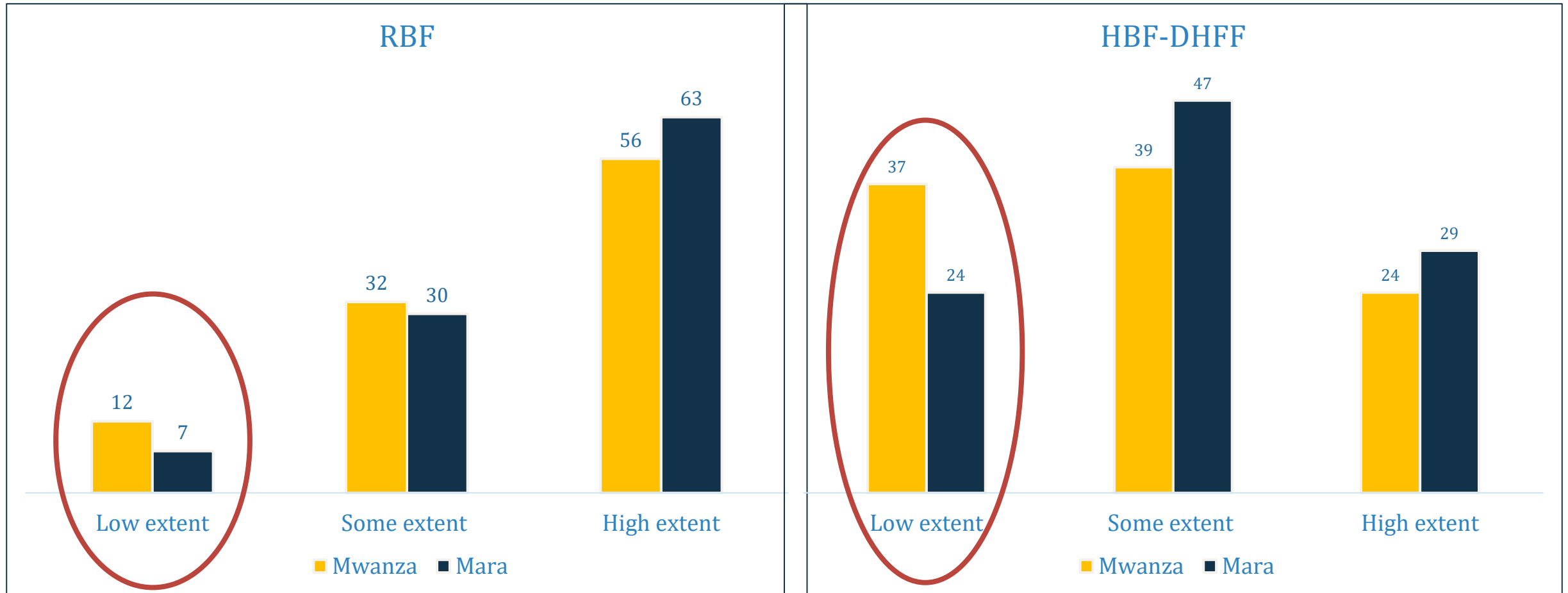
26 October 2020



Purpose of this meeting

- Receive feedback on report
- Discuss what we can learn for the further development of direct health financing
- Raise questions that can be included in next phone survey

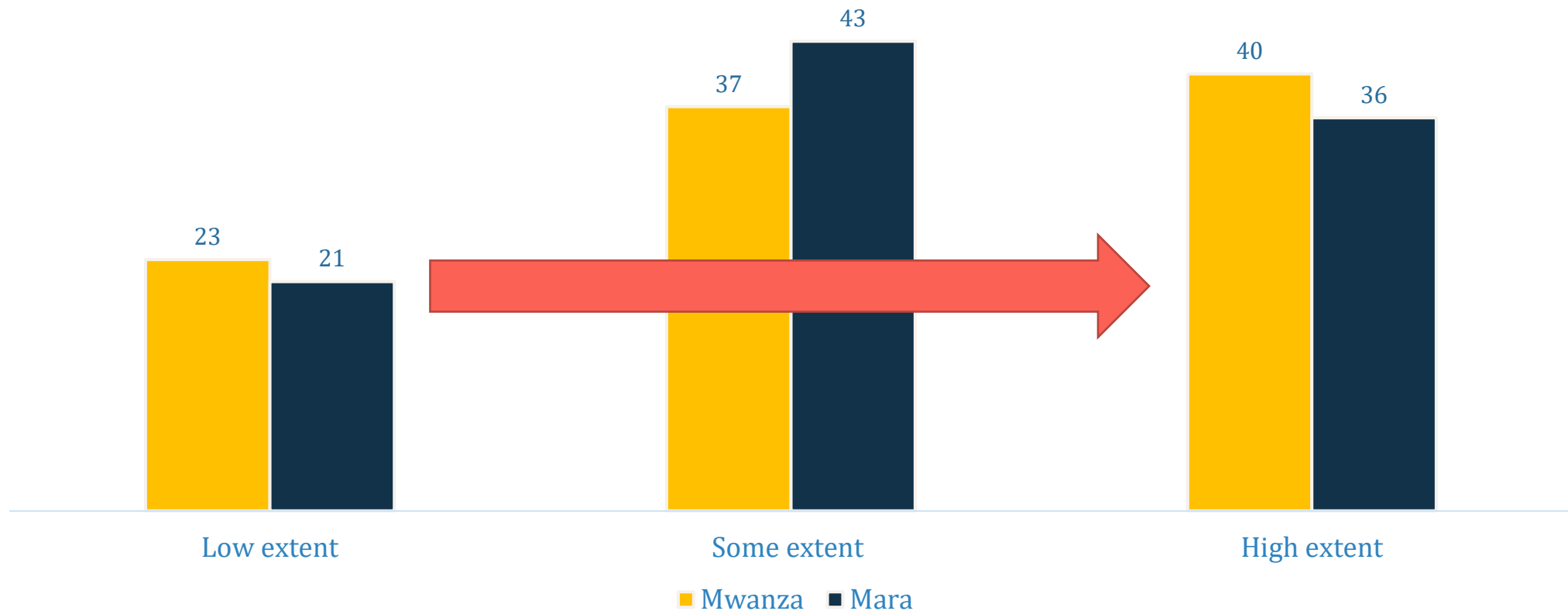
Have in-charges received adequate training?



Most in-charges were **uncertain about payment criteria** for
HBF-DHFF

How can PlanRep be utilized more?

Use of PlanRep for planning and budgeting

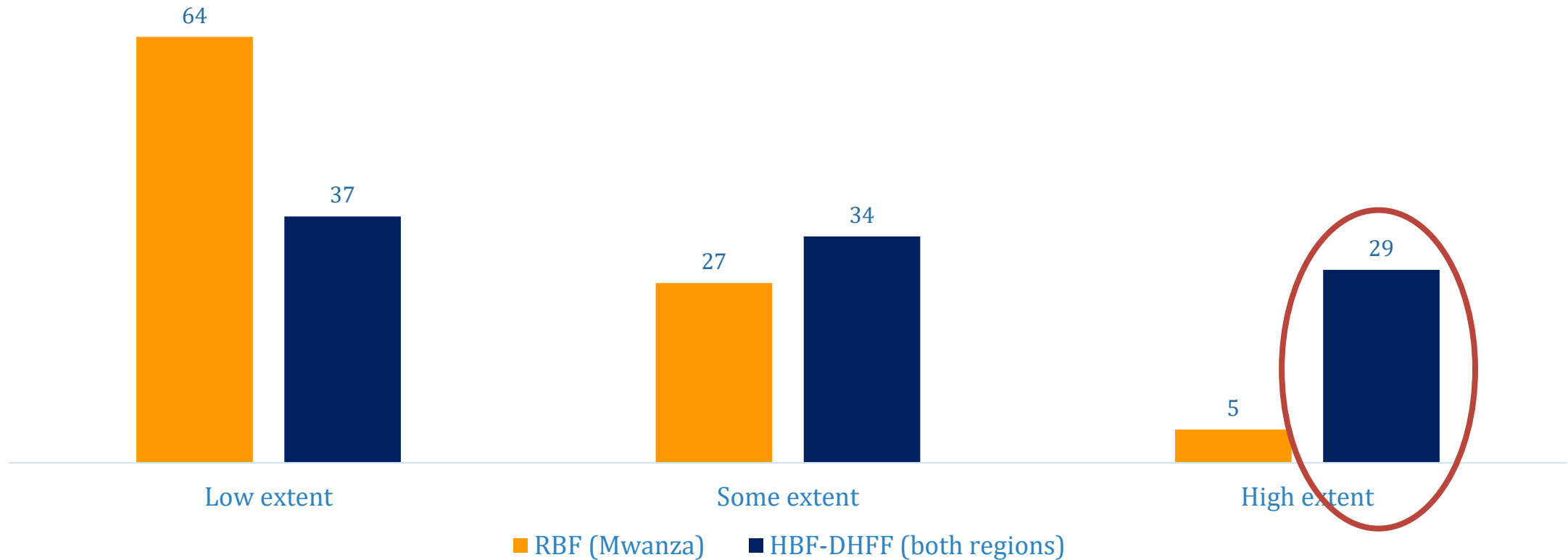


Possible recommendations

- *Assess how to improve HBF-DHFF training.*
- *Make sure in-charges understand how facilities can increase own funding with HBF-DHFF.*
- *Assess how to increase the use of PlanRep*
 - *Technical solutions? Competence? Both?*

Are restrictions on budgeting/spending too tight?

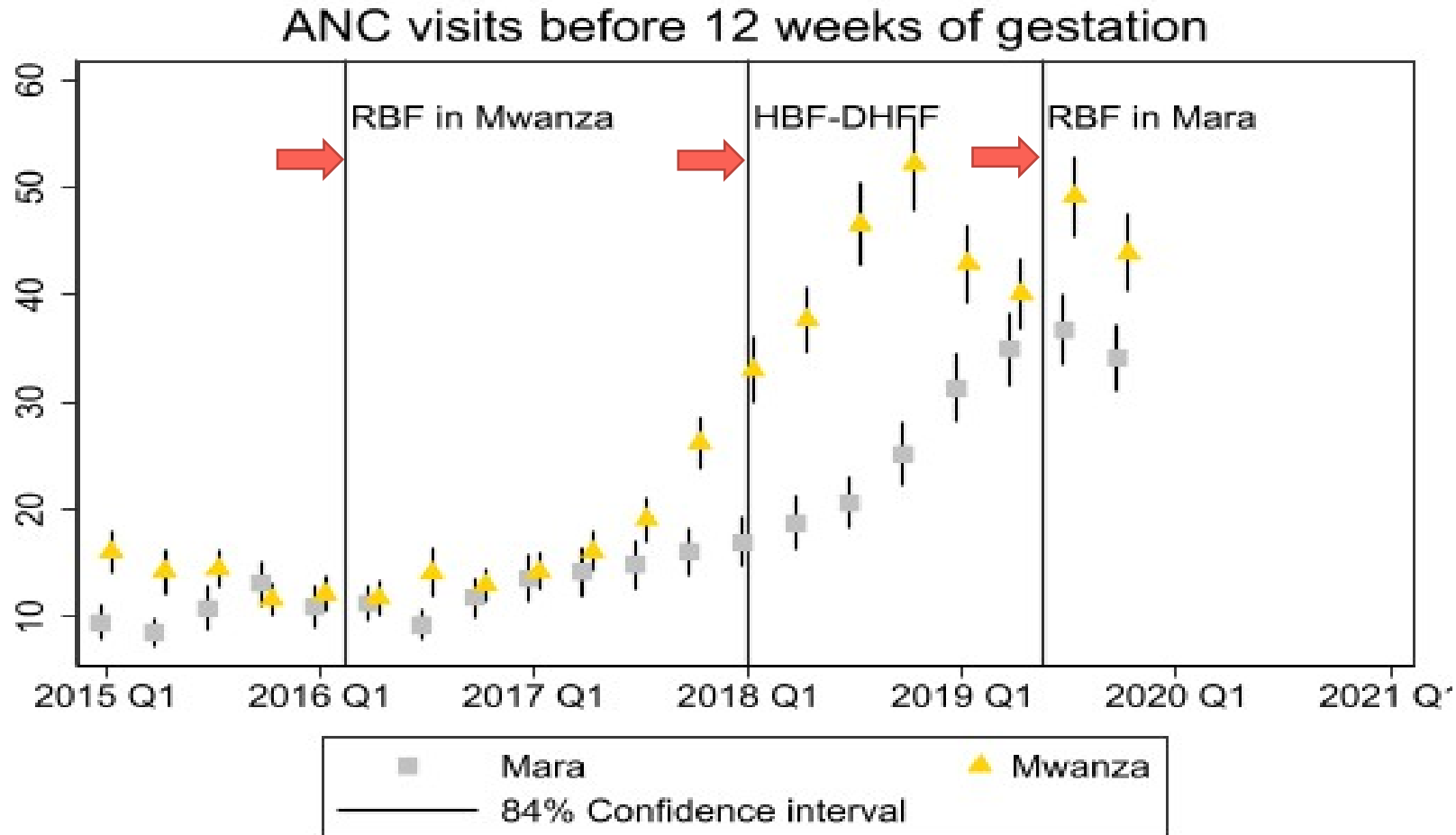
Do the restrictions prevent improvements in service delivery?



Possible recommendations

- *Make sure the flexibilities in the system are well known.*
- *Consider relaxing restrictions over time.*

RBF had positive impacts beyond HBF-DHFF



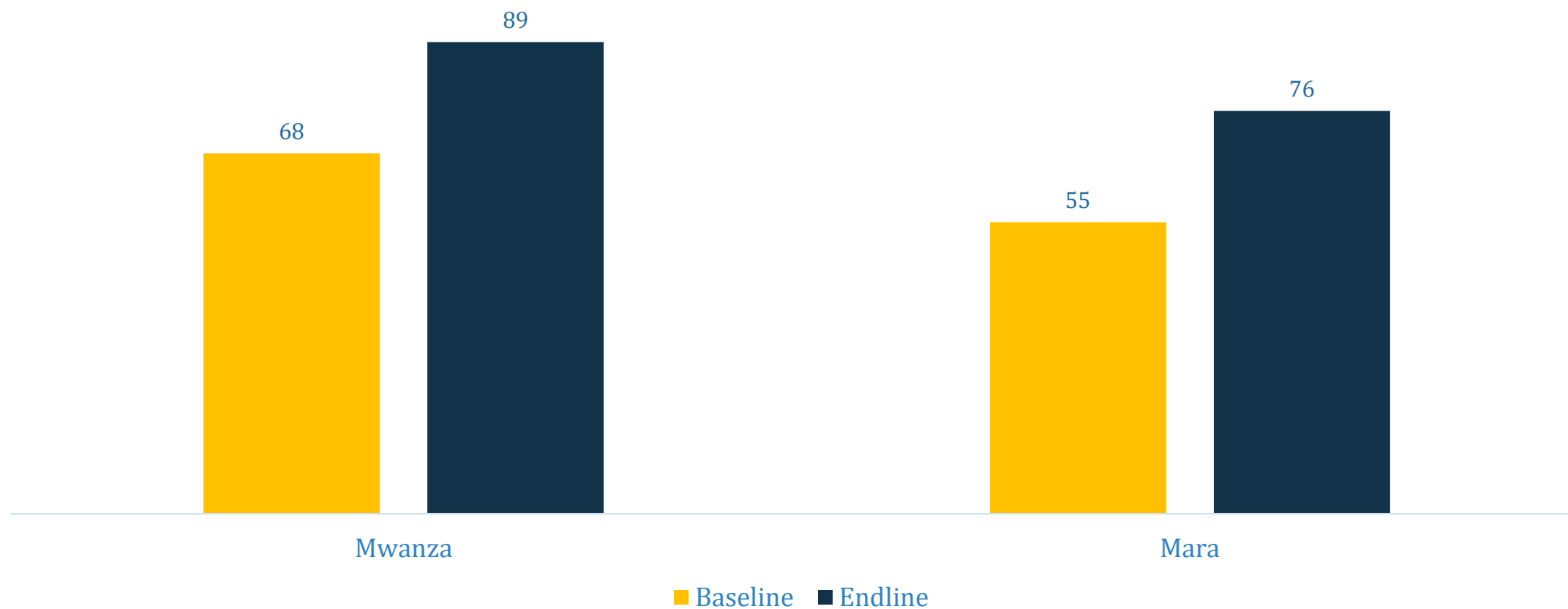
RBF increased service utilization

	Routine data
ANC consultations before 12 weeks	+
>4 ANC visits	+
IPT2 for pregnant women	+
Institutional deliveries	+
Postnatal care within 3-7 days	+
OPD visits	+
Use of modern contraceptives	+
HIV counselling and testing	+
Vit A supplements	
Measles vaccination	
HIV positive on ARV	

RBF increased service utilization

	Routine data	Household data
ANC consultations before 12 weeks	+	+
>4 ANC visits	+	+
IPT2 for pregnant women	+	
Institutional deliveries	+	??
Postnatal care within 3-7 days	+	+
OPD visits	+	n.a.
Use of modern contraceptives	+	
HIV counselling and testing	+	n.a.
Vit A supplements		n.a.
Measles vaccination		n.a.
HIV positive on ARV		n.a.

Institutional deliveries (%) – household data



RBF improved experienced service quality

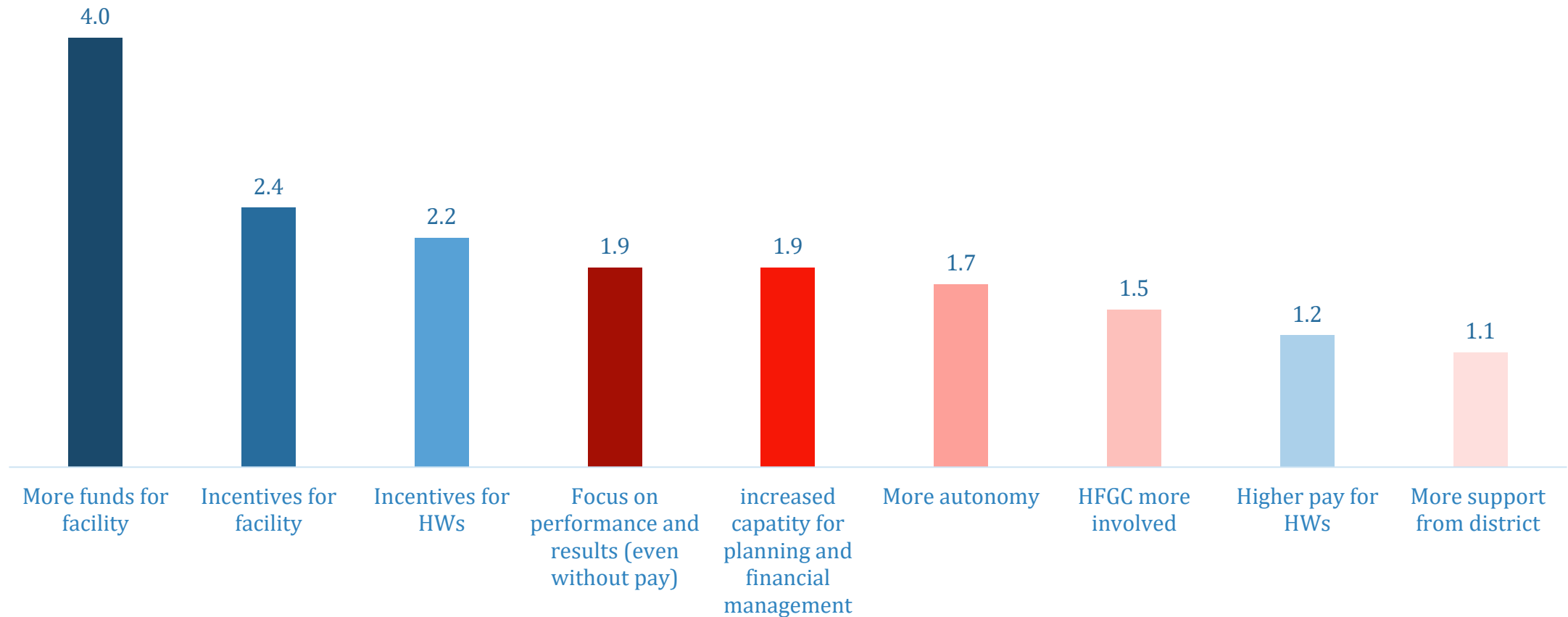
	Household data
ANC quality	6 of 12 indicators improved
Delivery care quality	25 of 32 indicators improved
Family planning quality	3 of 4 indicators improved
Overall service quality	6 of 7 indicators improved

WHY?

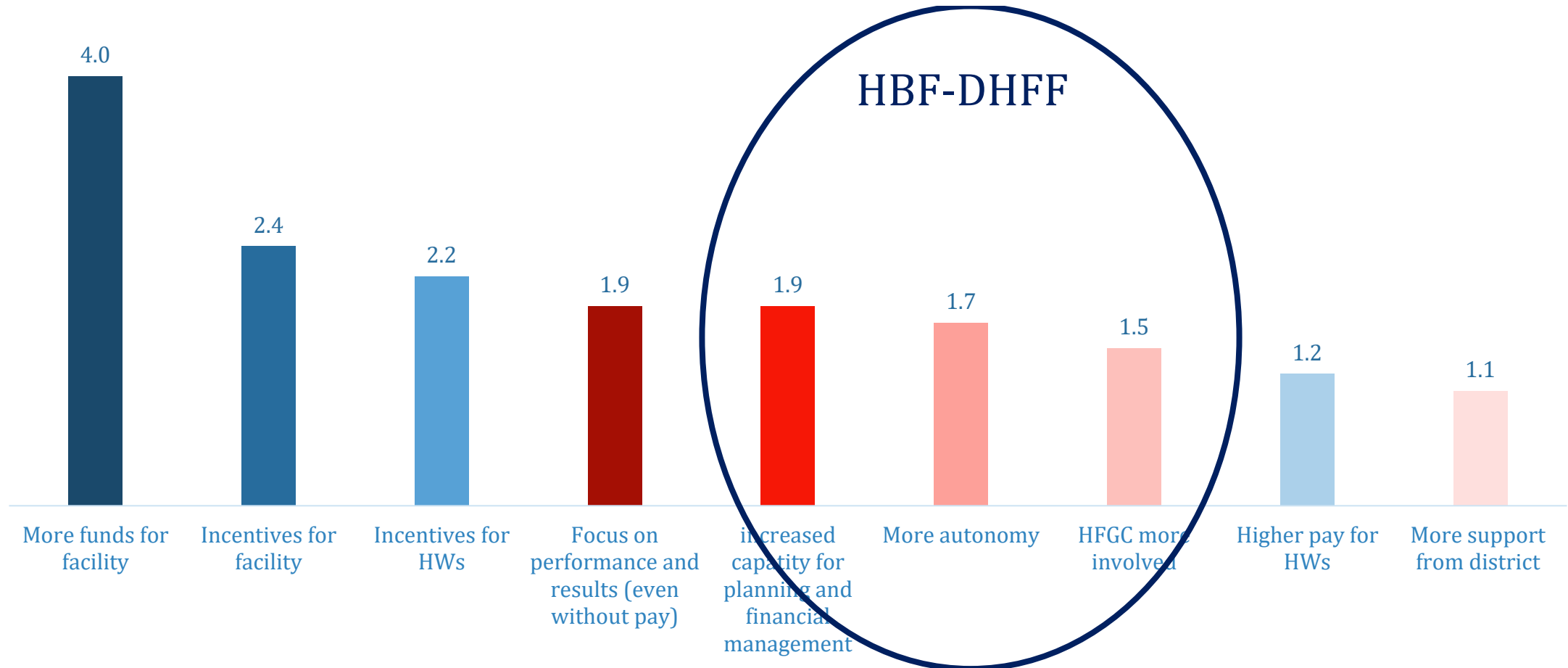
Three hypotheses:

- ✓ **Timing**: Have not yet seen the full impact of HBF-DHFF
- ✓ RBF has important **features** lacking in HBF-DHFF
- ✓ The way the systems are **perceived by HWs** make them respond differently

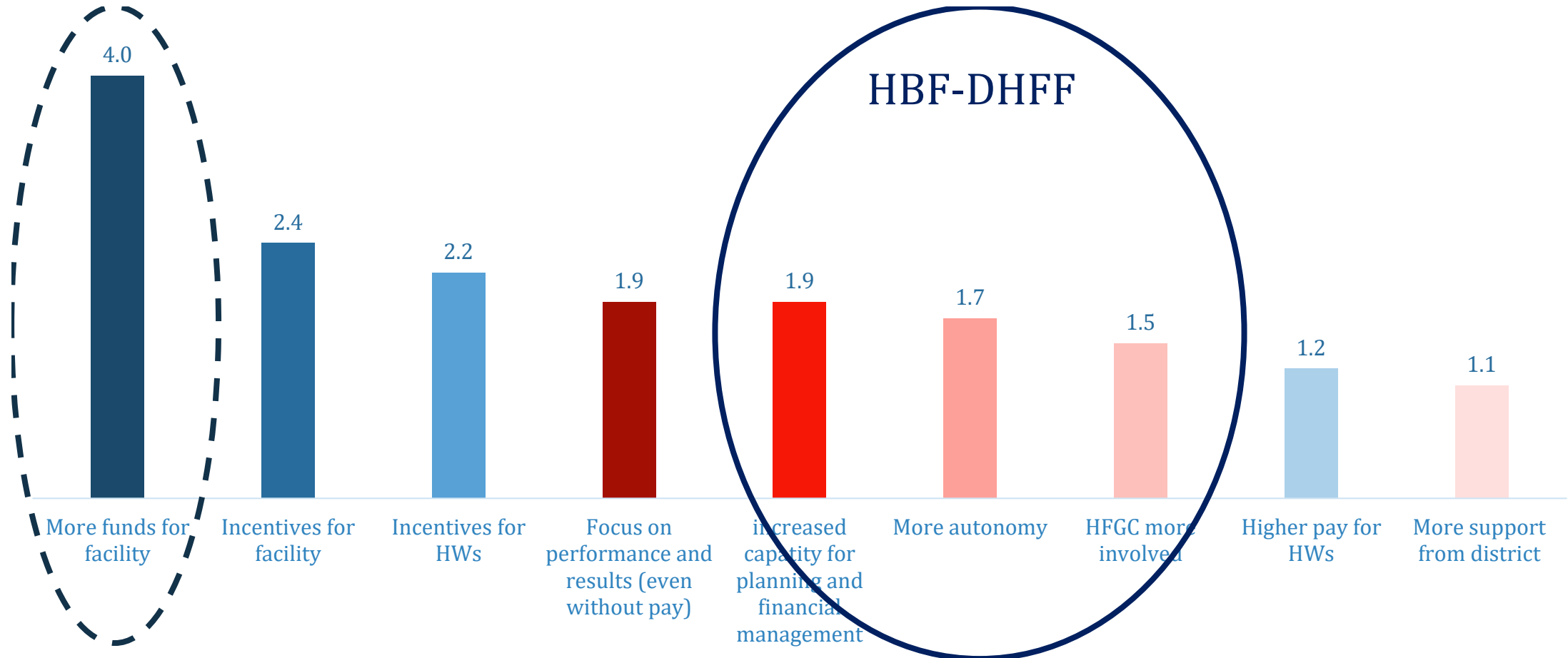
Features of RBF contributing to improved service delivery



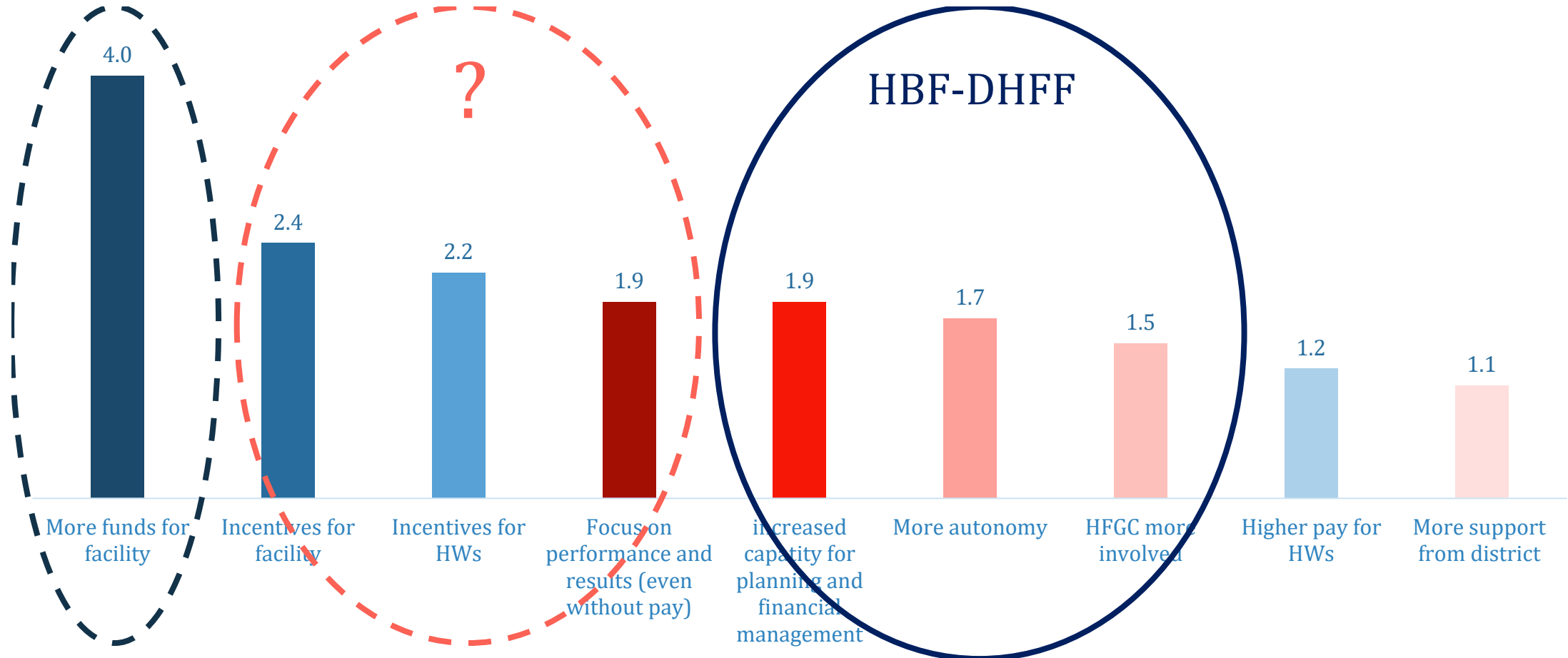
Features of RBF contributing to improved service delivery



Features of RBF contributing to improved service delivery



Features of RBF contributing to improved service delivery



Possible recommendations

- *Continue strengthening the performance-based elements of HBF-DHFF*
- *Consider further strengthening the incentives for health facilities (and health workers) in HBF-DHFF.*

Do **different perceptions** of RBF and HBF-DHFF make HWs respond differently?

- Different approaches to budgeting and spending
 - **RBF**: A **needs-based approach**. Focus on solving problems.
 - **HBF-DHFF**: A **rules-based approach**. Focus on following guidelines.
- Did RBF training create **different mind-sets** than HBF-DHFF training?

Possible recommendation

- *Re-train HWs in HBF-DHFF with a focus on stimulating a performance-oriented mindset.*

Thank you!

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Next steps

- Finalize report
- A final round of phone interviews with HWs and CHWs (November)
- Further analysis of household data
- Papers and policy briefs