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?

<table>
<thead>
<tr>
<th></th>
<th>Low extent</th>
<th>Some extent</th>
<th>High extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBF</td>
<td>Mwanza</td>
<td>Mara</td>
<td></td>
</tr>
<tr>
<td>Low extent</td>
<td>12</td>
<td>32</td>
<td>56</td>
</tr>
<tr>
<td>Some extent</td>
<td>7</td>
<td>30</td>
<td>63</td>
</tr>
<tr>
<td>High extent</td>
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<tr>
<td>HBF-DHFF</td>
<td>Mwanza</td>
<td>Mara</td>
<td></td>
</tr>
<tr>
<td>Low extent</td>
<td>37</td>
<td>39</td>
<td>47</td>
</tr>
<tr>
<td>Some extent</td>
<td>24</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>High extent</td>
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</table>
Most in-charges were uncertain about payment criteria for HBF-DHFF
How can PlanRep be utilized more?

Use of PlanRep for planning and budgeting

- Low extent
  - Mwanza: 23
  - Mara: 21
- Some extent
  - Mwanza: 37
  - Mara: 43
- High extent
  - Mwanza: 40
  - Mara: 36
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?

Low extent: 64
Some extent: 37
High extent: 29

RBF (Mwanza) | HBF-DHFF (both regions)
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

<table>
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<th>Routine data</th>
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<tbody>
<tr>
<td>ANC consultations before 12 weeks</td>
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<td>&gt;4 ANC visits</td>
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<td>IPT2 for pregnant women</td>
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<td>Postnatal care within 3-7 days</td>
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<td>OPD visits</td>
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<td>Use of modern contraceptives</td>
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<td>HIV counselling and testing</td>
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<td>Vit A supplements</td>
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<tr>
<td>Measles vaccination</td>
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<td>HIV positive on ARV</td>
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# RBF increased service utilization

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Institutional deliveries (%) – household data

Mwanza
- Baseline: 68%
- Endline: 89%

Mara
- Baseline: 55%
- Endline: 76%
## RBF improved experienced service quality

<table>
<thead>
<tr>
<th>Service Quality</th>
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<tbody>
<tr>
<td>ANC quality</td>
<td>6 of 12 indicators improved</td>
</tr>
<tr>
<td>Delivery care quality</td>
<td>25 of 32 indicators improved</td>
</tr>
<tr>
<td>Family planning quality</td>
<td>3 of 4 indicators improved</td>
</tr>
<tr>
<td>Overall service quality</td>
<td>6 of 7 indicators improved</td>
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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

- More funds for facility: 4.0
- Incentives for facility: 2.4
- Incentives for HWs: 2.2
- Focus on performance and results (even without pay): 1.9
- Increased capacity for planning and financial management: 1.9
- More autonomy: 1.7
- HFGC more involved: 1.5
- Higher pay for HWs: 1.2
- More support from district: 1.1
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HBF-DHFF
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HBF-DHFF
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.

• 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