

# SSQH Program Brief

## Results-Based Financing

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### Goal

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haïti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.



At a maternal and child clinic at La Fossette, one of the largest in Cap-Haïtien and an RBF-program facility, patients arrive for regular check-ups as well as vaccinations. Pictured are ward nurses and student nurses giving vaccines to infants. Photo credit: Karen Kasmauski/SSQH

SSQH's results-based financing (RBF) component strengthens the quality of health care services by using performance-based rewards to empower health facility and management staff in improving systems and to hold them accountable for results. The funds are provided by USAID, the World Bank, and the Global Fund and distributed through MSPP channels. While RBF alone will not overcome the weaknesses of the health system (including those related to human resources, administration, and financial management), both the World-Bank-funded RBF pilot conducted in the Northeast and continued reported progress through external verification agents across SSQH's RBF sites demonstrate that this incentive-based model is further promoting the availability of high-quality services by motivating staff and providing site autonomy. SSQH provides training, coaching, and technical assistance to staff to help them achieve higher verification scores, which result in financial bonuses. The project also helps sites to develop business and improvement plans and financial processes in order to gain more autonomy. SSQH is supporting one-third of the 93 sites participating in Haïti's RBF program, covering 33 sites in five<sup>1</sup> of Haïti's 10 departments: 15 sites in the North Region and 18 in the South Region.

### Program Approaches

- **Supporting the revision of RBF standards and norms:** In Haïti's RBF system, health facilities and DDSs each develop business and improvement plans that outline the results they expect to achieve. The facilities' plans describe expected quantitative and qualitative health-related results (e.g. number of deliveries in the facility), while the DDS

<sup>1</sup> Grand'Anse, Nippes, Northeast, North, South

plans describe expected results related to supervision, coordination, and governance. The MSPP has pre-determined a monetary value for each kind of result, and payments are determined using results reported by the facility or DDS. An independent agency verifies results at the DDS, facility, and community levels, evaluating the extent to which service targets are achieved and that the service delivery meets quality standards of care. Facilities receive a bonus of up to 25% of their total payment based on a quality score. Half of the RBF payments received go to staff, while the other 50% go to site needs. From July to September 2016, SSQH served on an MSPP technical working group to review and adapt a new RBF manual that was approved in September 2016. The manual is intended to direct the Haiti RBF approach in its current scale-up period.

- **Training DDS and health facility staff to develop and adopt business and improvement plans:** SSQH conducted three-day trainings of trainers for key staff in the DDSs and health facilities. The trainings, done in July and August 2016, explained the RBF system in detail, prepared participants to develop RBF business and improvement plans, and trained designated DDS staff to serve as RBF coaches to facilities. Trainees were then responsible for delivering the trainings to other staff in the DDSs as well as the RBF facilities and jointly providing technical assistance with SSQH to health facilities to develop business and improvement plans.
- **Providing coaching to participating health facilities:** SSQH coaches DDS staff to support health facility staff both in management of RBF (including monitoring implementation, troubleshooting, and mitigating challenges) and organization of services to help them follow their business and improvement plans to achieve quality results and receive RBF reward payments (including coaching on the use of tools, data management, and provision of services). These coaching efforts complement other SSQH services such as supportive supervision, mentorship, and technical assistance to facilities. SSQH supervises and mentors trained DDS staff during their coaching visits to facilities to build their capacity, creating a sustainable system of continuous improvement driven by RBF. Visits are done monthly for new sites but reduce in frequency as sites mature.

## Key Results and Findings

### Results

- **Supported 33 sites in five departments to meet RBF start-up requirements and sign contracts:** As part of building the capacity of sites to participate in the RBF program and develop autonomy, SSQH provided technical assistance and support to 33 sites to develop their business and improvement plans and to meet the requirements of the RBF program. Once all requirements were met, SSQH supported the sites to sign contracts with the DDSs so that they could begin receiving reward payments. SSQH's original target was to provide start-up support to 30 sites, so the program achieved 110% of its goal. SSQH also worked with the DDSs and the MSPP to open bank accounts to receive award payments for each RBF facility: as of September 2017, 29 of the 33 facilities have open bank accounts and have received award funds.
- **Achieved progress in improving data quality:** Following the signing of contracts, SSQH commenced RBF-program activities with the sites to improve data accuracy. These activities included coaching sites to determine the causes of data discrepancies, recommend solutions, and follow up on progress toward those solutions. An external evaluation conducted for the period July-September 2016 showed that 45% of the sites achieved a reduction in the discrepancy between the data verified and the data reported. The discrepancy between reported and verified data decreased from more than 200% for some indicators to less than 5% after one quarter of activities under the RBF-signed contracts.
- **Trained coaches to continue supporting RBF:** SSQH has trained 18 coaches in two departments in the North Region and 33 coaches in three departments in the South Region who can continue to support RBF initiatives in health facilities after the close of SSQH.
- **Improved the quality of service delivery in health facilities:** Verification firms reported in their first regional assessments an overall quality score in the North region of 86% for the facilities implementing RBF compared with 66% for non-RBF facilities (July-September 2016), and 45% compared with 41% in the South region (August-September 2016). For the last evaluation period (April-June 2017), the average quality score at RBF facilities was 90% for the North region, and 57% for the South region, a marked improvement. RBF training activities began in March 2016 in the North region and in July in the South region. This progress shows strong potential for continued increases in quality improvement indicators as implementation continues.

## Findings

- **RBF improves not only results but also reporting practices.** Because RBF payments rely on reports, and report completion is included in quality indicators that earn sites bonus payments, reporting has improved dramatically for participating facilities. These reports, including both indicator and financial data, were previously often neglected but are essential to the management and transparency of the health system.
- **RBF sensitizes departments to supervision and coaching responsibilities.** These responsibilities exist outside of the RBF system, but the coaching provided as part of RBF helps facility and departmental staff understand how to manage health sites, including how to use data to identify issues and respond to specific needs.
- **Volunteerism and buy-in are key to ensuring success.** Sites and staff need to buy into the RBF scheme and want to participate; otherwise, they will not make the behavior changes necessary to produce results for payment.
- **RBF models must be adapted to the socio-economic context to ensure sustainability.** RBF is designed to make health facilities financially sustainable, but this sustainability is proving to be very challenging in Haiti. In many ways, the model needs to be more in tune with the scarcity of resources: community members do not have the financial means to access services, sites are not financially autonomous in remunerating their health care providers, insufficient remuneration for providers significantly hinders motivation, and sites do not have the financial means to meet many site upkeep and staffing requirements of the verification firms. One way that the model would better suit Haiti's socio-economic context is if the rewards earned by the sites were designed to offset the fees clients have to pay to receive services. To make these changes, a cost analysis is needed to determine the service delivery costs and an appropriate rewards scheme.

## Recommendations

- **More comprehensive training and coaching should be provided to health facility staff.** Currently RBF training focuses on management of business and improvement plans, and coaching focuses on quality improvement to reach intended results. However, additional support is needed to help sites to better manage their human, financial, and material resources.
- **Verification reports should be disseminated promptly and regularly.** Independent verification agencies must find ways to speed up their communication of findings so that sites have more time between assessments to make improvements based on their results. Ideally, the findings should also be reported at the site level so that each site can focus on the components most relevant to them.
- **Service delivery NGOs should also receive RBF as a means to improve their performance.** SSQH's current system of NGO sub-awards pays NGOs regardless of their performance, so NGOs that are improving or showing high performance are not rewarded, and those that are not performing are still paid. Future programs should develop a new RBF sub-award that is deliverables- and performance-based so that it can apply to the work of NGOs and measure managerial performance (e.g. quality of site supervision, monitoring and evaluation, and financial management). Having NGOs evaluated on their performance would incentivize them to achieve results and would also provide the project a clear means to advocate for continuing or discontinuing work with an NGO after an award period ends. A deliverables- and performance-based award would also streamline the planning, execution, and monitoring of health care activities in an NGO's catchment area.