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Performance-Based Incentives (PBI) and Family Planning

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- BRAC University
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- Forum One Communications
- RTI International
- Tulane University's School of Public Health
- Training Resources Group

HEALTH SYSTEMS 2020

Why Family Planning?

Family planning means healthier moms and kids—and it's good for development too.

Progress has been made…but much more must be done

Why Incentives (Really) Matter

For women, decision to seek care affected by:

- Lack of knowledge
- Social taboos
- Cost (financial and opportunity)
- Distances to travel
- Quality of counseling and service provision

For providers, provision of care depends on

- Training (confidence to deliver methods)
- Availability of commodities, guidelines
- Personal beliefs
- Motivation to deliver quality care
- Accountability for results

PBI to align incentives

- Increase responsiveness and accountability of providers
- Increase demand for health services (i.e, enable patients to access quality services)
- Improve the supply of quality services
- Strengthen the health system (information systems, monitoring, supervision, supply chains)

What is PBI?

“Any program that rewards the delivery of one or more outputs or outcomes by one or more incentives, financial or otherwise, upon verification that the agreed-upon result has actually been delivered.”

Musgrove, *Rewards for Good Performance or Results: A Short Glossary*

Incentives for FP: some examples…

- **Vouchers** are sold at subsidized rates or given for free to enable patients to access FP services at private and/or public facilities (Cambodia, Kenya, Pakistan, Uganda).
- **Community health workers** are rewarded for delivering a comprehensive package of maternal health services that include FP counseling and uptake (India, Philippines, Rwanda).

Incentives for FP: some examples… (Cont.)

Incentives to facilities for:

- New users (for any method / specific methods) – Benin, Burundi, DRC, Egypt (married women only), Rwanda, Senegal, Zambia
- Continuing users (for any method / specific methods) – Benin, Burundi, DRC, Rwanda, Zambia
- Couple years of protection – Liberia, Tanzania?
- Contraceptive Prevalence Rate – South Sudan (World Bank)
- Commodities in stock (/or minimum number of modern methods available) – Afghanistan, Haiti, South Sudan (USAID)
- Reduction in discontinuation rate – Haiti
- Staff competent to provide counseling – Liberia
- Provision of counseling – Argentina, DRC, Honduras

The Main Message:

Family Planning <u>can</u> be rewarded in PBI programs

in ways that <u>protect</u> *voluntary choice*

and are compliant with U.S. FP requirements

So, what's happening?

Country Examples
of PBI and FP

Burundi


Lake Kivu
RWANDA
Muyinga
Cibitoke
Ngozi
Bubanza
BUJUMBURA
Gitega
DEM. REP. OF THE CONGO
Heha
TANZANIA
Bururi
Lake Tanganyika
0 20 40 km
0 20 40 mi
29
30
31
3
4

Key Features of the National Program

Recipients: Public and NGO facilities; sub-national bodies (national technical unit, and provincial and district health offices)

Incentive: monthly fees for 24 services, and quarterly quality bonus of up to 30% of total fees earned

Allocation: Facility can decide how to spend, but limits on percentage of payment that can go toward individual staff bonuses

Verification:

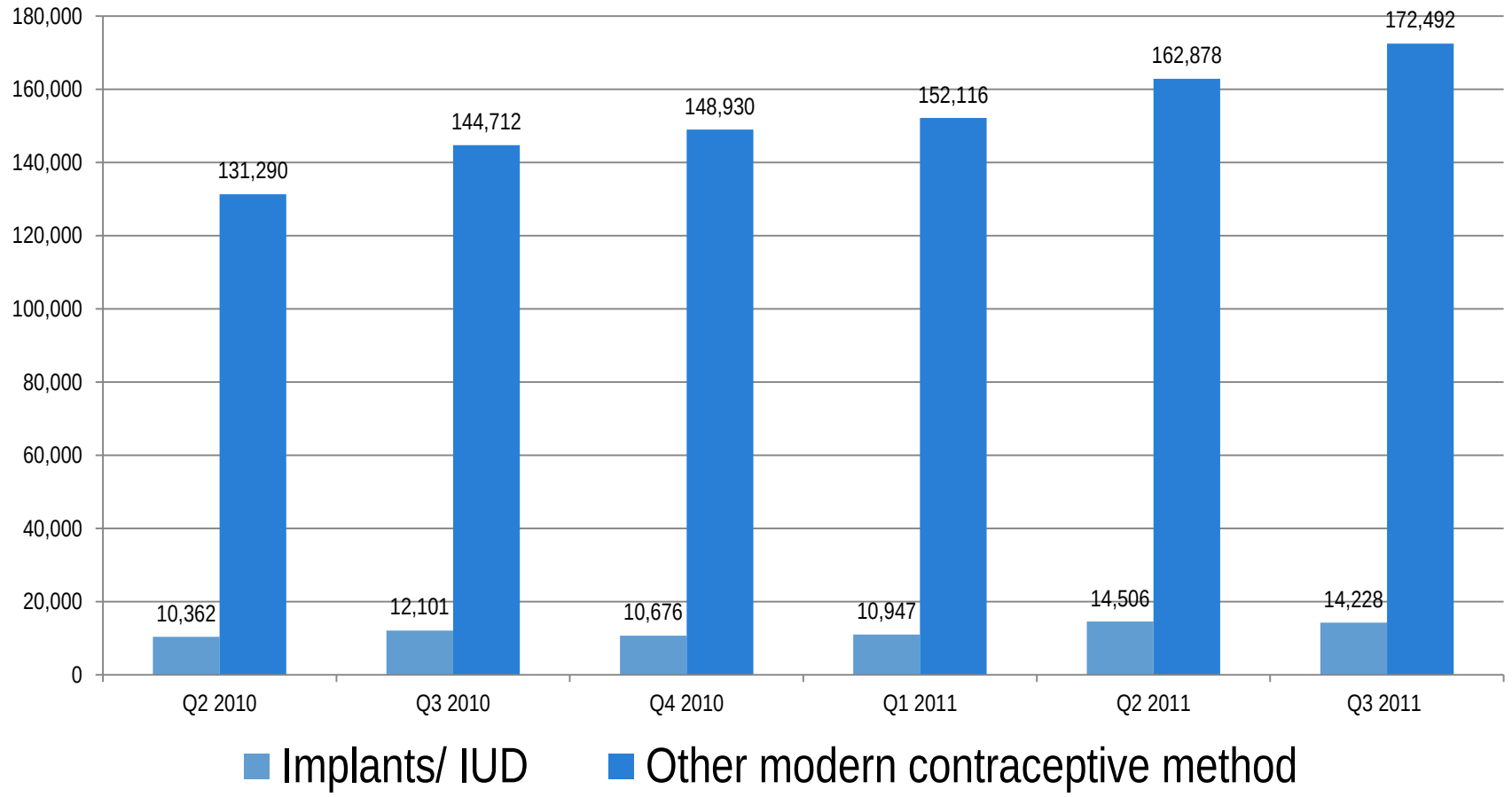
- Provincial authorities check data each month;
- Quarterly random audit by CBOs
- Random check at all levels by an independent auditor

How is Family Planning Rewarded?

Fees are paid for:

- Each new and old user of a modern method (excluding condoms, IUDs, implants – i.e., pills and injectables) – FBR 2,500 (US$1.95) health center /FBR 3,250 (US$2.50) hospital
- Each woman receiving an implant or IUD – 8,500 ($6.60) /10,000 ($7.70)
- For hospitals, fees per Vasectomy/BTL – 44,000 ($34)

Results: Utilization of FP at the health center level since April 2010



Strengths

- Strong commitment to FP in MOH and donor partners
- Patient satisfaction routinely measured, and rewarded and/or sanctioned (w/caveats).

Weaknesses

- Fees for each new acceptors of specific method
  - May induce coercive practices
  - Not the best measure of quality
  - Doesn't capture sustained use.
- Role of CHWs and health committees is crucial, but their training varies and in many cases is weak.
- Clinical quality missing

LIBERIA

Contracting NGOs and County Health Teams to deliver basic services in a post-conflict environment

Key Features of the Programs

Incentive Recipient: contract with NGOs and County Health Teams to deliver services and build capacity of CHTs

Indicators: service delivery (e.g., increases in the number of children fully immunized) linked to bonus; administrative & management (e.g., number of facilities submitting timely, accurate, and complete HMIS reports) linked to penalties

Incentives: quarterly 6% bonus (and) quarterly penalties

Verification: Results verified each quarter by a mixed team (RBHS, MOH)

How are Family Planning and Quality Rewarded?

- Increases in CYP—aggregate for the facilities the NGOs manage. (In phase 1 – staff competent to provide counseling.)
- Increases in score on accreditation (structural)
- Increases in score on quality assurance (clinical)

Impact: Family Planning

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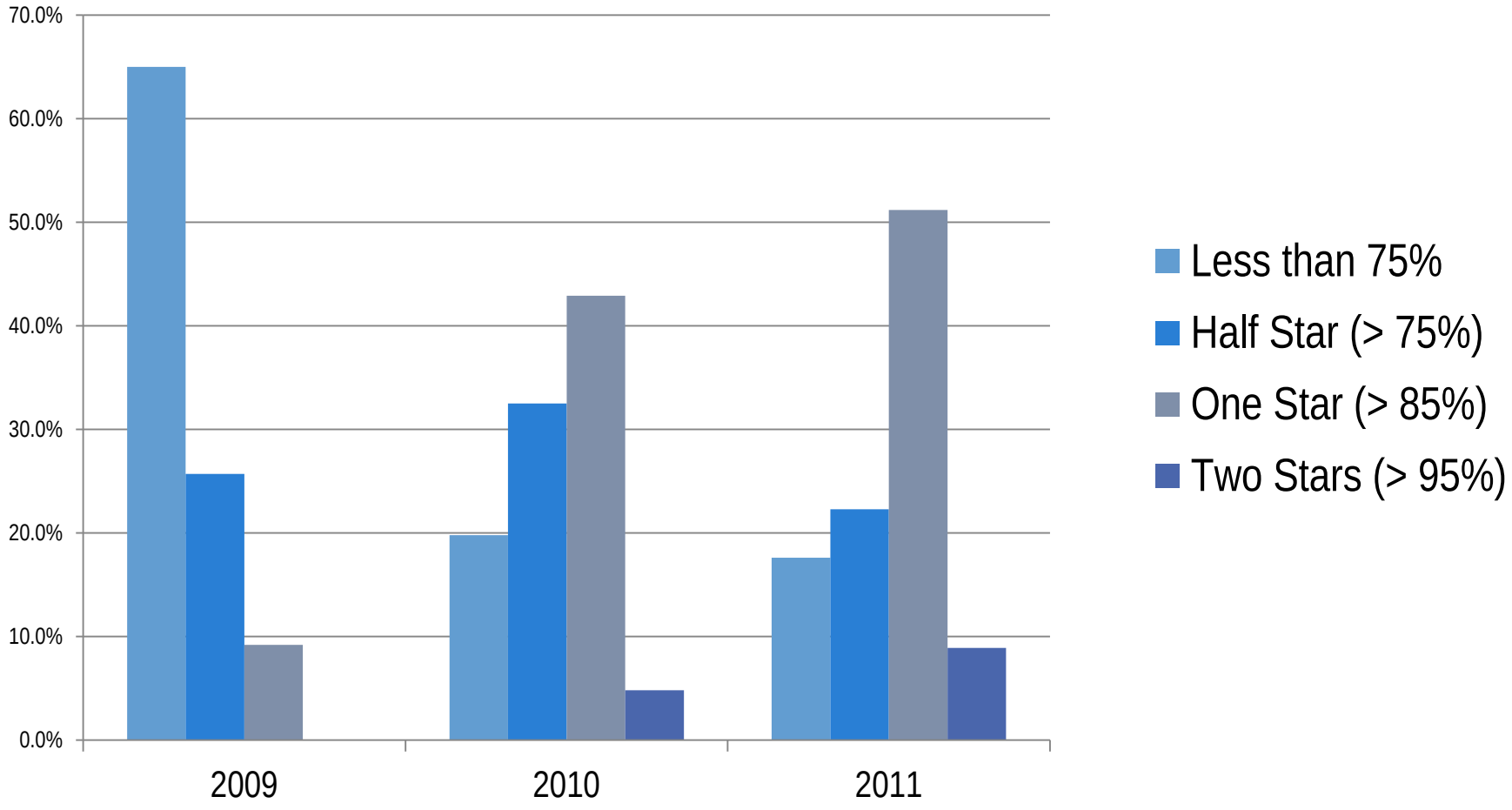
Impact: Accreditation Scores



Strengths of Liberia approach to FP and Quality

- Long-lasting methods (implants and IUDs) introduced; Community-based distribution being piloted.
- Facility staff conversant in what they view as essential elements of quality FP service provision

WHAT IS QUALITY FP PROVISION?

- "Allowing women to choose what method they want and telling them all the options."
- "A friendly attitude is important."
- "Women need to like you and trust you."
- "Confidentiality: they may be hiding it from their husband and friends but they are coming to you [to help them]."

…and Weaknesses

- CYP indicator say little about sustained use and quality of care.
- Patient satisfaction not measured or linked to incentive
- Quality CHW FP promotion/counseling not captured, their training varies, but they play a very important role in FP promotion and counseling.

RBF in Kenya

Reproductive Health Vouchers

http://www.lib.utexas.edu/maps/cia08/kenya_sm_2008.gif

Key Features

Recipients:

- Poor women can purchase vouchers for facility deliveries and family planning services
- Accredited public and private providers receive fees for services provided and are free to choose how to spend revenue – most make facility improvements

Voucher Management Agency: Identifies potential facilities, oversees means testing, manages contracts and voucher distributors, processes claims and disburses reimbursements

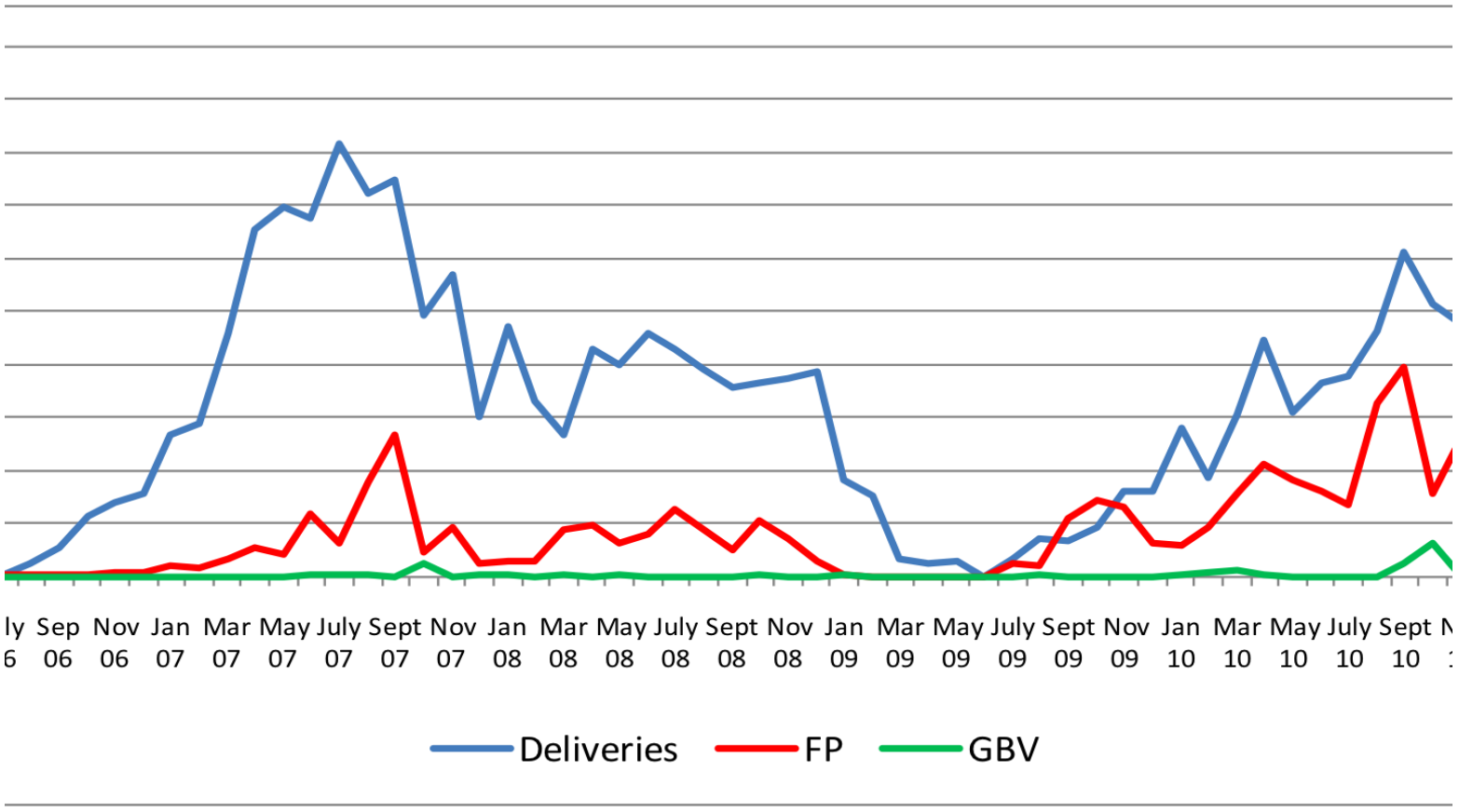
Voucher Distributors: market and sell vouchers

Key Features (cont.)

- FP voucher covers long-term methods only; beginning in phase 2, removal is covered.
- Composite voucher being tested in 1/6 districts, one objective is to see if including *all* services in one booklet reduces the stigma associated with FP.
- Considering covering short-term methods but not yet

Impact: FP increases

Monthly trend in number of services provided for July 06 – March 2011 (Phase I+II)



Strengths and Weaknesses

- Initially, removal was not covered, but this has been addressed
- Voucher distributors not always equipped to provide counseling
- Sanction/rewards for clinical quality have been weak – but this is set to change in phase 3
- Drive to increase voucher patients (and thus facility income) leads to investment in facility and can help to improve quality

What happens when you don't reward FP?

Haiti: Performance contracts with NGOs

- USAID project managed by MSH
- Pilot in 1999 rewarded 2 FP indicators.
- FP indicators subsequently dropped because of lack of clarity on what is allowable.
- Project continued without FP indicators.
- FP use stagnated while rewarded services grew significantly.

Some Lessons

1. **Choose FP Indicators wisely**
   - Consider those that gauge continued use and quality
   - Rewarding for uptake of specific methods (Burundi) may lead to pushy behaviour by doctors
   - Be sure to cover removal of methods in voucher schemes!
2. **Family Planning Counseling (Really) Matters: Ensure Community Health Workers Are Equipped**
3. **Be sure to define, measure, monitor, and reward improvements in the quality of care**

Thank You

For more information:

http://www.RBFhealth.org

http://www.healthsystems2020.org/section/topics/p4p

http://www.cgdev.org/section/initiatives/_active/ghprn/workinggroups/performance