

Rewarding Results: Performance Based Contracting in Liberia

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INTRODUCTION

Five Performance Based Contracts (PBCs) and one grant with local and international NGOs were implemented by the Rebuilding Basic Health Services (RBHS) project from July 2009-June 2012, supporting Liberia's Basic Package of Health Services (BPHS) in 112 health facilities in seven counties covering 770,000 people.

NGO PBCs

- Africare
- Equip
- International Rescue Committee—Nimba
- International Rescue Committee—Lofa
- Medical Teams International
- MERCI (grant)

PBC MECHANISM

Funding was tied to the achievement of targets on 17 predetermined and agreed upon performance indicators; penalties of up to 5% of the quarterly payment were levied for not meeting administrative targets, and a quarterly bonus of up to 6% of the total contract amount was given for meeting or achieving service-delivery targets.

ADMIN INDICATORS - PENALTY LINKED

- % of facilities receiving 3 supervisory visits per quarter
- % of timely, accurate and complete HIS reports to CHT
- % of staff funded by NGOs paid on time
- % of facilities whose CHDCs held at least 3 meetings
- Submission of timely and complete quarterly reports

SERVICE DELIVERY INDICATORS - BONUS LINKED

- % of facilities with no stock-out of tracer drugs
- % of patients receiving no more than 3 drugs/consultation
- % of children under 1 year who received pentavalent-3
- % of children under 5 years with malaria treated with ACTs
- % of pregnant women provided with 2nd dose of IPT
- % of deliveries that are facility-based with skilled attendant
- Number of people tested for HIV and received their results
- Couple-years of contraceptive protection

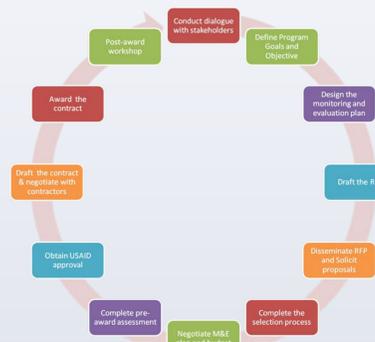
PBC system relied on rigorous, independent quarterly *data validation* and *communication* between the fund-holder (the RBHS project) and the contracted parties (the NGOs). Furthermore, rapid *capacity building* of implementing NGOs was required, as was the implementation of a number of *ad hoc studies* to ensure the validity and reliability of data upon which performance was measured.

PBC OBJECTIVES

Assist the Liberian Ministry of Health and Social Welfare (MOHSW) in the implementation of the National Health Plan by:

- Improving the provision, quality and efficiency of services contained in the BPHS at facility and community levels; and
- Building the capacity of the government County Health Teams (CHTs).

DESIGN OF PBCs



CAPACITY BUILDING AND SUPPORTING STUDIES

To support the 1st PBC Objective:

- RBHS implemented time-intensive validation, feedback, and tailored group and on-on-one capacity building activities influencing:
 - Management systems (financial and M&E)
 - Documentation (facility and NGO)
 - NGO and facility data culture enhanced
 - PBC mechanism (including harmonization of bonus system)
 - Ad hoc studies to support PBCs (facility distance / catchment/census validation, facility staff attendance)
- To support the 2nd PBC Objective:
- RBHS conducted joint supportive supervision and data validation of the NGOs and facilities alongside MOHSW/CHT staff.

MONITORING IMPLEMENTATION:

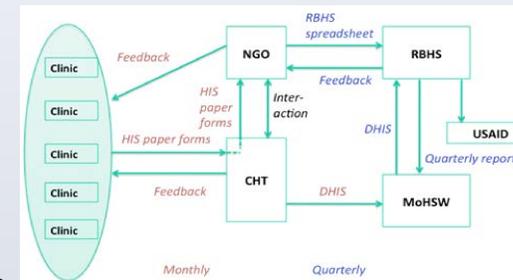
DATA VALIDATION, FEEDBACK AND COMMUNICATION

Quarterly Validation:

- Random selection of 3 facilities per NGO
- Cross check reports with ledgers / records
- Compare data reported to project against data reported to HIS

Feedback and Communication:

- Regular M&E feedback
- Monthly all-partner meetings
- Quarterly data reviews - all partners, MOHSW, CHTs
- Quarterly partner feedback
- County Coordinator reports
- Field visits
- Posting results
 - QA scorecards in facilities
 - Facility feedback tool
 - Graphs of last 12 months' data updated monthly & posted at each facility



RESULTS I

Service delivery indicators:

- % of pregnant women receiving IPT2 doubled from 43 to 81%
- Facility based delivery by skilled birth attendant increased from 18 to 68%;
- Couple-years of contraceptive protection increased from around 1,000 to over 5,000;
- % of children receiving ACT increased from 29 to 90%

Administrative indicators:

- % staff paid on time improved from 64 to 99%;
- # of facilities submitting HMIS report on time increased from 45 to 99%;
- # of RBHS managed facilities with no stock-out dropped from 1 to 99%.

RESULTS II

Figure 1: RBHS facilities, maternal health: Jul 2009-Jun 2012

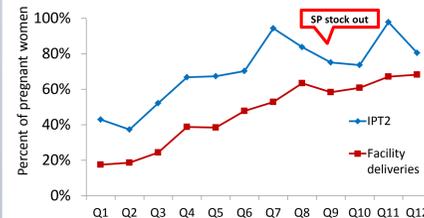


Figure 2: RBHS facilities management: Jul 2009-Jun 2012

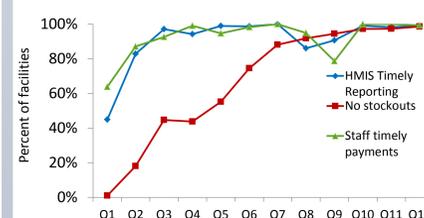


Figure 3: Average performance scores of health facilities, 2012

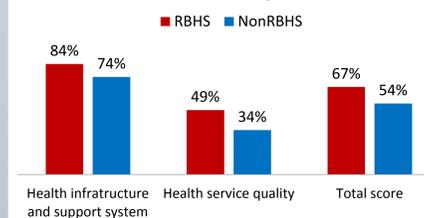


Figure 4: IPT2 coverage in RBHS and non-RBHS facilities

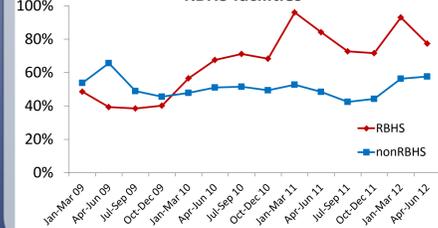


Figure 5: Skilled birth attendant deliveries in RBHS and non-RBHS facilities

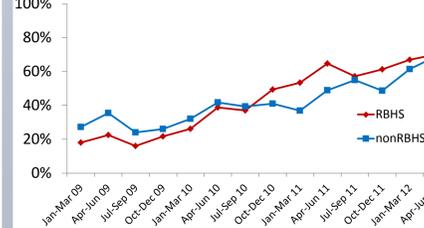
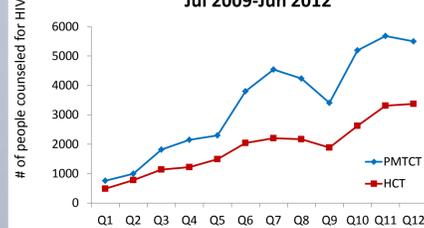


Figure 6: RBHS facilities HCT and PMTCT, Jul 2009-Jun 2012



RESULTS III

In addition to administrative and service statistics improvements, there were marked difference measured in the 2012 quality assessment between RBHS and non-RBHS facilities in terms of infrastructure, health service quality (Figure 3).

IMPLICATIONS FOR SCALE UP

Since July 2012, RBHS transitioned the PBCs to the MOHSW and strengthens MOHSW capacity in the 6 WHO building block (see poster Board 2, Baawo, et al). RBHS supported the MOHSW in setting up a Performance Based Financing (PBF) Unit in July 2011, that now directly manages PBF in 11 counties with 6 NGOs covering 234 health facilities.

Some of the challenges for MOHSW scale up include:

- (1) strengthening capacity within the Performance Based Financing and HMER/HMIS Units at the central level to successfully integrate PBF into a decentralized health system;
- (2) strengthening capacity at the county level to provide supportive supervision and data validation at the facility level;
- (3) adapting the new national PBF scheme alongside ongoing health system changes (e.g., institution of national health insurance);
- (4) ensuring adequate human and other resources at all levels necessary to manage time-intensive PBF while scaling up even further.

Some of the lessons learned from RBHS-managed PBCs were the importance of target negotiation, timely payment, regular partners meetings to review progress, quarterly data validation, provision of guidelines for bonus allocation to service providers, and ability to implement ad hoc studies as needed to help clarify denominators and contextual factors. Management of PBCs is time consuming and needs consistent, timely completion of the pieces of the process to keep the system functioning and ensure enthusiastic participation.

NOTES

The Rebuilding Basic Health Services (RBHS) project, funded by the United States Agency for International Development (USAID), is the United States government's major initiative in support of Liberia's Ministry of Health and Social Welfare (MOHSW).

RBHS is a partnership led by JSI Research and Training (JSI), with partners Jhpigo, the Johns Hopkins University Center for Communication Programs (JHU-CCP), and Management Sciences for Health (MSH).

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