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RESULTS-BASED FINANCING IN MALAWI

BRIEF 3: PROVIDER PERCEPTIONS OF THE RESULTS-BASED FINANCING FOR MATERNAL AND NEONATAL HEALTH (RBF4MNH) INITIATIVE

OBJECTIVE

By tying financial rewards to provider performance, results-based financing (RBF) efforts assume providers will perform better. In the context of a two-year evaluation of the RBF4MNH Initiative, health providers' perceptions were explored, including how the program affected their work motivation and ability to provide quality care. This brief highlights key concerns, provider perceptions, and policy recommendations.

Provider perceptions matter because providers are central to the RBF intervention and to attaining national service objectives. Accurate perceptions of, and expectations for, the intervention among providers are important to achieve their commitment to meeting performance targets.

This brief is based on a qualitative research approach (44 in-depth interviews among providers from 16 facilities across the four intervention districts); the findings are representative of provider opinions. Information was gathered from nurses, clinical officers and medical assistants.

THE RBF4MNH INITIATIVE

The Results-Based Financing for Maternal and Neonatal Health (RBF4MNH) Initiative was designed to increase uptake and improve quality of care during childbirth in Malawi. Implemented in 18 facilities in 2013 and expanded to 28 facilities in 2014 across Balaka, Dedza, Mchinji and Ntcheu districts, RBF4MNH entailed investments in infrastructure and equipment; the provision of financial incentives (based on achievement of pre-defined targets) for health providers in RBF facilities; and conditional cash transfers to pregnant women residing in catchment areas of intervention facilities for recovery of expenses directly related to accessing and staying at target facilities during and at least 48 hours after childbirth.

This series of briefs is meant to serve as a resource for decision makers as they craft results-based financing programs and policies in Malawi and similar settings. The briefs stem from a two-year impact evaluation conducted jointly by Heidelberg University in Germany and the College of Medicine in Malawi.



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POLICY RECOMMENDATIONS

In the light of the findings presented in this brief, the research team recommends the following when devising or modifying RBF programs in this and similar contexts:

1. Institute planning, management, and communication mechanisms that:
 - Ensure good understanding and endorsement of intervention elements and processes before the rollout of RBF, as well as of changes made to the intervention design after rollout.
 - Allow two-way communication of, and response to, implementation challenges across the provider-, district-, and national-level program agents.
2. Assessing baseline conditions related to workload (provider roles and responsibilities), clinical processes, staffing, sufficient infrastructure and equipment, and supply chain is important to set realistic targets and to understand how provider perceptions of workload and supply chain change as a result of the intervention.
3. Provide clear guidelines as to how monetary incentives are to be shared amongst facility staff to avoid disappointment and conflict and to ensure equitable allocation.
4. Through increased monitoring, ensure that District Health Management Teams (DHMTs) maintain their procurement responsibilities in support of facilities (regardless of the additional financial rewards received by some facilities), so that RBF-related rewards remain incentives and not a replacement for DHMT support
5. Ensure that key elements of RBF, such as the verification schedule, are shared early, are clearly described, are adhered to, and do not detract from the positive provider experiences of RBF stemming from improved district-level supervision and healthy competition across facilities.

FINDINGS

HEALTH PROVIDERS FEEL THAT THE RBF4MNH INITIATIVE LED TO IMPROVEMENTS IN THEIR ABILITY TO PROVIDE QUALITY CARE

Providers feel that the RBF4MNH Initiative has helped them improve their performance. They feel this is reflected in better adherence to treatment protocols and infection prevention standards, as well as in more favorable patient outcomes.

RBF4MNH enabled providers to enhance their physical working conditions in terms of infrastructure, equipment, and supplies, which led to immediate and noticeable changes in their capacity to provide patients with better care (see Box: Infrastructure Begets Motivation). Providers stated that procurement of consumable items was markedly faster under RBF4MNH compared with the previous procurement scheme via government channels. This positive effect was particularly pronounced in the first year of the intervention. In the second year, many providers noted that DHMTs increasingly expected intervention facilities to rely on their RBF funds for the procurement of material. Providers said that this expectation led DHMTs to channel scarce resources to non-RBF facilities, rather than RBF4MNH facilities, which providers felt ultimately weakened the overall impact of the initiative.

INFRASTRUCTURE BEGETS MOTIVATION

“For me, it’s especially the infrastructure and equipment part of it that has made a big difference. I feel good to work in an environment which is ok infrastructure-wise, with enough equipment, so I can assist the women better than before.”

— Nurse

HEALTH PROVIDERS FEEL THAT THE RBF4MNH INITIATIVE LED TO IMPROVEMENTS IN THEIR SENSE OF PROFESSIONAL MOTIVATION

Providers across districts and facilities described several ways in which RBF4MNH reinforced their motivation to provide high-quality care to their patients. The improved working environment made providers feel more effective in their work, which was described as tremendously gratifying and a strong source of motivation.

Providers reported that the intervention motivated them to be more mindful of the effective application of national treatment standards.

Along with improvements directly linked to the working environment, providers also stated that RBF4MNH's creation of clear, attainable targets served as motivating cues to action and reminders of what good, effective clinical practice looks like. Moreover, providers perceived improvements in the quantity and quality of supervisory activities by the DHMT as a result of the intervention, which they experienced as constructive and which further bolstered feelings of self-efficacy and motivation through encouragement, recognition of effort, and in-service training. Providers further described that a healthy, constructive competition between facilities and districts had developed, and that the wish to be recognized as a high-performing facility acted as a major motivator to further improve performance.

EXPERIENCES WITH THE INDIVIDUAL FINANCIAL INCENTIVES WERE MIXED AND COMPLEX

A range of sentiments were expressed by providers:

- ▶ Anticipation of additional (RBF-based) salary was motivating to achieve targets, to some extent
- ▶ Dividing the facility incentive across individual staff was problematic and created stress and conflict (see Box: Rewards Can Create Conflict)
- ▶ Many felt pressure to do well in the intervention in order to receive the reward for themselves and the facility, as well as the social recognition associated with being a high performer

REWARDS CAN CREATE CONFLICT

"This RBF, it is bringing us together, but it is also driving us apart."

— Nurse

PROVIDERS PERCEIVED A SUBSTANTIAL INCREASE IN WORKLOAD AS A RESULT OF THE INTERVENTION

Many providers perceived an increased workload. Closer adherence to treatment protocols in response to RBF4MNH resulted in more time spent per patient; this increase in workload had been anticipated. Efforts had been made to ensure facilities were fully staffed before RBF4MNH was rolled out. Providers described worrying that they were incapable of providing the best possible care, and that they had been placed in near impossible-to-manage situations (see Box: RBF as a Burden).

RBF AS A BURDEN

"Honestly, I feel like the project is there to bring a burden on us. They are just trying to get more customers in, but the staff and resources to attend to those customers are few."

— Nurse

INTRINSIC MOTIVATION (THE DESIRE TO DO THINGS BECAUSE "IT'S THE RIGHT THING TO DO") DID NOT CHANGE AS A RESULT OF RBF4MNH

The study found no evidence that the provision of monetary incentives, or any other aspect of the intervention, affected the providers' internal sense of purpose and desire to serve, positively or negatively (see Box: Intrinsic Motivation Maintained Under RBF).

INTRINSIC MOTIVATION MAINTAINED UNDER RBF

"I feel like somebody is benefiting on top of [the] good services I am giving to the [patients]. But this does not stop me giving the best services, because I feel like this is my job. I just better give the best I can to these [patients], but not with the intention that at the end I will get something out of RBF."

— Nurse

HEALTH PROVIDERS MADE SEVERAL SUGGESTIONS TO IMPROVE THE RBF4MNH INITIATIVE

- ▶ Providers called for sufficient additional staff and resources to be able to provide better care to more patients. Many criticized the DHMT's withdrawal of material support from RBF4MNH facilities in favor of non-RBF facilities. Providers argue that, to effect substantial changes in quality of care, RBF strategies should be implemented in addition to, rather than as a replacement for, pre-existing levels of MOH support.



A woman receives care at Mchinji District Hospital.

Photo credit: Uchembere Wangwiro Program

- ▶ Providers would like clear guidelines on sharing the RBF4MNH reward portion earmarked for staff, so as to avoid conflict in the future.
- ▶ Providers described a need for support to manage the (perceived) increased workload directly related to implementation of the conditional cash transfer component of RBF4MNH (i.e., registering and issuing reimbursements to patients).
- ▶ Providers said that the program needs to communicate more clearly throughout the life of the program, but particularly at the program outset on two specific issues: (1) creation of mutually agreeable targets, and (2) outlining what verification processes will look like.

AN OVERWHELMING MAJORITY OF PROVIDERS WELCOME THE INITIATIVE, PARTICULARLY IF CERTAIN IMPLEMENTATION CHALLENGES WERE TO BE RESOLVED

- ▶ Providers hope for scale up to additional facilities and services.
- ▶ Many providers were positively surprised that the Malawian health system was overhauled in a manner that made it possible to more efficiently procure equipment and supplies. Providers said they did not believe this could happen, but that they were happy to be proven wrong

Study Contact:

Dr. Manuela De Allegri, Principal Investigator of the RBF4MNH Evaluation
manuela.de.allegri@urz.uni-heidelberg.de

TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation and delivery science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:

www.tractionproject.org ▶ tracinfo@urc-chs.com

RBF4MNH IMPLEMENTING PARTNERS

RBF4MNH is implemented by the Malawian Ministry of Health with funding from the Governments of Germany and Norway through KfW. Technical assistance to the Ministry of Health is provided through Options Consultancy Ltd. Additional information on the program can be found at:

www.options.co.uk