

DRC-IHP EFFECTIVE INNOVATIONS

Results-based Financing Incentives for improving health services



“Before RBF, no one wanted to come here,” said Dr. Denis Mpika, chief medical officer at Luiza General Reference Hospital in Luiza. “The hospital was in really bad shape. Today, we’ve completely renovated. Staff and management have received training in innovative techniques. It’s a place people are now pleased to come to for their health needs.”

Photo by Rebecca Weaver

Integrated Health Project
in the Democratic Republic of Congo



The government of the Democratic Republic of Congo (DRC) has set ambitious targets for improving the country’s health system in the wake of decades of instability. The challenges are many in this vast, underdeveloped country with few roads and thousands of isolated villages and towns. Despite rapid improvement in the last few years, under-five mortality is still 104 per 1,000 live births and maternal mortality is nearly 850 per 100,000 live births, according to DRC’s Demographic and Health Survey (DHS) 2013.

The Integrated Health Project in the Democratic Republic of Congo (DRC-IHP)

DRC-IHP works closely with the Government of the Democratic Republic of Congo to strengthen the country's health system at every level and achieve the Ministry of Health's targets of saving 437,000 lives of children and mothers over five years.

Data modeling using the Lives Saved Tool (LiST) shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years. The project has improved health services for more than 12 million people—17 percent of the Congolese population.

DRC-IHP focuses on maternal, newborn, and child health; family planning; nutrition, malaria, and tuberculosis; HIV and AIDS; and water, sanitation, and hygiene (WASH)—applying many proven, low-cost, high-impact innovations on a large scale.

Funded by the U.S. Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and the President's Malaria Initiative (PMI), DRC-IHP works in 78 health zones in four provinces: Kasai Oriental, Kasai Occidental, Katanga, and Sud Kivu. The project has upgraded the quality of services at more than 2,000 locations—from community sites to local health centers to regional hospitals.

Management Sciences for Health (MSH) implements DRC-IHP with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC). Activities continue through June 2016 under DRC-IHPplus with partners OSC and Pathfinder/Evidence to Action (E2A). DRC-IHPplus has expanded to cover 83 health zones.

In conjunction with the Ministry of Health, DRC-IHP achieved the following results in project health zones between 2010 and 2015:

- *increased the proportion of women who delivered babies in a facility with a skilled birth attendant from 73% in 2010 to 89% in 2015*
- *increased the percent of newborns receiving essential newborn care from 67% in 2010 to 88% in 2015*
- *inspired new mothers to breastfeed newborns in their first hour, increasing the rate from 2% in 2010 to 96% in three years*
- *vaccinated over 97% of children under the age of 12 months (more than 2 million) in project areas with DPT-HepB-Hib3*
- *detected and treated nearly 60,000 cases of TB*
- *provided more than 1.5 million pregnant women with at least two doses of sulfadoxine pyrimethamine (SP) for IPTp to prevent malaria*
- *enabled 2.4 million people to adopt a modern family planning method*
- *provided more than 2.9 million people in target areas with first-time access to improved drinking water supply*
- *enabled more than 868,000 people with first-time access to improved sanitation facilities (from a baseline of 124,000 in 2010)*

ACKNOWLEDGMENTS:

DRC-IHP and MSH would like to thank the many dedicated staff and consultants who have contributed their time and expertise to the Integrated Health Project as well as the production of this technical brief.

In addition, we recognize the Ministry of Health in DRC for its close partnership in making the Integrated Health Project an outstanding and sustainable success.

Finally, we gratefully acknowledge the support of PEPFAR, USAID, PMI, and the American people for funding this important project, with special recognition to the USAID/DRC Mission for its dedication to strengthening the DRC health system and improving the health of the people of the DRC.

Results-based Financing: An internationally proven approach, scaled up in DRC

Results-based financing provides incentives to health service providers to improve performance. Under RBF, facilities receive payments based on achievement of agreed-upon targets, rather than for inputs or processes as in traditional financing.

In countries around the world, RBF has been shown to increase the quality, demand for, and affordability of services, as well as staff motivation and morale.

DRC-IHP and the Ministry of Health (MOH) turned to results-based financing to rapidly scale up the quality and use of health services in the DRC. Because of its complexity, DRC-IHP and the MOH began setting up the system in 2011 and launched it in November 2013 as a pilot in seven health zones. RBF contracts were signed with 132 sub-grantees, including 118 health centers, 7 referral hospitals, and 7 health zone management offices.

With the Ministry and health facilities, DRC-IHP worked out agreed targets, such as increasing the number of women giving birth at a facility, percentage of children vaccinated, and utilization rates. The project designed an RBF web portal for reporting. Staff organized baseline studies so improvements can be measured. And DRC-IHP trained all

stakeholders in management skills as well as data collection and reporting—so they were set up to succeed.

Each quarter, facility staff enter data in the RBF portal. Joint teams from the MOH and DRC-IHP conduct supervision visits and also verify the results reported. Community-based organizations (CBOs) that DRC-IHP selected based on competence with data verification, integrity, involvement in the health zone, and lack of conflict of interest also validate the project's results. DRC-IHP trained 140 staff from the CBOs to become community auditors and provides an allowance for expenses. CBOs visit 118 health centers each quarter. CBO activities are likewise monitored each quarter.

Local health committees (referred to as CODESAs, for their French acronym) became instrumental on the demand side: conducting health education campaigns and rallying community members to try out their local facility as it was improved. As the facility looked better and became more welcoming, community members' interest increased. Not only did they begin using the facility: many residents invested in "their" health center by helping with renovations.



Adolphe Mima, a community health worker at Kakala's health center, located near Luiza, Kasai Occidental, explains to Jacky Kwama how he will treat her.

What's new

As with all its health-systems innovations, DRC-IHP has adapted RBF to the Congolese context, including using indicators employed by the Ministry of Health. In addition, DRC-IHP prompted the signing of performance contracts not only with facilities but also with health zone officials, making them accountable for improvements in the health centers they oversee. Quarterly verification of progress is a joint exercise with the Ministry—an unusual setup that officials say has intensified their ownership of the effort, which in turn has generated requests to expand the use of RBF well beyond the pilot.

The training follows a training-of-trainers strategy, so that after the initial instruction, the trainers are local stakeholders, particularly health zone managers and other ministry staff.

DRC-IHP's "fully functional service delivery point" approach ("FOSACOF" for its French acronym) is another innovation that complements RBF. FOSACOF gives health centers a yardstick to measure quality of care, providing standards and tools to improve services. DRC-IHP and MOH staff rate the facility on nine FOSACOF criteria, then calculate an overall score.

A FOSACOF evaluation—performed jointly with project and MOH staff—documents improvements at a health center or hospital and can be used to compare facilities.

Results are in: Utilization rates more than double

The centers and hospitals that have implemented RBF showed remarkable improvements in comprehensive evaluations at both mid-term (nine months) and 18 months. The use of curative services in health centers more than doubled over 18 months—from 21% to 43%. The average quality score of health centers, measured by FOSACOF, jumped from 33% to 62%. In comparison, facilities in DRC-IHP health zones not using RBF rated 48% for the same period. Hospital ratings nearly doubled, from 42 to 81% (Figure 1).

In fact, over 20% of health centers using RBF rated as "high-functioning" based on FOSACOF scores, while only 1% of health centers not using RBF met that standard. While 16% of centers with results-based financing score as weak, three times as many non-RBF centers score as weak.

The positive results were confirmed by an independent mid-term evaluation, which also found a transformation in patient perception of quality of care (Figure 3). The evaluation recommended that the pilot intervention continue and expand.

RBF in Action: RBF Inspires Youth Group to Rebuild a Clinic

For years, the residents of a small village in Kasai Oriental (Tsheko Poto) generally avoided their local health center, although no one seemed to know why.

To improve the utilization rate (then 36%) as well as general quality of service, the USAID-financed Integrated Health Project partnered with the Congolese Ministry of Health to implement results-based financing—a system of incentives for improved results in health facilities. The system works by providing management training as well as offering financial rewards to facilities that perform well according to a verification system of results—where both beneficiaries and DRC-IHP provide verification.

In Tsheko Poto, verification was conducted by the Association des Jeunes du Sankuru Pour la Lutte Contre le SIDA (AJSS), a youth-oriented AIDS awareness group. As they went about their evaluation, AJSS noticed that the building's infrastructure was crumbling: the facility had no ceiling, paved flooring, or office furniture—not even chairs.

The building's condition gave a clue as to why residents gave the clinic a cold shoulder.

The members of AJSS wanted to be part of the solution. So, in addition to verifying indicators, they helped renovate the clinic. The organization got to work repainting walls, installing window panes, and bringing in a slew of new office materials: chairs, notebooks and pens, and medical uniforms for health workers, who previously had none. Meanwhile, the center staff oversaw repairs of the pavement and built a new maternity ward.

The results of the RBF funding were striking: the overall score of the health center climbed from 55% to 75%. The utilization rate increased to 40%. And the assisted birth rate rose from 76% to 118%, indicating that word had spread and the clinic was drawing people from neighboring communities.

RBF in Action: Community Health Committees Multiply Impact

In November 2013, the Lomela health center was on the verge of closing. Visitors described substandard hygiene and safety conditions and visibly demotivated staff. The CODESA (French acronym for the community health committee) was inactive. Residents avoided the center: the utilization rate had dropped to 10 percent.

Then DRC-IHP launched a results-based financing program to see if financial incentives and goal-setting could turn the place around.

Under RBF, the health zone management team started by training the staff in management and leadership skills, and meeting with the CODESA to set goals and identify indicators to measure progress.

The health zone hired construction workers to refurbish the facility, including building toilets and an additional room to accommodate patients. Health staff and CODESA members also volunteered to help with the renovations. The CODESA procured medicines and other supplies to prevent stock-outs.

Finally the health center organized two open houses to welcome community members and authorities to the rebuilt, better managed facility.

By November 2014—within a year of the launch of the RBF program—the utilization rate had more than quadrupled, from 10 to 47 percent.

“When I see everything we were able to accomplish in Lomela [in Kasai Oriental] through the RBF program, I am speechless,” said Kimba Bofululu, Administrator of Lomela.

“The program was useful and important, especially when you see how it affects peoples’ lives. The CODESA, community health workers, and health center staff joined forces not only to improve care for the sick but also to improve their working environment. [Today] they are proud to work in the Lomela health center and encourage everyone to seek care there.”

The positive results were confirmed by an independent mid-term evaluation, which also found a transformation in patient perception of quality of care. The evaluation recommended that the pilot intervention continue and expand.

Figure 1. Utilization and quality rates after 18 months

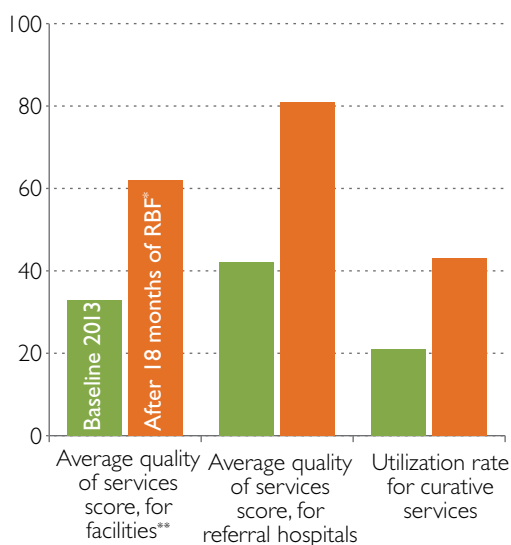
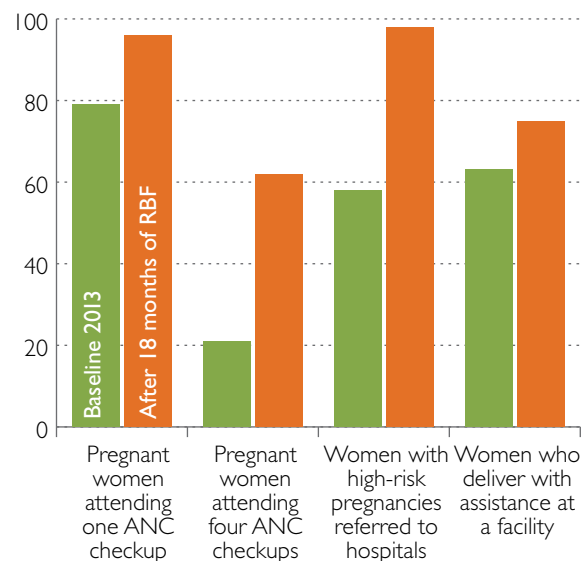


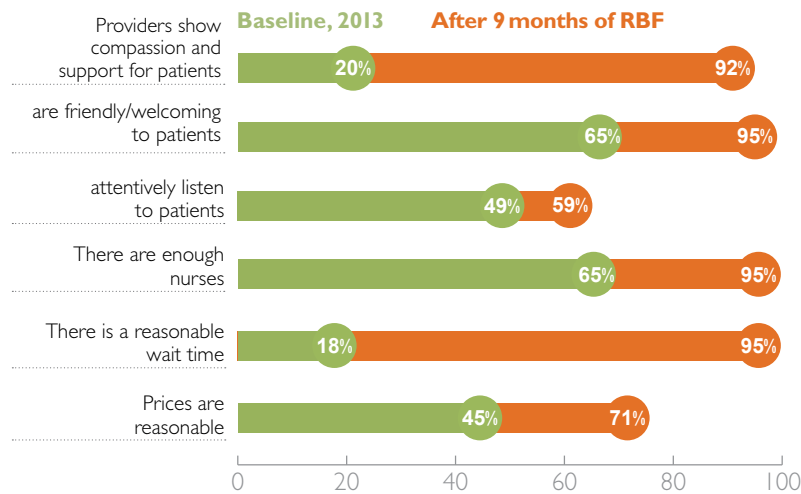
Figure 2. Progress of maternal, newborn and child health indicators after 18 months



*Data is from 118 health centers and 7 referral hospitals.

**Services were scored using FOSACOF (the French acronym for “Fully Functional Service Delivery Point”) rating system in joint evaluations with project and Ministry of Health staff.

Figure 3. Clients who agreed with quality of care statements at health facilities after 9 months of RBF



Lessons Learned

Implementation of RBF:

- Can dramatically improve the overall quality of health services;
- Contributes to the DRC's National Health Development Plan (2011-2015) for its six targets on maternal and child health, and seven targets on access to quality health services;
- Improves the quality of health information by verifying and counter-verifying data;
- Strengthens community participation in primary health care;
- Contributes to the management capabilities as well as accountability and motivation of health zone staff;
- Enhances project ownership at all levels of the health system—community to national.

Challenges

RBF requires lengthy set-up, including awareness-raising and training for stakeholders on goal-setting, data collection, and verification; frequent coaching and follow-up; and a well-functioning information system.

“Before RBF was introduced at the hospital, staff came late and left early. Neither the building nor the staff were welcoming to patients. But after the RBF approach was implemented, I saw people start to come on time. And when people arrived at the hospital, health staff welcomed them well,” said Reverend Pastor Jean François Kalombo Elunga, Methodist Church of Wembonyama. “The place was clean and repainted, and the odors had gone. Because of the enormity of the changes, one of the missionaries of the congregation spontaneously gave \$30,000 to the hospital to encourage them to keep up the progress.”



The role of health system innovations

To extend high-quality health services to more people than ever before in the DRC, DRC-IHP has drawn on a number of innovations and scaled them up to make a major difference. The project defines health system innovations as new ways of organizing people, processes, and resources:

- that improve delivery of proven health practices, products, and technologies—licensed, approved, and/or registered as required.
- to achieve greater scale, value, and impact.

By starting with proven methods, health system innovations therefore help close the gap between knowledge and action in public health.

DRC-IHP focuses on securing adoption, ownership, and predictable uptake for successful scale up. This addresses the key enabling factors and constraints to getting the innovation institutionalized—including regulatory, policy, and capacity building requirements, plus change management, demand creation, and funding.

FOSACOF indicators supported the changes at Luiza GRH. FOSACOF indicators measure the quality of, for example, a hospital's equipment, training and community support. With RBF, Luiza's FOSACOF score increased from 42% to 81%. Based on these indicators, Luiza GRH is now rated a "fully functioning hospital".



Olga Mbuyi is a DRC local government health official who is responsible for supervising health centers in the vicinity of Luiza, Kasai Occidental, and ensuring that they are providing quality health services.

About the Effective Innovations Series

This brief is part of a series highlighting health system innovations that DRC-IHP has adapted and implemented on a large scale in the DRC:

Champion Communities

Helping Babies Breathe

Integrated Community Case Management

Infant and Young Child Feeding

Results-based Financing

Together, these approaches have saved tens of thousands of lives in the DRC over the past few years. We hope these publications will inspire others to use these proven approaches in their own context.

For more information, see:
[www.msh.org/our-work/projects/
integrated-health-project](http://www.msh.org/our-work/projects/integrated-health-project)

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