

SIERRA LEONE



PERFORMANCE BASED FINANCING

ANNUAL BULLETIN

2014

Under supervision of **Dr Sas Kargbo**, Director
Health Systems, Policy, Planning and Information

Noemi Schramm, Health Economist

Mohamed Kapry Kamara, Health Economist

Noemi Schramm: copyright for all pictures

For more information, visit: www.health.gov.sl

TABLE OF CONTENTS



THIS IS THE FIRST ANNUAL BULLETIN.....	3
OVERVIEW.....	4
OVERVIEW OF THE SCHEME.....	5
OVERVIEW OF PAYMENTS.....	5
OVERVIEW OF INDICATORS.....	6
SUCCESS STORY.....	8
PRINCESS CHRISTIAN MATERNITY HOSPITAL.....	8
KORIBoNDo CHC.....	9
EXTERNAL VERIFICATION.....	10
SUMMARY OF FINDINGS.....	10
FACES BEHIND THE SCHEME.....	11

THIS IS THE FIRST ANNUAL PBF BULLETIN...



...and we aim to make it worth a second issue! The Performance-Based Financing (PBF) scheme in Sierra Leone is a unique way to allow facilities and hospitals to have more autonomy in their daily dealings. It also supports decentralization and has contributed significantly to health workers motivation.

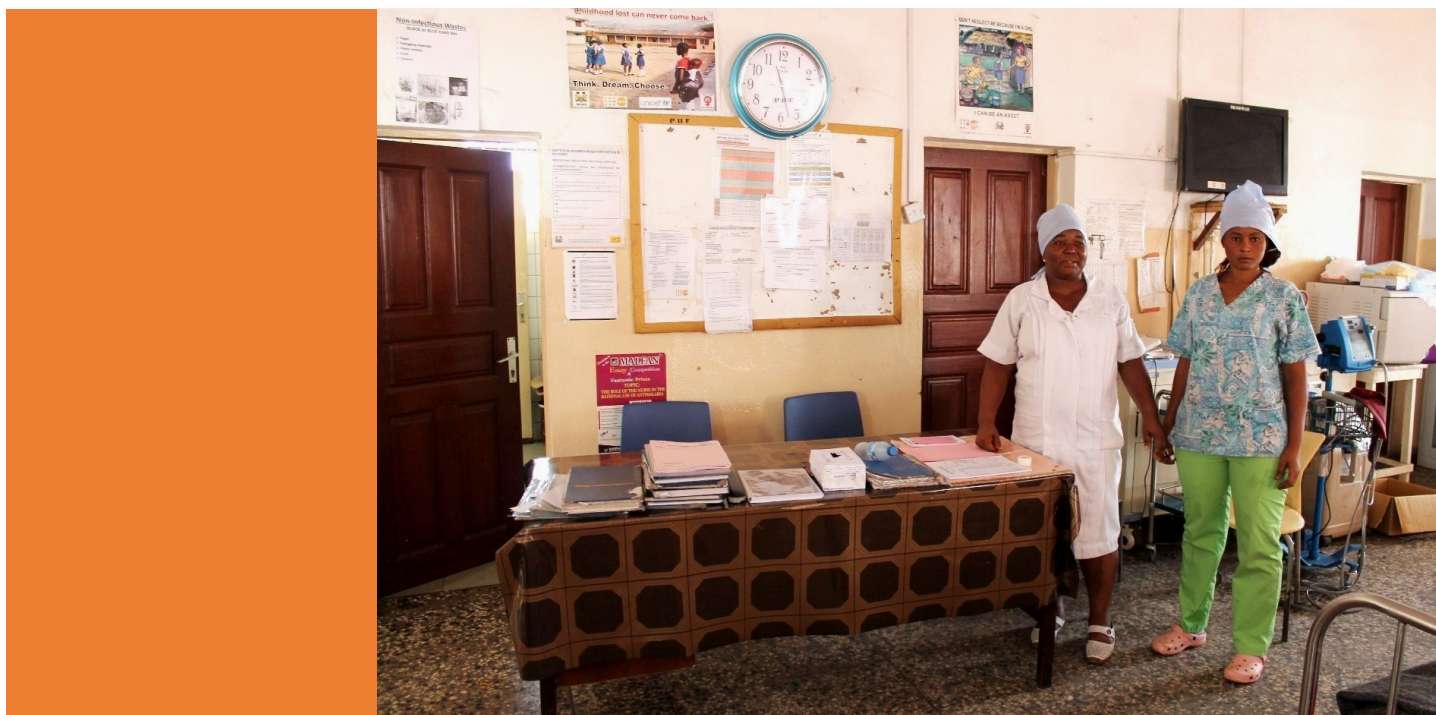
This bulletin highlights selected success stories, as well as gives the reader an overview of the performance-based financing scheme and its implementation so far. The PBF scheme in Sierra Leone has proven only part of its value yet – we are sure it can contribute greatly to the Post-Ebola strategy and tell many more success stories.

We want to commend all facility staff and the hospital management teams for their commitment towards making PBF a success. The road is a rocky one, but progress is being done little by little. This is only possible due to the hard working health care workers, the national steering committee, technical team, and the funding agency, the World Bank. Sierra Leone is proud to be one of the few English speaking African countries with a nationwide PBF scheme.

Directorate of Health Systems, Policy, Planning and Information

Health Financing Unit

Ministry of Health and Sanitation



The in-charge of ward 5 in PCMH is showing the PBF investments

OVERVIEW



OVERVIEW OF THE SCHEME

The PBF scheme was introduced nationwide in April 2011, following a year of Free Health Care (FHC). The FHC Initiative tackled the issue of user fees in accessing services, however, evidence emerged that supply (provision of health care services) did not cope with the increased demand (more users wanting to access services). In an attempt to increase the quality as well as efficiency of service delivery and also tackling informal fees at facility level, the PBF scheme was introduced at all 1200 PHUs with six quantity indicators addressing Reproductive and Child Health (RCH) and 10 quality indicators. A year later the two national referral hospitals for RCH, Ola During Children Hospital and Princess Christian Maternity Hospital were added to the scheme. They are evaluated based on quality criteria.

The scheme is managed by the PBF Technical Team, supported by the Health Financing Unit of the Ministry of Health and Sanitation. The verification teams in the districts are led by the District Health Management Teams and supervision and verification is done jointly with the local councils. Central level is verifying the two hospitals of the scheme.

OVERVIEW OF PAYMENTS

Payments are done after each quarter based on information from the Health Management Information System, DHIS2 (District Health Information Software 2). It is then corrected for any adjustments following the internal verification done by the District Health Management Teams. A simple overview of the payments can be found in Figure 1. Each district was assigned a different equity bonus, which is used as a policy instrument to account for different poverty levels and different levels of remoteness. The equity bonus is derived using Western Area as base, which is why this district does not receive any equity bonus. An overview is provided in Table 1.

TABLE 1

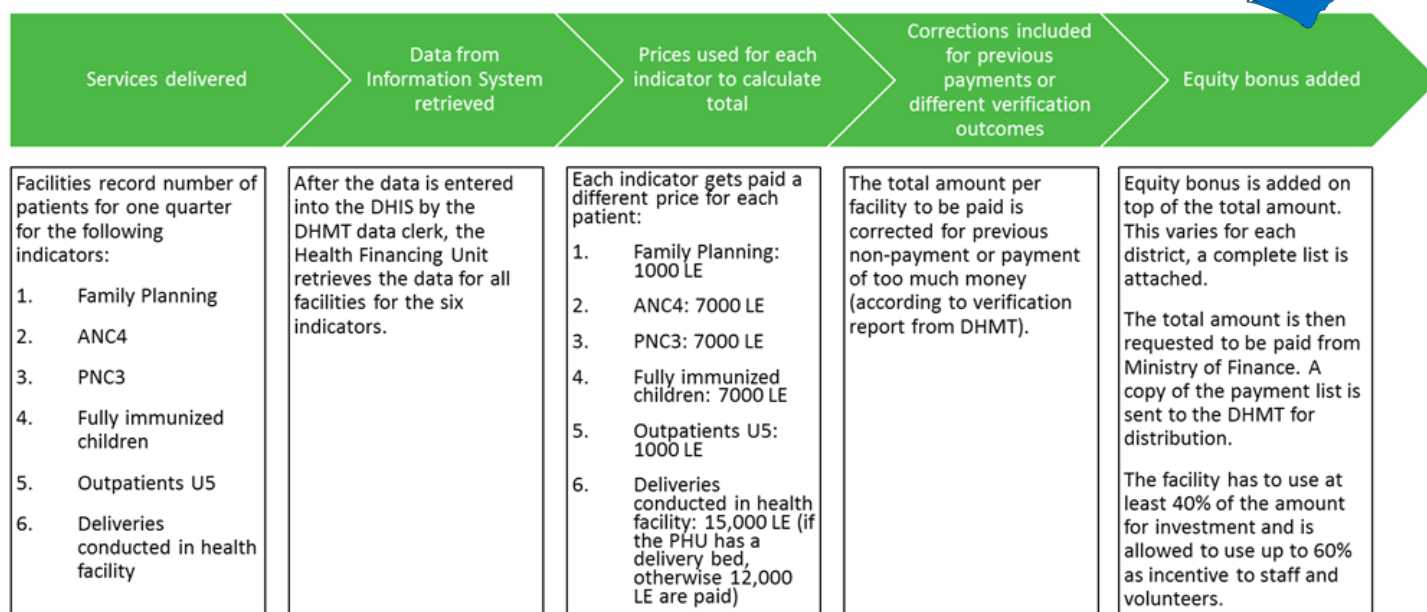
Bo	20%
Bombali	25%
Bonthe	21%
Kailahun	26%
Kambia	18%
Kenema	23%
Koinadugu	27%
Kono	27%
Moyamba	30%
Port Loko	25%
Pujehun	20%
Tonkolili	36%
Western Area ¹	0

¹ Western Area serves as a baseline, as it is the richest district. All other districts are hence getting equity bonus to equalize the inequalities. That means, that for example facilities in Kailahun receive an 26% topup to their total payment.

OVERVIEW



Figure 1: Overview of payments to PHUs



Six payment requests for 1,138 PHUs were done in 2014

- PHUs were paid for all quarters of 2013 and payment was requested for first half of 2014
- The payments for PHUs since the inception of the scheme in April 2011 summed up to more than **LE 17 billion, which is about USD 4 million**
- This implies that health workers were given an additional USD 2.4 million as incentive, while USD 1.6 million was supposed to be spent on investments

Most internal verification teams (IVT's) were supposed to have received **two payments** (Q1 and Q2 2013)

- Only few verification teams submitted payment requests for Q3 and Q4 2013 on time, through the Internal Verification report. Kambia was the only one to have been paid for all quarters. The other districts will be paid upon receiving the verification report.
- The total amount of verification incentives summed up to LE 397,536,940 (USD 90,400)

There have been **three hospital verification** visits, followed by **three payments requests** for Ola During and PCMH

- Ola During received **more than LE 1.3 billion** (USD 300,000) since April 2012
- PCMH received **more than LE 1.26 billion** (USD 290,000) since April 2012

The PBF scheme in Sierra Leone hence pays about half a dollar per year per capita, or about LE 2500. This is quite low compared with other schemes. Furthermore, the average facility receives USD 2100 per year, where each health care worker received between USD 20-100 extra per month from the PBF scheme².

OVERVIEW OF INDICATORS

The six key indicators are (with prices per patient in brackets):

1. Family Planning: **1000 LE**
2. ANC4: **7000 LE**
3. PNC3: **7000 LE**
4. Fully immunized children: **7000 LE**
5. Outpatients U5: **1000 LE**

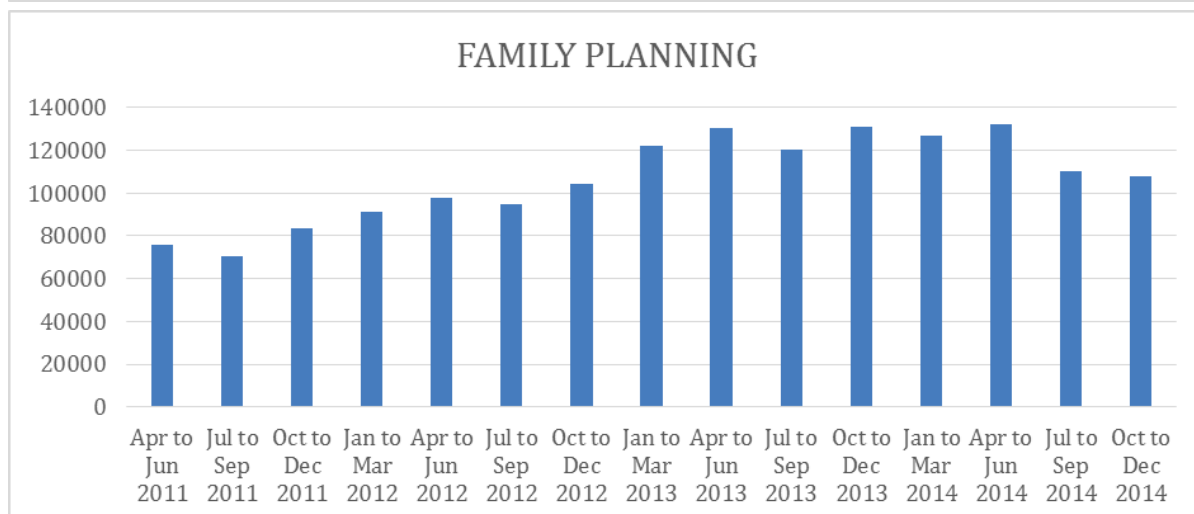
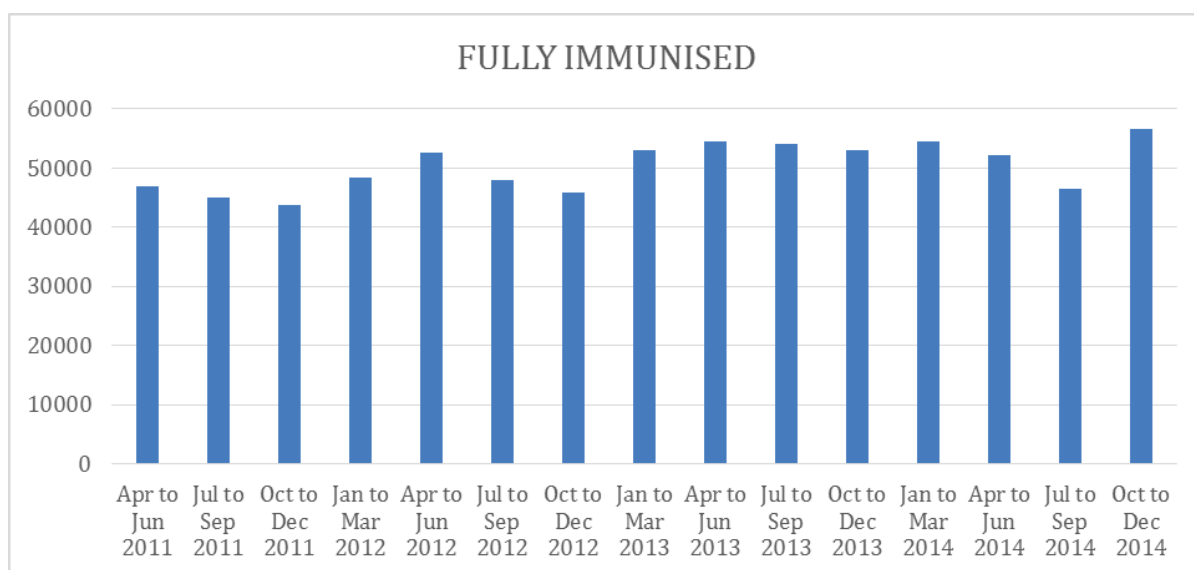
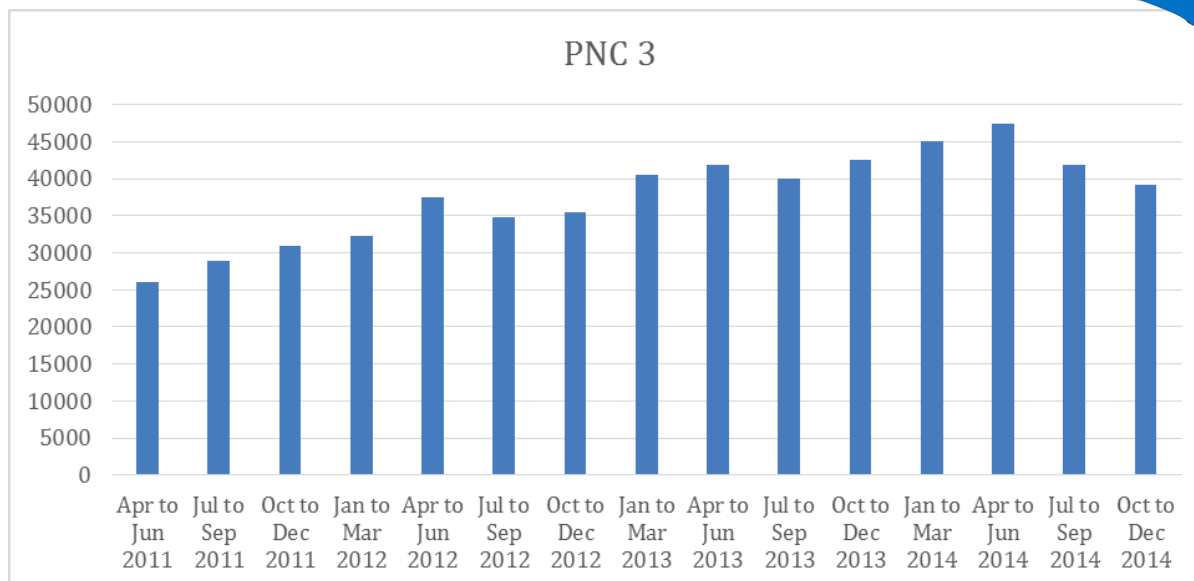
Deliveries conducted in health facility: **15,000 LE** (if the PHU has a delivery bed, otherwise **12,000 LE** are paid)

² This depends on the size of the facility and the rank of the employee. Field evidence suggests, that the PBF money makes up 10-30% of the total health worker's salary.

OVERVIEW



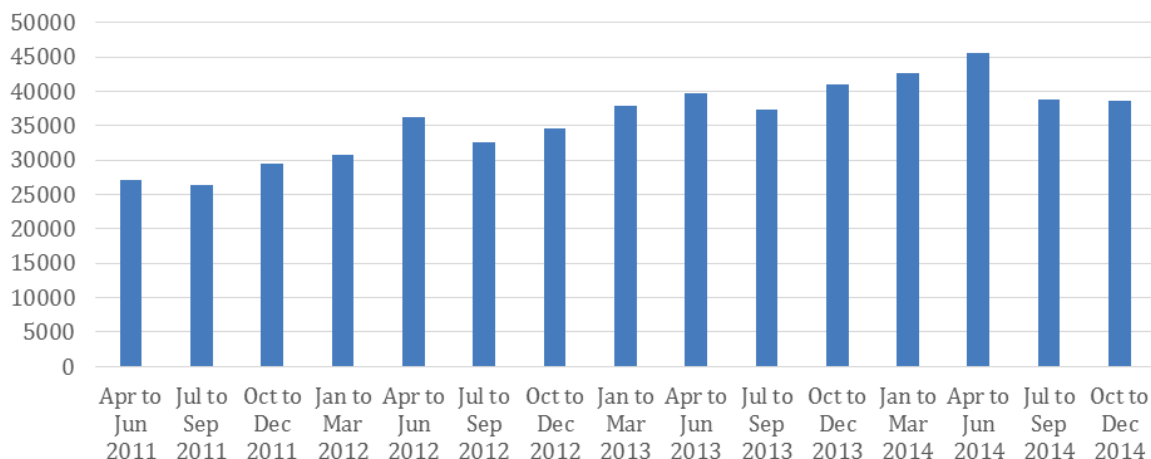
The indicators are progressing as follows:



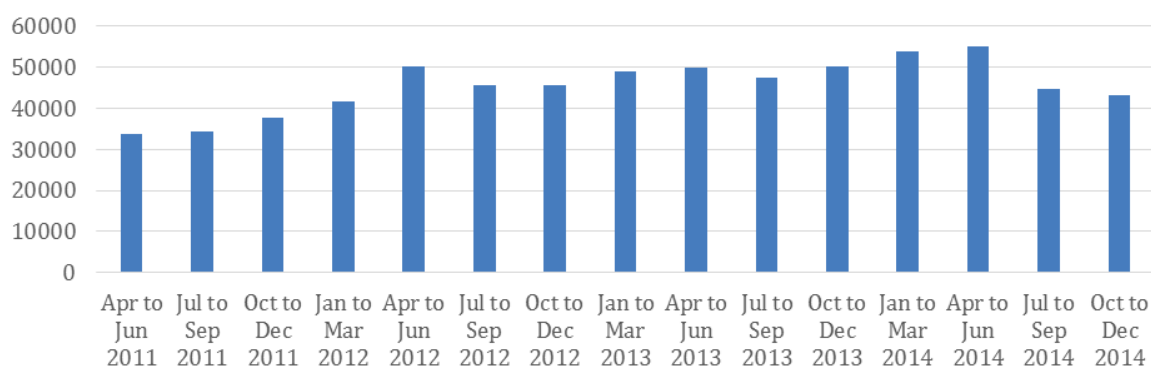
OVERVIEW



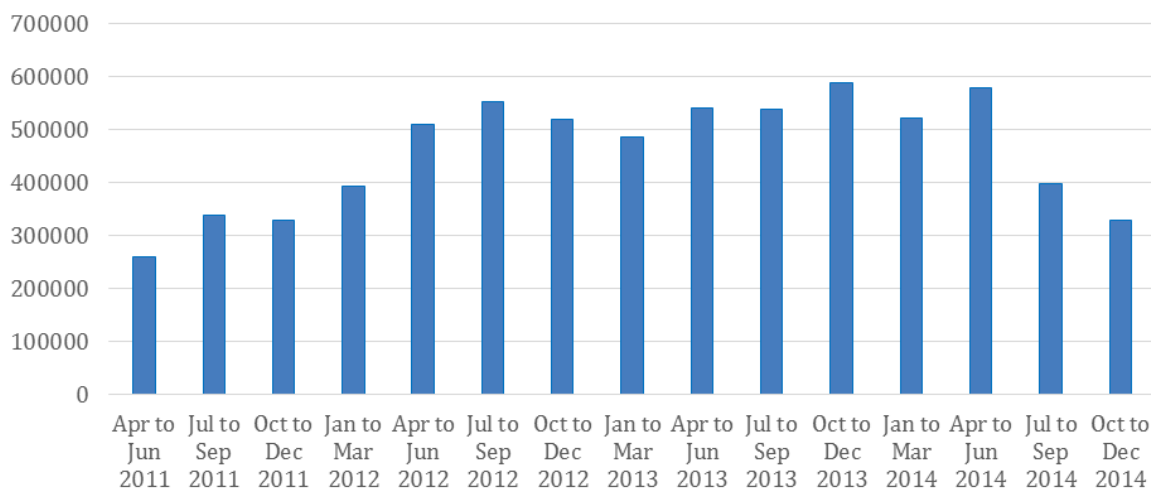
DELIVERIES



ANC 4



OPD U5



As can be seen in all the indicator progress reports, the PBF scheme led to improvements in utilization of care until the outbreak of Ebola in second quarter of 2014. The Ebola outbreak has thrown utilization rates back to how they were two or three years ago. However, Government is confident that with a further investment in PBF, the scheme can contribute into developing a strong post-Ebola recovery strategy.

SUCCESS STORY



PRINCESS CHRISTIAN MATERNITY HOSPITAL

The main referral hospital for maternity complications is located in the East of Freetown: the Princess Christian Maternity Hospital (PCMH). It has been part of the PBF scheme since April 2012 and has since received more than a half a million US Dollars, based on its performance. Performance is measured in several key areas: General organization, Human Resource Management, Pharmacy Management and prevention of drugs stock out, Patient care, Hygiene services, Laboratory services, Health care services, and financial management.



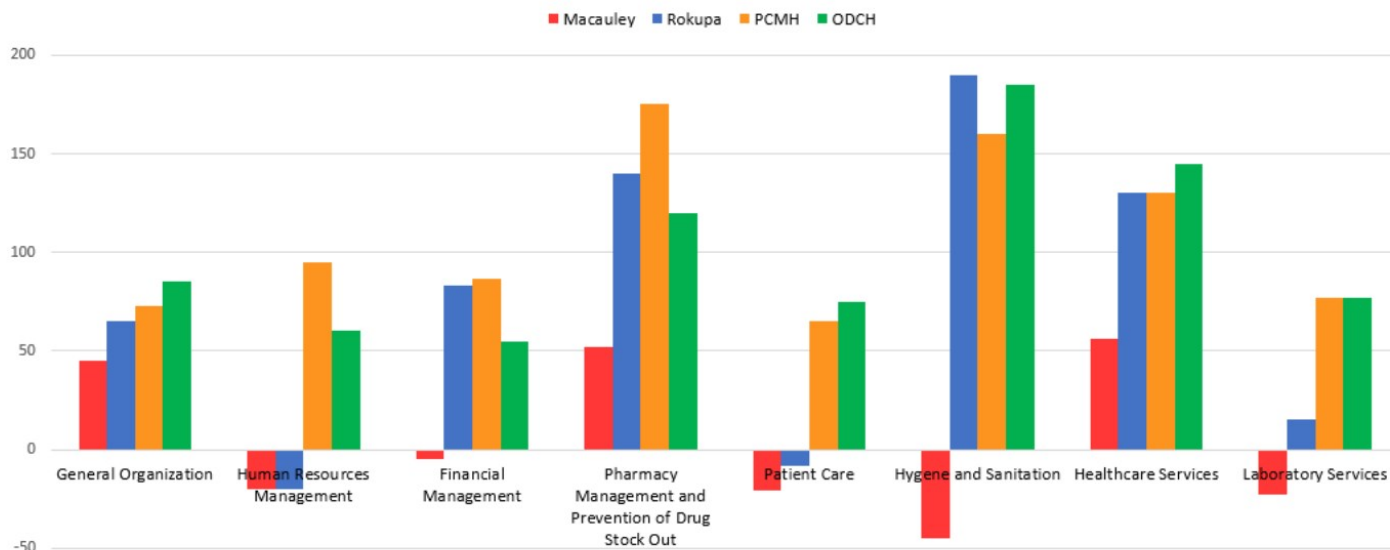
Figure 3 Entrance of PCMH

Performance-Based Financing focuses on regulatory functions through a score of achievements of planned deliverables; i.e., an incentive pay package is recommended based on the facilities verified scores and payments effected into the facility bank account. Throughout the PBF implementation, the PCM Hospital has increased its quality scores, even more so than its neighbor, Ola During Children Hospital. PCM Hospital was refused payments at the beginning, as standards were deemed to be so low, and was asked to improve first to get to a minimum standard. The chart below depicts the quality improvements according to verification scores achieved by the hospital.



Figure 5 PBF money was used to equip the office of the hospital secretary

Comparison PBF and non-PBF Hospitals in EV



SUCCESS STORY



PCMH is led by Medical Superintendent Dr A. P. Koro-ma, who is supported by a strong team of the hospital secretary, the finance officer and the matron, to list the core team members. He has established a committee managing the PBF expenditures, coming forth with suggestions on how to spend the investment part and also approving incentive distribution. The hospital has been saving around a third of its investment part, which was very helpful during the outbreak of the Ebola epidemic. The hospital was able to react quickly and established a holding unit in ward 6, using PBF money to provide basic protective materials.

The hospital also purchased tables to work on for the in-charges of each ward. Other investments done were office equipment, umbrellas for the waiting area outside the hospital, latrines for patients' relatives or TVs for the wards. The pictures document selected investments done.



Figure 4 Handwashing at the entrance of PCMH

KORIBONDO CHC

The Community Health Center in Koribundo³ is a 20 Minute drive away from Bo, direction of Potoru, Pujehun. The Center reports a high utilization and is a Be-MONC center, which means it is equipped with solar energy, water, basic laboratory services and also a small place where expecting mothers can wait for their delivery date. The in-charge explained how PBF motivated the nurses, but also cleaners and allowed paying a small stipend to the volunteers.

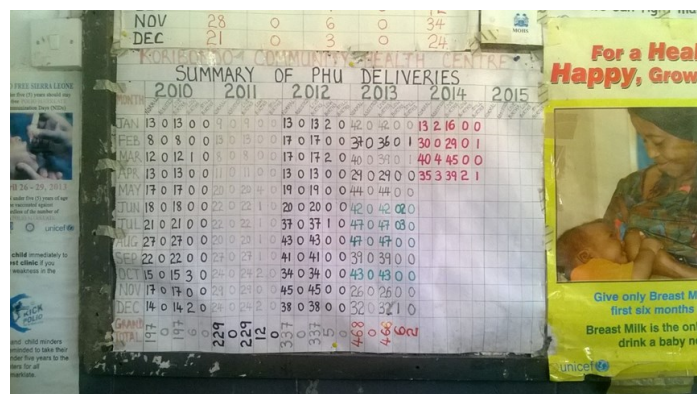


Figure 6 Chart showing utilization of Koribondo CHC

³ For more pictures visit: http://sl.geoview.info/koribondo_chc,85371347p



SUMMARY OF FINDINGS

The verification took place between November 2013 and March 2014, and focused on verification of activity in 2012. In conjunction with three local NGOs (Christian Brothers, SEND and the School of Community Health Sciences) the verification teams visited just under 25% of all facilities. The conclusions are summarised in the following statements:

Methodology:

The overall external verification project lies with the International Project Team, responsible for planning, creating instrument and tools, development of training material and report writing.

Data Collection was done by the verification team within two months, which included the coordinator and three enumerators.

The verification team covered:

Type	Total
Council	18
PHU	235
Patient	1196

The main findings of the external verification report are:

- PBF improved service delivery
- PBF allowed investments to take place
- PBF motivated health care workers
- Patient satisfaction was high compared in comparison to international standards (7.2/10)
- General lack of financial management was recorded throughout all the levels of the scheme (large payment delays and poor financial record keeping)
- Unclear roles and responsibilities of the stakeholders (in particular the role of the Local Councils)
- Insufficient data management
- Low quality of internal verification

FACES BEHIND THE SCHEME



DR A. P. KOROMA
MEDICAL SUPERINTENDENT,
PCMH



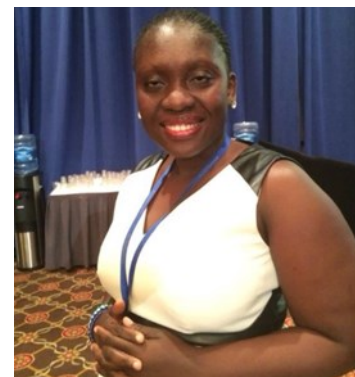
“The PBF scheme has helped us tremendously in the general running of the hospital. With the sudden outbreak of the Ebola crisis, we were able to draw back on our savings of PBF money and provide basic protection equipment.”

MOHAMED KAPRY KAMARA
HEALTH ECONOMIST, HEALTH
FINANCING UNIT



“The PBF scheme is a challenging one to administer. Paying 1200 facilities all over Sierra Leone demands precise calculations and consistent quality checks. However, seeing the impact it has on the ground makes all these efforts worthwhile.”

ZAINAB CONTEH
M&E OFFICER,
BOMBALI DISTRICT



PBF enhances performance, strengthens inclusive partnerships, increases remunerations and helps us achieve universal health coverage. I am convinced that PBF is the best way to rebuild our broken health system and enable it to provide quality health care for every Sierra Leonean.