The Macroeconomic Benefits of Strong PFM Practices:

Piloting Performance Based Financing As A PFM Mechanism Geared Towards Health Service Delivery in Ghana

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Outline

- Country Socio Economic Context
- Overview of PBF in the Health Sector
  - Objectives
  - Selected Indicators to be measured
- Institutional Set up
- Community Involvement
  - Community verification and satisfaction
- Data Collection & Verification
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- cPBF Implementation Cycle
- Conclusion
Country socio economic context

- Ghana experienced rapid economic growth over the past years
- Resulting in GDP growth rose (4.8% in 2010 to 14.0% in 2011).
- By 2014, Gross National Income per capita reached US$1,450,
- Reflecting Ghana’s middle-income status.
- Poverty drop over 50% of the population in 1992 to about 30% of the population in 2014.
However some challenges

- Inequalities remain widespread in Ghana,
- This is reflected in significant disparities in access to economic, social and political opportunities.
- Also large disparities in access to health services and health outcomes between the poor and non-poor.
Health status of the population

- 84% of the total population has access to water sources.
- The under-five population is estimated at 3.591m.
- The population below 18 years is 11,174m.
- 52% percent of the population is urban.
- Malaria and pneumonia are the leading causes of death among children under the age of five.
Trends in Childhood mortality 1988-2014

Deaths per 1,000

- Infant mortality
- Child mortality
- Under-5 mortality

Trends in Maternal Health Care 1988-

Note: Data for the 1988, 1993, and 1998 surveys refer to births, whereas data for antenatal care for the 2003, 2008, and 2014 surveys refer to women who had a live birth. The reference period is five years preceding the survey except for 1993, which refers to the three years preceding the survey. In the 2008 and 2014 surveys, a skilled provider includes a community health officer, while in all previous surveys a community health officer was not included. For the 1988 survey, data for births that occurred in a health facility are missing.
Overview of PBF

- Performance-Based Financing – “the transfer of money or material goods conditional on taking a measurable action or achieving a predetermined performance target.” (Eichler R., 2006).

- It can also be defined as a system where health providers are funded on the basis of performance.
PBF in the health sector is needed to:

- Help focus attention on outputs and outcomes
- Balance resource allocations to
  - elevate low performing indicators and
  - maintain existing achievements (like immunizations)
  - to accelerate progress toward national health objectives.
- Increase use, quality and efficiency of services.
Objectives

▸ Explore whether providing performance based incentives to CHPS zone could
  ▷ influence behavior change of the Community Health Teams,
  ▷ resulting in improved access, utilization and quality of health services.

▸ It also seeks to strengthen focus
  ▷ on results and quality at the community level and
  ▷ increases coverage of high impact interventions in districts with weak maternal and child health indicators
## Selected Indicators to be measured

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Type</th>
<th>Quality Criteria for quantity indicator validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ANC Registrants</td>
<td>Number of Pregnant women in the intervention communities registered for service delivery by the Community Health Team</td>
<td>Quantity</td>
</tr>
<tr>
<td>Number of under five registrants</td>
<td>Number of Children under 5 years in the intervention communities registered for service delivery by the Community Health Team</td>
<td>Quantity</td>
</tr>
<tr>
<td>Indicator</td>
<td>Type of indicator</td>
<td>Quality Criteria for quantity indicator validation</td>
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<tr>
<td>Number of first trimester registrants</td>
<td>Quantity</td>
<td>Blood Pressure Check</td>
</tr>
<tr>
<td>Number of pregnant women from the intervention area making the first antenatal visit in the first trimester</td>
<td></td>
<td>Haemoglobin Check</td>
</tr>
<tr>
<td>Number of pregnant women in the intervention areas receiving at least four quality antenatal service</td>
<td>Quantity</td>
<td>Urine Test (Protein, glucose)</td>
</tr>
<tr>
<td>Number of ANC 4+ visits</td>
<td>Quantity</td>
<td>TT2</td>
</tr>
<tr>
<td>Number of pregnant women in the intervention areas receiving at least four quality antenatal service</td>
<td></td>
<td>IPT3+</td>
</tr>
<tr>
<td>Number of pregnant women referred for skilled delivery</td>
<td>Quantity</td>
<td>Evidence of Referral for skilled delivery</td>
</tr>
<tr>
<td>Number of pregnant women referred in the intervention receiving skilled delivery in a health facility</td>
<td></td>
<td>% of Pregnant women registered by the CHT who received skilled delivery</td>
</tr>
<tr>
<td>Indicator</td>
<td>Type of indicator</td>
<td>Quality Criteria for quantity indicator validation</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Number of PNC Registrants (Mother)</td>
<td>Quantity</td>
<td>Haemoglobin Test BP Checked Lochia examined</td>
</tr>
<tr>
<td>Number of PNC Neonates</td>
<td>Quantity</td>
<td>Exclusive Breastfeeding Immunization (BCG, Polio) cord care</td>
</tr>
<tr>
<td>Number of Children under 2 years monitored (weighed)</td>
<td>Quantity</td>
<td>Evidence of adequate weight gain recorded Appropriate Immunization (based on age group) Correct plotting</td>
</tr>
</tbody>
</table>
Institutional Set up

REGULATOR (PPME-GHS)

EXTERNAL VERIFICATION (EXTERNAL VERIFICATION AGENCY)

PURCHASER (FHD)

INTERNAL VERIFICATION (DHMT, RHMT, PPME, FHD, FD, IAD)

FUND HOLDER (FINANCE DIVISION)

PROVIDER (CHPS ZONES)
Community Involvement

CHMC and Volunteers

District Assembly, Religious, Teachers, private sector, NGOs

Catchment Population

CHPS
Community verification and satisfaction

- Select CBOs in each district to conduct community satisfaction survey and community verification
- Sub contract the CBO

Data collection and verification

- E-registry platform: dashboard developed by the WB. Web based application to be used by CHTs
- Monitored at all levels including DHMT, DA, RHMT, GHS HQ
cPBF Payments

- 60% of the unit amount per indicator will be paid based on output.
- 40% of the unit amount per indicator will be paid based on the score of quality as follows:
  - 30% based on score from the quality check list administered by DHMT
  - 10% based on the score from the client satisfaction survey.
**cPBF Implementation Cycle for a quarter**

**Step 1:** Business plan development, problem analysis; strategies; expected results, activities and resources (CHPS)

**Step 2:** Performance Contract negotiation by DA, DHMT, CHPS. Service delivery starts (CHPS)

**Step 3:** Complete Monthly Reports in the e-register (dashboard) and DHMIS by CHPS

**Step 4:** Verification of declared data and validation by DA. Pay 60% of the achieved results by GHS

**Step 5:** Quarterly quality assessment and client satisfaction (quality score) by DHT/CBO

**Step 6:** Consolidation: Quantity and quality results, establish the final invoice for a quarter. DA/DHT

**Step 7:** Steering committee for invoice validation, feedback and Way forward

**Step 8:** Further data analysis, processes, etc. Draw priorities and feedback to national steering committee (DA/DHT)
Conclusion

- PBF is an innovation which promotes.
  - Efficiency in health care delivery.
  - Efficient use of limited resources.

- It has observed effects in strengthening health systems.

- It can be harnessed to help Ghana achieve Universal Health Coverage.
Comments/Questions?