PAY FOR PERFORMANCE (P4P) PILOT

in the

PWANI REGION

(JAN 2011- JUNE 2012)

The Ministry of Health and Social Welfare and
The Clinton Health Access Initiative
1 June, 2011

Introduction

- The Pay for Performance (P4P) strategy, a form of Results Based Financing, has attracted global attention as a potentially effective health financing option in Low and Middle Income Countries.
- The strategy introduces financial incentives for motivating health workers (supply side) to attain predetermined targets and therefore to improve health outcomes. In some cases, clients are also given incentives to access facilities (demand side).
- The MoHSW seeks to improve the performance of health services in Tanzania through a P4P strategy in order to accelerate the reduction of maternal, neonatal and child morbidity and mortality.
- The P4P programme is designed to increase worker motivation and to identify systemic bottlenecks at each level of the health system.
- The P4P Pilot is integrated within the existing health system and is not a vertical programme.

Objectives

The objectives of the P4P pilot are:

1. To improve the efficiency and effectiveness of health service delivery using a results-oriented approach
2. To increase the generation and use of health information for decision making leading to improved health outcomes
3. To motivate health care workers to provide quality services
4. To effectively manage, monitor and evaluate the P4P Pilot in the Pwani region

Eligibility

- All districts in the Pwani region will be included
- Facilities must perform RCH services and report to HMIS in a timely and complete manner to be eligible for the scheme
- Completing the backlog of baseline data from 2010 into the new HMIS summary forms will be required for eligibility in the first payment cycle
- Continued reporting will be required for ongoing eligibility into the program

Eligibility (2)

- The scheme will include facilities irrespective of ownership (government, faith-based, private) in the region
- The following numbers of facilities will be eligible for participation in the pilot:
  - Hospitals (7)
  - Health Centres (19)
  - Dispensaries (213)

Incentive Package

Staff eligible for the incentive

- **Dispensary:** All full-time staff
- **Health Centre:** All full-time staff
- **Hospitals:** All RCH Staff (larger portion of incentive) and all other staff (smaller portion of the incentive)
- **CHMT/RHMT:** All members including co-opted members

Incentive Distribution

Institution type	Facility Improvements	Staff
Hospital	**10%**	**60% (RCH) and 30% (non-RCH)**
Health Centre	**25%**	**75%**
Dispensary	**25%**	**75%**
CHMT	**0%**	**100%**
RHMT	**0%**	**100%**

Selected Indicators

- The MoHSW has selected 16 performance indicators for RCH services (Family Planning, ANC, L&D, Postnatal, Child Health, HIMS and Medical Supplies)
  - 10 for health facilities
  - 5 for CHMTs
  - 4 for RHMT
- The indicators are institution-specific (facilities and health management teams)
- The indicators are primarily derived from the routine HMIS collected data in its monthly summary forms
- They have been designed to strengthen the collection and use of HMIS data

Selected Indicators (2)

List of indicators

- **Couple Year Protection Rate** – Acts as a proxy for the MDG "Contraceptive Prevalence Rate"
- **ANC clients who received IPT 2 Malaria Prophylaxis** – Evaluates the quality for focused antenatal care at facilities, measures the number of pregnant women receiving IPT2
- **ANC clients on ART for PMTCT** – Presents the number of HIV+ women attending the ANC who receive the more efficacious PMTCT regimen (as per WHO guidelines)
- **Percentage of facility-based deliveries** – Provides coverage on facility-based deliveries as a measure of providing of clean and safe deliveries (Health Centres and Dispensaries only)
- **Percentage of completely and properly filled partographs** – Proxy for the percentage of deliveries conducted by skilled birth attendants. (Hospitals only)

Selected Indicators (3)

- **Percentage of newborns given OPV0** – Provides an important measure of a facility's service provision for newborns
- **Percentage of newly delivered mothers attending the postnatal clinic in a facility within 7 days after delivery**
- **Percentage of Children under one year old receiving PENTA 3 vaccination**
- **Percentage of Children under one year old receiving measles vaccination**
- **Percentage of maternal and newborn deaths that are appropriately audited on time** – Important indicator for assessing the direct causes of maternal and newborn deaths. CHMTs will be rewarded for proper audits

Selected Indicators (4)

- **Percentage of facilities reporting stock outs of RCH medicines**
- **HMIS correctly filled and delivered on time to CHMT**
- **Percentage of facilities in HMIS monthly reports**
- **Percentage of districts in HMIS monthly reports**
- **Submission of Semi-Annual Regional Health Profile Report**
- **Percentage of facilities receiving Quarterly District Health Profile Reports**

Performance Agreements

- Facilities and management teams will sign performance agreements at the facility orientations by the end of June 2011.
- The performance agreements detail the applicable indicators, targets and payout model for the institution.
- Along with the performance agreements, facilities will receive guidance on determining their fund disbursement rules.

Verification of Results

- The introduction of payment for performance runs a risk that reported performance could be artificially inflated
- The HMIS report forms will therefore be checked for data correctness, completeness, and consistency. This will be supplemented by facility spot checks and community level verification.
- At national level
  - There is a National Verification Committee (NVC) to oversee verification
  - The NVC will have the authority to approve payments.
- At the regional level
  - A regional certification committee (RCC) will be established to certify target achievements at the CHMT and health facility level
  - The RCC will recommend payments for approval to the NVC
  - Regional and district teams will certify and recommend payments but will not approve

Verification of Results (2)

- An Independent Verifier will also be contracted to perform spot checks at facilities to assess quality of data
- The Independent Verifier will also perform community level verification to determine the fidelity of the patient registers
- Ifakara Health Institute will also perform separate Process, Interim and Economic Evaluations of the P4P Pilot in Pwani

Payment Cycles

- The Pilot consists of three cycles of six months each
  - First cycle runs from January – June 2011
  - Second cycle from July – December 2011
  - Third cycle from January – June 2012
- Payment will be processed by the National Health Insurance Fund within three months of the cycle's completion
- The fidelity of payments and their fair distribution will be overseen by the Pilot Management Team.

Target Setting

- Targets have been set in order to achieve national and MDG 4&5 targets.
- Targets for the first cycle have been set alongside baseline data collected from the 2010 facility registers
- Targets for second and third cycles will be based on the previous cycle's performance
- Maximum payouts per cycle (by institution type):
  - Dispensaries - $726
  - Health Centres – $2,714
  - Hospitals – $8,143
  - CHMT - $3,214
  - RHMT - $3,000

Partnerships

- The P4P Pilot Management Team will be in a unique position to identify bottlenecks in the health system for performing RCH services in Pwani.
- Identifying which areas can be improved through staff improvements and which require facility improvements is a top priority.
- The P4P team will therefore work closely with other stakeholders in Pwani to improve the quality of Reproductive and Child Health services in order to reduce Maternal, Neonatal and Child morbidity and mortality

Conclusion

- The P4P Pilot in Pwani is designed to show the feasibility of results-based financing within the existing health system.
- Improvements upon previous designs include a robust verification system and full integration with HMIS data collection and use.
- The Pilot will also attempt to show how performance in particular areas of the health system can be targeted, such as RCH.
- Bottlenecks in reducing child and newborn morbidity and mortality in Pwani will be identified and later addressed.
- Together with strengthening of the overall health system, P4P may represent value for money in health care financing.