



## Results-based Financing

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

has been working since 2010 to improve the health of the Congolese people in 78 health zones in four provinces. Funded by USAID and led by Management Sciences for Health, with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC), the project 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.

DRC-IHP stresses low-cost, high-impact innovations that can be used by providers at all levels of the health system. This project has improved health services for more than 12 million people—17 percent of the Congolese population. Data modeling shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years.

Now replaced by DRC-IHPplus, the project has recently been expanded to 83 health zones through June 2016, with partners OSC and Pathfinder/Evidence to Action (E2A).

### Integrated Health Project in the Democratic Republic of Congo



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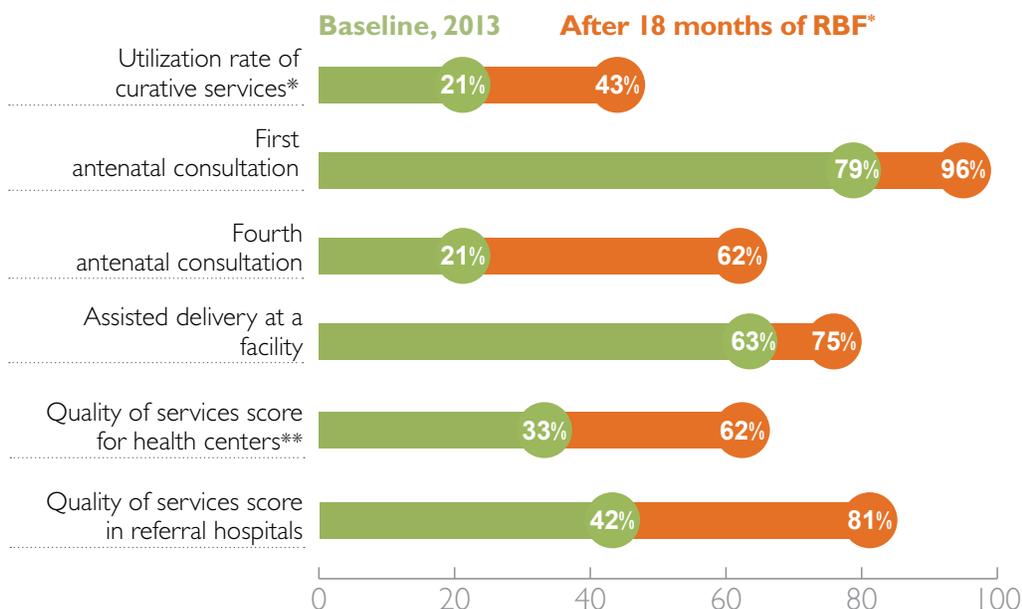
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### STRATEGY

Under results-based financing (RBF), staff, community health committees, and other stakeholders agree on goals to improve infrastructure and services; get training on leadership and management, and receive a sum to start improvements. The facility then receives payments based on milestones met, rather than just hours open.

### RESULTS

At the end of 18 months, the results are striking. Utilization rates had doubled. Pregnant women getting at least one checkup rose from 79 to 96 percent. And those who attended all four prenatal visits nearly tripled, from 21 to 62 percent.



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

\*\*Services were scored using MSH's FOSACOF (the French acronym for "Fully Functional Service Delivery Point") rating system in joint evaluations with project and Ministry of Health staff

**DRC-IHP**

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# Results-based Financing

**Challenges:** DRC is rebuilding its health system at every level in the wake of decades of turmoil and in the face of low health indicators, dilapidated structures, and often demoralized health providers.

**DRC-IHP response:** In close collaboration with the Ministry of Health (MOH), DRC-IHP implemented “results-based financing” for health facilities in seven health zones, to guide and incentivize improvements in service delivery.

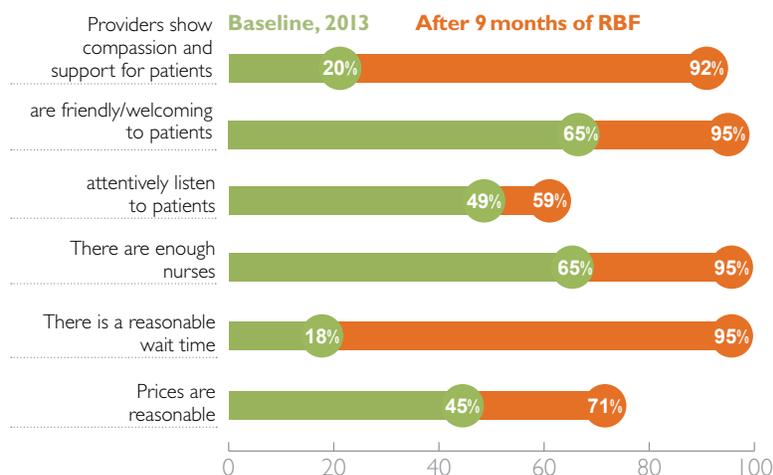
Staff, community health committees, and other stakeholders agree on goals to improve infrastructure and services; they receive training on leadership and management, and receive a sum to start improvements. The facility then receives payments based on milestones met. The data the facility presents is verified by project and Ministry of Health staff as well as nongovernmental organizations that the project trains in data verification.

## Does it work?

An independent evaluation of RBF facilities at mid-term (after 9 months) found significant increases in quality of services as well as utilization rates—especially for prenatal care, vaccinations, family planning, and treatment for sick children. A patient survey also showed a dramatic boost in the perception of quality. The evaluation recommended that the intervention be continued and scaled up.

At the end of 18 months, IHP evaluated 309 facilities, comparing those that had integrated RBF with those that have not yet done so. The results are striking. More than 20% of the

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



centers that are using results-based financing became “high-functioning”—compared to only 1% of those without results-based financing. Only 16% of RBF centers scored as weak, compared to 47% of those without RBF.

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## RBF in Action:

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 through the RBF program, I am speechless,” said Kimba Bofululu, Administrator of Lomela.