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Performance Based Financing Catalyses Maternal Health: Spotlight on Sikulu Dispensary

The Sikulu Dispensary was established in 2005, offering preventive, promotive and curative health services to a local community of 5,800 people. Since then, the facility has grown from strength to strength: additional staff have been hired, and the facility began conducting deliveries in 2011. In 2015, a new block was constructed, including a maternity wing and additional outpatient rooms.

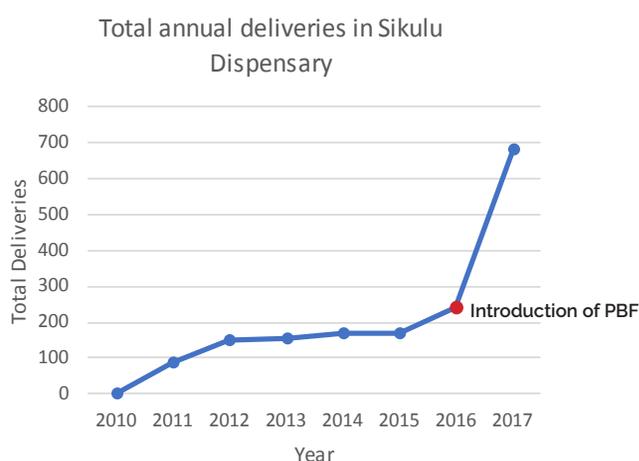
PBF as a means of incentivising performance

Performance Based Financing (PBF) was introduced in Bungoma County in 2015 as a means of incentivising health workers and managers to actively participate in the improvement of priority maternal and newborn health indicators. Health facilities and their staff qualify for financial rewards based on the number of key maternal health services provided as well as their performance in a quarterly quality assessment. This approach helps to focus attention on the delivery of priority, life-saving interventions. By increasing the autonomy of health facilities, PBF empowers facility managers and their staff to identify appropriate solutions to their service delivery challenges. The PBF scheme is supported by the Maternal and Newborn improvement (MANI) project, in partnership with the County Health Management Team (CHMT), and is aligned to the national PBF programme supported by the World Bank.

Improving quantity and quality

Sikulu Dispensary joined the PBF scheme in the third quarter of 2016. At that time, the facility only had two nurses. Convincing women to deliver at the facility was a major challenge but with the incentives from the PBF scheme, the facility staff had the resources and the motivation to do something about it. Together they reached out to their 20 community health volunteers to generate demand for maternity services and, while the facility is only open for eight hours per day, they made arrangements for someone to be on call at night. The results were outstanding. While the number of deliveries conducted by the facility showed a gradual increase from 2011 – 2016, between 2016 and 2017 there was an almost three-fold increase from 243 to 681 deliveries per year due to PBF support.

“We have improved and even surpassed our targets as a facility. That means as a facility we are able to reach the population that we are supposed to serve; they are getting skilled attendance right from antenatal care and



Source: DHIS 2

up to delivery and even past delivery.” Nurse in charge, Sikulu Dispensary

Another area that Sikulu Dispensary has made considerable progress in is quality of care. As part of the PBF monitoring and verification process, service quality is assessed each quarter. Facilities that score over 60% qualify for a quality reward. Since the third quarter of PBF implementation, Sikulu Dispensary has exceeded this threshold, and in 2017, their average score was 90%. This is a remarkable improvement from their baseline score of 36%, achieved through the collaborative effort of all staff members in the facility:

“Staff are motivated, even the casuals. Well after delivery, they will run and come to clean the place, then for the next client it will be very okay. They know that when they clean at the end of the day they will receive something because we give them some percentage and even sometimes when it’s late when we have a delivery they will stay so that they can get an extra hour.” - Facility in charge, Sikulu Dispensary



Quality:



Additional results

PBF has promoted **facility autonomy** by placing health workers at the centre of decision making on which investments will have the greatest impact on their performance. The decision as to whether they should purchase supplies, undertake facility renovations, reward community level work, or source casual staff is made by the health workers at the facility.

“PBF has assisted us so much... we were having a shortage of supplies like non-pharmaceuticals. We were able to sit down as staff and committee and prioritise our needs... so we were able to budget for the non-pharms and drugs. We saw the need of hiring a lab personnel of which we hired one. The message went around the community that now Sikulu Dispensary has lab services so [patients] came in.” - Nurse in charge, Sikulu Dispensary

PBF has demonstrated that **motivation of health workers** improves how services at the facility are offered, by noticing and rewarding the achievement of targets.

By incentivising performance, PBF has also helped to motivate staff who are operating in difficult circumstances.

“It has improved my spirit ... when I wake up in the morning I am motivated that I need to do ABCD. It has also changed my attitude. I would rather do something that is little but of quality than do a lot that has no quality”
- Nurse in charge, Sikulu Dispensary

PBF has helped inculcate a **culture of teamwork** to address service delivery challenges at the health facility and the community level. The facility staff are able to jointly plan together and engage with their community health volunteers.

“There is a lot of teamwork, everybody wants to work and everybody is punctual to her place of work because at the end of the day they know there is something they are expecting.” - Community nurse, Sikulu Dispensary

Implementing PBF has paved the way for health facilities to access **alternative revenue streams** through other PBF interventions, such as Linda Mama (NHIF free maternity programme). Linda Mama is based on the same principle of paying for the number of services delivered. After receiving training in January 2018, Sikulu Dispensary registered 72 mothers under Linda Mama in the first two months, and 24 women have delivered under the scheme.

“PBF has exposed us to understand that our efforts can yield positive results at our facility as we serve our catchment population. We are committed to increase the number of mothers delivering in our health facility under Linda Mama.” - Facility in charge

