

ZIMBABWE'S RESULTS-BASED FINANCING PROGRAMME – A GLOBAL HEALTH SUCCESS STORY



Over the last five years, Zimbabwe's Results Based Financing (RBF) programme has enabled the delivery of high impact maternal, new-born and child care services that reach an estimated 6.6 million people, contributing significantly to progress on SDG3 and on achieving Universal Health Coverage in the country.

The programme is a key component of the broader Maternal Newborn and Child Health (MNCH) support provided to the Ministry of Health and Child Care (MoHCC), through UNICEF, by the Health Development Fund donors – the EU, Sweden, Ireland, GAVI and the UK

DFID. It is currently operating in 42 rural districts (across 8 provinces) and encompasses 848 rural health facilities and 67 hospitals.

Following a successful RBF pilot project that had been supported by the World Bank, in 2014 Crown Agents won UNICEF's competitive tender to scale up the programme to 42 districts. Since then our overall approach has been to work with and through the existing structures, policies and processes of MoHCC to ensure sustainability beyond the project's lifetime while providing robust fiduciary assurance to the HDF partners.

THE RBF PROGRAMME IS BEING IMPLEMENTED IN



42

Rural districts covering a total of



848

Rural Health facilities



67

Hospitals across the country



6.6m

People are estimated to have been served

Results and Impact

The RBF programme targets a broad set of quantitative and qualitative indicators and generated clear and positive results:

160,000 number of women coming to RBF funded health facilities for first antenatal care (ANC1) in 2019. **180% increase in 3 years**

500 maternity waiting homes built using RBF funds. This has contributed to a **50%** decrease in deaths during childbirth

Over **5.5 million** postnatal growth monitoring visits from RBF facilities per year

25% Improvement in quality care measures across all RBF health facilities

Drop from **49% to 5%** in data error recordings since 2014

Findings from the recently published Multiple Indicator Cluster Survey (MICS, March 2020) suggest that effective MNCH service provision is helping to generate important overall health improvements such as the significant overall decrease in Zimbabwe's headline maternal mortality rate from 651 per 100,000 to 462 per 100,000.

Key programme features driving success



EFFECTIVE
INCENTIVES



LOCAL DECISION
MAKING



BETTER
DATA



CONTINUOUS
IMPROVEMENT



VALUE
FOR MONEY



Incentives to improve both service provision and quality of care

The Zimbabwe RBF model gives significant incentives to service providers for the results obtained. Unlike RBF models in other countries, a large proportion of overall facility funding come through the RBF route, including some funding for medicines and staff incentive payments.

As the purchaser, Crown Agents conducts verification of the results by deploying a national network of Health Field Officers, who work from, and closely with, District Health Executive offices. Performance indicators largely relate to maternal, new-born and children's health and include both patient attendance data as well as Quality Assessments (QAs) undertaken by supervisors who observe clinical interactions.

Indicators at the beginning of the RBF programme showed 63% of all health facilities scoring above the threshold for quality care with uneven levels across provinces. By 2018 all contracted health facilities had met the threshold quality score, with all 42 districts averaging at 88% from late 2019.



Local level decision making and community engagement

Health facility staff are empowered to make decisions on how best to invest the clinic's earnings to improve their facilities and their service for pregnant women, new-borns and young children. This allows local level decision making that can respond to the specific needs of the local population in a way that input-based financing models would never allow.

Communities have been empowered to take interest and participate in the delivery of health services. Health Centre Committees have taken centre-stage in deciding – with health facility staff- how to use resources prudently to meet the community's needs.

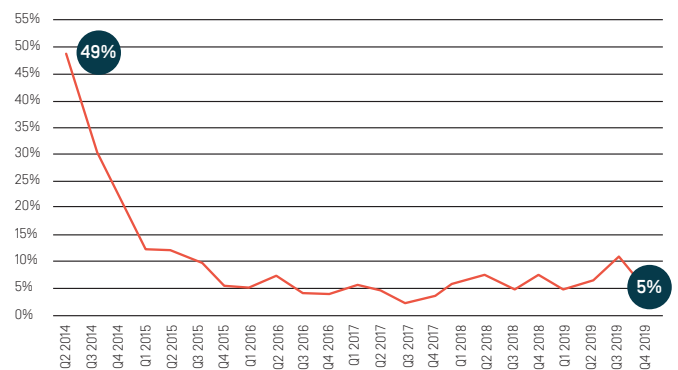


Better data and improved reporting accuracy

As the backbone of the RBF programme, Crown Agents has invested a significant amount of resources in capacity development for better data management. 834 facilities' staff has been trained on the job to capture, store and analyse data.

User-friendly mobile health (mHealth) apps developed by Crown Agents are revolutionising the way in which data is generated and communicated in the programme. Our mobile incentive calculator (m-IC) is supporting facilities to record health worker data, while patients of the facility contribute to assessments by rating the quality of services received using the Mobile Client Satisfaction Survey app (m-CSS).

FIG 1: Average data quality progression for HDF - supported facilities (2014-2017)



An adaptive and continuous-improvement approach

Over the life of the RBF programme, Crown Agents has worked with MoHCC, UNICEF and other stakeholders to continually adjust and improve the model – for example gradually adjusting over time the suite of KPIs used to measure performance to include ever more indicators of the quality of care. Our approach has evolved to meet the contextual needs of the changing circumstances in Zimbabwe, introducing practical improvements such as delivering a programme of financial management training for head office staff and the roll out of mobile technology to Health Field Officers.



Improving value for money

Operating and verification costs in results based financing programmes are often substantial, estimated to be as much as \$2-\$3 per capita per annum in well established programmes across the African continent. In contrast, our RBF programme in Zimbabwe has remained below \$2 per capita since inception and has reduced operating costs by 59% over 4 years.



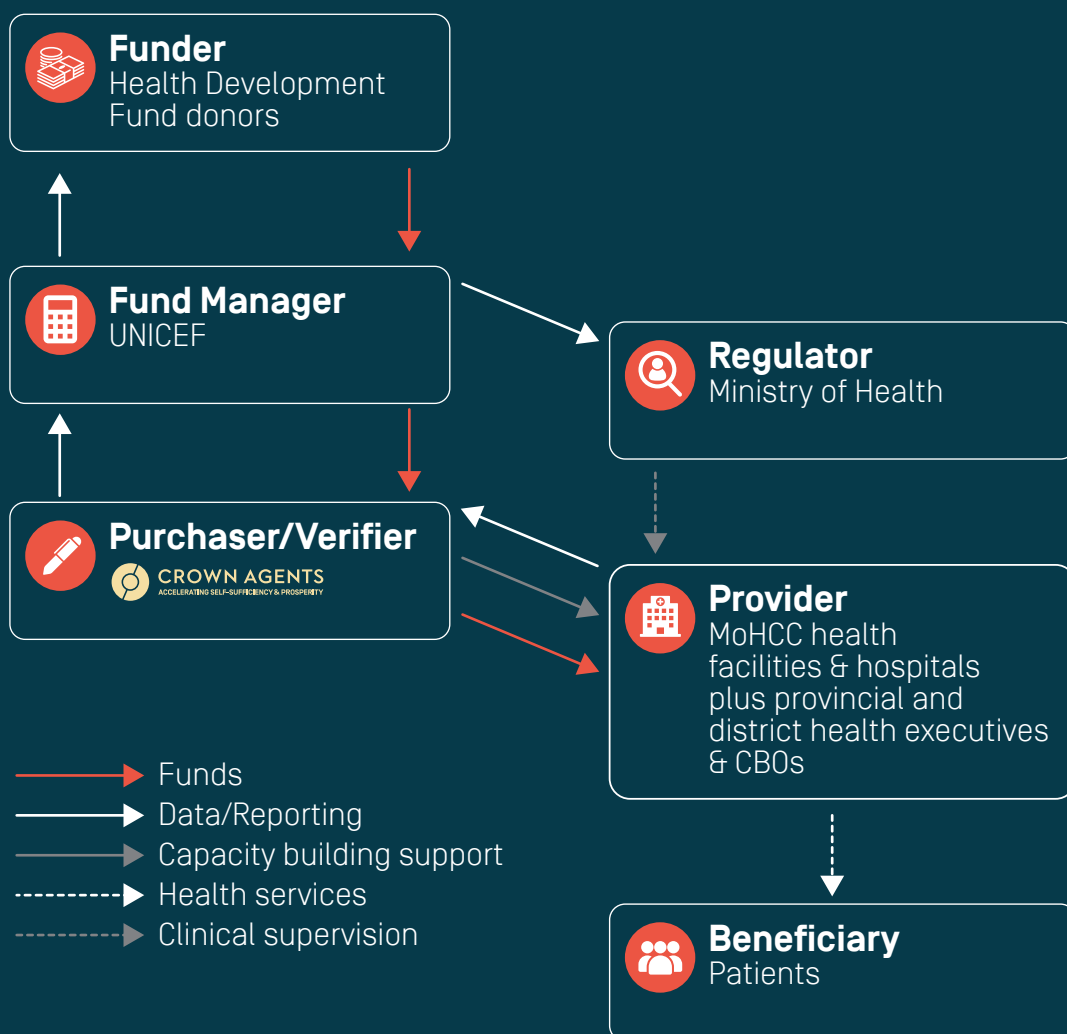
Crown Agents' Role and Contribution

Crown Agents' experience in designing and delivering stronger health systems has been developed over decades of partnering with governments across the world. Within the RBF programme in Zimbabwe we deploy a team of 34 people and act as National Purchasing Agent for the scheme.

Our responsibilities include:

- Contracting public and not-for-profit health facilities, provincial and district health executives and community-based organisations to deliver specified services
- Verifying the delivery of these services, including quantitative and qualitative checks
- Paying out against the contracts
- Building the capacity of the Ministry of Health and Child Care (MoHCC) in RBF operations at all levels
- On-going review and assessment of the RBF model, including identification of possible improvements

Division of functions within HDF-RBF Zimbabwe



GET IN TOUCH

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