Results-Based Financing in Senegal: What Have We Learned So Far?

Context: Urgent Need to Improve Health Outcomes in Senegal
- Weak health indicators
- Limited and poorly monitored health facilities
- Health system suffering from decentralizing process

Health-related MDGs is a priority for the Government of Senegal

Research Questions
- How will health facilities perform against RBF targets?
- How are health facilities responding to the RBF incentives?
- What are the successes and challenges in the implementation of the RBF pilot in Senegal so far?

Methods
- Mixed methods approach
- Quantitative: Program monitoring data analysis
- Qualitative: Program monitoring interviews with selected health workers and stakeholders

Preliminary Results

- Percentage of Health Facilities Who met or Exceeded Their Q3 2013 Targets, by Indicator

Improvement Over Time in Selected Indicators, 2013
- Better work environment
- Medical improvement in conditions
- Travel difficulties
- Staff salaries
- Improved communication among facilities

Average Quality of Care Score of Health Posts, by Quarter
- Increased involvement and capacity building of community health workers
- Increased utilization of incentives payments to better compensate community health workers
- Increased outreach to communities
- Increased receipt of cash from patients

What is Working Well
- Better community involvement
- Better communication, work shadowing, the fact that everyone knows what to do

What’s not Working Well
- Challenges with indicators
- Inability to meet targets
- Lack of incentives for health workers

Some Difficulties Identified by Health Workers
- Increased involvement and capacity building of community health workers
- Increased utilization of incentives payments to better compensate community health workers
- Increased outreach to communities

Conclusions
- A Promising Program with Tangible Results
- Yet Some Critical Threats to Overcome
- Need for improved data collection
- Need for better incentives