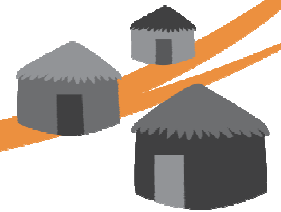
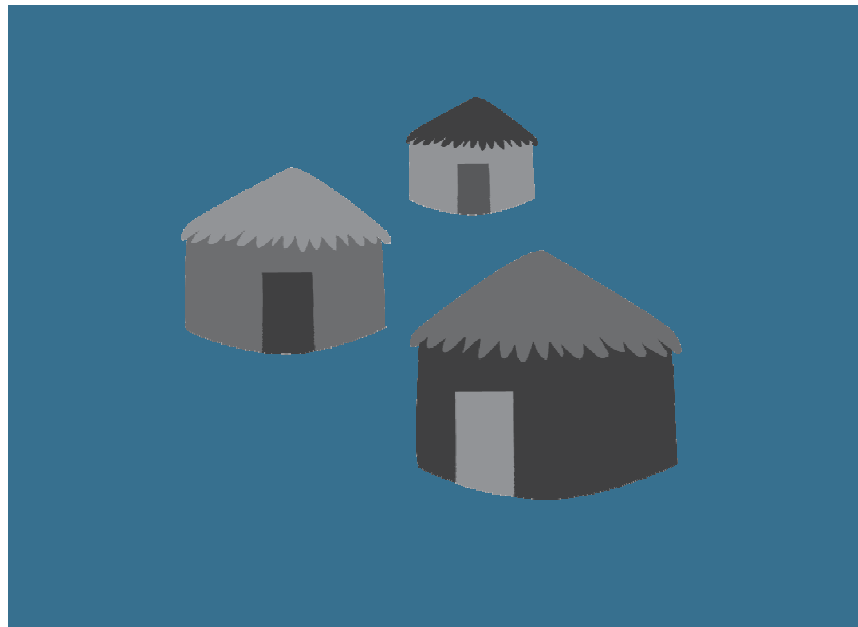


# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



#HealthForAll  
[ichc2017.org](http://ichc2017.org)



# Community Components of Results-Based Financing

Presenter: Danielle Charlet, PhD, MD, Technical Advisor  
USAID| Translating Research Into Action (TRAction)  
Tuesday, March 28, 2017

## Overview of c-RBF

- No clear definition for c-RBF, relatively new field
- Involves engagement and incentivization at the community-level of community actors, typically as a part of an RBF scheme
- Lack of mechanism for increasing utilization often a weakness of facility-level RBF schemes



## Overview of c-RBF, Con'td

- c-RBF aims to increase service utilization and achieve health-related behavior change through various combinations of:
  - Community outreach (raising awareness of availability and importance of facility-based services),
  - Increasing (by incentivizing CHWs) community-based service utilization and referral,
  - Improving (by incentivizing CHWs) community-based service quality,
  - Increasing (by incentivizing clients) facility-based service utilization, and
  - Community oversight of RBF implementation

# Potential Benefits

- Complements facility-level RBF, some indicators can only be improved with interventions at the community level
- Potential for greater cost-effectiveness
- Financial subsidization considered for clients, not just providers
- Can increase demand for services
- Can give voice to communities in the health system, resulting in more responsive services
- Can increase behavior change support for community members and households
- Opportunity to build capacity among CHWs and their supervisors

# Models

1. Performance-Based Contracting of Community Health Workers (CHWs)
2. Performance-Based Contracting of Health Facility Committees (HFCs)
3. Contracting of Community Organizations (to conduct verification)
4. Non-contracted Community Engagement
5. Conditional Cash Transfers (CCT)
6. Vouchers



# Community Actors

- Community Health Workers (CHW)/Village Health Workers (VHW)
- Health Facility Committees (HFC)
- Traditional Healers
- Community-based Organizations (CBO)
- Village Committee
- Students
- School Teachers
- Local Authorities
- Shop Keepers
- Community Leaders
- Individuals directly: Impoverished individuals, pregnant women, new mothers
- Other community actors?



# Incentives for Community Actors

- Monetary
- Travel reimbursement
- Training
- Mentoring
- Coaching
- Recognition
- Goods (e.g. baby soap, baby cloth, umbrella, bicycle)





**USAID**  
FROM THE AMERICAN PEOPLE

TRANSLATING  
RESEARCH  
INTO ACTION



UNIVERSITY  
RESEARCH Co., LLC

## Contracting of CHWs

- **Cameroon:** Implemented in 2015 by the MoH. CHWs make referrals, find drop-outs, and conduct home visits.
- **Benin:** Implemented in 2015 by MoH. CHWs detect and identify medical conditions and refer patients to health facilities.
- **Republic of the Congo:** Implemented by MoH. Arc-en-Ciel program. CHWs perform house visits to conduct home assessments and provide vouchers.
- **Lesotho:** Implemented in 2013 by MoH. Village Health Workers perform community mapping, monitoring of clients, promote and provide basic curative health services, referrals and reporting to the health center.
- **The Democratic of Republic of the Congo**
- **Rwanda**



# Contracting of Health Facility Committees (HFCs)

- **The Democratic Republic of the Congo**



**USAID**  
FROM THE AMERICAN PEOPLE

TRANSLATING  
RESEARCH  
INTO ACTION



UNIVERSITY  
RESEARCH Co., LLC

# Contracting of Community Organizations

- **Cameroon:** Implemented in 2015 by MoH. A local CBO performs validation of CHW reports through patient tracing.
- **Benin:** Implemented in 2015 by MoH. CBOs perform patient tracing in order to validate CHW reports.
- **The Gambia:** Implemented in 2014 by the National Nutrition Agency and the Ministry of Health and Social Welfare. Voluntary Development Committee and Voluntary Support Group promotes health activities and conditions in the community.
- **Lesotho:** Implemented in 2013 by MoH. CBOs conduct patient tracing.
- **Mali:** Implemented in 2012 by KIT. Students and Community Health Committees assist with verification.



# Non-contracted Community Engagement

- **Cameroon:** Implemented by MoH in 2015. Involvement of community members through quarterly community meetings.
- **The Democratic Republic of the Congo**

## Conditional Cash Transfers (CCT) and Vouchers

- Many CCT and voucher programs
- Cochrane – found 6 CCT intervention studies regarding impact of health outcomes and use of health services in LMIC (Haines et al, 2009).
- Impact on maternal and newborn health: 8 CCT programs identified after review of 496 documents– increased health outcomes, but more impact evaluations needed (Glassman et al. 2013).
- CCT and family planning delivery and uptake review identified 13 studies – results were mixed for family planning outcomes (Blacklock et al. 2016).
- Thirteen voucher programs used for reproductive health and impact of vouchers were identified. All evaluations reported some positive findings; however, stronger evidence on cost-effectiveness and population health impacts is needed (Bellows et al. 2010).

## Potential Limitations

- Very little evidence on what works and what does not
- How and whom to incentive?
- Understanding how social structures and the physical environment impact c-RBF models
- Community engagement limitations (non-specific to RBF) – sustainability, misunderstanding of community roles, scope of legitimacy of actors within community

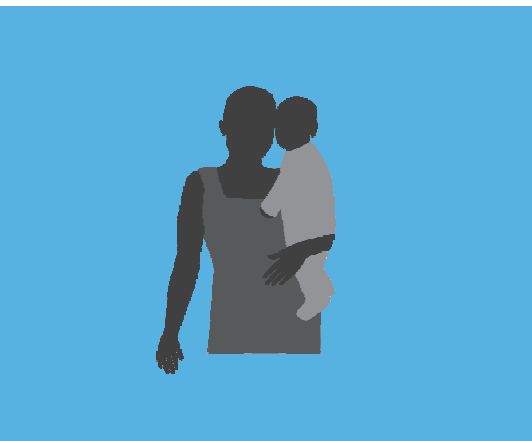
## Conclusions

- The rationale and objectives of programs need to be clear, this will influence the c-RBF approach
- Health system needs to be taken into account –will influence the c-RBF approach
- Not one approach fits all
- Again, very little evidence as to what works and what does not

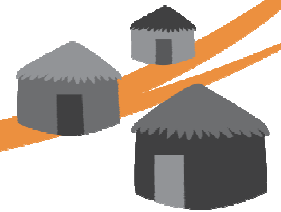
## Questions to Consider

1. Why employ a c-RBF approach?
2. Who would you engage first at the community level?
3. Are there other community actors that we did not discuss?
4. How do we decide how to and who to incentivize?
5. What are potential positive community impacts of c-RBF programs?
6. What are potential negative community impacts of c-RBF programs?
7. Can community-level data systems handle the burden of performance measurement and verification?
8. Is sustainability possible? (as countries start to adopt such models as part of national strategies, what are plans for financing)

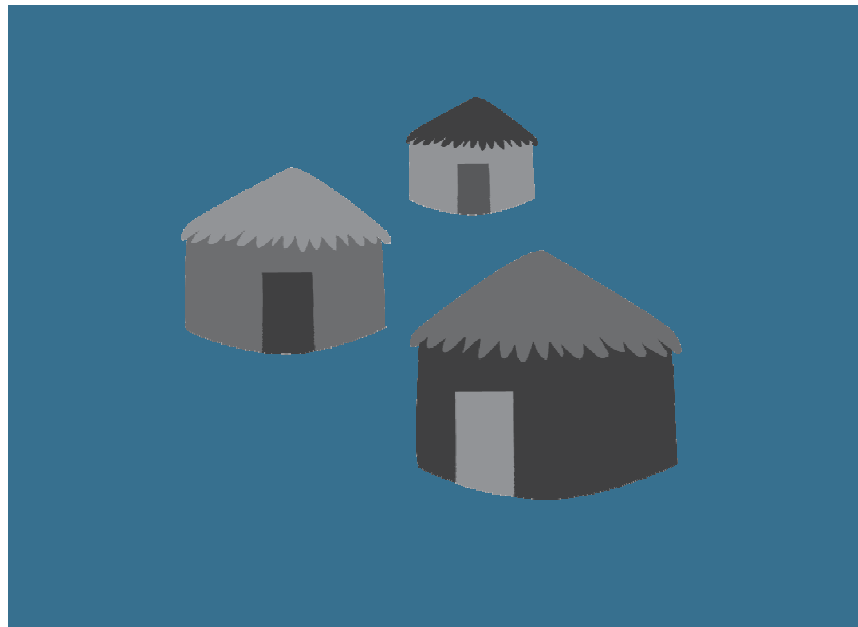




# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



#HealthForAll  
[ichc2017.org](http://ichc2017.org)