



Role Play on Validation

Role-play and Discussions On Validation

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May 2009

Notes Slide 1:

Instructions:

- *At the end of day 1, request participants willing to play a role and prepare the play*
- *Prior to commencing the role-play, read or provide copies of the setting of the role play to the other participants*

Background to Validation Role play

Before payments are made to service providers, two regular monitoring or control activities are conducted. *Quantity control* is done to validate volume of services rendered as per the ‘invoice’ prepared by the health facility. *Quality control* is done to ascertain the standard of services provided by the health facility including general administration.

Every health center prepares a monthly invoice indicating all of the services provided during the period. This invoice, which captures all of the indicators that will be paid for, will have to be verified before payment is made.

Jonathan and Mildred (heads of the verification team) are responsible to verify the performance of Bongana Health Center. After introducing themselves to the Officer in Charge (OIC), they explain the procedure of verification.

Jonathan is responsible for Quantity verification. He requests for the various registers and then compares them with the invoice submitted by the health center. The total number of children completely vaccinated according to the vaccination records is 300. Out of this number, the totals of 20 children records are randomly selected. The team observes the following: that 5 of the children do not have date of birth recorded and 5 do not have their addresses recorded in the register, 4 did not have the date of vaccination recorded and only 6 children meet the validation criteria in full. This means that 14 of the 20 children did not meet the criteria. The team then goes into the community to ascertain whether the entries are genuine. Mildred is responsible for quality control. She is observing the storage condition of the vaccines in the Vaccination room and finds some vaccines in the fridge which have expired. In addition, she finds the room to be unclean.

As a result of this verification, calculations are carried out and it is determined that the health facility will not obtain the full amount of performance incentive it had put on the invoice for the vaccination indicator but rather 65% of it.

DISCUSSION ROLE PLAY-INCENTIVE



1. Describe what you saw in the role play.
2. Could this happen in Liberia?
3. What could have been done differently in the health facility to ensure a larger performance incentive would have been obtained?
4. What are the risks, if any, involved with this process of verification and validation?
5. Who should be responsible or involved with verification and why? Who should not?
6. Who should authorize payment after validation?
7. What input do you think will inform the design of PBC in Liberia?

Notes Slide 2:

Discussion with the group, following the role play. Some issues to address with the different questions:

Q. 3 - Focus on implementation issues e.g. better reporting, sending a vehicle to obtain the new vaccines, ensuring the whole team is aware of what is expected– Managing for results is not business as usual!

Q. 4 – Discuss what will happen when the health facility is not performing or over-reporting so as to obtain a larger bonus.

Q. 5 – Highlight the importance of fund holder-provider split. Verifying findings through different means is recommended.