

Spotlight on Central African Republic



Health System Support Project

Integrating IE into Performance based Financing

1. Background

Country Context: The Central African Republic (CAR) is one of the poorest countries in the world and has recently emerged from over a decade of armed conflict. Over three-fifths of the population lives on less than US\$1.25 a day. The country has made little progress in improving health status—maternal and child health (MCH) remains extremely poor, particularly in rural areas. Utilization of critical maternal, child and reproductive health services remains very low and is especially low in rural areas. Available data on services delivered per health worker indicate that service volumes are quite low relative to the human resources available.

Intervention: In response to these concerns, PBF will be piloted in public, Faith Based Organization (FBO) and not-for-profit non-governmental organization (NGO) facilities across 9 prefectures in the 2nd, 3rd, 4th and 6th regions of CAR, covering a total population of approximately 2.5 million. The four regions for the PBF pilot were identified in consultation with the Government of Central African Republic as the Health Sector Support Project (HSSP) was being developed. In consultation with the Ministry of Health, Population and the Fight against HIV/AIDS (MOH), two international NGOs will be hired to design PBF programs and act as Performance Purchasing Agencies (PPA) in each of these four regions. Each PPA will cover two regions.

Impact Evaluation: The opportunity for building an impact evaluation into the pilot was identified during the early stages of the project's development. The two prefectures in Region 6 will be included in the implementation of PBF in CAR, but will be excluded from the impact evaluation sample as PBF has already been introduced in these prefectures in 2010 through an EU-intervention, closing in mid-2012. Health facility and household baseline surveys will also be conducted in these prefectures, but their data will be excluded from IE estimates. The policy objectives of the impact evaluation are to (a) Identify the impact of PBF on MCH service coverage and quality, (b) Identify key factors responsible for this impact, and (c) Assess cost-effectiveness of PBF as a strategy to improve coverage and quality. The study is a blocked-by-region cluster-randomized trial (CRT), having a pre-post with comparison design. Individual health facilities in each region will be randomized to one of the 3 study groups. The study groups are: (T1) full PBF package at 100% PBF payment levels; (C1) full PBF package at 50% PBF payment levels; and (C3) Status quo. In total, approximately 250 primary care facilities are included in the impact evaluation.

2. Country Experience

Inclusion of health posts in the PBF pilot and impact evaluation: Only health facilities that meet minimum service provision and staffing criteria for contracting with the abovementioned PPAs will be included in the impact evaluation. These criteria will be formally established prior to the piloting of PBF and the impact evaluation. In CAR, primary care services are delivered at both Health Posts (Postes de Santé) and Health Centers (Centres de Santé). While in principle both types of facilities should provide a similar Minimum Package of Activities, in reality the majority of Health Posts only provide limited services. Less than 10% of Health Posts are staffed by qualified personnel; the remaining 90% are staffed by 1-2 community health workers. Given the deteriorating health system, a substantial proportion of Health Posts are closed or only providing a very limited package of services. Up-to-date information on the state of these facilities is severely limited at the Central level of the MOH in Bangui, the capital of CAR. As 60% of primary care facilities in the IE prefectures are Health Posts, data from the health facility baseline survey, which will be completed in May 2012, will be used to identify the number of health facilities that meet the abovementioned criteria for inclusion in the PBF intervention, including the impact evaluation. Data from the baseline survey will also contribute to finalizing power calculations for the impact evaluation, and the decision to potentially add an additional fourth study arm.

Successful collaborations in health facility survey implementation with the Ministry of Health, Population and the Fight Against HIV/AIDS: In 2011, the World Bank collaborated with the Ministry of Health to conduct two rapid surveys on health facility service delivery in rural areas of CAR. A small technical team within the MOH coordinated the implementation of these surveys; both leading to high-quality data that contributed to identification and development of the new PBF Health Sector Support Project. Based on the successes of these two surveys, the same technical team within the MOH was chosen to coordinate and implement the impact evaluation health facility baseline survey. All facilities in the two prefectures in Region 6, although excluded from the impact evaluation sample, were also included in the survey, as data will be used to establish baseline indicators for the larger HSSP project. In total, 342 primary and secondary care facilities are included in the survey. Survey tools and study protocols developed for the Cameroon impact evaluation were adapted to the Central African context, leading to quick and efficient planning for the survey. Survey preparation began in mid-January 2012, with data collection starting during the first week of March. Data is expected to be ready for analysis as early as late-May 2012, prior to rollout of the project.

3. Lessons Learned

- Having up-to-date and comprehensive information on the functionality of health facilities is essential in designing the impact evaluation.
- Data from the IE baseline health facility survey can be used to inform decisions related to IE sample size and the number of intervention arms included in the study.

- Adapting previously used survey instruments from other HRITF impact evaluations can be used to reduce time and resources needed for preparing the baseline survey.
- If local capacity permits, recruitment of technical experts within the Ministry of Health to coordinate the health facility baseline survey can lead to efficient and high quality survey implementation.

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