Summary of impact evaluation of results-based financing in the Republic of Congo

Wu Zeng
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Background
In 2012, the Republic of the Congo’s (RoC) rapidly growing economy achieved a gross national income per capita of USD$3,450. In spite of being a lower-middle income country, RoC continued to face challenges in addressing maternal and child health (MCH) problems, suggesting potential concerns of inefficiencies within the health system. The country’s 2013 under-five mortality rate of 68 per 1000 was almost double the 2015 target of 35 per 1000.

To respond to the need for improved MCH care, particularly in rural areas, the RoC’s RBF program targeted to MCH began in January 2012 in three mostly rural departments (Niari, Plateaux, and Pool). Supported by the World Bank and managed by the RoC’s Ministry of Health and Population, the RBF program incentivizes providers by rewarding verified quantity and quality of key MCH services.

A study was conducted by using data from two rounds of household and health facility surveys to quantify the impact of RBF on the utilization of key MCH services in RoC.

Research Design
This evaluation used a quasi-experimental research design, where the three departments implementing RBF (Niari, Plateaux and Pool) constituted the “intervention group”, and two departments, Bouenza and Cuvette, served as the “comparison group.” Bouenza and Cuvette, were selected as comparisons because of their geographic proximity to the three intervention departments. To evaluate the impact of the RBF program, before-and-after rounds of household and health facility surveys were conducted: one of each in March 2012, before the RBF implementation, and one of each in March 2014, after the RBF implementation.

Findings

Household survey
The major impact found from the household survey was that RBF was associated with a substantial increase in seeking care if a child was sick (17.6 percentage point increase), indicating a 39.2% relative increase over the baseline average of 45%. RBF showed favorable impacts on the use of more than three prenatal care visits, postnatal visits, use of family planning, and BCG vaccination. However, these impacts were not statistically significant. Among 15 indicators, RBF showed favorable directions on 11 indicators and unfavorable on the remaining 4.
On quality of care, RBF was associated with changes in all the quality indicators used in the household survey. It was estimated that 11.7, 12.5 and 7.4 percentage points more pregnant women felt that they received “good” reception at their last visit and the hygiene and quality of services were better, representing relative increases of 14.4%, 15.4% and 8.3%, respectively, compared to the baseline averages.

**Health facility survey**
The health facility survey shows a more favorable impact of RBF on some selected indicators. The RBF scheme was associated with relative increases in curative care (83%), patient referrals (472%), vitamin A distribution (155%), assisted delivery (42%), and HIV/AIDS testing among pregnant women (147%). However, RBF did not improve full immunization among children and anti-tetanus vaccination (VAT2+) among pregnant women.

Generally, the impacts derived from the health facility survey were much larger than those observed in the household survey. As an example, the facility survey showed the number of curative visits increased by 83%, while the household survey showed a 38.9% increase for children receiving curative visits. Compared to the baseline, the services of referrals to hospitals, children receiving vitamin A, and HIV/AIDS testing among pregnant women more than doubled.

**Conclusion**
This study shows the potential of this pilot RBF program to improve MCH services. Both the household and health facility surveys revealed that the implementation of RBF was associated with improvement in some, but not all, incentivized MCH services included in the analysis. The results from the health-facility survey are more favorable than are those from the household survey. It is important to reconcile the differences of the results from the two sources. Several aspects of program implementation, such as timely disbursement of incentives, monitoring health facility performance, and transparency of using funds could be further strengthened to maximize RBF’s impact.

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