



THE EQUITY IMPACT OF TARGETING THE POOREST IN PERFORMANCE BASED FINANCING

FRANK VAN DE LOOIJ

CARE. ACT. SHARE. LIKE CORDAID

CONTENT OF THE PRESENTATION

- Context
- Results
- Conclusions & Recommendations

RESEARCH STAFF

Erasmus University

- Ilse Flink
- Tanja Houweling

Maroua University

- Roland Ziebe
- Djebba Vaggai

Cordaid

- Frank van de Looij
- Hilda van 't Riet

Logistic & Content

- André Zra

THE EQUITY IMPACT OF TARGETING THE POOREST IN PERFORMANCE BASED
FINANCING

CONTEXT

SHARE. ACT. CARE. LIKE CORDAID

BACKGROUND

PBF promising mechanism for health systems strengthening



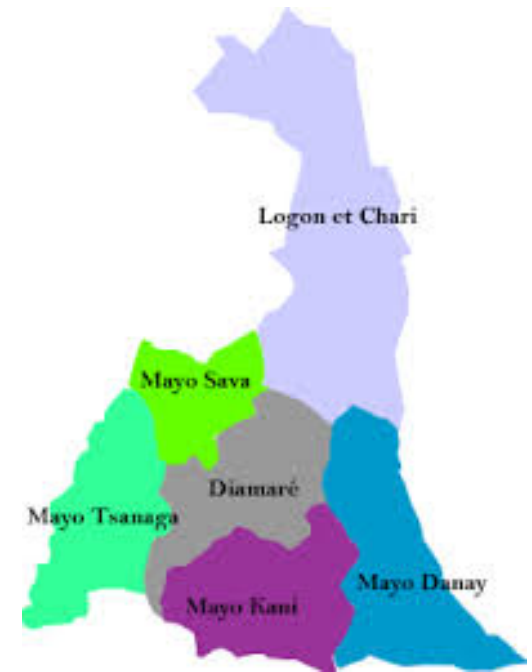
BACKGROUND

Reasons for this study

- Concerns that inequity is not addressed
- The program in North Cameroun introduces a system in which:
 - › An annual list of indigents in the area was made by the health committee (CHW)
 - › Facilities receive a payment for each indigent treated

DESCRIPTION OF STUDY SITE

- Northern Cameroon
- Extreme poverty
- 14 health facilities
- Population of catchment area: 191,544
- 7 facilities randomly selected



METHODS: MATERIAL AND ANALYSIS

Study material per site

1. Documentation
2. 59 interviews with key informants
3. 33 FGDs with “indigents” and “non-indigents”



THE EQUITY IMPACT OF TARGETING THE POOREST IN PERFORMANCE BASED FINANCING

RESULTS

SHARE. ACT. CARE. LIKE CORDAID

TARGETING OUTCOMES

	Hôpital de Tokombéré	Douvangar	Mayo-Ouldémé	Goudjoundélé	Ouro-Tada	Domayo (Urban)	Guili
Population of catchment area	16.952	13.108	32.623	9.292	19.635	14.825	17.090
Number of registered indigents	207	92	91	116	92	74	67
Number of indigents that attended the health facility in 2013	N.A. ¹	44	29	67	32	44	40
% registered indigents that attended health facility in 2013	N.A. ¹	47.8%	31.9%	57.8%	34.8%	59.5%	59.7%
Registered indigents that attended health facility in 2013 as % of catchment area	N.A. ¹	0.3%	0.1%	0.7%	0.2%	0.3%	0.2%

¹ Consultation list did not match the list of registered indigents

UNDER COVERAGE AND LEAKAGE

No indications that leakage was a concern

Under coverage was a concern

- › 54.8% of population in North falls in the poorest quintile
- › Non-indigents perceived themselves as indigents and had similar socio-economic characteristics

REASONS FOR UNDER COVERAGE

- Poor motivation of CHW due to little financial incentives
- Lack of transport to identify and accompany indigents
- Unclearity about the criteria (not always disseminated)
- Focus on easily identifiable groups
- Different identification methods used (consultation of community stakeholders; household observations; using knowledge of community; surveys)
- Indigents not always well informed about targeting benefits

IDENTIFIED POSITIVE AND NEGATIVE (SIDE) EFFECTS AS EXPERIENCED BY INDIGENTS

Improvement in financial access to care

- But barriers remain (distance, no transport, no money for food, lack of knowledge about targeting benefits, low perceived severity)

“Now that I am cured I can do other activities like cultivate land again” (Female indigent, Tokombéré)”



IDENTIFIED POSITIVE AND NEGATIVE (SIDE) EFFECTS AS EXPERIENCED BY INDIGENTS

For non-indigents some negative changes in access to care however not only due to targeting system

“The hospital is not like before; a lot has changed. Before we used to be able to get loans for medicines now you have to have cash” (Male non-indigent, Tokombéré)”

IDENTIFIED POSITIVE AND NEGATIVE (SIDE) EFFECTS AS EXPERIENCED BY INDIGENTS

For indigents:

- No indications of stigmatization but negative reactions (jealousy, incomprehension) of others perceived as disrupting

“The neighbors are jealous, they don’t want to bring us to the facilities with their transport and if you don’t have transport you cannot get to the center” (Female indigent, Mayo-Ouldémé)

CONCLUSIONS

- Leakage was not a concern
- Tiny proportion of population reached, other poor and vulnerable people missed → under coverage was a concern
- Access and economic status perceived as improved by indigents
 - › Not all barriers addressed
- Negative reactions of others deserves attention



RECOMMENDATIONS

- Incentives for community health workers (motivation and transport costs)
- Better information dissemination to indigents
- Use other criteria (e.g. food insecurity) to identify less visible group
- Target other barriers (unconditional cash transfers in combination with other sectors)
- Monitor coverage (based on poverty index) and discuss in business plan for facilities

CARE. ACT. SHARE. LIKE CORDAID