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What can behavioural change analysis bring to the comprehensive understanding of performance-based financing sustainability?

Exploration through the application of the I-change model on the case of Benin

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Issue

PBF generates growing interests as a way to promote health workers's performance

BUT the complexity of PBF functioning and effects is still misunderstood

Little is still known about PBF internal mechanisms leading to behavioural change

Even less on their sustainability

A range of theories and models are developed and used in the literature

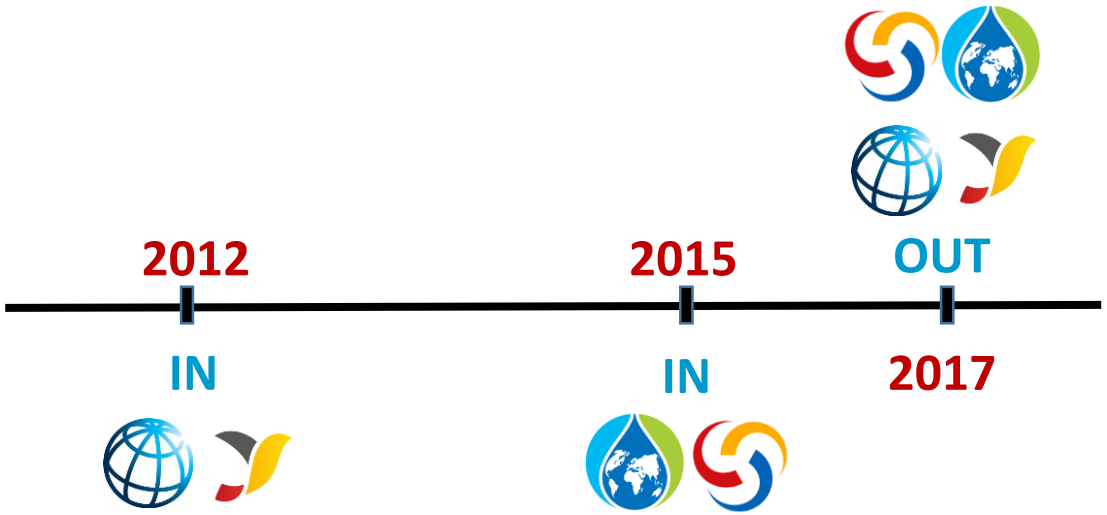
BUT there is no consensus AND models are static

Sustainability

- **Major performance criterion** of development programmes although it receives little attention, including in the PBF literature. However, "as many as 40% of all new (social) programs are not sustained beyond the first few years after termination of initial funding" (Savaya et al.; 2008) ⇔ waste of human and financial investments

- No consensual definition. According to Shediac-Rizkallah & Bone (1998), sustainability can be understood through the (1) maintenance of health benefits achieved through an initial programme, (2) level of institutionalization of a program within an organization and (3) measures of capacity building in the recipient community

PBF in Benin



4	programmes
100%	externally funded
2	models

Methods

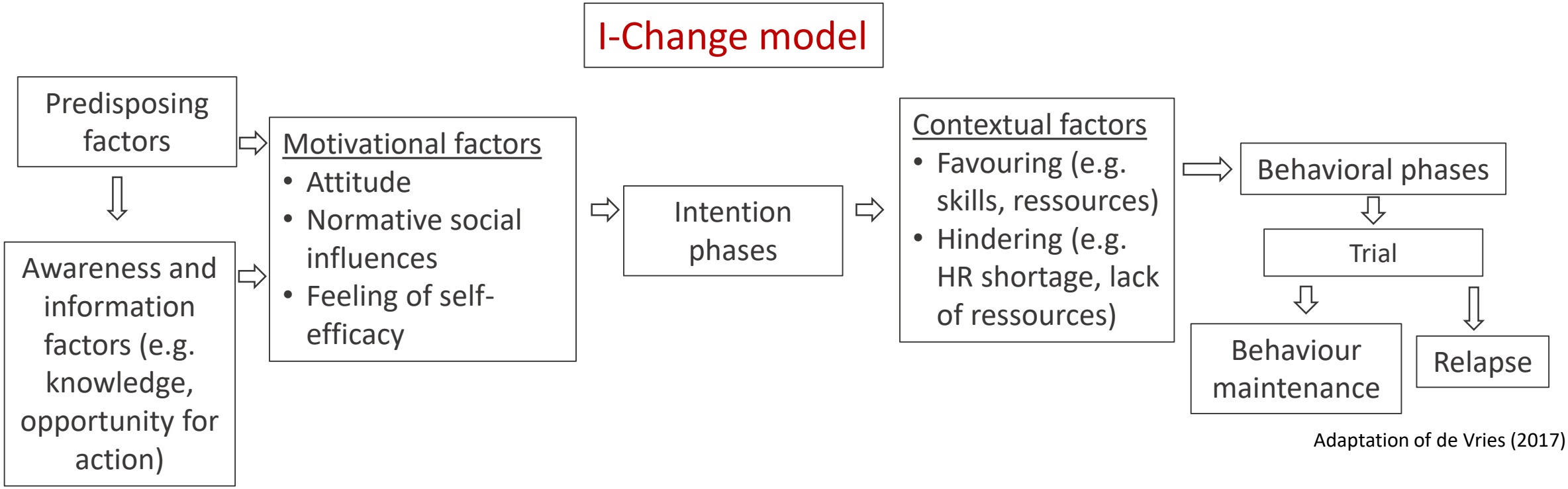
- PBF sustainability was examined through assessing perceived behavioural effects on health providers that were maintained the year following PBF termination
- Semi-directive interviews with healthcare providers and managers from health centres (N=6) and hospitals (N=2) in two health districts (supported by different donors)
- Two rounds of interviews : during the implementation of PBF (N=59) (April-June 2017) and 6/9 months after its termination (N=39) (April-May 2018)

Presentation of interviews

	2017	2018
Level		
HC	52,5%	43,6%
Hosp.	47,5%	56,4%
Prof. categories		
Doctor	11,9%	10,3%
Nurse	18,6%	17,9%
Midwife	15,3%	15,4%
Comm.	33,9%	35,9%

Methods

- PBF Interviews were analysed thematically following the I-Change model developed by de Vries (2017)



Adaptation of de Vries (2017)

During PBF implementation

Results

- PBF in Benin impacted to some degree on healthcare providers' behaviour (e.g. interpersonal communication, reporting, reduction in absenteeism, cleanliness)
- Internal mechanisms:
  - Unequal knowledge among health workers (favouring the highest functions) (information factors)
  - However, good recognition of PBF objectives (PBF seen as a wake-up call) (awareness factors – opportunity for action)
  - Motivational factors:
    - General positive attitude towards PBF (opportunity for extra gain, providing objectives to work towards), however also source of dissatisfaction (e.g. irregularity of payment, perception of unfairness in incentives distribution)
    - Team spirit, social pressure and a certain sense of competition between health structures (and hospital departments) (social influence)
    - Sense of accomplishment, however poor feeling of ability to perform because of certain indicators "unreachable" and weaknesses of evaluation process (self-efficacy)
  - Contextual factors extremely important (e.g. HR availability, workload, environment, equipment)

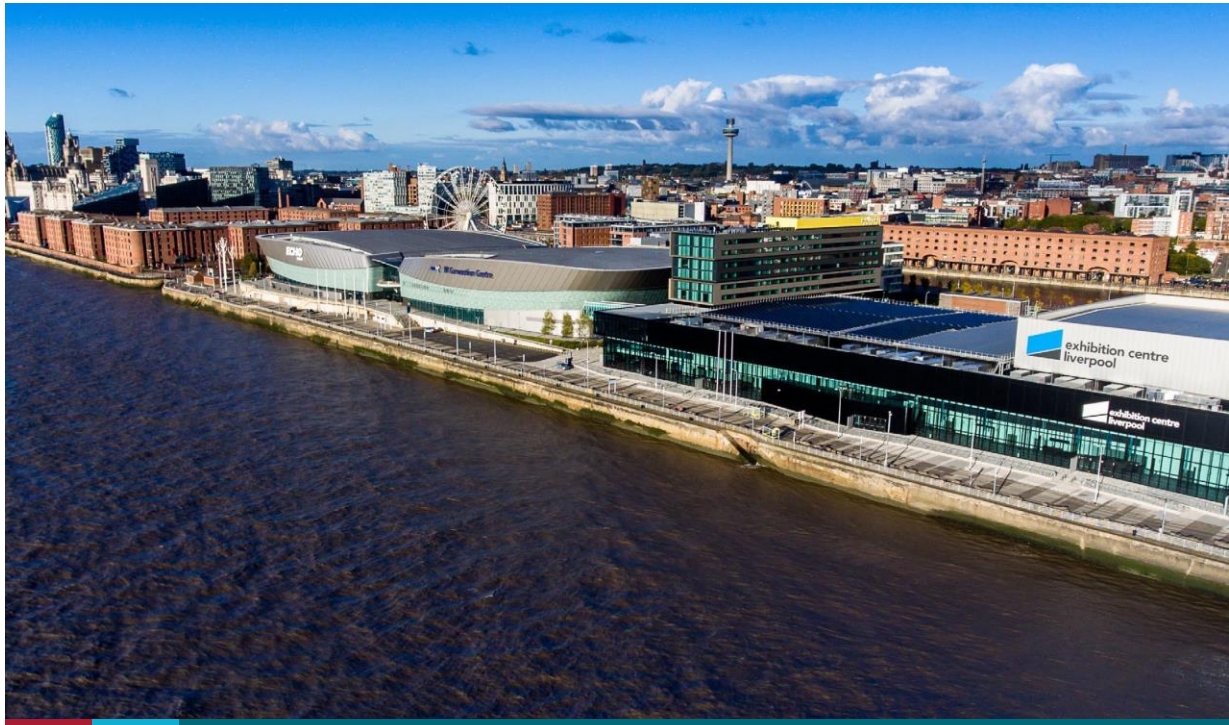
Results

After PBF termination

- Some health workers' behaviours were maintained (e.g. health facility cleanliness, records completeness) but some were not (e.g. post natal consultation, counter-referral procedures, wearing of blouse, interpersonal communication)
- Internal mechanisms:
  - Unequal and very poor knowledge among health workers on PBF termination (termination unclear) (information factors)
  - PBF is still understood as a good way to improve health practices (awareness factor – opportunity for action)
  - Motivational factors:
    - Weak attitude towards PBF (incomprehension, incentives taken for granted)
    - Social dynamics reduced (tension) but some health structures leaders maintain their pressure (including by not telling PBF was over) to maintain performance (social influences)
    - Sense of accomplishment still important (self-efficacy)
  - Contextual factors still extremely important but mostly hindering (worsening in working conditions → non-renewal of contracts for specialist doctors, reduced funding for facilities, no dedicated resources for exit strategy)

Conclusion

- The I-change model can be a tool to deepen the understanding of PBF programmes and support the development of a comprehensive dynamic theory of change (ToC)
- PBF in Benin impacted health workers' behaviours through various ways
- Several motivational factors played a role in motivating health workers to perform better in their jobs – interestingly, not only financial incentives
- It is necessary to consider all motivational factors in future PBF programmes' design to make the most of PBF
- The sustainability of PBF motivational effects is limited and depends on systemic constraints, design, implementation and exit strategy factors
- More attention should be given to sustainability issues in PBF programmes, and exit strategies should be planned



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