Low utilization of healthcare and high mortality levels pressured the Burkinabe government to implement a results-based financing (RBF) intervention combined with pro-poor targeting (bonuses for services provided to the poor and user-fee exemption of the poor) and community-based insurance. The intervention is based on the payment of subsidies to health facilities and health workers according to the quantity and quality of services delivered. Indicators are used to measure the levels of performance.

The activities were mostly implemented with good fidelity. However, some barriers to implementation and delays were noticed, mainly linked to performance verification and subsidies payment. The situation may lead to delays of expected beneficial effects and potential perverse effects. These results will support the forthcoming analysis of the intervention results.

Why assess implementation fidelity?
To date, RBF mechanisms suffer from a lack of scientific evidence (Ireland et al., 2011). By comparing the activities initially programmed with those that were implemented, the evaluation of fidelity helps to better understand the success or the lack of success of the RBF intervention.