



The unintended consequences of community verifications for performance-based financing in Burkina Faso

Anne-Marie Turcotte-Tremblay ^{a, b, *}, Idriss Ali Gali-Gali ^{c, d}, Manuela De Allegri ^e, Valéry Ridde ^{a, b}

^a University of Montreal Public Health Research Institute, 7101 Avenue du Parc, Room 3060, Montreal, QC H3N 1X9, Canada

^b School of Public Health, University of Montreal, 7101 Avenue du Parc, Montreal, QC H3N 1X9, Canada

^c Association Action Gouvernance Intégration Renforcement (AGIR), Ouagadougou, Burkina Faso

^d Association Zama Forum pour la Diffusion des Connaissances et des Expériences Novatrices en Afrique (Zama Forum / ADCE-Afrique), Bobo-Dioulasso, Burkina Faso

^e Institute of Public Health, Medical Faculty, Heidelberg University, Im Neuenheimer Feld 130, 69120 Heidelberg, Germany

ARTICLE INFO

Article history:

Received 18 March 2017

Received in revised form

24 August 2017

Accepted 7 September 2017

Available online 8 September 2017

Keywords:

Burkina Faso

Performance-based financing

Verification

Implementation

Unintended consequences

Multiple case study

ABSTRACT

Performance-based financing (PBF) is being widely implemented to improve healthcare services in Africa. An essential component of PBF involves conducting community verifications, wherein investigators from local associations attempt to trace samples of patients. Community surveys are administered to patients to verify whether healthcare workers reported fictitious services to increase their revenue. At the same time, client satisfaction surveys are administered to assess whether patients are satisfied with the services received. Although some global health actors are concerned that PBF can trigger unintended consequences, this topic remains neglected. The objective of this study was to document the unintended consequences of community verification. Guided by the diffusion of innovations theory, we conducted a multiple case study. The cases were the catchment areas of seven healthcare facilities in Burkina Faso. Data were collected between January 2016 and May 2016 using non-participant observation, 92 semi-structured interviews, and informal discussions. Participants included a wide range of stakeholders, such as community verifiers, investigators, patients, and healthcare providers. Data were coded using QDA Miner, and thematic analysis was conducted. Healthcare workers did not significantly disturb or try to influence community verifiers during patient selection for community verifications. Unintended consequences included stakeholders' dissatisfaction regarding compensation modalities, work overload for community verifiers, and falsification of verification data by investigators. Community verifications led to loss of patient confidentiality as well as fears and apprehensions, although some patients were pleased to share their views regarding healthcare services. Community verifications also triggered marital issues, resulting in conflicts with, or interference from, husbands. The numerous challenges associated with locating patients in their communities led stakeholders to question the validity and utility of the results. These unintended consequences could jeopardize the overall effectiveness of community verifications. Attention should be paid to these unintended consequences to inform effective implementation and refine future interventions.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Performance-based financing (PBF) is being widely implemented to improve healthcare services in low- and middle-income

* Corresponding author. University of Montreal Public Health Research Institute, 7101 Avenue du Parc, Room 3060, Montreal, QC H3N 1X9, Canada.

E-mail address: anne-marie.turcotte-tremblay@umontreal.ca (A.-M. Turcotte-Tremblay).

countries (LMICs). This approach represents a shift from input-based financing to output-based financing. In PBF, contracted healthcare facilities are paid according to the quantity and quality of services they provide, to motivate them to perform better. To promote accountability and transparency, the services delivered are verified by independent structures before payments are released. While verification is essential for any accountable system, it is a cornerstone of PBF interventions, as it helps ensure that services submitted for payment are actually provided and are of

good quality (Fritsche et al., 2014). Thus, PBF aims to reinforce verification mechanisms already in place or set up new ones where they are missing.

Verification mechanisms tend to be structured similarly across PBF models, especially when supported by the same organization (e.g., World Bank). In Burkina Faso, for example, services provided by healthcare facilities contracted under PBF are verified at two levels: within facilities and within communities. For verifications within facilities, a medical verifier from a contractualization and verification agency (CVA) counts the quantity of services reported in registers. Then, an evaluation team evaluates the quality of services by inspecting the conditions of healthcare facilities and the content of registers. However, these two types of verifications are insufficient, because healthcare workers could falsify reports to increase their performance scores or could treat patients poorly even when technical quality scores are high (Gorter et al., 2013; ST-FBR, 2016).

To address the shortcomings of verifications within facilities, two types of verifications are conducted at the community level, which we refer to as community verifications. For these activities, a community verifier extracts identification and medical information from the consultation registers for a sample of patients who visited the facility in the previous trimester. That information is transmitted to investigators from a local association, who are charged with tracing the sample of patients to administer two surveys at the same time. First, *community surveys* are administered to assess the accuracy of the data provided by healthcare workers by comparing patients' declarations against the health facilities' data (Ministère de la Santé, 2016). This serves to deter healthcare workers from reporting false services as well as to detect fictitious patients or services reported, thereby increasing accountability and transparency, as well as the quality of routine information. Second, *client satisfaction surveys* are administered to determine patients' level of satisfaction with the services provided by the health facilities and to collect patients' suggestions for improving quality of care (Ministère de la Santé, 2016). The information collected through the satisfaction survey contributes to the calculation of the healthcare facility's overall quality score and thereby influences bonus payments that motivate providers. In Burkina Faso, the client satisfaction survey was also presented as a way to reinforce the voice of the community (ST-FBR, 2016). Similarly, some global health actors have argued it can empower communities, leading to a more equal and constructive relationship with providers (Renmans et al., 2017). Other global health actors, however, believe the verification process can create distrust and endanger the relationship between the community and providers (Renmans et al., 2017). Such divergence suggests that, to date, there is a lack of consensus regarding the theory of change and mechanisms at play.

Despite the growing interest around PBF in LMICs, little research has specifically focused on verifications in general or teased apart its multiple mechanisms (Falisse et al., 2012; Renaud and Semasaka, 2014; Renmans et al., 2016; Witter et al., 2013). To our knowledge, the community survey and the client satisfaction survey are neglected research topics, as little empirical data is available and certain useful data collection methods, such as non-participant observation, have not sufficiently been used. This is a significant gap in the literature, considering the importance of community verifications to ensure proper functioning of PBF in LMICs and to increase accountability of systems. One of the rare studies on this topic analyzed 79 community-based organizations (CBOs) contracted to verify health facilities' performance in Burundi (Falisse et al., 2012). The authors concluded that PBF does not necessarily give greater voice to communities and that more experiments are needed to develop efficient mechanisms of accountability in

healthcare facilities. More recently, an action research in Benin showed that providers received limited feedback, despite the high costs and time invested in verifications (Antony et al., 2017).

Alongside these considerations, some global health actors are concerned that the different components of PBF can cause unintended consequences beyond the targeted objectives of the intervention (Fretheim et al., 2012). Unintended consequences are defined as changes that occur in a social system for which there is a lack of deliberate action following adoption of an innovation such as PBF (Ash et al., 2007a; Merton, 1936; Rogers, 2003). They can also be desirable or undesirable, as well as anticipated or unanticipated, depending on stakeholders' views. For example, disclosure of patient information during community verification could have consequences for patient confidentiality. To date, little research has examined the unintended consequences emerging from PBF or its verification mechanisms (Witter et al., 2013). This is an important gap in the literature because unintended consequences could have wide scope and breadth, equal to or surpassing intended consequences. Consequently, an evidence-based understanding of intended and unintended consequences could help stakeholders judge an intervention's overall value.

This paper is intended to fill two knowledge gaps simultaneously by using the innovative analytical lens of unintended consequences to study a neglected topic, community verifications of PBF. More specifically, we document the unintended consequences of a community verification process that coupled a community survey with a community client satisfaction survey in Burkina Faso.

2. Methods

2.1. Theoretical model

We used Rogers' diffusion of innovations theory to study unintended consequences (Rogers, 2003). Innovations, such as community verifications and PBF in Burkina Faso, are ideas or practices that are perceived as new by members of a social system. Innovations are not fixed entities; rather, people shape them by giving them meaning. The theory posits four main dimensions that can influence the diffusion process of innovations, including the emergence of unintended consequences. These are: 1) the characteristics of the members of the social system (e.g. actors' perceptions and interests); 2) the nature of the social system (e.g. norms, culture, organizational capacity); 3) the nature of the innovations (e.g. compatibility, complexity, observability, relative advantage); and 4) the use of the innovations (e.g. reinvention). These dimensions interact to influence the emergence of consequences, although what these will be is uncertain. According to Rogers (2003), change agents are rarely able to predict the consequences of an innovation nor people's subjective perceptions of it. They often fail to consider cultural values, resulting in program failure or at least unforeseen consequences. Rogers established three categories for classifying consequences of innovations: 1) desirable vs. undesirable, 2) anticipated vs. unanticipated, and 2) direct vs. indirect. In operationalizing these concepts, we considered consequences to be anticipated if they were addressed in the implementation guides. We integrated Ash's (Ash et al., 2007b) approach, by considering direct consequences to be related to processes and indirect consequences to outcomes. We also integrated Bloomrosen et al.'s work (2011), which refined Rogers' categorization of consequences to specify that intended consequences tend to be simultaneously desirable and anticipated, while unintended consequences tend to be undesirable and/or unanticipated. Fig. 1 illustrates our theoretical framework.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات