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Why PBF failed to emerge on the national policy agenda in Chad? The case of *non-scale up* of a pilot project

Policy Brief

In the last few years, Performance Based Financing (PBF) has been expanding rapidly, particularly in sub-Saharan Africa. In most cases, PBF starts as a pilot project, typically limited to a sub-region of the country and sub-set of health services and funded and implemented by external agencies. However, **transitioning from a pilot project to a nationally owned and managed program** has proven difficult, with PBF either remaining a pilot project, or being discontinued altogether.

In this policy brief, we look at the Chadian experience to understand why PBF did *not* transition from pilot project to national program. A good understanding of the **enablers** and **barriers** to this process is critical, for Chad as well as for other countries, to identify opportunities for scaling up and reflect on how to go about this.

What happened with the first experience of PBF in Chad?

In Chad, a PBF pilot project funded by the World Bank (WB) was implemented in eight districts in four regions of the country from October 2011 to May 2013. As the pilot drew to an end, the government of Chad committed to continue funding PBF and allocated 1.2 million USD for a six-month follow-up (July-December 2013). However, after December 2013, PBF was discontinued, even though funding was still available.

Why did PBF in Chad **fail to scale-up** after the pilot, despite the funding options available? Why was **no effective decision and action** taken to ensure the continuation of PBF? Below we look at the factors which could have enabled or hindered the transition, since the very beginning of the PBF project. Based on the elements we have identified, in the last section we draw some overall lessons.

What were the enablers and barriers for the scale-up of PBF? Lessons from Chad

Phases	Enablers	Barriers
Planning/ programming phase	• High-level (presidential) political will to address maternal mortality issues • Reestablishment of WB-Chad relations and availability of funding for health and PBF specifically	• Fragmentation of health financing initiatives to address maternal and child health issues • Establishment of PBF within an HIV/AIDS program, managed by the Ministry of Economics and International Cooperation → *although this allowed for quicker fund disbursement, the institutional set-up remained unclear and fragmented with little oversight of PBF by the Ministry of Health (MoH)* • The PBF project did not require Parliamentary approval (as a grant) and it was not debated → *a debate would have increased the political ownership of the project*
PBF design phase	• Training of national cadres and study tours on PBF (2011)	• Key role of an external actor (WB) which acted as a political entrepreneur and proposed the PBF project → *the design was exogenous and top-down* • The programming and design phases were extremely rapid and did not allow for the appropriation of a totally new and unfamiliar concept, proposed by an external actor
Implementation phase	• **Steering Committee** established in late 2010, composed of staff of key Ministries (Health, Economics, Finance and Budget, Social Action), donors, WB Project Coordination Unit. In charge of making strategic decisions and monitoring the PBF project • **Technical Unit** created in Feb. 2012 to act as the secretariat of the Steering Committee and improve its functioning. Composed of MoH staff	• The Steering Committee met only 4 times over 3 years; donors did not attend meetings, Committee managed top-down with little space for discussion • Only one department of MoH was represented within the Technical Unit. Staff did not have the technical skills nor the time to take up the role. Only had one meeting in 14 months → *as a result, no national body was in charge of close monitoring and evaluation of the project's implementation. This limited the* ***understanding*** *of it and the* ***ownership*** *by national actors*

Stage	Enablers	Barriers
Implementation phase (cont.)		• Technical assistance for the implementation of the project and strategic purchasing role assigned to an international/national consortium, with little means for transferring back to national institutions* → *national players involved with the project implementation, but rather* ***passively***. (*on the importance of assigning the purchasing role to national actors, see Policy Brief "*Advanced stages of PBF scale-up: lessons learned from Cameroon on the transfer of the strategic purchasing function to national agencies*") • **High turnover** of political appointees: between 2010 and 2013, there were 4 Ministers of Health and 5 Secretaries of State → *low political appropriation of PBF* • **Little engagement** in the implementation of PBF at field level (compared to PBF design and performance) from the WB, which had been the key actor/policy entrepreneur for the introduction and design of the PBF pilot • **Short-term funding** commitments
Scale-up phase	• **Results** of the PBF project were globally **positive** and satisfying, as shown by internal and external evaluations • Availability of local expertise for the purchasing role from the national agency within the consortium	• **Lack of technical capacity** and **political ownership** within governmental bodies, and in particular the MoH

Three lessons that can be learned from the experience of Chad

1 Role of external actors as political entrepreneurs

Similar to its introduction and piloting, the scale-up of PBF also requires the active engagement of one or more political entrepreneurs. However, the case of Chad shows that, especially in donor-dependent countries, such a role can *initially* be taken by an external actor or donor (e.g. the WB) which can successfully ensure the introduction of PBF and the creation of a pilot. This may not be the case for the transition *from pilot to the national program stage*, which requires much greater buy-in from actors at national level, both at political and technical levels. This brings us to the second lesson:

2 Political ownership and technical capacity

The analysis of the experience of Chad shows that PBF was introduced in an exogenous and top-down manner. The project implementation and the key 'purchasing' function were managed by a non-governmental body, while the MoH struggled to take the lead on PBF implementation. Several reasons are outlined among the barriers above, including for example the fact that the project was financially managed by the Ministry of Economics and International Cooperation, that the coordination and monitoring bodies did not effectively work together so that the PBF implementation process was not inclusive and remained in the hands of a small number of people, and there was limited understanding and appropriation of PBF mechanisms. Without political ownership and technical capacity at the national level and in particular within the MoH, the decision and actions necessary to ensure the transition of PBF from pilot to program did not materialize, despite funding being available.

3 Long-term processes and the importance of the early stages

Finally, it is important to note that most of the barriers which hindered the transition and scale-up did not materialize *at the time* of the transition, but were created by processes which took place much earlier. Our analysis above shows that the lack of capacity and ownership during the scale-up phase was in fact the *consequence* of how the programming, design and implementation phases had been managed, in the three years before the attempted transition. It is therefore important to consider how PBF is introduced from the very beginning, and carefully reflect on the trade-off between the need for rapidity versus the time necessary to ensure a participative and inclusive process. A slower pace in the introduction and piloting of PBF (including a longer funding commitment by external actors) and a well-planned transfer of capacity, skills and key roles, such as the purchasing function, to governmental bodies appear to be critical to ensure the full understanding and appropriation of PBF by national actors and can increase the probability of the scale-up of PBF into a national program some years later.

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