

PBF Scheme boosts maternal and child health services

A quarterly report of the Performance Based Financing Unit, has recorded significant gains in maternal and child health services in Bong, Nimba and Lofa Counties. The Nimba County Health Team in collaboration with Africare, and implementing partner scored the highest success of more than Ninety-seven percent. It attributed the gains to increased public awareness on the significance of facility-based deliveries and the provision of motivational package for expected mothers. In Bong County, an eighty two percent success in areas of maternal and child health, family planning, malaria and HIV Aids services, was maintained, while the Lofa County Health Team working along with the International Rescue Committee, achieved 72 percent after increasing skilled birth attendants unlike previous quarter. The PBF Scheme was designed firstly to extend coverage of essential health care services to under-served and targeted population through contractual arrangements with implementing partners and service providers. The scheme was introduced to also improve the quality of health services in areas of maternal, child, family planning, malaria and HIV/AIDs and strengthen MOH capacity. The PBF Scheme is also credited for strengthening accountability and efficiency of service delivery in a decentralized manner.

The unit works with various departments, programs and implementing partners including Africare and the International Rescue Committee to increase access to quality health services, strengthen collaboration, increase data quality and promote the management of decentralized health system. Under the PBF Arrangement, the ministry extends quarterly performance based contracts to Africare and IRC to provide a comprehensive package of health services at the primary level in the three counties. There is effort to scale up the scheme to additional six hospitals including, Redemption, Tellewonyan, Jackson Doe. F.J. Grant, CB Dunbar and Phebe hospitals to improve quality of care. The report also indicated that Bong, Nimba and Lofa Counties along with the implementing partners conducted quarterly verification of service delivery indicators at 115 primary healthcare facilities to improve data quality and health services. The counties and partners validated the delivery indicators and submitted invoices to the PBF on April 15, 2017 to review for potential discrepancies and make timely bonus payment to health facility staff.

The PBF has revised, validated and disseminated its operational manual and conducted training in the FARA supported counties on the usage of the manual. A total of 145 persons from Bong, Nimba and Lofa Counties were trained on the processes and procedures of PBF operations.

The January – March PBF Report also revealed the availability of tracer drugs in Bong and Nimba Counties with Nimba Africare obtaining 100 percent, while Bong Africare obtained 86 percent with a little stock out of Oral Rehydration Salts. The PBF Quarterly report also recalled the payment of bonuses in 2016 after counties submitted invoices to the PBF.

In separate development, a three-man team supported by FARA to conduct a comprehensive assessment of the Integrated Resource Information System, IRIS in Bong, Lofa and Nimba Counties has concluded its assessment. The IRIS is a software used to generate information including training, location and payment of employees working in the health sector.

FARA considers the IRIS paramount because it helps the USAID sponsored program meets its deliverables of building the competency of the ministry's health workforce.

Reporting on the assessment, the head of the team, Mr. Marvin Davis, said, the team was interested in establishing the number of persons in the health workforce who have been trained to provide services in areas of malaria, IPC, HIV/AIDS, maternal and child health.

“Unfortunately, we could not get all the information we wanted because either hand writing of the staff were not eligible, records incorrect”, Mr. Davis asserted.

He however advised in the report that FARA dispatches a team to carryout training of the IRIS, which could help the staff understand and record correct data for the proper usage of the IRIS.

“We also recommend that training organized by programs be done in collaboration with the Human Resource Managers in the counties, because doing so could also improve the way the IRIS is used.” Mr.Davis averred.

The team also reported the lack of internet connectivity which is also impeding the proper usage of the software in rural Liberia.