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“The effect of Performance Based Financing incentives on experiences and perceptions of quality of maternal and newborn health care services among both clients and providers in Malawi”

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Most low and middle income countries continue to report high maternal and neonatal morbidities and mortalities. So far reports indicate that the single most significant cause of the mortalities and morbidities is lack of access to high quality care in health facilities. There are numerous interventions that have been reported to be effective in improving quality of services with an ultimate goal of reducing the mortalities. Despite these interventions, the morbidities and mortalities still continue to escalate. To address the issue of quality of care, critical interventions have been adopted. One strategy that has gained momentum is Performance Based Financing (PBF) which is proposed as useful for improving the quality of care. While gains resulting from PBF have been reported, evidence of the effects of PBF on experiences and perceived quality of maternal and newborn care is still limited. Therefore, this study aimed to fill this existing gap in knowledge

The study used a mixed methods approach where both quantitative and qualitative approaches were used. A cross-sectional survey was conducted repeatedly starting at baseline (March – May, 2013), one (i.e. June – August, 2014) and two years (i.e. June-August, 2015) after the implementation of a PBF in Malawi. The study which aimed at estimating the effect of PBF on experiences and perceived quality of care was conducted in 33 health facilities (18 interventions and 15 controls). Convenience sampling was used to select a total of 3060 women for interviews soon after receiving care, at exit of the maternity but also those that had received care at the Antenatal Clinics (ANC) and Postnatal Clinics (PNC). Skilled health workers in the maternity wards were also sampled. A structured questionnaire was used to collect quantitative data on the experiences and perceived quality of care. Perceived quality of care was measured using a

composite scale to measure and rate quality on interpersonal relations, quality of amenities and nursing care services. A number of indicators were also selected to assess clients' experiences with receiving care. Qualitative studies using in-depth interviews and focus group discussions were also undertaken with women that had used care at the facilities, to gain insights on experiences and perceptions. For triangulation purposes, in depth interviews were conducted with health care workers on their perceptions about quality and their experiences with service delivery under PBF. Quantitative analysis relied on a difference in differences (DID) model, allowing for the identification of changes overtime due to the intervention. The quantitative data were analyzed using stata IC version 13 (StataCorp LP, Texas) software and qualitative data were analyzed using content analysis with support of QSR NVivo 10. The information emerging from quantitative analysis was triangulated with themes emerging from qualitative analysis. This allowed the researcher to interpret, deduce meanings and answer the research question.

Overall, perceived quality of care was consistently rated highly over the two year study period. There was no statistical significant effect of the PBF on the perceived quality of care ratings. Overall, there were no major significant effects of the PBF on the selected indicators on experience of care, except for a few. Still, though no significant effect was shown, an increase was observed on most indicators. In addition, as reported through qualitative studies, there was an improvement in the quality of amenities and nursing care services. However, interpersonal relations appeared to be unpleasant. Nonetheless, the results of this research, albeit some being non-significant, may be relevant and be a good starter for a more comprehensive policy dialogue with government, professionals and civil societies, health systems or facilities for promoting best practices, improving quality of care and achieving better health for mothers and children.