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**Effects of Performance-Based Financing on Healthcare Services in Gashoho Health District-Burundi.**

Sometimes health solutions do work well but for a time because, the changing environment influences human behaviour and vice versa. Then adaptation to the new situation is to be made. Long time ago, many countries, including Burundi, used to solve health problems through inputs. In developing countries where government salaries are insufficient for survival, health workers lose courage and the healing art is no more passionate. In a desperate situation such as that of war and its aftermath, Performance-Based Financing (PBF) is recognised as the best way to resume with healthcare activities. In countries that have experienced severe wars like Afghanistan, Burundi, Cambodia, Democratic Republic of Congo, Rwanda, etc, the PBF approach was proven to be effective and efficient. But incentive to healthcare providers alone showed mean results, compared to what it yielded if it was also shared with other health actors, especially the health regulators.

The Objective of the study is to assess the PBF effects in Gashoho Health District in Burundi. The methods used in this research are: quantitative verification of indicators level, quality assessment of healthcare services providers' perception of PBF, and community satisfaction level. The accessibility of healthcare services to finance must be thought about in order to ensure that even the neediest are cared for. The utilisation of health services by all who need them, at any time, testified the reliability of the PBF approach. Healthcare data prior to the PBF approach were recorded as well as current data within the PBF implementation period. To know the level of significance of its benefits, current health data were compared to health data of the quarter preceding the PBF. The interviews that were held with the community representatives enlightened what was seen through data and physical achievements. As a Hypothesis, the assumption was that PBF may be the efficient solution in health sector that the Burundi's government was looking for, and field results have now confirmed our assumption. In fact, there are management best practices like work plans and promotion of community participation. There is an increase of skilled health workers, current assets, DHO supervisions and healthcare indicators. There are also health facility investments, improvement of health facility functioning and patients and health workers satisfaction. Nonetheless, it was found in PNFP health facilities that there are delays in releasing PBF funds and lack of fair allocation of health workers incentive. The conclusion was that all health facilities are fully functional with good management and best practices, the health personnel increased almost 100 percent, healthcare fees decreased by 60% and all the health indicators also increased. The suggested recommendations include: DHO cadres need to reinforce supervision, train maternity health personnel, mentor CBASP and index tool utilisation in PNFP HFs. The persons responsible for PNFP HFs should comply with MOH regulations in incentive matter, and appoint a PBF committee. The health facility managers need to increase the CHWs motivation. The Burundi Government needs to advocate for the continuation PBF so as to improve public health.

**Key Words: Effects, Performance-Based Financing, Healthcare Services, Burundi.**