The COVID-19 pandemic has put a strain on healthcare systems, destabilizing large swathes of the economy and causing unexpected reluctance to vaccinate:

- Strengthening communication at local level to increase community involvement in the
- The organization of a Local Development Committee around the administrative authorities, to
- Digital health systems: strengthening data collection and use. COVID-19 data and vaccination
- Equitable access: USAID is working to reduce barriers to access for vulnerable populations by
- Creating acceleration campaigns. Vaccines are available at 1,700 health posts and through routine

Sixteen months after the start of Covid 19 vaccination in the country (March 21, 2021) the Kaffrine district had a

The institutionalization of verification helps to improve the use of DHIS2;
- Verification helps identify training needs in the use of management tools and indications of fraud;
- The new dynamic is created by the fact that the management of the mechanism is coordinated by an entity of the Ministry of
- From the other hand, the community can help verify results and provide feedback on the quality of services
- But it must go beyond this support, as community participation is an important mechanism for
- We believe that full understanding and ownership of the PBF by national actors can increase and assume a
- Lessons Learned

The piloting phase, the community participation was limited to supporting the health facility to improve its
- In an effort to strengthen the resilience of the health system to prevent further negative secondary
- Motivating vaccination teams through a performance-based funding mechanism that will require
- The achievement of the pilot phase and the AVC initiative of the USAID/B2SR project;
- Activity Impact

- Facilitators

Without political ownership and technical capacity at national level and within the Ministry of Health, the
decision and actions required to ensure the immunization of the PBF from pilot project to national plan do not work as
planned, despite the availability of the fund. However, it has been shown that an external actor or donor can help
the piloting phase of the mechanism from the creation of a pilot. Nevertheless, from the pilot phase to
the transition phase, the condition of ownership must be put in place. This requires much greater
commitment from national players at both political and technical levels.

It would be useful for players to take real account of their needs in terms of capacity building and information
exchange on the program, so as to be better prepared to take ownership of this PBF. This phase should also
include a commitment to funding from external donors and a well-considered transfer of capacities, skills, and
decision-making tools to the Ministry of Health. 

We believe that full understanding and ownership of the PBF by national actors can increase and assume a
successful full extension of the mechanism into a national program.

- Challenges

In the piloting phase, community participation was limited to supporting the health facility to improve its
performance. But it must go beyond this support, as community participation is an important mechanism for
stimulating the development of collective responses adapted to public health problems linked to primary
healthcare, the results of which are not always immediate in the short term (for example, malaria). It always involves
the voluntary and active participation of local groups and communities in all
aspects of a health program.

It is therefore essential to seek out organized and representative community structures to channel this social
mobilization, so that it can support the activities of health care structures and maintain a constant dialogue
between providers and the community. The preferred body for this action is the Health Development
committee (CDC). 

Health workers have come to understand the importance of the information they collect; thus, completing
and classifying health information tools is becoming more important, as the data provides the information
to calculate the indicators for their remuneration. Another important aspect is improving the quality-of-service
delivery. The Ministry of Health's National Quality Program (PNQ) had no systematic tools or approach for
measuring and improving the quality of care. That’s why, in the PBF policy, quality was part of the
characteristics of facility performance. In the traditional healthcare systems of low-income countries, citizens
have little or no means of influencing the availability and quality of healthcare services. In the PBF project, on
the other hand, the community can help verify results and provide feedback on the quality of services
received.

Activity Description
Performance-based financing has been used to stimulate the motivation and involvement of all players at operational level. This strengthens the dynamics and coordination of activities. USAID piloted the use of performance-based funding to improve COVID-19 immunization coverage, helping district management teams to develop immunization campaigns. Activities include:

- The organization of a Local Development Committee around the administrative authorities, to
- The mobilization of the health system in the Kaffrine area gave birth to the concept of the Performance-Based Financing (PBF) as a
- The motivation of vaccination teams through a performance-based funding mechanism that will require
- The new mechanism is created by the fact that the management of the mechanism is coordinated by an entity of the Ministry of
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Activity Impact
The key players who have experimented performance-based financing (PBF) have appreciated its purpose and vision. For their strategies and changes introduced by the new mechanism have been useful in improving the management and organization of healthcare facilities. The introduction of the PBF has an impact on the results obtained once a
job has been completed. This impact is directly related to the introduction of actions that enable the beneficiaries to respond to the

Evidence
We believe that owning this mechanism requires a new policy to ensure its sustainability. This new policy will be based on the achievements of the pilot phase. But above all, the need to define the contours of new ownership and the ministries of health in all the regions of Senegal is necessary for the consolidation of the effort. The validation of the mechanisms is a laboratory for investigating new improvements to the system, which could be replicated in the event of success and serve as a reference for other regions in the future.

In 2013, considering the recommendations of the annual review, some changes were made in the operation of this
mechanism. Thus, as of 2011 the PBF Program was created. This program became responsible for coordinating
management and monitoring the PBF pilot project in Senegal. While it is the new model for the PBF company.
The verification program was also changed with the introduction of an independent verification agency.

A new dynamic is created by the fact that the management of the mechanism is coordinated by an entity of the Ministry of
health, but ownership must go further than the creation of the PBF program, the premium was to be paid and partly to

Facilitators
The vital role of the various phases of PBF project implementation, we can see both positive and negative factors. Nevertheless, the most important aspect is to improve the involvement of local authorities and the effective participation and commitment of the population through the management committees within the districts. To this end, there were no questions of increasing political influence.

What are the major obstacles at the central level that were identified, those were not the same case at district and regional level. Technical assistance and incentive payments are provided by donors, who have played a major role in the process. The design of the PBF was examined and evaluated. In addition, the programming and design phases were entirely based on reviews for the acquisition of a truly new and informed course.

Challenges
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