Rwanda Community Performance Based Financing

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Rwanda Ministry of Health
Outline

• Overview of Rwandan Health System
• Community Health Worker profile, composition & scope of work
• Community Performance Based Financing Implementation
• Community Performance Based Financing structure
• Way forward
Overview of the Rwandan health system

<table>
<thead>
<tr>
<th>Administrative structure</th>
<th>Health care delivery system</th>
<th>No. of public facilities / CHWs</th>
<th>Av. Catchment area pop</th>
<th>Type of service offered</th>
</tr>
</thead>
</table>
| Provinces (4)            | Teaching & Tertiary hospitals | 8                             | National (~12 m)       | Specialized hospitals serving the entire country  
                          | Provincial hospitals         | 4                             |                        | Medical training          |
| District (30)            | District hospitals           | 36                            | ~ 255,000              | Provide government defined "Complementary package of activities (CPA) (C-section, treatment of complicated cases,..  
                          | Health centers               | 499                           |                        | Provide care to patients referred by the primary health centers  
                          | Health posts                 | 408                           | ~ 23,000                | Carry out planning activities for the health district and supervise district health personnel  
                          | Community Health Workers     | 45,000                        | ~ 250                  | Community-based:  
                          |                             |                               |                        | Prevention, screening and treatment of malnutrition  
                          |                             |                               |                        | Integrated Management of Child Illness (CB-IMCI)  
                          |                             |                               |                        | Provision of family planning  
                          |                             |                               |                        | Maternal Newborn Health (C-MNH)  
                          |                             |                               |                        | DOT HIV, TB and other chronic illnesses  
                          |                             |                               |                        | Behavior change and communication  

80% of burden of disease addressed at this level
Community health worker profile

- Elected by the community at the village level
- Selection criteria:
  - Can read and write
  - Are aged between 20-50 year
  - Willing to volunteer
  - Live in the local village
  - Perceived as honest by community peers;
  - Two women and one man
  - Ability to maintain confidentiality
  - Easily accessible person
Community health workers composition at village level

Binome: 1 female

Binome: 1 Male

1 Female in Charge of Maternal and Infant Health

3 CHWs/village
Community health workers scope of work

**Preventive services:** Malaria, HIV, Hygiene, Family Planning

**Promotive services:** Nutritional surveillance and education, Community Based Provision of Family Planning

**Curative services:** Community Case Management, Community IMCI, Community MNH, Community TB DOTs, etc

CHWs spend an average of 5 hours per week on the above activities
Community PBF Administrative Model

GOR
District PBF Steering Cttee

Support

Sector PBF Steering Committee (Administrator)

Authorization

Purchaser

Payment

Controller (CS)

Counter-verification Of reported results

Service Provider: CHW Cooperative

Beneficiaries
Source of funds

- 30% of PBF payments can be shared as individual payments to CHWs
- 20% is used as capital for the cooperative’s income generating activities
- 50% return in the basket fund at national level to be used in the future to sustain Community Health Program

C-PBF Source of funds
- Gov Rwanda
- GF (HIV&TB)
- US Gov

475 CHWs Cooperatives
Payable indicators

- Number of follow-up visit messages/Number of children treated in community case management;
- Average number of events reported;
- Ratio of new born care visits reported to births reported;
- Average number of pregnancy related events reported by maternal and new born CHW (ASMs) (preg+ ANC + birth +red alert+risks);
- Percentage of expected pregnant women (% of total population) who were accompanied by CHW to HC for delivery;
- Percentage of children under 5 (14.6% of total population) monitored for nutrition status using MUAC;
- Ratio of family planning user couples
Reporting system

1. **Rapid SMS** tracks:
   - Pregnancy
   - Antenatal Care visits (ANC)
   - Risks during pregnancy
   - Red alert notifications
   - Birth
   - Postnatal Care (PNC)
   - New born care
   - Death (maternal, new born or child death)
   - Community Case Management interventions (ICCM)
   - Community Based Nutrition
   - Child health report

2. **SIScom**, reports are compiled at cell level and reviewed, aggregated at health center=cooperative level and entered into the Siscom database community Health Worker Information System:
Structure of C-PBF

– **Providers**: CHWs Coop compile monthly report at the sector level

– **Controllers 1**: Health centers and Sector Steering Committees (416) are the principal evaluators in data reported by the CHWs and Health Centers enter data in DHIS2

– **Controllers 2**: District Steering Committees and District Hospitals are the second evaluators to analyze data reported by the CHW’s.

– **Support**: Central level analyses the data reported in comparison with data from DHIS2 before payment
Community PBF today… Some thoughts

**Positives:**

- increased coverage of key Maternal Child Health indicators
- Motivation of CHWs through community PBF
- Health centers are reporting in the Com-RHMIS

**Challenges:**

- Sustainability: Community PBF payments end in future yet not all 475 cooperatives are generating income
- Individual CHW payments are based on performance of entire cooperative so CHWs do not see their own hard work rewarded
- Lack of robust verification mechanisms to ensure that minimum package of community health services has been delivered
Way forward

- Government has recognized the role of CHW program in contributing to increasing coverage of key MCH indicators and has pledged support
- Some Cooperatives have potential to sustain their Incoming Generating Activities
- Data quality is an important issue that can be improved through CPBF
- Use of ICT to report data and calculate performance improves effectiveness
- Increased partnerships with Local NGOs is important in promoting the Community Health Workers activities
- Strong political commitment from highest level to the grass roots
- Innovative financing systems
Thank you!
Evolution of Rwanda’s Community Health Program

1995: CHP introduced

2005: Introduction of integrated community health package

2008-09: iCCM and CBNP

2009: Community Health Policy & introduction of CHWs' cooperative

2010: C-PBF introduced at scale

2010-12: CBPF, C-MNH, NCDs

2011: Introduction of SISCOM and RapidSMS

2013: Community Health Strategic Plan

2015: revised Community Health Policy
Community Program Organization and Hierarchy

Figure 2: Rwanda’s CHP – Organization and Hierarchy

Central
- Rwanda Biomedical Center/Community Health Desk

District
- District Hospital
- In-Charge of Community Health

Administrative Sector
- Health Center
- CHW Cooperative
- In Charge of Community Health
- In Charge of Hygiene and Environmental Health
- Cell Coordinator

Administrative Cell
- VillageASM, Binome, Binome
  100-150 HH

Village
- ASM, Binome, Binome
  100-150 HH

- ASM, Binome, Binome
  100-150 HH

- ASM, Binome, Binome
  100-150 HH

- ASM, Binome, Binome
  100-150 HH
Village level data flow

CHW 1

10 Forms

CHW 2

CHW 3

3 registers
Community HMIS: Data flow chart
New Indicators introduced in the Community PBF Payment System

<table>
<thead>
<tr>
<th>Qualitative Indicators</th>
<th>Quantitative Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of binomes who submitted reports in Rapid SM</td>
<td>Number of women accompanied/referred to HC for assisted deliveries (SIScom)</td>
</tr>
<tr>
<td>Proportion of children followed by CHWs after treatment</td>
<td>Number of new women users referred by CHWs for modern family planning method (SIScom)</td>
</tr>
<tr>
<td>Proportion of pregnant women reported in Rapid SMS</td>
<td>Number of new presumptive cases of TB referred by CHW to the HC for diagnosis (eTB quarterly reports)</td>
</tr>
<tr>
<td>Proportion of new born visited by CHWs</td>
<td>Number of TB cases followed at home by CHW for Community DOTS (eTB quarterly reports)</td>
</tr>
<tr>
<td>Proportion of &lt;5 children MUAC to determine nutrition status</td>
<td></td>
</tr>
</tbody>
</table>
## Total unit cost of CHP by service package (USD) for the year 2014-2015

<table>
<thead>
<tr>
<th>#</th>
<th>Program Components</th>
<th>CBNP</th>
<th>CBP</th>
<th>MNHC</th>
<th>HIV</th>
<th>TB Malaria</th>
<th>ICCM Pneumonia</th>
<th>ICCM Diarrhea</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Program Admin</td>
<td>1,233,470</td>
<td>674,112</td>
<td>1,688,934</td>
<td>965,349</td>
<td>116,694</td>
<td>580,969</td>
<td>428,994</td>
<td>446,414</td>
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<tr>
<td>2</td>
<td>Staff Training</td>
<td>757,841</td>
<td>12,934</td>
<td>35,527</td>
<td>13,007</td>
<td>1,132</td>
<td>6,132</td>
<td>4,528</td>
<td>4,712</td>
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<tr>
<td>3</td>
<td>CHW Training</td>
<td>279,651</td>
<td>228,079</td>
<td>387,621</td>
<td>270,833</td>
<td>23,570</td>
<td>149,706</td>
<td>110,544</td>
<td>115,033</td>
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<tr>
<td>4</td>
<td>PBF</td>
<td>525,316</td>
<td>414,080</td>
<td>557,600</td>
<td>856,714</td>
<td>74,557</td>
<td>265,524</td>
<td>196,066</td>
<td>204,027</td>
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<tr>
<td>5</td>
<td>Med Supplies &amp; Equipment</td>
<td>4,718,656</td>
<td>5,129,742</td>
<td>3,619,016</td>
<td>-</td>
<td>248,027</td>
<td>2,426,712</td>
<td>1,440,057</td>
<td>1,613,358</td>
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<td>6</td>
<td>Sensitization campaigns</td>
<td>27,189</td>
<td>21,432</td>
<td>45,337</td>
<td>44,341</td>
<td>3,859</td>
<td>13,743</td>
<td>10,148</td>
<td>10,560</td>
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<tr>
<td>7</td>
<td>Monitoring &amp; Supervision</td>
<td>1,453,667</td>
<td>174,301</td>
<td>1,448,158</td>
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<td>89,341</td>
<td>92,969</td>
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<tr>
<td>8</td>
<td>Total cost</td>
<td>8,995,790</td>
<td>6,654,680</td>
<td>7,782,193</td>
<td>2,562,112</td>
<td>503,312</td>
<td>3,563,777</td>
<td>2,279,679</td>
<td>2,487,073</td>
</tr>
<tr>
<td>9</td>
<td>Total unit cost per service ($)</td>
<td>7.98</td>
<td>36.2</td>
<td>9.7</td>
<td>3</td>
<td>86.9</td>
<td>38.5</td>
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<tr>
<td>10</td>
<td>Direct Unit Cost</td>
<td>5.1</td>
<td>23.1</td>
<td>6.2</td>
<td>1.9</td>
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<tr>
<td>11</td>
<td>Indirect Unit Cost</td>
<td>2.8</td>
<td>13</td>
<td>3.5</td>
<td>1.1</td>
<td>31.2</td>
<td>5.3</td>
<td>6.4</td>
<td>13.9</td>
</tr>
</tbody>
</table>
### Cost by Program components

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds &amp; Equipment</td>
<td>19,195,570</td>
</tr>
<tr>
<td>Program Admin</td>
<td>6,134,936</td>
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<tr>
<td>M&amp;E &amp; Superv</td>
<td>3,826,765</td>
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<tr>
<td>PBF</td>
<td>3,093,883</td>
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<tr>
<td>CHW Training</td>
<td>1,565,038</td>
</tr>
<tr>
<td>Staff Training</td>
<td>835,814</td>
</tr>
<tr>
<td>Campaigns</td>
<td>176,609</td>
</tr>
</tbody>
</table>

### Cost of CHP by CHWs package

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<td>TB</td>
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CHP costing note

• Over years Government of Rwanda, through the Ministry of Health and development partners have done a commendable job scaling up the program with a substantial investments in capacity building, purchase of CHWs materials.

• The total cost for implementing the community health program is USD 36,796,223 for FY 2014-2015

• 70% of resources are channelled to the community and 30% at the health centre, district and central level.