Institutionalizing Community Health Conference

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Rwanda Community Performance Based Financing

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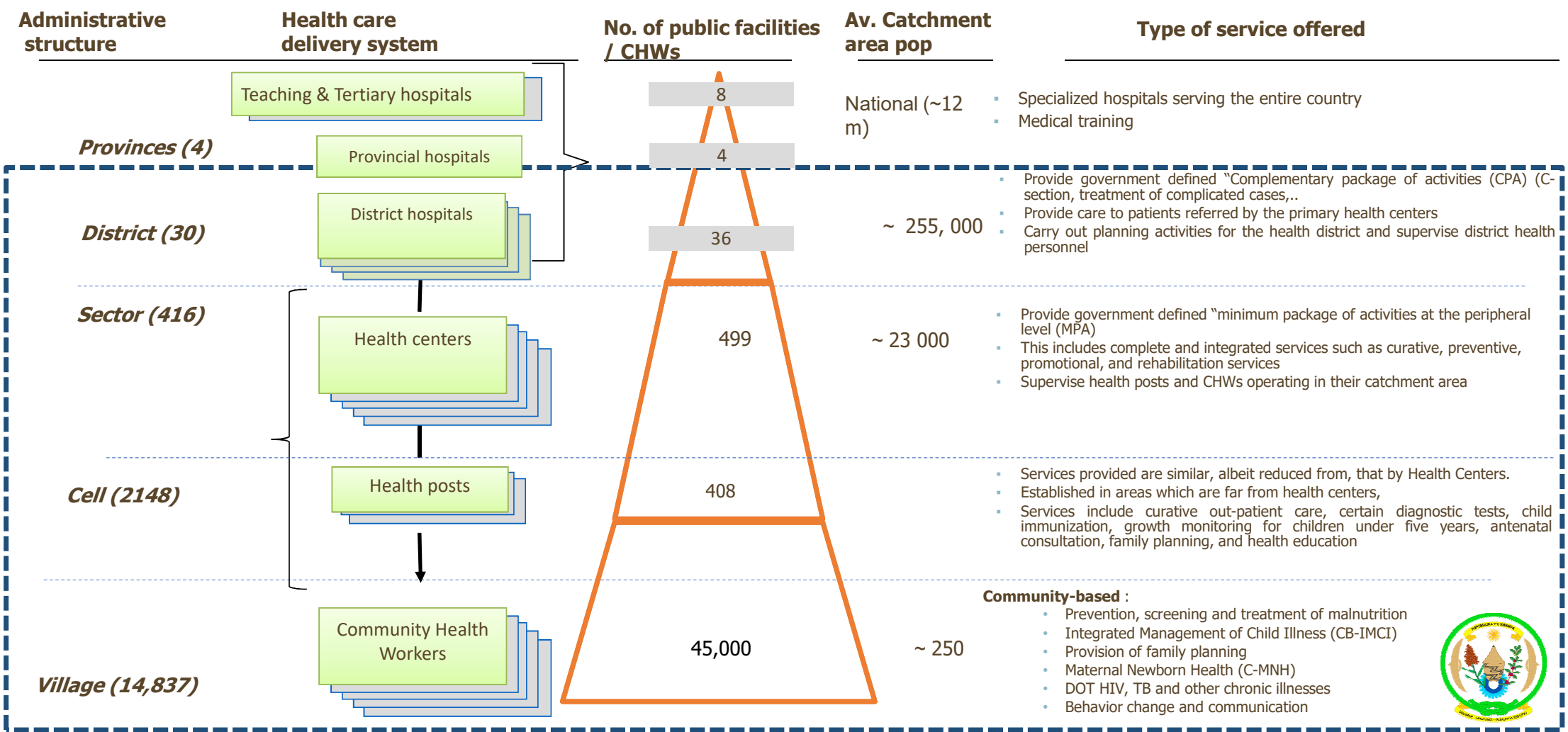Planning, Health Financing & Information System

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

Administrative structure	Health care delivery system	No. of public facilities / CHWs	Av. Catchment area pop	Type of service offered
	Teaching & Tertiary hospitals	8	National (~12 m)	• Specialized hospitals serving the entire country • Medical training
Provinces (4)	Provincial hospitals	4		
District (30)	District hospitals	36	~ 255, 000	• Provide government defined "Complementary package of activities (CPA) (C-section, treatment of complicated cases,.. • Provide care to patients referred by the primary health centers • Carry out planning activities for the health district and supervise district health personnel
Sector (416)	Health centers	499	~ 23 000	• Provide government defined "minimum package of activities at the peripheral level (MPA) • This includes complete and integrated services such as curative, preventive, promotional, and rehabilitation services • Supervise health posts and CHWs operating in their catchment area
Cell (2148)	Health posts	408		• Services provided are similar, albeit reduced from, that by Health Centers. • Established in areas which are far from health centers, • Services include curative out-patient care, certain diagnostic tests, child immunization, growth monitoring for children under five years, antenatal consultation, family planning, and health education
Village (14,837)	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
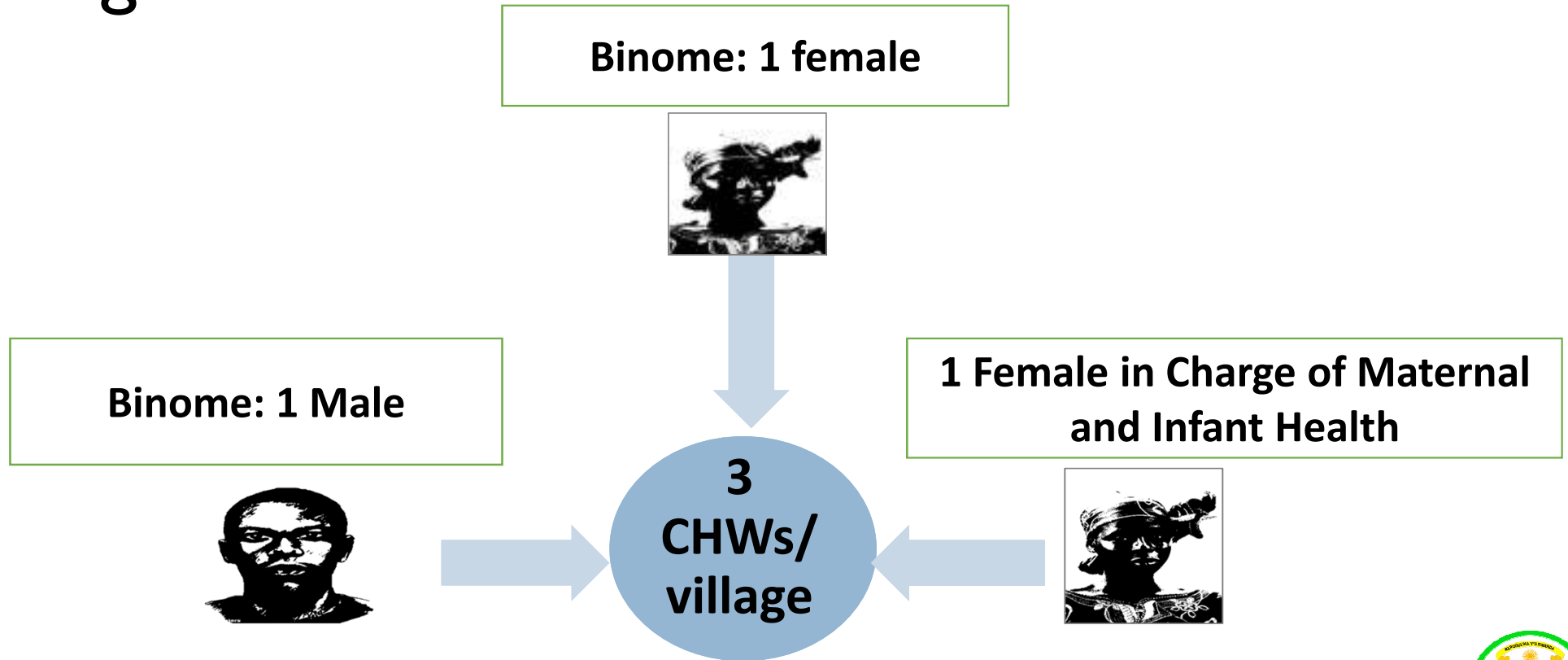
Community health workers scope of work

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
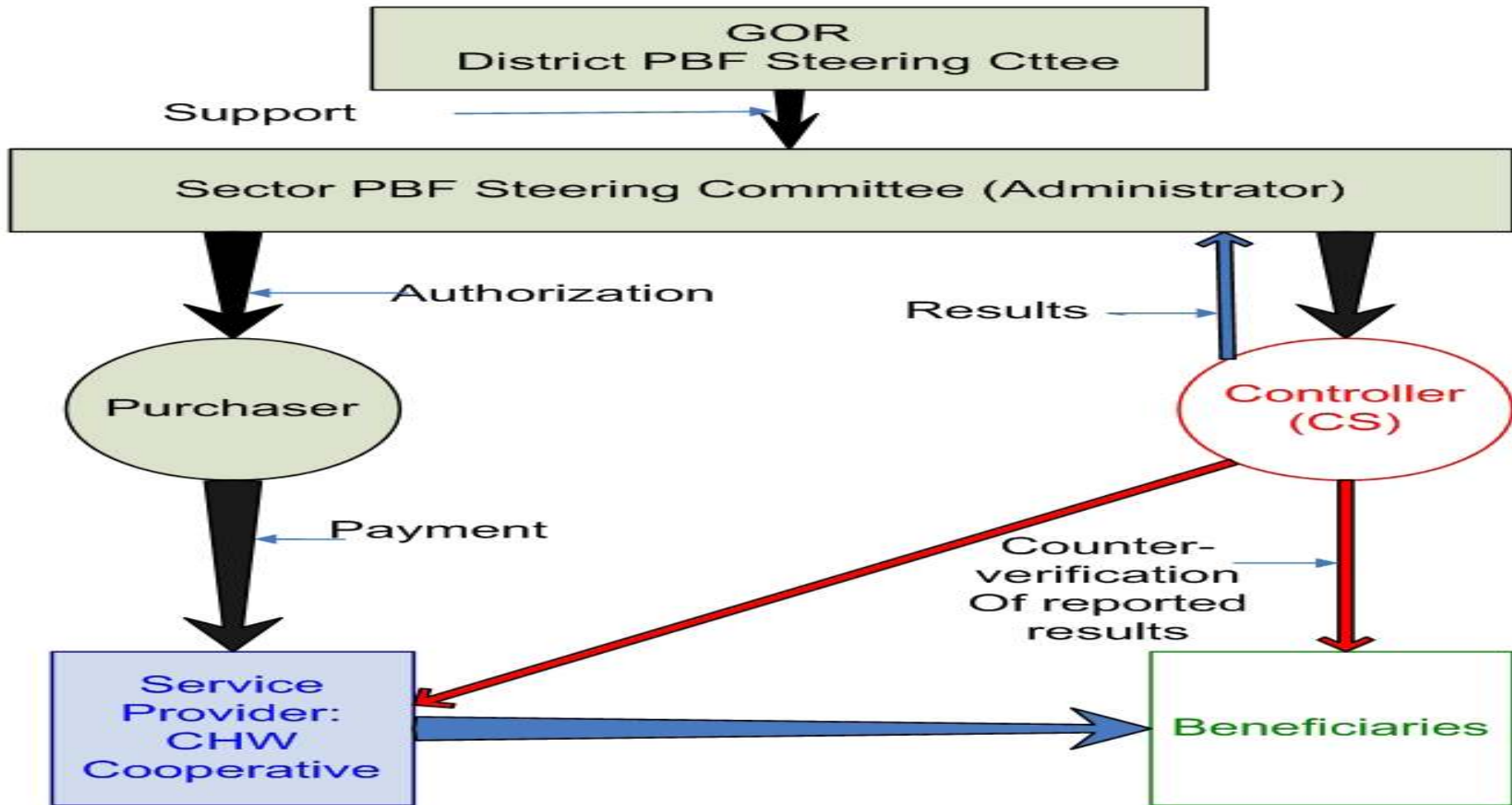
Source of funds

➢ 30% of PBF payments can be shared as individual payments to CHWs

Funding ←

C-PBF Source of funds

- Gov Rwanda
- GF (HIV&TB)
- US Gov

➢ 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

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 data base
Community Health Worker Information System:
http://hmis.moh.gov.rw/healthfinance

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
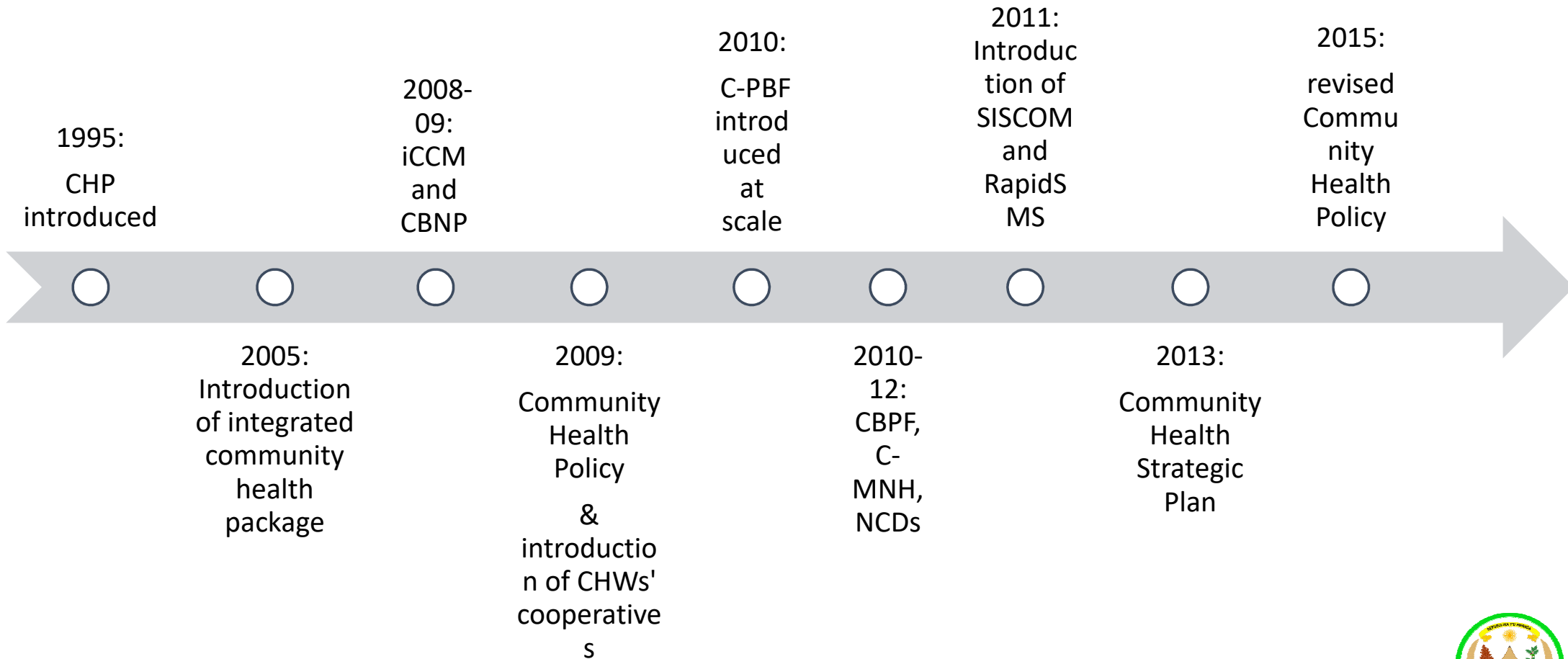
Community Program Organization and Hierarchy

Figure 2: Rwanda's CHP — Organization and Hierarchy
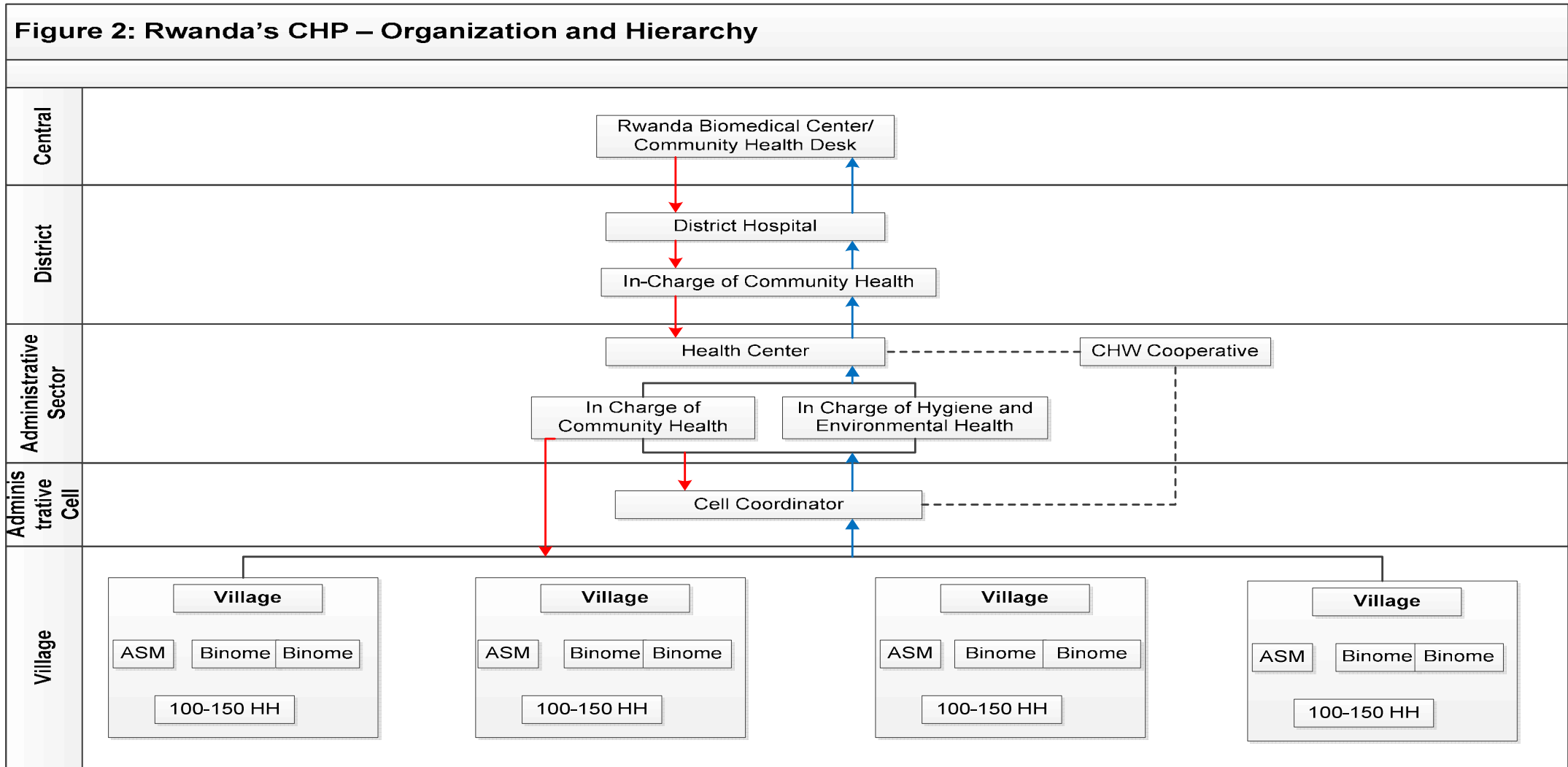
Village level data flow

CHW 1

CHW 2

CHW 3

10 Forms   3 registers

Community HMIS: Data flow chart

Community Health Information System Data Flow Chart
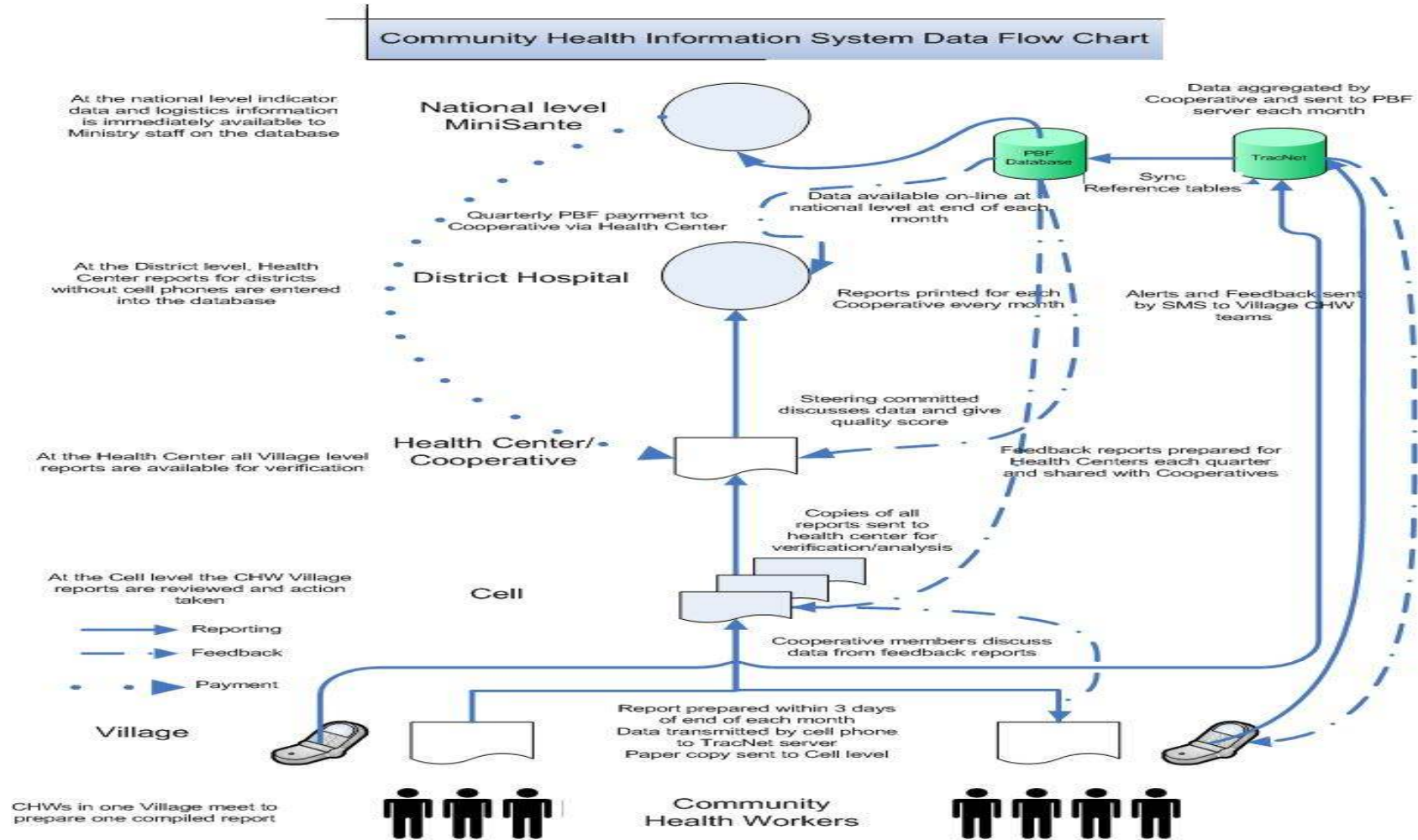
New Indicators introduced in the Community PBF Payment System

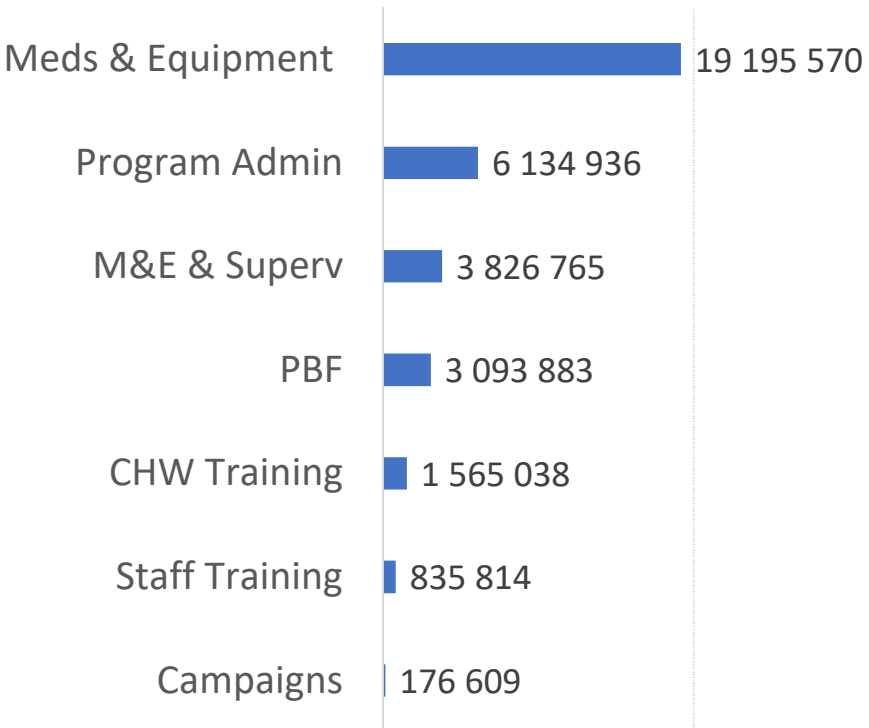| Qualitative Indicators	Quantitative Indicators
Proportion of binomes who submitted reports in Rapid SM	Number of women accompanied/referred to HC for assisted deliveries (SIScom)
Proportion of children followed by CHWs after treatment	Number of new women users referred by CHWs for modern family planning method (SIScom)
Proportion of pregnant women reported in Rapid SMS	Number of new presumptive cases of TB referred by CHW to the HC for diagnosis (eTB quarterly reports)
Proportion of new born visited by CHWs	Number of TB cases followed at home by CHW for Community DOTS (eTB quarterly reports)
Proportion of <5 children MUAC to determine nutrition status	

Total unit cost of CHP by service package (USD) for the year 2014-2015

#	Program Components	CBNP	CBP	MNHC	HIV	TB	Malaria	ICCM Pneumonia	Diarrhea	Total
1	Program Admin	1,233,470	674,112	1,688,934	965,349	116,694	580,969	428,994	446,414	6,134,936
2	Staff Training	757,841	12,934	35,527	13,007	1,132	6,132	4,528	4,712	835,814
3	CHW Training	279,651	228,079	387,621	270,833	23,570	149,706	110,544	115,033	1,565,038
4	PBF	525,316	414,080	557,600	856,714	74,557	265,524	196,066	204,027	3,093,883
5	Med Supplies & Equipment	4,718,656	5,129,742	3,619,016	-	248,027	2,426,712	1,440,057	1,613,358	19,195,570
6	Sensitization campaigns	27,189	21,432	45,337	44,341	3,859	13,743	10,148	10,560	176,609
7	Monitoring & Supervision	1,453,667	174,301	1,448,158	411,867	35,473	120,991	89,341	92,969	3,826,765
8	Total cost	8,995,790	6,654,680	7,782,193	2,562,112	503,312	3,563,777	2,279,679	2,487,073	34,828,616
9	Total unit cost per service ($)	7.98	36.2	9.7	3		86.9		38.5	
10	Direct Unit Cost	5.1	23.1	6.2	1.9	55.5	9.4	11.3	24.6	
11	Indirect Unit Cost	2.8	13	3.5	1.1	31.2	5.3	6.4	13.9	

Cost by Program components

Component	Cost
Meds & Equipment	19 195 570
Program Admin	6 134 936
M&E & Superv	3 826 765
PBF	3 093 883
CHW Training	1 565 038
Staff Training	835 814
Campaigns	176 609

Cost of CHP by CHWs package

Package	Cost
CBNP	8 995 790
ICCM	8 330 528
C-MNH	7 782 193
CBP	6 654 680
HIV	2 562 112
TB	503 312
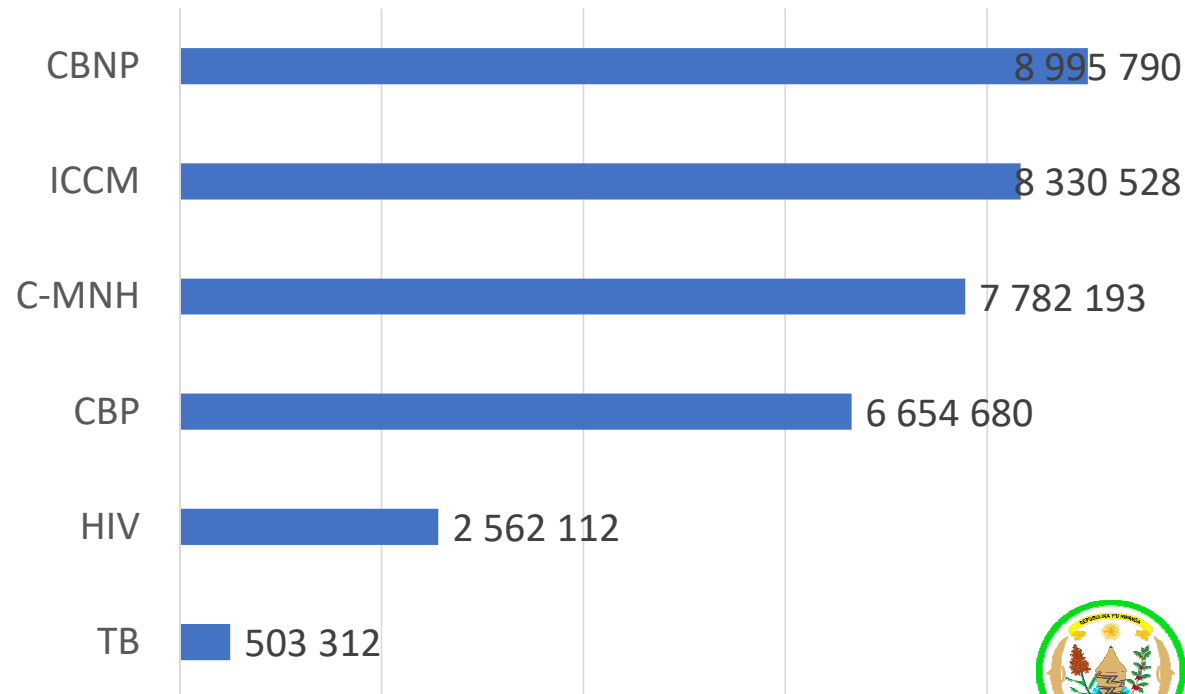
CHP costing note

- 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.