



RWANDA HBCP PROGRAM- A HEALTH SECTOR AND CRVS COLLABORATION FOR NOTIFICATION, REPORTING AND REGISTRATION OF VITAL EVENTS (DEATH)

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Presented by:

Godfrey Ngoboka

HBCP PROGRAM MANAGER, Rwanda

Bloomberg Data for Health Initiative

gngoboka@dataforhealth.org

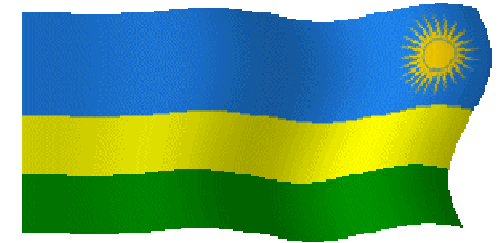
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Done at Johannesburg, March 2017





I. Introduction



1.1 Home Based Care Practitioners Program

Objectives



- Reduce unnecessary pain and suffering for those with chronic or terminal conditions
- Provide counselling and support to the patients and their families
- Education on NCDs prevention



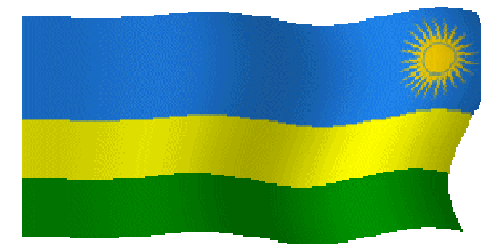
Reporting deaths from the community into the CRVS system and following up on the cause of deaths

Advantages of a Community Health approach

- Reduce hospitalizations
- Improve quality of life among patients with life-limiting illnesses
- Improve the quality of life, mental and physical health status of surviving family members
- Reduce financial burdens and increase HH productivity
- Improve the quality of mortality statistics
- Able to know underlying cause of deaths in the community
- Update population register
- Improve public health policy and planning



2.SCOPE OF HBCP WORK



COMPONENTS

ACTIVITIES

1.PALLIATIVE CARE

- Providing holistic palliative care
- Providing basic nursing care among patients with end of life conditions
- Providing bereavement counseling

2.NCDS EDUCATION&CARE

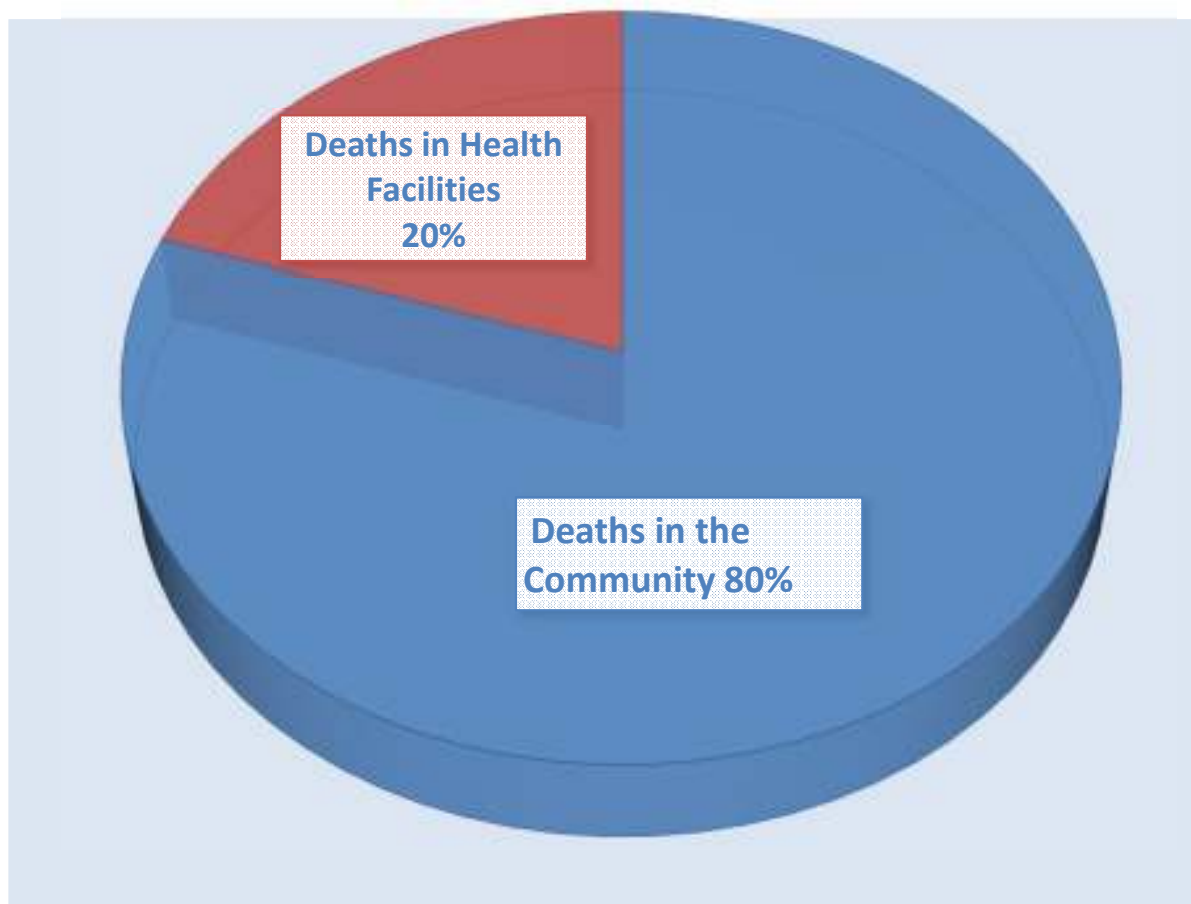
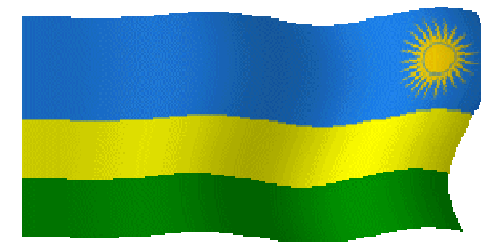
- Screening of non communicable diseases
- Awareness on prevention of NCDs
- Outreach campaigns
- Providing adherence support among patients with NCDs
- Linking patients with NCDs to health facility

3.VERBAL AUTOPSY

- Conduct VA
- Notification of deaths in CRVS System
- Data reporting
- Awareness on civil registration on vital events

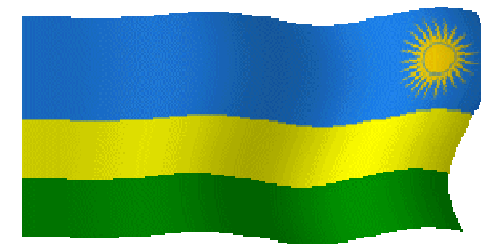


3.HBCPs and CRVS/VA INTERVENTION



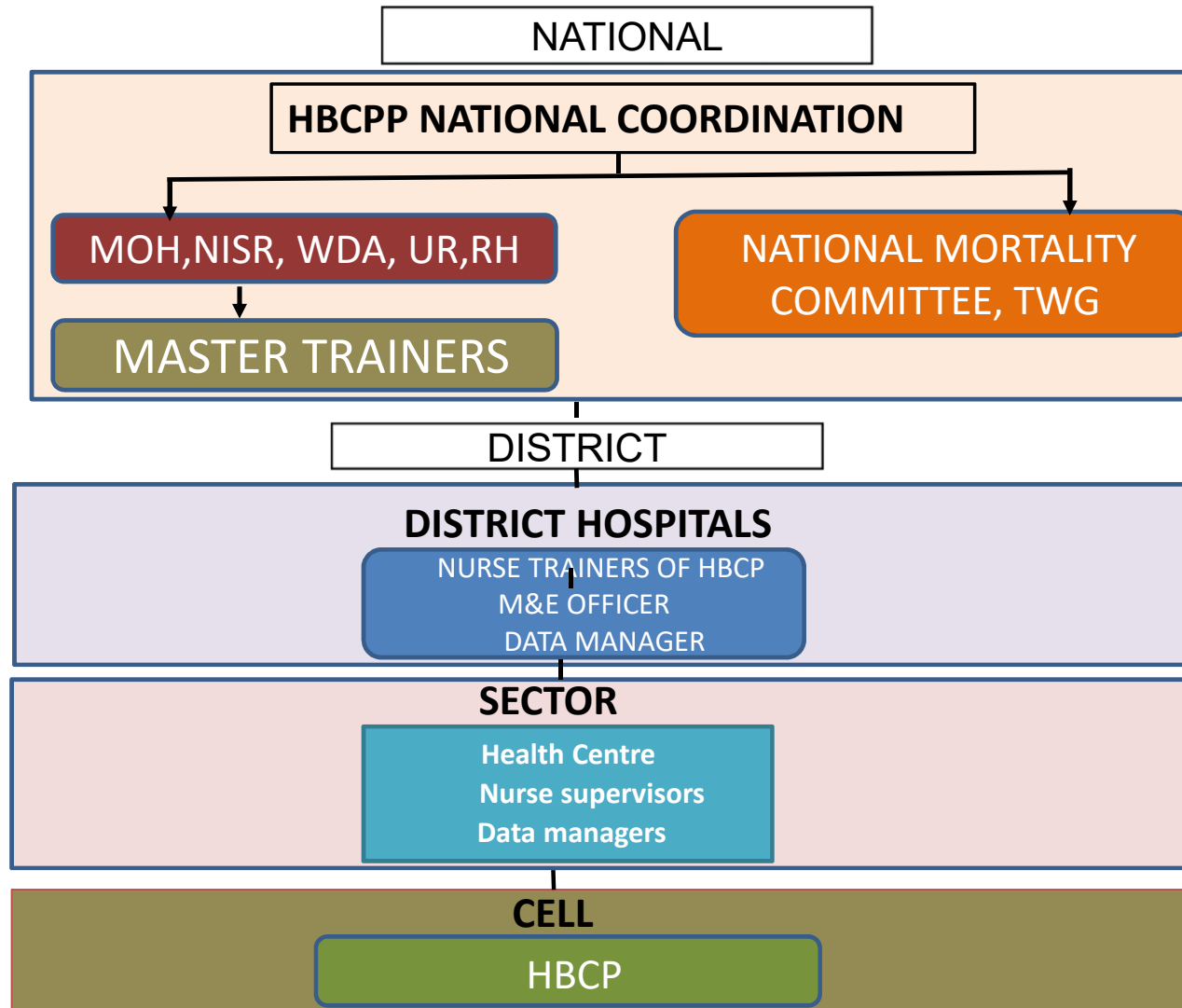


3.THE IMPORTANCE OF HBCPP



- Improves Notification & registration of Vital events (Notably Deaths)
- Provides accurate and timely community deaths data using VA
- VA provides most probable COD
- Reduces hospitalization of palliative care patients
- Reduces trend of NCDs through Outreach and community education
- Improves the quality of life for those suffering chronic conditions

5. IMPLEMENTATION AND CURRENT PRELIMINARY OUTCOME



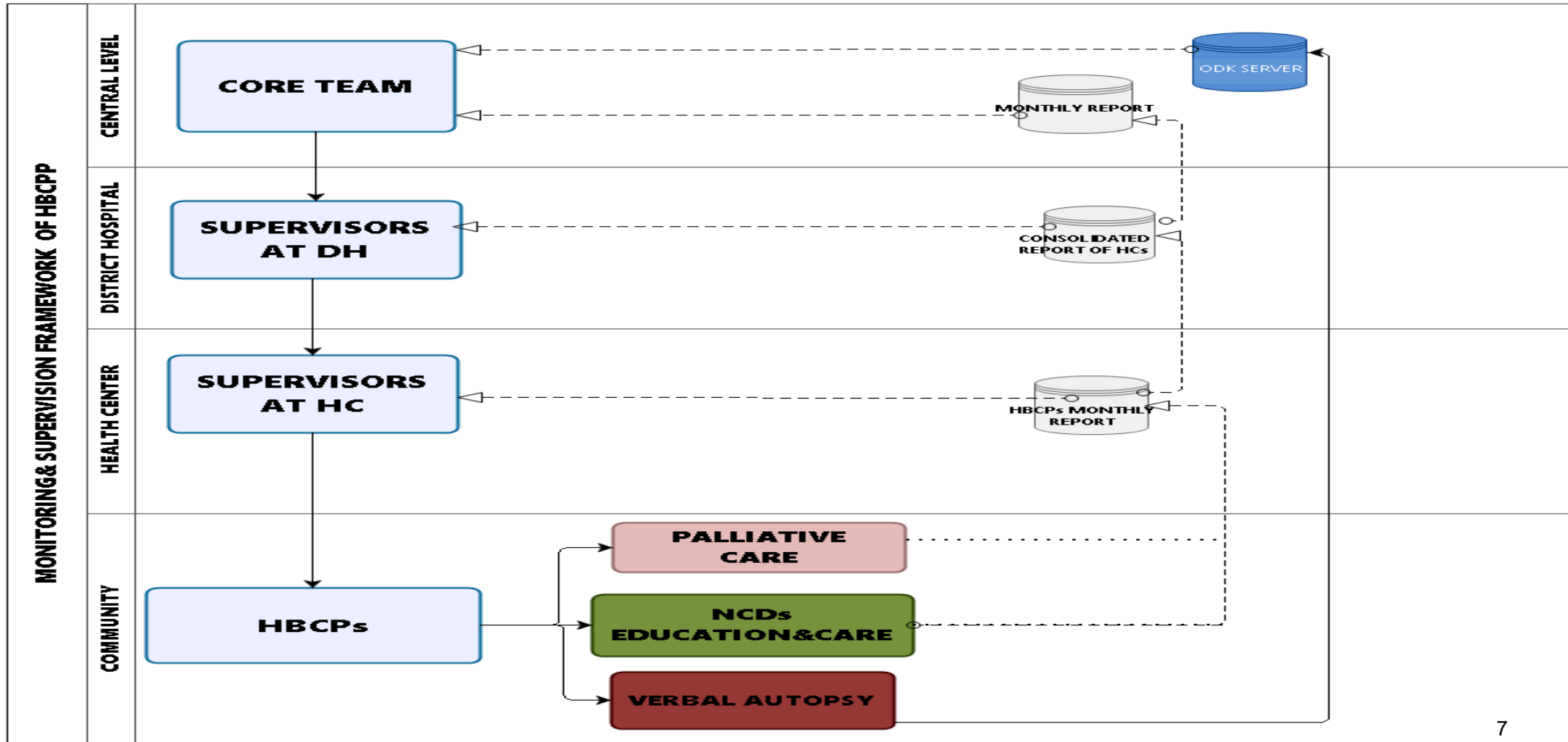
- Oversight of the HBCP program
- Train Hospital nurses
- Reporting and dissemination of information from HBCP program

- Train HBCPs
- Oversight of HBCP program in the district
- Supervises Health centres
- Coordination meetings
- Consolidates monthly reports of HBCPs

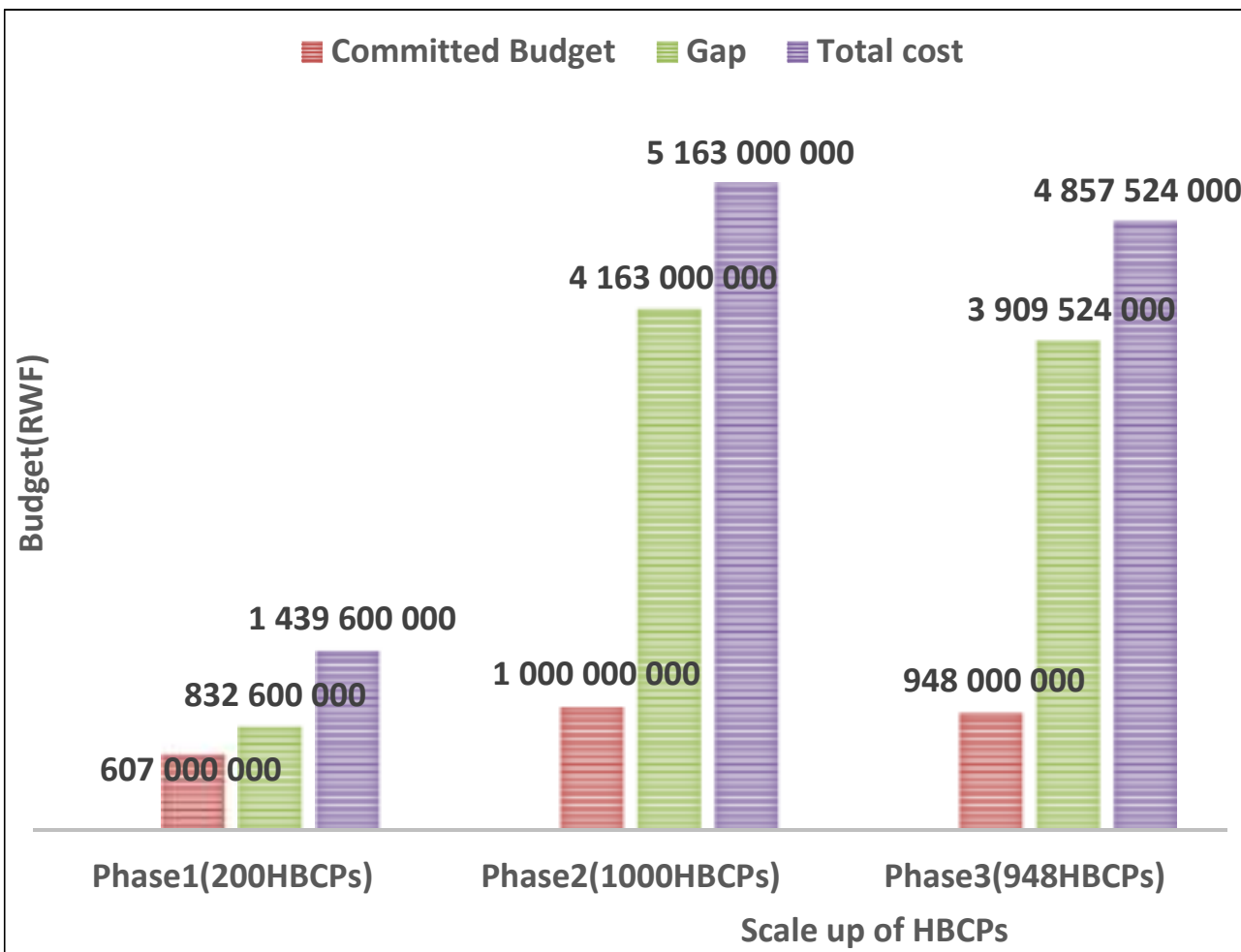
- Supervise and mentor HBCPs
- Problem solves with HBCP at monthly meeting
- Aggregates monthly reports from HBCPs

- Chronic disease management and palliative care in the community
- Collects VA
- Notification of deaths
- Compiles monthly reports

6.SUPERVISION FRAMEWORK OF HBCPP



7.HBCP PROGRAM APPROACH TO SCALE&SUSTAINABILITY



- CHALLENGES**
- Scale up resource constraints
 - National integration and proper coordination of HBCP Program
 - Limited Coordination mechanisms of CRVS stakeholders

- SUSTAINABILITY APPROACH OF HBCP Program**
- Contribution of Health insurances on the program
 - Mobilization of funds for scale up of HBCP program
 - Contribution of beneficiaries on services
 - Strong coordination of donor resources
 - Integrating HBCP program in the health system
 - Forming HBCPs into cooperative

8.CONCLUSION

- Coherent integration plans for HBCP program into existing health systems
- Strong mobilization of donor funds for scaling up of HBCP program as a short term remedy
- Assessment of implementation of HBCP program to inform the scale up of the following phases
- Strengthen supervision framework of HBCP program at all levels
- Enhance coordination mechanisms

MURAKOZE

A large blue circle containing a pixelated illustration of two hands shaking. The hands are rendered in shades of orange and brown, with a white outline for the fingers. The background of the circle is a light blue with a subtle grid pattern.