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

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### I. Introduction

#### 1.1 Home Based Care Practitioners Program

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<tr>
<th>Objectives</th>
<th>Advantages of a Community Health approach</th>
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<td>• Reduce unnecessary pain and suffering for those with chronic or terminal conditions</td>
<td>• Reduce hospitalizations</td>
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<td>• Provide counselling and support to the patients and their families</td>
<td>• Improve quality of life among patients with life-limiting illnesses</td>
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<td>• Education on NCDs prevention</td>
<td>• Improve the quality of life, mental and physical health status of surviving family members</td>
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<td>Reporting deaths from the community into the CRVS system and following up on the cause of deaths</td>
<td>• Reduce financial burdens and increase HH productivity</td>
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<td>• Improve the quality of mortality statistics</td>
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<td>• Able to know underlying cause of deaths in the community</td>
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<td>• Update population register</td>
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<td>• Improve public health policy and planning</td>
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2. SCOPE OF HBCP WORK

COMPONENTS

1. PALLIATIVE CARE

ACTIVITIES

• 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

- Deaths in Health Facilities: 20%
- Deaths in the Community: 80%

Birth Registration:

Death Registration:

[Graphs showing birth and death registration data]
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

NATIONAL

HBCPP NATIONAL COORDINATION

MOH, NISR, WDA, UR, RH
MASTER TRAINERS

NATIONAL MORTALITY COMMITTEE, TWG

DISTRICT

DISTRICT HOSPITALS
NURSE TRAINERS OF HBCP
M&E OFFICER
DATA MANAGER

SECTOR
Health Centre
Nurse supervisors
Data managers

CELL
HBCP

- 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