**CONCEPT NOTE ON INTRODUCING NEW INDICATORS**

**INTO COMMUNITY PBF.**

**Introduction**

Based on PBF strategy outcome at the health facility level, and the governing structure that put in place to allows funds to flow from central government to the grass root, and considering also the role of community health workers organized and working in Cooperatives supporting existing government efforts to reach MDGs goals and Rwanda’s vision 2020; the Ministry of Health put in place the community health policy and community PBF program.

Performance-Based Financing is a health systems approach with an orientation on results

defined as quantity and quality of service outputs. This approach entails making health

Activities well done that work for the benefit of CHWs goals.PBF is a flexible approach that continuously to improve through evaluations, which lead to be the best practices.

This chart shows the evolution of performance indicators paid since 2011 until 2013.

**Rapid SMS**

Rapid SMS is an open source information technology platform. Rapid SMS is used to improve community Maternal and Child Health Management. Rapid SMS will allow the Community Health Workers (CHWs) to collect data, on pregnant women, postpartum women and children until the age of 9 months. Data collected will be sent via SMS to a central server hosting the Rapid SMS application. An automated feedback will be sent to the reporter to acknowledge reception of each SMS sent. The Nearest Health Center, after receiving messages sent by the CHWs in its catchment area should call an ambulance whenever an emergency is notified. This system will allow rapid interventions to save pregnant women and children’s lives.

This concept note aims to introduce this Rapid SMS into Community PBF payment of CHWs who are active to submit the reports from Health centers in all districts which have and will receive RapidSMS feedback.

CPBF scheme and designed will allow to motivate the CHWs to improve the performance of indicators by linking pay to performance with Rapid SMS indicators.

**Objective**

Promote active commitment of CHWs to achieve expected outcomes of RapidSMS

**Expected Results**:

We will achieve the following:

* Increased active of CHWs
* RapidSMS will be considers fully operational in all district
* mUbuzima will also improve the health system in manner to health problems and needs of the community

**SUPPLY CHAIN 4CCM AND SUPERVISION OF CELL COORDINATORS**

SC4CCM is a learning project that identifies proven, simple, affordable solutions that can be scaled up to address unique supply chain challenges faced by community health workers (CHWs). In Rwanda, the project partnered with the Ministry of Health (MOH) Community Health Desk to conduct a baseline assessment in 2010 and to develop effective approaches to address the following gaps identified in the resupply process for the over 30,000 CHWs who manage lifesaving medicines and other health products in the country:

The Cell Coordinators will visit all CHWs in their cell at least once per quarter and do a physical count of stock on hand and observe balance on stock cards and record whether the quantities match (or not); this requires physically visiting all CHWs in their homes to count their SOH and observe their stock cards. In order to be scored as meeting this indicator, the CHWs’ stock cards must be accurate for all products.

**Why this indicator?**

Stock card accuracy was selected from the nine indicators tested for a number of reasons:

* Stock card accuracy is the foundation of accurate data for the resupply procedures. If CHWs do not keep their stock cards up to date and report inaccurate stock data then bad/inaccurate data travels up the system and decisions are made at every level based on that inaccurate data, which undermines the whole system. Therefore, this is a very important indicator for supply chain functioning to the community level.
* This indicator is critical to a well-functioning supply chain and was one of the three that showed significant improvement over the same period of time that we saw improvements in supply chain performance and product availability.
* Adding this indicator to the cPBF also brings attention to and signals the importance of the supply chain and supply chain tasks to CHWs and their supervisors.

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| **N°** | **COMMUNITY PBF OLD INDICATORS** | **Definition** |
| 1 | Number of children under 5 years screened for nutritional status | Number of children <5 years screened for nutritional status using MUAC or baby scale during the past month. |
| 2 | Number of women accompanied for delivery at the Health Center by CHWs | Number of women who have been accompanied to deliver in a health center during the past month. |
| 3 | Number of New Family Planning users sent to the Health Center by CHWs | Number of new Family Planning Clients who reached the Health Center during the past month.  New client defined as using any FP method for the first time (modern or cycle beads) |
| 4 | Number of couples accompanied to the Health Center for PMTCT by CHWs | The value of this indicator should be exactly the same as the next indicator since PMTCT is a routine part of ANC visits. It is not clear why it should be collected again. |
| 5 | Number of households referred to the health center for voluntary HIV/AIDS counseling and testing (VCT)by CHWs | All households to which the CHW has provided a Referral –counter-referral form to go to the health center for VCT testing |
| 6 | Number of women accompanied to the Health Center for ANC within first 4 months of pregnancy. | Number of women accompanied to the Health Center for ANC within first 4 months of pregnancy. |
| 7 | Number of suspected cases of TB referred to the health center | Number of suspected cases of TB referred to the Health Center by the CHW during the past month. Comment: add to definition something like ‘A suspect case is somebody who has been coughing for over three weeks.’ |
| 8 | Number of new TB cases followed in the community | All new TB cases who started their treatment in the community during the past month |
|  | **Indicators for DH** |  |
| 1  2  3  4  5 | *Supervision des activites de santé communautaire:*  Rapports des reunions trimestrielles des comites de pilotage des secteurs  Grilles d’evaluations des CPS  Completude BDD  Suivi des activites generatrices des revenues des CASC  Suivi des fonds PBF | Comptes rendus des reunions trimestrielles des comites de pilotage des secteurs  Disponibilite d’analyse des rapports des CPS trimestre precedent le trimestre evalue  Rapport d’analyse presente dans la reunion du comite de pilotage du district  Disponibilite des rapports d’evaluation des CPS par le CPD  Correctement et completement remplie  Completude de la BDD SISCOM  Disponibilite du rapport de suivi des activites genetrices de revenus  Disponibilite des OP de transfert des fonds imprimes et classes  Accuse de reception des copies des OP par le CS |
|  | **Indicators for HC** |  |
| 1  2  3  4  5 | *Encadrement des agents de sante communautaire par le centre de santé:*  Rapport trimestriel de synthèse des supervisions des activités des ASC réalisées au cours du trimestre precedent  Transmission des rapports mensuels des activités des agents santé communautaire  Rapports mensuels d'analyse de données SIScom des ASC  Gestion des médicaments pour les activités de sante communautaire  Comptes rendu des 3 réunions mensuelles du trimestre évalué sur l’analyse des données communautaires avec les AS disponibles  Exécuter l’Ordre de Payement de la Coopérative  Rapport de la réunion trimestrielle du comité de pilotage PBF du Secteur | Calendrier des activités trimestrielles  Transmis au comité de pilotage du secteur  Présentation du rapport lors de la réunion trimestrielle des ASC  Rapport mensuel transmis dans le délai à l’ HD  Rapport d’analyse des données SISCom pour les indicateurs rémunérés  Disponibilité du PV de la réunion mensuelle de coordination avec les ASC dans laquelle l'analyse des données SIS du mois précédent a été présentée et discutée  Fiche de stock des médicaments complètement et correctement remplie  Absence de rupture des médicaments et outils de gestion  Concordance entre stock physique et stock théorique  Copie des comptes rendus disponibles  Pièce justificative de l’opération bancaire  Copie du compte rendu disponible |
|  | **COMMUNITY PBF NEW INDICATORS** |  |
| 1 | % Of CHWs in quantities on the stock card correspond to quantities in stock | Denominator:Number of ASC visited by the ASC cells coordinators during the quarter  Numerator:Number of ASC for whom quantities on the stock card correspond to quantities in stock |
| 3 | Number of CHWs who submitted reports in Rapid sms (reporting rate) | Denominator: Number of CHWs of the catchment area of the health center (ASM only? Or Binome also?)  Numerator: Number of active CHWs who submitted reports in rapid SMS (ASM only? Or Binome also?) |
| 4 | % Supervisions made ​​to CHWs by the cell coordinator | Denominator: Number of CHWs of the catchment area of the cell  Numerator: Number of supervision made by the Cell coordinators |
|  | **Indicators for DH** |  |
| 1 | Number of CHWs who submitted reports in Rapid sms (reporting rate) | Number of CHWs of the catchment area of health center who are active to submit the reports in Rapid sms |
| 2 | Number of CHWs (pairs) who submitted reports in mUbuzima (reporting rate) | Number of CHWs of the catchment area of health center who are active to submit the reports in mUbuzima monthly |
| 3 | % Of CHWs in quantities on the stock card correspond to quantities in stock | Number of health centers with stock out in quantities |
|  | **Indicators for HC** |  |
| 1 | Number of counter verification data made quarterly | Number of reports submitted by CHWs which will be compiled with the data sent to health center during the quarter. Verify the existing data in the monthly report of CHW compiling with the patient |
| 2 | Number of feedback report given to CHWs cooperative | Number of feedback sent to CHWs cooperative and the retro information submitted to Health center |
| 3 | Correction data after feedback | Data corrected should be sent to data manager before the date of data entry.The original paper sent before should keeped with the correct one. |
| 4 | Data validated by the sector steering committee | The data validated by SSC should be the same as SISCOM to reduce discordances. |
| 5 | % Of CHWs in quantities on the stock card correspond to quantities in stock | Number of CHWs with stock out in quantities |
| 6 | Number of CHWs who submitted reports in Rapid sms (reporting rate) | Number of CHWs of the catchment area of the cell who are active to submit the reports in Rapid sms |
| 7 | Number of CHWs (pairs) who submitted reports in mUbuzima (reporting rate) | Number of CHWs of the catchment area of the cell who are active to submit the reports in mUbuzima monthly |
|  | **Indicators for the cell coordinator** |  |
| 1 | % Supervisions made ​​to CHWs by the cell coordinator | Number of CHWs with stock out in quantities |
| 2 | Number of CHWs supervision activities basis monthly | Number of CHWs visits by month |
| 3 | Monitor if drugs are distributed correctly and not expired | Drugs are well kept and registered in the files |
| 4 | Compilation of reports of CHWs activities at the cell level | Reports at the cell level well done |