



Quality Improvement Teams and Incentives for Improving iCCM Supply Chains in Rwanda



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presenting on behalf of

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iCCM 2014

Integrated Community Case Management (iCCM):
Evidence Review Symposium
3-5 March 2014, Accra, Ghana

iCCM in Rwanda

- iCCM initiated in 2009
- 30,000 community-elected, **volunteer** CHWs (binomes) provide iCCM services in 15,000 villages
- CHWs organized into cells of 10-12 CHWs/cell
- Each cell has a CHW designated as cell coordinator, with added coordination responsibilities
- CHWs manage up to six commodities for iCCM
- CHWs organized into cooperatives that receive support from community performance based financing (c-PBF) via income generating activities (IGAs)
- In collaboration with JSI/SC4CCM, CHD is strengthening resupply system of CCM commodities to the community level



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Supply Chain for iCCM

Baseline Results (2010)

- **49%** of CHWs who manage health products had 5 CCM tracer drugs in stock on day of visit
- No standard procedures or formulas for calculating resupply quantities for CHWs
- Information flow **not aligned** with product flow; CHWs report to multiple places, but often not to their resupply point.

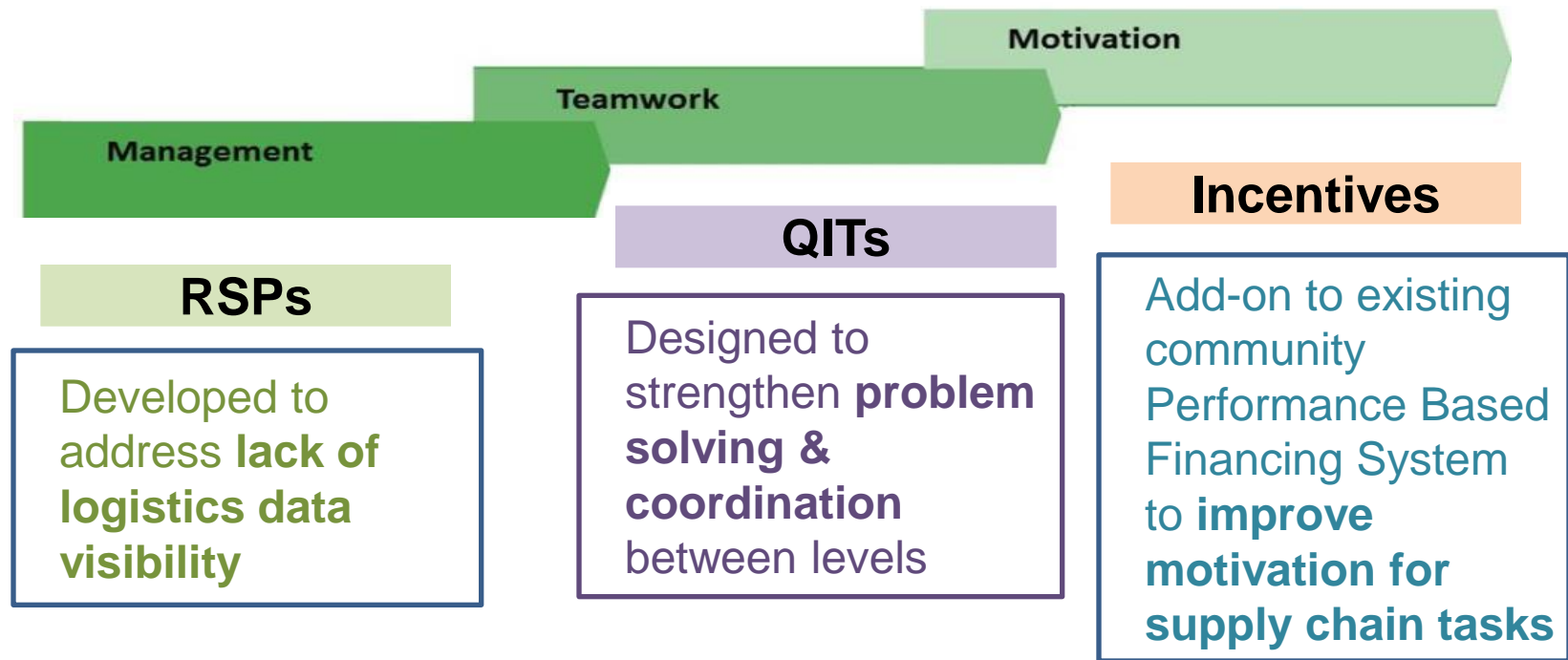


Results pointed to a **lack of CHW logistics data visibility** and **weak coordination** between CHWs, health centers (HCs) and districts as **barriers** to community level availability of medicines

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Standard Resupply Procedures Were Paired with Quality Improvement Teams or Incentives



Each combination: RSPs & QITs and RSPs & Incentives was designed to incorporate all three elements of **management, teamwork, and motivation**

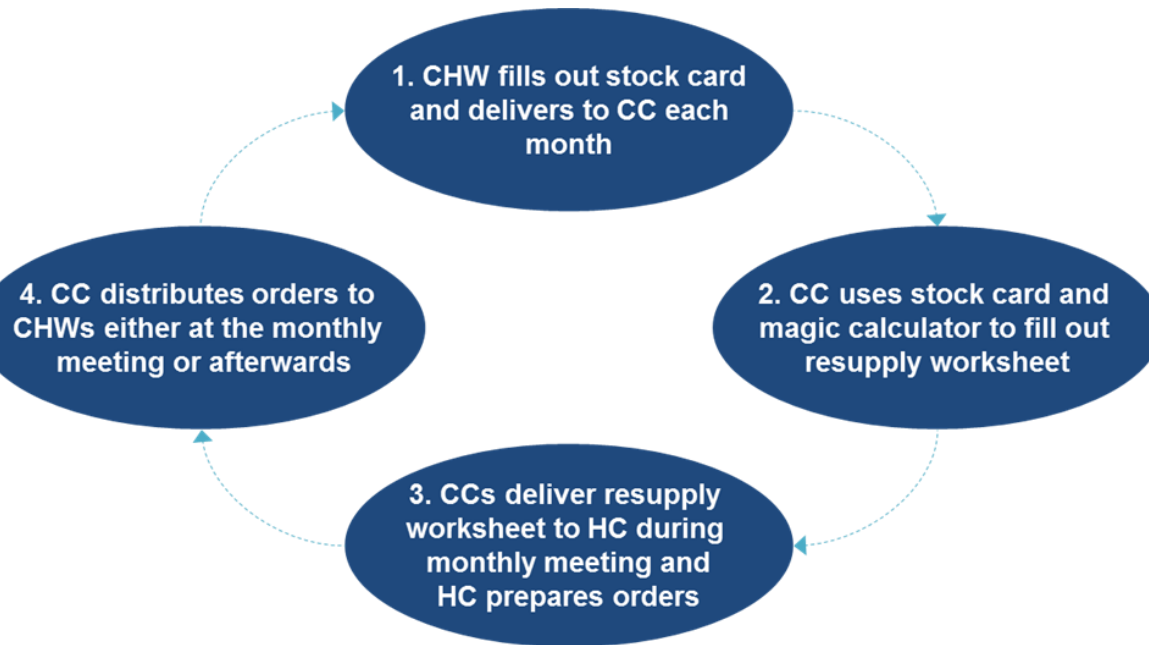
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Resupply Procedures (RSPs) for CHWs

Cell Coordinators are the key players.

Three tools: stock card, resupply worksheet, simple-to-use resupply calculator.



Calculator #1: Primo Rouge and

| Balance → | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----------|----|----|----|----|----|----|----|----|
| ↓ Cons. | | | | | | | | |
| 0 | 4 | 3 | 2 | 1 | 0 | | | |
| 1 | 4 | 3 | 2 | 1 | 0 | | | |
| 2 | 4 | 3 | 2 | 1 | 0 | | | |
| 3 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | |
| 4 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 5 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 |
| 6 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 |
| 7 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 |
| 8 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 |
| 9 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 |
| 10 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 |

Country Context

Utilizing CCs ensured scalability, cost effectiveness, and quality of logistics reporting in a country with such a large number of CHWs

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Quality Improvement Teams (QITs)



Quarterly Learning Sessions: All QITs from one district

- Monthly journal
- Action plan



District COACHING



QIT Monthly Meeting at HC (CCs, CHW Supervisor, Pharmacist, Data Mgr)

- Why-Why analysis
- Decision matrix



QIT prepares/reviews action plan, monthly journal



Each CC prepares tally sheet, bar graph



QIT implements action plan through supervision, monthly HC meeting with CHWs

- Supervision checklist
- Coaching guide



CC collects data from CHWs on common SC problems

- Supervision checklist
- Coaching guide

Quarterly Cycle

Monthly Cycle

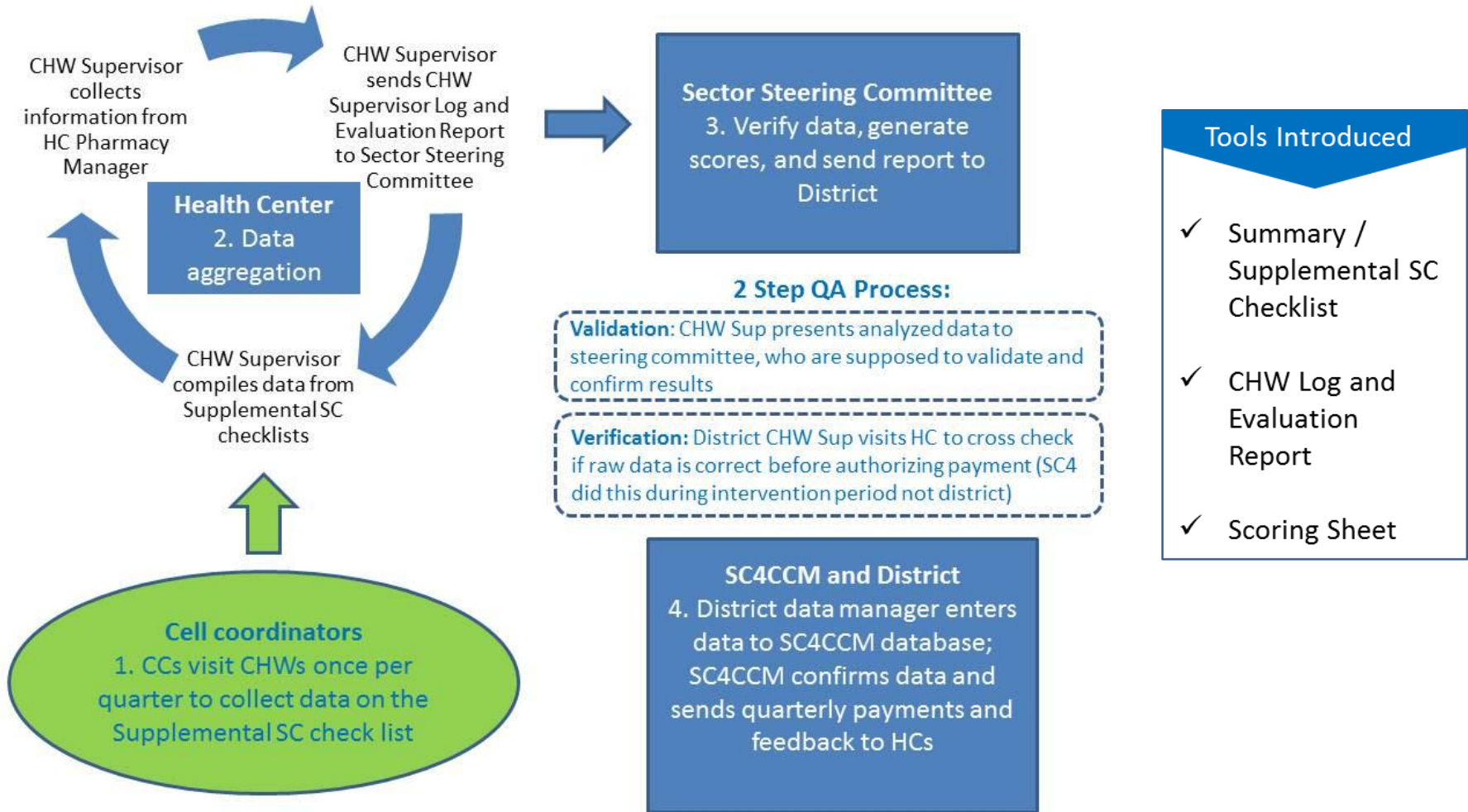
QC Highlights

- In-person team meetings
- Collaborative HC problem solving
- Cross-district knowledge sharing
- Formalized action plans
- Monthly allowances for CCs to provide supervision and for district coaching visits

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Incentives for Community Supply Chain Improvement (IcSCI)



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By establishing team-based approaches at community level, Rwanda saw quantifiable improvements in both groups

RSP Results

- 83%-98% CHWs had stockcards on DOV vs 65%-83% in comparison group
- High competency levels completing resupply worksheets; 83% CCs could enter correct quantities required

QC Results

- 75% of expected members attended QIT meetings
- 100% of HCs documented progress using the Monthly Documentation Journal



IcSCI Results

- All three districts showed significant improvement in three SC indicators across 4 quarters

Product Availability Results

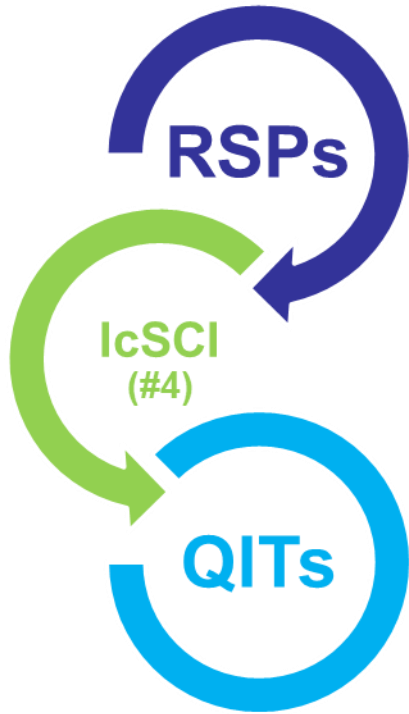
In both intervention groups, more CHWs had all 5 products in stock on day of visit than the comparison group; the QC group had 25% greater Product Availability, the IcSCI group had 7% greater Product Availability

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Scaling Up Effective Practices

Based on midline results the MOH is implementing a community supply chain improvement package in all 30 districts:



- Combining RSP and QIT training into one community supply chain training package, now integrated with CCM training, administered by CCM Master Training Team
- Incorporating one indicator stock card accuracy into cPBF scheme and adding another for QIT meetings
- Providing a separate module training to kick off QIT meetings and establish CC-HC QITs, set norms and demonstrate effective QIT meetings; not including Learning Sessions

Lessons Learned - QITs

FGDs: “...the QIT has built such a good relationship along the entire chain. For me the biggest prize has been to learn how to work on plan and be able to achieve it every month.” (Pharmacy Manager, Ngoma)



Quality Improvement Teams can be effective with CHWs, but **tools and practices need to be tailored to community level context and needs:**

- Revised and simplified tools
- Clear guidelines for holding meetings and proposed agenda

Use of data, structured approach to problem solving and joint goal setting critical in establishing team culture

Organizing quarterly learning sessions with opportunities to share across QITs and across districts are very resource intensive and **may not be sustainable for governments to adopt**

Establishing multi-level teams and processes that increased the contact between CHWs, CCs, and HC staff improved team work and supply chain outcomes

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Lessons Learned - Incentives

The supply chain incentives improved attention to supply chain practices and resulted in **improvements in product availability among CHWs**

3 of the 9 indicators tested showed significant increases across all 3 districts for the 4 quarters tested, indicating that these were more responsive to the incentives



Community supply chain indicators built upon existing, robust cPBF structures already established in Rwanda

Incentives can be effective with CHWs, but workload to collect data, score, and administer payments needs to be considered; this could work in Rwanda due to:

- Existing structures to support all steps in the process
- Existing awareness of cPBF program and CHWs already organized into cooperatives to receive payments

Incentives can be used to improve CHW attention to supply chain tasks but require careful design and considerable administrative oversight

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Questions?

Thank you, merci, murakoze!

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