Webinar 1: Community Health Information Systems: Success Stories from Rwanda and Mozambique

December 15, 2017, 8:00 – 9:30AM EST

ANSWERS TO QUESTIONS FROM PARTICIPANTS DURING THE WEBINAR

RWANDA

Presenters:
Jean de Dieu Gatete, Child Health Advisor, MCSP Rwanda
Jovite Sinzahera, Senior Monitoring Evaluation & Research Advisor, MCSP Rwanda

1. **Where can I find out more data on performance base financing?**

   You may find more about PBF in the Rwanda National Community Health Policy available online on the website of the Rwanda Ministry of Health or send a request of information to MCCH Division Manager (felix.sayinzoga@rbc.gov.rw).

2. **What are income generating activities for CHWs?**

   Income generating activities for CHWs cooperatives are very diverse depending on the location and socio-economic characteristics of surrounding communities. In general, most of the cooperatives have activities in the area of farming with food and animal husbandry but there are also other activities in areas of food processing, retail, handcraft and property leasing.

   Check the link: www.newtimes.co.rw/section/read/220495

3. **Are all these done by CHWs with their limited education level?**

   Yes! All CHWs have at least primary level education. With good training and coordination, they have carried out their tasks with surprising level of performance. Technically, CHWs are supported by Health Center staff and administratively they are supported by Sector and cell level Executive secretary

4. **Who has access to this data? Are actors outside of the project able to utilize the data?**

   The data is accessible to everyone upon request to the Ministry of Health.

5. **How are referrals followed through to ensure that residents of a house actually attend a health facility?**

   There is an established referral-counterreferral system between CHWs and health facilities. This allows the CHWs to know whether or not their referred patients have gone to the health facility and continue to follow-up. For pregnant women and women in labor, CHW is requested to escort the patient from house to the receiving health facility.

6. **With all this work, how can we pay the CHW? Women start early morning going out in household visits, leave their farm work and sacrifice their other income generating activities for CHW. Voluntarism is not sustainable.**

   Compensation for CHWs goes on along with the big picture of sustainable health financing. The PBF through CHWs cooperatives is part of the solution to this problem. However, there is ongoing discussion between the Ministry of Health, Ministry of Labor and Ministry of Finance to find a way of having a fixed compensation for CHWs.

7. **Are there any requirements that the information gathered at central level is shared with the local health center? If yes, how is that carried out? If no, please explain.**

   Local health centers have access to the data pertaining to their catchment area at all times for their own analysis and use. However, there are quarterly coordination meetings and technical working groups that share more comprehensive analysis of health information from those databases.

8. **How are the costs of SMS managed by CHWs? Is there private sector corporate civic contribution to eliminate this or some other approach?**

   The cost of SMS is covered by the Rwanda Government.

9. **How does the program ensure that the incentives for new FP users choosing long term/permanent methods does not result in (purposeful or unintentional) coercion by the CHW?**

   The payment is based on the referral not FP uptake. In addition, CHWs have been trained on FP compliance guidelines and policy.

10. **How do you deal with mobile phone repairs, lost phones?**

    Each health center has a staff in charge coordinating CHWs and he/she is the first back-stop for all the problems CHWs may have. Most of these issues are managed locally at their CHWs cooperative.

11. **Has the program experienced a lag time in the completeness of databases related to the transition from paper to electronic in the data flow process?**

After testing of the electronic system MoH supported all District hospitals to train HFs data managers and CHWs on the use of the new system. No lag time observed.

12. **Can you expand more on "Disparities in CHW activities as per instructions for rapid SMS?"**

    CHWs responsible for Child Health (binomes) and CHWs in charge of maternal health (ASM) report different information through Rapid SMS. As such the trainings are focused on the package of each type of CHW.

13. **What are the future technology plans for Rwanda – are there plans to use additional technology in the future to support the operational aspect further like decision support/assessments/visit tracking?**

    The general approach for the ministry has been integration, learning from the past and avoiding duplication and parallel systems of data collection. Every new idea is welcome but must be incorporated into the current DHIS-2.

MOZAMBIQUE

Presenter:
Alexandre Boon, Maternal and Child Health Specialist, UNICEF Mozambique

1. **Whether this system replaced the existing register of CHW through digitization?**

   The system hasn't yet replaced the overall paper-based system – it will be piloted in a few districts in 2018 to inform the feasibility and criteria to use to be able to move towards total substitution. This will be done in partnership between MOH, UNICEF and Malaria Consortium in Inhambane Province.

2. **So it means the supervisor of CHW is going monthly in each village with each CHW. But at which frequency, can he properly do his job in the health center?**

   The CHW supervisor, who is a nurse based at the Health Unit (HU)level has a responsibility of continuous monitoring and capacity building of his CHWs. As such he has three major approaches and opportunities:
   1. Through the monthly encounters at the HU when the CHW bring their data and collect their drug kit. It is now suggested that these encounters would be facilitated by the team of the HU to allow broader capacitating.
   2. Through the (suggested quarterly) field visit to the CHW within his community where the different components of the CHW work, practice, approach and work organization can be assessed and suggestion for improvement made as well as interaction with the community stimulated and assessed

3. Using the new upSCALE platform, ease for planning/organizing/monitoring and documenting his supervisor role/approach as well as stimulate proper response e.g to ROS of medication as well as distance monitoring of CHW work

3. **MDG project rolled ComCare in Mali from 2006 to 2014 a pilot experience in 02 health zones the result woa good but MoH complaints about security of confidential data how does Mozambique solve this such of problem?**

   At present, all data are stored in the clouds under the agreement with the software developer (DIMAGI in this case) which is under contract with the NGO that has ensured the current implementation (Malaria Consortium) – date available in the cloud doesn't allow currently to identify the name of people being registered in the phone – The CHW is the only person who can identify people per name as they do with their manual database – potential migration of data from the software developer to the MOH will be assessed in 2018.

4. **There seems to be a lot of different databases and platforms utilized within one country with overlap in data, resulting in suboptimal use of resources as well as discontinue of certain database system once project funding dries out. Are there efforts to coordinate these efforts by the recipient country and to take ownership of them for sustainability?**

   At present, there is only on APP that is being developed, used and has been approved for CHW use. UNICEF has managed over the past two years to avoid development of other minor APP for CHW use. Unfortunately and due to many vertical programs, several other community actors most of the time working under NGOs or other partners have been equipped and are using very limited APP such as for FP, or other vertical programs.
   The intention is to keep on rationalizing this. UNICEF will call upon different stakeholders for developing an MOH mHealth framework in 2018.

5. **Did the MOH work with the NGO? If yes, how did they deal with them for the community activities?**

   As a matter of fact, the upSCALE initiative is really a nice partnership that involves directly the MOH, Malaria consortium (MC) as NGO, DIMAGI as software developer, MOVITEL as cellphone operator being managed by MC, UNICEF as overall technical support/fund raising/sustainability building and DFID/USAID as donors. The ones directly implementing the activities are principally MOH and their CHWs.