Health Development Fund

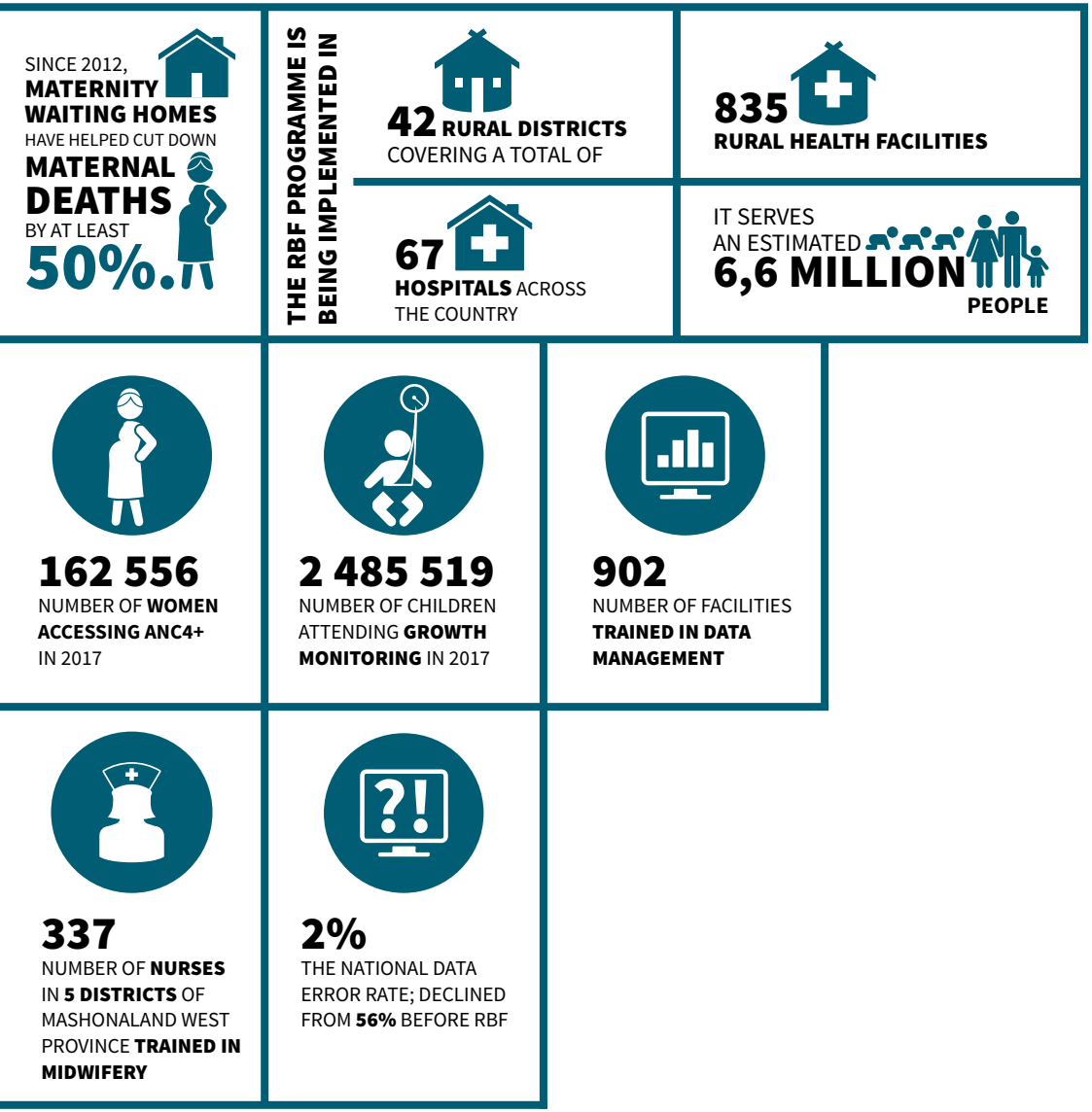
Supporting the National Health Strategy to improve access to quality health care in Zimbabwe

CROWN AGENTS
ACCELERATING SELF-SUFFICIENCY & PROSPERITY

RESULTS-BASED FINANCING

Strengthening the Health Delivery System in Zimbabwe

June 2018



FOREWORD /

The Ministry of Health and Child Care (MOHCC) runs under the mission statement: "to provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to Zimbabweans while maximizing the use of available resources, in line with the primary health care approach". We believe that this is a mission that is critical to a Zimbabwe where every citizen enjoys their inalienable right to health. If this right is denied, the right to life itself, seen by many as the most important right, is denied. This centrality of the right to health makes our mission a critical one. But that does not make it an easy one; there is infrastructure to be expanded and developed, health staff to be trained and deployed, medicines that need to be supplied as well as communities to be mobilized for health services provision and access. To achieve this, we need partners. This is why we are grateful for the support we receive through Crown Agents under the RBF programme.

Through RBF, a number of health facilities in several districts have managed to refurbish their infrastructure e.g. repairing and painting their premises and building of maternity Waiting homes, and procurement of medicines and sundries amongst other things. This is not to mention that support that is going to paying allowances to health staff in order to keep their morale high and improve their attitudes and quality of service. Since 2012, in these districts we have seen maternal deaths being cut down by at least 50 percent because of the intervention of building the maternity waiting homes alone.

These developments are not only in line with the government's Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET) blueprint but are a great stride to our commitment, among other nations, to fulfil the Sustainable Development Goals (SDGs). We continue to cherish and nurture partnerships that help us reach these goals. Here, in this publication, you will have an opportunity to hear the real life stories of the impact of our partners' interventions on people and their communities. As a ministry we are proud to be helping create these stories of impact.

Major General (Dr) G. Gwinji
Secretary for Health and Child Care

WHAT'S IN THIS ISSUE?

NEWS

PUBLIC-PRIVATE PARTNERSHIP BEARS INNOVATION /

CROWN AGENTS AND THE MINISTRY OF HEALTH AND CHILD CARE DEVELOPS APPS TO IMPROVE HEALTH SERVICES DELIVERY

The Results-Based Financing (RBF) for Health program has demonstrated the immense potential that Public-Private Partnerships have in strengthening the country's health delivery system and its resultant maternal and child health care outcomes. One such development is the Crown Agents-Ministry of Health and Child Care (MoHCC) partnership whose successes, among others, is using technology to improve health programmes implementation, as demonstrated by the development and recent launch of the Mobile Incentive Calculator (m-IC) and Mobile Client Satisfaction Survey (m-CSS) Applications (Apps).

Dr. Robert Mudyiradima
Principal Director for Policy, Planning and Monitoring and Evaluation

Speaking at the launch and handover of the applications to the MoHCC, Crown Agents Director, Ms. Muchaneta Mwonzora said the applications were 'a locally produced solution to challenges witnessed in the process of implementing the RBF program,' adding that the initiative was 'a result of a public-private partnership between Crown Agents and the Ministry of Health.'

The two android-based and user-friendly mobile apps were innovated through the Crown Agents-MoHCC partnership in order to offer convenience in service provision at the health facility level - the calculation of staff incentives for health personnel in the case of the m-IC and the collection of patients' feedback for m-CSS. These innovations came after the two actors noticed inordinate delays in the calculation and payment of RBF subsidies to health facilities and its resulting staff incentives as well as the lack of timely client feedback on whether health facilities' services are meeting the needs of their clients.

Dr. Robert Mudyiradima, the Principal Director for Policy, Planning and Monitoring and Evaluation in the MoHCC who initiated and supported the designing and roll out of the apps was proud of the novelty of the idea of adopting technology and its potential to transform and strengthen the implementation of RBF in Zimbabwe. 'The development of these applications witnessed the technical involvement and guidance of various MoHCC departments such as the Health Management Information Systems (HMIS) Department; the Quality Department; the Nursing Directorate; the Finance Department as well as the Information Communication Technology (ICT) Department. The support received through adoption of the applications across the country reflects the importance of these apps. Thanks to the Ministry's partnership with Crown Agents, the m-IC app **is now being used by 80% of the primary health facilities in Zimbabwe serving a total of 6.6 million people.** The results of the mobile app innovation have been immediate and significant.

"Before the introduction of the m-IC app, some health workers were receiving their incentives with delay, because the accountant was overwhelmed with data from clinics around the region. Now the app does the calculations automatically thereby reducing the likelihood of human error. The staff is now able to receive their dues in just two days after the data is submitted. On the other hand, the mobile Client Satisfaction Survey app is helping facilities determine needs of their clients in order to meet these and improve health outcomes. The payment of mobile incentives under the RBF for Health program, and particularly the timely payment as a result of the m-IC is a boon to the country's health sector that has faced many challenges – incentives are keeping staff motivated to work towards achieving key health outcomes, especially regarding maternal and child health,' explained Dr. Mudyiradima.

He went further to say that the 'innovation is embedding technology at the heart of the Results-Based Financing programme which accelerates health outcomes leading to the improving of deficiencies in the system around management, use of staff time, value for money and use of data for decision making.'

Dr. Mudyiradima hailed the partnership between the MoHCC and Crown Agents. 'We value our partners in pursuit of our vision for the highest possible level of health and quality of life for all Zimbabweans,' he said before adding that the 'technology provides opportunities for efficiency and ease of doing business,' reiterating the new dispensation's well-received motto that 'Zimbabwe is open for business.'

The innovations, as Dr. Mudyiradima said during the launch of the apps, will help sustain the RBF program. 'Let me thank the Crown Agents for their enormous contribution in the implementation of the RBF program in the 42 districts and the institutionalisation of the program in the Ministry. The tools you handover today will go a long way in supporting the Ministry to institutionalise RBF and to eventually take over the program in all the districts.'

Following the launch, the apps are in the process of being rolled out to all districts across the country.

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FROM THE EDITOR /

Health services consumers are often unaware that the services they enjoy through health facilities are a product of many functions of the so-called 'health delivery system.' All they know is the consumer-end infrastructure, personnel and supplies – give them a clinic building, some medicines as well as a health worker and they are happy. Do they know that there is a system consisting of processes and procedures deliberately designed to deliver such services. Probably not!

However, no one should fault communities for not understanding the complexities of this system; there are just too many moving parts to this machinery. Not many would care to explain how this system works and why it is important. As Crown Agents, through our RBF Programme, we realise that communities are not just helpless patients seeking medical attention. They are active citizens who can help build and support such systems. That is why community participation is more than just a buzz word in the RBF Programme, it is a culture.

To such an extent that communities are key stakeholders in the strengthening of health delivery systems, we submit this edition of our bi-annual publication with a format and language that makes it accessible to them as it is to all other stakeholders. Our common message throughout the publication is simple yet important: investing in health for better outcomes requires models that recognise the importance of investing in the system as a whole.

Dear reader, our health system has suffered under the economic hardships the country has experienced. As a result, many functions of the health system were compromised, the reason why sometimes clients would walk into a facility and leave disappointed; without accessing the help they needed. The RBF Programme is intervening to strengthen the system and ensure that the system can deliver again. Over the past year, and indeed many more years that Crown Agents and its partners have been implementing the RBF Programme, there are noticeable changes in the system - changes worth celebrating. Such changes show that RBF is building resilience in the health delivery system.

Through RBF, as you shall read in this edition, the quality of data collected, analysed and reported to support health delivery at many levels has improved. For example, the story **RBF Improves Data Management in Health Facilities** shares how the efforts of Crown Agents and HDF partners have improved the quality of data from a data error rate of about 50 percent in 2014 to an average of 2 percent by end of 2017. We have also invested in building the capacity of health facilities and players in the health delivery systems to improve the management of financial resources. Read the story **Money Well-Managed is Lives Saved: RBF Helps Improve Financial Management Practices in Health Facilities** and afterwards, you will be agreeing with us that we need to build the capacity of the system to efficiently manage the limited resources we have; it could be the difference between life and death as it stretches the dollar we have. There are other stories in this edition that give testimony to the contributions of the RBF Programme to the health sector. Whether it is to strengthen the health system itself or improving maternal and newborn health outcomes, at Crown Agents we are proud of being a part of the RBF initiative. Crown Agents would not have achieved this impact on its own. We are grateful to all the HDF donors, the Ministry of Health and Child Care and UNICEF for their unwavering support to the programme.

Until the next edition, stay healthy!

Marie-Jeanne Offosse
The Editor

RBF

ABOUT THE PUBLICATION /

Millions in public funds are being mobilised and channelled to development aid every year. The pursuit for results and the need to demonstrate that, indeed, project interventions are achieving results has given birth to results frameworks and tools of a diverse nature. Understandably so, development organizations are obligated to illustrate that resources are being put to good use. However, this has made development work too technical and scientific to an ordinary person who may want to track progress of development interventions. Reports based on log frames may not tell the full story; the human face of the impact created by the work is sometimes lost and people become data and statistics. Someone has to tell the story and tell it differently. This is why this publication was conceived.

This is the second edition of a periodical publication. The first edition was titled: Results-Based Financing: The Story of Hope and Caring in Zimbabwe. The second edition, Results-Based Financing: Strengthening the Health Delivery System in Zimbabwe, continues from where the first one left in celebrating in a human way, the change attained through the RBF in health programme. Often expressed in technical terms in reports and project documents, the purpose of this series of publications is to simplify and tell the real life stories of how the RBF Programme is creating impact for health facilities and communities alike.

RBF

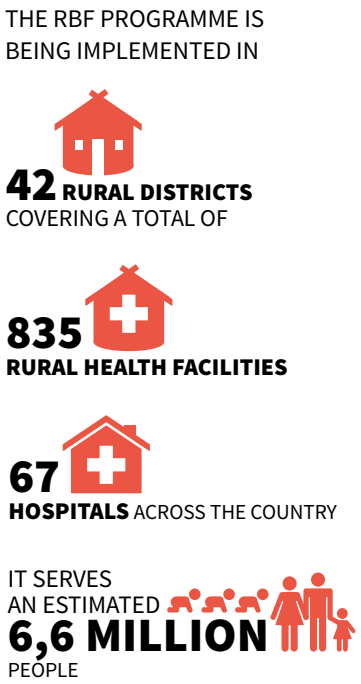
SINCE ITS INTRODUCTION, THE RBF PROGRAMME HAS NOT ONLY HELPED IMPROVE PUBLIC HEALTH DELIVERY INFRASTRUCTURE, IT HAS ALSO RAISED STAFF MORALE AND, AS A RESULT, HELPED SHAPE COMMENDABLE HEALTH OUTCOMES IN LINE WITH THE NATIONAL AS WELL AS GLOBAL FRAMEWORKS FOR HEALTH DEVELOPMENT.

CHAPTER ONE /

Introduction /

Health financing models have evolved over time as players in the sector seek effective ways of strengthening public health delivery systems and ensure equitable access to quality health services for all. The Results-Based Financing (RBF) in health, currently in use in Zimbabwe and other developing countries has shown immense potential to develop the health sector and improve access to health services for marginalised communities. In Zimbabwe, with the support of the Health Development Fund (HDF), Crown Agents has been implementing the RBF programme in partnership with the Ministry of Health and Child Care (MoHCC).

The RBF Programme is being implemented in 42 rural districts covering a total of 835 rural health facilities and 67 hospitals across the country. It serves an estimated 6,6 million people, most of them with no alternative for accessing health services except for the public health system. The nature and extent of the RBF programme makes sense when placed in the broader context of the state of health delivery system in Zimbabwe in light of the economic crisis the country has been trapped in for the past two decades. Although government has made significant strides, since independence, to improve access to quality and affordable health care for the country's citizens, the impact of HIV and AIDS as well as economic stresses on the health delivery system is evident. In response to these stressors, infrastructure for health delivery deteriorated, essential medicines became scarce and staff morale hit an all-time low. Client satisfaction and the confidence in the public health delivery system dipped significantly in response.



Against this background, for Zimbabwe, the RBF programme is more than just a health financing model; rather it became an antidote to a failing health system. Since its introduction, the RBF Programme has not only helped improve public health delivery infrastructure, it has also raised staff morale and, as a result, helped shape commendable health outcomes in line with the national as well as global frameworks for health development. This publication brings to the fore some of these stories of impact that came through the RBF programme implemented by Crown Agents and the MoHCC.

1.1 Understanding RBF Impact: The Background /

The RBF Programme is a key intervention of the HDF hence central to the attainment of the goals of the coordinated funding mechanism, especially meeting the targets for maternal and newborn health targets. However, to understand how this impact is being realised, it is important to understand what RBF is and how it works.

1.1.1 What is the Results-Based in Health Financing Strategy? /

Results-Based Financing in Health is the transfer of resources to health providers on condition that measurable action will/ has been taken to achieve predefined health system performance targets. RBF is increasingly being promoted by leading global actors as a way to efficiently and effectively increase performance in terms of service quality, service utilization as well as improving staff motivation in a way that will ensure Universal Health Coverage (UHC). As a model, RBF in health rewards health facilities based on their performance and achievements.

162 556
NUMBER OF **WOMEN ACCESSING ANC4+** IN 2017

2 485 519
NUMBER OF CHILDREN ATTENDING **GROWTH MONITORING** IN 2017

The results to be achieved and payments to be received are laid down in contractual relationships between the different actors in the health system. Verification of the results is conducted by the purchaser before payment is made. RBF intervenes on both the supply and demand side of services.

Supply side financing is concerned with giving incentives to service providers for the results obtained while the demand side angle finances the incentives to the beneficiaries - that is the community

receiving the services. RBF for health facilities seeks to facilitate the removal of user fees, particularly for mothers and children in order to allow more people to access health services. In the case of the HDF, and for the Crown Agents intervention, performance indicators mostly relate to maternal, new-born and children's health.

In Zimbabwe, RBF in health was piloted in two front-runner districts in July 2011 before it was scaled up to 16 additional districts in March 2012. This initiative was spearheaded by Cordaid with funding from the World Bank and the Government of Zimbabwe. In 2014, the approach was further scaled up to the country's 42 rural districts by Crown Agents, with funding from the Health Transition Fund (later, continued under Health Development Fund). To date the program is being implemented in all the rural districts of Zimbabwe.

The Health Development Fund (HDF) is financially supported by the governments of Canada, Ireland, Norway, Sweden, the United Kingdom, the European Union and GAVI. To date, through the RBF programme, HDF donors have provided over 22 million dollars to health facilities in the country. UNICEF also plays a prominent role in the management of the HDF as well as shaping reforms in the RBF programme. The organization's role includes undertaking advocacy as well as conducting evidence-based dialogue with stakeholders for resource allocation. As the fund manager, UNICEF contracts Crown Agents to implement the RBF Programme taking the responsibility for the monitoring of the programme implementation across the country. In the process of monitoring, UNICEF sometimes coordinates visits by the donors as well as citizens of the countries that support the programme. Recently, UNICEF was instrumental in organising visits by among others, the Swedish Members of Parliament, delegates from the EU as well as the Irish Ambassador and the national Cricket Team.

UNICEF PLAYS A PROMINENT ROLE IN THE MONITORING OF THE RBF PROGRAMME IMPLEMENTATION. HERE, UNICEF COUNTRY REPRESENTATIVE, DR. MOHAMED AG AYOYA TOGETHER WITH THE IRISH AMBASSADOR, HIS EXCELLENCY LIAM MACGABHANN AS WELL AS THE IRISH CRICKET TEAM VISIT RUTOPE CLINIC IN BINDURA DISTRICT, MASHONALAND CENTRAL PROVINCE. THE CLINIC IS ONE OF THE FACILITIES UNDER THE RBF PROGRAMME.

THE RBF IMPACT SYNOPSIS

The RBF Programme has helped improve the health delivery system and, with it, the key maternal and newborn health indicators. Over the years, and especially over the past year, the Crown Agents RBF Programme has achieved the following, among other results, in the districts where the organisation intervenes:

- Improved access and quality of health services for mothers and children. The number of women accessing ANC4+ rose from 32 874 women in 2014 to 162 556 women in 2017 in the 42 districts where Crown Agents works. The number of children attending growth monitoring per year rose from 430 652 to 2 485 519 children over the same period.
- Helped restore confidence in the public health delivery system. Through RBF many facilities have been refurbished or built, medicines supplied and staff morale boosted. The service delivery in these facilities has correspondingly improved and communities are expressing satisfaction on the services they receive.
- Empowered communities to take interest and participate in the delivery of health services at community level. Health Centre Committees have taken the centre stage in deciding on how to use resources prudently to meet the needs of the communities.
- Piloted innovative and effective means of delivering health services as well as quality assurance in the delivery of the same. Through RBF innovations have been piloted and capacity of health staff as well as health facilities improved through such technologies as mobile health (mHealth) and the Mobile Incentive Calculator (mIC) which were developed and introduced by Crown Agents. Due to such innovations and capacity development, operations of health facilities, including a broad array of management functions have improved.

ALL THE **834** FACILITIES UNDER RBF IN THE **42** DISTRICTS OF ZIMBABWE WHERE CROWN AGENTS WORKS HAVE BEEN CAPACITY BUILT TO MANAGE DATA EFFECTIVELY FROM CAPTURING, STORAGE, RETRIEVAL TO ANALYSIS IN ORDER TO IMPROVE REPORTING AS WELL AS THE SUBSEQUENT DECISION MAKING OF HEALTH PRACTITIONERS AND ADMINISTRATORS IN THE SECTOR.

CHAPTER TWO /

RBF STRENGTHENING HEALTH DELIVERY SYSTEMS

Health delivery works within a system. The service that clients access at the point of delivery is a result of many processes and functions within this system. When patients receive a service, they tend to think that having a health worker and medicines is all one needs in a health facility. Little do clients know that behind what they interact with at the point of service, there is a complicated support mechanism to the health delivery system – there is data management that monitors and improves access to quality service, complex infrastructure that supports service delivery as well as a myriad of administrative procedures and systems, among several other components of the health delivery system that clients do not interact with every day. Needless to say, accessing and enjoying quality services at a health facility is only possible when these various components are designed and supported to deliver such services effectively.

The RBF Programme is alive to the dynamism of the health delivery system. To this end, Crown Agents and its partners have invested a significant amount of resources, including capacity strengthening, in these various components of the health delivery system. The successes of these investments are evident in both the state of the health delivery system in the districts where RBF is being implemented as much as they are in the key maternal and newborn health indicators that inform the goal of the RBF Programme, as supported by the Health Development Fund. Since investments in the system itself are less visible to the eyes of the public, they are often not discussed or understood. Hence stakeholders tend to rush to complain that resources have gone missing if they do not see them going into staff salaries, medicines or any other components of the health system that are at the point of accessing services. Government and its partners in health financing have an obligation to communicate to all stakeholders about the complexities of financing the health sector. If this is done clearly, it can even enhance the participation of more stakeholders, including communities in public health issues. In this edition we celebrate the investments made by the RBF Programme in the processes behind the scenes and we bring this out to the public eye through some visible changes that clients may see but without understanding the story behind them.

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NUMBER OF FACILITIES TRAINED IN DATA MANAGEMENT

2%
THE NATIONAL DATA ERROR RATE; DECLINED FROM 56% BEFORE RBF

DID YOU KNOW?

In March 2018, the World Health Organisation issued an alert for a potential global pandemic. A team of medical scientists who convene annually to discuss what new diseases pose the greatest potential of turning into a global pandemic have concluded that they do not have any knowledge on what it could be. However, they are convinced that conditions are ripe in many respects for a new pathogen to emerge and cause havoc for global health systems. They have termed this 'Disease X'. If any new disease emerges as have HIV, SARS and Ebola in recent decades, the developing world is likely to bear the brunt of the new pandemic – they have weak health systems hence limited capacity to contain or respond to new pandemics should they emerge. The RBF's intervention in strengthening health systems is therefore an important contribution in addressing the public health systems' capacity to respond, not only to known public health issues of the day but also those of the future – pandemics now confirmed by science as inevitable.

2.1 RBF Improves Data Management in Health Facilities /

Data management is an administrative process that includes capturing, storing, protecting, and analysing data pulled from different sources (registers) to ensure ease of accessibility of the data for its users. It is the backbone of RBF and hence the importance of proper data management.

Whether it's an individual patient's case or a public health issue affecting a wider community, decision makers and health service providers alike rely on access to good data to improve both the access to and quality of health services they provide. Based on this data, health facilities staff can measure the quality of health services they provide and make necessary adjustments if there is a need to. Medical practitioners can also use holistic patient data to personalise treatment for patients hence improving the general well-being of the patient. At the broader national health systems level, several benefits accrue from good practices of data management. Good data management practices can help health systems to predict and prevent public health catastrophes as well as model public health programmes and policies that respond to certain diseases and conditions deemed prevalent in the communities served. In essence, good data management strengthens the health delivery systems and increases individual patients' treatment outcomes.

BENEFITS OF GOOD DATA MANAGEMENT PRACTICES

There are several benefits that come with effective data management practices:

- Help measure health care quality and making improvements were there are gaps.
- Readily available holistic patient data is helpful in personalising treatment for patients hence improve the general well-being of individual patients.
- Improvement in the day to day running of the facility allowing management to plan ahead.
- Improve population health outcomes by tracking current health trends and predicting future ones.
- Awareness campaigns are being planned according to conditions reported to be in need.
- Disease prevention plans are made and executed according to area of need.

Despite these clear benefits of effective data management practices, the principles and practices of data management seemed to be lost on health facilities before RBF. Lack of capacity, competing priorities in the face of resource scarcity as well as demoralisation of staff, among other factors, saw data management practices in many health facilities deteriorating over the years.

The introduction of the RBF programme has however, already, started turning around the situation for health facilities and the national health system at large. Of the total budget allocated to RBF Programmes, Crown Agents spent a significant percent of this amount on building the capacity of health facilities to deliver services. With effective data management strategies playing such a key role in improving health systems and outcomes, Crown Agents invested a substantial amount of time, skills and other resources in capacity development for better data management. Hence, all the 834 facilities under RBF in the 42 districts of Zimbabwe where Crown Agents works have been capacity built to manage data effectively from capturing, storage, retrieval to analysis in order to improve reporting as well as the subsequent decision making of health practitioners and administrators in the sector. This process of capacity development is bearing fruits.

WHAT IS DECLARED DATA?

Declared data is the data recorded by health facilities on the MoHCC T5 form. This data is sourced from the health facility registers. The recorded data will in turn be entered in the MoHCC database called the District Health Information System (DHIS).

UNDERSTANDING THE PROCESS OF VERIFICATION IN RBF

Verification is a process of checking on the data declared against what is actually in the registers which are the source documents. This process also entails checking for completeness of a record thus checking for date, sex, full address, age and full name of patients. The process of verification is important as such data has implications on the national policy making as well as taking key decisions at various levels of the health delivery system. In the end, verification helps improve the quality of services offered at health facilities.

The first level of verification is done by the management at the health facility. Crown Agents conducts the second level data verification as well as the quarterly exit interviews. The organisation analyses the data and prepares reports that are shared with other stakeholders to demonstrate progress on the indicators of the HDF programme.

QUESTION AND ANSWER /

HOW THE RBF PROGRAMME HELPED IMPROVE DATA MANAGEMENT: CROWN AGENTS DATA MANAGER SPEAKS

The Editor caught up with the Crown Agents Data Manager (DM) to discuss the role that Crown Agents has played in developing the capacity of health facilities in managing data effectively as well as the results of the intervention. Here are the snippets of the interview:

The Editor: Can you explain to us what data management is, in the context of health systems management?

DM: Data management is an administrative process that includes capturing, storing, protecting and analysing data pulled from different sources (registers) to ensure ease of accessibility of the data to its users. It is the backbone of RBF and hence the importance of proper data management.

The Editor: You say that data management 'is the backbone of RBF and hence the importance of proper data management.' Can you explain what you mean by that?

DM: While you may probably be interested in how the RBF programme has helped develop the capacity of health facilities to manage data effectively, you may also need to realise that data management is important in the RBF programme. It is on the basis of this data that the RBF programme thrives; through data HFOs are able to verify the results of each health facility and be able to determine or calculate how much is to be paid out to the said facility. RBF is all about being incentivised to produce results and good data is testimony to the results achieved.

The Editor: In that case then, do you imply that data management is self-serving – we only need good data for the purpose of paying facilities on the basis of results achieved?

DM: Far from it, that is only one of the many reasons. There are several other benefits that accrue to the health system and patients. For example, we need data to improve the quality of service to individual patients as well as to plan and model public health programmes. Data tells us the prevalence of certain diseases in certain localities upon which responses and prevention programmes can be fashioned.

The Editor: Seeing to it that data management is that important, what role did Crown Agents play to improve data management practices in the context of the RBF Programme?

DM: Our RBF programme invested in capacity building on how data should be managed. For all the 834 facilities we are working with, we undertook on-the-job training. We believe that this approach is more effective and practical compared to classroom learning. We also incentivised the correct capturing of data by the health facilities staff. In these trainings, we were emphasising the importance of data and benefits of effective data management.

The Editor: And, what results have you witnessed following this process?

DM: Before the inception of RBF some health facilities would record incomplete data that was difficult to make use of. Registers were kept haphazardly such that during the reporting period, data would be misrepresented. We undertake a process of verification for the data kept by the health facilities to ensure that there are no errors that can distort the interpretation of results attained by each facility. The process of capacity building in data management as well as the verification has greatly improved the quality of data. To date, almost all facilities have valid records which are useful to the national committee. For example, in Murehwa and Uzumba Maramba Pfungwe districts, 90% of facilities are now operating at an error rate of less than 5% which is a positive development. RBF has processes and procedures in place that promote data correctness and completeness through a 5% rule that stipulates that if a facility's error rate on data completeness is below 5% the heath facility earns a subsidy; otherwise the facility earns nothing. Due to this intervention, the average national error rate has since declined from the 56% in 2014 to 2% in 2017.

2.1.1 Data Management and the Verification Process: The Backbone of the RBF Programme /

Crown Agents has noticed a significant improvement in the quality of declared data since the introduction of the RBF Programme. At the beginning of the programme in the second quarter of the year 2014, the average national error rate was a whopping 56 percent. Data registers were not updated correctly and regularly hence incomplete. This poor management of data weakened the health delivery system at both the level of the health facility as well as collectively at the national systems level. Enter RBF, the error rate went down significantly to 2 percent by the third quarter of 2017.

Once verification is done the data error rate is less than 5 percent, the health facility is paid their dues based on the results demonstrated in the data provided. In the end, one could argue that verification is a quality assurance process and an extension of the capacity building process - during verification, HFOs use the opportunity to further train and support health facility staff in data management so as to help them improve their earnings. In essence verification is critical to the RBF Programme because it is the basis upon which health facilities are financed.

VERIFICATION: WHO DOES WHAT?

- Crown Agents Zimbabwe, through RBF, offers support to the district by incentivising data verifications conducted by community nurses, and also incentivising quality supervisions. Capacity building for performing these supervisory roles is provided to maintain high standards.
- At provincial level the MoHCC makes sure that the data is captured in the system at an agreed time and supervises the performance of the district.
- At national level guidance is provided to the provinces that further cascades down the same to the districts. Processes and procedures are defined to support improved data management at provincial and district levels.

MOHCC LAUDS RBF ROLE IN IMPROVING DATA QUALITY /

The Makoni District Health Information Officer (DHIO) has commended the role that the RBF Programme is playing in improving data management in health facilities in the district and country at large. Speaking about how RBF has helped facilities improve data management practices, Mr. Tawanda Mushore said, 'Completeness of reports has improved and data registers are now being updated regularly and correctly.' He added that 'Before the introduction of the RBF Programme our registers across the district had lots of gaps. We are pleased to see that with the RBF intervention, data is now being verified; there is now data consistency. Even reporting is now comprehensive and timely.'

Before the introduction of the RBF Programme, the MoHCC faced many challenges with regards to data management. These include among others:

- Late submission of reports to the district office from health facilities
- Incomplete registers leaving out important data
- Inconsistences between data captured and the data in source documents.

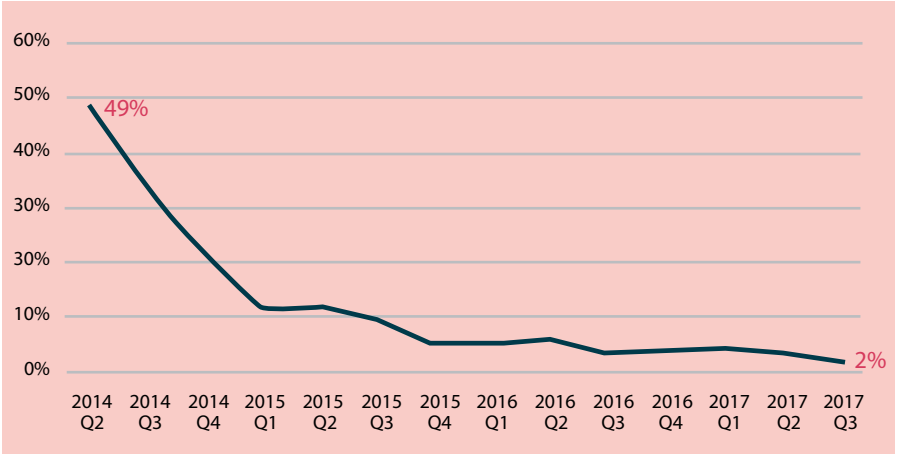
Mr. Mushore is of the opinion that the Ministry has noted a vast improvement in these areas and their district is grateful to the RBF Programme. Not only has data quality improved in Makoni district; such trends are noticeable countrywide as depicted in the graph below:

2.2 Improving Quality of Services /

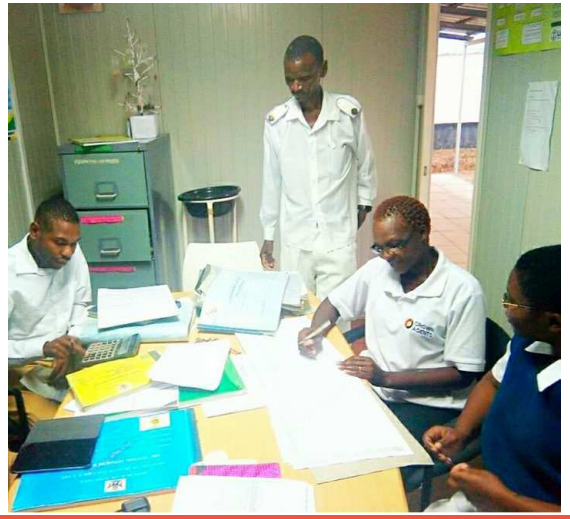
As has already been noted, RBF concerns itself with improving access to health services by many people in rural, often poor, communities. However, such access is not helpful if the services are not of an expected minimum standard of quality required to successfully treat a patient. To ensure such quality standards are met, the RBF supports the process of quality assessment by relevant supervisors in the health system.

Quality assessments are monitoring activities conducted by DHEs to assess whether structural, managerial and clinical procedures are up to standard and are being done properly.

FIG 1: AVERAGE DATA QUALITY PROGRESSION FOR HDF - SUPPORTED FACILITIES (2014-2017)



NURSE VERIFYING THE ANC REGISTER. VERIFICATION IS IMPORTANT IN IMPROVING DATA QUALITY AND THE OVERALL SUCCESS OF THE RBF PROGRAMME.



Onsite data verification at Nhawa Clinic, Rushinga District

He added that **'Before the introduction of the RBF Programme our registers across the district had lots of gaps**. We are pleased to see that with the RBF intervention, data is now being verified; **there is now data consistency.** Even reporting is now comprehensive and timely.'

WHY QUALITY ASSESSMENT MATTERS

Quality Assessments (QAs) allow supervisors to observe, identify knowledge gaps as well as monitor and evaluate the activities of a health facility. The assessment is concerned with whether activities are done properly according to set procedures and, if not, define steps to improve the same. In essence, QAs allow DHEs to take lessons learnt and give instant feedback to their subordinates as well as their supervisors. The mere fact that service providers know that they are being supervised pushes them to do their best, especially if they know that delivery of high quality services will be incentivised and poor quality punished.

In addition, QAs allow the DHEs to be in touch with the health delivery system in a practical manner. Through the assessments, the DHEs have an opportunity to check whether the structures are suitable for service delivery or plans are being implemented as well as how staff is being allocated duties, among other supervisory functions. This allows DHEs to scrutinise the clinical services focussing on staff know-how and identify knowledge gaps in order to recommend trainings. These trainings will then help to improve staff knowledge hence the quality of service. Post QAs, a total number of 337 of nurses in 5 districts of Mashonaland West province have been trained in midwifery implying that most deliveries are now being conducted by trained midwives. In addition, QAs also allow the DHEs to monitor essential medicines supply and the facility stocks. In the end they can recommend facilities to either maintain the available stocks or procure additional drugs hence ensuring continued improvement in the quality of service delivered to clients.

2.2.1 Quality Assessments: RBF beyond the Numbers /

While verifying numbers is easy in the context where data management practices are improving, quality assessments may be far more complicated and require a different mechanism. Yet, it is important that the quality of service is guaranteed since it is quality that determines if the served patient is going to be satisfied by the service or have their health issue resolved. So how does the RBF Programme ensure the services provided and paid for are of a high quality? The answer is in the District Health Executive (DHE) Quality Assessments.

The DHE is made up of the District Medical Officer, District Nursing Officer, District Health Services Administrator, District Accountant, District Environmental Health Officer and the District Pharmacist. They have a quality scoring system they use to assess the quality of facilities. Quality of service is assessed using a carrot and stick scoring system where health facilities are penalised for not having quality systems in place or rewarded if they do. The quality of service offered by a health facility has three components, the first two of which focus on the quality of the health facility and their staff. The components include, to begin with, the DHE quality score where the basis of assessment is:

- The quality of the health facility infrastructure
- The quality of management and planning systems
- The quality of clinical management and services provided

337
NUMBER OF **NURSES** IN **5 DISTRICTS** OF MASHONALAND WEST PROVINCE **TRAINED IN MIDWIFERY**

Second is the Client Satisfaction Score (CSS) where the basis of measure is the clients' perceived level of satisfaction with the services provided by a particular health facility.

The third component, on the other hand, focuses on the assessment of Crown Agents' field staff (P/HFOs) and Ministry of Health verifiers (SICC). This component is concerned with quality control, support and supervision whose basis for measuring quality is accuracy of verification and adherence to set programme guidelines.

2.2.2 Improved Quality Increases Earnings /

Already, we have documented how RBF links the numbers of people who are served by a health facility to the facility's earnings. However, there are other factors. The RBF recognises that reaching out to many people with health services is only half the task. In order to deliver an

effective public health service, the quality of the service equally matters. Against this background, quality just like quantity must be incentivised. Hence, the formula for facilities' earnings looks beyond mere numbers; it also assesses the quality of the service among other factors that ensure equity and fairness in the disbursement of subsidies. The diagram below explains the mechanism for calculating earnings with both quantity and quality being essential to the formula.

From the diagram below, it is clear that health facilities can earn more money by improving the quality of services and not just the numbers. In turn, this money can be used to improve service delivery in the health facility as the story of Bangure clinic below shows.

Total Subsidy

=

Amount Paid for Quantity of Services
- Number of services X unit price

+

Amount Paid for Remoteness Bonus (purposes of equity)
- Based on 5 remoteness indicators
- Each can attract a maximum bonus of 6% (maximum 30%)
- Reviewed on a 6-monthly basis by the DHE

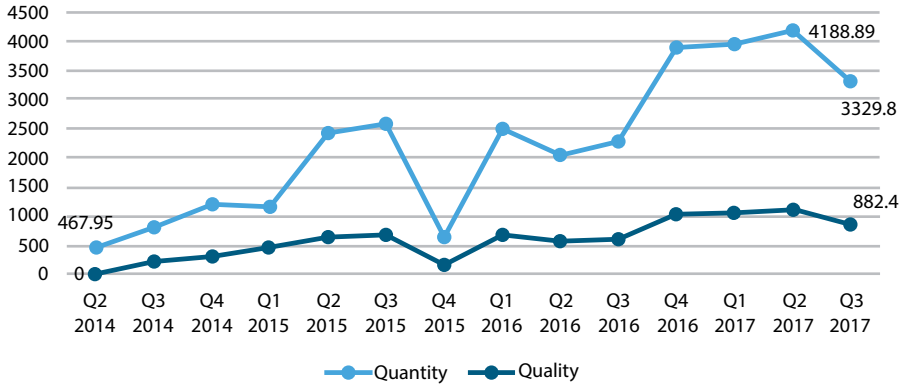
+

Amount Paid for Quality of Services
- Based on quality score attained
- Score is checked against the four quality ranges in order to determine which percentage of the capped monthly amount the facility will earn
- Maximum capped amount of quality bonus a facility will be getting per quarter is **$4,615**
- Each component of the checklist and the CSS tool is assigned prices based on their weight (weight is based on the 2017 Quality Supportive Supervision checklist)
- Structural **(0.09) $413.1**, Management and Planning **(0.23) $1053.7**, Clinical Management **(0.48) $2225.5**, Client Satisfaction Survey **(0.20) $923.1.**
- **Calculation of quality bonus** – if the overall quality score is <60%, the facility will not get any quality bonus and if the overall quality score is ≥60%, the quality bonus will be calculated as follows:
- % of score of structural section* maximum available quality bonus for the structural section) + (% of score of Management Section*maximum available quality bonus for the management section) + (% of score of Clinical management section* maximum available quality bonus for the clinical management section) + (% of score of CSS* maximum available bonus for CSS section)

FIG 2: MECHANISM FOR CALCULATING THE SUBSIDY FOR A FACILITY: THE TOTAL SUBSIDY PER FACILITY IS THE SUM OF QUANTITY, QUALITY AND REMOTENESS PAY OUTS

BANGURE CLINIC: THE IMPACT OF QAS ON SERVICE DELIVERY /

FIG 3: OVER THE YEARS, THE QUALITY OF SERVICES IN BANGURE CLINIC HAS GENERALLY BEEN ON AN UPWARD TRAJECTORY AND SO HAVE BEEN THE EARNINGS



Located in the Buhera District of Manicaland Province, Bangure clinic is a perfect case study of how the RBF programme has improved the quality of services through the aid of quality assessments. Since the RBF Programme started in April 2014, Bangure Clinic has earned a total of $39, 783 by generally managing to keep its quality of services on an upward trajectory as shown in the graph above.

The Nurse-in-charge at Bangure clinic knows that it is important to deliver high quality services in order increase earnings. While it appears to be a chicken and egg scenario when it comes whether quality improves earnings or vice-versa, she advises her team to work together and work hard in order to deliver quality under whatever circumstances. Even when she went for upskilling in midwifery in the 4th quarter of 2015, her team was motivated to work together to maintain the quality of service. The team worked together successfully. As a result, the team has earned significantly over the period under review. The earnings made have impacted the clinic and the community in many ways. The clinic managed to install a solar-powered borehole which has made it possible for waiting mothers and staff to access clean without travelling long distances. The same water has also been used to start a nutritional garden for waiting mothers.

Drums and tins used to store water at the clinic before the installation of the solar pump

Villagers offloading river sand, stones and bricks at Bangure Clinic as they help in the construction of a Waiting Mothers Shelter.

Waiting Mothers' Home in its final stages of construction at Bangure Clinic. With better quality, facilities earn more and with more earnings, facilities can do even more for the communities they serve.

2.3 Money Well-Managed is Lives Saved: RBF Helps Improve Financial Management Practices in Health Facilities /

According to the Centre for Global Development, many countries suffer from inefficiency and corruption that compromise the public health delivery system.[1] To address both of these related problems, it is important to improve the systems through which finances are managed in the public health sector. Research has shown that investment in financial management systems 'is worthwhile as a supporting mechanism to delivering better health services.'[2] Such financial management systems are beneficial in the sense that they provide reliable financial transfers as well as provide useful data to inform policy choices on levels and equity of funding and, generally, can support accountability hence deal with leakages such as corruption or mismanagement of funds.

The RBF Programme understands the link between financial management and public health outcomes hence the investment and innovation of Crown Agents in the way financial resources are managed. To this end, Crown Agents is training and supporting all districts in financial management. In 2017, 38 percent of the districts were trained and provided with supportive supervision. The remaining districts will be trained and supported in the first half of 2018.

1 Working Paper Number 78, January 2006: Governance and Corruption in Public Health Care Systems, Maureen Lewis

2 Overseas Development Institute, 2017

The financial management training covers the following key aspects that improve the facilities' capability to prudently and effectively manage resources for the purposes of improving service provision:

- How to record transactions in the cash books
- How to use bank statements when preparing bank reconciliations
- Procurement procedures when procuring goods/services
- Good filing systems and keeping auditable documents
- Financial planning and analysis
- Financial reporting

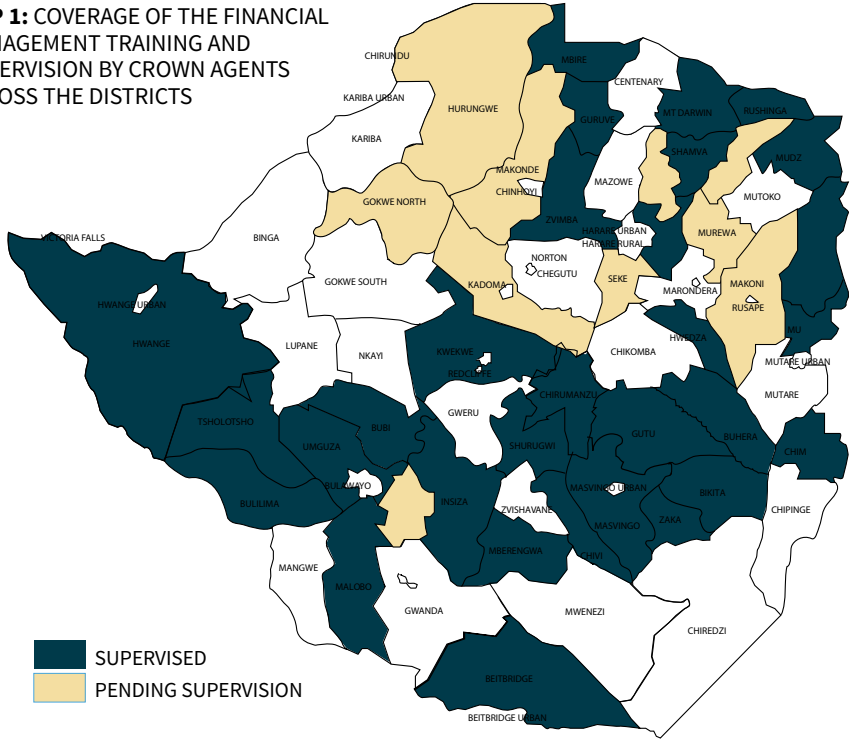
When the financial systems of health facilities are strong, leakages of resources through financial management malpractices and corruption are limited. This means more money going into procurement of medicines and improving the quality of service, among other functions of the public health system.

2.3.1 Electronic Platforms Introduce Ease of Transaction /

It is important to note, however, that the support of Crown Agents under the RBF Programme is not only concerned with ensuring that there are no leakages, it is also about improving the ease of financial management processes. To this end, Crown Agents has been helping health facilities to migrate to the electronic payment system.

The electronic payment system is a way of making payments for goods and services electronically instead of using cash or filling-in and submitting hard copies for

MAP 1: COVERAGE OF THE FINANCIAL MANAGEMENT TRAINING AND SUPERVISION BY CROWN AGENTS ACROSS THE DISTRICTS

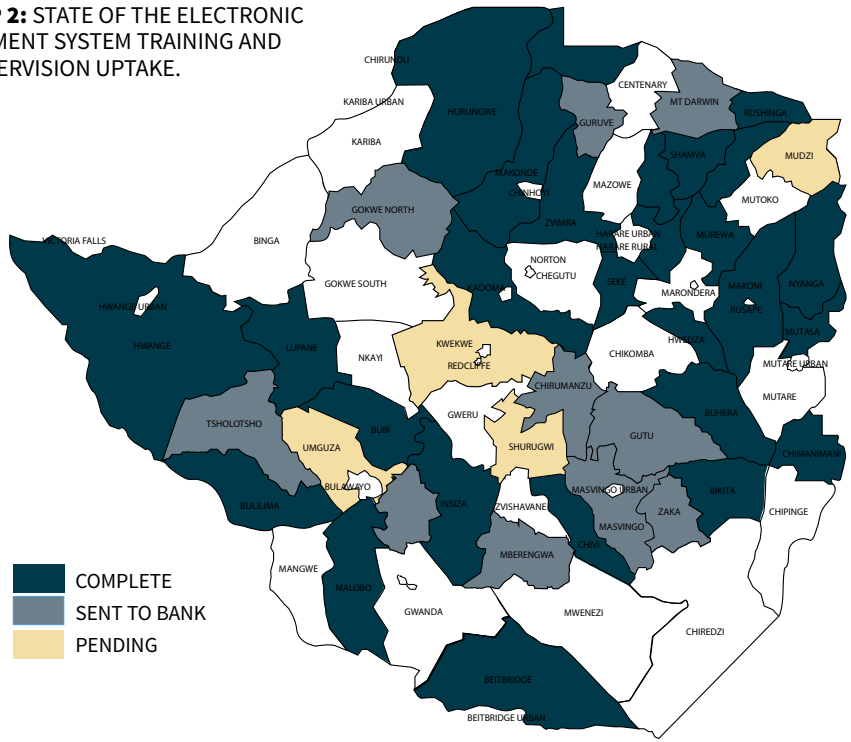


Real Time Gross Settlement (RTGS). It means payment of goods and services using an internet-based platform rather than visiting the bank.

Although the map below shows that uptake of the electronic payment system has been slow, the system has several benefits:

- It is faster and cheaper than cash or RTGS transactions hence saves time and money. RTGS costs $5-$10 per transaction while electronic banking costs only less than 20 percent of the RTGS cost. It is even more cost effective if one considers that no travelling costs to the bank are involved.
- It is convenient and time-efficient as payments can be done any time at the DHE offices. Notably, payments are done concurrently when DHEs review and authorise procurement documents.
- The electronic payment system in use is user-friendly.

MAP 2: STATE OF THE ELECTRONIC PAYMENT SYSTEM TRAINING AND SUPERVISION UPTAKE.



However, this process has not been without challenges. Across all the rural health facilities there seems to be fear and lack of confidence in using technology especially when it comes to finances. This is also compounded by poor connectivity to the internet in many rural communities. These challenges partly explain the slow uptake of the electronic payment system.

'BEFORE THE INTRODUCTION OF THE RBF PROGRAMME OUR REGISTERS ACROSS THE DISTRICT HAD LOTS OF GAPS. WE ARE PLEASED TO SEE THAT WITH THE RBF INTERVENTION, DATA IS NOW BEING VERIFIED; **THERE IS NOW DATA CONSISTENCY.** EVEN REPORTING IS NOW COMPREHENSIVE AND TIMELY.'

CHAPTER THREE /

RBF IMPACT IN PERSPECTIVE

The stories in this publication have illustrated massive investments that have been made in the health systems, particularly for rural health facilities. These investments have helped support facilities to improve the quality of services they provide, increase the reach of their services as well as strengthen their financial management systems in order to maximise on the limited resources available. The results of such huge investments must be visible for both the clients and other stakeholders in the health delivery sector. In this chapter, we highlight some of the visible results of the RBF Programme.

3.1 Improved Earnings: Rewards for Producing Results /

The quantity and quality of services provided are among the determinants of health facility earnings in RBF. Over the years, many facilities have been realising increased earnings under the RBF Programme. While increased earnings themselves are a sign of the RBF impact in some respects, the importance of RBF is made prominent by the stories of how health facilities are working hard to increase their earnings as well as the investments they are making in their facilities through such earnings. Masvingo province (see story below) is an example of the impact of RBF evident in earnings.

MASVINGO PROVINCE LEADS IN RBF EARNINGS /

Between the third quarter of 2016 and the third quarter of 2017, Masvingo Province was leading in terms of earnings (see table below). Earnings are one of the components that reflect the success of the RBF programme since they are tied to maintaining high quality of services and the reach of the same. In the light of this knowledge, there is no doubt that the teams in the health facilities and the province worked hard throughout the year. With high quality of services and high numbers of clients served, it is only a matter of time before statistics come through to demonstrate the impact through key health indicators of concern to the HDF.

TABLE 1: TOP RBF EARNERS FOR THE PERIOD Q3 2016 – Q3 2017, MASVINGO DOMINATES

FACILITY	AMOUNT ($)	DISTRICT	PROVINCE
Bota Clinic	44,880.80	Zaka	Masvingo
Gutu Rural Hospital	45,163.82	Gutu	Masvingo
Bikita Rural Hospital	46,713.42	Bikita	Masvingo
Chikuku Rural Hospital	47,040.78	Bikita	Masvingo
Dotito Rural Health Centre	48,827.96	Mt. Darwin	Mash Central

Earning such a prestigious spot takes concerted efforts of many stakeholders. However, one can never discount the support of the provincial team – both the MoHCC and Crown Agents provincial support teams. It is unlikely that the prevalence of success in one province over a single year could happen without such support. However, Masvingo province team is only representative of the team spirit, commitment and desire to serve communities that exists in all the provinces. The province may be leading in the past year but many other provinces have put equal investment and dedication. This is why the list of consistent performers is made up by different provinces. (See table below)

TABLE 2: RBF CONSISTENT EARNERS (Q3 2016 TO Q3 2017)

FACILITY	TIMELINE						
	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	(Q3 17) - (Q3 16)	% increase in earnings
Dewure II Rural Health Centre	964.65	1,209.33	1,420.35	1,976.77	4,684.3	3,719.65	36%
Epworth Mission Clinic	858.31	866.28	1,586.28	1,264.64	3,656.14	2,797.83	34%
Hozvi Clinic	899.15	1,039.95	1,495.45	1,406.03	3,337.92	2,438.77	30%
Muzokomba Clinic	1,708.76	2,336.76	2,319.13	4,311.93	6,865.79	5,157.03	29%
Bikita Rural Hospital	4,761.09	4,546.89	7,903.58	11,382.03	18,119.83	13,358.74	29%
Mandara Clinic	2,397.40	2,196.61	4,522.70	6,436.13	9,503.70	7,106.30	28%
Chikuku Rural Hospital	2,741.83	2,708.80	9,703.27	15,929.36	15,957.52	13,215.69	28%

Since Masvingo province dominates the list of our top earners for the period Q3 2016 to Q3 2017, we caught up with the provincial leadership team consisting of the Provincial Medical Director, the Provincial Nursing Officer and the Provincial Health Promotion Officer, who all shared important insights into their success story.

TEAM WORK: HOW MASVINGO PROVINCE GOT IT RIGHT

When, decades ago, Henry Ford remarked that, "If everyone is moving forward together, then success takes care of itself," he knew nothing about RBF or the team in Masvingo working on this program. The great American captain of industry was probably just sharing conventional wisdom he had gleaned from years of experience in business.

But, wisdom knows no limits in time and space; it endures all confines and, hence, many years after Ford's demise, what he learnt about teamwork found currency a thousand miles away in Zimbabwe's oldest town, Masvingo. After dominating the top 5 of RBF earners for the year 2016 to 2017, the Provincial Medical Director for the Masvingo province, Dr Shamu tends to agree with Ford's observation. 'We are happy to know that our province has realised such huge success. Teamwork is at the centre of our success,' he observed.

With a total of 119 clinics under RBF program in the province, Masvingo occupies all the top 4 spots amongst the highest earners for the period Q3 2016 to Q3 2017, with Mashonaland Central grabbing the fifth. After training the various actors and adhering to the prescriptions of the RBF program, the Provincial Health Promotion (PHP) Officer, Mr. Casper Nhemachena observes that everyone is playing their part. 'Team work is the catchword in Masvingo,' he emphasised.

Teamwork is only possible when the various actors know their place in the team and are willing to play it. Masvingo province invested significantly in the training of various stakeholders among them the DHEs, health facility staff and the HCCs. And such capacity development efforts are paying off. 'The RBF in Masvingo is community driven and communities work with health workers. Ownership has moved to communities with HCCs spearheading all health facility development issues. This has lessened the burden for health workers, who are now focusing on their core business of improving the quality of care,' said the PHP.

Just like every team needs a leader, the Masvingo province leadership was exceptional in this regard. They availed themselves throughout to support and mentor the health facilities. It helped that the health workers themselves were already motivated, noted the Provincial Nursing Officer, Mrs. Mavis Gumbo. 'The 25 percent incentives payment is motivating our health workers to do their best.

No doubt, there is all the ingredients for success in Masvingo – a motivated team and a leadership willing to serve. What if we add a community that is willing and able to participate in the running of their own health facility? One can only wait and see if Masvingo province can outdo itself in the coming months.

Earnings are not an end in themselves. Their success is heralded in how they are used to improve the facilities' infrastructure, stocks and services. The stories of Mushaviri and Nyahode clinics below are some of the many examples of how, through RBF earnings, health facilities are changing for the better.

3.2.1 The Story of Mushaviri Clinic /

STAFF ACCOMODATION BEFORE RENOVATION

STAFF ACCOMODATION AFTER RENOVATION WITH RBF FUNDS

Similary to Kamutsenzere, Mushaviri RHC is a low volume health facility located in Gutu district. At the onset of the RBF programme the health facility was characterized by pathetic earnings. In the second quarter of 2014, the facility only earned a paltry $93. The local HFO, Faith Nhau recalls the negativity among staff as demoralized staff viewed the verification process with skepticism. *'It was a nightmare for me to encourage the health staff who had a negative attitude towards RBF programme,'* she says. *'However, I continued to utilize every verification round and nurses meetings to build the capacity of the health staff. I kept on reassuring them that their earnings would rise if they adopt strategies such as data validation and conduct health facility initiated outreaches.'*

Overtime, the fortunes of Mushaviri RHC have turned around. They have started conducting outreaches to boost their volumes. As a result, institutional deliveries by pregnant mothers have increased from 6, in 2014, to 15 in 2017. In response, their earnings have since shot from $93 to an average of $1300 per quarter in 2017.

With the improved earnings, they have managed to spruce up the health facility through renovations and giving the facility a new look through a sparkling paint. Courtesy of the RBF subsidies the health staff in conjunction with the HCC have managed to construct an incinerator.

The Nurse-in-charge at the facility, Mr. Tausa was full of praise for Mrs. Nhau, the HFO who tirelessly implored and encouraged the health staff to work as a team and to employ strategies which would help to boost demand for health services. This demand creation helped to push volumes up with an ultimate knock-on effect on the health facility's subsidy earnings. According to the nurse in charge, plans for constructing a waiting mother's shelter are already at an advanced stage. Mr. Tausa averred that the community is very grateful and willing to assist after they were charmed with developments at the clinic.

As if the impact on the infrastructure was not enough, improved subsidy earnings have also improved staff motivation. The previously unmotivated health team has now become highly motivated with team spirit is oozing among the health staff.

3.2.2 Nyahode Clinic Shines, thanks to the RBF Verification Process /

Nyahode Clinic in Chimanimani District, Manicaland province is one example of a health facility that has embraced the RBF calls for effective data management hence earning high subsidies. This facility started off with an average error rate of 58 percent in 2014 and now (2017) the average error rate is within the acceptable 5 percent range (see graph below). As the error rate goes down, the subsidy earnings for this facility have shot up from $479.06 in 2014 to $3 133.87 in the same period.

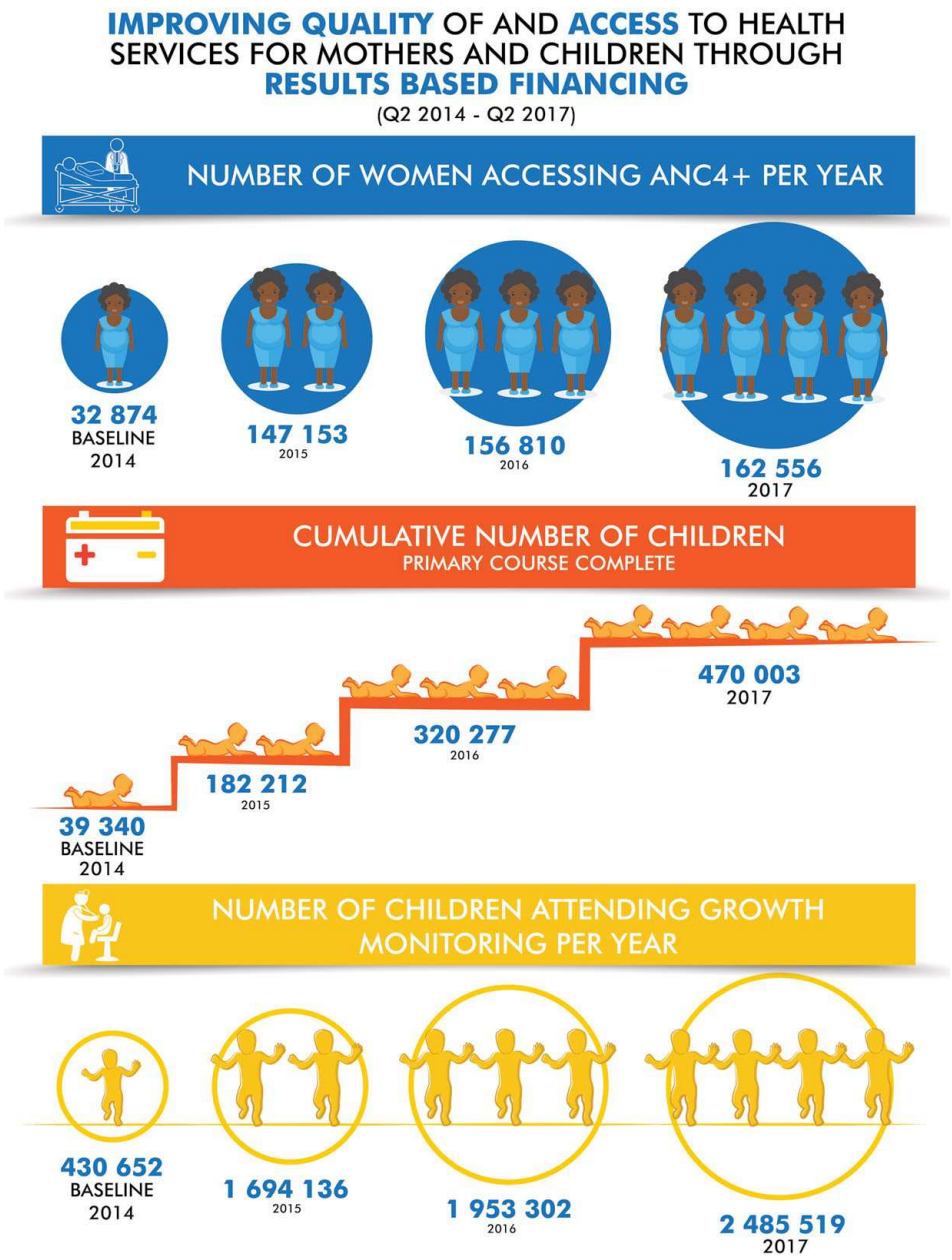
'Working as a team at our Clinic has brought good results for us. We have managed to reduce our error rate to the acceptable ±5% error rate,' remarks Ms Caroline Mandishare, a PCN at Nyahode Clinic. *'When it's time to do our statistics, everyone at the clinic sacrifices their spare time so as to assist and count the source documents physically. We do physical count from the source documents and counter verify by a second person,'* she explains.

Speaking on how they have managed to improve their data management through the RBF process, the PCN was full of praise for the MoHCC and Crown Agents support. *'Capacity building and encouragement from the DNO, Community Sisters and the Provincial Health Field Officer really pushed us to perform better,'* she said. But is that enough to get staff go an extra mile and sacrifice their spare time? 'All staff members are motivated by the staff incentives they receive,' she added. Staff members are aware that they will only earn incentives if their facility performs. And to demonstrate this performance, they need to manage their data properly as this is necessary in the verification process.

The motivation among staff to go an extra mile is not just for staff selfish ends. It primarily benefits the facility and the services users. Because Nyahode Clinic has improved its data management and with it the earnings, notable developments have taken shape in the facility. 'The subsidies have assisted us to construct a maternity home, procure equipment and to maintain uninterrupted supply of essential drugs. Our service to the clients has improved as a result. Overall, the clinic standards have really improved and we are planning to extend the clinic structure so as to have more space for in-patients,' remarked the PCN.

3.3 Overview of the Impact of RBF on the Key Focus HDF Indicators /

Increased numbers served by a facility as well as improved quality of services does lead to better earnings. In turn, high earnings do improve the infrastructure and services provided by a facility. However, until the key maternal and newborn health indicators respond, the RBF may not truly be considered a success. As a result, Crown Agents is pleased that the intended chain of results has taken shape – not only have facilities increased their earnings; they have also helped contribute to better maternal and newborn health as defined by the HDF. This impact is summarised in the following graphics:



CROWN AGENTS EAGER TO DELIVER

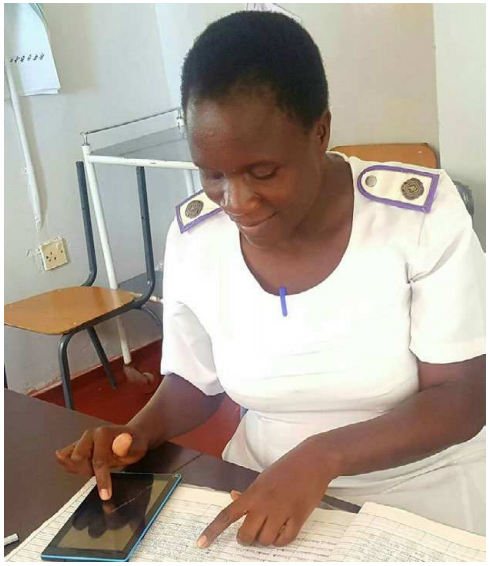
CHAPTER FOUR /

CROWN AGENTS EAGER TO DELIVER

4.1 Introduction /

In this chapter we celebrate the role of Crown Agents in facilitating the implementation of the RBF Programme. In this edition we focus on how Crown Agents is leveraging on technology to support the RBF Programme implementation. Also in focus are the trainings conducted by the organization to build the capacity of health service providers. We explain how these interventions of Crown Agents add value to the whole process.

4.2 Technology and Innovation for Health Systems through RBF /



SISTER NYANDEBVU, NURSE IN CHARGE, CHIRAU CLINIC CAPTURING DATA USING THE M-IC APPLICATION

We have already discussed how the capacity of health facilities is being built to improve efficiency and effectiveness in managing financial resources including, particularly, the ease of carrying out transactions. One cutting-edge innovation of Crown Agents that is improving the ease of transacting is the Mobile Incentive Calculator (m-IC). Whereas before the introduction of the m-IC, facility management and Crown Agents HFOs were tediously using excel spreadsheets to calculate incentives for staff, with the m-IC, calculations have been made easier, faster and less prone to errors.

4.2.1 About the m-IC? /

The m-IC is an android-based, understandable, user-friendly application (app) that offers a convenient way to calculate staff incentives of a particular health facility. The app was developed for health facility managers (the Nurse in charge and/or Medical Superintendent). The managers feed the app with the health facility and staff data. This is done on a quarterly basis. The app will automatically generate amounts due for incentives using a predefined algorithm.

The application is installed on the mobile phone of the health facility manager who later conveys the generated incentive report to the district accountant for approval. The district accountant will subsequently forward the approved file to the Crown Agents server for aggregation and analysis. For Crown Agents, the app makes monitoring of payment of incentives easy. Using the m-IC as a data collection tool together with the data visualization web application, Crown Agents staff is able to view and analyze Zimbabwe rural health facilities' staff incentives at the click of a button. Moreover, data can be easily analyzed at national level and at facility level.

Since its introduction, the m-IC has helped improve data analysis which in turn is supporting effective decision making at the facility as well as district, provincial and national levels. While the app is a mechanism designed to provide health facility managers with convenience in undertaking their work, it has also improved transparency in the payment of incentives as well as enhanced spot checks and improved record keeping.

4.2.1.1 The m-IC Roll Out /

"The m-IC has made our lives better in terms of time taken to approve and receive our incentives. Previously, we used to send information to the district accountant but now calculations are done at the facility using our phones making the process faster than before. This incentive also comes as extra income on top of our salaries; this motivates us to do more. We feel appreciated for the work we do." - Sister Nyandebvu, Nurse-in-Charge.

The roll out of the m-IC involves installing the app on mobile devices as well as the training of health facilities' managers in the use of the app. To date, roll out is at 100 percent with every facility in all the districts covered by Crown Agents using the m-IC.

MOHCC OFFICIALS, CROWN AGENTS STAFF AND REPRESENTATIVES OF OTHER PARTNERS DURING THE LAUNCH OF THE M-IC AND M-CSS APPS

Following the adoption of the m-IC app, reports have indicated ease, transparency and fairness in the calculation and disbursement of incentives. Workers in the health facilities covered are reporting high morale and the benefits of this motivation are enjoyed by the clients who are now getting efficient and high quality services.

4.3 Crown Agents Takes RBF to Second Level Hospitals: Rolls out Training /

Following its success in rural health facilities and clinics, the HDF steering committee, in December 2017, took a decision to introduce the programme in secondary level hospitals in all the 42 districts. In order to achieve this, trainings were required for district teams, hospital staff as well as their community health councils. These trainings took place at two levels, a Training of Trainers (ToT) and some on-the-job training, covered RBF management and implementation and included the 8 modules.

TABLE 4: M-IC ROLL OUT PROGRESS AS AT 31 JANUARY 2018

HFS WITH M-IC INSTALLED ON MOBILE DEVICE MODULE		HFS WITH M-IC TRAINED ON USING THE TECHNOLOGY		FACILITIES IMPLEMENTING M-IC	
Number	**%**	**Number**	**%**	**Number**	**%**
401	8	401	48	95	11

THROUGHOUT THE COUNTRY, HDF, RBF PROGRAMME IS COVERING 67 HOSPITALS INCLUDING CHINHOYI PROVINCIAL HOSPITAL.

WHAT ARE STAFF INCENTIVES?

A total of 25 percent of the quarterly subsidy earned by any health facility is shared among staff members as incentives. Staff incentives are paid to motivate staff and encourage health workers to thrive for better performance and high quality service delivery. All employees stationed at a facility supported under the RBF Programme are entitled to incentives.

The calculation of the subsidy for the health facility itself, as has already been explained, is done on the basis of both quality and quantity of services provided. However, the amount that an individual gets as an incentive is arrived at after taking into consideration a number of factors such as responsibility, position, years worked, hours worked, quarterly health facility DHE quality supervision score and the subsidy earned.

HIGHLIGHTS /

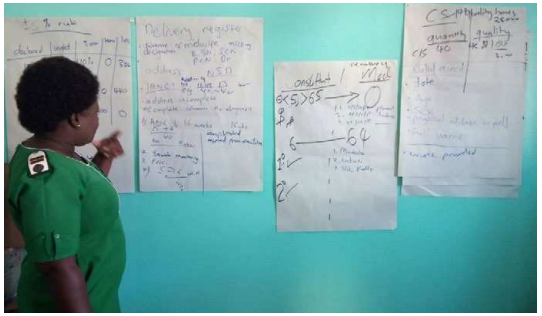
PICTURES FROM HOSPITALS RBF TRAINING

MASH WEST PROVINCE, SANYATI DISTRICT

Mash West, Sanyati District
Sanyati Baptist Hospital
Practical session on verification guidelines

Masvingo District, Zaka Province
Musiso Mission
Mr Gwati from Ministry of Health doing a presentation on Hospital Quality Checklist

Matebeleland North, Hwange District
Victoria Falls Hospital
Staff during the Operational plans and contracts presentation



Matebeleland North, Hwange District
Victoria Falls Hospital
Nurse doing a recap from notes that were taken down from the previous day presentations

Mash West Province, Makonde District
Makonde Christian Hospital
HFO during a practical session on Verification Guidelines

Mash West Province, Hurungwe District
Chidamoyo Hospital
Practical session on Verification Guidelines

Training of trainers at UNICEF Harare

USE OF RBF SUBSIDY

SANYATI CLINIC

Waiting mothers home

"Our old waiting mothers shelter was too small to accommodate a large number of mothers. We began construction of our new waiting mothers shelter in 2016 with RBF subsidies. The new structure is very spacious and can accommodate 15 – 18 mothers. We are yet to procure beds and after this we will start using this shelter". ***Sister C. Chamauya***

MASH EAST, MUREHWA DISTRICT
KADZERE CLINIC

Water Tank bought using RBF subsidies

"Before RBF we did not have a water tank at the clinic. This resulted in us not being able to carry out our day to day running of the clinic as we would sometimes have no water. Thanks to RBF we now have a water tank and as such the clinic always has clean running water". ***Sister Mangombe, Nurse***

KADENGE CLINIC

Suction Machine

"Due to RBF subsidies, we managed to buy a suction machine which we use for babies that would have ingested the amniotic fluids during birth and will not be failing to breathe well and so we use the machine to suction them".
R Mashona, Nurse

Patients waiting shed

"Our patients would visit the clinic and have nowhere to sit while they waited for the doctor/ nurse to attend to them. With RBF we were able to construct a waiting shed for our patients".
Sister P Tsuro, NIC

Fridge

"RBF enabled us to procure a fridge in which we store our diluted medicines".
Sister P Tsuro NIC

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