“Race to the Top Initiative” Towards excellence in health care delivery

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Country health profile: Rwanda

• Small hilly, landlocked country in the East-Central Africa
• High pop density: 415 inhabitants/sq.km
• Rapid drop in U5 and MMR
  – maternal mortality ratio fell by 59.5%(2000-2010)
  – U5 mortality decreased by 70%(2000-2011)
• High coverage community insurance(91%)
Rwanda’s work to improve

• PBF (performance based financing) implemented nationally to:
  – improve the quality and quantity of health services
  – increase health provider satisfaction and motivation.

• Impressive progress made for key indicators including HIV, malaria, tuberculosis

• Less advances in Under 5 malnutrition and family planning uptake
Challenges with PBF approach

• All districts evaluated equally on the same indicators but local burden of disease and priorities are different
  – Need for district-based approach

• Focus primarily on results, not supporting health providers how to respond to local system-based challenges:
  – Limits provider engagement and peer to peer learning
  – Need for people-centered initiative
Why Kirehe District?

• Supported through partnership between Rwanda MOH and PIH
  • 16 health centers and 1 hospital
• High rates of malnutrition
  • 1.5% for acute, 50% for chronic malnutrition*
• Low family planning uptake (46%)*
• Low coverage of community health insurance (70%)*

*HMIS 2013
What is Race to the Top?

• District wide pay-for-performance intervention to compensate Health centers upon reaching district-chosen goals related to district health priorities

• Joint initiative (Kirehe District & Partners In Health/Inshuti Mu Buzima)
Race to the Top - Objectives

• Accelerate work to address district’s health-specific issues
• Provide an opportunity for providers to innovate and optimize local resources
  • Increase health provider engagement, performance and satisfaction
• Support data feedback and utilization for quality improvement
• Improve communication and share lessons learned across key stakeholders
Approach

• Stakeholder meeting
  – discuss data
  – agree on areas of focus, measurement and targets

• RTT targets were ambitious and would require joint efforts from different stakeholders in the same community
  – 90% community health insurance coverage (CBHI)
  – 70% contraceptive prevalence rate (CPR)
  – 0 case of severe acute malnutrition (elimination)
Approach

Engage stakeholders

Identify targets

Action period

Evaluation every 6 months by multidisciplinary team with feedback

Sharing meeting

IMB, District, facilities

Based on district gaps and priorities

Support:
- Training in family planning methods
- Food support and education sessions
- Health insurance for vulnerable families

Peer-to-peer sharing, Data review
Trends in CBHI coverage(%) and FP coverage over Race to the Top Evaluation periods

CBHI target: 90%
FP target: 70%

*Bars denote minimum and maximum values reported by HCs at each measurement
Trends in average malnutrition cases reported over Race to the Top Evaluation period

RTT Target: 0 case of severe acute malnutrition

*Bars denote minimum and maximum values reported by HCs at time point*
Health Centers are Increasingly hitting Targets

<table>
<thead>
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<th>Number of targets met</th>
<th>1st Round</th>
<th>2nd Round</th>
<th>3rd Round</th>
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<td><strong>9</strong></td>
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Example of strategies/innovations towards RTT

- screening combined with cooking demonstrations and food support for under five children
- Use of QI techniques (PDSA cycle)
- campaign and outreach visits to reach a larger group of women
- Community tontines to increase health insurance adherence
- And more!
Conclusion

• RTT is contributing to address district specific priorities
• People-centered through health provider engagement and peer-to-peer learning
• Opportunity to innovate and create new strategies
• Opportunity for health centers and district teams to use data for QI.
• District ownership and spread is happening
Thank you