REPUBLIC OF RWNDA
CYANGUGU PROVINCE
BASIC HEALTHCARE SUPPORT PROGRAMME

Guide for the application and verification of the Contractual Approach in Cyangugu Province

2003-2005

Health Services Purchasing Agency/CORDAID RWANDA

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Summary

This document presents in the summary of its introductory part the framework and mechanisms for the application of the Contractual Approach (or Performance-Based Financing) in Cyangugu Province (Rwanda) for the period from January 2003 to December 2005.

Thereafter, different phases and various procedures for the application and verification of this approach are taken into account:

- The **Business Plan** that was developed by health facilities and proposed to the health services Purchasing Agency/CORDAID before entering into a contract.

- The **Standard Contract** between the health services Purchasing Agency and the Health Centre and a subcontracting party of the private sector.

- A **standard basic document template** for some subsidized indicators (registers and other data collection tools)

- A **standard template** for the **verification, within the population,** of the activities of subcontracted health centres through surveys conducted by community-based local associations at households level

- A **monthly verification summary** to be filled in after the monthly verification of registers by the supervisors of the Purchasing Agency and heads of health centres.

- A **Standard template** for quarterly technical quality supervision conducted by the District Framework

- A **standard template** for the calculation and allocation of quarterly quality bonus.

Introduction

Starting up of the Contractual Approach in Cyangugu Province

CORDAID, a Dutch NGO, introduced, in August 2002, the Contractual Approach in Cyangugu Province in Gihundwe and Bushenge Districts. From January 2003, the Approach was disseminated throughout the four Health Districts of the Province Thereafter, it was implemented without interruption during 2003, 2004 and 2005 within the framework of the Basic HealthCare Support Programme/CORDAID
(PASSB) in Cyangugu Province.

Role of the health services Purchasing Agency /CORDAID

- To orient, stimulate and subsidize the implementation of the **Minimum Activities Package** (**PMA** in French acronym) and the **Complementary Activities Package** (**PCA** in French acronym) in the health facilities of the Province

- To contribute to the **fight against poverty** by targeting the reduction of costs for health care in health facilities and by paying bills for the destitute (Equity Fund).
- To support the dissemination of the risk-sharing system, implemented through **mutual health insurance schemes**.
- To enable the population to have access to **reproductive health services**, in particular Family Planning.
- To assess the **population's satisfaction** about the services provided by health centres through monthly surveys conducted by community-based local associations in the households of each Catchment Area.
- To stimulate the maintenance of an adequate professional quality level through the allocation to health structures of a quarterly quality bonus paid on basis of evaluations conducted by District Framework Teams.
- To check whether the subsidies paid to health centres tall with the activities actually carried out by conducting **two types of verification**: **monthly verification of registers** (or Basic Documents) conducted by the Purchasing Agency's supervisors in health structures and the **verification of the existence of registered patients**, conducted in households by local interviewers.

Role of the Ministry of Health, the Ministry of Local Government and the Monitoring Committee

The Purchasing Agency managed contractual procedures with health structures, *but was not involved in the establishment and control of standards*. The latter fell within the

purview of the Ministry of Local Government, represented by the Prefect, and of the Ministry of Health, represented by the Director in charge of Health, Gender and Social Affairs.
The Committee in charge of the Monitoring of the Contractual Approach in Cyangugu Province coordinated its implementation. This Committee was in charge of monitoring and evaluating the activities at least in an annual ordinary meeting and in an extraordinary meeting if the need arises.
The representatives of the donor community, of the Ministry of Health and other health stakeholders were invited to the monitoring committee meetings.

Role of subcontracted health structures in the Province

In 2002, Cyangugu Province had, in its four (4) Health Districts (Bushenge, Gihundwe, Kibogora and Mibilizi) the following health infrastructural facilities: 4 District Hospitals, 26 public registered health centres and 25 dispensaries for a population of about 600,000 inhabitants.
From January 2003, the Purchasing Agency subcontracted 26 Health Centres, 4 District Hospitals, 4 District Framework Teams, 1 NGO, 26 basic-community local Associations. Thereafter, some health centres subcontracted 20 private dispensaries.
Thus, contracts were entered into not only with public or denominational health facilities but also with NGOs and private dispensaries.
The cost and quantity contract was implemented. This type of contract relates the output of the activities of health facilities and financial contributions or subsidies. It is, therefore, based on performance. Each health facility was given health targets to reach. Targets were based on the standards established by the Ministry of Health in the Minimum Activities Package for health centres and the Complementary Activities Package for District Hospitals.[1] These targets for each Catchment Area are calculated based on the product of the District standard to be reached per capita and the number of inhabitants living in the Catchment Area in the subcontracted health structure.

Subsidised indicators

The first indicators to be subsidized were selected based on National Standards in force in Health Districts and new indicators were gradually introduced within the framework of reproductive health, the fight against malaria and the fight against HIV/AIDS.
Only **verifiable and quantifiable indicators** were selected to avoid misunderstanding pertaining to the verification and calculations of amounts to be paid, based on the health facilities' monthly quantitative production.
The value and the amount of the subsidy per activity are based on the priority given to each activity. It was planned that subsidy per activity would be gradually modified during the implementation of the programme on basis of the experience acquired, policy and public health priorities and availability of funds to make sure that the earmarked budget is not exceeded in case of very good performance beyond 100%.

Each health facility was eligible for an isolation bonus of 5% or 10%. This was meant to motivate qualified staff to work in remote health facilities facing serious problems of

[1] See. Health District Standards in Rwanda, MOH, 1997, 2001 Annual Report, MOH;
National Health Policy, MOH 2001

transport and geographical accessibility.

List of subsidised indicators in Health Centres and amount of unit subsidy

INDICATOR	Standard subsidy
1. New consultants in curative consultation	Rwf 150
2. Hospitalisation days	Rwf 150
3. Institutional deliveries	Rwf 2000
4. Children completely vaccinated	Rwf 1, 000
5. Distribution of mosquito nets	Rwf 1, 000
6. ANC, new registered mothers	Rwf 150
7. VAT 2,3,4,5	Rwf 200
8. FP (pill, Depo-Provera) new users	Rwf 1,000
9. FP old users	Rwf 750
10. FP (IUD-Implant)	Rwf 2,500
11. FP transfer (surgical methods) upon presentation of counter-transfer	Rwf 3,000
12. VCT: Number of individual tests conducted	Rwf 600
13. VCT: Number of couples voluntarily tested	Rwf 600
14. VCT: Number of HIV+ patients transferred to the District Hospital	Rwf 600
15. PMTCT: Number of pregnant women voluntarily tested	Rwf 600
16. PMTCT: Number of couples voluntarily tested	Rwf 600
17. PMTCT: Number of pregnant women informed about test results	Rwf 600
18. PMTCT: Number of women treated with Niverapine	Rwf 600
19. PMTCT: Number of newborn babies of HIV+ women treated with Niverapine	Rwf 600
20. PMTCT: Number of HIV+ patients treated with Cotrimoxazole	Rwf 50
21. Number of tuberculosis sufferers tested voluntarily for HIV	Rwf 600

Quarterly quality bonus

Within the framework of the Contractual Approach, this bonus had to be understood as a measure to support different strategies implemented by health facilities to increase their quantitative and qualitative performances.

It is a bonus that aimed at encouraging subcontracted health facilities to improve the quality of the services provided to users.

The quality bonus was quarterly allocated to subcontracted health facilities based on a certain number of evaluation criteria (See Part VIII). This bonus is equivalent to 10% of the total amount of the subsidies paid to the health facility during a quarter, if it is allocated at 100% of its value.

Sources of financing for the Contractual Approach

In 2003 – 2005, the Contractual Approach was financed through different sources: Cyangugu Prefecture within the context of the Framework Programme for the Support to Decentralisation and Good Governance (PCA/C) in Cyangugu Province, financed by Dutch Cooperation, UNFPA, ADVAS, MAP and World Bank through the budget of the Government of Rwanda.

PART I: BUSINESS PLAN

GUIDE FOR THE FILLING IN OF A BUSINESS PLAN
Standard format for a Health Centre

The Business Plan represents a quarterly working plan proposing a series of strategies to reach monthly targets established by the Purchasing Agency in accordance with the national targets of the Ministry of Health and the orientations of the National Health Policy.
This plan could be developed and proposed to the Purchasing Agency by a Health Centre, a District Hospital, the District Framework Team, private health facilities, NGOs and all health stakeholders, who met the conditions to be subsidised within the framework of the Contractual Approach.
The plan could cover all the activities planned in the PMA or in the CPA or only a limited choice of activities.

The Purchasing Agency could enter into a quarterly contract with the party having presented a convincing and feasible Business Plan. The quarterly contract was renewed if the Plan was actually implemented and the evolution of the indicators positive.

To tackle the problems of geographical accessibility, Heads of Health Centres could propose subcontracts with other collaboration health structures. These structures of collaboration with Health Centres from their Catchment Area could be the dispensaries directly managed by Health centres, private clinics or non-profit-making private structures (NGO, local groupings, etc.)

To solve the problem of the population regarding low financial access to healthcare, the Business Plan had to include an analysis of the prices of services and drugs compared with the purchasing power of the population of its Catchment Area, and it had to propose strategies to make healthcare financially more accessible.

Description of the product

Contracting parties, namely the health services Purchasing Agency and health facilities work hand in hand to reach the targets established by the Ministry of Health within the framework of the Rwanda National Health Policy.

The Business Plan should provide for activities with a view to reaching the following targets.
These targets are linked to the level and technical plateau of the subcontracted health facility.

EXAMPLES OF TARGETS FOR HEALTH CENTRES' INDICATORS

1. Curative Consultation	0.70 consultation per year per capita
2. Hospitalisation days (1 bed/1,000)	Population/1,000 * 365
3. Institutional delivery (with the assistance of a qualified staff)	50% of all deliveries (= population x 4.3 %x50%)
4. Deliveries after transfer	
5.Seriously ill patient transferred	0.70 consultation per year per capita 0.5%
6. FP (Depo-Provera +contraceptives)	22 % of couples of childbearing age (population x22%) Each protected woman visits a health facility four times a year
7.FP (Implant, IUD)	2 % of couples of childbearing age (population x22%)
8. FP (surgical methods)	1 % of couples of childbearing age (population x22%)
9.ANC: New registered mothers	100% (= population x4.3 %)
10. Children completely vaccinated	100% (= population x4.3 %)
11.Pregnant women completely vaccinated against tetanus	100% (= population x4.3 %)
12. Distribution of mosquito nets	100% (= population/5 years)

Characteristics of a good Business Plan

- The plan analyses the problems faced by the Health Centre and identifies solutions to them
- The plan presents strategies to reach targets specified in the Contract.
- The plan explains how staffs will be motivated through a reasonable system of bonus allocation. With a view to an efficient implementation of activities, the plan will have to envisage, where necessary, the reduction or increase of the staff number.
- The plan explains how community organisational structures (for instance health committees) are incorporated into the implementation of different activities.

Responsibilities of stakeholders concerned for the implementation and monitoring of the Business Plan

Subcontracted Health Facility

- The head of the health facility is in charge of attaining the objectives set in the plan and s/he enjoys autonomy in the utilisation of available resources.
- The head of the health facility may cover some operating costs by a part of the subsidies from the Purchasing Agency. These costs pertain to office supplies, motivation bonus for staff members, fuel, etc.

- The head of the health facility sees to the implementation of small-scale activities of maintenance of infrastructure and equipment using his/her own funds.
- The head of the health facility pays a bonus to his/her staffs based on punctuality, overtime, output and the quality of the services provided
- The head of the health facility may recruit additional staff in consultation with the Health Committee or the owner of the health facility in case of a denominational or private profit-making health facility.

Purchasing Agency

- The Contracting Agency has the obligation to assess, on a monthly basis, the output, performance of each health facility and, in the ten (10) days following the end of the month, to draft a report on the subsidies to be paid as specified in the Contract.
- The Agency effects quarterly payments of a quality bonus based on the results of qualitative evaluation conducted by the District Framework Team and on the results of the surveys conducted within the population by community-based local associations.

District Framework Teams (Support Framework)

- The District Framework Team drafts, on a quarterly basis, a report assessing the quality of the services provided by each Health Centre. The report will serve as a basis for the calculation and payment of the quality bonus.

STANDARD BUSINESS PLAN OR CONTRACTING HEALTH FACILITIES IN CYANGUGU PROVINCE

Analysis of previous-year data and Planning for the next quarter

1. GENERAL INFORMATION

Name of the Health Centre: ….....
Other health structures in the Catchment Area: .....
Distance between the health facility and the Referral Hospital: ….....
Population of the Catchment Area: .....

EXAMPLE OF STATISTICS FOR A HEALTH CENTRE

Year Month	Curative consultation New cases	Deliveries	Family planning (new registered women + old ones)	Antenatal consultation
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

2. CURATIVE CONSULTATION

What is the monthly number of new cases expected during curative consultation in your health facility.....…….
(To calculate the coverage rate per annum and per capita in your Catchment Area /12)

What are the factors limiting the number of people coming to your health centre?
(To examine factors such as price, competition with other health service providers in the area (quacks, healers, profit-making private health service providers), lack of drugs or equipment, problems of geographical access, lack of qualified staffs, lack of transport, lack of staffs' motivation as well as other problems).....
.....……..
What are the strategies and proposals for improvement?

What are the additional resources you need to reach the target and do you envisage subcontracting other health structures in the private sector?
……
……

3. DELIVERIES

How many deliveries take place in your health centre?
Calculate the monthly coverage expected…….
(The number of deliveries in the Catchment Area is 4.3% of the population / 12)

What are the problems related to assisted deliveries in your Catchment Area ?.....
.....
.....……..

What are the strategies and proposals for improvement?
What are the additional resources you need to reach the target?

.....
.....…….

4. OBSERVATION / HOSPITALISATION

Which type of patients are hospitalised in your health facility?
……
…..
How many per month on average? .....
What is the average duration of hospitalisation? Are they transferred on time and according to the flow chart?
……
……

What are the strategies and proposals for quality improvement?

5. ANTENATAL CONSULTATIONS

Calculate the number of women expected for antenatal consultation.....…….
(The number of pregnancies expected in the Catchment Area is 4.3% of the total population of the this area)

What are the problems met by staff in the antenatal consultations of your area of coverage?
……
……
……
What are strategies and proposals for improvement?
Which additional resources are needed to reach the target?

6. FAMILY PLANNING

What is the monthly average of new and old users who resorted to the family planning service during the previous quarter ?.....…….

What is the contraceptive prevalence in the area served by the health facility?
: ……%
(Women aged from 15 to 45 = 22% of the total population. An injection or a cycle of oral contraceptives lasts for three months)

What are the problems pertaining to family planning services in the coverage area?
……
……
……..
What is the family planning coverage targeted for the period of the next contract? .....%
Which additional resources do you need to attain these objectives?
(recruiting additional nurses, collaboration with local NGOs.)
……

Are there any trained staffs to lay implants and IUD in your Catchment Area?

What are the strategies to meet the demands for surgical methods of family planning (tubal ligation, vasectomy) in the area and how collaboration with District Hospitals was organised to that effect?

7. VACCINATION (EPI)

(The target group of children aged less than one year is 4.3% of the population of the Catchment Area)

Type of vaccine	Number of cases vaccinated during the previous period	Target group	% reached
BCG			
DTP 3			
Measles			
Children completely vaccinated			

What are the problems related to vaccination in the Catchment Area?
……
……

…….

What are the strategies and proposals for improvement?

8. DISTRIBUTION OF MOSQUITO NETS

What is the rate of the coverage of the distribution of mosquito nets in the Catchment Area?
(Rate of coverage of mosquito nets: Number of mosquito nets distributed during the year divided by the population in the Area).....%

What are the problems related to the distribution of mosquito nets in the area of coverage?

What are the strategies and proposals to reach the target (30% of the population that uses mosquito nets)? ……..……..….
……
……

9. TRANSFER OF SERIOUSLY ILL PATIENTS

What are the problems you encounter in the transfer of seriously ill patients to referral structures? …….
……

What are the local strategies and proposals to improve transfer taking into account the subsidies paid by the Purchasing Agency?
……
……
…….

10. HUMAN RESOURCES ANALYSIS

What is the current level of bonus paid to staff? .....

What should be the reasonable monthly bonus for your staff? Calculate the total amount required for all staff members.....……..

How does this relate to your current income?

Staff proposed for the Catchment Area

Staff categories	Staff paid by the Government	Staff paid by the Health Facility	Additional staff proposed during the period of the contract	Explanations
A1				
A2				
A3				
Accounting				
Supporting staff				
Cleaning/security				
Others				

The District Framework Team will make sure that the staffs recruited have relevant knowledge and skills to discharge their duties.

11. OTHER RESOURCES

Describe the situation concerning the availability of essential drugs
……

Describe the situation concerning the availability of medical materials .....
……

Describe the situation concerning the availability of furniture and office supplies…….

12. FINANCIAL PLANNING

Estimate the financial needs of the health centre based on your strategy and proposals for improvement

	Current monthly expenditure	Monthly expenditure planned for the new contractual period
Bonus		
Special drugs		
Allowances/mission fees		
Medical supplies/consumables		
Office supplies		
Battery charge/ice for vaccines		
Repairing and maintenance		
Others		

	Current monthly expenditure	Monthly expenditure planned for the new contractual period
Receipts from cost recovery		
Salary paid by the Ministry of Health		
Recurrent charges supported by the Ministry of Health		
Payments within the framework of the contract with the Purchasing Agency		
Contribution from other donors: UNICEF, NIMCP, UNFPA, etc.		

STANDARD CONTRACT FOR THE PURCHASE OF SERVICES FOR A HEALTH CENTRE

CONTRACT FOR THE PURCHASE OF SERVICES

The following Contract for the purchase of services is entered into between

……..Health Centre represented by the Head of this health centre

And

The Health Services Purchasing Agency (AASS) / Memisa CORDAID Rwanda,
represented by……

I. Terms and conditions of the Contract

Article 1: Background of the Contractual Approach

The Contractual Approach also known as "Performance-Based Financing" aims at increasing the quantitative and qualitative performance of health service providers.

Services purchasing should directly result in the improvement of the *output and performances* of health structures and indirectly result in the improvement of the quality of the services provided to the population.

The Contractual Approach integrates the subsidy of activities and services actually produced by health structures subcontracted under the traditional systems of health structures funding.

The following are the ultimate objectives of the Contractual Approach:

- Make healthcare financially and geographically accessible;
- Provide the population with quality healthcare services;
- Involve the community in the taking care of its own health.

Article 2: Mutual Commitments for both Parties

2.1. The Health Centre Providing Healthcare Services

The Health Centre undertakes to cover the Minimum Activities Package (PMA) provided for by District standards, by providing quality healthcare services to the entire population of its Catchment Area.

The implementation of the Minimum Activity Package and strategies to gradually reach

targets provided for by the National Health Policy are encapsulated in a quarterly business plan, which precedes and accompanies this services purchasing Contract.

The Head of the Health Centre shall present the business plan to the Purchasing Agency in the course of the last ten days of the ongoing quarter until the sixth day of the first month of the following quarter. The signing of the Performance Contract between the Health Centre and the Purchasing Agency shall take place the same day after the presentation and examination of the business plan.

The presentation of the quarterly business plan beyond this period shall lead to the non-renewal of the Contract for the next quarter

Monthly services provided by the Health Centre shall be notified to the Purchasing Agency through its HIS Report to be submitted to the Purchasing Agency in the first five days of each month to allow their verification.

2.2. The Health Services Purchasing Agency (AASS)

AASS undertakes to monthly purchase some services provided by the Health Centre (See Article 3).
Such services mentioned in the HIS Report by the Health Centre shall be verified in respective registers by the Agency's staff and recorded in a monthly verification summary, jointly signed by the head of the Health Centre and the Agency's controller.

Payment shall be effected by bank transfer for an amount corresponding to the services checked, based on the scales specified in Article 4. The payment shall be effected in the course of the fifteen (15) days of the following month (See Article 5).

AASS shall notify in writing the Health Centre of the payment effected by specifying the amount transferred. A copy of the invoice made out on basis of services checked and of the payment order, a copy of the monthly summary and a table of statistical analysis of the Health Centre's performances shall be attached to this letter of notification of payment.

After receiving the money on its account, the Health Centre shall confirm this to the Agency through a letter indicating the exact amount credited on its account and the accreditation date.

Article 3: Indicators of the Contract

Services subsidized in the Health Centre:

Activities	Indicators
Curative Consultation	Number of new consultants
Hospitalisation	Number of days
Institutional deliveries	Deliveries taking place in a health facility
Vaccination	Children completely vaccinated
Malaria prevention	Distribution and sales of mosquito nets
Tetanus vaccination of pregnant women	Number of women with protected pregnancies VAT2-5)
Antenatal consultation	Number of pregnant women who went to the health centre for ANC (new registered women)
Family Planning	Number of new and old users of oral contraceptive methods (oral, injection) Number of IUD and implants laid Number of transfer for surgical method (based on the presentation of counter transfer)
VCT: HIV/AIDS screening	Number of people tested on a voluntary basis Number of couples tested on a voluntary basis
VCT: Transfer of HIV+ people	Number of HIV+ people transferred to the District Hospital
PMTCT	Number of pregnant women tested for HIV/AIDS Number of couples tested on a voluntary basis Number of tested women informed about results Number of HIV+ pregnant women treated with Niverapine Number of newborn babies born to HIV+ women treated with Niverapine
PROPHYLAXIS OF OPPORTUNISTIC DISEASES	Number of HIV+ patients treated with Cotrimoxazole
TBC and HIV	Number of tuberculosis sufferers voluntarily tested for HIV

Article 4: Unit amount of subsidy per indicator

Scales are presented as follows:

Unit subsidy amount for each indicator and per category

INDICATOR	Standard subsidy
1. New consultants	Rwf 150
2. Hospitalisation days	Rwf 150
3. Institutional deliveries	Rwf 2,000
4. Children completely vaccinated	Rwf 1,000
5. Distribution of mosquito nets	Rwf 1,000
6. ANC, new registered mothers	Rwf 150
7. VAT 2,3,4,5	Rwf 200
8. FP (pill, Depo-Provera) for new users	Rwf 1,000
9. FP old users	Rwf 750
10. FP (IUD-Implant)	Rwf 2,500
11. FP transfer (surgical methods) upon presentation of counter-transfer	Rwf 3,000
12. Number of individual tests conducted	Rwf 600
13. Number of couples voluntarily tested	Rwf 600
14. Number of HIV+ patients transferred to the District Hospital	Rwf 600
15. Number of pregnant women voluntarily tested	Rwf 600
16. Number of couples voluntarily tested	Rwf 600
17. Number of pregnant women informed about test results	Rwf 600
18. Number of women treated with Niverapine	Rwf 600
19. Number of newborn babies born to HIV+ women treated with Niverapine	Rwf 600
20. Number of HIV+ patients treated with Cotrimoxazole	Rwf 50
21. Number of tuberculosis sufferers tested voluntarily for HIV	Rwf 600

Article 5: Terms of payment

In principle and according to the availability of funds from the donor community, the payment for services shall be effected in the course of the fifteen days of the following month, after the verification procedures mentioned in Article 2.2 of the Contract.

A difference of 5% less or more for a given indicator between the HIS Report data and those checked by AASS staff shall lead to the cancellation of the subsidy of the month for the indicator under consideration.

The calculated amount is directly transferred to the Health Centre's account and AASS notifies, in writing, the Health Centre of the transfer. In return, the other party shall acknowledge receipt of the funds within a period not exceeding one month. Otherwise the transfer for the following month shall not be made (See Article 2.2).

Article 6: Quality bonus

AASS allocates, on a quarterly basis, a quality bonus to subcontracted health centres.
Such a bonus aims at encouraging service providers to improve the quality of services provided to users.

The bonus is calculated based on a certain number of evaluation criteria (verification of registers, verification of the existence of users, verification of services provided, average cost of services provided, collection of costs by users, users' satisfaction, supervision of the technical quality by the District Framework Team. The analysis of these criteria enables to come up with a percentage of the bonus to be allocated.

Where the bonus is allocated at 100% of its value, it shall be equivalent to 10% of the total amount of subsidies paid to the health centre during the quarter.
In no way shall the bonus be allocated to health centres with a bonus allocation percentage below 50%.

Article 7: Duration of the Contract

This Contract shall be valid for three months, from…….....to ....., date for the end of the Contract.
The Contract may be renewable on a quarterly basis.

Article 8: Sanctions, Termination or Non-Renewal of the Contract

- See Article 2

- Where there is fraud in the filling of registers, evidenced during register verification or following surveys conducted within the population, 20 % of the subsidy amount shall be deducted for the first time. In the event of a second fraud, the Contract shall be terminated for good.

- The cessation by different donors of the financing agreements under the Contractual Approach.

Article 9: Settlement of disputes

In case of disputes, the parties who are signatories to the Contract shall endeavour to settle them amicably. Otherwise, they shall be referred to competent organs.

Done at Cyangugu, on…….

Read and approved

Head of the Health Centre **National Coordinator CORDAID/RWANDA**

....

STANDARD SERVICES PURCHASING SUBCONTRACT
Between a Health Centre and a Private Dispensary operating in its Catchment Area

Between ……..Health Centre
…….Health District in Cyangugu Province,

Represented by its Head, ...
(Contracting Party)

And

…….Dispensary / private clinics

Represented by its owner,.....
(Subcontracted Party, service provider)

Regarding procedures and obligations for both parties to the purchasing of services, the following is agreed upon:

Article 1: Duration of the Contract

The present Contract has a three-month period renewable from.....to....., date of the end of the Contract.

Article 2: Nature of the Service

The present Contract concerns the indicators for which the Purchasing Agency/CORDAID subsidizes the health centre within the framework of the Contractual Approach.

Activities	**Indicators**
Curative Consultation	Number of new cases
Prevention and fight against malaria	Sales of mosquito nets
Transfers and counter transfers	Seriously ill patients transferred Transferred deliveries
Deliveries	Assisted delivery in the health structure
Family planning	Number of new and old users of contraceptive methods (pill, injection)
Antenatal consultations	Number of newly registered women

Article 3: Mutual commitments

The service provider undertakes:

- To submit a quarterly Business Plan to the Head of the Health Centre;
- To provide good quality services as agreed upon above;
- To record his/her activities following standard Basic Document templates, as developed by the Purchasing Agency;
- To submit at each end of the month his/her progress reports to the Head of the Health Centre.

The head of the health centre undertakes:

- To supervise the activities of the service provider;
- To provide the service provider with necessary technical support;
- To integrate monthly results into HIS reports and Monthly Verification Summaries to be submitted to the Purchasing Agency for subsidy;
- To monthly pay for the activities of the service provider according to the tariff specified under Article 4.

Article 4: Payment for services

INDICATOR	Standard subsidy	Indicator	Standard subsidy
Curative consultations (new cases)		ANC, new registered women and standard visits	
Children completely vaccinated		FP (pill, Depo Provera)	
Seriously ill patients transferred		FP (IUD-Implant)	
Distribution of mosquito nets			
Deliveries assisted by qualified staff			

The payment for services shall be effected during the thirty (30) days of the month after the verification by the Purchasing Agency's supervisors of the Activities in the Monthly Summary.

Terms of payment

The amount shall be transferred on account number …….....

The amount shall be paid in cash to.....

Article 5: Verification of the activities

The service provider agrees that the Purchasing Agency's employees can verify the services declared.

The submission by the service provider of incomplete statistical data may lead to the cancellation of the payment of subsidies for the past month.

Where there is fraud in the filling in of Basic Documents, no subsidy will be allocated to the service provider for the month concerned. At the end of each quarter, a quality bonus shall be calculated, based on the results of surveys of performance evaluation of health

centres, conducted within the population, and on the results of technical quality assessment conducted by the District Framework Team.

This bonus shall be calculated as follows: % of performance x total operating amount received during the quarter x 10%.

Article 6: Settlement of disputes

In case of problems of misunderstanding arising out of the interpretation and execution of the Contract, the parties who are signatories thereto shall endeavour to solve them amicably each month. Otherwise, the problems shall be referred to the Health Committee or the District Framework Team for decision.

Done at……, on……..

Read and approved

Head of ……..	**Head of……**	**President of the Health Committee**
Health Centre	**Private Dispensary**	

PART II: STANDARD BASIC DOCUMENTS TEMPLATES (REGISTERS) FOR THE ACTIVITIES TO BE SUBSIDIZED WITHIN THE FRAMEWORK OF THE CONTRACTUAL APPROACH

PART II A- STANDARD BASIC DOCUMENT TEMPLATES FOR HEALTH CENTRES

The standard template for **curative consultation** registers:

Date	N°	Name and first name	0-11	1-4	5-14	>14	Sex	Sector	Cell	Head of the family	Z	HZ	DH	Symptoms and physical tests	Lab tests	Diagnosis	Treatment	H	T

Standard template for **deliveries** registers

	Origin						**Previous pregnancies**					**Current pregnancy**					Condition of the child				**Hospitalisation days**				
Number	Name	Age	Z/HZ/DH	Sector	Cell	Head of the family	Number of cases of miscarriage	Number of still born babies	Dystocic delivery	Eutocic delivery	Total number of pregnancies	Number of ANC visits	High-risk Pregnancies O/N	Eutocic deliveries	Dystocic delivery	Type of dystocia	Sex	Weight	APGAR Score	Live-born /stillborn	Date of entry	Date of delivery	Date of exit	Hospitalisation days	Women's condition at exit (G/T/D/E)

Standard templates for **hospitalised patients'** registers

Number of patient coming for hospitalisation	EC's register number	Name	Sector	Cell	Age	Sex	Z/HZ/DH	Main diagnosis	Treatment	Date of entry	Date of exit	Hospitalisation days	Condition at exit (G/T/D/E)

Standard templates for **transferred patients registers**

Transfer register number	Number of the curative consultation register	Number of the delivery register	Name and first name	Reason for transfer	Date of transfer	Date of arrival at the Referral Hospital	Number and date of the receipt of the counter transfer sheet

Standard template for the **vaccination** register

Register number	Child's name	Father's name	Mother's name	Sector	Cell	Date of birth	Date BCG	Date Polio 0	Date Polio 1	Date Polio 2	Date Polio 3	Date Pent 1	Date Pent 2	Date Pent 3	Date VAR	Date completely vaccinated

Standard template for the **Planning Family** register:

Date	Number of UNFPA Sheet	Month	Name and first name	Sector	Cell	Age	Pill	Contraceptive injections	IUD	Implant	New female user	Old female user

Standard template concerning the register for the **distribution of mosquito nets:**

Date	Month number	Progressive registration number	Name	First name	Sector	Cell	Selling price

Standard template for the register for **"New registered women " under the ANC programme**

Date	Progressive registration number	Month number	Name and first name	Age	Sector	Cell	Name of the head of the family	Number cases of miscarriage	Number stillborn cases	Dystocic delivery	Eutocic delivery	**Total number of pregnancies**	High-risk	Transferred	T1	T1	T1	T1	T1	Completed

Standard template for the register for "**Standard Visits" under the ANC programme**

Date	Progressive registration number	Month number	Name and first name	Age	Standard Visit 1	Standard Visit 2	Standard Visit 3	Standard Visit 4	Standard Visit 4 or more	High-risk	Transferred

PART II B: STANDARD BASIC DOCUMENT TEMPALTES FOR DISTRICT HOSPITALS

Medical consultation register

Date	N°	Name First name	Age	Sex	Sector	Cell	D	DH	**Transferred patient** **HC of origin**	Clinical examination	Laboratory	Diagnosis	Treatment

Patients transferred from

B) Hospitalisation register (Medicine-Paediatrics-Surgery)

N° medical consultation register	Number of patient coming for hospitalisation	Name First name	Age	Sex	Sector	Cell	D	DH	**Transferred woman-HC of origin**	Entry diagnosis	Treatment	Date of entry	Date of exit	Days	Condition at exist

Patients hospitalised as a matter of urgency

- Transferred patients hospitalised as a matter of urgency and not registered in the medical consultation register

C) Hospitalisation register (maternity)

Medical consultation register number	Number of patient coming for hospitalisation	Name First name	Age	Sector	Cell	D	DH	**Transferred women-HC of origin**	Entry diagnosis	**Outcome of the delivery**	Date of entry	Date of exit	Days	Condition at exit

Deliveries transferred as a matter of urgency *

Eutocic and dystocic deliveries

* Delivery of the transferred patients hospitalised as a matter of urgency and not registered in the medical consultation

D) Surgery block register

Date	N°	Name First name	Age	Sex	Sector	Cell	D	DH	**Transferred patient-HC of origin**	Diagnosis….	Type of intervention	Anaesthetic technique and outcome of intervention

Transferred patient operated as a matter of urgency *

- Major surgical interventions
- Caesarean sections

Tubal ligation or vasectomy

* Patient operated as a matter of urgency and not registered in the medical consultation register.

E) Register for transferred patients

Date	N°	Name First name	Age	Sex	Sector	Cell	D	DH	**Transferred patient-HC of origin**	Medical consultation Registration number	Hospitalised as a matter of urgency Service and number of patient coming for registration	Operated as a matter of emergency Surgery Block Registration number

PART III: PROTOCOL FOR THE FILLING IN OF BASIC DOCUMENTS

PART III A: BASIC DOCUMENTS FOR HEALTH CENTRES

1. Protocol for the filling in of curative consultation registers

- All subcontracted health structures operating in a Catchment Area (including advanced strategy) have at their disposal two Curative Consultation registers;
  A register for new Consultants and **another** register for old consultants.
- The standard template for curative consultations registers, which is found in Part II A, should be filled in as follows:
- The numbering of new CC cases should be restarted each month.
- The date of each consultation day should be marked.
- The columns for age, sex, sector, cell and the name of the head of the family should be filled in to identify where the patient comes from.
- The patient's major symptoms and clinical examination should be indicated in the « symptoms "column.
- Required laboratory tests together with their results should be written in the "lab tests" column.
- In the "T/H" column, it is recorded whether the patient was transferred (T) or hospitalised (H).
- At the end of the month, the head of the health centre adds up new cases recorded in the external consultation (EC) register and indicates the total number below the last patient and signs according to the following table:

Total number of New EC cases for …….(month)	**Signature of the head of the health centre/date**	Signature of the Supervisor from the Purchasing Agency/date
…….	……..	……..

- The supervisor checks whether the total recorded is exact and whether the register was correctly filled in, and affixes his/her signature beside that of the head of the health centre.
- The supervisor and the head of the health facility record the total number of New Cases in the Monthly Summary and sign the document.

2. Protocol for the deliveries Register

- All subcontracted health structures providing delivery services in the HC's Catchment Area have a Basic Document for deliveries.
- The standard Basic Document template for deliveries, which is found in Part II A, should be filled in as follows:
- Starting the numbering of each month
- Origin is important to check the existence of these women.
- In the "previous pregnancies" column, the number of previous miscarriages, previous stillborn cases, previous dystocic deliveries and previous eutocic deliveries should be taken into consideration.

- In the "current delivery" column, the number of antenatal consultation visits should be recorded, and it should be indicated whether delivery was at risk or not, and whether delivery was eutocic or dystocic. In case delivery was dystocic, "the type of dystocia" should be recorded in the column; for example, whether it was a vacuum-assisted delivery, breech birth delivery, bigeminal delivery, etc.
- In the "condition of the child' column, one should record the child's sex and weight, the APGAR score and whether the child is a live- born or stillborn case.
- The entry, delivery and exit dates are written in the "hospitalisation days" column. One can, therefore, calculate the number of hospitalisation days. The number of hospitalisation days is obtained by counting the nights that the women spent in the health centre.
- Diagnostics at the exit may be: Good (G), Transferred (T), Dead (D) or Escaped (E).
- At the end of the month, the head of the health centre adds up cases of eutocic and dystocic deliveries recorded in the register, indicates the total number below the last patient of the month and signs as follows:

Total number of eutocic and dystocic deliveries for. ……(month)	**Signature of the head of the Catchment Area/date**	Signature of the Supervisor from the Purchasing Agency/date
…….	……..	……..

- The supervisor checks whether the total number recorded is exact and whether the register was correctly filled in, and affixes his/her signature beside that of the head of the health centre.
- The supervisor and the head of the health centre record the total number of deliveries in the Monthly Summary and sign the document.

3. Protocol for Registers for general hospitalisation and mothers of newborn children

- All subcontracted health structures, located in the HC's Catchment Area and providing hospitalisations, have a hospitalisation register.
- The standard Basic Document template for hospitalised patients, which is incorporated into Part II A of this document, should be filled in as follows:
- Restart each month the numbering of new patients coming for hospitalisation
- Record the number of the patient recorded in the Curative Consultation Register. This number is important for the identification of the origin of the patient. Origin is important to enable local interviewers to check the existence of these patients.
- The major symptom should be indicated in the 'main diagnosis" column, as other details are already recorded in the External Consultation Register.
- Treatment received by the patient should be recorded in the "essential treatment" column.
- The hospitalisation date is recorded in the "entry date "column and the exit date in the 'exit date" column. Hospitalisation days are obtained by counting the nights the patient spends in the Health Centre.
- Exit conditions may be: Recovered (R), Transferred (T) Dead (D) or Escaped (E).
- At the end of the month, the head of the health centre adds up hospitalisation days, and records the total number in the register below the last hospitalised patient and affixes his/her signature according to the following table:

Number of Hospitalisation Days for patients present at the beginning of the month, who left in the course of the month	Number of Hospitalisation Days for patients who entered and left during the month	TOTAL	Signature of the head of the health facility	Signature of the supervisor from the Purchasing Agency/Date
……...	……	……..	……/…./200…	……/…./200…

Those who are still hospitalised will be counted in the next month. In other words, on should count hospitalisation days for patients who left in the course of the month.

- The supervisor checks whether the total number recorded is exact and whether the register was correctly filled in, and affixes his/her signature beside that of the head of the health centre.
- The supervisor and the head of the health centre record the total number of hospitalisation days in the Monthly Summary and sign the document.

Hospitalisation days for mothers of newborn children

Hospitalisation days for women who deliver while hospitalised are also counted. Therefore, verification of the delivery register should be conducted in all the structures of the Catchment Area.

- At the end of the month, the head of the health centre adds up hospitalisation days for mothers of newborn child, and records the total number in the register after the last woman who delivered, and affixes his/her signature as follows:

Number of Hospitalisation Days for mothers of new born children present at the beginning of the month, who left in the course of the month	Number of Hospitalisation Days for mothers of newborn children who entered and left during the month	TOTAL	Signature of the head of the health facility	Signature of the supervisor from the Purchasing Agency/Date
……...	……	……..	……../…./20…	……/…./20…

Those who are still hospitalised will be counted in the next month. In other words, on should count hospitalisation days for women who left in the course of the month.

- The supervisor checks whether the total number recorded is exact and whether the register was correctly filled in, and affixes his/her signature beside that of the head of the health centre.
- The supervisor and the head of the heath centre record the total number of mothers of newborn child's hospitalisation days in the Monthly Summary and sign the document.

4. Protocol for the register of transferred patients (general transfer and transferred

deliveries)

- The HC has a register for the transfer of seriously ill patients (general transfer and transferred deliveries).
- The standard Basic Document template for transferred patients, which is incorporated into Part II A of this document, should be filled in as follows:
- The columns reserved for the "the transfer register number", the "delivery register number" and the "Curative Consultation register number" should be filled in to identify the patient. The hospital where the patient was transferred should be recorded in the "Referral Hospital' column.
- The day when the patient was transferred should be recorded in the "date of transfer" column.
- At the end of each month, the Purchasing Agent's supervisors collect information about transferred patients in all Health Centres, in the medical consultation register in the District Hospital. During the visit in Health Centres, the supervisor confirms whether the transfer to the Hospital took place by checking counter transfer sheets.
- At the end of the month, the head of the health centre adds up the number of transferred patients, and records the total number below the last patient of the month and signs in the register of seriously ill transferred patients as follows:

Number of seriously ill patients transferred and confirmed by DH counter transfer sheets in the course of ……..(month)	Signature of the head of the health facility/date	Signature of the supervisor from the Purchasing Agency
……..	……/……/20….	……/……/20….

The patients who were transferred in the course of the month, but who are not confirmed through counter transfer sheets, will be counted in the next month.

- The supervisor checks whether the total number recorded is exact and whether the register was correctly filled in, and affixes his/her signature beside that of the head of the health centre.
- The supervisor and the head of the health centre record the total number of transferred cases in the Monthly Verification and Analysis Summary.
- The head of the health facility and the supervisor make their own comments about the evolution of results and in the end they formulate joint recommendations.

5. Protocol for the register of children completely vaccinated

- The HC has a Basic Document for vaccinated children, which is a vaccination register.
- The standard Basic Document template for transferred patients, which is integrated into Part II A of this document, should be filled in as follows:
- One can record the date in the 'children completely vaccinated' column when all antigens were administered within a period of 12 months from the date of birth.
- At the end of the month, the head of the health centre together with the supervisor add up the number of children completely vaccinated in the course of the month and sign in the register below the last child of the month as follows:

Number of children completely vaccinated in …….(month)	Signature of the head of the facility	Signature of the supervisor from the Purchasing Agency /date
…….	……../……/20	……../……/20

- The supervisor and the head of the health centre record the total number of completely vaccinated children in the Monthly Summary and sign the document.

6. Protocol for the FP register (Oral contraceptive and contraceptive injections; IUD, Implants)

- All the structures in the Catchment Area (including advanced strategy) have a Family Planning register. FP activities to be subsidized concern modern methods applied in a first-level structure: pill, contraceptive injections, IUD and Implant.
- The standard Basic Document template for FP, which is incorporated into Part II A of this document, should be filled in as follows:
- Nurses in charge of FP open a UNFPA individual sheet for each new user: this sheet is kept in a folder; they give a personal sheet to the female user. Each stakeholder operating in the Area (fixed HC, advanced strategy, private dispensary, fixed dispensary of the HC, etc.) has a register and a folder with all UNFPA individual sheets. The individual sheet should be filled in with a unique number as follows:

0	**3/**	**0/**	**0**	**0**	**1**

- The numbering of each structure implementing FP activities could be progressive: for instance, fixed HC 03/0/001; for advanced strategy 03/1/001; for a private dispensary operating in the Area 03/2/001; etc.
- At the end of the month the head of the health centre adds up the number of FP female users in each register, writes the total number below the last female user and signs as follows:

1. Pill (3 cycles) during …….(month)	2. Contraceptive injection during …….(month)	**TOTAL 1+2**	3. IUD	4. Implant	**TOTAL 3+4**	Signature of the head of the facility /date	Signature supervisor from the Purchasing Agency /date
……..	……..					……/…/20…	……/…/20…

- The supervisor checks whether FP registers for different stakeholders in the Catchment Area are correctly filled in, and s/he signs in the registers.
- The supervisor and the head of the health centre record the total number of FP female users in the Monthly Summary and sign the document.

7. Protocol for the mosquito nets distribution register

- All the structures operating in the Catchment Area (including advanced strategy) have a Basic Document for the distribution of mosquito nets. The heads of Catchment Areas are encouraged to analyse alternative distribution methods by, for instance, recruiting promotion officers or by

subsidizing mosquito nets to improve financial access for the population. It is also important, however, that the HC develops a strategy to explain well the modalities for the use of mosquito nets, the period and the procedures for re- impregnation.

- The standard Basic Document template for the distribution of mosquito nets, which is incorporated into Part II A of this document, should be filled in as follows:
- To fill in the date column
- To restart each month the numbering of mosquito nets sold
- To fill in the annual progressive numbering column
- To fill in the columns reserved for name, first name, sector and cell
- To fill in the column reserved for the selling price of mosquito nets
- At the end of the month, the head of the health centre adds up the number of mosquito nets sold, record the total in each register and signs below the last buyer of the mosquito nets as follows:

Number of the mosquito nets sold in …….(month)	Signature of the head of the HC	Signature of the supervisor from the Purchasing Agency /date
……..	……../……/20..	……../……/20..

- The supervisor checks whether the mosquito nets distribution registers for different stakeholders in the Catchment Area are correctly filled in.
- The supervisor also checks the mosquito nets stock sheet and countersigns the register.
- The supervisor and the head of the health centre record the total number of mosquito nets sold during the month in a monthly verification and analysis summary and sign the document.

8. Protocol for the ANC register

- All subcontracted structures in the Catchment Area (advanced strategy included) have an Antenatal Consultation register.
- ANC activities to be subsidized concern newly registered women and all standard visits. One has to make sure that a new registered woman is not counted as a standard visit. Each ANC stakeholder, therefore, will have a register for 'New registered women and a register for standard visits where all women returning for Antenatal Consultation during a same pregnancy are counted. One also has to make sure that this double entry is not made in the HIS monthly report.
- The standard Basic Document templates for "New registered" case coming fir Antenatal Consultation and the Basic Document for "Standard visit" case concerning Antenatal Consultation, which are integrated into Part II A of this document should be filled in as follows:
- Nurses in charge of ANC open an individual « ANC » sheet for each new registered woman: this sheet is kept in a folder; they give a personal sheet to the user. Each stakeholder in the Area (fixed HC, advanced strategy, private dispensary, fixed dispensary of the HC, etc.) has a register and a folder with all ANC individual sheets.
- At the end of the month, the head of the health facility adds up the number of "new recorded women" under the ANC programme, records the total number in each register and signs below the last woman as follows:

New registered women under the ANC programme during …….(month)	Signature of the head of the health facility /date	Signature of the supervisor from the Purchasing Agency /date
……..	……/……/20…	……/……/20…

- At the end of the month, the head of the health facility adds up the number of "standard visits" under ANC, records the total number in each register and signs below the last woman as

follows:

Standard visits during …….(month)	Signature of the head of the health facility /date	Signature of the supervisor from the Purchasing Agency /date
……..	……/……/20…	……/……/20…

- The supervisor checks whether ANC registers for different stakeholders in the Catchment Area are filled in correctly and signs the registers.
- The supervisor and the head of the health facility record the total number of ANC female users in the Monthly Summary and sign the document.

9. Other activities

- **HIV/AIDS indicators**

These indicators were introduced from May 2005 following CNLS/MAP's funding.

They concern the activities pertaining to the fight against HIV/AIDS, implemented in 11 health centres providing the VCT/PMTCT services, integrated into Cyangugu Province.

VCT-HIV screening test	Number of screened people Number of couples screened voluntarily
VCT-Transfer of HIV+ persons	Number of HIV+ people transferred to the District Hospital
PMTC-Prevention Mother To Child Transmission of HIV	Number of pregnant women tested Number of tested women, who come to collect results Number of HIV+ pregnant women treated with Niverapine Number of newborn babies born to HIV+ women treated with Niverapine
Tuberculosis-AIDS	Number of tuberculosis sufferers tested voluntarily

The verification of data presented in the TRAC's monthly report is made on basic documents prepared within the framework of the National Programme for the Fight against HIV/AIDS.

PART III B: BASIC DOCUMENTS FOR DISTRICT HOSPITALS

The standard basic document templates for District Hospitals are incorporated into PART II B of this document.

1. Protocol for the filling in of the medical doctor consultation registers

The following are the filling in modalities:

- The day on which the visit was conducted should be recorded in the « date » column

- The numbering of visits should restart each month
- The patient identification columns should be compiled. Name and first name, age, sex, sector, cell, District and off District
- The Health Centre, which made the transfer, should be recorded in the « Transferred Patient » column.
- The following should be respectively recorded in the following columns: patient's clinical test, laboratory tests conducted and their results, diagnosis and treatment prescribed by the medical doctor.
- At the end of the month, the head of the Nursing Department at the Hospital marks the total number of new consultants after the last patient consulted, and s/he signs.
- The person conducting verification during the visit checks whether the total number of consultants is correct and countersigns beside the signature of the Head of the Nursing Department.
- The controller from the Purchasing Agency and the Head of the Nursing Department record the total number of the new consultants for the month in the Monthly Summary.

2. Protocol for the filling in of the hospitalisation register (Medicine – Paediatrics – Surgery)

- The patient's registration number, at the time a Hospital's medical doctor visited him/her and decided that s/he be hospitalised, should be recorded in the " number of medical doctor consultation register column ».
- The progressive number of the patient coming for hospitalisation should be written in the « patient coming for hospitalisation » column: the progressive counting of hospitalised patients should restart from the first day of each month.
- The patient's identification columns should be compiled: Name and first name, age, sex, sector, cell, District and off District.
- The Health Centre that made transfer should be recorded in the « Transferred Patient » column: In this case only transferred patients who were hospitalised as a matter of emergency without going through medical doctor consultation should be recorded.
- The diagnosis for the patient' s admission to the service and the treatment taken during hospitalisation should be recorded in the two following columns.
- The date when the patient entered the hospital should be recorded in the « entry date » column.
- The date when the patient left the hospital should be recorded in the « exit date » column
- Hospitalisation days should be recorded in the « days' column: hospitalisation days are calculated by counting the nights the patient spent in the hospital.
- The patient's clinical situation when she leaves hospital should be recorded in the « condition at exit » column (Recovered, stable, deteriorated), if the patient died at the hospital, or if she escaped.
- At the end of the month, the head of the Nursing Department adds up the number of hospitalisation days for outgoing patients, reports the total number in the register below the last hospitalised patient, and s/he signs.

Those who are still inside will be counted in the next month.

- The person conducting verification checks, during the visit, whether the total number of

hospitalisation days is correct, and countersigns beside the signature of the Head of the Nursing Department.

- The controller from the Purchasing Agency and the Head of the Nursing Department record in the Monthly Summary the total number of hospitalisation days in the month.

3. Protocol for the filling in of the maternity hospitalisation register

- The woman's registration number when one of the Hospital's medical doctors visited her and decided that she be hospitalised should be recorded in the « number of medical doctor consultation register » column.
- The progressive number for the woman coming for hospitalisation should be recorded in the column for « the number of patient coming for hospitalisation »: the progressive counting of hospitalised women should restart from the first day of each month.
- The woman's identification columns should be compiled: Name and first name, age, sector, cell, District and off District.
- The Health Centre that made the transfer should be recorded in the « Transferred Patient » column: in this case only transferred women who were hospitalised as a matter of emergency without going through medical doctor consultation should be taken into account.
- The woman's entry diagnosis at the time of hospitalisation should be recorded in the « entry diagnosis » column.
- In case of women hospitalised for delivery, one should record in the « delivery outcome » column whether delivery was eutocic or dystocic: in the latter case, the type of distocia should also be recorded.
- The date when the woman entered the hospital should be recorded in the « entry date » column.
- The date when the woman left the hospital should be recorded in the « exit date » column.
- Hospitalisation days should be recorded in the " days" column: hospitalisation days are calculated by counting the nights the patient spent in the hospital
- The woman's clinical situation when she leaves hospital should be recorded in the « condition at exit » column (Recovered, stable, deteriorated), if the woman died at the hospital, or if she escaped.
- At the end of the month, the Head of the Nursing Department adds up the number of hospitalisation days for outgoing women, the number of eutocic deliveries, the number of dystocic deliveries; s/he records the total numbers in the register below the last hospitalised patient, and s/he signs.

Those who are still inside will be counted in the next month

- The person conducting verification checks, during the visit, whether the total number of hospitalisation days, the total number of eutocic deliveries and the total number of dystocic deliveries are correct, and countersigns beside the signature of the Head of the Nursing Department.
- The controller from the Purchasing Agency and the Head of the Nursing Department record in the Monthly Summary the total number of hospitalisation days, of eutocic deliveries and of dystocic deliveries in the month.

4. Protocol for the filling in of the surgery block register

- The date when the surgical intervention took place should be recorded in the «date»column.
- The progressive registration number for operated patients should be recorded in the " number" column: the progressive counting of the patients who have been operated should restart from the first day of each month.
- Thereafter, operated patient's identification columns should be compiled: Name and first name, age, sex, sector, cell, District and off District.
- The Health Centre that made transfer should be recorded in the « Transferred Patient » column: In this case only transferred patients, who were operated as a matter of emergency without going through medical doctor consultation by medical doctors, are taken into account.
- The diagnosis for the admission to the surgery block should be recorded in the « diagnosis » column.
- The type of the intervention made should be recorded in the « type of intervention » column: major surgical intervention, minor surgical intervention, Caesarean section, tubal ligation or vasectomy.
- The anaesthetic technique used during the intervention together with the outcome of the intervention should be recorded in the last column.
- At the end of the month, the Head of the Nursing Department adds up the number of major surgical interventions, Caesarean sections and tubal ligations, and records the total numbers in the surgery block register below the last patient, and s/he signs.
- The controller, during his or her visit, checks whether the monthly total numbers of major surgical intervention, Caesarean sections, tubal ligations or vasectomies are correct, and countersigns beside the signature of the Head of the Nursing Department.
- The controller from the Purchasing Agency and the Head of the Nursing Department record in the Monthly Summary the total numbers of major surgical interventions, Caesarean sections and tubal ligations or vasectomies for the month.

5. Protocol for the filling in of the register for transferred patients

- The date when transfer was made should be recorded in the «date»column.
- The progressive registration number for transferred patients should be recorded in the « number »column in different Registers of the Hospital: medical doctor consultation register, Hospitalisation register for medicine, paediatrics, surgery and maternity services, surgery block register; the progressive counting of transferred patients should restart from the first day of each month.
- Thereafter, identification columns for transferred patients are to be compiled: Name and first name, age, sex, sector, cell, District and off District.
- The Health Centre that made transfer should be recorded in the « transferred patient » column.
- The transferred patient's registration number in the medical doctor consultation register should be recorded in the « medical doctor » column.
- The transferred patient's registration number in the hospitalisation registers for different services (medicine- paediatric-surgery-maternity) should be recorded in the « emergency hospitalisation » column.

- The transferred patient's registration number in the surgery block register should be recorded in the « operated as a matter of urgency » column.
- At the end of the month, the Head of the Nursing Department adds up the number of transferred patients, and s/he records the total number in the register for transferred patients below the last recorded patient, and s/he signs.
- The controller, during his or her visit, checks whether the monthly total number of transferred patients is correct, and s/he countersigns beside the signature of the Head of the Nursing Department.
- The Purchasing Agency's controller draws up the list of the patients who were transferred during the month and received by the District Hospital from the Health Centres, which made the transfer: it will allow crossed control with monthly transfers declared by each District Health Centre.

6. Other activities and subsidized indicators

- **VIH/SIDA indicators**

As for Health Centres, the subsidy of these indicators was introduced in Hospitals from May 2005 following funding by CNLS/MAP.
These indicators consist of treatment of HIV+ persons with antiretroviral drugs, some VCT and PMTCT activities implemented in District Hospitals, prophylaxis of some opportunistic diseases with Cotrimoxazole and voluntary HIV screening for tuberculosis sufferers.

Activities	**Indicator and subsidized service**
HIV screening test	Number of screened people
Prevention Mother to Child of Transmission of HIV	Number of HIV+ pregnant women treated with Niverapine Number of newborn babies born to HIV+ women treated with Niverapine
Antiretroviral therapy	Number of new ARV takers and clinical follow-up 1st visit (admission) 2nd visit at 12 months 3rd visit at 18 months 4th visit at 24 months
Prophylaxis of opportunistic diseases	Number of HIV+ persons receiving Cotromoxazole
TBC and AIDS	Number of tuberculosis sufferers tested voluntarily

PART IV: MONTHLY SUMMARY

PART IV A: MONTHLY SUMMARY FOR HEALTH CENTRES

REPUBLIC OF RWANDA
CYANGUGU PROVINCE

BASIC HEALTHCARE SUPPORT PROGRAMME
HEALTH SERVICES PURCHASING AGENCY/CORDAID

MONTHLY VERIFICATION SUMMARY OF INDICATORS SUBSIDIZED WITHIN THE FRAMEOWK OF THE « CONTRACTUAL APPROACH »

……HEALTH DISTRICT MONTH :……YEAR :……..

…….……..HEALTH CENTRE'S CATCHMENT AREA

Structures subcontracted by the Health centre in its Catchment Area	**PMA activities implemented by the subcontracted structure**	**Isolation bonus**
Structure 1		
Structure 2		
Structure 3		
Structure 4		

HEALTH INDICATORS TO BE SUBSIDIZED FOR …….(MONTH)_____

1. External consultation

Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	MONTHLY TOTAL

2. Eutocic and dystocic deliveries

Health Centre	Dispensary 1	Dispensary 2	Other	MONTHLY TOTAL

3.Days for general hospitalisation and for mothers of newborn children

Number of general hospitalisation days							TOTAL
Health Centre	Dispensary 1	Dispensary 2		Health Centre	Dispensary 1	Dispensary 2	

4. Children completely vaccinated

Completely vaccinated children	MONTHLY TOTAL

5. Family Planning (injection and pill for a three-month period, IUD and Implant, Surgical methods transferred to the District Hospital)

New female users of the pill and of contraceptive injection						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	MONTHLY TOTAL

Female users of the pill and of contraceptive injection, who came to search for their method in the course of the month						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

New users of IUD and Implant						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

Surgical methods transferred to the District Hospital (confirmed by the counter transfer sheet)						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

6. Sales of mosquito nets

Mosquito nets sold						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

7. Antenatal consultation (ANC)

New women registered for ANC						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

8. VAT 2-5-Protected pregnancies

VAT 2-5						
Health Centre	Advanced strategies	Dispensary 1	Dispensary 2	Dispensary 3	Dispensary 4	**MONTHLY TOTAL**

HIV/AIDS INDICATORS

1.VCT

Individual tests conducted	**MONTHLY TOTAL**

Couples voluntarily tested	**MONTHLY TOTAL**

HIV+ patients transferred to the Hospital (to be checked in the Hospital's ARV registers)	**MONTHLY TOTAL**

2.PMTCT

Pregnant women tested	**MONTHLY TOTAL**

Couples voluntarily tested	**MONTHLY TOTAL**

Pregnant women tested and informed about test results	**MONTHLY TOTAL**

HIV+ women treated with Niverapine	**MONTHLY TOTAL**

Newborn babies born to HIV+ women treated with Niverapine	**MONTHLY TOTAL**

3. PROPHYLAXIS OPPORTUNISTIC DISEASES

HIV+ patients treated with COTRIMOXAZOLE	**MONTHLY TOTAL**

4. TBC & HIV

Tuberculosis sufferers voluntarily tested for HIV	**MONTHLY TOTAL**

DISTRICT FRAMEWORK TEAM INDICATORS

_____HEALTH DISTRICT
_____HEALTH CENTRE
PMA ACTIVITIES SUPERVISED IN THE COURSE OF THE MONTH

S/N	Activity	Date
1.	General organisation and community participation	
2.	Hygiene	
3.	External consultation	
4.	Hospitalisation	
5.	Antenatal consultation	
6.	Deliveries	
7.	Laboratory	
8.	Vaccination	
9.	Family planning	
10.	Tuberculosis	
11.	Essential drugs management	
12.	Financial management	
13.	Growth and nutritional rehabilitation surveillance	
TOTAL NUMBER OF SUPERVISED ACTIVITIES		

Date:

Signature of the Head of the Health Facility

……

Signature of the Supervisor from the Health Services Purchasing Agency/CORDAID

……..

Signature of the Manager of the Health Services Purchasing Agency/ CORDAID

……..

Signature of the Director of PASSB/CORDAID

……..

PART IV B: MONTHLY SUMMARY FOR DISTRICT HOSPITALS

REPUBLIC OF RWANDA
CYANGUGU PROVINCE

BASIC HEALTHCARE SUPPORT PROGRAMME
HEALTH SERVICES PURCHASING AGENCY/CORDAID

MONTHLY VERIFICATION SUMMARY OF INDICATORS SUBSIDIZED WITHIN THE FRAMEWORK OF THE « CONTRACTUAL APPROACH »

MONTH : **YEAR:**

……DISTRICT HOSPITAL

ACTIVITIES TO BE SUBSIDZED FOR …….(MONTH) _____

1. **Medical doctor consultation** New Consultants	MONTHLY TOTAL	

2. Hospitalisation days Days of hospitalisation in different services of the Hospital	MONTHLY TOTAL	

3.**Major surgical interventions** Major surgical interventions made in the Hospital Surgery Block	MONTHLY TOTAL	

4. Minor surgical interventions Minor surgical interventions made in the Hospital Surgery Block	MONTHLY TOTAL	

5. Eutocic deliveries Eutocic deliveries (Urban Health Centre's Catchment Area)	MONTHLY TOTAL	

6. Dystocic deliveries Dystocic deliveries (in the hospital maternity ward apart from Caesarean sections)	MONTHLY TOTAL	

7. Caesarean sections Caesarean sections done in the Hospital surgery block	MONTHLY TOTAL	

8.Tubal ligation and vasectomy Tubal ligation and vasectomies done in the Hospital Surgery Block	MONTHLY TOTAL	

9. Implants and IUD inserted	MONTHLY TOTAL	

10. HIV screening Test Number of tests conducted	MONTHLY TOTAL	

11. Number of HIV+ women treated with Niverapine	MONTHLY TOTAL	

12. Number of newborn babies born to HIV+ women treated with Niverapine	MONTHLY TOTAL	

13. Number of new ARV takers	MONTHLY TOTAL	

14. Number of HIV+ persons who conducted a 2nd clinical monitoring visit at 6 months	MONTHLY TOTAL	

15. Number of HIV+ persons who conducted a 3rd clinical monitoring visit at 12 months	MONTHLY TOTAL	

16. Number of HIV+ persons who conducted a 4th clinical monitoring visit at 18 months	MONTHLY TOTAL	

17. Number of HIV+ persons who conducted a 5th clinical monitoring visit at 24 months	MONTHLY TOTAL	

18. HIV+ patients treated with Cotrimoxazole	MONTHLY TOTAL	

19. Tuberculosis sufferers voluntarily tested for HIV	MONTHLY TOTAL	

Date:

Signature of the Hospital Director

……

Signature of the Supervisor from the Healthcare Services Purchasing Agency/CORDAID

……

Signature of the Manager of the Healthcare Services Purchasing Agency

……..

Signature of the Director of PASSB/CORDAID

…….

PART V: MODALITIES FOR THE FILLING IN OF THE MONTHLY SUMMARY

A) Monthly Summary for Health Centres

The Purchasing Agency's controller and the Head of the health facility fill in the Monthly Summary during monthly verification.
This document proves that supervisors systematically checked the data recorded in Basic Documents.
On basis of this document, the Purchasing Agency proceeds with the transfer of funds on the health structure's bank account and- on a quarterly basis- decides on the renewal of contracts.
Supervisors follow a fixed calendar of monthly visits to all Health Centres of the Province during the first ten (10) days of the month.

The first page of the Verification Summary identifies the Health Centre to be controlled with its Catchment Area and the subcontracted structures.

The following pages of the Summary contain the monthly results of the activities to be subsidized.

As explained in the Protocol for the filling in of basic documents, in Chapter III of this document, the supervisor should check and sign the registers for each activity and each health structure operating in the Catchment Area of the Health Centre under consideration, before recording monthly totals in the Summary.

After verification, the head of the health centre and the supervisor record in relevant boxes (Health Centre, advanced strategies, dispensary 1, dispensary 2) the monthly results for each structure of the Catchment Area under consideration; in the « monthly total » box, they record the monthly total, in other words, the sum of different boxes filled in for the same indicators.

This procedure is the same for subsidized indicators.
The Head of the health facility and the supervisor jointly signed the summary on the final page, and also mark the date when verification took place.
The Head of the Purchasing Agency and PASSB Director / Cyangugu sign the document at the Agency's office, after receiving it from the supervisor and checking its content.

A) Monthly Summary for District Hospitals

The Purchasing Agency's supervisor and the Hospital Director fill in the Monthly Summary during monthly verification.
This document proves that supervisors systematically checked the data recorded in Basic Documents.
On basis of this document, the Purchasing Agency proceeds with the transfer of funds on

the Hospital's bank account and-on a quarterly basis- decides on the renewal of contracts.

The Purchasing Agency's Public Health Team conducts verification visits in District Hospitals during the first ten (10) days of the month.

The first page of the Verification Summary identifies the Hospital to be controlled.

The following pages of the Summary contain the monthly results of the activities to be subsidized.

As explained in the Protocol for the filling in of Basic Documents, in Chapter III B of this document, the supervisor should check and sign the registers for each activity before recording their monthly totals in the Summary.

After verification, the Hospital Director and the supervisor record in the « monthly total » box the total number of the users of the services subsidized for the month under consideration.

This procedure is the same for subsidized indicators.
The Hospital Director and the supervisor jointly sign the summary on the final page, and they also mark the date when verification took place.
The head of the Purchasing Agency and PASSB Director / Cyangugu sign the document at the Agency's office, after receiving it from the supervisor and checking its content.

PART VI: VERIFICATION WITHIN THE POPULATION OF THE SERVICES PROVIDED BY SUBCONTRACTED HEALTH FACILTIES

- **The system of the verification of the activities subsidized by the Purchasing Agency is comprised of two phases:**

    - The monthly verification of registers, conducted by the Purchasing Agency's medical supervisors in each subcontracted health facility (See Part IV and V)
    - The quarterly control through sampling of the existence of patients recorded in the subsidized indicators registers. Interviewers members of community-based local groupings directly do this control within households.

- Local groupings in charge of conducting these quarterly controls are selected on basis of their objectives. Preferably, choice is made among groups with objectives linked to poverty reduction action, health in general, reproductive health or establishment of mutual health insurance schemes. The grouping should not be related to the health structure of the Catchment Area to be controlled to avoid conflict of interest. The Purchasing Agency enters into a contract with a selected Local Grouping and this contract could be terminated in case of non-execution or considerable delay in the conduct of a survey, of the conduct of poor quality surveys or of cheating in the filling in of questionnaires.
- The selected Local Grouping proposes interviewers from its members. The Purchasing Agency's supervisor selects four (4) local interviewers at most.
  The choice of the interviewers is based on the following qualifications:

    - Being able to read and write Kinyarwanda; knowing French being an asset;
    - Being available for about six (6) days a quarter to conduct surveys;
    - Having the capacity and the willingness to visit households located in a two-hour distance-either by walking on foot or using one's own means of transportation (a bicycle, for instance)
    - Being able to discharge one's duties in a family environment with loyalty, discipline, frankness and uprightness.

One should avoid that interviewers fill in questionnaires without visiting the household. Interviewers, therefore, are required to collect, within households, information already known by the supervisor (age of the patient, duration of hospitalisation), which the interviewer cannot know *unless* s/he visits the household.

- The Purchasing Agency's supervisor chooses at random patients to be controlled during the monthly visit to verify data. The random choice is made in the registers for subsidized indicators. The Heads of health facilities provide all Basic Documents (registers) of the

Catchment Area of their Health Centre, included those of the Area's subcontracted structures.

- The random choice in registers will be made for the ninety (90) days preceding the visit. The household of the selected patients should not be at a walking distance of more than two hours, but they can be off Area or off District in case the frontier of the Area or the District is nearby.

- In case the household is located at a walking distance of more than two (>2) hours, but in another Catchment Area, the supervisor may decide to request the Local Grouping of another Catchment Area to visit the household.

  In case patients come from another province or country, one cannot check the existence of the patient in his/her household. The supervisor, therefore, may only assess whether, statistically speaking, the number of the patient from this other province or country seems reasonable or not.

- The supervisor draws the following sampling for each indicator:

1. External consultations	16 x
2. Hospitalisation	8 x
3. Vaccinations	8 x
4. Institutional deliveries	8 x
5. Sales of mosquito nets	5 x
6. ANC visits	10 x
7. Seriously ill transferred patients	10 x
TOTAL	**65 x**

- Supervisors from the Purchasing Agency instead of local interviewers will conduct the verification of Family Planning-related activities to guarantee confidentiality.

- Supervisors fill in a summary sheet with all data about the patient's identification and services provided by the health facility (visiting day, duration of hospitalisation, lab tests conducted), and they keep this sheet.

- Supervisors put at the disposal of Local Grouping with 65 sheets with only details necessary to find out the patients to be visited (Name and first name, Sector and Cell of origin, head of the family). By following this procedure, the supervisor keeps the information interviewers cannot know unless they visit the household and speak with the patient or at least a member of his/her household. The information provided by the interviewer, therefore, especially helps the supervisor check whether the interviewer visited this household or not.

- Interviewers will have fourteen (14) days to conduct surveys.

TEMPLATES FOR LOCAL GROUPINGS SURVEYS
VERIFICATION WITHIN THE POPULATION

……Health Centre Supervisor's name: …….. Local Grouping' s name: ……..

The summary of the information to be collected by supervisors in health structures is presented in the following pages. Local Groupings at household level will check this information. Local interviewers receive limited information and can only complete it only if they visit the household. Thanks to this procedure, supervisors can confirm that the local interviewer's visit took place or not.

Template for the sample concerning 16 Curative Consultation patients
(Drawn by the supervisor from the Curative Consultation register)

Sample	Date	Number	Name	First name	0-11	1-4	5-14	>14	Sex	Sector	Cell	Head of family	Z	HZ	DH	Lab tests
1																
2																
3																
4																

Template for the sample concerning 8 hospitalised patients
(Drawn by the supervisor from the hospitalisation register)

Sample	Number of patients coming for hospitalisation	EC register number	Name	First name	Sector	Cell	Head of the family	Age	Sex	Z HZ DH	Hospitalisation Days
1											
2											
3											
4											

Template for the sample concerning 8 completely vaccinated children
(Drawn by the supervisor from the EPI register)

Sample	Register number	Name of the child	Sex	Name of the father	Name of the mother	Sector	Cell	Date of measles vaccine	Date of birth
1									
2									
3									
4									

Template for the sample concerning 8 women who delivered in the health centre
(Drawn by the supervisor from the delivery register)

Sample	Number	Name	First name	Age	Sector	Cell	Head of the family	Child's date of birth	Child's sex
1									
2									
3									
4									

Template for the sample concerning 5 purchasers of mosquito nets
(Drawn by the supervisor from the sold mosquito nets register)

Sample	Date	Register number	Month number	Name	First name	Sector	Cell	Number of mosquito nets sold	Unit selling price
1									…….Rwf
2									…….Rwf
3									…….Rwf
4									…….Rwf

Template for the sample concerning 10 women in the ANC programme
(Drawn by the supervisor from the ANC register)

Sample	Pregnancy number	Name	First name	Age	Sector	Cell	Head of the family	Number of pregnancies (current pregnancies included)
1								
2								
3								
4								

Template for the sample concerning 10 seriously ill transferred patients
(Drawn by the supervisor from the transfer register)

Sample	Reference register number	Delivery register number	EC register number	Name	First name	Age	Sex	Sector	Cell	Head of the family	Reason for the transfer
1											
2											
3											

VERIFICATION SURVEYS ON CURATIVE CONSULTATION

A. Part filled in by the supervisor

……. HC …….. Dispensary

Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE PATIENT' S IDENTIFICATION

Sample number	Name	First name	Sex	Sector	Cell	Head of the family

B. Part filled in by the interviewer Date of the visit: ……./..... / 20....

Confirmation of the existence of the patient

1. Does the patient exist? Yes / No

- If yes, who has confirmed his/her existence? The Cell Coordinator / the leader of the ten household unit (Nyumbakumi)/a family member/ a neighbour/the patient directly.

2. How old is s/he ?.....

If the patient exists, interview with: the patient himself/herself or a member of his/her household

3. Can the patient (or a member of his/her household) confirm a visit by the health structure? Yes / No

- If yes, does the patient have a sheet or a card? Yes / No
- If yes, when did the visit take place? Date: ..... Month: .....
- If yes, which are the lab tests that were conducted?.....

4. **How much have you paid**?

Consultation cost	Laboratory cost	Cost for drugs	Other payments	TOTAL
Rwf…….	Rwf…….	Rwf…….	Rwf…….	Rwf…….

- Was the payment: Reasonable / too expensive
- How have you paid? There was no problem / sold something / the structure treated me on credit /got into debt with a neighbour or a family/paid with catastrophic consequences

5. Were you satisfied about the service provided? Yes/No

6. Do you have any suggestions for the improvement of this structure?

Supervisor's name and first name: .....
Signature: .....

VERIFICATION SURVEYS ON HOSPITALISATIONS

A. Part filled in by the supervisor

…… HC ……Dispensary
Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE PATIENT'S IDENTIFICATION

Sample	Name	First name	Sector	Cell	Head of the family	Sex

B. Part filled in by the interviewer Date of the visit: ……./..... / 20.....

Confirmation of the existence of the patient

1. Does the patient exist? Yes / No
- If yes, who has confirmed his/her existence? The Cell Coordinator / the leader of the ten household unit (Nyumbakumi)/a family member/ a neighbour/the patient directly.

2. How old is s/he ?.....

If the patient exists, interview with: the patient himself/herself or a member of his/her household

3. Can the patient (or a member of his/her household) confirm his or her stay in the health structure? Yes / No

- If yes, does the patient have an exit ticket or a card? Yes / No
- If yes, when was the patient hospitalised? Date: ..... Month: .....
- If yes, how many days did the patient spend in the health facility? ..... days

4. **How much have you paid**?

Consultation cost	Laboratory cost	Cost for drugs	Hospitalisation Costs	Other services	TOTAL
Rwf…….	Rwf……	Rwf…….	Rwf…….	Rwf……	

- Was the payment: Reasonable / too expensive
- How have you paid? There was no problem / sold something / the structure treated me on credit /got into debt with a neighbour or a family/paid with catastrophic consequences

5. Were you satisfied about the service provided? Yes/No

6. Do you have any suggestions for the improvement of this structure?

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON COMPLETELY VACCINATED CHILDREN

A. Part filled in by the supervisor

……..HC …….. Dispensary
Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE CHILD'S IDENTIFICATION

Sample	Child's name	Father's name	Mother's name	Sector	Cell

B. Part filled in by the interviewer Date of the visit: ……./..... / 20...

Confirmation of the existence of the child

1. Does the child exist? Yes / No
- If yes, who has confirmed its existence? The Cell Coordinator / the leader of the ten household unit (Nyumbakumi)/a family member/ a neighbour/its parents directly.

2. How old is s/he ?.....

If the child exists, interview with: its parents or a member of his/her household

3. When was the child born? Date of birth: ...../...../20…..
Sex: Male/Female

- Can its parents show its vaccination card? Yes / No
- If No, has the child, according to the parents, received all vaccines provided for in the immunization calendar? Yes/ No/ Don't know

Interviewer's observation on the Vaccination Card

-When was the child vaccinated against measles? Date:...../...../.....

4. Were you satisfied about the service provided? Yes/No

5. Do you have any suggestions for the improvement of the vaccination staff's work?
.....
.....……

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON DELIVERIES

A. Part filled in by the supervisor

……..HC ……Dispensary

Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE IDENTIFICATION OF THE WOMAN WHO DELIVERED

Sample	Name	First name	Sector	Cell	Head of the family

B. Part filled in by the interviewer Date of the visit: ……./..... / 20…....

Confirmation of the existence of the woman

1. Does the woman exist? Yes / No
- If yes, who has confirmed her existence? The Cell Coordinator / the leader of the household unit (Nyumbakumi)/a family member/ a neighbour/the woman directly.

2. How old is s/he ?.....

If the woman exists, interview with: the woman who delivered or a member of her household

3. Can the woman (or a member of her household) confirm the delivery in the health structure? Yes / No
- If yes, when was the delivery date? Date:..... Month:.....
- If yes, what was the child's sex? Male/Female
- If yes, how many days did the woman spend in the health facility? ..... days

4. **How much have you paid**?

Consultation cost	Laboratory cost	Cost for drugs	Delivery and hospitalisation costs	Other services	TOTAL
Rwf…… …	Rwf…… ….	Rwf…… …	Rwf……..	Rwf…… ….	

- Was the payment: Reasonable / too expensive
- How have you paid? There was no problem / sold something / the structure treated me on credit /got into debt with a neighbour or a family/paid with catastrophic consequences

5. Were you satisfied about the service provided? Yes/No

6. Do you have any suggestions for the improvement of this structure?

.....

.....

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON PROTECTED PREGNANCIES

(VAT 2-5)

A. Part filled in by the supervisor

……HC …….Dispensary

Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE IDENTIFICATION OF THE WOMAN WHO WAS VACCINATED

Sample	Name	First name	Sector	Cell	Head of the family

B. Part filled in by the interviewer Date of the visit: ……./..... / 20....

Confirmation of the existence of the woman

1. Does the woman exist? Yes / No

- If yes, who has confirmed her existence? The Cell Coordinator / the leader of the ten household unit (Nyumbakumi)/a family member/ a neighbour/the woman directly.

2. How old is she ?.....

If the woman exists, interview with: the woman who was vaccinated or a member of her household

3. Can the woman (or a member of her household) confirm the vaccination in the health structure? Yes / No

- If yes, how many doses did she receive? Date:..... Month:.....

4. Were you satisfied about the service provided? Yes/No

5. Do you have any suggestions for the improvement of this structure?

.....

.....

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON THE SALES OF MOSQUITO NETS

A. Part filled in by the supervisor

……HC ……Dispensary

Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE PURCCHASER'S IDENTIFICATION

Sample	Name	First name	Sector	Cell

B. Part filled in by the interviewer Purchasing date: ……./..... / 20.....

Confirmation of the existence of the purchaser

1. Does the purchaser exist? Yes / No

- If yes, who has confirmed his/her existence? The Cell Coordinator / the leader of the ten household unit (Nyumbakumi) / a family member/ a neighbour/the purchaser directly.

2. How old is s/he ?.....

If the purchaser exists, interview with: the purchaser himself/herself or a member of his/her household

3. Can the purchaser (or a member of his/her household) confirm the purchasing of one or several mosquito nets in the health structure? Yes / No

- If yes, at which unit price? .....Rwf
- If yes, when was the purchasing date? Date: ..... Month: .....
- Did the seller explain to you the instructions to use mosquito nets? Yes/No
- How is re-impregnation done?

The respondent knows instructions for re-impregnation: Yes/ No

4. Were you satisfied about the purchasing? Yes/No

5. Do you have any suggestions for the improvement of the mosquito nets selling and promotion system?

.....

.....

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON ANTENATAL CONSULTATION

A. Part filled in by the supervisor

……..HC: …….Dispensary

Name of the supervisor: ……. Name of the Local Grouping: .....

DATA CONCERNING THE IDENTIFICATION OF THE WOMAN WHO WENT FOR ANTENATAL CONSULTATION (ANC)

Sample	Name	First name	Sector	Cell	Head of the family

B. Part filled in by the interviewer Date of the visit: ……./..... / 20.....

Confirmation of the existence of woman

1. Does the woman exist? Yes / No
- If yes, who has confirmed her existence? The Cell Coordinator / the leader of a ten household unit (Nyumbakumi)/a family member/ a neighbour/the woman directly.

2. How old is s/he ?.....

If the woman exists, interview with: the woman who went for ANC or a member of his/her household

3. Can the woman (or a member of her household) confirm the ANC visit in the health structure? Yes / No
- If yes, how old is the woman? .....years
- If yes, how many pregnancies did the woman had (the current pregnancy included)

4. How much have you paid?

Consultation cost	Cost for drugs	Other services	TOTAL
Rwf.....	Rwf.....	Rwf.....	Rwf.....

- Was this payment: Reasonable/ Too expensive

5. Were you satisfied about the purchasing? Yes/No

6. Do you have any suggestions for the improvement of the mosquito nets selling and promotion system?

.....
.....

Supervisor's name and first name: .....

Signature: .....

VERIFICATION SURVEYS ON SERIOUSLY ILL TRANSFERRED PATIENTS

A. Part filled in by the supervisor

…….HC: ……. REFERRAL HOSPITAL
Name of the supervisor: ……. Name of the Local Grouping: .....

DATA ON THE IDENTIFICATION OF THE TRANSFERRED PATIENT

Sample number	Name	First name	Sex	Sector	Cell	Head of the family

B. Part filled in by the interviewer Date of the visit: ……./..... / 20…...

Confirmation of the existence of the patient

1. Does the patient exist? Yes / No
- If yes, who has confirmed his or her existence? The Cell Coordinator / the leader of a ten household unit (Nyumbakumi)/a family member/ a neighbour/the patient directly.

2. How old is s/he ?.....

If the patient exists, interview with: the patient himself or herself or a member of his/her household

3. Can the patient (or a member of his/her household) confirm that s/he was transferred to the District Hospital? Yes / No
- If yes, when did the transfer take place? Date:..... Month:.....
- If yes, why was s/he transferred?.....

4. How much have you paid?

Cost for transportation to the hospital	Cost for medical consultation	Hospitalisation costs	Costs for drugs	TOTAL
Rwf.....	Rwf.....	Rwf.....	Rwf.....	Rwf.....

- Was this payment: Reasonable/ Too expensive
- How have you paid? There was no problem / sold something / the structure treated me on credit /got into debt with a neighbour or a family/paid with catastrophic consequences

5. Were you satisfied about the services provided by the Health Centre? Yes/No

6. Do you have any suggestions for the improvement of the system of transfer?
.....
.....

Supervisor's name and first name: .....
Signature: .....

PART VII: QUARTERLY TECHNICAL QUALITY SUPERVISION

The conceptual hypothesis of the Contractual Approach provides that a qualitative improvement of the services provided accompanies the qualitative increase of the output of the subsidised health structures.
From this perspective, it is important to combine verifications of quantitative nature on the evolution of the activities carried out with qualitative evaluations enabling to establish whether, following the application of the Contractual Approach, the quality of the services also improved.
The subjective quality, in other words the users 'satisfaction about services and healthcare in health structures, may be directly evaluated within the population.
The technical quality, in other words the respect of the standards concerning the staff (qualification and number), infrastructural facilities, equipments and the modalities for the organisation and implementation of the activities by health structures, may be evaluated through hierarchical administrative controls.
Supervision, on the other hand, is a formative activity which, through the supervisor's direct observation of the supervised person in the course of his/her activities, the analysis and discussion of the supervised activities, aims at improving and rationalising the implementation of these same activities.
In Rwanda, District Framework Teams conduct supervision.
Within the framework of the Contractual Approach, the control of the professional quality of subcontracted health structures is combined with quarterly supervisions by District Framework Teams.
Health Centres' national supervision integrated sheets used by District Framework Teams provide for marks enabling to "quantify and rank" different activities of the Health Centre compared with quality standards (see quality-related verification sheet).

The quarterly payment to subcontracted health structures of a quality bonus will be subjected to the results from these supervisions.

PART VIII- CRITERIA FOR THE CALCULATION AND PROCEDURES FOR THE ALLOCATION OF QUARTERLY QUALITY BONUS
(Modified after the 29 June 2005 Quarterly Meeting with District medical officers, District Framework Teams and Heads of subcontracted Health Centres)

Definition of the quality bonus

It is a bonus aiming at inciting subcontracted health facilities to improve the quality of the services they provide to users.

Within the framework of the Contractual Approach, this bonus intends to be a measure to support different strategies applied by health facilities to improve their qualitative and quantitative performances.

Quality bonus is, on a quarterly basis, allocated to subcontracted health facilities based on a certain number of evaluation criteria. This bonus is equivalent to 10% of the total amount of the subsidies paid to the health facility in the course of one quarter, in case it is allocated at 100% of is value.

Evaluation criteria

In order to proceed with the allocation of the quality bonus at the end of each quarter, the Health Services Purchasing Agency considers a series of elements to assess on the whole the quality of services provided by each subcontracted health facility.

- Quantitative verification of basic documents (registers)
- Verification of the existence of registered users
- Verification of services provided
- Average cost of subsidized services
- Users' perception of costs
- Users' satisfaction about the services provided to them by the health facility
- Technical quality supervision

1. Quantitative verification of basic documents

The medical supervisors from the Health Services Purchasing Agency monthly conduct the quantitative verification of basic documents (registers) on indicators subsidized within the framework of the Contractual Approach.
In the first days of each month, subcontracted health facilities send to the office of the Health Services Purchasing Agency at Cyangugu a copy of their HIS progress activities for the previous month.
Medical supervisors visit all subcontracted health facilities and check the conformity of data recorded on HIS in the health facility's register: the registers of the Catchment Area's health structures, which have entered into a subcontract with the health facility in charge of this Catchment Area, are also checked during the visit.
The verification of registers can highlight differences compared with the information recorded in HIS. In general, it shows how careful the health facility's staff members are when they are filling in the registers.

The verification of registers represents 5% of the total value of the quality bonus

If, throughout the entire quarter, the verification of the registers highlights differences higher than 3% between the information declared in HIS and the information checked for "completely vaccinated children, deliveries, sales of mosquito nets, family planning, ANC, VAT-2-5 and all HIV/AIDS indicators" and differences higher than 5% for "curative consultation" and "hospitalisation" compared with HIS, even for only one indicator, this leads to a reduction by 5% of the quality bonus for the health facility concerned.

2. Verification of the existence of users

The verification of the existence of users is quarterly conducted in the Catchment Areas of all subcontracted health facilities through surveys conducted by Local Groupings.
The supervisors from the Health Services Purchasing Agency take at random from the registers of each health facility a sample for each subsidised indicator (curative consultation, hospitalisation, completely vaccinated children, sales of mosquito nets, ANC and VAT-2-5): this sample covers the 90 days preceding the date of the draw.
After sampling, supervisors fill in sheets with data necessary for the identification of the users to be searched for. Thereafter, these sheets are given to local groupings interviewers to conduct the survey.

The verification of the existence accounts for 10 % of the total value of the quality bonus

If the existence is not evidenced for 5% (3 out of 65 persons) or more of the total sample of users taken into account for all subsidized indicators, 10% of the quality bonus will not be allocated to the health facility.

3. Verification of services provided

The verification of the service provided is the second stage of the surveys conducted quarterly within the population, after the verification of the existence of the user. The user may exist, indeed. But once interviewed for information, s/he may deny having ever visited the health facility or admit that s/he has been there but long before.

The verification of the services provided accounts for 10 % of the total value of the quality bonus

If the service in the health facility is not evidenced for 5% (3 out of 65 persons) or more of the total sample of users taken into account for different subsidized indicators, 10% of the quality bonus will not be allocated to the health facility.

4. Average cost of subsidized services

One of the objectives of the Contractual Approach is to increase financial accessibility to healthcare for the population.
During quarterly surveys, users are asked to tell the price paid for each service (curative consultation, hospitalisation, purchasing of mosquito nets, delivery, etc.): based on these prices, one can obtain the average provincial cost for each service and thereby for each

subsidized indicator.

The average cost for services accounts for 10% of the total value of the quality bonus.

If the average cost for half or more than a half of subsidized indicators is higher than the average provincial cost, 10% of the quality bonus will not be paid to the health facility concerned.

5. Users' perception of costs

During quarterly surveys, users are asked to tell the price paid for each service (curative consultation, hospitalisation, purchasing of mosquito nets, delivery, etc) and their perception of this cost: was it reasonable or expensive?

The users' perception of costs for services accounts for 10% of total value of the quality bonus.

If 10% (7 out of 65 persons) or more of users, with whom surveys were conducted, perceive as "expensive" the cost for services, 10% of the quality bonus will not be paid to the health facility concerned.

6. Users' satisfaction about the services provided to them by the health facility

During quarterly surveys, users are asked whether they were satisfied about the services provided by the health facility.

Users' satisfaction accounts for 5% of the total value of the quality bonus.

If 10% (7 out of 65 persons) or more of users, with whom surveys were conducted, perceive the service provided by the health facility as "non-satisfactory", 5% of the quality bonus will not be paid to the health facility concerned.

7. Technical quality supervision

Supervision is quarterly conducted by District Framework Teams (DFT): DFT monthly supervise subcontracted health facilities. In the course of the three months, they are supervised for all the activities provided for in a Health Centre's Minimum Activity Package. Within the framework of the Contractual Approach, the control of the technical quality of subcontracted structures is combined with quarterly supervisions by District Framework Teams.

Health Centres' national integrated supervision sheets used by District Framework Teams provide for marks enabling to "quantify and rank" different activities of the Health Centre compared with quality standards.

Currently, 16 integrated supervision modified sheets are available, as one can see in the following table, each sheet has a maximum number of marks, which can be given to the health facility supervised.

S/N	Activity supervised	Available points
1	General organisation and community participation	14
2	Hygiene	10
3	External consultation	26
4	Hospitalisation	16
5	Deliveries	20
6	Antenatal consultation	10
7	Laboratory	14
8	Vaccination	23
9	Family planning	24
10	Tuberculosis	32
11	Essential drugs management	34
12	Financial management	26
13	Growth and nutritional rehabilitation surveillance	36
14	Postnatal consultations	40
15	Pre-marriage consultations	20
16	School consultations	34
Total of available marks		379

Technical quality supervision accounts for 50% of the total value of quality bonus.

Health facilities totalling, in the course of one quarter, at least 75% of available points for the activities that were supervised receive 50% of the quality bonus.

Health facilities totalling less than 75% of the marks do not receive this quality bonus. If less than 50% of PMA activities are supervised during a quarter, 50% of the quality bonus are not allocated.

Percentage breakdown of the bonus

The quarterly quality bonus is allocated as follows, taking into account different above-mentioned criteria.

Evaluation criteria for the allocation of the quality bonus	Value in percentage
• Quantitative verification of basic documents	
• Verification of the existence of registered users • Verification of services provided	
• Average cost of subsidized services	
• Users' perception of costs	
• Users' satisfaction about the services provided to them by the health facility	
• Technical quality supervision	

Procedures for the allocation of the bonus

At the end of each quarter, the Health Services Purchasing Agency calculates and pays the quality bonus for each health facility on the basis of the following operations:

- Total of quantitative subsidies obtained by the health facility for the last three months: 10% of this amount accounts for the quality bonus if it is allocated at 100%.
- Calculation of different percentages of the composition of the bonus according to the values of the above-mentioned evaluation criteria.
- Verification of the results for each evaluation criterion for each health facility and allocation of bonus percentages commensurate with such results
- Total of percentages allocated and calculation of the total value of the bonus: health facilities totalling less than 50% do not receive any bonus.
- Payment of the bonus through transfer on subcontracted health facilities' bank account.

CYANGUGU PROVINCE		PASSB/CORDAID			CONTRACTUAL APPROACH				
ALLOCATION OF QUALITY BONUS-SECOND QUARTER 2005									
S/N	HEALTH CENTRE	BASIC DOCUMENTS	EXISTENCE VERIFICATION	SERVICE VERIFICATION	AVERAGE COST	PERCEPTION OF COSTS	SATISFACTION	TECHNICAL QUALITY	QUALITY
1	BUGARAMA								
2	BUSHENGE								
3	BWEYEYE								
4	CIMERWA								
5	GATARE								
6	GIHUNDWE								
7	GISAKURA								
8	HANIKA								
9	KAMONYI								
10	KIBOGORA								
11	MASHESHA								
12	MIBILIZI								
13	MUKOMA								
14	MUSHAKA								
15	MUYANGE								
16	MWEZI								
17	NKAKA								
18	NKOMBO								
19	NKUNGU								
20	NYABITIMBO								
21	NYAMASHEKE								
22	RANGIRO								
23	RUHERU								
24	RUSIZI								
25	YOVE								

QUARTERLY QUALITY BONUS ALLOCATION SCALE

QUALITY SCORE SHEET MODEL

……..Health District Date of supervision:				**……..Health Centre Supervisor:**		
GENERAL ORGANISATION AND COMMUNITY PARTICIPATION TOTAL OF AVAILABLE MARKS				**Not at all**	**About**	**Good**	**Score**	**Observations**
Health Committee elected and operational				**0**	**0**	**0**		
Contacts with Local Groupings regular				**0**	**0**	**0**		
Health Committee meetings or meetings with Local Groupings regular				**0**	**1**	**2**	**…….**	
Meetings proceedings systematic				**0**	**1**	**2**	**…….**	
List of staff available				**0**	**0**	**0**		
A supervision notebook available				**0**	**0**	**0**		
Staffs meetings regular				**0**	**1**	**2**	**…….**	
Task allocation and time use posted				**0**	**1**	**2**	**…….**	
Catchment Area Map available and posted				**0**	**1**	**2**	**…….**	
Evolution of activities compared with targets analysed with graphics				**0**	**2**	**4**	**…….**	
TOTAL OF MARKS FOR ORGANISATION AND COMMUNITY PARTICIPATION.								
HEALTH CENTRES'S HYGIENE TOTAL OF AVAILABLE MARKS –4					**10**			
Direct observation								
Incineration done				**0**	**1**	**2**	**…….**	
Soakaway in keeping with hygiene regulations for all HC buildings (depth, location, protection)				**0**	**1**	**2**	**…….**	
Availability of sufficient latrines in good condition				**0**	**1**	**2**	**…….**	
Availability of sufficient shower facilities in good condition				**0**	**1**	**2**	**…….**	
Patients' regular and correct use of toilets				**0**	**1**	**2**	**…….**	
Cleanliness of the court yard (absence of garbage and dangerous products in the courtyard)				**-4**	**-2**	**0**	**…….**	
TOTAL OF MARKS FOR THE CENTRE' S HYGIENE								