



Health Development Fund

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

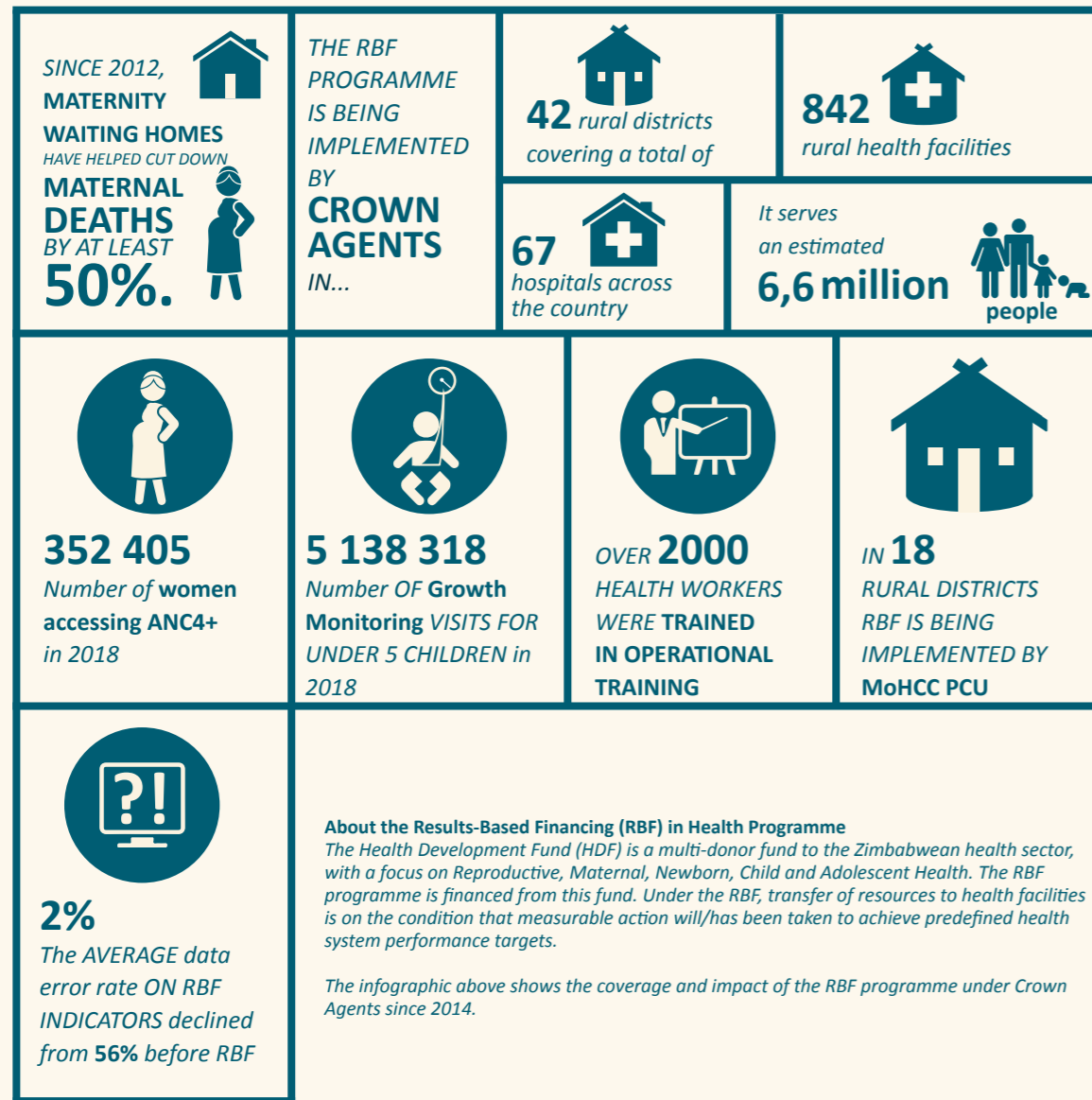


RESULTS-BASED FINANCING IN HEALTH PROGRAMME

Driving Team Work and Collaboration to Achieve UHC*

DECEMBER 2019

*Universal Health Coverage



About the Results-Based Financing (RBF) in Health Programme
The Health Development Fund (HDF) is a multi-donor fund to the Zimbabwean health sector, with a focus on Reproductive, Maternal, Newborn, Child and Adolescent Health. The RBF programme is financed from this fund. Under the RBF, transfer of resources to health facilities is on the condition that measurable action will/has been taken to achieve predefined health system performance targets.

The infographic above shows the coverage and impact of the RBF programme under Crown Agents since 2014.

FOREWORD /



INTERNATIONAL UNIVERSAL HEALTH COVERAGE

The Zimbabwean Ministry of Health and Child Care (MoHCC) is strengthening primary health care through decentralisation. Services provided by Rural Health Centres are being offered at village health points which now offer a package of services

that are supported by higher levels of care in the system. This approach, consistent with the goal of universal health coverage, will ensure the whole population has access to health services and that there are no exclusions as a result of financial hardship.

The government has set a target to construct 6,600 new health posts within the next five years to ensure that every citizen has easy access to healthcare. No citizen should have limited access to health services due to distance. To achieve that, the government is working on ensuring that no citizen

walks for more than 10km to access healthcare. The construction works will be led through public partnership and teamwork between MoHCC and the Ministry of Local Government.

The government is working on creatively developing domestic-based resourcing packages to cater for those in the informal sector- ensuring total inclusion and minimising over-reliance on donor support to finance the health sector. The development of a National Health Insurance Scheme (to cater for all citizens), will see improved access and affordability due to reduced User Fees.

The prevailing macro-economic challenges have also impacted negatively on the health service, as costs for accessing care continue to escalate. The government has committed to enhancing Universal Health Coverage by allocating MoHCC a budget of USD\$6.5 billion for the 2020 fiscal year and this is expected to enhance citizens' access to healthcare at an affordable cost.

Furthermore, MoHCC has incorporated robust health education (through advocacy and communication) among the citizens to ensure that social determinants that may increase risk of disease burden are reduced. A conscious and an alert population now exists and this is helping to reduce the risk.

All these efforts work towards easy access, affordability regardless of economic status of citizens, and improved morale of health workers in service delivery.



Dr. Agnes Mahomva
Permanent Secretary for Health and Child Care



CA, DHE and Health facility staff at Mbembesi clinic in Mat North Province

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LIST OF ACRONYMS /

ARV	Anti-Retroviral
CA	Crown Agents
CBO	Community-based organisation
CSS	Client Satisfaction Survey
DA	District Accountant
DHE	District Health Executive
DMO	District Medical Officer
DNO	District Nursing Officer
DSC	District Steering Committee
HCC	Health Centre Committee
HDF	Health Development Fund
HF	Health Facility
HIV	Human Immunodeficiency Virus
MoHCC	Ministry of Health and Child Care
NCD	Non-Communicable Diseases
NIC	Nurse In Charge
NPA	National Purchasing Agency
NSC	National Steering Committee
OPD	Outpatients Department
PCU	Programme Coordinating Unit
PHE	Provincial Health Executive
PHFO	Provincial Health Field Officer
QSS	Quality Support and Supervision
RBF	Results-Based Financing
RDC	Rural District Council
RHC	Rural Health Clinics
RMNSH	Reproductive, Maternal, New-born and Child health
SICC	Sister in Charge Community
SOP	Standard Operating Procedures
UHC	Universal Health Coverage
UMP	Uzumba Maramba Pfungwe
UNDP	United Nations Development Programme
UNGA	United Nation General Assembly
VHW	Village Health Worker
ZESA	Zimbabwe Electricity Supply Authority

FROM THE EDITOR /



On 12 December 2012, the United Nations General Assembly (UNGA) unanimously endorsed a resolution urging countries to accelerate progress towards Universal Health Coverage (UHC) - the idea that everyone, everywhere should have access to quality, affordable health care – as an essential priority

for international development. In a few days, we, governments and development organizations, will be celebrating one of the most mediated UN days!

It is a renewed opportunity for all stakeholders in the health sector to share impressive achievements, reflect on challenges and showcase latest technologies, practical solutions, and innovative financing tools aimed at improving access to quality care.

It is also a renewed opportunity to provide a voice on behalf of the millions of people still waiting to access their basic universal human right to healthcare and to remind the world that we must 'KEEP THE PROMISE'.

Furthermore, it is an opportunity to share the stories of ardent civil servants in Zimbabwe harnessing the RBF programme and WORKING TOGETHER to keep the promise of providing quality health care to millions of Zimbabweans each month, despite the challenging socio-economic context.

In this edition, we will take a closer look at how the RBF programme embraces teamwork and collaboration at each level of the Zimbabwe health system, and how it contributes to fast-tracking UHC.

You will learn about the great collaborative effort undertaken at national, provincial and district levels by MoHCC and various other government entities, as well as community representatives, to improve and maintain accessibility to quality care.

Discover how external parties are working together with MoHCC in improving the non-health determinants that affect health facilities' operations and ultimately the health status of the community.

Observe how a healthy and constructive relationship with District Health Executives (DHE) can transform the performance of health facilities.

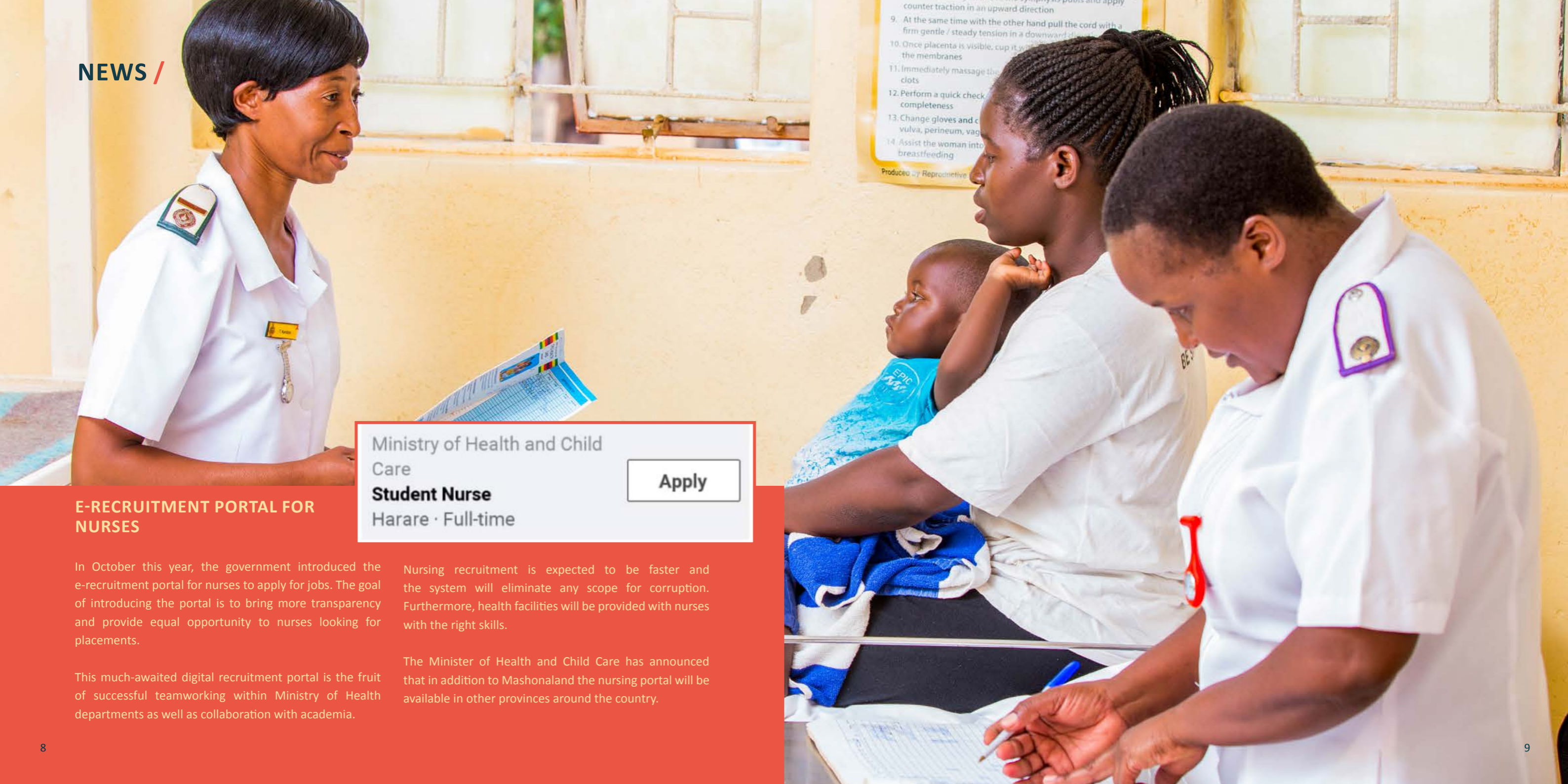
We invite you to dive into the handpicked stories from all corners of the country and see for yourself that teamwork is now widespread across clinics and hospitals. Health workers team up to deliver quality healthcare and ensure accurate statistics are available to appreciate progress in accessibility. And this does not stop at the purchased RBF indicators; it's applied to the full package of services provided.

Teamwork deserves to be acclaimed, but let's not forget to value each individual contribution, and celebrate those who excel, including those active behind the scenes.



On behalf of Crown Agents and the editorial team, I would like to wish all health workers and our dear readers a Merry Christmas and a healthy 2020!

Marie-Jeanne Offosse, Team leader of RBF and HRHS



Ministry of Health and Child
Care
Student Nurse
Harare · Full-time

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E-RECRUITMENT PORTAL FOR NURSES

In October this year, the government introduced the e-recruitment portal for nurses to apply for jobs. The goal of introducing the portal is to bring more transparency and provide equal opportunity to nurses looking for placements.

This much-awaited digital recruitment portal is the fruit of successful teamworking within Ministry of Health departments as well as collaboration with academia.

Nursing recruitment is expected to be faster and the system will eliminate any scope for corruption. Furthermore, health facilities will be provided with nurses with the right skills.

The Minister of Health and Child Care has announced that in addition to Mashonaland the nursing portal will be available in other provinces around the country.



1

SETTING THE SCENE SIDE BY SIDE



THE NATIONAL STEERING COMMITTEE

The National Steering Committee (NSC) is the highest Results Based Financing in Health policy making body that oversees the overall governance of RBF in Zimbabwe. It is composed of relevant officials from MoHCC, including provincial medical directors, Ministry of Finance and Economic Development, the Ministry of

Local Government, Public Works and National Housing, and Harare and Bulawayo City Health departments. In addition, the two national purchasing agents (Crown Agents and Program Coordination Unit), donors, and local and international non-governmental organizations are represented. The Health Development Fund (HDF), which is supported by a pool of donors is now also part of the NSC.

As such the NSC is multi-sectoral and, possesses the requisite expertise, knowledge and experiences of the Zimbabwe health sector to effectively carry out its mandate.

The Committee reports to and receives guidance from the Permanent Secretary of the MoHCC. The NSC considers key factors that affect health outcomes, such as geo-social, political and economic determinants and factors them into the RBF design and implementation framework, in order to strengthen the health system, in particular for mostly poor and vulnerable rural and urban communities of Zimbabwe. The committee provides strategic direction on basic design issues such as indicators, minimum package of services and equity considerations. Currently the RBF programme has widened its focus to target key health priority issues covering overall disease burden, and emphasis on Reproductive Maternal Newborn and Child

Health (RMNCH), Non-Communicable Diseases (NCDs), nutrition and HIV/AIDS and tuberculosis among others.

As the Chair of the NSC, I would like to thank and appreciate the strong dedication of all who have been involved in the Zimbabwe RBF programme since its inception. Indeed, the programme is a beacon that has attracted visitors from far and wide to share and learn from our experiences.

I thank you.

Dr. Gibson Mhlanga
Chief Director Preventive Services
Ministry of Health and Child Care



POSITIVE COLLABORATION - URGING CHANGE IN FINANCIAL MANAGEMENT

Positive collaboration has spread within MoHCC as well as with its partners. Policy planning has greatly improved as a result of the collaboration between MoHCC and RBF National Purchasing Agencies (NPA).

Ms Machamire, MoHCC Finance Director, is all for this collaboration as it gives “them [MoHCC] confidence” that the team can work effectively to achieve set goals, with MoHCC knowing that checks and balances are being implemented across departments. Through its involvement in RBF administrative process, from health facilities levels to district and provincial health offices, the MoHCC Finance Department has gained a better appreciation of the inputs and processes that are required to ensure quality services.

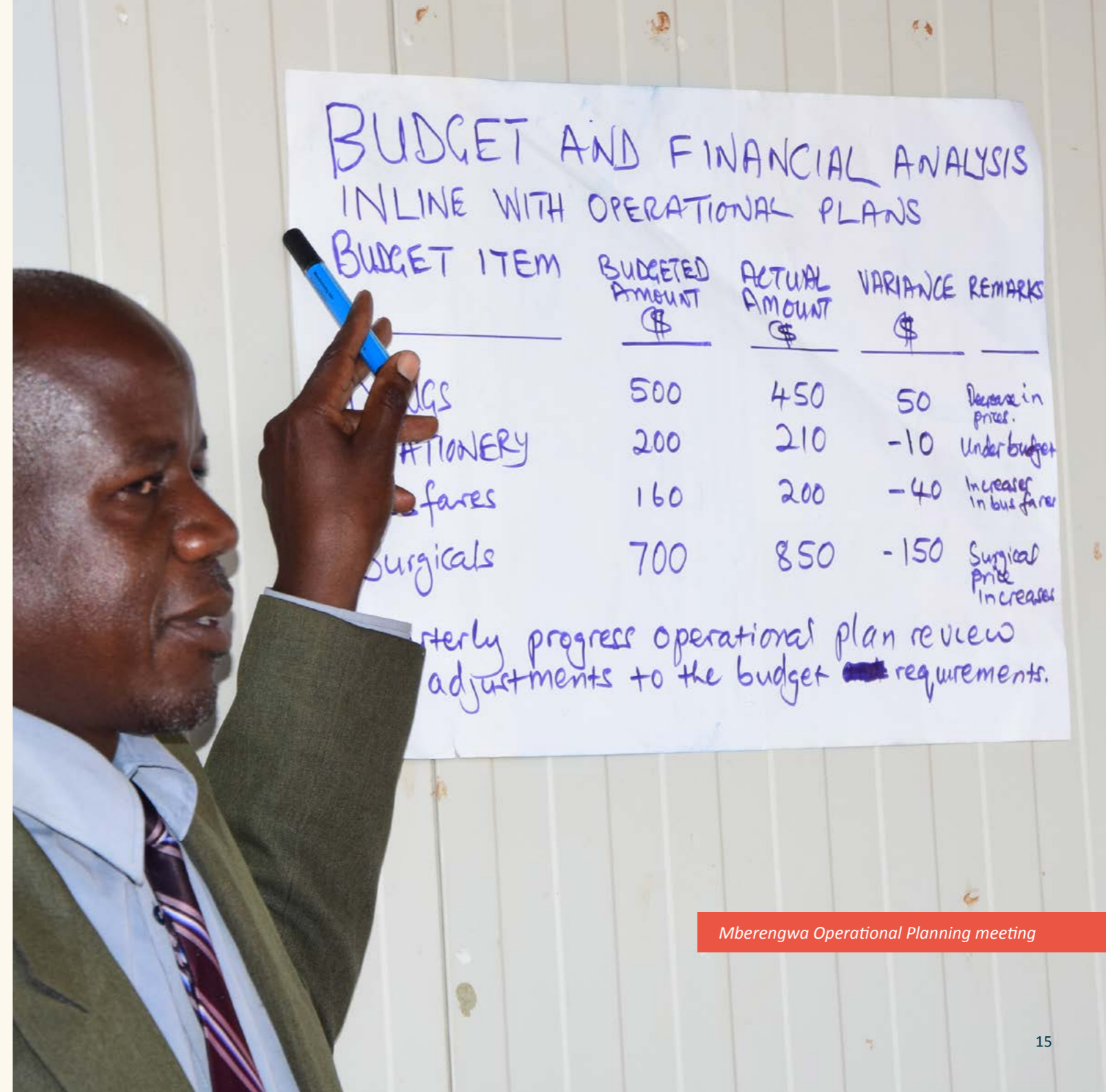
Ms Machamire notes that “prior to this collaboration, they were often in the dark.” The recent review of the HSF manual, under the RBF Programme, has given the Finance Department the opportunity to work in synergy with Crown Agents. In turn this has allowed the Finance Department to have a more prominent role in the support and supervision of RBF activities.

The opportunity for the MoHCC to guide NPA on financial management practices that can be incorporated into the programme has spread accountability, best practice for the use of RBF resources and is now being applied to all resources that the health facilities receive. This includes those from the Government of Zimbabwe. By playing a role in the NPA decision making and solutions, the programme can run smoothly. This way, challenges that arise, are tackled by both teams involved.

Ms Machamire says, “Through the mutual support between Crown Agents and the MoHCC Finance Department, the usage and reporting of funds has strengthened. There is a better visibility on health expenditure data at sub-national level”.

She proudly highlights the opportunity for the Finance Department to work with MoHCC-PCU and advise on indicators that can be incorporated into the programme. To her, these new RBF indicators will certainly strengthen accountability throughout the health system.

Concluding Ms Machamire says proudly: “I am certain that this positive collaboration has urged changes in financial management and reporting. Now, we can take the lead in ensuring activities are done timely and accurately, and that our data corresponds with that at Crown Agents.”



BUDGET AND FINANCIAL ANALYSIS INLINE WITH OPERATIONAL PLANS

BUDGET ITEM	BUDGETED AMOUNT ⱽ	ACTUAL AMOUNT ⱽ	VARIANCE ⱽ	REMARKS
Drugs	500	450	50	Decrease in prices.
Stationery	200	210	-10	Under budget
Fares	160	200	-40	Increase in bus fares
Surgicals	700	850	-150	Surgical price increases

Monthly progress operational plan review
adjustments to the budget requirements.

Mberengwa Operational Planning meeting

COMBINING STRENGTH FOR A COST - EFFECTIVE LEARNING APPROACH

Ministry of Health and Child Care (MoHCC) in collaboration with Crown Agents (CA) worked together in developing the 'acknowledgement of receipt of funds' form in December 2016 and rolled it out to districts in January 2017. This was needed to ensure accountability of the disbursed funds by the DMO as the Accounting Officer for the district.

District and provincial accountants had to report on district and provincial health offices earnings respectively, along with all the health facilities under their supervision. At the beginning of the process all accountants experienced lots of challenges that included transposition errors, incorrect form filing, omission of some health facilities, incorrect amounts being acknowledged, and submitted forms that were not signed and date stamped.

In order to address the noted challenges, province-based capacity building workshops on RBF financial management were conducted for accountants. Some improvements were noted after the series of trainings, but refresher sessions are still needed to address the remaining grey areas.

In order to cost-effectively reach more accountants cost-effectively at any given time, Crown Agents has developed, in collaboration with the MoHCC, an e-learning video that illustrates the process of acknowledging the received RBF funds with input from district accountants. The tool has helped the accountants to grasp the basic requirements for acknowledging RBF funds and error rates are going down. In the event that the District Accountant is unavailable, the accounting assistants are able to complete the acknowledgement of receipt of funds from using the video for guidance.



**Mr Trymore Chaurura,
Deputy Director ICT**

"This experience was humbling because we anticipated a lot of resistance towards the e-learning resources. The rolling out of this

e-learning tool will consequently reduce expenses for both MOHCC and Crown Agents staff to conduct training workshops for the provincial and district accountants. We feel this innovation should not be restricted to the RBF programme. There are numerous Standard Operating Procedures (SOPs) that MoHCC uses and we feel this tool in voice mode can be used to enhance appreciation of documented guidelines by the users. We are also encouraging our partners to do the same as we have seen the benefit derived from this initiative and it is cost effective.

Within the RBF programme, we have already made several videos of this kind, and will produce more videos in future as the need arises. Mobile dispersion rate among health workers is very high which allows health workers to access the e-learning content easily. We have 350 health facilities connected to internet, thanks to our collaboration with Global Fund through UNDP and our local internet service providers (ISPs). We intend to bridge the gap of 184 sites, so the e-training and digital content is accessible throughout the country."



"We have benefitted immensely from the e-learning resources developed by Crown Agents. In these clips, the steps to be followed when acknowledging funds have been simplified and well demonstrated, leaving little room for discrepancies. The visual component of the resource has made it easy to grasp. I particularly like the method of dissemination used, YouTube, as it is universally accessible to all users and is secured (it can't be edited)."

Mr W. Chisvsva, District Accountant for Hurungwe

Summary of key documents and figures

HTF RBF FOR HEALTH PROGRAMME
Last 3 Months Rural Health Centre Invoice
Facility unit name: Brockwood Clinic
October to December 2018

Month	Total Earned Before Applying the 5% Rule	Amount Lost Due to 5% Rule	Final Amount Earned
October 2018	323.26	158.34	164.92
November 2018	349.25	169.26	179.99
December 2018	122.12	59.72	62.40
Total Payment Due to Quantity	894.63	427.32	467.31
Remoteness Bonus		17%	79.24
Payments due to Quantity and including Remoteness Bonus			546.55
Structural Quality Bonus		87.82%	478.97
Management and Planning Quality Bonus		86.02%	460.82
Clinical Management Quality Bonus		85.45%	458.24
Client Satisfaction Quality Bonus		84.40%	447.93
Total Quality Bonus Payments		86.18%	476.97
Total amount due for payment to the health facility			1023.52

Invoice

XYZ Bank Statement

Number	Health Facility Name	Facility Earnings (USD)	Amount Received (USD)	Quarter Paid
1	Brockwood clinic	1,419.96	1,419.96	Quarter 4, 2018
2	Lonkey rural hospital	1,362.62	1,326.62	Quarter 4, 2018
3	Tsanaguru clinic	1,479.35	1,505.90	Quarter 4, 2018
4	Tsodubu District Hospital	17,489.35	21,088.96	Quarter 4, 2018
5	Zemenge clinic	1,800.00	1,800.00	Quarter 4, 2018
TOTAL		\$ 23,511.28	\$ 28,951.44	

Acknowledgement Form

MINISTRY OF HEALTH AND CHILD CARE
TSUDUBU DISTRICT HOSPITAL -MVUMA
BOX 11, MVUMA
ACKNOWLEDGEMENT OF HTF- RBF FUNDS RECEIVED BY HEALTH FACILITIES
PROVINCE :MIDLANDS
DISTRICT :MVUMA
DATE :18/01/2019

The District Health Executive (DHE) hereby acknowledges receipt of HTF-RBF subsidies for the following Health Facilities

Name: _____ District Accountant
Name: _____ District Medical Officer

Acknowledgement of Receipt of Funds



2

WORKING TOGETHER TO ADDRESS LOCAL CHALLENGES



Bindura DHE mapping out the way forward for their district

SYNERGIES IN UMP TO ADDRESS HEALTH FINANCING CHALLENGES

RBF brought financial relief to the Uzumba Maramba Pfungwe (UMP) District. Within the RBF program the DHE play a vital role in the verification of facilities. Teamwork improved communication between DHE members, Rural District Council (RDC) officials, the District Administrators' Office (DA), Ministry of Home Affairs and other local stakeholders. Before RBF was introduced there was little evidence of teamwork among DHE members, as support and supervisions exercises would be conducted by one or two people out of an expected group of six. As a result, the district was not improving in terms of quality of care at all facilities. Meetings conducted by the DHE has brought home the importance of teamwork and this has led to the inclusion of other stakeholders within the district in the health issues.

Currently, a District Steering Committee (DSC), including chiefs, headmen, pastors and relevant district and health officials conducts quarterly meetings where health-related issues are addressed and ways forward mapped. This also provides an opportunity to review performances and identify areas for strengthening.

MoHCC now attends regular district social service meetings that are often chaired by RDC officials. Recognition of the importance of teamwork has greatly improved healthcare quality, with other ministries sharing resources like vehicles, towards the achievement of certain health goals. RDC can now provide transport to the MoHCC for outreach missions which is a sign of teamwork and this leads to sustainability because principles will continue even after the programme ends.

This integration of key collaborators coming together for the benefit of their health facilities is reflective across the programme in other districts.

HEALTH CENTRE COMMITTEE BRINGING TOGETHER LOCAL LEADERS TO IMPROVE ROAD CONDITIONS IN BINDURA

The Health Centre Committees (HCC) in Bindura district have been at the forefront of mobilising people and sourcing community contributions to support road reconstruction.

HCCs are represented District Steering Committee and have frequently expressed concerns about the bad road network that affects the referral of patients, especially those in resettlement areas. Roads were neglected for some time and ambulance access had become a challenge. The issue was brought forward through the DSC and it was agreed that the RDC will work with the District Development Fund to ensure that road conditions improve.

Currently Matepatapa Road connecting Bindura provincial hospital to five rural clinics is under renovation. Funds have also

been made available from the central government to ensure that part of the road is tarred. In addition, Domboshava Road, which connects Bindura hospital to the remaining eight clinics, has been repaired and part of it tarred.

The HCCs, in collaboration with the 'food for work' programme, have prioritised the repair of roads linking clinics and other public service institutions. The HCCs have been pivotal, not only for developments at health centres, but in the development of communities at large.

With this in mind, the 2018 public health policy recognises HCCs as statutory bodies for the purposes of community development. These bodies are made up of volunteers driven by sheer will to see their communities develop. The general road condition across the district has improved and clinics are now more accessible, making referral of patients faster and safer and thus saving more lives.



Matepatapa road under construction

HARNESSING MULTI STAKEHOLDER RESOURCES TO ADDRESS URGENCIES IN INSIZA DISTRICT

The District Steering Committee is a multi-stakeholder forum that has a vital oversight and advisory role. The Insiza DSC has been at the forefront of addressing critical issues that hinder RBF programme implementation. This team's collaboration has been so effective that in addition to health issues their meetings cover other matters involving stakeholders within the committee. The effects of this committee are being felt within all the wards of the district.

Here are some of the positive effects that have come about as a result of the committee's great teamwork that stretches beyond the perimeter of the health facilities within the district.

Firstly, the committee has successfully engaged ZESA officials in tracking down the transformer that was removed from the Gwatemba area. Water supplies to the health facility and farming community of Gwatemba were seriously affected by the lack of the transformer. The transformer had been removed for repairs and had not been returned for two years, but after the engagement of ZESA officials following the committee's collective efforts, proper advice on the course of action needed to return the transformer was implemented. ZESA officials have been supportive in creating new electrical connections, which have been long outstanding, to health facilities.

In addition, through exemplary teamwork, the District Steering Committee has also been advocating for the drilling of boreholes pertaining to health facilities with water challenges through the Local Government members of the committee. Although none have been drilled thus

far, surveys conducted in the affected areas show that the improvement of water supplies will eventually benefit the communities surrounding the health facilities.

Through Local Government members, the Committee has also lobbied for the sensitization of all new Councillors on Ward Health during their training, to ensure that HCCs are adequately supported by their Councillors and that the community is satisfactorily engaged on health matters.

Furthermore, the social welfare members have been able to present the challenges they encounter while caring for orphans and vulnerable children. In August, there was an incident where these children could not access ARVs due to these being unavailable at their local health facilities. But thanks to collective team efforts and engagement by the District Steering Committee, the children were saved

from looking for transport funds as it was arranged that the supplies were to be conveyed to the health facility at their due time.

Finally, effective multi-sectoral teamwork was exhibited during the Measles and Rubella campaign, where different departments contributed their vehicles for use to ensure that targets were achieved.

The teamwork among members from different sectors in the province has improved health service delivery. This in turn has manifested in improved economic activity from a health workforce. This also positively correlates with improved literacy levels as children in the communities are now able to attend class with little to no disruption due to ill health.



DMO chairing Insiza DSC meeting



Insiza DSC team

CHIROGWE: AN EMBODIMENT OF TEAM WORK IN CHIVI DISTRICT

The advent of RBF in Chivi district has revitalised a long-forgotten tradition of teamwork and community participation. Communities in Zimbabwe used to work for the common good of the community through a concept Zimbabweans call “Zunderamambo”. RBF proponents have revived this tradition in Chirogwe.

The dynamic teamwork which began at the clinic has spread across the whole Chirogwe community. Initially, Chirogwe health workers were able to boost their subsidies through teamwork, they have continued to do so thereafter.

According to the Nurse in Charge at the clinic, Mr Sondo, the spirit of teamworking expanded throughout the district because the HCC members made good use of the influence and respect, they have in the community.

An outstanding example of teamwork in action has been the mobilisation of the community in the construction of a waiting mothers’ home. Expectant mothers were travelling more than 15km to the clinic and were desperately in need of a secure waiting area.

Following encouragement from the HCC, community members including leaders gave their support to the idea. Due to the economic hardships, the waiting mothers’ home could not be constructed only with individual efforts. RBF gave them the platform to join efforts.

The local Member of Parliament gave his input through District Steering Committee meetings. It was agreed that RBF subsidies would be used to pay builders and the community would contribute river and pit sand. The Member of Parliament would use money from the constituency development fund to buy all building materials. Accordingly, the waiting mother shelter was constructed in record time.

The spirit of teamwork has also seen the community repairing their roads and pooling resources to repair boreholes. With the sentiment of participation for the good of all, each family member has contributed USD\$1 to a fund which caters for the maintenance and repair of boreholes in the ward.

According to the local Ward councillor Mr Ephraim Gwanongodza, RBF has been the catalyst for sustainable development. He stated that “RBF has turned our clinic into a cathedral of health excellence”. The communities are now utilizing concepts gleaned from RBF in developmental projects.

‘I wish that all programmes could run along the lines of RBF,’ he said. “Pamberi ne RBF! (forward with RBF!).”



HCC planning meeting in Chivi district



KEY

MALARIA	•	BREEDING SITE
DIARRHOEA	•	RIVER
DYSENTERY	•	CLINIC
BILHARZIA	•	WARD AREA
SOGBITE	•	SCHOOLS
MAIN ROAD	—	VHW

3

IMPROVED PERFORMANCE WITH THE SPIRIT OF COLLABORATION



Before the RBF programme, teamwork at District and Provincial Health offices was not systematic. Integration and coordination of activities needed to be strengthened as projects implementation and support supervision were fragmented.

With the introduction of the RBF programme, there has been a drastic change in mindset, as collaboration is the only effective way to maximize on RBF subsidies. DHEs and PHEs teams now embark on quarterly support supervision visits where they meet clinic and hospital staff; where necessary they mentor them in areas that require strengthening”.

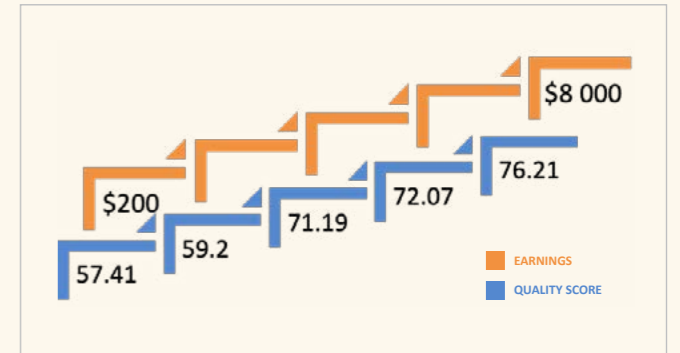
Mr Pomerai, Deputy Director Quality Assurance MoHCC

findings are shared with each department and issues raised are discussed and recommendations are taken on board.

Some areas that did not require additional resource to be actioned were being neglected but have now been implemented through teamwork, such as the presence of quality control committees and proper documentation in registers. Improved quality scores have resulted in these areas.

Having realised the benefits of the RBF Programme, staff now put more effort into improving their quality of care and maximizing their earnings. Working together with the HCC, the team has managed to improve infrastructure and

the general appearance of the facility. As a result, the spirit of teamwork has been fostered among all stakeholders. Hospital staff are working closely with the provincial and district teams to ensure quality is delivered.



THE STORY OF HOLY CROSS MISSION - CHIRUMANZU DISTRICT

In January 2018, the HDF-RBF programme was extended to cover hospitals. Holy Cross Mission in Chirumanzu district is one of 13 hospitals contracted under the RBF programme in Midlands Province.

Before the HDF-RBF programme, Holy Cross, like other hospitals, was receiving a flat amount of \$4,500 under the input-based financing. However, hospitals enrolled in the HDF-RBF programme have seen an increase by 11% earnings surpassing an average of USD\$5 000.

However, for Holy Cross, the first two quarters of 2018 under HDF-RBF was not reflective of their potential, as the facility’s earning dropped by close to USD\$200

per quarter. Lack of teamwork was a major reason for this. Coordination with other teams was limited as departments were working in silos. Each department was working as an operational silo with limited coordination with other departments.

After many efforts from PHE and DHE, the story of Holy Cross has changed for the better. Teamwork is now improved among all stakeholders. These include all hospital staff departments, HCC, DHE and PHE. After the quality support supervision, hospital management and staff now take feedback from the PHE seriously. They no longer view it as fault finding exercise but as a learning process.

After supervision each hospital receives a detailed feedback report reflecting on areas that need improvement. The



Crown Agents collaborating with Ministry ICT Director



LEVELS OF TEAM WORK WITHIN THE RBF PROGRAMME - MBERENGWA DISTRICT

Results-based financing (RBF) is underpinned by the teamwork between the health facility staff members, HCC, DHE and PHE members. This model is ideal as it involves the key players in the health delivery system as well as acknowledging local leadership and the community involvement.

Before RBF was introduced, DHE members would each request a vehicle, fuel and driver in order to carry out their individual activities. For example, the DEHO would go to support the TB programme, and the following week the pharmacist would go for drug supervision. Now, however regular management and planning meetings with representatives from each department has allowed the integration of activities.

Health facility staff members are now well informed of the RBF programme and know what is expected during their quality assessment. They have developed the habit of

conducting feedback meetings. Here, they go through the quality indicators and review their success and failures together before delegating individual tasks.

Data validation and nurses' meeting is held every month. Each health facility sends a representative, along with the Health Information Department and DHE members. The meetings result in the improvement of statistical compilation and presentation. This teamwork has culminated in the improvement of quantity and quality indicators.

Health Centre Committee and nurses in charge attend management and operational planning training. As a team, they discuss and agree on health facility requirements and projects to be implemented. When executing the plans and procuring, a procurement evaluation meeting is held by the facilities, resulting in greater transparency. Once complete, the operational plans are brought to the DHE for scrutiny and endorsed by the District Medical Officer, before being submitted to the LPU.



THE BEAUTY OF TEAM SPIRIT - MOUNT DARWIN

“The RBF programme has resuscitated us from both burnout and low motivation. Despite increased workload due to free services and the need to provide quality services, we are a happy team.

We are motivated because our efforts are acknowledged as staff incentives; we get support from supervisors; our working environment is conducive and there is resource availability. We have increased autonomy and enhanced team spirit.

There are more meetings and improved communication between departments, and we are more focused on goal attainment. Before the programme there was not much

liaising between nursing staff and environmental health department. Now we can analyse data together and give each other feedback timeously.

We can clearly see that our DHE’s skills in support and supervision have been enhanced through the RBF programme. Programmes are now being efficiently integrated through RBF planning. DHE visits are encouraging and supportive. We have developed therapeutic long-lasting team spirit which promotes high subsidy earning.

We are motivated by the scores and the immediate feedback from the DHE’s visits. Support and supervision visits are now carried out strategically. As a result, there is performance gap identification and bridging.”

Ishmael Kapiringu (Primary Care Nurse)



DNO and health facility staff checking registers

EVIDENCE OF GOOD TEAMWORK AT SOTI SOURCE RHC IN GUTU DISTRICT

One of 28 facilities in Gutu District, Soti Source RHC has emerged as the most improved facility in recent times. The RBF programme has fostered a strong spirit of collaboration between the community, its health workers and schools, leading to more resources and an increase in its quality score.

The key to these improvements is good teamwork. Before June 2018 Soti Source RHC, one of the low-income earners due to its volumes, had a devoted Nurse in Charge who held the management of the facility on her shoulders. But following her retirement, the facility began to experience setbacks. Quality scores dropped by 11 points and the risk-based verification classification placed them in the amber category.

The DHE who visited the facility realised that there was a need for the health workers to work together to fill the gap left by the dedicated Nurse in Charge. Each staff member was allocated an indicator that they were responsible for and were spurred on to pull together.

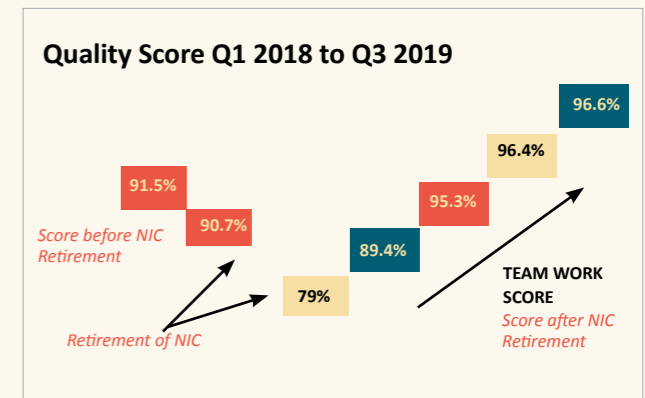
Health facility staff were sufficiently motivated to go beyond the DHE’s advice by seeking to include external parties such as VHWs, HCC and Soti Source primary school’s headteacher. These parties were encouraged to mobilise the community to come to the health facility for services.

As a result, the school was able to persuade parents of children under five-years-old to take them to the facility

for growth monitoring and immunizations. Furthermore, RHC staff members started to conduct healthy school visits where children under-fives were weighed and screened for malnutrition and other ailments. This intervention was beyond the RBF requirements.

This improved teamwork resulted in a 20% increase in quality score within a year, exceeding the highest score achieved under the leadership of the retired nurse. Resources are now available and the team’s job satisfaction has increased. With the rise in staff incentives, staff are motivated to continue working hard and have a strong understanding of the value of teamwork. For example, Shonhe, the general hand at the facility, says that he “appreciated the RBF programme as [he] never expected to be a part of the decision-making process”.

Furthermore, Mr Gumindoga, the clinic CBO, says “I am seeing great change in the feedback the clients are giving during CSS. I am sure that the few remaining complaints are being addressed as I see regular problem-solving meetings”.



PASSION LED US HERE - UMZINGWANE

At Umzingwane, the quarterly supervision visits conducted by DHE have resulted in an improvement in team spirit as health workers discuss with each other the grey areas where they may not be performing well under the 3 thematic sections (namely clinical, management and planning or structural indicators).

Following the introduction of the 25% staff incentives, health facilities work as a team in a bid to minimise losses when they are documenting and reporting on their data.

Fewer the losses, add up to more incentives, hence good teamworking is critical in order to yield more positive results.

Umzingwane DHEs went the extra mile to double-check the first level verification, which is not a requirement for the programme. This is evidence of their dedication to raising the standard of health facilities.

As a result of their initiative in the biannual assessment, 67% of health facilities in Umzingwane district are classified as having statistically accurate data, in the green category.

The DMO, Dr Makonese is passionate about the provision of quality healthcare. He acknowledges that patient care must be the focal point of everything the facility works towards. By practising what he preaches he takes extra time during his QSS visits to talk to patients and hear their feedback on the experience at the facilities in their district.

There is an understanding that these non-monetary efforts can go a great distance and, through the RBF programme, will lead to increased earnings to tackle financial challenges. It is evident that teamwork and dedication are crucial to the success of health facilities.



DMO checking patient



4

TEAMING UP FOR QUALITY IMPROVEMENT

RBF is now putting more emphasis on quality attributes linked to earnings. This is because integration between activities is required to succeed in the quality assessments, unlike the quantity indicators that work on a point-based system. This promotes cooperation within the health facility in order to increase their earnings.

STRENGTHENING HEALTH FACILITY MANAGEMENT THROUGH COOPERATION

Before RBF, in Seke district there was a knowledge gap regarding the importance of accurate data reporting. There were cases where some data on the registers did not correspond with the original documents. More consideration was given to ensuring documents were submitted on time despite reporting errors.

Realising the implications inaccurate data reporting had on the clinic's earnings the DNO took action. Monthly data meetings were implemented where errors were corrected immediately. This has improved the facility's earnings, as well as boosting the staff morale.

RBF helped redefine communication structures from the clinics to the district. A clear organogram was designed to improve understanding of the relationships between the different departments. In addition, the interaction with the DHE on a quarterly basis during support and supervision visits has further improved communication. This has given rise to the improvement in quality scores between 75 and 90 percent.



"I am very proud of my contribution as it plays a key role in the structural score which leads to us getting more subsidies"

Edmore Mutizwa, General Hand.



"Overall, responsibilities are now shared equally amongst staff. The improved attitude has also led to stronger relationships between the staff that exceed the RBF framework."

Ellen Dhiwayo, Nurse in Charge



DNO conducting quality support supervision



“As staff members we recognize the role of the community voice in improving the quality of services. In addition, feedback is sought through regular patient tracer and satisfaction surveys conducted by CBOs as well as through HCCs.”

Webster Gunja, Primary Care Nurse

“EVERYBODY HAS A VOICE WORTH HEARING” - GURUVE

Before the launch of RBF, there was poor collaborative working at Bvochora clinic due to different challenges. There was little development at the clinic, and it was said the staff members were under-appreciated and lacked motivation. This led to staff members failing to reach their performance peak.

RBF created a competitive environment with all departments of the clinic wanting to achieve better results and quality scores. This was achieved through all members sitting down at the end of every month, analysing data before submitting to the Health Information Officer at district level.

In the 2nd quarter of 2019, the clinic did not have any losses, showing improved accuracy in data reporting. Each team member had a responsibility to contribute equally and the chance to offer a unique perspective on the problems that arose. The team were able to discuss and find the best possible solution. Moreover, this kind of teamwork through the help of the HCC managed to improve community participation.

RBF values the insight that community participation brings to the programme. For that reason, there are designated CBOs who provide constructive feedback from the patients themselves. They play a pivotal role, so much so that many health facilities, such as Bandimba clinic have incorporated them into their regular meetings.



CBO giving feedback at a health facility meeting

“UNITED WE STAND, DIVIDED WE FALL” - MUTASA

There is an old adage that says, “united we stand, divided we fall”. This is true for St. Augustine mission clinic staff in Mutasa district.

RBF has made it possible for clinic staff to work as a team to improve the quality of patient care, documentation and consolidation of records.

Teamwork has also improved staff conduct and members of staff are now willing to collaborate with one another. Before RBF was introduced, the staff were selective about who to work with, and this resulted in poor quality child deliveries. Documentation of data and consolidation was done inadequately. Statistics were either under- or over-reported as there were very few checks and validations in place. The clinic had great potential to earn high subsidies at the beginning of the programme, but it had high losses and error rates due to lack of ownership and care.

St Augustine NIC applauds RBF for the way it has encouraged staff meetings, routine follow-ups on staff, and updating of registers at the end of each day. It has also aided in implementing recommendations from the support and supervision team.

The feedback that clinic staff get from the CBOs has also played a pivotal role in improving teamwork and enhancing the quality of care to their clients. Clients’ feedback helps greatly in shaping staff attitudes towards clients, and to their work at large. The staff, who now work diligently, have said they are indebted to RBF for the way it has facilitated attitude change within clinic workers.



Statistics meeting



NIC comforting patient



“IF YOU WANT TO GO FAR, GO TOGETHER”

When I look back, I recall that before the RBF programme, there was not much teamwork between members of staff. There was poor coordination

and each person was doing their own thing. Due to the RBF programme we learned that having high quality scores would enable us to earn more for our facility. This then led to staff members coming together to work as a team in the different departments so as to have better results.

Staff members are now more eager to work and at the end of every month staff members and the HCC sit down together to have a look at how we have performed. We look at statistics such as the quantities and how to improve on these.

RBF brought with it an operational plan, meaning we had to come together, plan, and lay out our activities together. By the time we drafted the operational plan, we slowly started to engage, and interdependence developed in place of our usual unproductive individualism. RBF brought togetherness and effectiveness.

We used to conduct two to three deliveries a month but with RBF we developed the concept of specialization, though with a rotational element. This meant that one would cover maternity or OPD area as the focal person dealing with issues, and later share the monthly or weekly experience - a responsibility which didn't previously exist. This boosted our figures to 10 to 13 deliveries per month and somehow reduced our burden since we were connecting as team players not as individuals.

Sister Madondo (SICC)



CBO and clinic staff working together

“RBF IS ABOUT TEAMWORK” - UMGUZA

Putting differences aside and working together towards a common goal is a fundamental guideline of RBF. Once staff in Umguzu district understood this, their impact and effectiveness have increased dramatically.

At the start of the programme, it was observable that there was a lack of teamwork. For example, when discrepancies were noted in the clinic T5 statistics and the source register, the explanation given was that a particular nurse, who was allocated to do statistics for that month, was responsible for the errors. This kind of response revealed that, while it is good to allocate duties and responsibility, there was a need to improve teamwork. Job mentorship to restore teamwork was emphasised within HFs.

The message given by PHFO Trish was that “RBF is about teamwork; RBF requires all staff to come together and put differences aside to work towards a common goal. You ALL get staff incentives and should work together as a team especially when doing statistics so that you minimise mistakes. Allocate one day for statistics when all staff members participate and sit at a round table for this purpose.”

As time went on, a change of attitude was noted amongst HF staff. This is evidenced by an increase in the number of HFs that shifted from red category to amber and green. Currently there is no facility in red in the province. This is stunning evidence of the impact that teamwork creates. It generates better outcomes not just in RBF but also in the other programmes. In addition, facility earnings have increased as well as quality scores



Fungai Mpofo a CBO at Mbembesi clinic commented, “I am now part of the clinic staff. I sit with them when giving CSS feedback and we discuss ways forward.” This shows that RBF has bridged the gap between the community members

and clinic staff, a bridge which existed before. CBOs and clinic staff enjoy working together as a team at most clinics.

Nurses checking partograph



5

RECOGNIZING INDIVIDUAL EFFORTS
ADDS UP TO GREAT TEAMWORK

INDIVIDUAL EFFORTS ADD UP TO ACHIEVE UNIVERSAL HEALTH COVERAGE

Universal health coverage is defined as ensuring an entire population has access to needed quality health services, without the risk of financial hardship. This has become a major goal in health reform in many countries, including Zimbabwe, and is critical for sustainable development and poverty reduction in any community. To achieve this, a vibrant health system must be supported by a financing system to cover the costs incurred. This protects patients from financial hardship after seeking health services. Additional requirements include clinical capacity, motivated staff and actions to address social determinants (such as education, living conditions and easy access to quality health facilities).

The Results-Based Financing programme (RBF) aims to address these factors, by providing financial assistance to rural health facilities in Zimbabwe, to work towards universal health coverage. 25% of the health facility subsidies are staff incentives, on the condition that the health facility scores above 60% for the quality indicators. Structure, clinical management, management and planning and client satisfaction surveys are used, collectively, to determine the quality at each facility. Not coincidentally, they also address the requirements of universal health coverage.

A collaborative effort by a group of independent members of a health facility to achieve the common goal of providing quality healthcare in the most effective and efficient way is what RBF is promoting. This is, by definition, teamwork. RBF provides incentives to increase the motivation of

staff, contribute to the clinical proficiency and improve access to quality healthcare. RBF capitalises on and encourages effective teamwork to motivate individuals due to an increase in accountability for each individual's performance to the group. Each member of staff must perform their duties to a high standard so that collectively, the quality threshold is achieved to receive incentives. This pushes each person to contribute to the improvement of the service delivery.



Emphasis on individual qualities is a key in effective teamwork. Each member of staff at the health facility will have unique knowledge and skills that contribute to service delivery at their facility. To showcase the best of each member of the health facility team, the value of an individual's contributions must be acknowledged. RBF recognizes this and goes further to reward individuals. The staff incentives are distributed to each member of staff based on their individual contribution. This is calculated through number of hours worked, extra hours worked, and number of absences documented.

The result is everyone feels motivated and accountable for their performance within the health facility team, irrespective of their position. As they contribute efficiently,

the team can deliver greater quality health service. If each facility accomplishes this the access to adequate health services improves, addressing this social determinant

of health. Due to the strong foundation created by each individual member of staff contributing effectively in their respective areas, a community can achieve universal health coverage.



Immunization visit

A TOOL FOR EQUITABLE REWARDING: THE STAFF INCENTIVE CALCULATOR

RBF implements a staff incentive programme to improve health worker outcomes. As a result, members of staff feel valued which can help to increase productivity and commitment. There are two ways to calculate the incentives as shown below. There are fixed parameters, based on job responsibilities within the hierarchy, and flexible parameters that allow individuals who put in more to receive greater rewards.

The fixed Responsibility Allowance, is based on seniority within the constructs of the programme. This means that all Nurses in Charge will receive the same percentage of the total incentives for their facilities.

Every worker has a right to fair pay for the work that they perform. Flexible parameters provide the means for rewarding individuals who go above and beyond. These are the number of hours worked, contracted and extra, in the quarter.

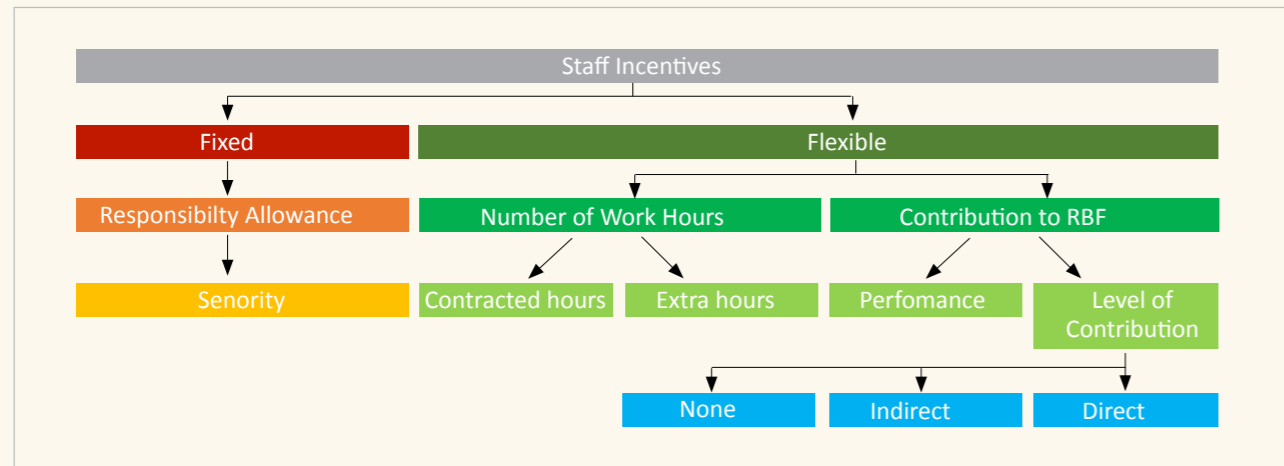
The third factor considers the impact the activities performed by the individual has on the programme. There are two parts to this; individual performance and level of contribution. Staff appraisal by the line manager is conducted quarterly to determine an individual's performance. The better you perform, the more you earn. The level of contribution is categorized into three groups, each increasing in reward. These are; (i) no contribution, (ii) Indirect involvement - support services such as the drivers, and lastly (iii) direct involvement - the sister that carries out first level verification. By factoring in the flexible parameters, everyone's contribution is acknowledged and awarded respectively.

Prior to this approach, only the focal groups would be incentivized. In the District Health Office, the incentives were divided equally across the DHE members. However, all members of the DHE received an equal amount despite their contribution. In addition, key players carrying out vital activities (such as TB Coordinators and administrative

assistants) behind the scene, were not incentivized. To resolve this, staff incentives were expanded to include everybody that plays a part in RBF. This equity in incentivization encourages teamwork and ensures everyone is valued.

To further empower the health facilities, each Nurse in Charge inputs the staff data to calculate the incentives for their staff, providing a sense of autonomy. Once verified by the district, Crown Agents counter-verifies

and processes the data. A mobile application developed by Crown Agents, called the Mobile - Incentive Calculator (m-IC), is used to automate this process. The outcomes of m-IC go beyond calculating the monetary incentives. It creates transparency in the distribution of incentives and develops trust between the team. An improvement in data analysis can also be fostered through this activity. Lastly, effective decision-making skills from the bottom up can be strengthened. All of which is vital to ensure RBF skills and ideals are sustainable.



Quality support supervision visit in Mberengwa district

COLLECTIVE EFFORTS AND TOP PERFORMERS RECOGNITION

The emergence of the Results Based Financing (RBF) approach has addressed health worker performance challenges bedeviling the health sector. The RBF approach ensures rewarding at facility level as well as individual level. Rewards are given to individual health workers and health facilities based on performance to meet pre-agreed targets. Health facilities are given autonomy on use of facility earnings to improve on service delivery. Health facilities can use seventy five percent of earnings to procure vital medicines, constructing maternity waiting homes, installing boreholes as well as green energy which improve quality of care. Monetary rewards which

are performance based coupled with autonomy on the use of facility earnings has resulted in improved working conditions for health workers thus motivating staff to perform as well as improving service delivery. Teamwork and collaboration have been fostered as staff have a shared vision of achieving higher targets which commensurate to earning higher incentives. Staff incentives will depend on the health facility quality scores thus, the clear and shared benefits of working as a team means the collective earning of higher incentives for staff. The collective expectation of having additional financial resources for both individual health workers and health facilities has motivated staff to perform, work together and improve service delivery. RBF has thus promoted a perpetual culture of delivering results and improving quality of care in the health sector.



Willard Mutseka a Nurse Aide at Mount Melleray Mission Hospital in Nyanga District attests that RBF has impacted on health worker satisfaction and motivation. After working for 528 hours for the quarter, he managed to receive the highest earnings as compared to the other eight nurse aides at the health facility. Rosemary Machipinda on the other hand, worked for 64 hours for the quarter and had the least earnings. However, she is grateful that

although she worked the least hours for the quarter her effort was recognized. Through teamwork and collaboration, the staff at the health facility is aiming to collectively achieve higher targets in the subsequent quarters for them to earn higher staff incentives.

"I was so glad to see my hard work was acknowledged and I was the highest earning nurse aide because of it. I have saved my incentives to start up my own small farming project that I haven't had the money to do until now."

Willard Mutseka



Nancy Sibanda a Nurse Aide at St Paul's Mission Hospital in Lupane District was ecstatic after receiving the highest earnings for working 528 hours during the quarter.

"I am lost for words. These incentives have positively impacted on my life, particularly my personal life. I can now enjoy things I couldn't before. I am so happy that my efforts are acknowledged."

Nancy Sibanda



ACKNOWLEDGING THE TEAM BEHIND THE SCENE

“Success is not a function of the size of your title but the richness of your contribution.”

-Robin S. Sharma



“My name is Dr TL Nyafesa, DMO Makoni. I would like to thank the Health Development Fund for the DHE allowances that we receive quarterly. They have made our lives significantly better. Our salaries have been eroded by inflation to an extent that they no longer sustain us for long but with the subsidies, they have managed to bridge the gap. I have been able to do tangible projects that I am really proud of today.

Before, only certain members of the DHE team were receiving subsidies, but our supportive members were not receiving anything. I am delighted that now subsidies are shared amongst all of us, depending on our contribution. This makes me happy because we work as a team, and therefore each member of our team should be appreciated. This way my other DHE colleagues are really motivated to continue working because they know they will be rewarded beautifully after every quarter.

I would also like to acknowledge the good relationship that we have with Crown Agents at both district and provincial level. They are making the programme run smoothly.”



“My name is Primrose Mandishona. I am a rehab technician at Rusape General Hospital in Makoni district. The extra wage that I am rewarded in form of incentives every quarter has proved to be a good gesture. I really appreciate it as I feel that my efforts are being recognised. It has brought peace of mind and has impacted positively on my productivity.

I am no longer worrying about financial aspects and I have a more positive outlook on the work I do.

Therefore, I would like to thank all the partners supporting the RBF programme in Zimbabwe.”



**A CELEBRATION
OF TEAMWORK /**



CBOs are proud of the work they have achieved and have experienced the benefit of pulling together to accomplish something much bigger than themselves. This celebration of teamwork in RBF can be envisioned in this poem authored by an RBF CBO.

*When it began they thought it was a hoax
The nurses thought it was a joke
Doctors assumed it was a skit
Patients too believed it was a play
A solution that links results to finance
A solution that results in better resource availability
IT IS REAL*

*It is neither fable nor joke
Gaze upon the health facilities, that scenic appearance
They have been refurbished, refurbished and re-stocked.
Look at the jovial nurses and other team members,
Constructive relationships have been built.
Program management and integration has been improved
IT IS REAL*

*A bridge between the community and the health facilities
Ever full of traffic to and from
CBOs and HCCs supporting and voicing for the patients
Community concerns, feedback, ideas are shared
Resources are being brought to light
Resulting in enhanced communication
IT IS REAL*

*The RBF program is thought provoking
Sustainable goals and activities have been born
As well as the manifestation of excellent teamwork among staff
DHEs and PHEs swarm health facilities in a way never seen before
By supporting and working at optimum levels with staff members
Just like water in a desert RBF is vital and precious
IT IS REAL*

*RBF is better health
Reduced maternal mortality, enhanced child survival
Healthy people doing day to day chores,
Ensured that their health is taken as a priority.
Look at that mother smiling with her baby in her arms
Without RBF that smile wouldn't be possible
RBF IS REAL*

Weston Manyika (Karanda Hospital CBO)





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