

BRIEF: Maternal and Child Nutrition and Health Results Project (MCNHRP)

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1st Edition



RCH Clinic

Essential medicines

The government of the Gambia secured funding at a tune of \$21.68m (Grant & Loan) to implement a Results-Based Financing for Health, or RBF. RBF pays providers or recipients of health services after pre-agreed results have been achieved and independently verified.

RBF is a change from paying for inputs to paying for services delivered. It works for

both donors and developing countries. It assures donors that their funds are being used as intended and producing the desired results. This includes how countries disburse their own resources.

The approach in The Gambia stands out from many other RBF experiences as it goes beyond supply-side health service delivery. It uses RBF mechanisms to incentivize community level improvements for maternal and child wellbeing, improve health care seeking behaviours, and strengthen the link between communities and health service. The focus on community mobilization, social and change and demand-side interventions suits the context of The Gambia where community structures are well integrated with health service provision. Between 2014 and 15, a pilot experience was implemented in three (3) health centres and ten (10) communities in the North Bank West Region.

Between 2015 and 2016, the project rolled out to 34 health facilities including hospitals in NBRW, NBRE, LRR, CRR and URR.

Project Development Objective

The PDO is to increase the utilization of Community Nutrition and Primary maternal and Child Health services in selected regions of The Gambia using a combination of supply and demand sides of the RBF approach. The project became effective on the 20th May 2014 and will run up to end of July 2021

Components and Budget

Component	Project Cost	IDA Financing	MDT F-HRI financing	% IDA Financing
Community mobilization for social and behaviour change	4.15	2.71	1.44	65.3%
Delivery of selected PHC services	5.83	3.65	2.18	62.6%
Capacity building for service delivery and RBF	3.2	1.82	1.38	56.9%
Ebola Preparedness and Control	0.5	0.5	0.0	100%
Total	13.68	8.68	5.00	

Summary of Activities by Component

<i>Component 1:</i> Community Mobilization	<ul style="list-style-type: none"> • Conditional cash transfers to communities and
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for Social and Behaviour Change	<ul style="list-style-type: none"> support groups <i>scale-up to NBR-E and LRR</i> Conditional cash transfer to individuals <i>scale-up to NBR-E and LRR</i> Social and Behaviour Change Communication (SBCC) <i>scale-up to NBR-E and LRR</i> 		RBF Committee, and NaNA	Skilled delivery	500
		<i>Component 4:</i> Ebola Preparedness and Control	<ul style="list-style-type: none"> Social mobilization Case management 	PNC 3 visits	126
<i>Component 2:</i> Delivery of Community Nutrition and Primary Health Care Services	<ul style="list-style-type: none"> Performance-based financing for health centres scale-up to NBR-E and LRR Start-up support, including selected health care waste management measures scale-up to NBR-E and LRR PHC scale-up Food security-enhanced BFCL scale-up Ebola: Surveillance 	Indicators for Health Facilities		Number of women referred with complication received from the community, Managed and a feedback provided to the VSG	400
		RBF Payment Calculations			
<i>Component 3:</i> Capacity Building for Service Delivery and RBF	<ul style="list-style-type: none"> Capacity building M&E, operational research and verification Coordination and program management at all levels Performance contracts with RHD, RAD, HMIS, 	Indicator	Unit Price (GMD)	Referral of mothers with complications and/or at risk cases	400
		New outpatient visits	11	Modern family planning: pills: All Clients	160
		Antenatal care 1st visit before 3 months	63	Depo Provera: All clients	160
		Completion of 3 other scheduled ANC visits as per the Care Guidelines	84	IUCD + implant	500
				Vitamin A supplementation	11
				Deworming	11
				Neonates referred for complications	400

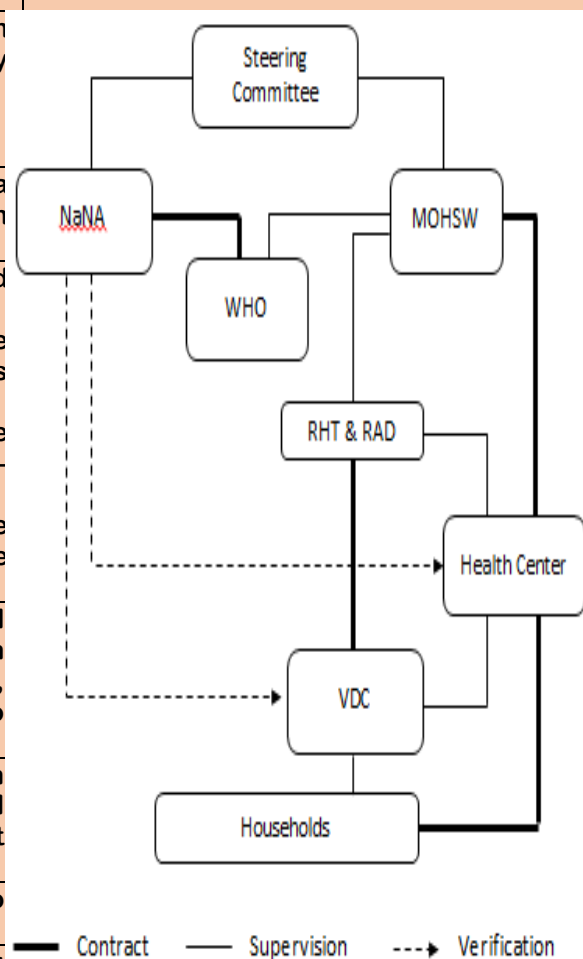
Successful management of severe acute malnutrition	210
Update of the community registers bi-annually	5
Subtotal RBF payment (I)	
Quality score (technical score + client satisfaction) = 35%	
Subtotal RBF payment (II)	
Hardship bonus 15%	
Total RBF Payment to Facility	

Indicators for the Communities

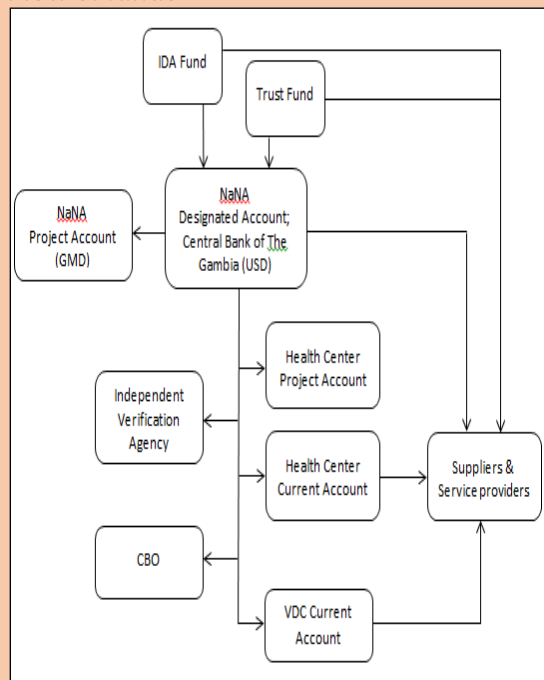
No	Indicators
1	Proportion of children 6 - 23 months who consumed foods from at least four (4) recommended food groups during the previous day
2	Proportion of mothers with children 6-23 months who can cite at least four (4) practices of good complementary feeding
3	Proportion of women 15 - 49 years who can cite at least three (3) danger signs of pregnancy

4	Proportion of women 15 - 49 years who can cite at least four (4) advantages of exclusive breastfeeding
5	Proportion of women 15 - 49 years who consumed foods from at least four (4) recommended food groups during the previous day
6	Proportion of households with improved sanitation facility (availability of a toilet)
7	Proportion of households with a designated hand-washing station where water and soap are present
8	Community having properly managed dump site(s) <ul style="list-style-type: none"> - At least one (1) for small size communities (population less than 1000) - At least two (2) for medium size communities (population 1000 - 3000) - At least three (3) for large size communities (population more than 3000)
9	Number of pregnant women and postpartum mothers with complications who were referred, evacuated and escorted by the VSG to the nearest health facility.
10	Number of neonates with complications referred, evacuated and escorted by a VSG to the nearest health facility for treatment
11	Number of pregnant women referred to the health facility for delivery
12	Establishment of a Child Food Bank with the availability of different foods

Project implementation arrangements



Flow of funds



Quarterly Contracts signed and assessed

1. Health Facilities
2. Regional Health Directorates
3. RBF Committee
4. NaNA
5. Department of Community Development
6. Village Development Committees
7. Community Verification Agencies

Verifications

1. Monthly data verification
2. Independent Quarterly monitoring

3. Lot Quality Assessment Survey (LQAS)
4. Project Steering Committee Sub Committee Quarterly Assessment
5. Verification Agent (IVA)

Incentives Percentage shared at HF levels

40% of the total subsidy to the health facilities shall be shared equitably among the staff and 60% is used to improve the quality of care at the health facility

Incentives Percentage shared at community levels

20% of the subsidy to the community go to the Village Support Groups and 80% used by the VDC to implement their sub projects

Consultancies

1. Effective Implementation of The Gambia National Social and Behaviour Change Communication (SBCC) Strategy for Improving Maternal and Child Nutrition and Health
2. Initial Assessment of the MCNHRP Community Mobilization Approach
3. Report of The Gambia Quality of Care Checklist
4. Review of the Application and Pricing of the Performance Based Components
5. National Health Care Waste Management Standard Operating Procedures
6. Women's Roles in Production, Consumption and Reproduction
7. Monitoring and Evaluation
8. Food and Nutrition Security

9. Assessment of procurement and supply chain of reproductive, maternal, neonatal and child health and nutrition (RMNCHN) products in the Gambia
10. Review of PHC Services
11. Updating the Health Financing Policy to include RBF as a financing mechanism
12. Health Seeking Behaviour and Out of Pocket Expenditure on Child and Adolescent
13. A Rapid Assessment of The Gambia PHC and Community Health and Nutrition Structures (A mixed Method Approach)
14. Repositioning of TBAs to CBCs

Tools Development and updates

1. Quality of Care Checklist for health facilities
2. HMIS Registers and forms
3. DHIS2
4. Social and Behaviour Change Communication Training Manual
5. Community Mobilization Training Manual
6. Health Care Waste Management Training Manual
7. Monitoring and evaluation
8. Standard Drug Treatment Manual
9. Essential Medicines list
10. Review of the Staffing Norm

Trainings conducted locally

1. RBF Concept
2. Quality of Care
3. Waste management
4. Data management

5. Social and Behaviour Change Communication
6. Community Mobilization
7. Financial Management
8. Procurement
9. VDC training
10. Village Health Worker training
11. Community birth Companions Training
12. Refresher trainings for VHW and CBCs

List of HF receiving incentives

NBRW

1. Essau Major HC
2. Nema Kunku HC
3. Kerr Chernu HC
4. Albreda HC
5. Kuntair HC

NBRE

1. Farafenni General Hospital
2. Kerewan HC
3. Salikenni HC
4. Illiassa HC
5. Farafenni RCH
6. Ngaine Sanjal HC
7. Sara Kunda HC
8. Njaba Kunda

LRR

1. Soma Major HC
2. Kiang Karanta HC
3. Kwinella HC
4. Kaiaf HC
5. Bureng HC
6. Pakaliba HC

CRR

1. Bansang Hospital

2. Kaur HC
3. Kuntaur Major HC
4. Sami Karantaba
5. Janjanbureh HC
6. Bansang RCH
7. Brikamaba HC
8. Kudang HC
9. Dankunku HC

URR

1. Basse Major HC
2. Gambisara HC
3. Fatoto HC
4. Koina HC
5. Yorrobawol HC
6. Diabugu HC
7. Bajakunda HC
8. Demba Kunda HC

Rehabilitation of Reproductive and Child health (RCH) Waiting shade
Construction of a poultry House
Purchase of Sanitary Materials,
Co- funding of Pipe Borne Water System (Bore Hole)
Procurement Tricycle (Motor Bike Ambulance)
Horse Cart Ambulance
Construction of a Nursery School
Procurement of Water Tank
Erection of RCH Waiting Shade
Procurement of a Motor Vehicle Ambulance for referrals
Construction of Community Bakery
Rehabilitation of the Hand Pump.
Procurement of hand washing materials
Community Gardens

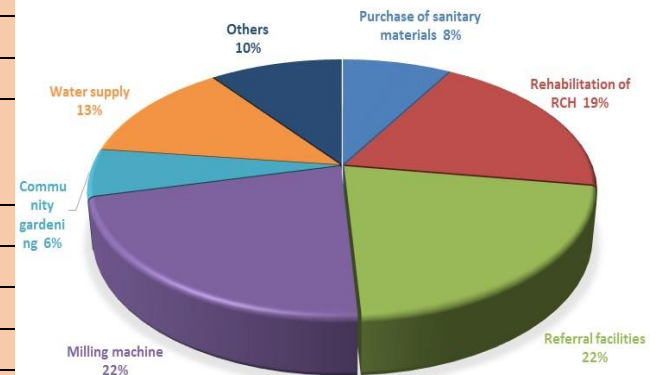
Community rolled out by region

Roll out	URR	LRR	CRR	NBR E	NBR W	TOTAL
1ST	16	0	22	0	22	
2ND	18	20	42	20	30	
3RD	17	38	34	42	23	
TOTAL	51	58	98	62	75	

Community sub projects completed

Milling Machine
Donkey Cart Ambulance For referrals
Rehabilitation of the village hand pump.
Procurement of fertilizer
Construction of a seed Store
Construction of Toilets

COMMUNITY SUBPROJECTS (NUMBER =218)



Activities being implemented

1. Procurement of equipment for HFs in LRR and NBRE as start-up capital
2. Procurement of medicines for Village Health Workers at Primary Health Care level
3. Construction of 37 incinerator for all the facilities implementing the project
4. Second Quarter SMT Convergence
5. Validation of the Health Financing Policy
6. Review of PHC Strategy and Costing of Road map
7. Training of VHWs and CBCs
8. Refresher training of CBCs and VHWs
9. Procurement of essential medicine and supplies to complement government efforts
10. Procurement of 13 vehicles for MOHSW and appointment of 13 drivers
11. Appointment of project staff at regional level
 1. Project management Officer
 2. Financial Management officer
 3. Field Assistant
 4. Project Management Assistant

International Capacity building for Project Implementation Committee

1. RBF Training
2. Monitoring and Evaluation
3. SBCC
4. Quality of care
5. Training DHIS2
6. Financial Management

Study Tours on RBF

1. Zimbabwe
2. Zambia
3. Burundi
4. Rwanda

Start-up Capital for facilities

All participating health facilities are entitled to a start-up capital to support them improve on the quality of services they are providing. The amount a facility receives is:

Level	Amount in US Dollars
Minor Health Centres	1000.00
Major Health Centres	2000.00
Hospitals	5000.00