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INKUNGA Y'ABANYAMERIKA

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Quarterly Project Report Narrative

(April – June 2012)

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Table of Contents

ACRONYMS	iii
INTRODUCTION	iv
EXECUTIVE SUMMARY	v
I. IMPROVED UTILIZATION OF DATA FOR DECISION MAKING AND POLICY FORMULATION.....	1
I.1. Upgrade and maintenance of PBF and CBHI web-based applications	1
I.2. Upgrade of the health management information system (HMIS)	1
I.3. Support to Rwanda Health Enterprise Architecture (RHEA)	2
I.4. Operationalization of the Human Resources for Health Information System (iHRHIS)	2
I.5. Set up of the Health professional council registration system	2
I.6. Support the MOH to manage the National Income Categorization (Ubudehe) database	2
I.7. Support for HMIS-Training and M&E	3
II. STRENGTHENED FINANCIAL SYSTEMS FOR THE RATIONAL USE OF AVAILABLE HEALTH RESOURCES	3
II.1. Revision of the PBF framework	3
II.2. Evaluation of demand-side implementation strategy in Rwanda	7
II.3. Development of CBHI Financial modeling tool	9
II.4. CBHI studies protocol development	9
II.5. Assessment of health facility and CBHI sections accounting and financial management....	10
II.6. Community health activity coordination workshops	11
II.7. Conference and publications:	12
III. STRENGTHENED LEADERSHIP AND MANAGEMENT AND IMPROVED HUMAN RESOURCE PRODUCTIVITY	13
III.1. Implementation of Continuous Professional Development Program (CPD) for physicians.	13
III.2. Implementation of the licensing process for Nurses, Midwives and Allied Health Professionals	13
III.3 Roll out of the WISN methodology	15
III.4. Challenges	16
IV. QUALITY IMPROVEMENT FOR RESULTS IN ACCESS TO AND QUALITY OF SERVICES THROUGH STANDARDIZED APPROACH	16
IV.1. Harmonization and review of the patient file.....	16
IV.2. Review and Development of District Hospital operational policies and procedures	16
IV.3. Development of treatment guidelines/ clinical protocols	18
V. CROSS-CUTTING TECHNICAL ASSISTANCE	19
V.1 RBC functional analysis and development of its strategic plan.....	19
V.2 Finalization of the Decentralization strategic plan	19
V.3 Support to Global Fund Application Process.....	20
VI. ACTIVITIES SCHEDULED FOR THE NEXT QUARTER	20
ANNEXES.....	22

Annex 1: IHSS Project Results Framework	22
Annex 2: List of Trainings, Workshops or/and Working Sessions provided during the reporting quarter	23
Annex 3: Retained CHW PBF indicators and budget forecasting	26
Annex 4: Average of postnatal consultation utilization from July 2010 to September 2011 in treatment and control zones of demand side model.....	27
Annex 5: List of policies and procedures developed	28
Annex 6: IHSSP Scheduled Activities from July – September 2012.....	31

Table of Figures

Figure 3: CBHI financial modeling prototype (National assumptions sheet).....	9
Figure 4: % of developed procedures in the area of Organizational Management.....	17
Figure 5: % of developed procedures in the area Patient Centered Care Services	17
Figure 6: % of developed procedures in the area Clinical Management Service	17

List of Tables

Table 1: Budget Forecasting for MPA PBF quantities indicators	5
Table 2: WISN Results from Kibagabaga Hospitals	15

ACRONYMS

CBHI	Community Based Health Insurance (Mutuelle)
CHD	Community Health Desk
CHWs	Community Health Workers
CTAMS	Cellule Technique d'Appui aux Mutuelles de Sante (Mutuelle Technical Support Cell)
CPD	Continuous Professional Development
DH	District Hospital (s)
DHIS	District Health Information System
HC	Health Center (s)
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
iHRIS	Human Resources Information System
IHSSP	Integrated Health Systems Strengthening Project
ITN	Insecticide / Impregnated Treated Bed Nets
JANS	Joint Assessment of National Strategy
MCH	Maternal & Child Health
M&E	Monitoring & Evaluation
MIS	Management Information System
MOH	Ministry of Health
MSH	Management Sciences for Health
NNMC	National Nurses and Midwives Council
PBF	Performance-based Financing
MPA	Minimum Package of the Activities
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
QI	Quality Improvement
RBC	Rwanda Biomedical Center
RFP	Request for Proposals
RHEA	Rwanda Health Enterprise Architecture
SIS Com	Community Health Information System
SOPs	Standards Operating Procedures
SPH	School of Public Health
TB	Tuberculosis
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WISN	Workload Indicators For Staffing Needs

INTRODUCTION

Based on the priority gaps in the Rwandan Health System and launched in November 2009, the 5-year USAID-funded Integrated Health Systems Strengthening Project seeks to improve financial and geographical accessibility for all Rwandans to quality health services that are sustainable and efficiently managed by well trained health sector staff with clear functional responsibilities. **The project's components are designed to contribute to this vision in the following result areas:**

- Improved utilization of data for decision-making and policy formulation across all levels of the health sector.
- Strengthened health financing mechanisms and financial planning and management for sustainability.
- Improved management, quality and productivity of human resources for health and related social services.
- Improved quality of health services through implementation of a standardized approach to quality improvement.

The main expected results to be achieved by the Project are:

- Improved capacity of program managers to use data for decision making.
- Strengthened financial systems for the rational use of available resources.
- Implemented long-term human resources for health strategic plan and community health worker policy.
- National supervision framework and quality improvement mechanisms implemented.

The present report describes the activities and main achievements realized by the Project during the reporting quarter (April to June 2012).

EXECUTIVE SUMMARY

During the reporting period, the main achievements of the IHSS Project were:

Health Management Information System (HMIS) component:

IHSSP supported the enhancement of backup functions of the PBF and CBHI systems. In an effort to assist the MOH with the further integration of health information sub-systems the Community-PBF and CBHI/M&E databases were added as new modules in the DHIS2 platform.

After the introduction of the new reporting system (Rwanda HMIS) for collecting data in the DHIS2 platform, the project assisted the Ministry of Health focus on data use.

The project assisted the MOH e-Health Unit by helping to test and organize training on the new health facility registry.

IHSSP supported the use of the Human Resources Information System (iHRIS) by providing end user support and assisting with updates to employee records in the system. The number of employee records has increased from 16,465 to 19,690. At the request of the MOH and other government partners, the project used the national income categorization (Ubudehe) database to conduct various data analyses.

As part of our efforts to enhance data use and evidence-based decision-making, the project helped the Ministry's Planning department to create district health profiles for the District Strategic Planning and facilitate their use in a series of provincial level planning workshops for staff from all district hospitals and administrative districts. A workshop was also organized to prepare training curricula to train supervisors and national level staff to better manage and use data from 4 different community health desk reporting systems (SISCom, mUbuguzima, RapidSMS and CHW/CF).

The HMIS team also supported the Ministry's quarterly data quality audits and worked with the HMIS team and Voxiva to develop procedures to import TracNet data into the national health data warehouse.

Health Financing component:

A review of existing PBF schemes (HC, DH, TB and community) was commissioned by the health financing unit of the MOH. The project supported the PBF revision framework at the central level. PBF indicators have also been reviewed.

The IHSS project assisted the MOH to conduct the evaluation of demand-side PBF model implementation. The project assisted the MOH in the process of institutionalizing the CBHI financial modeling tool. The project also facilitated the ToT in Musanze for the tool testing and dissemination.

In partnership with the SPH, the project provided technical assistance for the development of protocols of CBHI studies. The main realization was the elaboration of the household survey questionnaire.

IHSSP supported the MOH/health financing unit to conduct a rapid assessment of health facilities and CBHI sections' financial management capacity. IHSSP facilitated the preparation and participated in a 2 week workshop organized by the community health desk (CHD) of the MOH for districts' community health actors and partners. The project was invited to present and discuss the results of community PBF audit conducted in 2011.

The IHSSP PBF senior advisor participated in the USG evidence summit on enhancing provision and use of maternal health services through financial incentives, which took place in Washington D.C on April 24th and 25th

Human Resources for Health component:

By supporting the implementation of the Continuing Professional Development (CPD) program, IHSSP assisted the Rwanda Medical Council (RMC) in finalizing the CPD M&E plan, which has been validated.

IHSSP continued to support the NNMC in the registration and licensing process. The website and database to be used in this process are complete at 90%. The project also continued to provide technical assistance to the Allied Health Professionals Association.

The IHSS project assisted the WISN methodology implementation in two district hospitals (Kibagabaga and Muhima).

Quality Improvement component:

During the quarter, the reviewed and harmonized patient file was shared with relevant stakeholders to seek inputs. The quality improvement technical working group (QI TWG) reviewed all inputs and incorporated them accordingly in the final version.

The project continued to provide technical assistance to the MOH in the development of District Hospital operational policies and procedures. Through the IHSSP support, the treatment guidelines/ protocols were developed. Drafts have been finalized in the Obstetrics & Gynecology, Pain management, Pediatrics, Dermatology, and ENT service areas.

Cross-Cutting Technical Assistance:

. Consultative meetings with RBC, USAID and IHSSP have been held to agree on all the requirements for Project support to the RBC strategic planning process. The roadmap and the budget have been developed.

The MOH with the Ministry of Local Government, assisted by IHSSP, are developing a health decentralization strategic plan to improve the decentralization of health services and empower local district health authorities in managing their own health problems. A first draft of the health decentralization strategic plan has been produced.

I. IMPROVED UTILIZATION OF DATA FOR DECISION MAKING AND POLICY FORMULATION

I.1. Upgrade and maintenance of PBF and CBHI web-based applications

During the reporting period, IHSSP supported the backup functions of the PBF and CBHI systems. Previously it was not straightforward to do a back up and to access the archives of data from the systems, especially exportation of updated data for further analysis. Now, it is a simple process through a new FTP web site was set up where backups are automatically posted

In an effort to integrate all elements of the MOH HMIS system into one common platform, preparations were made to move the SISCom and CBHI/M&E databases to DHIS2. The system prototypes are now in place, data sets are ready and waiting for end users throughout health system to be trained. IHSSP staff helped coordinate the logistics for 4 additional MOH staff to attend DHIS-2 implementor's training in Mombosa, Kenya in June (the training was actually funded by Rockefeller's eHealth grant to the MOH). With 8 key staff now trained in DHIS-2 system configuration and management there is a high level of confidence that the system can be made sustainable.

I.2. Upgrade of the health management information system (HMIS)

IHSSP assists the Ministry of Health to enhance its HMIS. In this reporting period, after the introduction of new reporting system (Rwanda HMIS), the project ensured that it is fully functional and used successfully. All registered health facilities in the system are reporting regularly every month and it has improved the timeliness, completeness, and quality of data country wide. As this is a stepwise process, the project also helped the HMIS team update the system based on end users comments and suggestions. The DHIS2 platform has proved to be a powerful tool and very convenient to manage routine data. In addition to the HMIS monthly reporting modules, it has been adapted to be used for SISCom, CBHI M&E system, the National Health Indicator Dashboard and Child death audit data entry systems.

To enhance the wide use of new HMIS system of DHIS2 and also make it user friendly, a data demand and use (DDU) workshop was organized to gather end user needs in terms of reports and other types of outputs. Samples of most requested reports have been drafted and will be built

into the online DHIS2 platform once an advanced iReport and SQL query design training session is organized for HMIS staff next quarter.

I.3. Support to Rwanda Health Enterprise Architecture (RHEA)

The IHSSP assists the Ministry of Health with the design and implementation of the RHEA framework and its components. The objective is to put in place a health enterprise architecture framework to enhance health systems integration and interoperability. During this reporting period, the project assisted the e-Health Unit / MOH to organize the ongoing training on the new facility registry.

I.4. Operationalization of the Human Resources for Health Information System (iHRHIS)

In collaboration with the Ministry and IntraHealth, the IHSSP supports the operationalization of iHRIS (the system was initially introduced by Capacity Plus Project). During this reporting period, IHSSP supported the use of HR system by providing end user support and updating the database from Excel files sent to the central level by district hospitals. The number of employee records in the system has increased from 16,465 to 19,690.

I.5. Set up of the Health professional council registration system

IHSSP is working with the health professional councils to set up an electronic registration system and to build a new database. The NNMC registration database and website development are almost done. They are in the testing and validation phase for final submission. In addition, the Allied Health Professional council registration database (based upon the NNMC system) is under development. The system requirements analysis and specifications have been completed.

I.6. Support the MOH to manage the National Income Categorization (Ubudehe) database

The national income categorization (Ubudehe) database contains over 9 million records classified by all households according to the Ministry of Local Government's income categorization scheme. These data are used in CBHI membership management process and other various Government programs. During the reporting period, IHSSP used this database to conduct various data analyses at the request of the MOH and other government partners. However, the roll-out of the CBHI membership maintenance system, which should enable Ubudehe authorities

to update civil registration data (births, deaths and household move) and maintain mutuelle membership status, is delayed pending the award of a contract to implement a mobile-phone based module in response to an RFP issued by the Ministry of Health.

I.7. Support for HMIS-Training and M&E

The IHSSP team has been providing continuing technical assistance to the MOH to build capacity, improve data use and sharing, and to enhance the M&E system of the Ministry. Workshops (Ref. Annex 2) have been organized and facilitated to re-align M&E and reporting systems through the health system. These have guided and improved the health planning and the capacity of management at decentralized health system levels throughout the country. In addition, project helped the HMIS team create the District Health Profiles for a series of 4 District Strategic Planning workshops organized by the MOH planning department.

To improve the use of data reported through web applications, a workshop was also organized to prepare curricula to train CHW supervisors at District and health center level on 4 web-based community health desk systems (SisCom, RapidSMS, mUbuguzima and CHW cooperative financial monitoring tool). Project staff also supported the Ministry implement the quarterly data quality audit and designed a variety of data export utilities to enable partners and MOH department staff to analyse sub-sets of HMIS data.

II. STRENGTHENED FINANCIAL SYSTEMS FOR THE RATIONAL USE OF AVAILABLE HEALTH RESOURCES

II.1. Revision of the PBF framework

During the reporting quarter, a review of existing PBF schemes (at HC, DH, TB and community) was commissioned by the health financing unit/MOH. IHSSP supported the PBF framework revision at the central level. This was done through the PBF extended team platform, for which the project continued to ensure its secretariat role. The previous revision was conducted 2 years ago. The main tasks included in this process were the update of PBF indicators and tools (contracts, assessment grids, etc), the budget forecasting and the revision of evaluation process to reflect the present context (in terms of norms and standards). Results were communicated and presented to the PBF extended team on 5th July 2012.

For community PBF, 2 new indicators were proposed related to HIV: one on couples accompanied to the health center for PMTCT and the second on households referred to the health center for voluntary HIV/AIDS counseling and testing (VCT). In total, 8 quantitative indicators for CHW cooperatives were retained after the review (see annex 1, the list of retained indicators).

For the health center PBF, according to the program of community-based distribution of ITNs, the focus of the program is now on protection of new couples. The newly proposed indicator is the number of women pregnant for the 1st time who received ITNs during their first antenatal visit. For family planning indicators, condoms were also included in the list of modern methods. The vaccination indicator was updated to include pneumococcal and rotavirus vaccines in the definition of a fully immunized child. Two new indicators were proposed for HIV/AIDS: the indicator related to male circumcision and the indicator related to the follow up of discordant HIV couples.

Indicator weights and unit costs were also revised and budget forecasting was completed for this coming fiscal year starting July (Rf. Table 1 and Annex 3). The table below presents the unit cost calculated for each retained indicator.

Table 1: Budget Forecasting for MPA PBF quantities indicators

				Scenario 1 (indicator driven respecting budget constraints)				
Indicator	Actual quantity 2011	Predicted quantity 2012	Predicted validated quantity 2012	Relative weight rwf Delphi	Relative weight %	Relative rwf adjustable	Scenario 1 Budget	Revenue generation %
Indicator Curative services					18%		RWF 565,088,769	14%
First prenatal care visits	7,222,031	6,608,158	6,079,506	50	0.3%	50	RWF 303,975,285	7.3%
Malnourished children referred for treatment	1,381	109	101	2000	11.5%	2000	RWF 202,924	0.0%
Other emergency referrals	304,654	271,782	260,911	1000	5.7%	1000	RWF 260,910,560	6.3%
Indicator MCH preventive/curative services					76%		RWF 2,405,562,624	58.1%
Women who received malaria prophylaxis (ITN) during prenatal care	239,298	244,850	225,262	200	1.1%	200	RWF 45,052,347	1.1%
Women who completed 4 prenatal care visits	77,700	117,980	112,081	1500	8.6%	1500	RWF 168,121,044	4.1%
Women who received tetanus vaccine during prenatal care	255,243	269,128	263,746	250	1.4%	250	RWF 65,936,414	1.6%
At risk pregnancies referred to hospital for delivery	59,583	66,167	64,182	4150	23.9%	4150	RWF 266,354,942	6.4%
Women who received post natal care (within 7 days)	169,528	335,699	325,628	2500	14.4%	2500	RWF 814,070,913	19.7%
Deliveries at the health facility	195,329	230,273	218,760	4150	23.9%	4150	RWF 907,852,714	21.9%
Children who completed vaccinations	292,125	281,988	276,348	500	2.9%	500	RWF 138,174,249	3.3%
Indicator Family Planning					6%		RWF 1,170,911,900	28%

				Scenario 1 (indicator driven respecting budget constraints)				
Indicator	Actual quantity 2011	Predicted quantity 2012	Predicted validated quantity 2012	Relative weight rwf Delphi	Relative weight %	Relative rwf adjustable	Scenario 1 Budget	Revenue generation %
First time family planning visits (new contraceptive users)	309,540	287,470	275,971	1000	5.7%	1000	RWF 275,971,006	6.7%
Contraceptive resupply visits	8,625,371	9,322,301	8,949,409	100	0.6%	100	RWF 894,940,894	21.6%
					100%		RWF 3,739,061,720	
							RWF 4,141,563,292	
					Projected 2012-2013 Quality score	90%	RWF 3,727,406,963	

- Actual quantity: volume or number of PBF quantity indicators or PBF services performed during 2011.
- Predicted quantity 2012: projected volume expected during the coming fiscal year (from July 2012 to June 2013). The projection is estimated based on the increase observed for the indicator in the past fiscal year (from July 2011 to June 2012).
- Predicted validated quantity 2012: in the PBF scheme, each production has to comply with a certain number of criteria before its validation. The validation score utilized is the one noted during the past year.
- Relative weight: the determined weights for the individual services (based on priority of each indicator).
- Relative weight adjustable: the transformation of the relative weight in monetary. This is based on the available budget.

The quality tool for the quarterly health center evaluation was also reviewed for the 14 services to be evaluated, based on the updated norms and standards for MOH programs and services.

II.2. Evaluation of demand-side implementation strategy in Rwanda

Evidence from the prior evaluations of the PBF scheme for HCs had shown that prenatal care and family planning utilization remained relatively low. This observation led to the development of a two part strategy: the existing supply-side Community Performance-Based Financing (CPBF) program that targets vulnerable populations, empowering women and children within communities to access services through a system of incentives paid to CHW cooperatives for pre-determined indicators; and the demand-side model that provides non-financial or in-kind incentives to the women after their access to maternal and child health services.

The demand-side model implementation was the focus of process evaluation during the reporting quarter. The model is designed to eliminate barriers women face in accessing timely maternal and child health services. The purpose of this evaluation was to assess the process, midterm results, perception and challenges for the implementation of demand-side strategy during the period from October 2010 to May 2012.

The process evaluation of the demand-side model was conducted per guidelines of the demand-side strategy implementation. This assessment is structured as a case control study, comparing two kinds of data: First, cases are constituted by the health centers where the demand side program is already implemented, and controls were observed in health centers where this program was not implemented; second, a longitudinal analysis was performed comparing the evolution of the indicators during the period, starting from 2008 to 2012. Results of the assessment were also compared with data from the Health Information System.

Results

All sites sampled and defined by the MOH to serve as controls in this program are not offering incentives to mothers who use reproductive health services. The assessment has demonstrated that in the sites defined by the MOH to be demand side group, 97.5% of HCs implement the demand side strategy; only one HC chosen for the implementation of the model not yet started the implementation.

In-kind incentives offered to women accessing maternal and child health at health facilities officially began in October 2010. The eligible women were those who frequented antenatal care consultation in their 1st quarter of pregnancy, women who delivered at health facilities and women who frequented post natal care consultation within 10 days since October 2010. The average reported period is 17.7 months (most of the HCs selected to implement the demand side model began to offer in-kind incentives to women during the fourth quarter of 2010).

Availability of program documents and incentives at facility level:

The availability of in-kind incentives and documents is a good indicator that a program is being implemented as originally planned. 47% of sites reported to have in-kind incentives to provide to women at the evaluation date. The average stock out period for facilities without material to provide to women is 158 days per year. The lack of funds to purchase materials is the reason most presented (in 83% of cases) as the cause of stock out. 85% of structures have steering committees' report documents describing the approval for HCs to purchase materials. 69.2% of structures have documents describing the tender process for materials purchase and 77.5% presented the contract with the purchaser for delivering material.

Providers' satisfaction on the implementation of demand side model:

From all providers who were interviewed on the implementation of the demand side program, a score ranging from 1 to 10 was given for each of the 4 specific questions related to the tender process, authorization by the sector steering committee to purchase incentive materials, in-kinds incentives delivery to women, incentives availability and management. Overall mean score of satisfaction ranged between 8.0 and 9.0.

Verification clients' existence and services received at the health centers:

From all the clients who have been interviewed among the selected women (N=107), 98% of clients have confirmed that they have visited the facilities in the corresponding period. For the women who consulted one of the 3 reproductive health services, 97.8% declared to have received in-kind incentives.

II.3. Development of CBHI Financial modeling tool

IHSSP is assisting the Ministry of Health in the process of institutionalizing the CBHI financial modeling tool for CBHI management, its efficiency and sustainability. The tool aims to assist the MOH and Mutuelle Sections to project their revenues and expenses based on the elements such membership levels, premiums, administrative costs, expected utilization levels and facility reimbursement mechanisms. The expected outcome is the improvement in financial planning resulting in increased efficiency, access and sustainability.

Results

After development of a first draft of the tool, the MOH and partners of the core team in collaboration with the Project, held at MSH office, a one day session on 26th June to present the developed tool and get inputs of different actors from the MOH, partners, and implementers for validation of the tool. 10 participants from MOH, partners and SPH attended this working session.

After this session, a 3 days ToT (Ref. Annex 2) was organized from 27th to 29th June in Musanze with the facilitation of IHSSP, where MOH team and district actors learnt about the tool and were able to test it on the field.

II.4. CBHI studies protocol development

During the reporting quarter and in partnership with the SPH, the project continued to provide technical assistance for the development of CBHI studies protocols. The studies have the following objectives:

- Conduct the analysis and assessment to determine the access and equity of CBHI system

-
- Develop an in-depth “lessons-learned” publication with direct practical relevance to health policy makers and planners in Rwanda and other countries
 - Development and dissemination of the finance model and tool

The main realization occurred during the quarter is the elaboration and production of the household survey questionnaire.

II.5. Assessment of health facility and CBHI sections accounting and financial management

IHSSP supported the MOH/health financing Unit to conduct a rapid assessment of health facilities and CBHI sections’ financial management capacity. The aims of the assessment include the identification of financial management strengths and weaknesses in order to develop financial tools for adequate reporting, and a better choice and introduction of the accounting software to CBHI sections and health facilities.

The assessment was based on the belief that an efficient and effective financial management system depends on clear, well-understood policies, tools and procedures that should be established in those structures to report all financial transactions and to make sound, timely decisions about the use of resources.

For each level, the team noted all findings and challenges in the implementation of various tools in place on the field and actions were proposed for the future work. As main observations noted during the assessment, it appeared that:

- Most of the DH do not have software for finances and store management
- Tools that report the finances do not cover all health financial activities
- Report formats are not standardized and the assessment found also the existence of double accounting
- Various software introduced by partners in some areas are not harmonized

The assessment looked also on other government financial management tools like the Smart Gov software which allows management of the district funds; this tool is web based and functions through the Internet accessibility; the software has several menu "Accounts payable" (Debtors),

"General Ledger" (Ledger), "Account Receivables" (Accounts Payable), "Revenue Management" and the software can generate various financial reports. The assessment team also visited MINECOFIN System (IFMIS= Integrated Financial Management System) which is an "in-house system": a system developed by local developers for specific needs of the government; it differs from preconceived software (like Sage, QuickBooks).

II.6. Community health activity coordination workshops

IHSSP was invited to participate in the workshop organized by the community health desk (CHD) of the MOH as one of the partner who is supporting community health activities. The coordination of community health workers is essential for monitoring and evaluation. It takes place at different levels: community, health center, hospital, district and central levels. Thus, for assessing the progress and coordination of activities in maternal and child health, the CHD/MOH organized a two weeks workshop to discuss the current state of maternal and Child Health indicators and assessing maternal death and infant mortality. IHSSP facilitated the preparation of the workshop and was invited to present results of community PBF audit conducted at the end of 2011 in which the project was the principal technical actor of the audit.

The main objective of the workshop was the follow up and evaluation of community health activities in districts, hospitals and health centers. The specific objectives of the workshop were:

- Presentation of 2011 -2012 achievements and 2012 - 2013 priorities
- Presentation of districts work plans
- Presentation of data discrepancies in SIS-Com
- Performance indicators in community PBF and challenges
- Identify strengths and areas for improvement in community health activities.

The workshop was held in South Province at Huye from May 28th to June 08th Audience participants included the following:

- Staff team CHD (14 participants)
- MOH's Partners in Health (MSH, MCHIP, CRED, etc)
- In charge of Health at districts (district health officers – 30 participants)
- M & E Officers of District Hospitals (40 participants)

-
- Community Health Supervisors (40 participants)
 - Health centres' representatives (Titulaire de CS – 40 participants)

The workshop was held in 4 different sessions by respective provinces:

- First session: East Province (took place from May, 28-29, 2012);
- Second session: MVK & North Provinces (took place from May, 30-31, 2012);
- Third session: West Province (took place from June, 04-05, 2012);
- Fourth session: South Province (took place from June, 6-7, 2012).

The Ministry, the main expected results of workshop included the following:

- Make recommendations to rectify weaknesses in the activities and the disbursement of funds on the indicators relevant to the objectives of the Community Health Desk;
- Update on the knowledge and awareness for the management of community health activities;
- Consolidate and discuss priorities and quarterly work plans;
- Identify challenges in the implementation of CHD activities and suggest solutions for improvement;
- Having uniform forms for quarterly reporting and justification of requests for funds.

II.7. Conference and publications:

The IHSSP Health Financing Team Leader attended the US Government evidence summit on enhancing provision and use of maternal health services through financial incentives in Washington D.C on April 24th and 25th;

The conference aimed to examine the evidence from the impact of incentives on improving maternal and newborn health results. Objectives for this summit were:

- Clarify the evidence to inform policies, strategies and programs for utilization of financial incentives in maternal health services in low- and middle-income countries
- Identify evidence gaps to shape the research agenda.

Rwanda MOH, through the MCH Director, Dr Fidele Ngabo participated in panel discussion on the session related to the real world challenges on achieving equity, sustainability and lives

saved. IHSSP provided financial and technical and logistical assistance for the MOH participation in this summit.

III. STRENGTHENED LEADERSHIP AND MANAGEMENT AND IMPROVED HUMAN RESOURCE PRODUCTIVITY

III.1. Implementation of Continuous Professional Development Program (CPD) for physicians

Since 2011, IHSSP assists the Rwanda Medical Council (RMC) to establish and to run a CPD program. IHSSP staff provided technical assistance to develop the CPD policy; the strategic plan and the M&E plan to guide its implementation. IHSSP also supported the establishment of the CPD structures, the development of tools and the sensitization of providers and beneficiaries.

Progress / achievement in this quarter

In the reporting quarter, the M&E plan was validated by the Rwanda Medical Council. IHSSP supported two CPD steering committee meetings for reviewing the activity progress and to validate the CPD M&E Plan. IHSSP is currently supporting the CPD steering committee to organize an annual workshop to share experience with providers, beneficiaries and stakeholders.

III.2. Implementation of the licensing process for Nurses, Midwives and Allied Health Professionals

3.2.1. Licensing for nurses and midwives

The National Nurses and Midwives Council (NNMC) is functional since 2006. The licensing process has begun by the registration of nurses and midwives. Due to the lack of experience of members of NNMC bureau, insufficient staff with regard to the volume of the work to be done and the large number of professionals of this category, the registration and licensing process of these professionals encountered a lot of difficulties ., With IHSSP assistance, is currently going smoothly. IHSSP provided technical assistance in reviewing the registration forms and licensing norms and standards, in registration and verification of data entered, and in the development of

the database and website. The project provided also printing machines to issue certificates and licenses.

Progress / achievement

IHSSP continue to support the NNMC in the registration and licensing process. The website and database are complete at 90%. The main activity remaining is to import data to database from excel sheets and training of staff on the use and maintenance of database and the website.

3.2.2. Licensing for Pharmacists and Allied Health Professionals

The initial proposition of the MOH was to establish one professional regulatory body for pharmacists and allied health professionals. As the process to validate a law takes time, the MOH published a ministerial order and appointed steering committees for registration and accreditation of recognized professionals from the two categories. IHSSP worked with the allied health professionals committee to elaborate the law, to develop registration regulations and forms, and to develop a database.

Pharmacists and Rwanda allied health professionals have been separated. Pharmacists formed their association assisted by IHSSP and they have developed certificates which have been printed, waiting for delivery.

Progress / achievement

The MOH organized a general assembly for the allied health professionals to validate the licensing plan and tools proposed by the steering committee assisted by IHSSP. During the meeting, the regulations for registration and forms were validated. The registration plan was also reviewed in respect of participant's recommendations and validated. The registration activity was postponed in July 2012. A database has been developed by IHSSP/HMIS staff and is available for handover with MOH staff. A workshop to develop norms and standards for licensing is planned for July, 2012.

III.3 Roll out of the WISN methodology

In the roll out of WISN methodology, the main support from IHSSP was to train trainers and supervise the implementation of the methodology. Trainings of trainers have been delivered at central and district level. The supervision of the WISN implementation encountered some difficulties due to lack of time for task forces to organize and update the data and proceed to the supervision exercise.

Progress / achievements

In this quarter, two district hospitals (Kibagabaga and Muhima hospitals) that were supervised, performed the exercise and presented results of the WISN methodology. Below are presented some results from Kibagabaga Hospitals based on the Standard Workloads Norms:

Table 2: WISN Results from Kibagabaga Hospitals

	Kibagabaga hospital Services	Current nurses (a)	Required nurses (b)	Shortage/ excess (a-b)	WISN Ratio (a/b)	Staffing situation
1	Internal Medecine	18	22,4	18-27,4 = - 4,40	18/27,4 = 0,80	Shortage
2	Surgery inpatient	10	18,32	10-18,32 = - 8,32	10/18,32 = 0,54	Shortage
3	Maternity	32	38,25	32-38,25 = - 6,25	32/38,25 = 0,83	Shortage
4	Neo-natology*	10 10	28,60 19,73	10-28,60 = - 18,6 10-19,73 = - 9,73	10/28,60 = 0,35 10/19,73 = 0,50	Shortage
5	Pediatric	18	25,93	18-25,93 = - 7,93	18/25,93 = 0,69	Shortage
6	Urgences	18	18,81	18-18,81 = - 0,81	18/18,16 = 0,99	Surplus
7	Out-patient	9	4,77	9-4,77 = + 4,23	9/4,77 = 1,88	Surplus
	TOTAL	115	157,08 (Option1)* 148,21 (Option2)*	- 48,2 (Option1)* - 33,21 (Option2)*		

*Option 1: the unit is considered as Neonatology with 1 Nurse for 4 patients for 24 hours day.

*Option 2: The unit is considered as Pediatric with 1 Nurse for 6 patients for day shift and 1 Nurse for 10 patients for night shift.

These results will help the hospital to plan for staffing issues and improve the quality of care.

III.4. Challenges

- ❖ The Ministry of health and affiliated institutions' staffs regularly change their priorities. This disrupts the Project plans for technical support. Also, those priorities are not well clarified or articulated to allow for planning accordingly.
- ❖ There is a shortage of staff at MOH and affiliated institutions to manage the tasks as urgently planned and prioritized.

IV. QUALITY IMPROVEMENT FOR RESULTS IN ACCESS TO AND QUALITY OF SERVICES THROUGH STANDARDIZED APPROACH

IV.1. Harmonization and review of the patient file

The harmonization of patient file is under process since the previous quarter. The previously reviewed and harmonized patient file was shared with relevant stakeholders to seek inputs. The Quality Improvement technical working group (QI TWG) reviewed all inputs and incorporated them accordingly in the final version. The next step will be validation by SMM.

Next steps

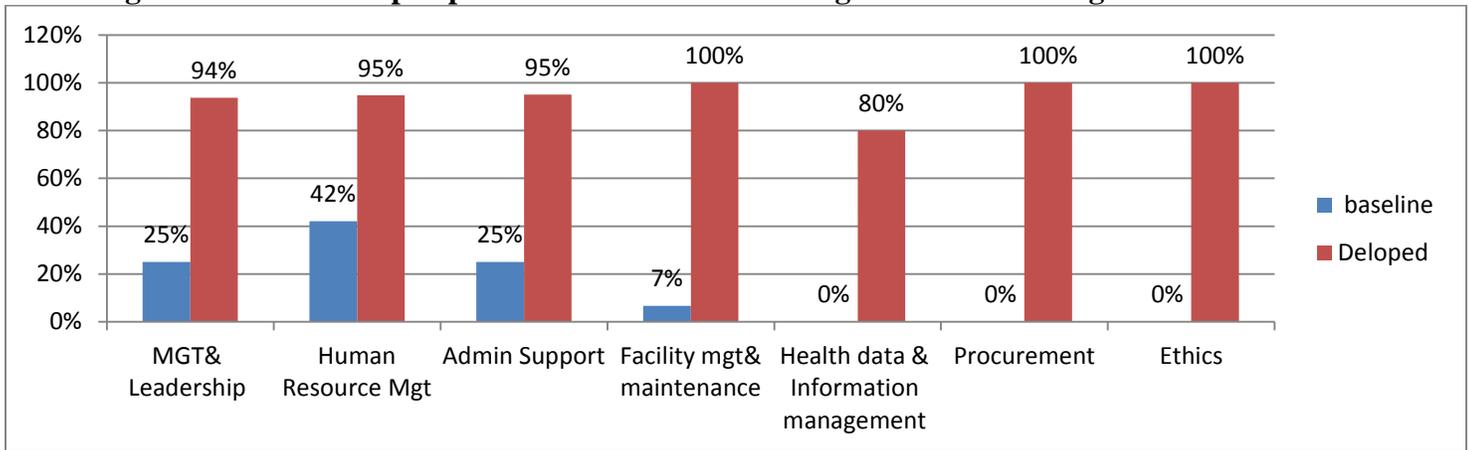
- ❖ The harmonized parent file will be used by all departments at the facility level; however specific medical forms to specific services like obstetrics, surgical, Intensive Care Unit (ICU) and others must be developed and considered as additional to the parent file for the respective departments.
- ❖ Guidelines to complete the patient file must be developed to ensure a common understanding and consistence in completing the file.
- ❖ The patient file will be disseminated and communicated to the health care providers.

IV.2. Review and Development of District Hospital operational policies and procedures

District Hospital operational policies and procedures to guide services have been developed in a bid to ensure that services are delivered in a more consistence manner. Above 80% of the required procedures have been developed in the respective service areas: Organizational management, patient centered care services, and clinical support services. The percentages of developed procedures are presented in the following figures (figure 4, 5 and 6); the list of procedures is also attached in the Annex 5.

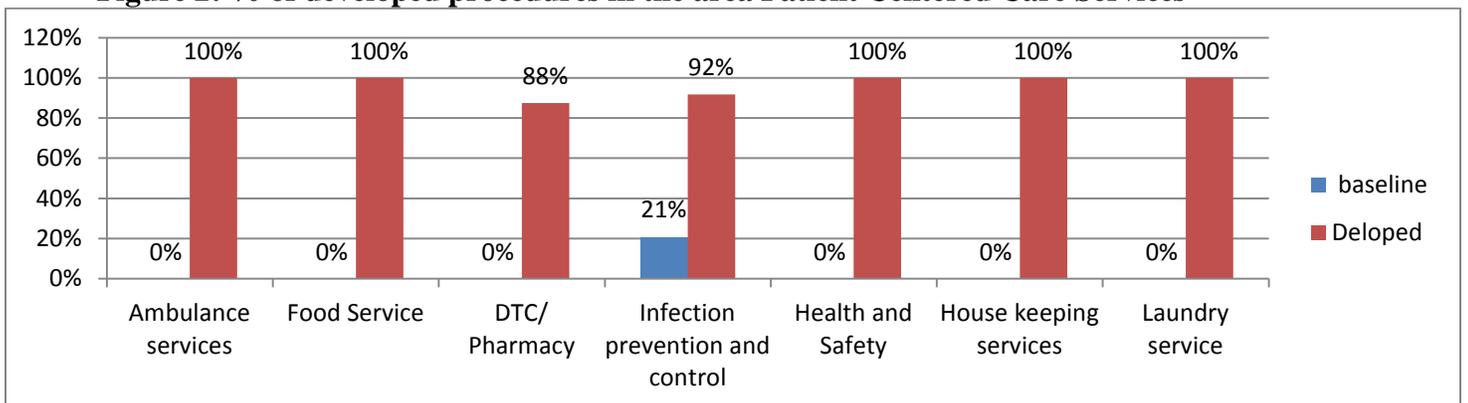
The following figure presents the percentage of developed procedures in the area of organizational management versus the existing procedures at the time of baseline assessment:

Figure 1: % of developed procedures in the area of Organizational Management



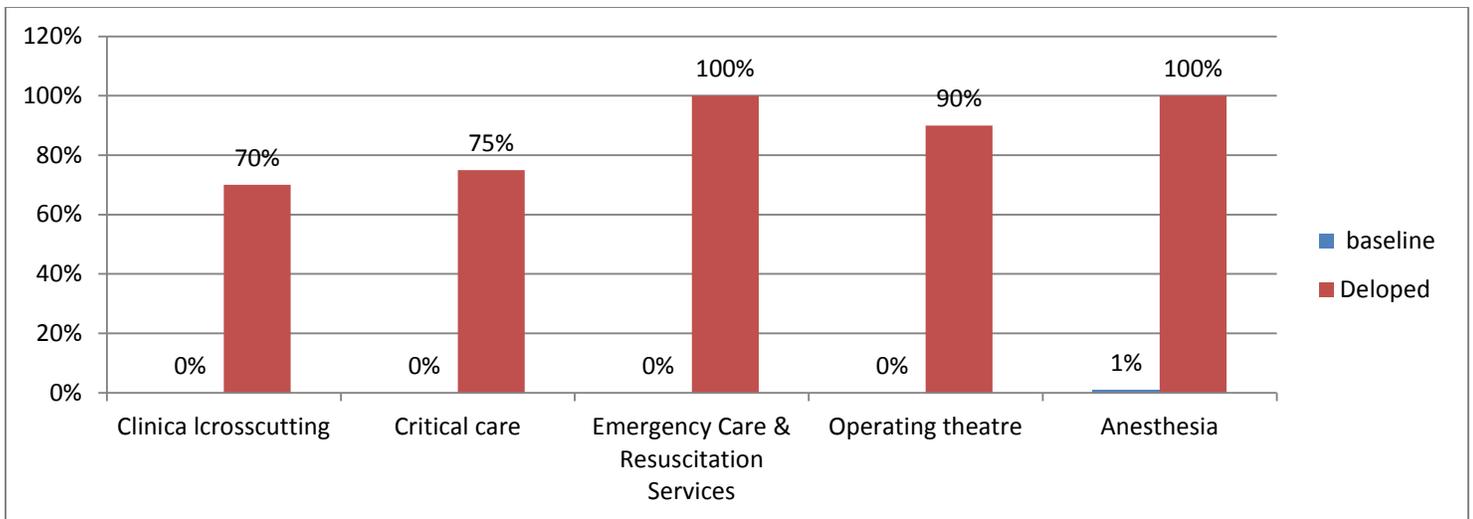
The following figure presents the percentage of developed procedures in the patient centered services versus the existing procedures at the time of baseline assessment:

Figure 2: % of developed procedures in the area Patient Centered Care Services



The following figure presents the percentage of developed procedures in the clinical management services versus the existing procedures at the time of baseline assessment:

Figure 3: % of developed procedures in the area Clinical Management Service



Next steps

- ❖ The developed policies and procedures will be disseminated to provincial and district hospitals to facilitate the accreditation process.
- ❖ Through periodic assessments, the disseminated policies and procedures will be monitored for their successful implementation.

IV.3. Development of treatment guidelines/ clinical protocols

Through the IHSSP support, the Treatment Guidelines/ Protocols were developed by health professionals in their respective professional organizations from both public and private institutions. The Guidelines/Protocols development was evidence based considering both the international and Rwandan context describing how best clinical conditions should be managed.

The primary objective in developing clinical treatment guidelines/ protocols was to create an enabling environment for the provision of quality health care that is acceptable, affordable, accessible, and also to encourage and improve the rational use of drugs.

Building on the work that was done in previous quarter, respective professional societies have conducted internal reviews of the draft treatment guidelines in their relevant specialties. Inputs and comments were incorporated accordingly and the drafts have been finalized in the Obstetrics & Gynecology, Pain management, Pediatrics, Dermatology and ENT service areas. Oral and Dental health, Ophthalmology and Physiotherapy are still pending.

Challenges and next steps

The availability of health professional in their societies of relevant specialties has been a big challenge. The developed Treatment guidelines/Protocol soon after validation will immediately be disseminated to secondary and tertiary level for use. Similarly, these documents will inform the next review of essential drug list.

V. CROSS-CUTTING TECHNICAL ASSISTANCE

V.1 RBC functional analysis and development of its strategic plan

IHSSP supports the Rwanda Biomedical Center (RBC) to carry out its functional analysis and develop the strategic plan. RBC is a national institution established by the government in 2011 to become a Center of Excellence for the prosperity of the country, ensuring quality health service delivery, education and research for the population. It functions as the big back bone of the Ministry of Health. It's constituted by eleven divisions fused together which have been functioning independently as separate government institutions and now functions under one management and structure system.

Progress / achievements

Consultative meetings with RBC, USAID and MSH/IHSSP have been going on to agree on all the requirements; the roadmap was developed with the budget for the activities, and the team of consultants has been identified and the activities are to start during the next quarter.

V.2 Finalization of the Decentralization strategic plan

Rwanda has adopted the health decentralization policy and is being implemented in three phases. The phase one and two have been completed and the implementation now is at phase three. The MOH in collaboration with the Ministry of local governments assisted technically by IHSSP/MSH are developing a decentralization strategic plan to improve the decentralization and empower the local district health authorities in managing their own health problems.

Progress and achievements

The first draft of the decentralization strategic plan has been finalized and awaits the review and validation by the MOH and the TWG.

V.3 Support to Global Fund Application Process

During the reporting period, IHSSP has provided 2 Short Term Technical Assistants to the MOH to support the development of applications to the GFATM for TB and HIV grants. One of the consultants is a budgeting and costing expert and the other's expertise is in HIV programming and health planning.

VI. ACTIVITIES SCHEDULED FOR THE NEXT QUARTER

The following activities are scheduled in the next quarter (See also annex 6):

Health Management Information System:

- Develop HMIS SOPs for community and administrative district levels
- Curriculum development and ToT for CHD web application
- Support the RHEA framework development (CHW registry, Provider Registry)
- Support the implementation of JANS recommendations for HSSP III and implementation of its M&E plan
- Issue RFP for mobile phone module for membership database, develop and integrate mobile membership management module to enhance CTAMS database to better track Mutuelle performance, prepare the ToT for central level CTAMS staff in use of new membership module
- Continue users support for data entry for iHRIS
- Support the publication of periodic reports featuring health data via print and internet
- Continues upgrade of reporting instruments of HMIS
- Training of developers in use of iReport for designing standard reports for the DHIS
- Support Community health desk with training of trainers for mobile health applications
- Finalize tools and procedures to introduce a household register at community health workers and conduct survey
- Support to Operationalize the national data warehouse and web-based dashboard portal (web-based dashboard portal implementation); Help to develop personalized web-based dashboards that will enable the tracking of key indicators
- Upgrade the PBF platform - moving all configurations to web, adding configurable dashboards, more analytical reports, adding more control levers, and development of Child death audit module

-
- Research the available open source software options for iPad or PC based field data collection and develop a prototype PBF assessment questionnaire

Health Financing:

- Capacity transfer and implementation of the CBHI financial modeling tool to assist the MOH and individual CBHI to project their revenue and expenses
- Support the CBHI and PBF extended team coordination mechanism
- Design cell phone (SMS) application for CBHI Membership database update and train district actors
- Review & update of clinical PBF indicators
- Conduct PBF indicators counter verification
- Design CBHI data audit
- Data collection for CBHI studies (studies on the analysis of access, equity and efficiency of CBHI system) and applications for submission to scientific and ethic review committees)
- Desk review of the "Best-Practices" publication to guide the design & implementation of CBHI program and the applications for submission to scientific and ethic review committees
- Design the pricing method based on costing results
- Introduce and avail account software for CBHI sections

Human Resources for Health:

- Assist Rwanda Medical Council to organize a 1 day workshop to share CPD experience and results
- Assist Rwanda Nursing and midwives council to finalize the licensing process: handover of database and website
- Assist Rwanda Allied Health Professionals Association to develop norms and standards for licensing
- Assist Rwanda Allied Health Professionals Association to use a database for registration

Quality Improvement component:

- Mobilize and share all reference documents with JCI (Junior Chamber International (NGO)) Consultant
- Develop the activity plan for the situational analysis
- Review and assess the current status of hospitals in Rwanda in relation to the accreditation program
- Assess the current licensing process and any other existing evaluation systems of health services

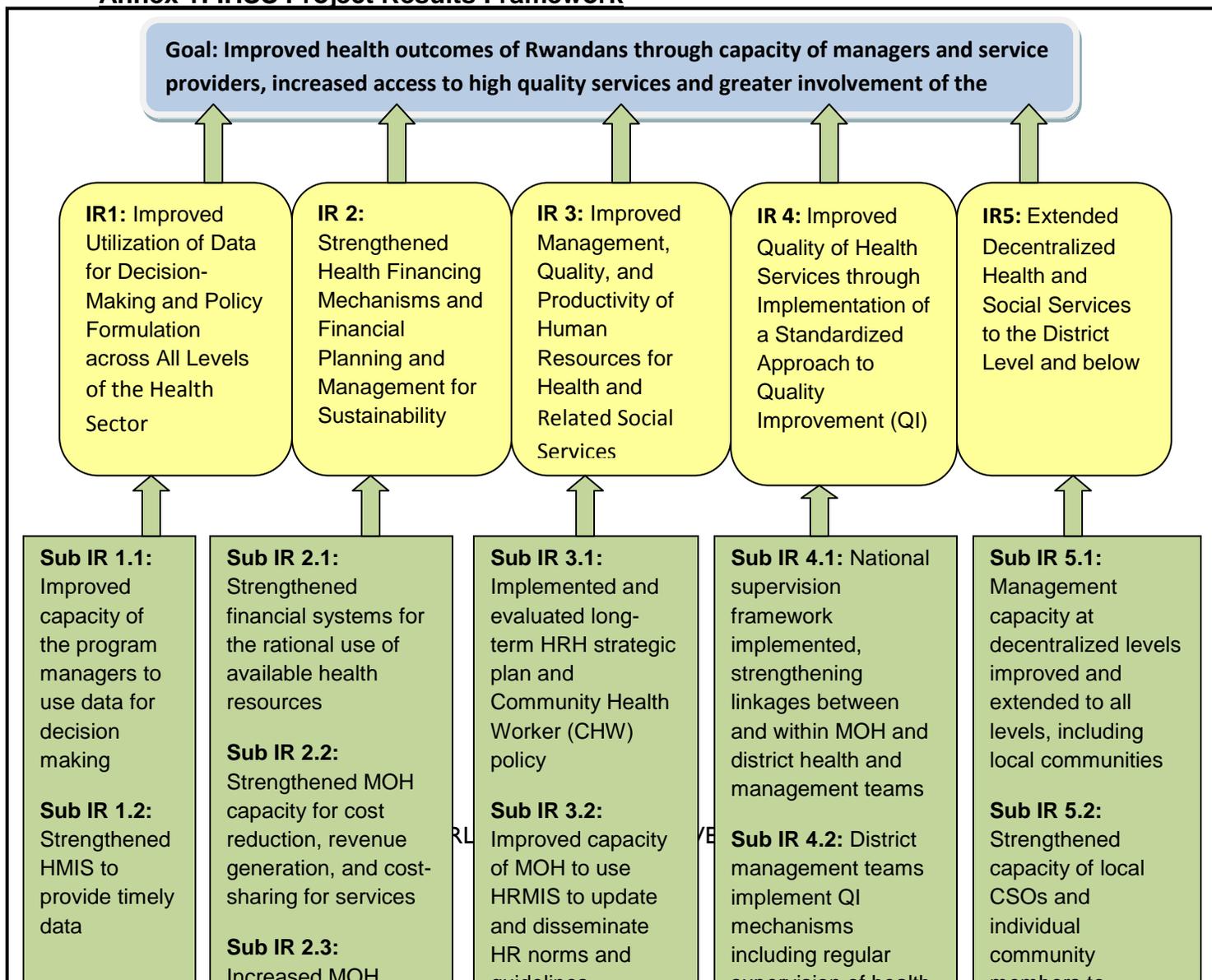
- Propose the structure of the accreditation governing body: identifying key stakeholders; determine the composition of the accreditation board; define the roles and responsibilities of the board of directors
- Validation of the patient's file and dissemination
- Editing and formatting of treatment guidelines
- Participate in the organization of MOH launch of Clinical Treatment guidelines/protocols & Service package

Cross-Cutting Technical Assistance:

- Carry out the Rwanda Biomedical Center functional analysis and develop its strategic plan
- Review and validation of the health decentralization strategic plan

ANNEXES

Annex 1: IHSS Project Results Framework



Annex 2: List of Trainings, Workshops or/and Working Sessions provided during the reporting quarter

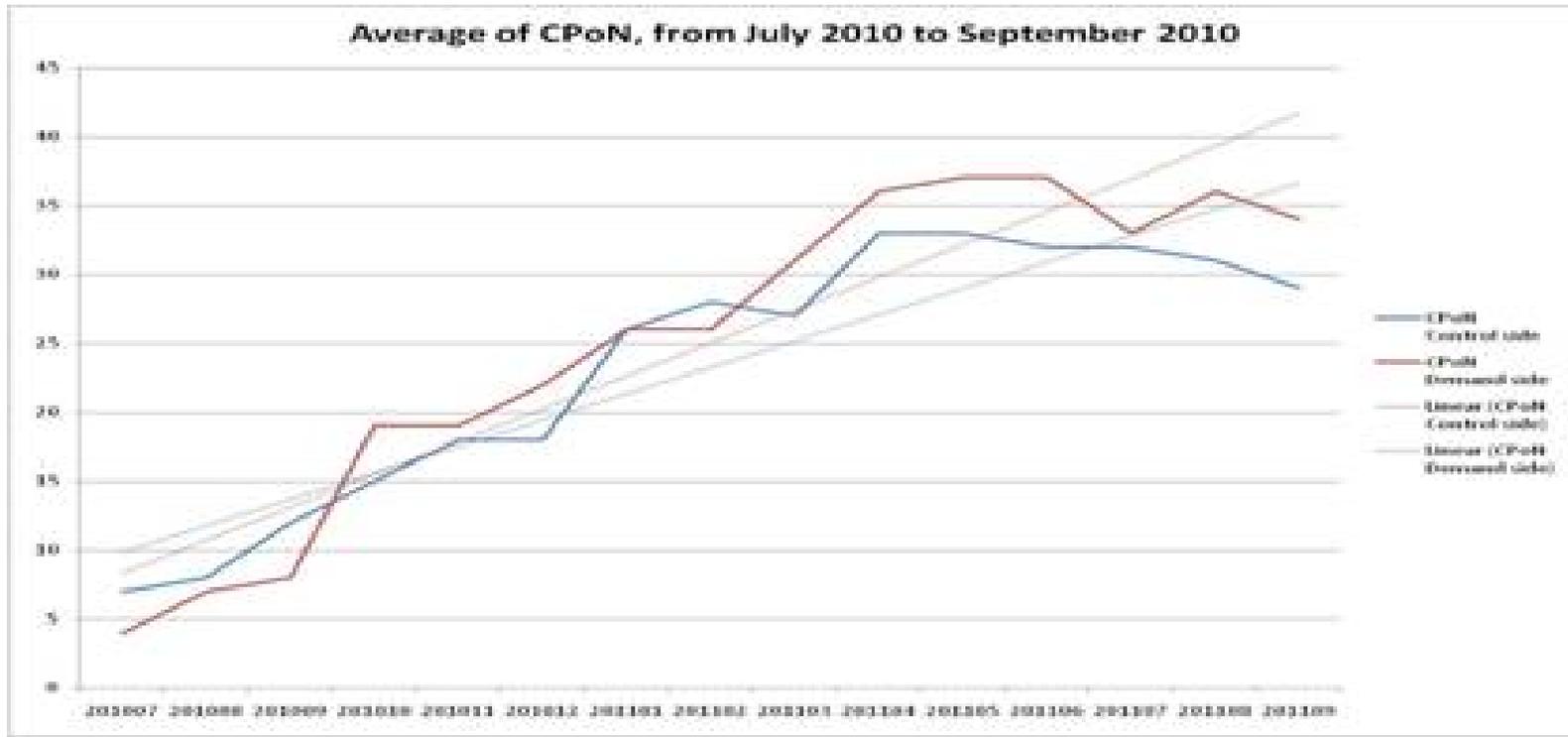
Dates	Name	Description / Objective	Place	# Men	# Women	# Total
April 10, 2012	CBHI meeting on Curriculum review	This workshop intended to review the curriculum of CBHI	MSH Conference Room	12	3	15
April 20, 2012	Internal technical review of clinical treatment guidelines	The training participants were Specialists and members of Rwanda Medical Council who met to review the clinical treatment guidelines	Musanze / Hotel Gorilla	12	3	15
April 20, 2012	Nursing Committee Meeting	The workshop intended to bring together nursing committee and elaborate their manuals and policies	MSH Conference Room	1	8	9
May 11, 2012	Ophthalmology protocols review	This workshop gathered ophthalmologist to review their protocol	Kigali / Lemigo Hotel	6	2	8
May 12, 2012 To May 18, 2012	Workshop for RapidSms, mUbuguzima, Siscom, and CHWs Cooperatives financial tool programs	This was a Training of Trainers of Ministry of Health staff and districts managers on RapidSms, mUbuguzima, Siscom, and Community Health Workers (CHWs) Cooperatives financial tool programs	MSH Conference Room	17	10	27
May 16, 2012 To May 25, 2012	Clinical Protocol review of gynecology and Podiatry	This workshop gathered gynecologists and pediatricians to review protocols of their domains	Kigali / Umubano Hotel	27	6	33

Dates	Name	Description / Objective	Place	# Men	# Women	# Total
May 18, 2012	CBHI Studies, tools and protocols review	MOH and IHSSP staff met to review CBHI studies, tools and protocols	MSH Conference Room	2	3	5
May 22, 2012	Health Information System district strategic plan	IHSSP, MOH and partners met to review the districts strategic plan of Health Information	MSH Conference Room	18	8	26
May 28, 2012 To May 29, 2012	Review and harmonization of Eyes, Nose and Throat (ENT) protocols	The workshop intended to review and harmonize Eyes, Nose and Throat (ENT) protocols	Kigali / The Manor Hotel	4	1	5
June 12, 2012 To June 15, 2012	Clinical Protocols review for pain management treatment	Doctors met to to review the Pain Management protocols	Musanze / Gorilla Hotel	4	1	5
June 14, 2012 To Jun 15, 2012	Physiotherapists Workshop	Workshop to review the clinical protocols for the Physiotherapist	MSH Conference Room	7	4	11
June 20, 2012	HSS –TWG Special Meeting	This workshop gathered the partners of the Ministry of health to agree on how to reinforce the health system	Kigali / CTB Conference Room	8	4	12
June 21, 2012 To June 22, 2012	Physiotherapist Workshop	Workshop to review the clinical protocols for Physiotherapists	MSH Conference Room	6	2	8
June 26, 2012	Meeting for CBHI Financial tool	The workshop gathered CBHI specialists from the Ministry of Health and IHSSP/CBHI staff to review the financial tool and agree on some parameters	MSH Conference Room	7	3	10
June 27, 2012 To June 28, 2012	Harmonization of patient file	Doctors met in Gorilla Hotel to harmonize the patient file; this file contains identification of the patient, history of his/her illness and how he should be treated	Musanze / Gorilla Hotel	6	3	9
June 27, 2012 To June 29, 2012	Review of the CBHI financial tool	The workshop gathered CBHI specialists from the MOH, MSH, and districts to review the financial tool and agree on some parameters	Musanze / La Palme Hotel	7	3	10
June 28, 2012	Validation meeting of curricula for Rapid SMS, mubuzima , Siscom, and CHW Cooperatives financial tool	This session gathered Ministry of Health / Community Health Desk Staff and partners to validate the curricula for Rapid SMS, mUbuguzima, Siscom, and CHW Cooperatives financial tool Programs	MSH Conference Room	6	9	15

Annex 3: Retained CHW PBF indicators and budget forecasting

Indicator	Scenario (indicator driven respecting budget available)							
	Actual quant 2011-2012	Projected increase in 2012-2013	Predicted quantity 2012-2013	Rel weight based on budget available	Relative weight %	Relative rwf adjustable	Scenario 1 Budget	Repartition revenue generation
Child health								17%
1. Nutrition Monitoring: % of children monitored for nutritional status (6 -59 mois)	455640	0.51	230782	700	7.2%	0.86	USD 198,473	4.0%
2. Number of sick children under 5 years old seen by CHWs	260429	1.5	390644	1360	14.0%	1.67	USD 652,709	13.3%
Maternal health								50.9%
3. ANC : Women accompanied/referred to HC for prenatal care within first 4 months of pregnancy	137831	1.06	146489	1500	15.5%	1.84	USD 269,958	5.5%
4. Deliveries: Women accompanied/referred to HC for assisted deliveries	192202	1.29	248449	990	10.2%	1.22	USD 302,185	6.2%
5. FP: new users referred by CHWs for modern family planning methods	325325	1.62	527996	1050	10.8%	1.29	USD 681,115	13.9%
6. FP: % of regular users using long term methods (IUD, Norplant, Surgical/NSV contraception)	2975470	4.26	12670292	80	0.8%	0.10	USD 1,245,309	25.4%
HIV/AIDS								31.7%
7. Number of couples accompanied to the Health Center for PMTCT	110420	1.50	165630	2500	25.8%	3.07	USD 508,721	10.4%
8. Number of households referred to the health center for voluntary HIV/AIDS counseling and testing (VCT)	378294	1.50	567441	1500	15.5%	1.84	USD 1,045,713	21.3%
				9680	100.0%		USD 5,015,296	
							USD 4,904,182	

Annex 4: Average of postnatal consultation utilization from July 2010 to September 2011 in treatment and control zones of demand side model.



Annex 5: List of policies and procedures developed

ORGANISATIONAL MANAGEMENT

1. MANAGEMENT AND LEADERSHIP SERVICES

- 1.1..... CONDUCTING INTERNAL CONTROLS AND AUDITS..... DISTRICT HOSPITAL MEDICAL RECORDS KEPT SEPARATELY FROM DISTRICT HOSPITAL MEDICAL RECORDS
- 1.2..... REPORTING OF DEPARTMENTAL CONTROLS AND AUDITS..... RELEASE OF DISTRICT HOSPITAL MEDICAL RECORDS
- 1.3..... TESTING OF POLICIES AND PROCEDURES.....
- 1.4..... LEGAL OPINION..... DESTRUCTION OF MEDICAL RECORDS
- 1.5..... DISTRICT HOSPITAL PHONE USAGE..... PROTECTION OF PATIENTS AND STAFF FROM THREATS
- 1.6..... CONTRACT MANAGEMENT.....
- 1.7..... DISTRICT HOSPITAL COMMUNICATION CHANNELS..... PROVISIONAL IDENTIFICATION OF UNIDENTIFIED PATIENTS
- 1.8..... DISTRICT HOSPITAL SIGNAGE..... RELEASE OF INFORMATION
- 1.9..... USE OF NOTICE BOARDS IN THE DISTRICT HOSPITAL..... REQUISITIONING OF GOODS
- 1.10..... HOSPITAL PATIENTS' RIGHTS..... PROCESSING A REQUEST FOR INFORMATION
- 1.11..... CHILDREN'S RIGHTS IN A DH..... ISSUING OF A BUYING ORDER
- 1.12..... DISTRICT HOSPITAL DISASTER PREPAREDNESS PLAN..... RECEIVING GOODS
- 1.13..... MANDATORY ADMINISTRATIVE DOCUMENTS..... HANDLING OF GOODS
- 1.14..... COLLABORATION BETWEEN DISTRICT HOSPITAL AND STAKEHOLDERS..... PRESENTATION OF ALL DOCUMENTS REQUIRED BY THE DISTRICT HOSPITAL
- 1.15..... COLLABORATION BETWEEN DISTRICT HOSPITAL AND NON GOVERNMENTAL ORGANISATIONS..... CUSTODY OF FACE-VISITATION

2. HUMAN RESOURCE MANAGEMENT SERVICES

- 2.1..... DISTRICT HOSPITAL STAFF ORIENTATION..... CARE AND MANAGEMENT OF SOCIAL CASES AND INDIGENTS/VULNERABLE PATIENTS
- 2.2..... DISTRICT HOSPITAL SICK LEAVE MANAGEMENT..... PROCUREMENT SERVICES
- 2.3..... DISTRICT HOSPITAL DRESSING CODE, STAFF UNIFORMS AND BADGES..... STOCK CONTROL
- 2.4..... DISTRICT HOSPITAL REGISTRATION OF PROFESSIONAL HEALTH STAFF..... ORDERING AND RECEIVING OF GOODS
- 2.5..... DISCIPLINARY PROCEDURE..... REQUISITIONING OF GOODS
- 2.6..... GRIEVANCE PROCEDURE..... CHECKING EXPIRY DATES OF MEDICINE AND OTHER PHARMACEUTICALS
- 2.7..... CONFLICT MANAGEMENT..... ETHICS
- 2.8..... APPEAL PROCEDURE..... REGISTRATION OF INFORMATION
- 2.9..... APPLYING FOR ATTENDANCE OF SEMINARS, WORKSHOPS, SHORT COURSES AND POSTGRADUATE COURSES..... OUTPATIENTS CONSULTATION IN THE DISTRICT HOSPITAL
- 2.10..... ENSURING FEEDBACK REPORT AFTER COURSE/SEMINAR/WORKSHOPS ATTENDED BY THE HOSPITAL STAFF..... PATIENTS
- 2.11..... PERSONNEL FILES..... DEALING WITH ETHICS-RELATED ISSUES
- 2.12..... PERFORMANCE EVALUATION DEALING WITH AND PROTECTION OF CLIENT'S PERSONAL INFORMATION..... INFORMED CONSENT
- 2.13..... CONDUCTING INTERNSHIP..... DH OVERCOMING BARRIERS
- 2.14..... RECRUITMENT..... RESPECT FOR CULTURAL AND RELIGIOUS BELIEFS
- 2.15..... PRACTICAL TRAINING EXPERIENCE IN DISTRICT HOSPITAL (CLERKS AND) FAMILY HEALTH EDUCATION (BEHAVIOR CHANGE COMMUNICATION).....
- 2.16..... DISMISSAL/EXPULSION OF DISTRICT HOSPITAL STAFF..... PATIENTS ADMISSION TO THE DISTRICT HOSPITAL
- 2.17..... PROMOTION OF DISTRICT HOSPITAL STAFF..... REFUSAL OF CARE BY PATIENTS
- 2.18..... SALARIES AND WAGES ON PAYROLL..... SECURITY OF EMPLOYMENT

5.13	SECURITY OF CHILDREN IN AREA	1.12	RADIO AND OTHER NOISE MAKING DEVICES IN HOSPITAL
6	FACILITY MANAGEMENT AND MAINTENANCE SERVICES		
6.1	ACQUISITION OF FIXED ASSETS		FIRE EXTINGUISHERS
6.2	FIXED ASSETS LOSS/DAMAGE		INCIDENTS, INJURIES AND OTHER EVENTS THAT SURROUND THE FACILITY
6.3	FIXED ASSETS MOVEMENT/TRANSFER		HANDLING STORAGE AND DISPOSAL OF CLINICAL WASTE
6.4	DISPOSAL OF REDUNDANT/OBSOLETE ASSETS		PROTECTION AND CONTROL
6.5	MEDICAL EQUIPMENT SAFETY AND MANAGEMENT		
6.6	USE OF PATIENT OWNED EQUIPMENT		HANDLING
6.7	AVAILABILITY OF OPERATOR AND SERVICE MANUALS FOR MEDICAL EQUIPMENT		SURGICAL INSTRUMENTS
6.8	CONDEMNING AND DECOMMISSIONING OF MEDICAL EQUIPMENT		USE OF NON-STERILE DISPOSABLES
6.9	MAINTENANCE OF MEDICAL EQUIPMENT		CLOTHING/MATERIALS (GOWNS, COVERED SHOES, SPECULUMS)
6.10	ACQUISITION OF MEDICAL EQUIPMENT		HANDLING
6.11	DEPLOYMENT OF MEDICAL EQUIPMENT		WARRANTY
6.12	TESTING OF DEVICES BROUGHT IN FOR DEMONSTRATION OR TRIAL EVALUATION		SURVEILLANCE
6.13	TRAINING FOR SAFE & CORRECT USAGE OF MEDICAL EQUIPMENT		HANDLING
6.14	CLEANING AND DECONTAMINATION OF MEDICAL EQUIPMENT		TREATMENT/DISPOSAL OF DISTRICT
6.15	MAINTENANCE OF BUILDINGS		HANDLING AND TRANSPORTATION OF CLINICAL WASTE
7	HEALTH DATA AND INFORMATION MANAGEMENT	2.12	HANDLING OF CONTAMINATED
7.1	TRAINING OF END USERS ON NEW HMIS TECHNOLOGIES		NOTIFICATION
7.2	USE OF ELECTRONIC DEVICES AND INFORMATION SYSTEMS AVAILABLE IN THE DH		AIRBORNE INFECTIONS
7.3	COLLECTION AND TRANSMISSION OF DH DATA		VIRAL HEMORRHAGIC FEVERS PREVENTION
7.4	HMIS RESOURCE CENTRE ACCESS AND MANAGEMENT		INFECTION CONTROL
7.5	DATA SECURITY, INTEGRITY AND CONFIDENTIALITY		
7.6	USE OF DATA STATISTICS BY DH MANAGEMENT COMMITTEE		DEALING WITH MORBIDITY
7.7	HEALTH COMMUNICATION SYSTEM MANAGEMENT AND USE		HANDLING AND DISPOSAL OF BLOOD
7.8	ENSURING LIMITED ACCESSIBILITY AND CONFIDENTIALITY TO THE DH HEALTH DATA AND INFORMATION		MANAGEMENT OF INFECTIOUS/CONTAGIOUS
		2.21	PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS
		2.22	NURSING CARE PLAN FOR INFECTION PREVENTION
	PATIENT CENTERED CARE SERVICES		
1	HEALTH AND SAFETY	3	PHARMACY SERVICES
1.1	NEGATIVE INCIDENT REPORTING		SAFE ADMINISTRATION
1.2	INCIDENT MANAGEMENT AND RESPONSE		OF MEDICATION BROUGHT INTO THE HOSPITAL BY PATIENTS
1.3	REPORTING AND HANDLING OF ACCIDENTS/INJURIES WHILE ON DUTY		STORAGE OF MEDICINE AND HEALTH CARE PRODUCTS
1.4	NO SMOKING OF TOBACCO PRODUCTS ON HOSPITAL PREMISES		SUPPLY OF EMERGENCY AND RESUSCITATION EQUIPMENT
1.5	MANUAL HANDLING (lifting of loads)		DISTRIBUTION OF SCHEDULED DRUGS
1.6	STORAGE AND LABELLING OF FLAMMABLE PRODUCTS		TRADING
1.7	STORAGE OF HAZARDOUS MATERIALS AND DANGEROUS GOODS		MANAGEMENT OF PHARMACY RECORDS
1.8	PURCHASE OF HAZARDOUS MATERIALS AND DANGEROUS GOODS		AUTHORITY TO ADMINISTER
1.9	DISPOSAL OF HAZARDOUS MATERIALS AND DANGEROUS GOODS		EXPIRED MEDICATION
1.10	TAKING ALCOHOL, ABUSE OF DRUGS AND OTHER SUBSTANCES IN DH PREMISES		COMPILATION OF HOSPITAL MEDICATION

3.11.....	CONTROL OF MEDICAL REPRESENTATIVE VISITS AND USE OF MEDICAL SAMPLES	3.11.....	CUTTING SERVICES
3.12.....	PRESCRIPTION AND DISPENSING MEDICINES	3.12.....	PATIENTS
3.13.....	PHARMACY DEPARTMENTAL SECURITY	3.13.....	GENERAL ASSESSMENT
3.14.....	STORAGE OF STERILE MEDICAL PRODUCTS	3.14.....	MANAGEMENT
4.	FOOD SERVICES	1.4.....	PATIENTS ADMISSION TO THE DEPARTMENT
4.1.....	FOOD SERVICES/FOOD DELIVERIES AND SUPPLIES	4.1.....	REPORTING MEASUREMENTS
4.2.....	DISPOSAL OF UNUSED FOOD IN HOSPITAL	4.2.....	PRE-EXPOSURE HEPATITIS
4.3.	ENTRANCE OF FOOD IN HOSPITAL	1.7.....	OXYGEN
4.4.....	FOOD PREPARATION IN HOSPITAL	4.4.....	MANAGEMENT
5.	AMBULANCE MANAGEMENT SERVICES	1.9.....	MANAGEMENT
5.1.....	AMBULANCE SERVICES	1.10.....	AVAILABILITY OF EMERGENCY AND RESUSCITATION
5.2.....	MAINTENANCE OF AMBULANCES	5.2.....	DISCHARGE
5.3.....	TRIAGE OF EMERGENCY CASES	5.3.....	INTENSIVE
5.4.....	INDEX OF EMERGENCY TRIAGE	5.4.....	EMERGENCY
5.5.....	RESPONSE ON EMERGENCY CALL	5.5.....	EMERGENCY
5.6.....	AMBULANCE TRANSPORTION TO THE HEALTH FACILITY	5.6.....	FILING OF PATIENTS
5.7.....	MOVING OF A TRANSFERRED PATIENT FROM THE AMBULANCE TO THE RECEIVING DEPARTMENT	5.7.....	RECEIVING DEPARTMENT
6.	HOUSING KEEPING SERVICES	2.	CRITICAL CARE SERVICES
6.1.....	APPROPRIATE CLEANING OF DH SURFACES	6.1.....	CARE OF TERMINALLY ILL AND
6.2.....	SAFE STORAGE OF CLEANING MATERIALS INCLUDING DUST MOPS AND BROOMS	6.2.....	SUPPORTING OF FAMILY OF TERMINALLY ILL AND
6.3.....	APPROPRIATE TIME FOR CLEANING SERVICE PROVISION AREAS	6.3.....	GUIDELINES ON
6.4.....	USE OF CHEMICALS IN EMERGENCY AND RESUSCITATION SERVICES	6.4.....	EMERGENCY
6.5.....	SUPERVISION OF EMERGENCY ADMISSION TO THE HOSPITAL	6.5.....	EMERGENCY
6.6.....	HANDLING OF BIOMEDICAL WASTE	6.6.....	TECHNICAL SUPPORT IN CASE OF
7.	LAUNDRY SERVICES		EMERGENCY SITUATION
7.1.....	LOADING OF DRYING MACHINES	7.1.....	SEXUAL ABUSE/RAPE VICTIMS
7.2.....	LOADING OF WASHING MACHINES	7.2.....	RESUSCITATION EQUIPMENT
7.3.....	IRONING AND FOLDING OF CLEAN LINEN	7.3.....	RESUSCITATION EQUIPMENT
7.4.....	CLASSIFICATION OF LINEN FOR LAUNDRY PROCESSING	7.4.....	RESUSCITATION EQUIPMENTS
7.5.....	MOVEMENT LIMITATION OF STAFF WORKING IN THE CLEAN AND SOILING AREA	7.5.....	OXYGEN CYLINDERS
7.6.....	MARKING OF LINEN TO IDENTIFY OWNERSHIP	7.6.....	RESUSCITATION
7.7.....	USE OF CHEMICALS IN LAUNDRY BY THE DISTRICT HOSPITAL	7.7.....	RESUSCITATION OF PATIENT
7.8.....	DELIVERY OF CLEAN LINEN FROM LAUNDRY TO DIFFERENT DEPARTMENTS	7.8.....	SERVICES
7.9.....	AVAILABILITY OF CLEAN LINEN IN CASE OF EMERGENCY	7.9.....	EMERGENCY TROLLEY
7.10.....	RESTRICTION TO WASHING OF PATIENTS' AND STAFF CLOTHES IN DRYING	7.10.....	ELECTRICAL SUCTION
7.11.....	LAUNDRY WASHING TEMPERATURES	7.11.....	WELL SUCTION APPARATUS
7.12.....	SEARCHING FOR SHARPERS AND LINEN	7.12.....	SERVICES
		4.1.....	PRE AND POST-SURGERY CHECKING OF EQUIPEMENT
		4.2.....	IN-THEATRE CHECKING OF SUCTION
CLINICAL MANAGEMENT			

4.3.....	CLEANING /STERILISATION OF THEATRE.....	PRE-ANESTHESIA ASSESSM
4.4.....	MANAGEMENT OF THEATRE.....	PRE-ANESTHESIA CHECKING OF EQUIPMENT, MEDICINE
4.5.....	HANDLING OF CLINICAL WASTE IN THEATRE.....	INTRAOPERATIVE ANAESTHE
4.6.....	MANAGEMENT OF THEATRE EQUIPMENT.....	ANAESTHETIST RESPONSABILITIES IN POST
4.7.....	POSITIONING OF PATIENT IN THEATRE.....	DISCHARGE PROCESS FROM POST ANES
4.8.....	SCHEDULING PATIENTS FOR SURGERY.....	ANAESTHESIA STANDARDS AND PRA
4.9.....	NOTIFICATION OF BIOHAZARDS.....	STANDARDS FOR THE PRACTICE OF ANESTHESIA OUTSIDE THE
5. ANESTHESIA SERVICES	5.8.....	GUIDELINE ON CON

Annex 6: IHSSP Scheduled Activities from July – September 2012

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
HMIS Component						
Increase capacity of policy makers to collaborate, analyze, use and disseminate data.	Develop HMIS SOPs for community and administrative district levels	Without clear SOPs, health workers do not complete data management tasks correctly and report erroneous data.	Data use SOPs complete and used	Jan 2012	Sep 2012	
	Guidelines printing & dissemination		Health workers trained in SOP	Jan 2012	Sep 2012	
Organize training for national HMIS/e-Health core team	Curriculum development and ToT for CBD web application			Nov 2011	Sep 2012	
Strengthen HMIS and e-Health management functions and structures, central MOH M&E coordination mechanism and M&E teams within departments and districts.	Support the RHEA framework development (CHW registry, Provider Registry)		Functional provider and facility registries interfacing with DHIS-2 and PBF system	Nov 2011	Sep 2012	
	Support implementation of JANS recommendations for HSSP III and implementation of M&E plan	IHSSP played a significant role in developing the M&E plan for HSSP III; this is the key strategic document that the Ministry needs to monitor in order to know if it is accomplishing its strategic objectives.	M&E section of HSSP III revised, HSSP III dashboard indicators configured in national data warehouse	June 2012	Sept 2012	
Enhancement of CTAMS database to better track Mutuelle	Issue RFP for mobile phone module for membership database	The web-base Mutuelle membership database is now functional, but many Mutuelle sections cannot access the	Mobile phone module added to CBHI database	Nov 2011	Sep 2012	

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
performance, and better data quality control		system effectively because of internet issues. The mobile module is needed to maintain membership status manage patient roaming.				
	Develop and Integrate mobile membership management module	All CBHI sections to dot have internet connectivity and computers, while the mobile coverage is everywhere in the country, the mobile module would be a better solution		Nov 2011	Sep 2012	
	ToT for central level CTAMS staff in use of new membership module			Nov 2011	Sep 2012	
	Complete CBHI ME data to DHIS-2			Mar 2012	Sep 2012	
Operationalize the Human Resource Database (iHRIS)	Continues users support for data entry for iHRIS.	MOH and CHAI have made big push to complete data entry – the team needs help checking data quality and extracting data for DHSST.	Functioning iHRIS system	Oct 2011	Sep 2012	
Strengthened HMIS to provide reliable and timely data	Support the publication of periodic reports featuring health data via print and internet	Few formal reports are published based upon HMIS data.	number of periodic reports published by the HMIS unit.	Jan 2011	Sep 2012	
	Continues upgrade of reporting instruments of HMIS	Once a minimum indicator set is selected, data recording and reporting instruments should be simplified to streamline the system.	HMIS recording and reporting user manual and standard formats prepared.	Nov 2011	Sep 2012	
	Training of developers in use of iReport for designing standard reports for the DHIS	There is a need for standards reports at all decentralized levels of the health system		Nov 2011	Sep 2012	
	Support Community health desk with training of trainers for mobile health applications	3 separate mobile applications have been developed for CHW's but they have not yet been fully rolled out – particularly the use of the data on the	ToTs completed with staff from each of the districts		June 2012	Dec 2012

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
		web interfaces				
	Finalize tools and procedures to introduce a household register at community health workers and conduct an annual survey	Ministry wants to collect and monitor localized MDGs and improve population denominator data	Finalized registers and user guides developed and distributed	June 2012	Dec 2012	Working with Partners in Health on this activity
Operationalize national data warehouse and web-based dashboard portal to promote data sharing	Web-based dashboard portal implementation	There is a need to transfer data from TracNet , GESIS and SISCOM to have the dashboard fully functional		Oct 2011	Sep 2012	
	Help to develop personalized web-based dashboards that will enable the tracking of key indicators			Feb 2012	Sep 2012	
Upgrade and build capacity for the MOH data center to support Web and mobile applications	Upgrade the PBF platform - moving all configurations to web, adding configurable dashboards, more analytical reports, and adding more control levers.			Mar 2011	Sep 2012	
	Development of Child death audit module			Mar 2011	Sep 2012	
	Research the available open source software options for iPad or PC based field data collection and develop a prototype PBF assessment questionnaire	The exercise of assessment using paper based questionnaire is takes time to fill and to analyse, this will help reduce the time spend on field and easy the analysis	Improved PBF assessment questionnaire	Apr 2011	Sep 2012	
Health Finance Component						
Increase capacity of policy makers related to CBHI and PBF	Capacity transfer and implementation of the CBHI financial modeling tool to assist the MOH and individual CBHI to project their revenue and expenses	MoH and CBHI structures need to project their revenue and expenses based on elements such membership levels, premiums, administrative costs, expected utilization levels and facility reimbursement mechanisms and level	CBHI Financial modeling tool implemented at district level.	Jul-12	Sept-12	The tool was developed and ToT took place already.

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
	Support the CBHI and PBF extended team coordination mechanism	To bridge the gap between policy (CBHI or PBF) and implementation through the partners' coordination activities nationwide, using participatory process in the Dev. of the mechanism and provide assistance to CTAMS, CAAC, districts CBHI structures activities and district PBF steering committee.	Number of meeting held	Jul-12	Sept-12	This is continuous technical activity.
	Design cell phone (SMS) application for CBHI Membership DB update and train district actors	Enable the CBHI sections (without internet connection, a web interface access) to use cell phones for routine data maintenance (Check on an individual's membership status and income category, Update payment information for membership renewals)	Application functional Number of districts actors trained	Jul-12	Sept-12	We noted a delay in the tender process from the MoH Side.
Strengthen the national PBF models and support the MoH, USAID to explore new PBF models	Review & update clinical PBF indicators	Improve PBF implementation and making PBF more dynamic and more balanced in rewarding priority services, including provincial	PBF guidelines updates	Jun-12	Jul-12	
Ensure PBF and CBHI data management and audit	Conduct PBF indicators counter verification	One of the layers of control of the reliability and accuracy of the reporting data in CBHI & PBF database is the verification at all levels. This serves as ultimate check to verify if data are complete and credible.	Counter verification report	Jul-12	Aug-12	A draft of protocol has been presented.
	Design CBHI data audit		SOP manual on data audit developed	Jul-12	Sept-12	
	Data collection on the CBHI studies (on the analysis of the access, equity and efficiency of	The study will look at financial and non-financial barriers to accessing		Jul-12	Sept-12	This will be after the

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
	CBHI system and applications for submission to scientific and ethic review committees	and using services with the objective of improvements in the design and implementation of the scheme that would result in better access and reduced financial hardship for potential and actual members.				res ponse of the Ethical committee. All documents have been transmitted .
Carry out studies and analyses with respect to efficiency of health financing mechanisms	Desk review of the "Best-Practices" publication to guide the design and implementation of a CBHI program and applications for submission to scientific and ethic review committees	The publication will serve as a guide for the Rwandan MOH and local government and can be used as future training materials (e.g. with new MOH staff and students at the school of public health). It would also be very useful for other countries considering developing CBHI programs. It would be primarily based on lessons learned in Rwanda .	Questionnaire available and Approval of Ethical committee	Jul-12	Sept-12	This will be after the res ponse of the Ethical committee. All documents have been transmitted .
	Design pricing method based on costing results		Pricing policy	Jul-12	Sept-12	
Support the MoH and districts in financial planning and management	Introduce and avail account software for CBHI sections	Improve financial management at district level.	Conceptual note available	Jul-12	Sept-12	
HRH Component						
Support professional bodies to elaborate, to validate and implement the document of norms and standards of	Assist Rwanda Medical Council to organize a 1 day workshop to share CPD experience and results	To improve the quality of health workers professional bodies have to put in place a licensing system and a Continuing Professional Development program	Report on CPD results and experiences	July, 2012	Aug, 2012	
	Assist Rwanda Nursing and midwives council to finalize the licensing process : handover of data base and website		Licensing system is functional	July, 2012	Aug, 2012	

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
licensing	Assist Rwanda Allied Health Professionals Association to develop norms and standards for licensing		Norms and standards for licensing are developed	July, 2012	Aug, 2012	
	Assist Rwanda Allied Health Professionals Association to use a database for registration		Professionals registration supported by a adapted data base	July, 2012	Aug, 2012	
QI Component						
Situational Analysis and structure of accreditation program	Mobilize and share all reference documents with JCI Consultant	To get an Idea of health system Rwanda H	Reference document send to consultant	Aug, 2012	Aug, 2012	
	Develop activity plan for the situational analysis	To Have a plan to guide the activity implementation	Activity plan for the Situational Analysis available	Aug, 2012	Aug, 2012	
	Review and assess the current status of hospitals in Rwanda in relation to the accreditation program	To establish the current situation of in relation to the accreditation program	Assessment report	Sept, 2012	Sept, 2012	
	Assess the current licensing process and any other existing evaluation systems of health services	Assess other existing support accreditation systems to ensure a supportive environment	Assessment report of current licensing and existing quality evaluation assessments			
	Propose structure of the Accreditation governing body: identifying key stakeholders, Determine composition of accreditation Board, Define the roles and responsibilities of the Board of Directors	Establish an accreditation support structure to facilitate the process.	Structure for the accreditation organization and terms of reference of the accreditation board is proposed. Composition of board is proposed			
Validation & disseminate of the Harmonized patient file	Validation of the patient's file and & disseminate	To approval patient file.	Harmonized patient file is validated	18th July	30th August	

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
Support the editing and formatting team	Editing and formatting of Treatment guidelines		Documents ready for dissemination	July	July	
Launching of MOH QI Completed Document	Participate in the organization of MOH launch of Clinical Treatment guidelines/protocols & Service package					Dates TBD by MOH
Cross-Cutting Technical Assistance						
RBC functional analysis and development of its strategic plan	Carry out the Rwanda Biomedical Center functional analysis and develop its strategic plan	Supporting the RBC as a center of excellence ensuring quality health service delivery, education and research for the population	RBC functional analysis and its strategic plan	July, 2012	Sept, 2012	
Development of health decentralization strategic plan	Review and validation of decentralization strategic plan	Support the implementation decentralization policy	Health decentralization strategic plan	July, 2012	Sept, 2012	

Rwanda Integrated Health Systems Strengthening Project (IHSSP)
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