USAID | RWANDA
INKUNGA Y'ABANYAMERIKA

RWANDA INTEGRATED HEALTH SYSTEMS STRENGTHENING PROJECT:

Annual Work Plan FY 2012

October 2011 – September 2012

CONTRACT Nº: GHS-I-00-07-00006-00
TASK ORDER Nº: GHS-I-06-07-00006

Executive Summary, IHSSP Annual Work Plan for FY 2010

MSH is pleased to submit its proposed IHSSP work plan for FY 2012 covering the period from October 1, 2011 to September 30, 2012. Having commenced the project in November of 2009, IHSSP looks forward to its third full year of implementation in FY 2012 with the benefits of having become one of the principal implementing partners in the HSS arena. The work plan is organized according to its 5 core result areas: HMIS; Health Financing; Human Resources for Health ; Quality Improvement; and Decentralization. Additional Result areas are associated with the Presidents Malaria Initiative and Global Fund Collaboration.

The HMS component seeks **Improved utilization of Data for Decision-making at all levels of the health sector** by improving the capacity of decision makers at all levels to use data and by improving the availability of reliable and timely quality data. Our technical assistance this year will result in the use of Standard operating procedures for analysis and use of data generated by the national HMIS at all levels. The HMIS and eHealth units of the MOH will be more efficient and effective thanks to an improved organizational structure, which corresponds more closely to the functions required. The CBHI database this year will integrate features that will permit management of the huge and growing membership. We will assist technically in the development, customization and rollout of a human resources management information system for the MOH, vesting improving the MOH's ability to efficiently manage its workforce. We will enhance the capacity of the MOH to produce both ad-hoc and routine reports in the health system; and a new and improved national HMIS – the web-based DHIS2 – will be developed, and rolled out resulting in an easier to use though high-powered system capable of interfacing with web-based applications such as the dashboard and mobile-based applications as well.

The Health Financing component will **Strengthen Health financing mechanisms and Financial Planning and Management for sustainability.** IHSSP project team will make it possible for the MOH and individual mutuelles to project their revenue and expenses based on elements such membership levels, premiums, administrative costs, expected utilization levels and facility reimbursement mechanisms and levels. New PBF models for different pieces of the health system will be designed resulting in higher quality and quantity of services. M&E systems for both CBHI and PBF will be enhanced resulting in on-going QA of these programs. The costing exercise completed last year will be followed on by a pricing exercise ensuring that pricing, premiums and reimbursement rates are linked to standard costs – leading to enhance financial viability of the insurance system; and several studies designed to provide Rwanda with crucial information for evidence-based decision making the health financing will be carried. Finally, IHSSP support will provide districts with the tools for strengthened financial management capacity.

The Human Resources for Health component will**: Improve management, quality, and productivity of human resources for health and related social services** by assuring a qualified, up-to-date and regulated corps of health professionals through support to professinal associations in CPD and regulation. The project will also facilitate improved management of MOH HR through policy and procedures development and by building the capacity to systematically measure its manpower needs at all levels.

The IHSSP QA/QI team will **Improve quality of health services through a standardized approach to quality improvement** building on its achievements in developing hospital policies and procedures, treatment protocols and services packages by initiating a nationwide system of continuous quality improvement via hospital accreditation – the result will be higher quality of services and, presumably, better health outcomes for hospital patients.

Decentralized health and social service systems extended to the community level – The IHSSP contribution will include the assistance in the development of a Strategic Plan for Decentralization of the Health Sector and material support to the district health teams.

Support to TRackPlus through the **PMI** will primarily result in stronger M&E and case reporting for the national malaria control program.

The production of a comprehensive health sector situation analysis supported by Global Fund Collaboration funding will lay the foundation for the conception of a strong HSSP III that will determine the priorities and direction of the health sector for 5 years to come. The situation analysis will also provide the required evidence base for developing applications for funding from global sources such as GAVI, etc.

The IHSSP is a systems strengthening project. The results and outcomes we can aspire to constitute improvements in areas seen as the "building blocks" of a health system. These results and outcomes are presumed to be linked improved health outcomes in the Rwandan population. We cannot, however, definitively establish those links.

Narrative for IHSSP Work plan October 1, 2011 – September 30, 2012.

Vision:

The overall **vision** for the project was inspired by the goals of the initial RFTOP and later developed through visioning and gap analysis exercises and discussions with USAID, the MOH and key project staff:

By 2014 the Rwandan population has improved financial and geographic access to quality health services that are sustainable and efficiently managed by well trained health sector staff with clear functional responsibilities, using readily available and viable data to inform their management and policy decisions. Reinforced and strengthened district administrations will have become the hub for managing health service delivery supported by actively engaged community and civil society organizations.

The project will continue to focus on 5 different components, each of which seeks to achieve an Intermediate Result contributing to this overall vision.

Highlights. Focus on innovation and sustainable capacity building

HMIS: The key to many on-going improvements in all aspects of health systems strengthening is having adequate data of a high quality that is analyzed and informs decisions at all levels. The IHSSP Health Information Systems team has been playing a significant role in supporting the development and implementation of Rwanda's eHealth agenda.

Starting with the USG's PBF project in late 2008, the team supported the preparation of two related strategic plans: a Health Information Systems Strategic plan and an eHealth Strategic plan. These documents have subsequently been incorporated into the consolidated HSS strategic plan and have helped to identify priority intervention for IHSSP support.

Key eHealth interventions that are being supported include:

- *Design and implementation of a national health data warehouse and web-based portal for indicator data archival and exchange*.
- *Technical assistance for the enhancement of the routine health management information system (HMIS).* This includes the selection of minimum set of indicators, revision of recording and reporting forms, and adoption of a new software platform for HMIS data management.
- *Technical assistance for the design, maintenance and enhancement of selected web-based software platforms*
- *Local institutional HIS capacity building* through support for the creation of an eHealth secretariat and pursuit of funding opportunities through Rockefeller foundation and CDC's COAG.
- *Support for enhancement of data use at all levels of the health system* through the design of standardized feedback reporting system, the preparation of periodic statistical bulletins, and training of MOH staff to respond to a growing number of ad hoc queries using data from a variety of different data sources.
- *Technical assistance for the Ministry of Health's data center***,** including training of staff, server configuration and troubleshooting, support for the development of help-desk function and the move of key web services to Rwanda Development Board's National Computing Center.

Health Financing: Building on the innovative Performance Based Financing work of its predecessor, the PBF Project, IHSSP has expanded the range of cutting edge health systems strengthening strategies that build on and complement PBF in Rwanda. PBF in Rwanda is now an international model and it has become fully institutionalized since its introduction in 2008. The IHSSP continues to refine and improve PBF's ability to enhance the quality as well as accessibility and coverage of essential services. The results, especially in terms of the health of women and girls, have been remarkable through huge increases in the coverage and use of services such as family planning, ante-natal consultations and facility-based births. We will now support the roll-out of PBF at the community level, providing incentives for better and more complete basic services carried out by CHWs. Also in FY2011, IHSSP will work to develop a model for applying the principles of PBF to District level pharmacies – a first in Rwanda.

IHSSP is also heavily involved in the on-going improvement of community-based health insurance or "mutuelles". Today 92% of the Rwandan population is covered by a mutuelle, rendering health care more financially accessible than in almost any other African nation. Important work remains to be done to strengthen the offer of health insurance possibilities and CBHI organization and management for sustainability in particular, which is underway and will continue throughout FY 2012: the "stratification" of the population in terms of economic status will result in a sliding scale of premiums based on capacity to pay; governance of mutuelles at the peripheral level is in need of mechanisms to provide accountability to the beneficiaries; management practices that are often less than transparent and health facility operating costs are often not sufficiently covered by mutuelle reimbursements suggesting the need for adjustments in reimbursement levels, premiums and both GOR and donor subsidies. Many of these challenges are benefitting from the costing work of IHSSP in FY 2011. The Diagnosis Related Group (DRG) cost modeling work in Rwanda has produced cost estimates of health service outputs. This information will allow Rwanda to set appropriate premiums and reimbursement rates changing the insurance reimbursement mechanism to a DRG basis which should also shift some risk from the mutuelles to the facilities and should improve service provision efficiency. In FY 2012 IHSSP will assist the MOH in using the costing data for pricing of services.

Human Resources for Health: IHSSP is supporting the development of health professional associations in 2 key areas – professional regulation and licensure and continuing professional development – both of which are designed to guarantee the quality of health professionals' services.

We are active in assisting the development of HR policy-level documents: IHSSP played a lead role in FY 2011 in developing the HR 5 year Strategic Plan. In FY 2012, IHSSP will facilitate the validation of an HR Policy document and a HR Procedures Manual for the MOH; and we will assist in writing the HRH Sustainability Plan.

Finally in the area of HR, IHSSP will continue to build the MOH capacity to monitor manpower needs using the WISN (Workplace Indicators of Staffing Need) methodology – an effort that began in FY 2011.

Accreditation/ Quality Assurance: IHSSP will support the creation of an autonomous Rwandan accreditation body to assure a permanent and self-sustaining quality improvement process and structure using nationally validated quality standards for facilities ranging from the reference hospitals to the health center level. While accreditation in itself, is not a huge innovation, this will make Rwanda one of a very few number of sub-Saharan African countries with its own accreditation function. Once the accreditation process is established, IHSSP will support the linking of PBF evaluations to accreditation thereby providing incentives for the achievement of and compliance with quality standards.

Potential Papers and Presentations for Publication or Presentation at International Fora:

- The impact of community-based PBF
- The impact of changes in CBHI
- The cost and financing of health services – methods, challenges and findings
- The impact of CBHI and PBF on access to quality health services
- Financial barriers to health care in Rwanda
- Restructuring the funding of health services based on a better understanding of costs – the Rwanda experience
- CHW performance based on the PBF strategy.

Summary of Proposed Activities

Following is a resume of the interventions we propose to implement in FY 2012, listed according to the Intermediate and Sub-intermediate Results they are designed to help achieve. This summary gives a picture of the interventions IHSSP proposes to implement in FYFY 2012 without getting into excessive detail. The work plan is presented in tabular form in Annex 2.

1. **Intermediate Result 1: Improved utilization of Data for Decision-making at all levels of the health sector.** This will be accomplished through a two pronged strategy:
   1.1. **IHSSP will improve the capacity of program managers and policy makers to use data for decision making**. The following interventions to be implemented in the coming year will contribute to achieving this result:
   - ✓ Increase capacity of policy makers to analyze, use and disseminate data: Develop and disseminate HMIS Standard Operating Procedures (SOPs) for community-based, and health facility HMIS: this process will involve primarily TA, but there will also be a workshop to develop the SOPs, which will be co-financed by the MOH/Rockefeller COAG. Printing of the SOPS will also be covered by the COAG. **TARGET: HMIS SOPs validated printed and diffused. Health workers trained.**
   - ✓ Organize SOP training for national HMIS/eHealth core team: IHSSP will provide TA in designing the training curriculum for the SOPs developed above. **TARGET: Completed curriculum for HMIS SOP training.**
   - ✓ Strengthen HMIS and eHealth management functions and structures: IHSSP will provide TA in facilitating a functional analysis and org chart design for HMIS and eHealth units at MOH**. TARGET: Completed functional analysis and org chart for eHealth and HMIS units.**
   - ✓ Enhancement of the CTAMS database to better track Mutuelle performance and provide better data quality control: IHSSP will provide TA to develop and integrate membership management modules into the CBHI database through a systems analysis, software programming and development of a training strategy. **TARGET: Functional membership management features integrated into CBHI database**
   - ✓ Customizing and integrating the iHRIS to meet the requirements for a national human resources data management system: In FY 2011 the functional requirement for the HRIS were developed with collaboration of WHO and CDC. This year the software will be customized to perform these functions. IHSSP will provide **limited**TA to achieve this in collaboration with the Capacity Plus Project. The new HRIS will be field tested, disseminated, and IHSSP will fund and facilitate training to district HR teams. **TARGET: iHRIS is fully functional at all levels**

   1.2. **Strengthen the HMIS to provide reliable and timely data**:

- ✓ Supporting the publication of periodic reports featuring health data via print and internet: Standardized reports to be generated periodically have been designed in FY 2011. This year the HMIS team will be trained in analysis techniques and basic desktop publishing to facilitate the production of ad-hoc reports. IHSSP will provide TA and funding will be through the Rockefeller COAG. **TARGET: Routine reports are regularly generated**. Revising existing data recording and reporting instruments of HMIS using minimum package of indicators and standard disease and medical act coding. TA also provided by IHSSP will incorporate new coding standards into a metadictionary. **TARGET: New reporting and recording instruments revised and user manual published.**
- ✓ Developing functional specifications and select new platform for HMIS beginning in2012: TA and workshop. **TARGETS: Functional Requirements document published. New HMIS platform in place and functioning.**
- ✓ Curriculum Development for DHIS2 training: **TARGET: Curriculum is finalized**
- ✓ Rollout of DHIS2 in all health facilities through District Data Managers. **TARGET: DHIS2 rolled-out and functional.**
- ✓ Operationalizing national data warehouse and web-based dashboard portal to promote data sharing. TA only. **TARGET: Web-based data warehouse and indicator dashboard providing access to the minimum package of health indicators.**
- ✓ Upgrade and build capacity for the MOH data center to support web and mobile applications: TA to diagnose data center issues, reconfigure as required, document configuration and key procedures, train network administrator and ICT staff in data center maintenance. **TARGET: Upgraded and MOH managed data center.** Upgrade PBF platform to web adding dashboards, analytical reports etc. TA for modifications and training of MOH staff. **TARGET: Upgraded PBF database platform**

1.3 USG Partner Coordination: IHSSP is at the forefront of Quarterly meetings

2. **Intermediate Result 2: Strengthened Health financing mechanisms and Financial Planning and Management for sustainability.** IHSSP will implement a 3 part strategy in FY 2012to contribute to this result:

2.1. Strengthen the financial systems for the rational use of available health resources. Interventions and activities in FY 2012to achieve this include:

- ✓ Increasing the capacity of policy makers to make rational use of resources related to CBHI and PBF: The new policy on CBHI has been approved. It focuses on the stratification mechanism. Its implementation requires not only a better coordination but additional support in the development of the strategic plan and related tools. Next steps are: to develop and implement an actuarial financial model for mutuelles and build the capacity to use them. Target: model
- ✓ Supporting the enhancement of CBHI stratification process : The stratification database is done and the policy is in place. IHSSP will now support the implementation and through TA in designing a communication strategy for introducing stratification, and training at district level to assure capacity is built to update and use the database. **TARGET: Stratification strategy is successfully practiced and the database is updated periodically by national staff.**
- ✓ Strengthening the national PBF models and support the MOH to explore new PBF models: The Ministry of Health has decided to establish the PBF at all levels of the health system. The pharmacies, CBHI and district administration PBF models need to be defined. We will also try to link PBF with DH

accreditation. These activities require primarily TA. **TARGET: X new models designed and implemented.**

- ✓ Ensure PBF and CBHI data management and audit: Conduct quarterly PBF, SIS Com & CBHI M&E indicators, data analaysis and reporting Conduct community client survey and system audit; Design the CBHI Data Audit; Support districts in implementation of CBHI data audit. TA only **TARGETS: System audits designed and implemented.**

2.2. Strengthen the MoH capacity for cost reduction, revenue generation and cost sharing for services. Interventions include:

- ✓ Carrying out studies and analyses with respect to efficiency of health financing mechanisms: Health managers need to determine projected and actual costs of services broken down by intervention (estimate a standard cost for each intervention: CBHI, PBF ...; service utilization) to maximize ability at the policy level to set service cost norms. The costing study has been completed and Master Trainers are trained for capacity transfer at DH level. IHSSP will provide TA in on-going support of the capacity transfer. With Rockefeller support and IHSSP TA: Design Pricing method based on costing results. Study access and equity in CBHI system. Assess role and impact of CBHI on overall health system and in relation to PBF **TARGET: Studies completed and diffused**
- ✓ Supporting the enhancement of community PBF roll out: TA only to conduct review and audit of Community PBF implementation to date. **TARGET: On-going improvements in C-PBF in practice.**

2.3. Increase MOH technical capacity, especially in economics and financial management by:

- ✓ Documenting and disseminating development experiences on health financing mechanisms (National and International conferences; best practices, qualitative PBF studies, etc). **TARGET: at least 2 abstracts submitted and accepted for international fora.**
- ✓ Supporting MOH and districts in financial planning and management (CBHI accounting systems; resource tracking, financial management): TA to improve financial management practices and introduce an off-the-shelf accounting software. **TARGET: Improved financial management at district level.**

2.4. USG Partner Coordination: Quarterly meetings.

3. Intermediate Result 3: Improved management, quality, and productivity of human resources for health and related social services.

3.1. Assist in implementing and evaluating the long term HRH strategic plan and policy by:

- ✓ Support MOH in the review and production of the new HRH policy: assist in validation process TA only. **TARGET: validated HR Policy**
- ✓ Support the MOH capacity to manage HR Development: Continuing support to Medical CPD though the development of an M&E plan and organization of the annual workshop. **TARGET: Medical CPD M&E plan finalized**
- ✓ Support professional bodies to elaborate, to validate and implement the document of norms and standards of licensing : Development of scope of practice and standard of practice for all professionals Define norms and standards for licensing for Nurses, Pharmacists and Allied Health Professionals

3.3 Improve and strengthen the MOH capacity to manage HRH through:

- ✓ Assist MoH to conduct an inventory of HRH tools and develop a human resources management manual with operational policies and procedures to provide guidance on staff recruitment, deployment, staff

supervision and performance review, staff development and guidance on career paths: TA and workshops to produce and disseminate an HR Procedures Manual. **TARGET: Approved HR Procedures Manual.**

- ✓ Support the ongoing implementation of fully functioning HRM units in selected sites. TA to develop and implement a human resources M&E plan. **TARGET: HRM M&E plan developed and implemented.**
- ✓ Carrying out regular analysis of staffing data and revising the staffing projections in the light of changing service needs. IHSSP will also continue to disseminate the Workload Indicators of Staffing Needs (WISN) methodology for projecting workforce needs at the hospital level. **TARGET. WISN evaluations are periodically conducted at the district level to determine staffing needs.**

4. Intermediate Result 4: Improved quality of health services through a standardized approach to quality improvement.

4.1. Scale up national hospital accreditation program to include provincial hospitals via the following steps: *(NB: The interventions included in 4.1 below are **indicative** of those we expect to implement in the context of introducing hospital accreditation at the District and Provincial levels to Rwanda. IHSSP has issued an international tender to procure the services a firm that specializes in hospital accreditation. The exact activities and approach will be known only once the vendor is chosen and submits a detailed work plan. Likewise is true for the estimated activities listed in the tabular work plan in annex)* ***TARGET: The overall target is the existence of a functioning, indigenously appropriated and managed system of hospital accreditation and continuous quality improvement***

- ✓ Adopt accreditation standards that comply with international standards and respond to national needs to improve quality health services delivered by District Hospitals
- ✓ Developing a data base for the DH accreditation program in collaboration with the HMIS
- ✓ Establishing a national external accrediting body with TOR for district hospitals that will oversee and coordinate the accreditation program
- ✓ Organizing a study tour to countries with advanced experience in accreditation of health services to orient the accrediting body team that will lead the program
- ✓ Built capacity in Quality Improvement through an accreditation approach at central level and provincial teams
- ✓ Establishing a strong, transparent, and effective quality management leadership structure that will support the implementation quality management strategy.

5. Intermediate Result 5: Decentralized health and social service systems extended to the community level. This will be achieved using 3 areas of intervention:

5.1. Improve management capacity at decentralized levels and extend health and social services systems to the community level by:

- ✓ Develop strategic plan for decentralization in health to guide how health sector will implement GOR-wide decentralization policy: The Strategic Plan is drafted and awaits validation by MoH and TWG. **TARGET: Validated Strategic Plan for Decentralization of health services Management**
- ✓ Purchase and provide computers for 30 District M&E Officers.

6. Intermediate Result 6: Support to the President's Malaria Initiative

6.1. Support Capacity Building for the National Malaria Program

- ✓ Support M&E strategy implementation primarily for TracPlus focusing on link between community and facility-based reporting systems: Training for TracPlus staff.
- ✓ Strengthening TracPlus capacity to facilitate use of data for decision making: Leverage PMI funding to improve M&E capacity to use data for decision making in districts
- ✓ Promote timely accurate and complete malaria case reporting emphasizing ISDR system: Provide technical assistance for finalization and testing of IDSR system

7. Intermediate Result 7: Health Systems Strengthening – Global Fund Collaboration

7.1. Health Sector Situation and Gap Analysis production

Geographic Focus: IHSSP will provide technical assistance to the national level.

Annex 1 **contains a listing of anticipated workshops and training sessions as well as plan for short term technical assistance**

RWANDA INTEGRATED HEALTH SYSTEM STRENGHTENING PROJECT

- **TRAINING AND WORKSHOPS**

#	Topic	Date	Cost (US$)	Participants number	Participants description
Health Management Information System Component					
Intervention 1					
1	ToT 2 – Use of new HMIS forms and registers Functional Specs	15th -18th November 2011	15,000	40	Data managers and M&E staff from District Hospitals and National level programs
2	ToT 3 – Use of new HMIS forms and registers	29th -1st December 2011	22,150	40	Data managers and M&E staff from District Hospitals and National level programs
3	HMIS feedback report design workshop	February 2012	10,000	30	Selected data managers and M&E from HC & districts, program staff from national level, district admin staff
4	Training on new functions of iHRIS	June 2012	0	90	District hospital administrators
5	Training of MOH teams to manage departmental web sites at the national level (PBF, HMIS, CBHI, ICT, e-Health)	May 2012	5,000	20	Staff from ICT and key programs (PBF, HMIS, CBHI, e-Health)
6	Training of developers in use of iReport for designing standard reports for the DHIS	March 2012	10,000	20	Programmers and selected data managers from programs and Districts
Health Financing Component					
Intervention 1: Increase capacity of policy makers related to CBHI and PBF					
1	Design and development of CBHI district directors on financial/actuarial modeling.	20th -22nd February 2012	0	35	1. MoH CBHI technical staff team 2. CBHI district directors
2	ToT and Training on CBHI membership database and new M&E indicators Database	19th to 28th October 2011	5000	40	1. CBHI Extended team members. 2. CBHI district Directors
Intervention 2: Strengthen the national PBF models and support the MoH, USAID to explore new PBF models					
3	Working session with PBF actors to review and update clinical PBF indicators	16th – 20th April 2012	0	14	PBF Extended team members
4	Working session to design PBF model for district pharmacies	23rd – 27th January 2012	4,929	14	CAAC PBF team PTF team USG Implementers partners
Intervention 3: Ensure PBF and CBHI data management and audit					
5	Working session to design and develop CBHI data audit mechanism	12th to 15th December 2011	5,000	12	CTAMS technical team District CBHI coordinators

Intervention 4: Carry out studies and analyses with respect to efficiency of health financing mechanisms					
6	Review the final DRGs with ToT	February 2012	3000	12	Clinical Experts from Referral and District Hospitals
7	Working session to design options and prices based on the costing exercise	25th to 28th February	10,000	12	Clinical Experts from Referral and District Hospitals Key MoH Officials
Quality Improvement Component					
1	Workshop for final review and validation of DH policies, procedures	5th -9th October 2011	TBD by sub-contract	25	District Hospitals, University Teaching Hospitals , Implementing Partners & Developmental Partners
2	Training of supervisors/ DH teams and users on DH policies & procedures	16th -31st January 2012	TBD by sub-contract	25	40 District Hospitals & MoH supervisors
3	Feedback reports to district hospitals on implementation of PPG	2nd -13th July 2012	TBD by sub-contract	25	40 District Hospitals & MoH supervisors
4	Organize finalization of drafting of National Clinical protocols/ Treatment guidelines	1st October-11th November 2012	TBD by sub-contract	10	QI team , clinical experts
5	Final review and validation of National clinical procols / Treatment guidelines	1st December-31st December 2012	TBD by sub-contract	40	MoH, clinical experts, professional bodies, implementers at health facilities, Health partners
6	Workshop for Launching of PP& Clinical protocal / Treatment Guidelines	15th December 2012	TBD by sub-contract	50	MoH , IHSSP, Professional bodies Partners
7	Training of supurvisors at district level on CP/TG's	2nd -31st January 2012	TBD by sub-contract	40	QI team , clinical experts
8	CP/TG compliance feedback reports workshop to district hospitals using provincial approach	3rd- 7th September 2012	TBD by sub-contract	25	QI team , clinical experts
9	Finalization and validation of health services package for different levels	1st December 2012	TBD by sub-contract	30	MoH, clinical experts, implementers at health facilities, Health partners
10	Support development of Quality improvement operational plans for professional societies (Work sessions with professional societies)	1st January - 28th February 2012	TBD by sub-contract	15	QI team , HR team, Professional societies
11	Accreditation strategic orientation process for the task team (Work sessions with clinical experts)	7th March 2012	TBD by sub-contract	20	Accreditation body, QI, Clinical Experts

12	Adapt accreditation standards to the Provincial referral Hospital service package (Work sessions with clinical experts)	12th -31st March 2012	TBD by sub-contract	20	Accreditation body, QI, Professional bodies, clinical experts
13	Validate Provincial referral Hospitals accreditation standards	2nd -6th April 2012	TBD by sub-contract	25	MoH , Accreditation body, QI, Professional bodies, clinical experts
14	Develop accreditation surveyors guide and tools (Work sessions with clinical experts)	1st -31st March 2012	TBD by sub-contract	20	Accreditation body, QI, Clinical Experts
15	Training surveyors on use of accreditation information system & tools (training workshop)	4th -6th April 2012	TBD by sub-contract	10	Accreditation body, QI team , Clinical Experts
16	Adapt accreditation standards to the district hospital service packages	16th -31st July 2012	TBD by sub-contract	20	Accreditation body, QI team , Clinical Experts
17	Validate DH accreditation standards	6th- 10th August 2012	TBD by sub-contract	25	MoH, QI Team, Clinical Experts & DH
18	Adapt provincial Hospital accreditation information system and tools to DHs (Work sessions)	30th September 2012	TBD by sub-contract	20	MoH, QI Team, Clinical Experts & DH Teams
19	Train National accreditation experts to lead the accreditation program	1st- 28th February 2012	TBD	20	MoH, QI Team, Clinical Experts & DH Teams

Human Resources for Health Component					
Intervention 3.2.1: Carry out regular analysis of staffing data and revise the staffing projections in the light of changing service needs					
1	Working session to validate the nurses and midwives standard workload	November, 2011 1 day	1000	10	- MoH : Director of nursing - Members of Rwanda Nurses and Midwives Council
Intervention 3.1.1: Support MOH in the review and production of the new HR Strategic Plan					
2	Workshop to disseminate HRH strategic plan	December, 2011 1 day	3000	50	- MoH HRH staff - Health educational institutions - Teaching and Referral hospitals -Stakeholders
3	Working sessions to assist the MOH in the development of HRH operational plans	December, 2011 5 days	8000	30	- MoH HRH staff - Health educational institutions - Teaching and Referral hospitals - Stakeholders
4	Working sessions to develop a M&E plan of the HRH strategic plan	January, 2012 1-2 days	0	20	- MoH HRH staff - Health educational institutions - Teaching and Referral hospitals -Stakeholders

Intervention 3.1.4. : Support professional bodies to elaborate, to validate and implement the document of norms and standards of licensing					
5	Working sessions to develop a M&E plan of the MEDICAL CPD strategic plan	November, 2011 5 days	0	4	4 members of CPD bureau
6	Working sessions to develop professional regulations for Pharmacists and Allied health professionals	November-December, 2011 January 2011 ½ day per week	0	5	- Representatives of Pharmacists association and Allied health
7	Workshop to validate professional regulations	February, 2012 1 day	1000	20	- Representatives of Pharmacists association and Allied health professionals association

SHORT-TERM TECHNICAL ASSISTANCE (from October 2011 to September 2012)

#	Consultancy objective(s)	Date	Consultant	Flight	Hotel	M&I	Rate Daily	No of Days	Total
Health Management Information System Component									
1	Support for ToT in Use of new HMIS forms and registers	1 week mid-November 2011	**Joseph Mabirizi** (Futures subcontract) local STTA	-	0	0	435	7	**3,045.00**
2	Support for finalization of DHIS-2 metadata dictionary and data synchronization	2 weeks late-December 2011 or January 2012	**Bob Jolliffe** (HISP… paid by WHO, not USG)	1,800	203	72	650	14	**14,750.00**
3	Support for preparation of Use of Data guideline	2 weeks mid-November 2011	**Arthur Heywood** (HISP sub-contract)	600	203	72	650	14	**13,550.00**
5	Development of new mobile-phone based module for CBHI membership management	2 weeks December 2011	**Pivot Access or** some other local company with mobile phone experience				300	14	**4,200.00**
6	Facilitation of training of developers in use of iReport for designing standard reports for the DHIS	2 weeks March 2012	**Sele or another** HISP consultant	600	203	72	250	14	**7,950.00**
	Facilitation of training of developers in use of iReport for designing standard reports for the DHIS	2 weeks March 2012	Tara Nutley or Liz Miller- or other Futures consultant	1,800	203	72	775	14	**16,500.00**
7	Support for enhancements to CBHI membership database and transition of SISCom and CBHI indicator data to DHIS-2	2 months December 2011 –January 2012	Alfred Antoine U				194	59	**11,446.00**
Health Financing Component									
1	Design pricing method based on costing results	27th February to 9th March 2012	David Collins	2,600.00	203	72	600	11	12,225.00
			Zina Jarrah	2,600.00	203	72	350	11	9,475.00
Quality Improvement Component									
1	Accreditation Technical support services	TBD	**Sub-contract w/TBD**	**1,800**	**203**	**72**		**1095**	302,925.00
2	Accreditation Information system	TBD	**Sub-contract w/TBD**	**1,800**	**203**	**203**		**36**	**16,416.00**
Global Fund Collaboration Matrix									
1	Health Gap/Situation Analysis	22 Sep 2011 to 14 Feb 2012	**Pierre Dongier**	**-**	**0**	**0**	**725**	**28**	**20,300.00**
2	Health Gap/Situation Analysis	22 Sep 2011 to 12 Oct 2011	**Steve Sapirie**	**1,800**	**203**	**72**	**682**	**26**	**26,682.00**
3	Health Gap/Situation Analysis	22 Sept to 21 Oct 2011; and 28 Nov to 12 Dec	**KARASI Jean Claude**	**2,842**	**203**	**72**	**975**	**29**	**39,091.51**
4	HRH Strategic Plan	2nd - 30th January 2012;	**Kimberly Hirsh**	**1,800**	**2,580**	**72**	**453**	**27**	**18,555.00**

Annex 2

Budgeted IHSSP Work Plan