Rwanda Integrated Health Systems Strengthening Project (IHSSP) Vision, FY 2009-2010 Work Plan and Performance Management Plan (6 May 2010)

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This document has been prepared following a series of consultative meetings within the IHSSP team, with the Rwandan Ministry of Health and with the USAID team. These focused on elaborating a common vision, identifying specific gaps in the project's intervention areas, and defining activities to overcome the gaps, and finally elaborating the project's Performance Management Plan.

The Rwanda integrated health systems strengthening project has duration of 5 years and started officially November 7th, 2009.

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 with 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. Fully functional *districts* will have become the hub for managing health service delivery supported by actively engaged community and civil society organizations.

The project will therefore focus on 5 different components contributing to this overall vision with each of them having overriding goals outlined below.

1) For the data management and data use component, the goal is to improve utilization of data for decision-making, resource allocation and policy formulation across all levels of the health sector.
2) The Health Financing component seeks to strengthen and harmonize the health financing mechanisms to obtain efficient and viable provider payment mechanisms while offering quality health services. It will strive towards efficiency in allocation and use of health sector financial resources and achieving an appropriate balance between purchasers, payers and stewards.
3) The Human Resources for Health component will improve management, quality, and productivity of human resources for health and related social services
4) The Quality Improvement component aims to improve quality of health services through implementation of a standardized approach to quality improvement (QI) so that every district hospitals offer clinical quality of care according to national standards, that a continuous and self-sustaining process of quality improvement is institutionalized at every health facility and that the client/patient has a voice in provision of quality services.
5) And finally, the decentralization component will help to build a fully functional district able to achieve the above goals and to implement extended health and social services to the district level and below.

Situational Analysis

During the project kick-off conference with the Ministry of Health and USAID a wide range of gaps were identified that should be resolved in each of the functional areas of the project. A detailed snapshot of these gaps is included as a MindManager map in annex 2. These gaps could generally be grouped as issues related to:

- Governance and stewardship issues,
- gaps in policy & laws,
- Inadequate or inefficient systems,
- Limited M&E systems and capacity,
- Inadequate strategic & operational planning,
- Limited implementation capacity

Strategic orientations:

The strategies identified to help the MOH reach these goals are implemented at different levels and across the different components. The project has identified the following strategies, many of them cross-cutting, to assist us in designing and implementing interventions:

- Strengthen human resource management by developing new cadres of staff (Emerging Health Professionnel, Health financing/system specialist), performance appraisal procedures, and information systems
- Introduce and fine-tune provider, client and organizational performance incentives
    - Strengthen systems used be health workers at all levels, to support evidence-based decision-making and the operational needs of patient and financial management,
- Introduce rigorous M&E with sharing of best practices
- Harness partner and civil society service delivery networks to scale-up implementation.
- Focus on decentralizing capacity to manage all aspects of health service delivery

- Integrate and harmonize procedures and tools.
- Focus on building of local capacity (a detailed capacity building strategy for the project is described below):
    - For health workers through in-service trainings
    - Through local institutions - increasingly shifting to pre-service training through partnerships with heath related training institutions (SPH, KHI, NUR).

Geographic focus of IHSSP activities:

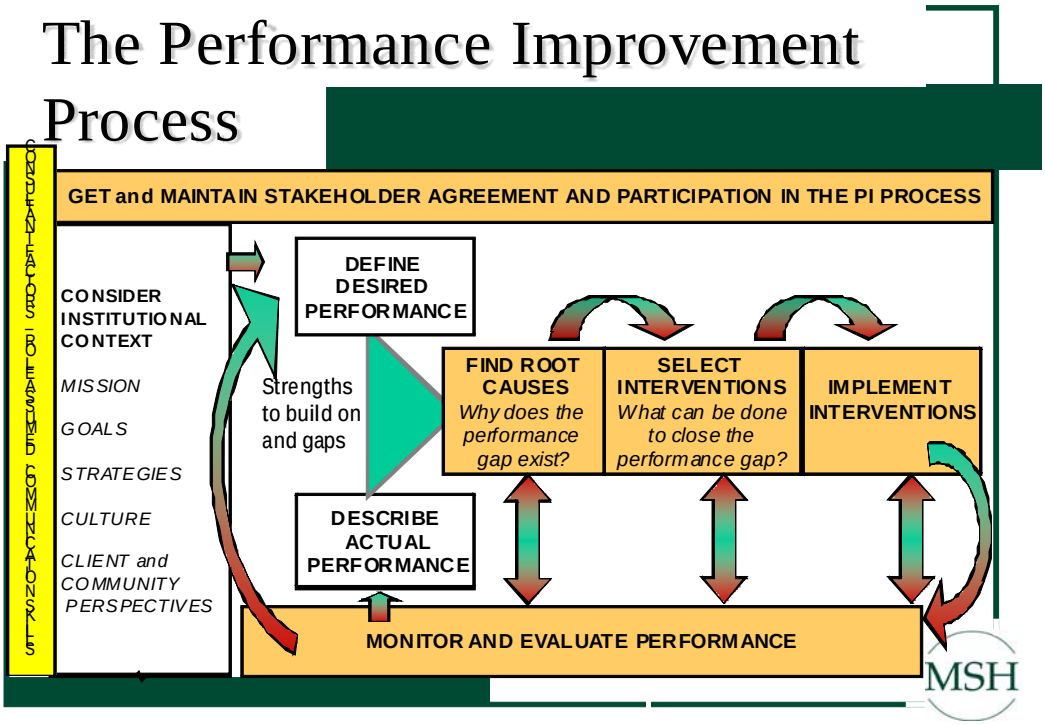
Many of IHSSP's interventions are national in scope - helping the Ministry of Health establish standards and harmonize systems that will be implemented nationwide. In addition, the project is committed to begin more intensive support within selected districts. USAID has begun discussions with the Ministry of Health to assist us in the selection of administrative districts within which we will additional staff may be embedded.

International travel plans for Year 1 (initial draft):

Traveler	Purpose	Dates
Malcolm Bryant	STTA for Quality Assurance component	July (3 weeks)
Abiy Andargachew – IT specialist	STTA for Office Move and support for MOH ICT data center	Jan-Feb (3 weeks)
TBD - Finance specialist	STTA to conduct costing study	June (4 weeks)
Randy Wilson, Emilien Nkusi (MOH), Richard Gakuba (MOH)	Routine Health Information Network (RHINO) conference – Mexico	March (1 week)
Kathy Kantengwa, Cedric Ndizeye	PBF regional conference – Bujumbura	Feb (1 week)
Ummuro Adano	STTA to conduct functional analysis of HR functions in Ministry of Health	TBD (3 weeks)
Sallie Craig Huber	STTA to prepare Health Facility assessment methodology	March (2 weeks)
John Pollock	Home office technical support visit -	TBD
Christele Joseph-Pressat & Kate Onyajekwe	STTA to assist with setup of administrative systems	March (2 weeks)
Technical Director	Travel to post to start in new position	March
Futures HR staff	Recruitment of posts for Data Use and Strategic Information Capacity building and Financial Specialist	February
Dan Kraushaar MSH/Global HSS lead	Support in finalizing National HSS plan and training local staff in causal pathways	o/a 18th April 2010 10 days
Riitta-Liisa Kolehmainen-Aitken HRH and Decentralization	Workload assessment and staffing needs study using WISN: data collection set up and later support to HR good governance and decentralization procedures development	o/a 1 May for 2 weeks and 2 weeks in August 2010
Cedric Ndizeye	Global health Council-PBF roundtable Washington, DC	1 week in June
David Collins and Zina Jarrah	Costing study: first visit to prepare an overall plan and framework with Pascal and to get the work started on the health centre costing; second trip for data validation	Two trips June and August

Capacity Building strategy for IHSSP

The capacity building process to be used by IHSSP is based on the performance improvement framework described in the following graphic. This is a key organizing principle for the project which is being paired with the successful 'extended team' approach that was developed during the PBF project.



Performance Needs Analysis

On-going situation analyses by both MOH and IHSSP staff led to the collaborative work with the MoH and other partners involved in addressing the bottlenecks in the health system that support the vital few related to health Information, Financing, Human Resources, Quality Improvement and Decentralization and good governance in health. Performance needs analysis addresses both institutional and individual gaps identification through a functional review analysis and roles and responsibilities clarifications; desired performance of a variety of actors was defined after gap's identification using the PI model. This gave rise to an analysis of the actual need for improved and/or new performance for key actors in the system: at the national coordination level – the Extended Team or other platforms; at the district level – administrative district, health facilities and community actors. The IHSS project will support the MOH to strengthen capacity in each of the five areas mentioned above at all levels of the health system effectively and efficiently

As gaps in performance were defined for the various actors at different levels of the system, root causes were analyzed and potential interventions identified. Selected interventions were planned in IHSSP workplan including building a TA capacity, building of a national and decentralized training capacity, building the leadership capacity of district level teams, strengthening the central level human resource capacity at the central level of the MoH. IHSSP will reinforce these capacities through pre-service and in-service training, training of

trainers (ToT) to implement cascade trainings at decentralized level, mentoring, and e-learning. A summary of capacity building activities from the first year work plan is listed below.

For a long term and sustainable approaches to build local capacity, IHSSP will build partnerships with training and educational institutions (e.g. School of Finance and Banking, School of Public Health, Kigali Health Institutes) to improve in-service training related on all components of the project. This could include, for example courses on supervision, quality assurance and data management and use for nurses and doctors at KHI. In addition, for certain generic in-service training requirements – particularly for basic computer literacy and off-the shelf software applications required for the information systems component, the project will seek to identify and strengthen the training capacity of a local private firm to provide regularly scheduled (monthly) courses which participants from districts around the country may attend at their convenience on a first-come, first-served basis. For most other in-service training the project will continue to strengthen and enlarge the "extended team" of implementing partners and MOH staff at the sub-national level. This approach is crucial, since these same individuals will subsequently be involved in continuous formative supervision to reinforce the content of the in-service training.

Control of quality

In line with the current thinking about factors that predict success in capacity building, project approaches to capacity building, training, coaching, and technical assistance will be systematic and standardized to ensure quality, evaluated formatively, and will include timely follow-up, supervision and coaching. Training interventions will be designed around principles of adult education and experiential learning to maximize active participation and capacity transfer. Using adapted competency models with clearly defined competencies and performance standards will encourage district management teams and other actors throughout the health system to join in a process of on-going self-assessment, learning and performance improvement, asking for feedback from supportive colleagues, and setting learning/performance objectives in an on-going self-directed improvement process.

Develop national training, coaching and technical assistance capacity in each of the project thematic areas

A key component of the scaling up strategies defined in all components of the project is based on the successful development of the PBF extended team during the Performance-Based Financing Project. This approach relies on an intensive training of a core group of trainers who will then facilitate a cascade of in-service training sessions. This pool of persons will be capable of: 1) transferring knowledge and skills to others through technical assistance, training, supervision, and coaching and 2) collaborating with and providing financial support to various organizations intervening in health system strengthening. IHSSP will assist the MOH to build technical assistance, training, management and evaluation capacity at the central, district, health facility and community levels by preparing national level trainers/technical assistants who master the key competencies required for financial management, data management, quality improvement, and decentralization/health service governance.

Whenever practical, in-service training will be provided to health workers as an integrated package. For example: our current training curriculum in Community PBF covers a variety of topics including: PBF guidelines, health information collection and use as well as key aspects of CHW cooperative management. This will limit the number of times that health workers are absent from their health facilities and communities. In addition, with the support from our clusters of district offices throughout the country, most training activities will be conducted as close to health worker's workplace as possible. This is in line with the Ministry's recent focus on developing 5 regional hospitals as centers of excellence for health worker training.

Trainer Development Process

The trainer development process to be adopted by the project will consist of a series of sequential and iterative steps that follow the experiential learning cycle, including:

1) Selection of target groups (including national and district level actors from MOH, partners and civil society groups)
2) Mid level Training of Trainers (TOT) including a module on how to develop training curricula adapted to the level of each of the selected target groups for each of the components of the project;
3) Curriculum development/training design in different areas for identified target groups at different components by identified "Master Trainers"
4) Co-Training practice with Master trainer/ to test curriculum and practice training skills
5) Curriculum redesign/modification based on testing
6) Co-Training of target groups at district (repeated several times for the cascade trainings)

Financing

The MoH will play the lead role in coordinating partners through existing mechanisms, coordinating resources, planning for trainings, and mobilizing support from the heads of the various agencies. In addition, a significant number of the trainers will be MOH staff from different levels – particularly those from districts who are underutilized (District M&E officers, District Supervisor, District Community Health program manager, CNLD technical assistants, for example). IHSSP will put in place an efficient mechanism to provide timely financing for each training activity and to track the completion of each planned training activity. – this will include identifying pre-qualified local firms for catering and workshop venues, developing standard per participant reimbursement rates and training activity reporting requirements.

Evaluation

IHSSP has envisioned conducting a capacity building evaluation process that will consist of participant evaluations of individual sessions as well a series of surveys, designed in conjunction with health facility quality assessment, to help assess the extent to which beneficiaries were able to apply what they learned from participation in project training interventions to their actual work situations and to obtain their feedback for improving later sessions. Thes surveys will focus on capacity building conducted for all components of the Project.

Year 1 work plan and budget:

Data Management & Use:

The data management and use component will begin with a baseline assessment of data management, quality and use (based on the PRISM tool developed by Measure II). We will continue technical assistance to the MOH in documenting, streamlining and simplifying the HMIS, implementing enhanced data quality assessment mechanisms, and developing an initial set of data use procedures and tools for health workers at all levels. In addition to continuing the enhancement of the web-based PBF and CBHI indicator database platforms, specific information sub-systems that will be the focus of systems development work this year will be the Community HIS, a membership system for the CBHI, and the national health data warehouse and web-based dashboard portal.

1 Component 1: HIS and Data Use: (Result: Improved Utilization of Data for Decision-Making and Policy Formulation across All Levels of the Health Sector)

1.1 Intervention 1.1 Improve capacity of the program managers to use data for decision making

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.1.1	Increase capacity of policy makers to collate, analyze, use and disseminate data	More effective use of data should lead to more evidence-based decisions and greater health impact	Data use score	CAAC, CTAMS, HMIS Unit, M&E Task Force, Measure II, TracPlus	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.1.1.1	Conduct PRISM assessment to identify current practice and barriers to data use	Assessment reports complete	28/12/2009	17/02/2010	$51,805.38
1.1.1.2	Develop HMIS data use guidelines for community-based HMIS as well as for hospital and health center HMIS.	# of curricula developed	28/06/2010	01/10/2010	$60,345.59
1.1.1.3	Develop documentation for HMIS data management procedures	Data use guidelines complete for 3 levels	21/06/2010	24/09/2010	$18,882.88
1.1.1.4	Establish mechanisms and incentives to encourage effective data use	Data use score	09/08/2010	29/09/2010	$9,744.56
1.1.1.5	Develop curricula and eLearning materials for improving capacity on data	# of eLearning courses developed	08/02/2010	31/03/2010	$18,514.66

	use for decision making, need coordination mechanism				
1.1.1.6	Develop HMIS data use guidelines into curricula for interactive e-learning or blended courses on HMIS, M&E and disease surveillance	# of eLearning courses developed	09/08/2010	29/09/2010	$13,328.68
1.1.1.7	Develop M&E management functions and structures, central MOH M&E unit, and M&E teams within departments and districts.	Revised organizational chart and capacity building plan for eHealth/HMIS teams	28/06/2010	18/08/2010	$32,546.44
1.1.1.8	Work with HIV Integration/Decentralization Task Force, M&E teams and the Planning Division to institutionalize the District Health System Strengthening tool.	Planning guidelines developed that rely on data from DHSST	29/03/2010	16/04/2010	$949.09
1.1.1.9	Support participation of MOH HMIS/eHealth teams in international conferences.	3 senior staff attend at least 1 international HIS/eHealth conference	08/03/2010	12/03/2010	$13,125.00
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.1.2	Support the enhancement of CTAMS database	The current indicator set needs refining to better track Mutuelle performance, the database needs to be enhanced with better data quality control and a membership module	CBHI database and website updated	CTAMS, GTZ, ILO	Ludwig de Naeyer
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.1.2.1	Support to CBHI database enhancement including data validation tables and improved dashboard	CBHI membership module functional, new rule-based validation implemented	09/11/2009	09/11/2009	$16,000.00
1.1.2.2	Update CTAMS indicators	CTAMS database manual and website updated to reflect new indicators	02/12/2009	02/12/2009	$7,525.74
1.1.2.3	Support phased implementation of CTAMS databases, particularly for	% of mutuelle sections using mutuelle module of OpenMRS	02/08/2010	24/09/2010	$47,941.64

	membership tracking and integration with EMR				
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.1.3	Enhance and support iHRIS roll-out	The iHRIS introduced by the capacity project is currently on hold. It needs more functionality to be useful to District level staff for operational HR needs.	Enhanced iHRIS operational in districts	HMIS, MOH HR department, District Hospitals	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.1.3.1	Conduct systems analysis for new functions to develop for iHRIS software	Systems analysis document completed	28/06/2010	18/08/2010	$31,523.69
1.1.3.2	Integrate in-service training database module with iHRIS	Training module completed for iHRIS	28/06/2010	18/08/2010	$29,293.81

1.2 Intervention 1.2 Strengthen HMIS to provide Reliable and timely data

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.2.1	Institutionalize the generation of data through regular reports such as the annual reports	Currently too much data are collected and very little of them are shared		HMIS, TracPlus, Measure II, PNLP	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.2.1.1	Lead consensus building workshops to develop routine feedback reporting formats and mechanisms for HMIS and other data	Reporting module for HMIS completed	28/06/2010	18/08/2010	$25,479.37
1.2.1.2	Support the publication of periodic reports featuring health data via print and internet	# of Quarterly and Annual HMIS bulletins published	28/06/2010	18/08/2010	$13,490.94
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.2.2	Increase capacity to track key indicators on a timely basis	Over 900 'Indicators' are currently reported by health centers monthly. Many are poorly defined and irrelevant and they are collected at		HMIS, TracPlus	Randy Wilson

		considerable cost. A more limited set of well-defined indicators can be collected and used more efficiently			
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.2.2.1	Assist MOH to select minimum indicator package and establish metadata dictionary and improve HMIS platform to reflect minimum indicator package - introducing GIS module	GIS module added to HMIS or Data warehouse	28/06/2010	18/08/2010	$25,560.91
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.2.3	Improve data flow (especially from districts to national level), reduced data collection time	Time spent manually preparing the 26 page health center and 42 page hospital monthly reports limits the time available for data analysis. Data transmission does not take full advantage of improving internet access	Time spent preparing HMIS report at each level.	HMIS, PIH, PNLP, eHealth, Voxiva	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.2.3.1	Develop automated methods for data exchange between HIS subsystems using rapidly growing internet access and virtual private networking (VPN) technology for data transmission	PBF, HMIS, TrackNet real-time links functional	28/06/2010	18/08/2010	$15,005.94
1.2.3.2	Evaluate work-flow and time devoted to HMIS tasks	Time spent preparing HMIS report at each level.	28/12/2009	17/02/2010	$20,771.61
1.2.3.3	Revise existing data recording and reporting instruments of HMIS using minimum package of indicators, including harmonization of facility-level registers and forms plus developing guidelines and a user manual;	Time spent preparing HMIS report at each level.	29/03/2010	02/07/2010	$4,725.00

1.2.3.4	Support Dev. of modules for the OpenMRS (electronic medical records system), in particular a module to support mutuelles in tracking members, processing claims, and generating data for M&E	Mutuelle Module for OpenMRS functional	28/06/2010	18/08/2010	$17,836.07
1.2.3.5	Develop interoperability between OpenMRS and HMIS	Mutuelle Module for OpenMRS functional	28/06/2010	18/08/2010	$14,006.85
1.2.3.6	Assist with the ToT and training materials Dev. for OpenMRS roll-out	OpenMRS curriculum and training material developed	28/06/2010	18/08/2010	$15,107.07
1.2.3.7	Support implementation of national electronic medical records in all health centers and district hospitals	% of health centers with functional EMR	05/04/2010	01/10/2010	$43,748.47
1.2.3.8	Support the installation of computers at the health center level	% of health centers with functional computers	05/04/2010	01/10/2010	$36,608.37
1.2.3.9	Support computerization and roll-out of Community Health Information System (SISCom), linking it with phone-based reporting system and PBF web-application	PBF-mUbuzima integration complete	28/12/2009	02/04/2010	$21,814.38
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.2.4	Assure the availability of comprehensive, quality data	Access to HMIS data is restricted by poor connectivity, lack of a data sharing policy and a web-based platform for sharing. Resolving this is a prerequisite for enhancing use.		HMIS, eHealth, TracPlus, CAAC	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.2.4.1	Establish a user friendly website for MOH	Web-site functional, MOH web steering committee meets quarterly	28/12/2009	05/02/2010	$10,026.42
1.2.4.2	Operationalize national data warehouse and web-based dashboard portal to promote data sharing	Database warehouse prototype functional	28/12/2009	02/04/2010	$50,499.02
1.2.4.3	Help develop personalized web-based dashboards that will enable the tracking of	% of programs with customized dashboards	05/04/2010	09/07/2010	$14,702.01

	key indicators				
1.2.4.4	Establish and implement Routine Data Quality Assessment mechanism at district level	% of districts that completed data quality assessments each quarter	28/12/2009	02/04/2010	$31,344.33
1.2.4.5	Strengthen policy framework to support data sharing, and mechanisms to support ICT infrastructure and use of information	Data sharing policy document published on MOH web site	18/01/2010	12/03/2010	$6,426.34
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
1.2.5	Enhance ICT support mechanisms at national, district and health facility levels	Rwanda has an ambitious ICT agenda, but basic support for end users and infrastructure within the MOH and health facilities is very weak. A strong foundation needs to be built.		eHealth, HMIS, RDB/IT, Clinton Foundation, PIH	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
1.2.5.1	Strengthen the MOH information and communication technology (ICT) unit and eHealth team	MOH org chart for ICT/eHealth finalized	28/12/2009	02/04/2010	$26,449.85
1.2.5.2	Enhance use of groupware among central and district levels for email, scheduling and contact management by configure MOH-wide Exchange email server, shared calendars, etc., and training staff on use	% of central and district level MOH staff trained in use of groupware	18/01/2010	19/02/2010	$8,325.65
1.2.5.3	Enhance capacity of local staff to support databases and specialized applications - data warehouse, OpenMRS, HMIS, PBF, web-content management	# of staff trained to support each of the platforms	29/03/2010	02/07/2010	$29,734.58
1.2.5.4	Establish an MOU with RDB/IT to implement a centralized helpdesk function providing remote support	MOU signed	29/03/2010	02/07/2010	$16,939.85
1.2.5.5	Support the purchase of generators for	health facilities equipped with	09/11/2009	09/11/2009	$400,000.00

	Ministry health facilities for HIS, Electronic Medical Records, data analysis, and service delivery	electric power source			

Financing

The main attention during 2010 will go to the revision of the PBF-framework (updating of tools and reporting systems based on reviewed quality assurance and improvement framework, harmonization of QI&QA supervision and PBF – evaluation) and evaluation of its functionality. In addition, the financing team will concentrate on the implementation and roll-out of the community PBF program, the conceptualization of PBF mechanisms for districts to enhance their functionality, and improving the functionality of CTAMS to implement new national policies (Stratification). Priority interventions of CTAMS that will be supported – among others - are the improvement of accounting systems within mutuelle sections, the development of a central database of beneficiaries and improvement of reporting and data use of the central CBHI database.

A costing study using the CORE Plus tool (A micro-costing/bottom-up costing methodology developed by MSH using a provider perspective) will also be conducted in health facilities to better understand costs and revenue in order to restructure health financing mechanisms and harmonize provider payment mechanisms. In addition to strengthening the financial management, a consultative process will be done to develop and define an adequate financial accounting and audit systems for Health facilities and CBHI (including electronic financial management). This will be done after an assessment of the functionality of financial management system for Health Facilities and Districts. Finally, as required, IHSSP will provide TA to USAID and the MOH to explore new PBF and other health systems analysis work

2 Component 2: Health Financing (Result: Strengthened financial systems for the rational use of available health resources)

2.1 Intervention 2.1: Strengthened financial systems for the rational use of available health resources

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.1	Provide TA in Health Insurance Funds and PBF policies elaboration and review	GoR vision is to create a national health insurance Fund (with other insurances). Provide objective, analytical support to the reform agenda is needed in the Dev. of this mechanism.		MOH, MINECOFIN, USG, MSH, GTZ, ACCESS, HDP, USG Implementing Partners, Futures, ILO/BIT	Cedric Ndizeye, Kunda Therese

#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.1.1	Support CTAMS to harmonize CBHI policy in accordance to National Social Protection policy	Updated CBHI policy	09/11/2009	27/05/2010	$41,731.06
2.1.1.2	Support Health Financing Unit/PBF in the elaboration of PBF policy	PBF policy document available	01/04/2010	01/10/2010	$69,070.18
2.1.1.3	Review CBHI procedures manual based on the new CBHI policy through workshops targeting CBHI Extended Team mechanism.	% of health facilities with a reviewed CBHI procedures manual	15/07/2010	22/09/2010	$30,602.40
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.2	Assist the GoR in implementing the CBHI policy and the establishment of the organizational structures	The new policy on CBHI has been developed and still waiting for its approval. It will focus on stratification mechanism. Its implementation will require support; laws and tools need to be reviewed and drafted and capacity building of stakeholders.		MOH, MINECOFIN, USG, MSH, GTZ, ACCESS, HDP, USG Implementing Partners, ILO/BIT	Kunda Therese
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.2.1	Assist GoR to develop a strategic plan to implement CBHI policy	CBHI strategic plan available	01/06/2010	17/06/2010	$21,619.97
2.1.2.2	Develop CBHI tools related to the new policy	CBHI tools available	15/07/2010	25/08/2010	$10,000.71
2.1.2.3	Assist in the revision of CBHI laws in accordance to the new policy and Support the operationalization of CBHI decentralized structures through cascade trainings	# of districts with CBHI structures fully functional	11/07/2010	01/10/2010	$92,804.33
2.1.2.4	Assist MoH in regular verification of CBHI bills at all levels of health facilities	% of paid CBHI bills reflecting the real cost	01/04/2010	01/10/2010	$46,061.60
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.3	Provide TA to MoH to strengthen the	The PBF system still need support to		MOH, MSH, USG	Cedric

	national PBF model for HC, DH in all districts and National referral Hospitals	maintain and strengthen the implementation of output based mechanism for general health service and qualitative improvement by incorporating QA mechanisms into PBF systems.		implementing Partners, HDP, GTZ, Healthnet TPO	Ndizeye
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.3.1	Revision of PBF framework- – revising indicators, setting new tariffs, updating administrative procedures.	Updated PBF procedure manual	09/11/2009	04/06/2010	$56,148.78
2.1.3.2	Finalize medical record files – Harmonization of individual medical record files across districts for better patient management and improved data quality. (Finalize work begun in PBF Project)	standardized Medical Record File available	09/11/2009	19/02/2010	$16,577.44
2.1.3.3	Coordinate the secretariat functions of the PBF Contract management committee mechanism	% of Health Facilities in compliance with their PBF contracts	01/02/2010	01/10/2010	$19,248.75
2.1.3.4	Support Health Financing Unit/PBF and districts in tracking and filing PBF contracting documents	% of structures (CAAC, Districts, HF) with PBF contracting documents, tracking and filing systems available	01/02/2010	01/10/2010	$56,105.88
2.1.3.5	Provide Virtual Business Planning for Health program to support health centers	% of HC who achieve their goals	25/01/2010	01/10/2010	$63,956.70
2.1.3.6	Assist Health district steering committee in the planning of evaluation and verification activities, and data validation and support refresher training in PBF (Based on the revised framework)	Number of Health district steering committee trained in updated PBF procedures.	07/06/2010	30/07/2010	$46,832.18
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.4	Support the districts in the management of performance based financing of health resources at decentralized levels to ensure	Focus on purchasing results to ensure that purchaser/Providers split, roles are played at		MOH, MSH, HDP, GTZ, RALGA, Minaloc	Cedric Ndizeye

	fully functional District Health steering committee	decentralized level through the Performance contract mechanism. This reinforces the decentralization mechanism with ownership of health activities.			
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.4.1	Assist GoR and districts in the planning of evaluation and verification activities, and data validation of the Performance Based financing at decentralized levels	% of administrative district evaluated for PBF.	01/04/2010	01/10/2010	$39,373.35
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.5	Assist the GoR in strengthening PBF organizational structures	To bridge the gap between policy and implementation through the partners coordination activities nationwide, using participatory process in the Dev. of the mechanism and provide assistance to the district PBF Steering Committees activities.		MOH, MSH, USG implementing Partners, HDP, GTZ	Cedric Ndizeye
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.5.1	Coordinate the secretariat functions of the PBF Extended team mechanism and conduct mentoring and targeted training to PBF steering committees at district level	Shared monthly minutes through the PBF website	09/11/2009	28/05/2010	$9,000.00
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.6	Provide TA for the new and evolving central MOH PBF	The Ministry of Health has established the PBF at all levels of the health system. The central level PBF model needs to be defined and established to monitor the quality of MOH departments and services,		MOH, MSH	Cedric Ndizeye, Octavien Ndakengerwa

		providing feedback and support for improvement.			
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.6.1	Elaborate the MOH Central level PBF model and guidelines	Central level PBF model design complete	09/11/2009	06/01/2010	$26,636.31
2.1.6.2	Support MOH Units' PBF evaluation	% MOH units evaluated	09/11/2009	01/10/2010	$21,579.38
2.1.6.3	Assist Health Financing Unit/PBF in establishing a peer evaluation committee	ToR of the peer evaluation document.	09/11/2009	26/03/2010	$14,281.49
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.7	Ensure PBF and CBHI data management and audit	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 and payment orders can be executed.		MOH, MSH, USG implementing Partners, HDP, GTZ, HEALTHNET TPO	Ludwig de Naeyer
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.7.1	Review PBF data & procedures audit mechanism	Data audit manual developed	16/11/2009	19/02/2010	$9,293.31
2.1.7.2	Support MoH to carry out community client surveys	% of PBF indicators reported cases existing at the community level	10/05/2010	01/10/2010	$56,143.77
2.1.7.3	Support quality counter evaluation activities at Health center and District hospitals levels to ensure PBF data audit standards	% of health facilities that meet data audit standards for PBF reports	22/02/2010	01/10/2010	$37,193.57
2.1.7.4	Train national PBF staff in data collection and analysis software (Epiinfo et Epidata)	# of project staff and national PBF staff trained in data collection and analysis software	14/06/2010	24/06/2010	$8,237.81
2.1.7.5	Support districts to transfer technical capacity related to data use and accuracy to sector level, contributing to a more targeted	% of CHWs cooperatives that meet data accuracy	01/02/2010	01/10/2010	$26,973.27

	approach to community health activities				
2.1.7.6	Training on Data analysis & Use for PBF & CBHI extended team members	# of CBHI and PBF extended team members trained in pivot table and GIS	16/08/2010	20/08/2010	$27,851.59
2.1.7.7	Elaborate ToR of CBHI Database editorial committee	CBHI database editorial committee ToR developed	15/02/2010	26/02/2010	$2,918.14
2.1.7.8	Train CBHI editorial committee members in database management	# of CBHI editorial committee trained in the management of database	15/09/2010	17/09/2010	$1,732.77
2.1.7.9	Train PBF editorial committee members in database management	# of PBF editorial committee trained in the management of database	15/09/2010	20/09/2010	$1,778.95
2.1.7.10	Develop CBHI data audit mechanism and guideline	CBHI Data audit guideline manual developed	26/07/2010	24/09/2010	$8,489.23
2.1.7.11	Develop PBF data audit mechanism and guideline	PBF Data audit guideline manuel developed	04/12/2009	04/03/2010	$10,691.57
2.1.7.12	Support MoH in implementation of CBHI data audit	% of CBHI structures (sections de mutuelles) that meet CBHI data audit standards	04/03/2010	01/10/2010	$71,884.71
2.1.7.13	Train MoH staff in operational research	# of MOH and IHSSP staff trained in operational research	27/09/2010	30/09/2010	$14,382.91
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.1.8	Provide TA to USAID and the MOH to explore new PBF and other health systems analysis work				Technical Director, Cedric Ndizeye
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.1.8.1	Assist the MOH with the Dev. of a Health Systems Strengthening strategic plan	HSS strategic plan available	18/02/2010	24/03/2010	$30,000.00
2.1.8.2	Support USG and MOH with the analysis and design of alternative financing and performance incentive mechanisms.	TBD	09/11/2009	09/11/2009	$70,000.00

2.2 Intervention 2.2: Strengthen MOH capacity for cost reduction, revenue generation, and cost-sharing for services

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.2.1	Provide TA to MoH to carry 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 utilisation) to maximize ability at the policy level to set service cost norms .		MOH, MSH, FUTURES, GTZ	Health financing specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.2.1.1	Use the CORE Plus tool (cost analysis tool developped by MSH) with Health Financing Unit/MOH for both facility PBF and c-PBF to build capacity to analyze and cost services to maximize ability at the policy level to set service cost norms	# of districts where CORE plus studies are conducted	05/07/2010	01/10/2010	$142,101.19
2.2.1.2	Conduct assessment of functional financial management system for Health Facilities and Districts	Assessment report on facilities and districts financial management	30/03/2010	30/09/2010	$54,908.53
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.2.2	Support the roll-out of the community PBF model in collaboration with national Malaria, Community Health Desk, Health Financial Unit,	The community PBF is embryonic and stronger coordination required. This aim to provide incentives to CHWs to produce health outcomes defined in the community health package and promote data use.		MOH, MSH, HEALTHNET TPO, USG implementing Partners, HDP, SPH	Octavien Ndakengerwa
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.2.2.1	Train DH and administrative district Staff on new national community PBF models	Number of DH and administrative staff trained in new PBF model	29/03/2010	07/05/2010	$134,918.61

2.2.2.2	Develop Population Mapping Target for the CHW cooperatives		17/05/2010	28/05/2010	$13,573.91
2.2.2.3	Create a new coordination platform that involves actors from community health, HMIS department, and c-PBF actors, under the leadership of the Community Health Desk	TOR of Community Health actors Platform	28/06/2010	02/08/2010	$9,534.88
2.2.2.4	Assist districts in coaching the sector steering committees that govern c-PBF mechanism		31/05/2010	01/10/2010	$2,735.14
2.2.2.5	Technical assistance districts in the supervision of CHWs activities		15/02/2010	01/10/2010	$44,481.21
2.2.2.6	Provide mobile phones for the CHWs reporting system	Number of mobile phones provided	31/03/2010	14/09/2010	$236,822.87
2.2.2.7	Train district teams on Community HMIS data entry		15/02/2010	17/02/2010	$30,765.53

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

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.3.1	Document and disseminate Dev. experiences on health financing mechanisms.	Rwanda is one of a few pioneer countries to scaling up performance-based financing schemes nation-wide with success in the CBHI mechanism (91%). Rwanda experience need to be well documented and experiences shared with many interested countries.		MOH, MSH, implementing Partners, SPH	Technical Director (DCOP)
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.3.1.1	Produce a PBF toolkit for the Health Center and DH models	PBF toolkit developped	28/06/2010	01/10/2010	$85,377.59
2.3.1.2	Participate and present experiences in		01/02/2010	01/10/2010	$58,842.17

	national and international conferences/Workshop				
2.3.1.3	Support MoH in publications related to health financing mechanisms		24/05/2010	01/10/2010	$74,130.89
2.3.1.4	Provide continuous CB activities related on health financing mechanism in partnership with defined educational institutions;		09/11/2009 8:00	22/09/2010 9:09	$25,461.78
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
2.3.2	Support MOH and districts in financial planning and management	Districts and Health facilities receiving majority of finance via sources other than line item budgets, transparency and good management is required in term of good governance.		MOH, MSH, implementing Partners, Futures, Access	Financial specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
2.3.2.1	Train districts and central level departments in strategic planning, resource mobilization, grant/Contract management and financial management	# of people trained on strategic planning, resource mobilization, grant/contract management and financial management	12/04/2010	02/07/2010	$28,708.94
2.3.2.2	Support district staff in leading financial planning sessions	# of financial planning sessions each year led by district staff	05/07/2010	13/08/2010	$18,554.13
2.3.2.3	Support the coordination mechanism held by Extended district teams to discuss financial issues		29/03/2010	01/10/2010	$15,243.90
2.3.2.4	Define an adequate financial accounting and audit systems for Health facilities and CBHI (including electronic financial management)	Financial Procedures manual available	09/11/2009	09/11/2009	$10,013.98

Human Resources:

The major focus of this component will be to contribute to the national HR strategic plan, review HR management functions, and enhance the HR information systems. These will set the stage for in coordinate with professional bodies for licensing and the introduction of PBF mechanisms to enhance performance.

As part of the shift towards pre-service training, the project will also initiate collaboration with SPH to begin the process of institutionalizing capacity for pre-service training in health systems analysis and health financing by the 3rd year.

3 Component 3: Human Resources (Result: Improved management, quality, and productivity of human resources for health and related social services)

3.1 Intervention 3.1 Implemented and evaluated long-term HRH strategic plan and Community Health Worker (CHW) policy

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.1	Conduct a comprehensive sector wide HRM assessment incl. HR policy audit to establish strengths and weaknesses of the HRM "architecture" in Rwanda	Detailed data on HRH is not available, need to update the knowledge on the current health work force to come up with gaps in human resources	Report on strengths and weakness of HRH "architecture"	MoH, MSH, implementing partners	Organizational Capacity Dev. Specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.1.1	Conduct rapid evaluation of current HR strategic Plan (what was implemented, what was not implemented, why etc)	Report of HRH strategic plan	08/03/2010	30/04/2010	$5,793.36
3.1.1.2	Assist MoH to conduct HR assessment studies to update the knowledge on the current health work force (in terms of qualification, gender, age, deployment etc.) to inform the strategic plan, and share report with stakeholders	Report on results of HRH assessment on current health workforce	03/05/2010	27/08/2010	$ 29,614 .00
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.2	Support MoH in the review and production of the new HR Strategic Plan	The current HR strategic plan suffered from insufficient resource allocation to the Human Resources desk. As part of the ongoing work of the Health Cluster HR Technical working group, IHHSP will support the MOH to update the HR policy and strategic plan w	HRH strategic plan updated	MoH, MSH, implementing partners	Organizational Capacity Dev. Specialist

#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.2.1	Conduct workshop to identify Strategic Plan key parameters	Report of strategic plan workshop on key parameters	30/08/2010	31/08/2010	$3,354.66
3.1.2.2	Develop the revised new SP with a costed implementation plan and establish an "Implementation Pyramid" with clear roles and responsibilities	HRH strategic plan document revised	30/08/2010	01/10/2010	$29,407.55
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.3	Provide technical assistance to the community health desk in the roll out of the community health worker strategy	The massive scale of the CHW program presents significant challenges with respect to CHW capacity building. There is a need to develop a comprehensive training package	Training modules bases on a comprehensive training package	MoH, MSH, implementing partners	Organizational Capacity Dev. Specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.3.1	Assist the community health desk to develop a comprehensive training package	A comprehensive training package developed	29/03/2010	28/05/2010	$2,335.20
3.1.3.2	Assist the community desk to develop training modules based on a comprehensive training package	Training modules available	26/04/2010	10/06/2010	$5,915.40
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.4	Support professional bodies in regulation by establishin the licensing system for public and private sector	Today, there is no accreditation system for professional healt. To improve the quality of health workers professional bodies have to put in place a Continous Professional Dev. program and a licencig system which don't exist	Normes and standards of licensing developed	MoH, MSH, implementing partners, professional bodies	Organizational Capacity Dev. Specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.4.1	Assess needs of professional bodies for	Needs assessment report	05/04/2010	07/05/2010	$11,693.22

	licensing				
3.1.4.2	Define norms and standards of licensing	Norms and standards document developed	17/05/2010	17/09/2010	$45,401.00
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.5	Develop capacity building on leadership and management at all levels (sectors, Districts and central level)	To perform decentralization work managers at all levels need to improve their skills in leadership, management and conflict resolution. And due to the rapid turnover of staff, IHSSP will run another round of Blended Leadership Dev. Program	10 facilitators trained to manage the BLDP and 60 co-facilitators trained to conduct the BLDP at district and sector levels	MoH, MSH, implementing partners	Organizational Capacity Dev. Specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.5.1	Train facilitators to support the management of the BLDP at central level	# of facilitators to manage the BLDP at central level	05/07/2010	13/08/2010	$11,911.70
3.1.5.2	Train local co-facilitators (at district level) to conduct BLDP	# of Co-facilitators trained	23/08/2010	10/09/2010	$26,722.50
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
3.1.6	Work with the CDPF coordination organ to develop a strategic plan for institutionalization of the a program to mentor and promote emerging health professionals	To provide valuable experience to junior and mid-level staff enrolled in the program and ensure a transition plan which requires as one critical element, access to a cadre of qualified junior and mid-career professionals to serve as the essential res	A program is institutionalized to support emerging health professionals	MoH, MSH, implementing partners	Organizational Capacity Dev. Specialist
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
3.1.6.1	Develop a strategic plan for recruiting, mentoring and retaining emerging health professionals	Stategic plan available	08/02/2010	25/02/2010	$5,423.78

3.1.6.2	Partner with educational institutions and donors to place emerging health professionals at the district level (5 per district)	# of signed MoU's available	01/03/2010	20/04/2010	$8,189.95

Quality improvement

An early activity will be to finalize the supervision tools of Quality Assurance and to harmonize/integrate them with PBF evaluation instruments. The collaborative improvement approach will be revived and standardized QA approaches will be introduced as part of health worker pre-service training. In addition, the first steps will be taken in the process of developing accreditation procedures.

4 **Component 4: Continuous Quality Improvement (Result: Improved Quality of Services)**

4.1 *Intervention 4.1 Implement national supervision framework, strengthening linkages between and within MOH and district health and management teams*

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
4.1.1	Assist MOH in finalizing the integrated supervision tools at all levels (DH, HC, community)	Currently there are many different supervision tools which are not quality improvement focused, therefore need to have a single unified formative integrated supervision tool at all levels	Integrated supervision tool is completed and available at all levels	MOH (Decentralization and HIV Integration), Referral Hospital, DH, HC, Community, program implementing partners. IDEAS	Apolline Uwayitu
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
4.1.1.1	Internal MSH-meeting to establish link between harmonize supervision tool and PBF quarterly evaluations		01/03/2010	14/03/2010	$1,688.78
4.1.1.2	Field test the integrated supervision tool for community levels		18/01/2010	17/02/2010	$4,609.12
4.1.1.3	Facilitate workshop to seek input from	Workshop report	09/03/2010	12/03/2010	$3,135.77

	referral hospitals and central levels services to finalize district tool				
4.1.1.4	Field test the integrated supervision tool for district level		10/05/2010	28/05/2010	$7,864.14
4.1.1.5	Facilitate workshop to finalize the tool and obtain final feedback to the supervision tools at all levels	tools finalized and Workshop report available	01/06/2010	04/06/2010	$4,228.56
4.1.1.6	Review and update the tools accordingly to incorporate the feedback and input of MOH services and other stakeholders.		07/05/2010	25/05/2010	$1,212.36
4.1.1.7	Validate supervision tools	Validated supervision tools available	03/05/2010	07/05/2010	$7,218.80
4.1.1.8	Disseminate supervision tools at all levels	% of health facilities with the validated supervision tools	17/05/2010	04/06/2010	$12,339.29
4.2	*Facilitate District Hospitals into an accreditation program to strengthen quality service delivery*	MOH is committed to improve the quality of health service through accreditation program to institutionalize quality health service and foster a self- sustaining culture of continuous quality improvement of health care even after support from donor	# of District Hospitals in the accreditation program.	MOH (Public Health facilities),MSH,CDC,BTC,PIH,IDEAS	Apolline Uwayitu
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
4.2.1	Develop District Hospital Accreditation strategic Framework and organizational structure to support the implementation of the program in collaboration with the MOH	Since this is a new approach to quality improvement in district hospitals and a big program it requires a strategic framework that states clearly how the program will be implemented.	Strategic accreditation framework is available with structure to support implementation		
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
4.2.1.1	Develop a strategic framework for the accreditation program	Strategic accreditation framework is available	15/06/2010	07/07/2010	$13,178.25

4.2.1.2	Propose accreditation structure to support accreditation program	Accreditation structure is proposed	12/07/2010	19/07/2010	$2,239.38
4.2.1.3	Organize a study tour to countries with advanced experience in accreditation of health services to orient the accrediting body team that will lead the program	Report on study tour and recommendations for Rwanda accreditation	15/06/2010	23/06/2010	$18,560.00

Decentralization:

This component of the project will begin by clarifying roles and responsibilities at district level, supporting capacity building in management of health systems and providing organizational support (financial and logistic) to the District to build towards a fully functional district. The project team will begin to engage civil society organizations, training media in health reporting, and work with RALGA to continue advocacy for the decentralization agenda with respect to health services management.

5 Component 5: Decentralized Institutional Strengthening (Result: Extended decentralized health and social services systems to the community level)

5.1 Intervention 5.1 Management capacity at decentralized levels improved and extended to all levels, including local communities

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.1.1	Provide capacity building of Health facilities management teams "COGE" and District Health Steering committee (Comité de pilotage) in facility management, oversight of CHWs, validation of results, team building, and role clarification	A key entry point to increasing management capacity at the district level will be the District Health Steering Committees. This forum gathers local administration, health directors, and civil society and is required for effective decentralized management.	% COGE &Health steering committee trained	MOH, Administrative Districts, District Hospitals, Civil Society	Moses Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.1.1.1	Conduct training of health Steering committee at sector level on health data management	% COGE &Health steering committee trained	26/04/2010	04/05/2010	$33,895.25
5.1.1.2	Conduct training of staff in charge of CHWs oversight on community health management	# of CHWs supervisors trained	23/08/2010	27/09/2010	$34,789.49

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.1.2	Conduct "fully functional District" review related to health	This activity will help determine resource and capacity building needs of the districts and facilitate role clarification between administrative and health service structures at the district level.	% of Districts where fully functional review have been conducted	MOH, Administrative Districts, District Hospitals, Civil Society	Moses Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.1.2.1	Provide TA to the MOH in fully functional review	Fully functional review conducted	03/05/2010	14/05/2010	$15,750.00
5.1.2.2	Review roles and responsibilities based on District fully functional analysis	Roles and responsibilities clarified	19/07/2010	29/09/2010	$29,270.76
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.1.3	TA to the District coordination mechanism to foster integration of activities, common planning and exchange of information	This will help to solidify partnerships between health service providers, civil society organizations at district levels and with the initiatives of implementing Ministries of Local Government and of Labor so that resource allocation is aligned.	District planning guideline document published and distributed	MOH, Administrative Districts, District Hospitals, Civil Society, MINILOC, Min of Labor	Moses Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.1.3.1	Support the MOH Integration/Decentralization Task Force to establish standard planning procedures and guidelines at district level	Standard planning procedures and guidelines document developed	01/06/2010	27/07/2010	$1,855.10
5.1.3.2	Organize an orientation meeting for the local government authorities on IHSSP interventions at national level	Orientation meeting held	15/03/2010	19/03/2010	$8,761.10
5.1.3.3	Provide TA to the District Health Steering	# of District implementing	26/04/2010	24/09/2010	$11,251.21

	Committee to implement standards planning procedures (training sessions of staff on integrated planning) to sustain an evidence based planning approach.	standards and guidelines in planning process			
5.1.3.4	TA to District in JADF functions	Quarterly meetings held	26/04/2010	30/09/2010	$21,145.90

5.2 *Intervention 5.2 Strengthened capacity of local CSOs and individual community members to influence health sector priorities and services, along with other cross-cutting Dev. priorities that impact the health sector*

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.2.1	Reinforce District capacity to Help coordinate health community activities	At community level, there are many activities conducted by community health workers, health facility staff and health teams at district level that need to be better coordinated.	District plays effective role in coordinating community health initiatives	MOH, Administrative Districts, FOSAs, CHW cooperatives, implementing partners	Moses Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.2.1.1	TA to the District Health Steering Committee to establish coordination mechanism for new integrated supervision approach	Coordination mechanism documented and implemented	18/01/2010	01/10/2010	$28,028.17
5.2.1.2	Provide TA to the District to assess roles of Civil Society Organizations (including cooperatives) to support health system strengthening efforts.	Concept paper clarifying roles of CSOs	12/07/2010	23/08/2010	$34,071.58
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.2.2	Provide TA to the District in the IMIHIGO contract mechanism to ensure alignment with health sector strategy (CBHI,PBF,HMIS…)	TA and on-the job training is needed to help administrative, political and health authorities prepare good IMIHIGO performance contract plans based on evidence and to ensure that monitoring is done effectively.	% of Districts who meet their Health Imihigo target	MOH, Administrative Districts, FOSAs, CSOs, CBHI, PBF, HMIS, implementing partners	Moses Munyamahoro & District Capacity Dev. Coordinators

#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.2.2.1	TA to the District in " IMIHIGO contracts" monitoring and evaluation process	M&E findings and action plan documented	07/06/2010	24/09/2010	$35,728.44
5.2.2.2	In collaboration with RALGA and other partners provide training of District authorities on planning, M&E and data use for health interventions in IMIHIGO elaboration process	% of districts completing planning, M&E and data use workshops	06/05/2010	30/06/2010	$16,844.85

5.3 Intervention 5.3 Strengthened collaboration with RALGA, NDIS and MINISANTE to support local government structures

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.3.1	Support RALGA in organizing and carrying out capacity-building activities and services for members;	RALGA's health forums are considered a key mechanism to bring together health professionals, administrative and political authorities from decentralized structures to take a stronger role in health system planning and management.	RALGA health forums and Innovation Days held	CSOs, MOH, RALGA, Administrative Districts, FOSAs, CHW cooperatives, Women's organizations	Moses Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.3.1.1	Assist RALGA in coordination of Districts technical forums especially those related to the health sector	District technical forums conducted	01/06/2010	01/10/2010	$28,353.05
5.3.1.2	Assist RALGA in coordination of its two annual General Assembly meetings	Annual general assembly meetings held	09/11/2009	09/11/2009	$11,433.07
5.3.1.3	Collaborate with RALGA and MINALOC on managing and implementing "Innovation Day" or Best Practices Competitions; document best practices and success stories	Innovation day based on best practices implemented	14/06/2010	30/09/2010	$5,846.30
#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
5.3.2	Assist Districts with implementing NDIS-	RALGA and central Ministries	Instructions and	CSOs, MOH,	Moses

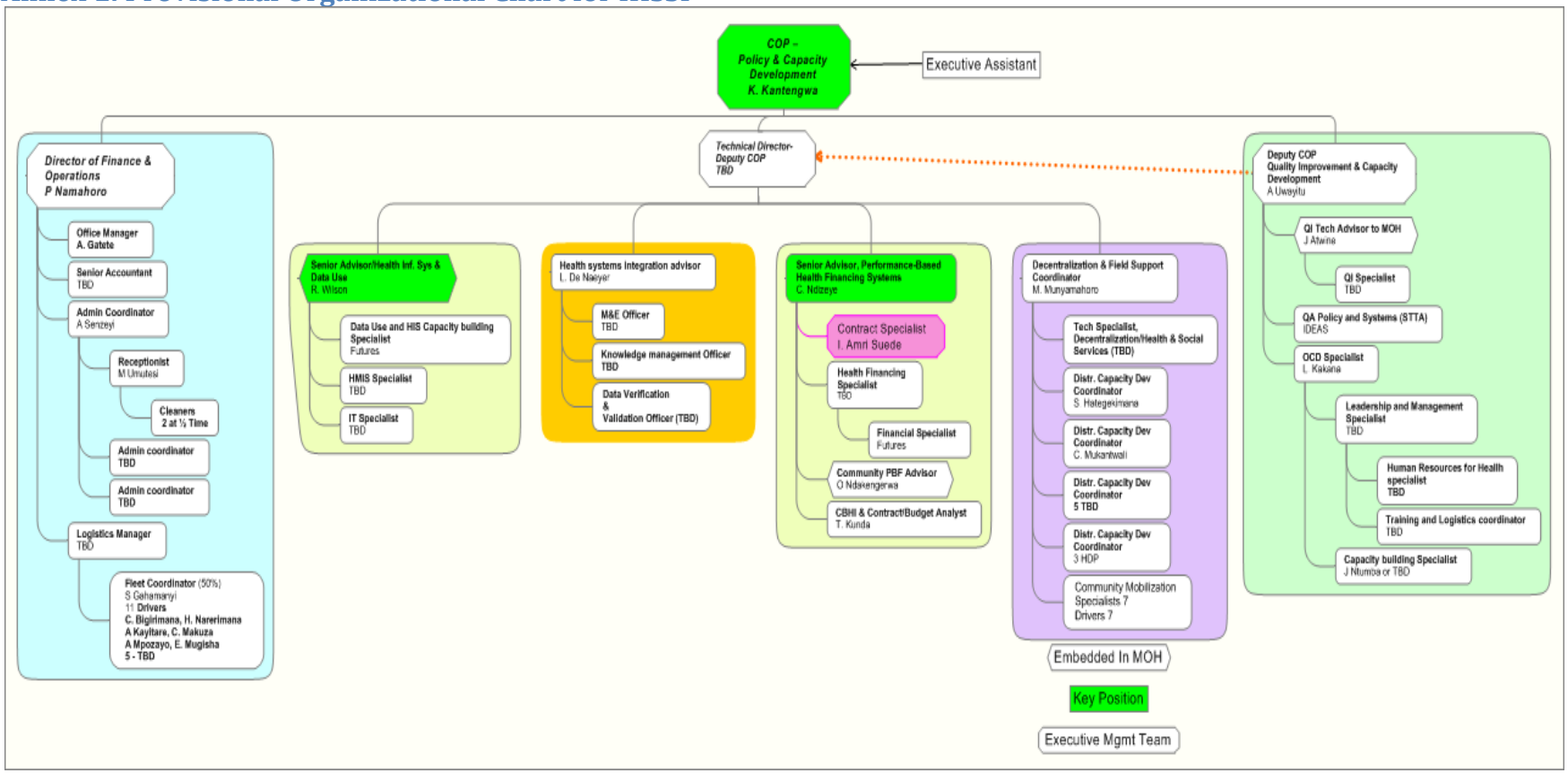
	RALGA / MINALOC instructions and guidelines	currently have a limited implementation capacity at the district level. IHSSP's district teams and implementing partners will aid the Administrative districts with the roll out of national instructions and guidelines.	guidelines disseminated & implemented	RALGA, Administrative Districts, FOSAs, CHW cooperatives	Munyamahoro & District Capacity Dev. Coordinators
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
5.3.2.1	Assist RALGA in documentation of Local Governments best practices and success stories especially in the health sector and dissemination of instructions and guidelines related to health sector	Instructions and guidelines disseminated & implemented	23/08/2010	24/09/2010	$5,287.59
5.3.2.2	Assist RALGA in providing TA to the Districts to organize the "Public Accountability day".	Public Accountability Day activities reinforced	19/04/2010	23/04/2010	$14,352.31

6 Support to President's Malaria Initiative

#	Component/Intervention/Activity/Task	Why it is important	Deliverable/Indicator	Stakeholders	Activity Manager
6.1	Support the President's Malaria initiative to enhance malaria testing, treatment and Monitoring & Evaluation	IHSSP is has been asked to continue supporting initiatives previously funded through BASICS as well as M&E Strengthening work to the PNLP	National RDT strategy and home based malaria care implemented	PNLP, HMIS, M&E Task force	Randy Wilson
#	Component/Intervention/Activity/Task	Deliverable	Start	End	Budget
6.1.1	*Dev. of RDT policy and guidelines, starting with an operational comparison of alternative RDTs at the community level, supervision of CHW*	% of CHWs who offer RDTs	15/03/2010	04/06/2010	$100,000.00
6.1.2	*Support for M&E strategy implementation - primarily for PNLP*	M&E system functional at PNLP and data interchanged easily with HMIS	08/02/2010	02/10/2010	$250,000.00

6.1.3	*Support for CHW program for Home Based Management of Malaria*	# of CHWs trained and supplied to provide Malaria prevention and treatment	07/06/2010	23/07/2010	$100,000.00
	Sub-total technical components				$4,294,208.49

7	**Project Management**	
7.1	*Project Setup*	
7.1.1	Set up Kigali and offices within administrative districts	$242,420.00
7.1.2	Local administrative Staff salaries	$632,700.27
7.1.3	Home office support, ODCs, fee and overheads	$481,664.30
7.1.4	Procure office and other project equipment, vehicles and supplies	$310,476.84
7.1.5	Launch the project publicly	$7,000.00
7.1.6	Submit Quarterly Reports to USAID	$1,732.73
7.1.7	Develop Year 1 work plan	$24,000.00
7.1.8	Develop year 2 work plan	$18,000.00
7.2	*Project M&E*	
7.2.1	Annual COP review 1	$379.42
7.2.2	Community client surveys	$3,233.41
7.3	*Baseline rapid assessments*	
7.3.1	Rapid Facility assessment (Data Use, Quality of Care, Management, Work flow)	$6,375.86
7.3.2	Evaluation of capacity building activities for QA	$7,749.04
7.3.3	Evaluation of impact of integrated supervision	$8,781.50
7.4	*Develop and implement branding and marking plan*	*$24,000.00*
	Sub-total Project Management	$1,768,513.37
	Grand total year 1	**$6,062,721.86**

Annexes:

Annex 1: Provisional Organizational Chart for IHSSP