

Quarterly Project Report

Rwanda IHSSP

July, 2012 – September, 2012

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Rwanda Integrated Health Systems Strengthening Project

Quarterly Project Report Narrative

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ACRONYMS

AHP Allied Health Professionals

CBHI	Community Based Health Insurance (Mutuelle de Santé)
COAG	United States Centers for Disease Control and Prevention Cooperative Agreement
CHD	Community Health Desk
CHWs	Community Health Workers
CHWCF	CHW Cooperative Financial monitoring tool
CTAMS	CBHI Technical Support Cell (Cellule Technique d'Appui aux Mutuelles de Sante)
CPD	Continuing Professional Development
DH	District Hospital
DHIS-2	District Health Information System (New Rwanda HMIS system)
DRG	Diagnosis Related Group
EAC	East African Community
HC	Health Center
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resources Information System
HISP	Health Information Systems Program (Network)
HSSP	Health Systems Strategic Plan
iHRIS	Human Resources Information System
IHSSP	Integrated Health Systems Strengthening Project
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NNMC	National Nurses and Midwives Council
PBF	Performance-based Financing
QI	Quality Improvement
RBC	Rwanda Biomedical Center
RFP	Request for Proposals

RMC	Rwanda Medical Center
RHEA	Rwanda Health Enterprise Architecture
SIS Com	Community Health Information System
SMS	Short Message Service
SOPs	Standard Operating Procedures
SPH	School of Public Health
TA	Technical Assistance
TB	Tuberculosis
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WISN	Workload Indicators For Staffing Needs

INTRODUCTION

Integrated Health Systems Strengthening Project (IHSSP) seeks to improve financial and geographical accessibility to sustainable and efficient health care services in Rwanda. Based on the priority gaps in the Rwandan health system, IHSSP trains healthcare staff to perform tasks cogently and accurately. Launched in November 2009, the program will continue for 5 years.

IHSSIP has identified the following areas as key to achieving significant results:¹

- Improve utilization of data in decision making and policy formulation across all levels of the health sector
- Strengthen financial planning and management, with a special emphasis on sustainable financial practices
- Improve quality and productivity of human resource management for health and social services
- Promote and implement a standardized approach to quality health services

Expected results of the project include:

- Improved capacity of program managers to consult data for decision making
- Strengthened financial management to ensure efficient distribution of available resources
- Implementation of a long-term human resources strategy, including a policy for community health workers
- Implementation of the National supervisory framework for quality assurance

The following report outlines activities realized from July to September 2012.

¹ See also annex 1: *IHSS Project Results Framework*

EXECUTIVE SUMMARY

During the last reporting quarter, key activities realized include:

- **Health Management Information System (HMIS):**

- Upgrade and maintenance of PBF and CBHI web based applications

The HMIS team has selected new open source software for entering PBF quality assessment data that meets all of the ministry requirements. The HMIS team also assisted the MOH Health Financing Unit in modifying the PBF system to accommodate new tariffs. SISCom and CBHI/M&E databases were moved to the DHIS2 platform for easier access and maintenance. The move eased the MOH rollout of the new SISCom and other web and phone based applications (mUbuguzima, RapidSMS, and CHWCF tool), and improved the implementation of a series of provincial trainings of trainers (ToT) sessions across the country.

- Upgrade of the Health Management Information System (HMIS)

IHSSP assisted the MOH in enhancing its HMIS through the implementation of new modules on the DHIS-2 platform. The team created two new data entry modules to help the MCH unit input and sort neonatal and child death audits, and also worked with the TB program to design simplified TB quarterly reporting forms, to be integrated into the DHIS.

The staff from HISP/Oslo visited Rwanda to refine the SMS-based mobile phone reporting module. HISP/Oslo financed the project, and it was coordinated by the HMIS team.

The MOH approved the Health Data Sharing and Use Policy and as a result, a number of USG agencies and partners now have access to HMIS. The project continues to document all of the paper-based recording and reporting tools used in the Ministry of Health through the sub-contractor, Futures Group.

- Support to Rwanda Health Enterprise Architecture (RHEA)

IHSSP assisted the Ministry of Health with the design and implementation of the RHEA framework and its components. The focus of IHSSP's work is to first implement a health facility registry, and then to ensure interoperability between the registries and the various databases designed in DHIS-2. The recently launched National Data Center (now under private

management) offers server co-location and virtual hosting, which will improve the quality of service and reduce costs for the Ministry.

Support for the Health Professional Councils registration system

IHSSP set up an electronic registration system, and built a new database for the Health Professional Councils. The registration system and the database will be used by both the National Nursing and Midwives Council (NNMC) and the Allied Health Professionals (AHP).

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

The national income categorization (Ubudehe) database has been updated with the most recent spreadsheets from 14,000 villages.

Support for HMIS Training and M&E

IHSSP team provided continuous technical assistance to the MOH in capacity building, improving data usage and sharing, and enhancing the Ministry's M&E system. IHSSP staff helped the Ministry to facilitate DHIS-2 training to aid the integration of private providers into the HMIS reporting process. The project also provided support for the Ministry's planning department with the District Health Strategic Planning process.

- **Health Financing team:**

CBHI Financial Management

Using the financial modeling tool, the team supported the MOH in primary data collection at the district level. A data validation process conducted in all 30 districts CBHI directorates acted as a follow up. The result was the first time a CBHI financial report, providing figures for the fiscal 2011/2012 year had been generated by the MOH.

Social Health Protection Regional Conference

As a member of the established conference steering committee, IHSSP co-organized a regional conference on social health protection (SHP) on September 11-13 in Kigali. The focus of the conference was on the implementation of reforms to achieve universal health coverage in East Africa. IHSSP played a key role in coordination, logistics and funding the conference moderator.

Support provider payment reform through DRGs

Hospital payment system reform is an area in which efficient management can result in savings , with positive effects for the entire health system. A costing analysis has determined the cost of the Minimum Package of Activities (MPA) and Complementary Package of Activities (CPA). The next step will be to explore the different options available, including DRGs, and ultimately decide on a work plan to guide the process.

During this quarter, IHSSP analyzed the different methods of financing health facilities based on health financing policy through the development of options and recommendations, and the a macro-financing spreadsheet model for policy analysis.

Capacity transfer to the MOH's Health Financing team

IHSSP provided training courses on the basic principles and concepts of health financing and various aspects of health insurance management for MOH's Health Financing Unit. Through the use of practical learning exercises, the course enabled them to apply the concepts and principles of health insurance management directly to their work with CBHI schemes.

- **Human Resources for Health**

Implementation of a CPD program for physicians

In August, IHSSP facilitated a workshop to share the “one year CPD experience” for physicians from the different hospitals across the country. The workshop focused on methods of increasing the enrollment of medical doctors in the CPD program.

Implementation of licensing process for the National Nurses and Midwives Council

The IHSSP team provided technical assistance to operationalize the registration database, which includes a network that allows access from multiple locations and updated the council website. Available data was imported into the database, and the website now provides current information.

Implementation of the licensing process for Allied Health Professionals (AHP)

An orientation session was organized to develop licensing standards for the AHP association. IHSSP also developed and finalized the relevant database but no handover took place because

the association still lacks the infrastructure and staff to manage it. This quarter, IHSSP formally suspended interventions in this regard and will no longer dedicate a functional component to the project.

- **Quality Improvement component**

- Review, editing and formatting of clinical treatment guidelines**

The Quality Improvement team continued to review, edit and format treatment guidelines during the quarter. This activity will be finalized by November 2012.

- Accreditation situational analysis**

The QI Team provided support to the MOH in conducting an accreditation situation analysis. The objective was to determine the current state of support systems that will aid the successful implementation of health facility accreditation systems and to assess the quality improvement efforts dedicated to them.

- Launching of the national accreditation process**

On September 18th, 2012, IHSSP helped the Ministry to organize a launching ceremony that emphasized the MOH's commitment to the accreditation process.

- Cross-Cutting Technical Assistance**

During this quarter, the team conducted a situational and functional analysis of RBC in order to assess the functionality of RBC as an organization. The report on the findings will be provided by November 2012.

IHSSP recruited local consultants to align all policies and strategic plans in health sector to HSSPIII. The exercise is expected to be finished by October 2012.

Additionally, the team provided technical support in the finalization and validation of the health decentralization strategic plan that is now in the final stages of validation.

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

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

IHSSP has identified new open source software, Limesurvey, to be used for the PBF quality assessment data. Limesurvey, appears to meet all of the ministry requirements including support for multiple language interfaces, on and off line data entry support, appropriate analytical tools and no licensing fees. To start, the team imported PBF quality assessment data at the health center level. The team expects that this application will also prove useful in the development of the accreditation database next year.

The HMIS team assisted the MOH's Health Financing Unit in modifying the PBF system to accommodate new tariffs set in early September. Appropriate changes were also made to the TB PBF module.

The SISCom and CBHI/M&E databases were moved to the DHIS-2 platform. The team expects that the move will simplify Ministry of Health software maintenance and increase data accessibility for end-users. As a follow up to the curriculum development workshop held in June, IHSSP staff assisted with the rollout of the new web and mobile phone based software tools including SIScom, mUbuzima, RapidSMS, and CHWCF. The new software tools were introduced through a series of provincial trainings of trainers (ToT) sessions across the country.

Conducted in Musanze along with 16 representatives from MOH and participants from STRIVE, UNICEF, Access project, World Vision and CHAI, the national ToT program reached various levels of the target group. Following the nationwide training, locally organized sessions have been held in Huye, Rwamagana, and Muhanga with support from the Global Fund and CDC COAG. Two representatives from each district hospital, namely the Data Manager and Community Health Coordinator were asked to convene with a district M&E officer. Currently, the majority of districts can access data from community health web and mobile systems, with the exceptions of Kirehe, Nyagatare and Gahini, whose trainings are scheduled for October.

I.2. Upgrade of the Health Management Information System (HMIS)

As part of IHSSP's assistance to the Ministry of Health in enhancing its HMIS, additional modules in DHIS-2 platform were implemented this quarter. Using new functions available in

the latest version of DHIS-2, two new data entry modules have been created to aid the MCH unit in gathering data for the neonatal and child death audit. Death audits have been employing paper-based data collection methods for several years, but the results have rarely been submitted on time and the format is not conducive for efficient analysis. Training for this system at the district level is scheduled for the end October 2012.

The team also worked with the TB program to design simplified TB quarterly report forms to replace the Excel-based system. The new forms will be integrated into DHIS-2, enabling TB program staff to analyze long-term trends in TB care and treatment.

Additionally, staff from HISP/Oslo visited Rwanda on two occasions to further refine the SMS-based mobile phone reporting module. A simple prototype was developed for active surveillance of malaria cases in districts targeted for elimination, which currently have low incidence rates. This work was financed by HISP/Oslo and coordinated by the IHSSP/ HMIS team. As many of the enhancements were designed to accommodate unique circumstances in Rwanda, there is considerable potential for using the mobile tools for routine and ad hoc reporting in the future.

The Ministry of Health approved the Health Data Sharing and Use Policy and a number of USG agencies and partners now have access to the HMIS. A simple database was created in DHIS-2 to track the status of data access requests.

The project to document all paper-based recording and reporting tools used across the Ministry of Health continues with support from sub-contractor, Futures Group. New sections on the CBHI monthly reporting formats were completed, in addition to a detailed inventory of HIV reporting and recording instruments.

Final preparations were made to hire two consultants from HISP East Africa to facilitate advanced training in SQL query language, iReport (the specialized report in HMIS) and the use of the DHIS-2 API (application programming interface) for displaying data on web sites and portals. The training is scheduled for early October.

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

IHSSP assisted the Ministry of Health with the design and implementation of the RHEA framework and its components. The focus of IHSSP's work is to first implement a health facility registry, and then to ensure interoperability between the registries and the various databases

designed in DHIS-2. The project helps the MOH advocate for resources to promote interoperability between the data warehouse and dashboard (part of the original RHEA framework), but has been tabled during the implementation of the primary care modules of OpenMRS (Open Medical Record System).

The HMIS team attended the 4-day RHEA conference in late September, joining senior officials from USAID and PEPFAR (U.S. President’s Emergency Plan for AIDS Relief) - Washington and the Global Fund in Geneva, as well as participants from JEMBI South Africa, Regenstreif and Instedd. During the month of August, IHSSP staff participated in training sessions on the Facility and Provider registries in order to support the MOH with their nationwide rollout.

The recently launched National Data Center (now under private management) offers server co-location and virtual hosting, which will improve the quality of service and reduce costs for the Ministry. The team assisted the MOH eHealth team to develop a transitional plan for moving the Ministry’s web applications from the MOH data center to the National Data Center.

I.4. Support Health Professional Councils registration system

IHSSP worked with the National Nursing and Midwives Council (NNMC) and the Allied Health Professionals (AHP) to set up an electronic registration system and build a new database for health professionals. IHSSP has plans to transfer the system to a web based platform within a year will most likely will employ the iHRIS Qualify module as it is in line with the RHEA framework, and has been used in a number of countries, including neighboring Uganda.

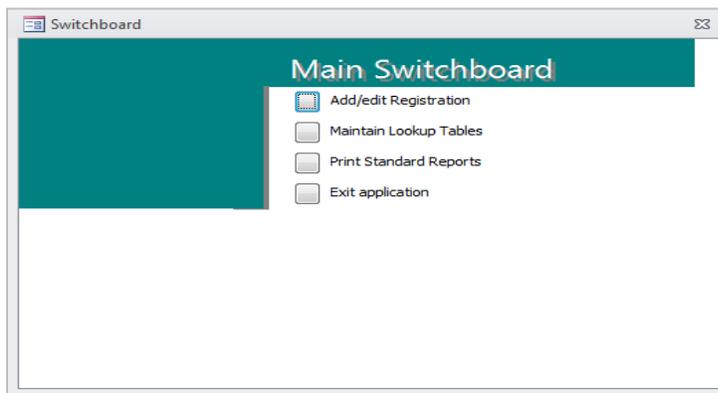


Figure 1: Entry screen for health professional registration

I.5. Support MOH manage the National Income Categorization (Ubudehe) database

The national income categorization (Ubudehe) database was updated with spreadsheets from 14,000 villages. A script has been created to import the data automatically into the database. The process took 3 weeks and assuaged a reoccurring data entry slow down as

seen in 2010-2011, when the implementation of first phase of Ubudehe database involved about 300 data entry clerks, renting 150 computers, and lasted 4 months.

The CBHI membership maintenance system will enable Ubudehe authorities to update civil registration data (births, deaths and household information) and maintain CBHI membership status on a routine basis. The rollout for the system has been delayed, but a vendor has been selected to implement a mobile phone based module in response to a RFP one issued by the Ministry of Health.

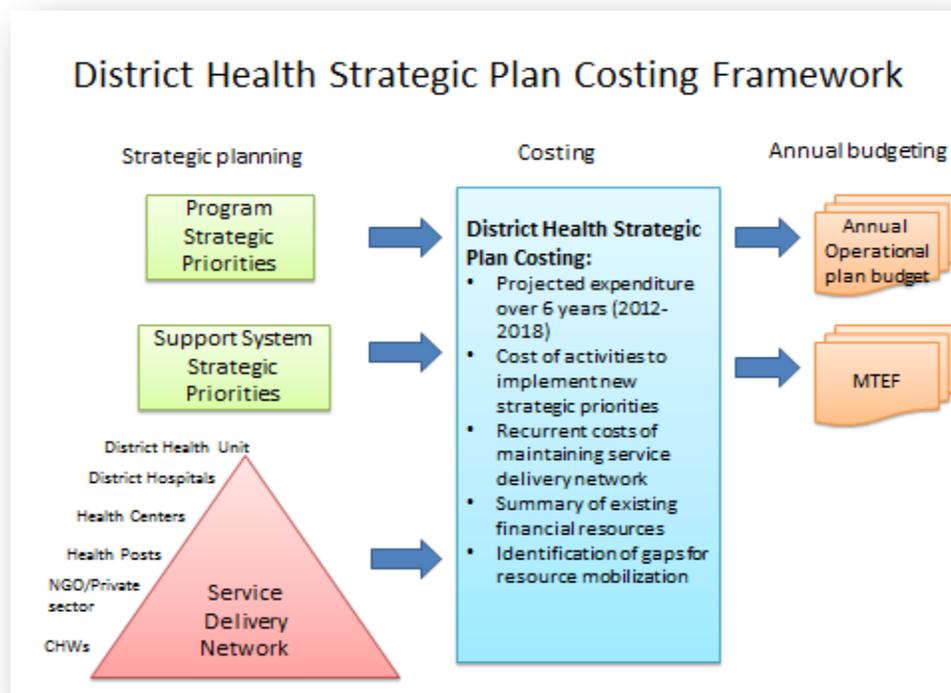
I.6. Support HMIS Training and M&E

The IHSSP team has been providing continuing technical assistance to the MOH to build capacity, improve data use and sharing, and to enhance Ministry's M&E system. The team has organized and facilitated workshops to support effective use of health system data (Ref. Annex 2).

IHSSP staff facilitated a DHIS-2 training for private providers in order to better integrate them into the HMIS reporting process. The training enjoyed a considerable turnout of around 130 representatives of private dispensaries, clinics, and hospitals from Kigali City. Belgian Technical Cooperation (BTC) covered the local costs of the training. Training sessions for private providers in other parts of the country are still in planning and budgeting phases.

The HMIS team continues to support the MOH's planning department with the District Health Strategic Planning process. The team worked in conjunction with LuxDev and CHAI to design an Excel-based costing model that uses data from the HMIS (financial reporting) and DHSST (infrastructure and human resources) to estimate costs of strategic plans. The costing model uses a top-down approach to estimate the recurring costs associated with health service delivery (see pink triangle in graphic below), in addition to activity based costs to determine the total incremental costs health system strengthening interventions. Training for partner (mentor) organizations as well as district representatives is scheduled for October 2012 .

Figure 2: District Health Strategic Plan Costing Framework



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

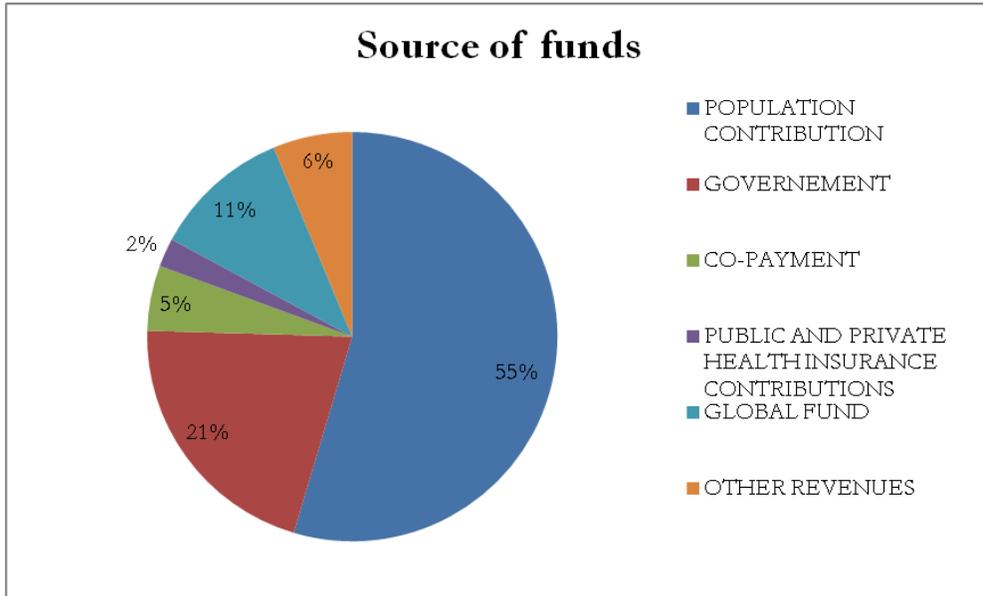
II.1. CBHI Financial Management

The team supported the MOH in district primary data collection through the financial modeling tool, and subsequently a data validation process conducted in all 30 CBHI district directorates. The project allowed the MOH's CBHI Technical Support Cell to generate a CBHI financial report that presented figures for the fiscal 2011/2012 year, for the first time. Selected figures are presented below.

II.1.1 CBHI source of funds

As planned by the CBHI Law, CBHI funds are made up of contributions from the public, co-payments, the Rwandan Government, and contributions from other health insurance firms.

Figure 3: % CBHI sources of fund

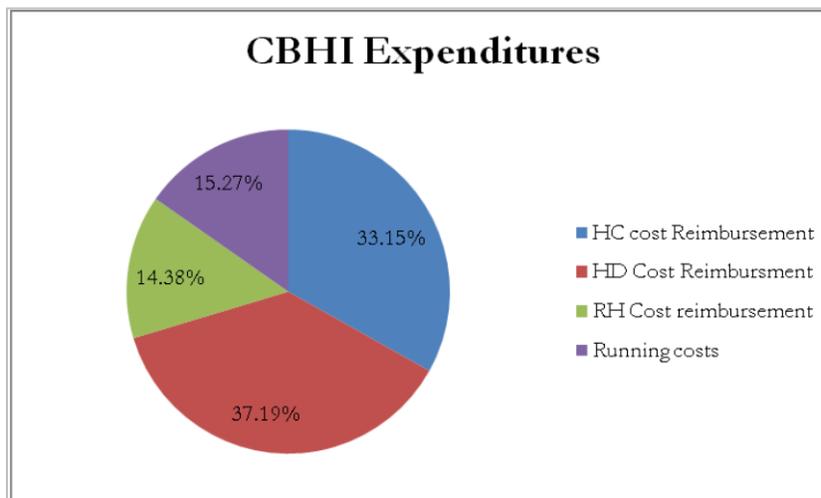


As shown in this figure, 55% of CBHI funding comes from contributions from the public, 21% from the Government (including contributions from indigent people) and 5% from co-payment

II.1.2 CBHI expenditures

The figure below compares the CBHI expenditures by category.

Figure 4: Comparison of CBHI expenditures



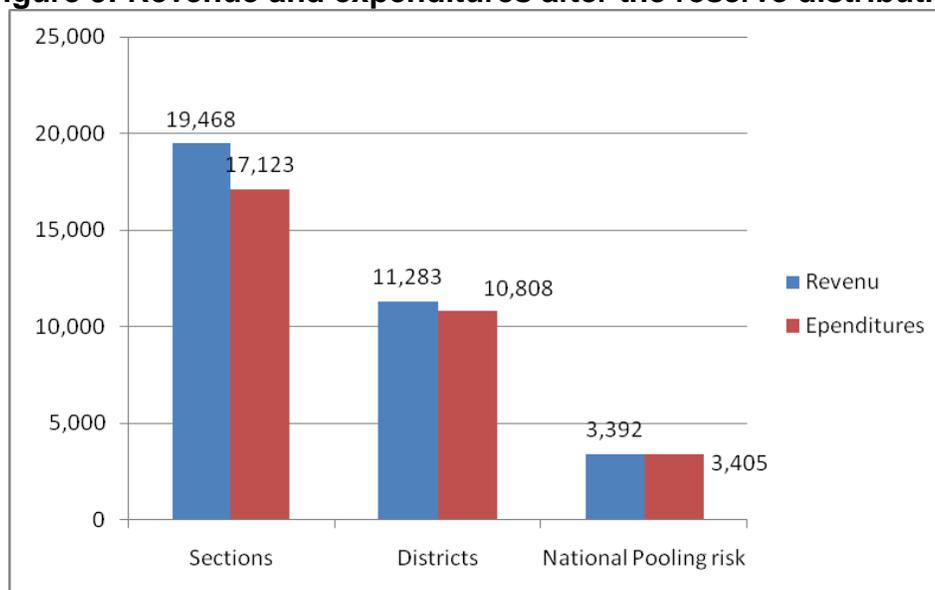
84, 8 % of the CBHI expenditures are related to health care reimbursements (33% to health centers, 15% to district hospitals and 14% to referral hospitals), and 15.3% are related to costs of running districts and sections.

II.1.3 Comparison between Revenue and Expenditures

At the end of the 2011-2012 fiscal years, the section level was able to cover all expenses (HC bills payment, running costs and transfers of 45% premiums collected to the district level). At the district level, a gap equivalent of RWF 305,987,817 was observed, and for the national pooling risk there was a deficit of RWF 247,227,847.

According to the CBHI ministerial instructions, the reserve at section level is redistributed to all levels. The reserve distribution changes at the district level, as the only remaining deficit is at the national pooling risk level.

Figure 5: Revenue and expenditures after the reserve distribution



It should be kept in mind that this is consolidated data. In general, the districts should cover their own expenses, however, this is not the case for some districts.

II.2. Social Health Protection Regional Conference

The Government of Rwanda through the Ministry of Health and the Ministry of East African Community (MINEAC) convened a conference on Social Health Protection with a focus

on the implementation of universal health coverage in the EAC. The conference took place in Kigali from September 11th to 13th. As a member of the conference steering committee, IHSSP played an important role in coordination, logistics and funding the conference moderator.

The regional Social Health Protection conference culminated in the signing of a ministerial statement on universal health coverage and social health protection in the East African Community. The statement, signed by all 6 member state Ministers of Health (including Zanzibar), calls for the establishment of a regional committee on social health protection to guide strategy, implementation and collaboration among EAC member states. It formalizes the implementation of key actions within the broader framework of national government policies and programs.

II.3. Support provider payment reform through DRGs

One of the most important steps on the path to universal health coverage is using available resources as efficiently as possible. Hospital Payment System reform is a key area in which significant gains in savings and efficiency can be made in order to positively effect the entire health system. Payment mechanisms can include global budgets, fee for service, daily rebates, as well as case based payments, each with its own potential to influence provider behavior, and optimal mix of incentives. The Provider Payment System must also include information systems and accountability mechanisms.

Provider payment reform has already been initiated by a costing exercise implemented by the Rwandan MOH, in collaboration with the USAID-funded IHSSP, to determine the costs of providing the Minimum Package of Activities (MPA) and Complementary Package of Activities (CPA). The next step towards provider payment system reform is to explore different options available, including DRGs, and ultimately design a work plan to guide the process.

This quarter, IHSSP analyzed the way health facilities receive different types of financing (based on health financing policy), developed options and recommendations, and developed a macro-financing spreadsheet model for policy options analysis.

Table 1: DRG costs for selected services

Service/DRG	Total DRG cost	Actual average reimbursement cost (with old tariff)	Proposed DRG Cost with subsidized salaries and running cost excluded
Diarrhée non sanglante	3124	1562	2182
Diarrhée sanglante	3971	1384	2709
IAVRI	3292	1129	2232
IAVRS	2149	1216	1274
Parasitose intestinale	2818	979	1726
Gastrites/ Douleurs épigastriques	1442	762	870
Infections urinaires	2680	1449	1710

II.4. Capacity transfer to the MOH's Health Financing team

Rwanda is moving towards universal health coverage by increasing coverage in the informal sector through community-based health insurance (CBHI). In view of the Government's commitment to this attaining universal coverage, continuing capacity development of the MOH's Health Financing Unit as the main implementing mechanism of the Health Financing Policy is crucial. The MOH proposed developing a curriculum tailored to train its staff in basic health financing and CBHI management.

Training was provided on a modular basis with the objective of familiarizing the Health Financing team with the basic principles and concepts of health financing and health insurance management. IHSSP also facilitated sessions on cost analysis and financial management of CBHI and contracting mechanisms. The course employed practical learning exercises, enabling the Health Financing staff to apply the concepts and principles of health insurance management to their work with CBHI schemes.

III. STRENGTHENED LEADERSHIP AND MANAGEMENT AND IMPROVED HUMAN RESOURCE PRODUCTIVITY

Since the inception of the project in 2009, the HRH component has provided technical support to the MOH for the design and implementation of its HR programs. The project provided support in different areas, including the review and production of the new HR Strategic Plan,

management and development of a HRH program, rollout of the community health strategy, and the use of HRIS to update and disseminate HR guidelines.

During this quarter, IHSSP suspended all formal interventions in HRH domain and will no longer have a functional component dedicated to this. The following activities have been realized during the reporting quarter.

III.1. Implementation of a CPD program for physicians

In August 2012, IHSSP organized and facilitated a workshop on the “one year CPD experience.” The workshop brought together participants from 39 out of 45 hospitals in the country to discuss methods of increasing enrollment of physicians in the CPD program.

A request was made for continuous support from IHSSP to coordinate the steering committee and the CPD daily activities at the district level. The Rwanda Medical Council highlighted the need of technical support to improve its database and website in order to better document and monitor the program activities, and to promote online applications.

III.2. Implementation of licensing process for the National Nurses and Midwives Council

IHSSP continued to support the NNMC in its registration and licensing process. The team provided technical assistance to operationalize the registration database, including initiating a network to access the database from many locations, and the council website.

The website and database are complete and the available data was imported into the database from Excel. Staff training on the use and maintenance of the database and website is still needed, the council is currently in the process of recruiting an individual to maintain the database and website.

III.3. Implementation of the licensing process for Allied Health Professionals

The Rwanda Allied Health Professionals Association is an independent organization of health professionals. Of 14 applicants, 8 are legally registered to form the federation of Allied Health Professionals, so the association is still nascent and has not yet started to operate in their own offices.

Strong support of professional associations and councils is crucial at this early stage, and by providing trainings and other support they can come to fully understand their roles in regulating their professions and thereby protecting clients, patients and service providers.

Different working sessions have been organized and coordinated by the IHSSP’s HRH team. An orientation session was organized to develop standards of licensing for AHP association. IHSSP also developed and finalized a relevant database, but have delayed a handover as the association still lacks the infrastructure and staff to manage it.

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

IV.1. Review, editing and formatting of clinical treatment guidelines

The review, editing and formatting of treatment guidelines was the main activity carried out by the Quality Improvement team during the quarter. This activity will be finalized by November 2012. The status/progress of the activity is described in the following table.

Table 2: Status/progress of the review, editing and formatting of treatment guidelines

	Documents	Progress	Next step
1	Health service package	Completed	Proceed to printing and dissemination
2	Organizational management policies and procedures	Completed	Proceed to printing and dissemination
3	Patient centered services policies and procedures	Completed	Proceed to printing and dissemination
4	Clinical services policies and procedures	Completed	Proceed to printing & dissemination
5	Patient file harmonized	Completed	Proceed to printing & dissemination
6	Pediatric clinical treatment guidelines	Completed	Proceed to printing & dissemination
7	Obstetrics & Gynecology treatment guidelines	Completed	Proceed to printing & dissemination
8	Internal Medicine treatment guidelines	Completed	Proceed to printing & dissemination
9	ENT treatment guidelines	Completed	Proceed to printing & dissemination
10	Pediatric Emergencies	Completed	Proceed to printing &

	Documents	Progress	Next step
			dissemination
11	Dermatology treatment guidelines	Completed	Proceed to printing & dissemination
12	Pain management treatment guidelines	Completed	Proceed to printing & dissemination
13	Surgery treatment guidelines	Editing	Formatting of the document
14	Mental Health treatment guidelines	Editing	Formatting of the document
15	Ophthalmology treatment guidelines	One session until finalization	Document finalization
16	Oral Health	One session until finalization	Document finalization

IV.2. Accreditation situational analysis

The IHSSP's QI Team provided support to the MOH in conducting the accreditation situation analysis. The objective of the analysis was to identify the current state of support systems and quality improvement efforts within Rwanda, to better prepare for a successful implementation of health facility accreditation system in hospitals. Recommendations have been given as part of the situational analysis report to ensure the accreditation of a system that builds on previous experiences within the country and integrates efforts of improving quality of care and services.

IV.3. Launching of the accreditation system in Rwanda

The main purpose of the accreditation system is to continuously improve the quality of health care and services delivered through the implementation of evidence-based standards, and finding solutions to quality gaps identified during the accreditation survey process.

On September 18th 2012, the Ministry of Health, with the support of the USAID Integrated Health Systems Strengthening Project, organized a launching ceremony that emphasized their commitment to the MOH accreditation process. The launch was attended by MOH partners, hospital managers both at national, referral and district levels, along with other stakeholders.

Figure 6: Launching of the accreditation system

Dr. Uwayitu Apolline, IHSSP's Chief of Party (left), Dr. Binagwaho Agnès, Minister of Health (center), Dr. Ngirabega Jean de Dieu, D.G of Clinical Services (right).



In response to the governments' commitment to quality improvement, the USAID-funded IHSSP facilitated the development of Clinical Protocols and Treatment Guidelines, district hospital Operational Policies and Procedures, Health Service Packages, and a standardization of patient files. All these documents were publically endorsed during the launch and recommended to proceed to dissemination.

V. CROSS-CUTTING TECHNICAL ASSISTANCE

During the reporting quarter, situational and functional analyses of RBC were conducted. The report will be prepared by November 2012. The recommendations from these findings are expected to help RBC provide a strategic plan to maximize synergy and improve functional efficiency.

MSH recruited local consultants to align the policies and strategic plans in the health sector to HSSPIII in order to help the MOH arms to work together towards achieving target objectives. The exercise will end in October 2012.

MSH has also provided technical support in the finalization and validation of the health decentralization strategic plan that is now in its final stages.

VI. ACTIVITIES SCHEDULED FOR THE NEXT QUARTER

The following activities are scheduled for the next quarter (October - December 2012)

(See annex 3):

Health Management Information System:

- Support the CBHI database and the implementation of mobile phone based membership system
- Implement ToT for central level CBHI staff in the use of new membership module and update of CBHI M&E indicators
- Build capacity of HMIS team to use data from DHIS to produce ad hoc queries and reports
- Add additional reporting modules to DHIS-2 platform – TB, data sharing agreement tracking, death audits
- Establish and train a team to manage MOH web presence to assure the availability of comprehensive & quality data
- Follow up on Musanze workshop to develop feedback reporting formats for new HMIS, then implement the newly designed report in the DHIS-2 framework
- Complete documentation of existing HMIS recording and reporting instruments
- Operationalize National data warehouse and automate imports from TracNet, PBF, DHIS-2, and GESIS data
- Begin work with the WHO on the Rwanda country profile for Health Observatory
- Complete the establishment of metadata dictionary for Rwanda Minimum data set
- Support the MOH/eHealth team with the implementation of National Health Facility Registry
- Support the MOH planning unit with implementation of Costing tool at the district level
- Participate in World Bank PBF evaluation workshop in Istanbul, Turkey
- Support the strategic planning alignment process
- Complete the implementation of Health Professional councils licensing system
- Support transfer of UBUDEHE database to MINALOC

Health Financing:

- Support the MOH in the National and decentralized implementation of the CBHI financial management tool (FMT)
- Develop and introduce a web interface for the CBHI financial management tool

- Support the CBHI and PBF extended team coordination mechanism and editorial committee in the capacity transfer
- Support the MOH in the use of the web and mobile phone interfaces (including payment module development) for the management of CBHI membership database
- Develop SoPs for CBHI data management and audit
- Support the MOH in the implementation of PBF counter verification and system audit
- Develop a pricing policy (and other provider payment mechanisms) based on costing results for the MOH
- Conduct a study on analysis of the access, equity and efficiency of the CBHI system
- Develop “lessons learned” documentation with direct relevance to health policy makers and planners in Rwanda and other countries as they design and implement CBHI
- Develop and harmonize procedures manual and financial management tools for financial management of health facilities

Quality Improvement component:

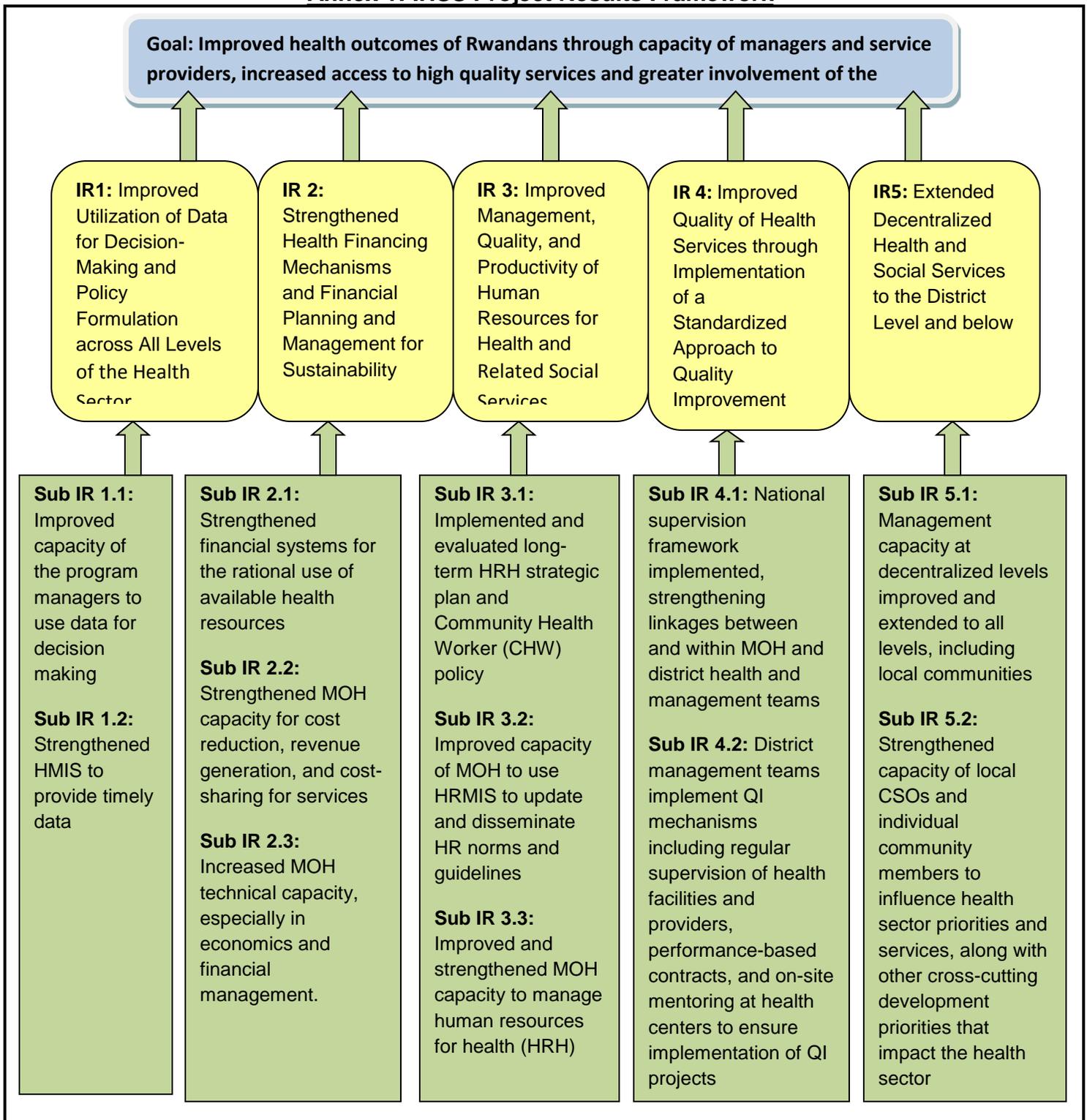
- Facilitate the MOH to secure its partners’ commitment to the accreditation process
- Establish an accreditation steering committee with clear roles and responsibilities
- Design an accreditation model
- Develop an accreditation system strategic plan
- Establish the accreditation by-Laws
- Develop hospital accreditation standards
- Finalize editing and formatting of treatment guidelines (dermatology, mental health, oral health, neonatology, surgery, and ophthalmology)

Cross-Cutting Technical Assistance:

- Continue the functional analysis of the Rwanda Biomedical Center and develop strategic plan
- Finalization and validation of the decentralization strategic plan

ANNEXES

Annex 1: IHSS Project Results Framework



Annex 2: List of Workshops and Main Working Sessions provided during the reporting quarter

Dates	Name	Description / Objective	Place	# Men	# Women	# Total
July 16, 2012	Training of Trainers (TOT) on CBHI Financial modeling tool	The workshop gathered CBHI team (Central - MOH) to review the financial modeling tool and train them on effective usage. The team will be responsible for coordinating the use of the tool throughout the country.	MSH Conference Room	6	2	8
July 20, 2012	National Nursing committee	Nurses met to discuss the status, policies and procedures of the Nurses National Committee	MSH Meeting room	1	8	9
July 27, 2012	Allied Health Professionals	Health professionals gathered in MSH basement to review their policies and procedures regarding medical practices.	MSH Basement	7	3	10
July 27, 2012 To July 27, 2012	CBHI Financial tool/ TOT	The workshop was attended by CBHI specialists from different districts to review the financial tool and agree on parameters	La Palme Hotel	8	3	11
July 29, 2012 To August 03, 2012	Training on CBHI Financial Modeling Tool	District CBHI Managers (district coordinators, accountants, and directors of CBHI) were trained to use the CBHI Financial Modeling Tool.	East / DEREVA Hotel	40	23	63
August 03, 2012	CPD workshop gathering health practitioners and their partners	The workshop was attended by healthcare practitioners and the partners to share experiences	LEMIGO Hotel	63	21	84
August 27, 2012 To August 31, 2012	Evaluation and validation of districts financial reports	CTAMS and MOH staff visited districts to evaluate CTAMS activities and correct financial issues	All districts	9	1	10
September 15, 2012	EAC SHP conference and field visit	The study tour prepared by the MOH for EAC countries invited ECA participants to share their experiences with Health facilities, and to visit RULINDO, KIGALI, BYUMBA to see how PBF is working throughout Rwanda	Rulindo, Kigali, Byumba			200
September 18, 2012	Launching accreditation of health facilities in Rwanda	The workshop was attended by 150 participants including MOH partners and district doctors. MOH launched the accreditation of health facilities in Rwanda	LEMIGO Hotel	93	38	131

Integrated Health Systems Strengthening Project (IHSSP)

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