

IHSSP Quarterly Report April – June 2013

July 2013

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number GHS-I-00-07-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Rwanda Integrated Health Systems Strengthening Project
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org



USAID | **RWANDA**
INKUNGA Y'ABANYAMERIKA

Rwanda Integrated Health Systems Strengthening Project:

Quarterly Project Report Narrative

(April – June, 2013)

CONTRACT N°: GHS-I-00-07-00006-00

TASK ORDER N°: GHS-I-06-07-00006

DISCLAIMER

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Table of Contents

ACRONYMS	iii
EXECUTIVE SUMMARY.....	v
INTRODUCTION.....	vi
I. IMPROVED UTILIZATION OF DATA FOR DECISION MAKING AND POLICY FORMULATION	vii
1.1. Increase capacity of policymakers to collate, analyze, use, and disseminate information.....	vii
1.2. Strengthen HMIS to provide reliable and timely data	x
1.3. Cross-cutting support.....	xi
1.4. Challenges, lessons learned, and next steps	xii
II. STRENGTHENED FINANCIAL SYSTEMS FOR THE RATIONAL USE OF AVAILABLE HEALTH RESOURCES	xiv
2.1. Health financing strategic plan development	xiv
2.2. Design of provider payment systems	xiv
2.3. CBHI studies	xiv
2.4. CBHI routine data quality assessment process.....	xv
Next step	xvii
2.5. PBF framework review	xviii
2.6. Challenges and next steps	xviii
III. QUALITY IMPROVEMENT FOR RESULTS IN ACCESS TO AND QUALITY OF SERVICES THROUGH STANDARDIZED APPROACH	xix
3.1. Accreditation facilitator training and onsite facilitation at the facility	xix
3.2. Communication of the accreditation baseline findings.....	xx
3.3. Establishment of the accreditation system	xx
3.4. Development of national quality and patient safety goals	xx
3.5. Accreditation baseline assessment for 10 district hospitals	xxi
3.6. Dissemination and training on treatment guidelines.....	xxi
3.7. Challenges, lessons learned, and next steps	xxi
IV. IMPROVED MANAGEMENT, PRODUCTIVITY, AND QUALITY OF HUMAN RESOURCES FOR HEALTH.....	xxii
4.1. Finalization of CPD strategic plan for the National Council Nurses Midwives.....	xxii
4.2. Development of pharmacists’ strategic plan	xxii
4.3. Development of an integrated CPD policy for all professional councils	xxiii
4.4. Registration of the Allied Health Professionals	xxiii
4.5. Implementation of the WISN approach	xxiii
4.6. Challenges and next steps	xxiv
V. EXTENDED DECENTRALIZATION OF HEALTH AND SOCIAL SERVICES	xxv
5.1. Development of the DHMTs’ assessment tool.....	xxv
5.2. Technical support in the finalization of the district strategic plans	xxv
5.3. CSO’s capacity needs assessment	xxv
5.4. Challenges and next steps	xxv
VI. IHSSP MID-TERM REVIEW	xxvi

ANNEXES.....xxvii

Annex 1: IHSSP results framework..... xxvii

Annex 2: IHSSP Capacity Transfer Plan xxviii

List of Figures

Figure 1: Data entry screen from health facility infrastructure survey viii

Figure 2: Sample analysis table from health facility survey viii

ACRONYMS

AHP	Allied Health Professionals
BTC	Belgian Technical Cooperation
CBHI	Community Based Health Insurance (Mutuelle)
CCM	country coordination mechanism
CDC-COAG	Centers for Disease Control and Prevention – Cooperative Agreement
CHW	community health worker
CPD	continuous professional development
CSO	Civil Society Organization
CTAMS	Cellule Technique d’Appui aux Mutuelles de Santé (Mutuelle Technical Support Cell)
DHIS-2	District Health Information System (New Rwanda HMIS System)
DHMT	district health management team
DHSST	District Health System Strengthening Tool
DQA	Data Quality Audit/Assessment
DRG	diagnosis-related group
FHI	Family Health International
FHP	Family Health Project
GESIS	Gestion du Système d'Information Sanitaire (the old used HMIS)
HISP	health information system program
HIV	human immunodeficiency virus
HMIS	health management information system
HRH	human resources for health
HRMIS	Human Resources Management Information System
HSSP III	Health Sector Strategic Plan III
ICT	Information and Communication Technology
iHRIS	Human Resources Information System
IHSSP	Integrated Health Systems Strengthening Project
JCI	Joint Commission International
M&E	monitoring & evaluation
MINALOC	Ministry of Local Government
MOH	Ministry of Health

MOU	memorandum of understanding
MSH	Management Sciences for Health
NCNM	National Council for Nurses and Midwives
NDC	National Data Center
NURSPH	National University of Rwanda/School of Public Health
OPD	outpatient department
PBF	performance-based financing
PIH	Partners in Health
PMP	performance management plan
QI	Quality Improvement
RBC	Rwanda Biomedical Center
RDQA	Routine Data Quality Assessment
RHMIS	Rwanda Health Management Information System
RSSB	Rwanda Social Security Board
SARA	Service Availability and Readiness Assessment
SIScom	Community Health Information System
SOP	standard operating procedure
SOW	scope of work
SPH	School of Public Health
TB	tuberculosis
ToR	terms of reference
TOT	training of trainers
TRACNet	A data entry, storage, access, and sharing system created in 2005 by the Treatment and Research AIDS Center (TRAC)
TWG	technical working group
USAID	United States Agency for International Development
WISN	Workload Indicators for Staffing Needs
WHO	World Health Organization

EXECUTIVE SUMMARY

In this reporting quarter (April–June, 2013), the Integrated Health Systems Strengthening Project (IHSSP) continued the work of strengthening health systems across the five health components: health information, health financing, quality improvement (QI), human resources for health, and decentralization.

The focus of the health information component activities was mainly on the continuing support for the use of the Rwanda Health Management Information System (RHMIS) data by monitoring & evaluation (M&E) officers, analysis of data for the 2012 annual health statistics booklet, rollout of new District Health Information System (DHIS-2) modules for TB and HIV, technical assistance for the conversion of historical data to the new DHIS-2 format, and preparation for the move of the health management information system (HMIS) servers to the National Data Center (NDC) (scheduled for next quarter). The RHMIS based on the DHIS-2 continues to grow, integrating previously parallel reporting systems, generating useful reports and making health information accessible to a growing audience.

In the health financing component, the focus was on preparation of the way forward on health financing strategic plan development, terms of reference (ToRs) development of the study tour for the provider payment technical team, ongoing implementation of Community Based Health Insurance (CBHI) studies, development of the CBHI routine data quality assessment tool, its pretest, validation, and application in five selected districts, and technical assistance to the Ministry of Health (MOH) in the review of the performance-based financing (PBF) framework.

In quality improvement, the IHSSP continued to support the implementation of healthcare and services improvement through the institutionalization of the Rwanda essential hospital accreditation standards, communication of the accreditation baseline assessments findings, development and costing of the Rwanda health care accreditation strategic plan 2012–2018, development of national quality and patient safety goals, further accreditation baseline assessment for 10 district hospitals, and dissemination of pediatric guidelines. QI facilitators have been trained in each provincial hospital and at the MOH central. These facilitators have started implementing the QI plans based on the assessments done in prior quarters.

In human resources for health (HRH), the IHSSP supported the finalization of the continuous professional development (CPD) strategic plan for the National Council for Nurses and

Midwives (NCNM), the development of pharmacists' CPD strategic plan, the development of an integrated CPD policy for all professional councils, the registration of the Allied Health Professionals (AHP). The IHSSP also trained an MOH appointed task force on implementation of the Workload Indicators for Staffing Needs (WISN) methodology. This is the first step in creating a mechanism to systematically evaluate Rwanda's health work force needs.

In the decentralization component, the IHSSP proceeded with the development of the district health management team's (DHMT's) assessment tool, provided technical support in the finalization of district hospitals' strategic plans, and continued the preparation of the Civil Society Organization's (CSO's) capacity needs assessment.

Apart from the ongoing technical support to the MOH in the specified five health areas, the IHSSP conducted the mid-term review/assessment of its program implementation to document project achievements and challenges, and to provide guidance and recommendations on future directions.

INTRODUCTION

In November 2009, the United States Agency for International Development (USAID) launched the five-year Integrated Health Systems Strengthening Project (IHSSP) which focuses on five technical results areas: improved utilization of data for decision-making and policy formulation across all levels; strengthened health financing mechanisms and financial planning and management for sustainability; improved management, productivity, and quality of human resources for health; improved quality of health services through implementation of a standardized approach; and extended decentralization of health and social services to the district level and below.

This report summarizes the activities and main achievements of the Project for the reporting quarter (April–June, 2013).

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

1.1. Increase capacity of policymakers to collate, analyze, use, and disseminate information

Development of the 2012 annual health statistics booklet

The IHSSP facilitated a two-day workshop bringing together key Ministry of Health (MOH) and Rwanda Biomedical Center (RBC) departments to finalize the health sector statistical analyses. The workshop costs were funded by the Centers for Disease Control and Prevention-Cooperative Agreement (CDC-COAG) and over 30 participants attended the workshop. The IHSSP/HMIS with MOH/HMIS teams have completed an initial review of all the narratives and the final version will be ready by next quarter.

Support to the MOH research technical working group

Recently, the MOH established the health research technical working group (TWG), and the School of Public Health (SPH) is leading this initiative. An IHSSP/HMIS advisor was selected to sit on this newly formed TWG and participated in the first meetings of the group. At these meetings, support was provided in the development of the ToRs for a consultant who will help develop and elaborate the Rwanda health research agenda.

Implementation of the web-based health facility infrastructure survey

Due to uncertainty about the continued use of the District Health Systems Strengthening Tool (DHSST), the IHSSP staff worked with the MOH/HMIS team to design and implement a web-based health facility survey to gather crucial infrastructure data for the annual health statistics booklet. This online survey was completed by data managers from hospitals and health facilities, and enabled the team to report updated figures on water sources, electricity, and computer/internet access, as well as key hygiene indicators from health facilities. Figure 1 shows a portion of the dashboard from the online survey and Figure 2 shows some of the analysis immediately available from the survey.

Figure 1: Data entry screen from health facility infrastructure survey

Health Facility Infrastructure Survey 2012-13
Questionnaire to determine availability of key infrastructure in Health Facility

0% 100%

English ▾

Infrastructure
Electricity, internet connectivity,...

*** What sources of electricity do you have? (check all that apply)**
Check any that apply

EWSA/Electricity Grid
 Solar
 Generator
 Biogas
 Other:

*** What is your primary source of electricity (if any)?**
Choose one of the following answers

EWSA/Electricity Grid
 Solar
 Generator
 Biogas
 Other:

Over the past month what percentage of time did you have electricity
Choose one of the following answers

More than 80%

Figure 2: Sample analysis table from health facility survey

Field summary for G2_Q0002		
What is your primary source of electricity (if any)?		
Answer	Count	Percentage
EWSA/Electricity Grid (SQ001)	257	65.90%
Solar (SQ002)	85	21.79%
Generator (SQ003)	38	9.74%
Biogas (SQ004)	0	0.00%
Other Browse	10	2.56%
No answer	0	0.00%
Not displayed	0	0.00%

Capacity building

Administrative District M&E officers

The IHSSP worked with Futures Groups subcontractors and the SPH to design and implement a one-week workshop on M&E fundamentals for M&E staff from all administrative districts. This was adapted from the central level M&E fundamentals course that was held in the previous quarter. In addition to establishing a common understanding about M&E fundamentals and strengthening capacity for evidence-based decision-making, participants identified issues they have with their current ToRs and provided useful feedback to the central level planning directorate. With funding provided by the Belgian Technical Cooperation (BTC), 28 of the 30 districts' M&E officers participated in this workshop held from April 1–5 at the Credo Hotel in Huy.

RBC health facility data managers

The IHSSP supported the MOH to plan and facilitate a series of four week-long training sessions on using the DHIS-2 for managing TB program data. The costs for these trainings were funded by the Global Fund and over 500 people were trained in this activity.

Data managers from district hospitals and health centers in the eastern provinces supported by the Family Health Project (FHP)

The IHSSP facilitated a two-day session on health indicators and use of data from the RHMIS as part of the week-long course funded by the Family Health Project in Rwamagana. Over 130 participants were trained in two parallel sessions, with over 60 participants in each training room.

DHIS system administrators

The IHSSP worked with the MOH to prepare a two-week DHIS-2 training for the MOH/HMIS staff. Two database administrators from the MOH and one staff member from the IHSSP participated in this training held in Kampala, Uganda. This advanced course will help the MOH implement a public web dashboard and teach MOH staff how to use and manage new features in the latest DHIS-2 version, 2.12. Participant costs for the two MOH staff members were covered by the Rockefeller e-Health grant, while the IHSSP covered the cost for its HMIS specialist.

1.2. Strengthen HMIS to provide reliable and timely data

Continuous implementation of the new functionality on the DHIS-2 platform

The IHSSP continued to provide support for the implementation of new functionality on the DHIS-2 platform by:

- Creating a new series of queries to calculate the top 10 causes of outpatient department (OPD) services, hospitalization, and death for inclusion in the annual health statistics bulletin.
- Working with a Harvard University intern to extract data from the HMIS on service volumes for all health services that will feed into the WISN exercise.
- Working with Partners in Health (PIH) researchers to extract data from the RHMIS and the older Gestion du Système d'Information Sanitaire (GESIS) for health system evaluation.
- Working with a researcher from Tokyo University to extract data on health workforce, health infrastructure, and morbidity to analyze the relationship between public health infrastructure, human resource capacity, and malnutrition.

RBC/HIV division peer educator data collection system

With the help of the RBC staff, the IHSSP completed development of the RBC/HIV division peer educator data collection module in the DHIS-2. The training curriculum was also expanded in preparation for the system's nationwide rollout scheduled for next quarter.

1.3. Cross-cutting support

UBUDEHE population income categorization database

The IHSSP worked with MOH and NDC staff to move the UBUDEHE database server to its permanent location as a virtual server at the NDC.

Upgrade of PBF

The PBF content management system (Joomla!) was upgraded and a portion of the PBF website was updated. In addition, training for maintenance of the PBF website was provided for the health financing department staff.

Enhancement of CBHI information systems

Mutuelle/CBHI membership database

The IHSSP staff worked with the CBHI technical committee to provide oversight to JEMBI (a South African eHealth NGO) health systems to develop a web and mobile phone-based membership system. There are some new requirements emerging now that CBHI has been moved out of the MOH to the Rwanda Social Security Board (RSSB).

Mutuelle/CBHI M&E database

The CBHI M&E database server was consolidated with the PBF system and moved to the NDC's co-location facility.

Technical assistance to the MOH/M&E unit:

The IHSSP provided technical support for:

- The recruitment of a new national HMIS coordinator, preparing and scoring written exercises, and participating in the interview panel;
- The M&E Unit and World Health Organization (WHO) staff as they updated the road map for implementing the Service Availability and Readiness Assessment (SARA) and moved forward with the prototype of the health observatory.

Support to the Malaria Division

The consultants that entered the data for the malaria indicator survey were funded by the IHSSP.

Success story/technical paper writing

The IHSSP prepared a technical paper on the implementation of Rwanda's Community Health Information System (SIScom).

1.4. Challenges, lessons learned, and next steps

Challenges/constraints

Lack of counterpart at the MOH/HMIS unit

In addition to the HMIS coordinator position remaining vacant, the e-health coordinator and the Information and Communication Technology (ICT) director both resigned from the Ministry. This deepens the leadership gap within the Planning, HMIS, and M&E directorate, though there is progress in the recruitment of a new HMIS coordinator.

Difficulties finalizing the scope of work (SOW) with Futures Group, an IHSSP subcontractor

The lack of a finalized SOW continues to delay the implementation of key deliverables, though Futures Group consultant Sonja Schmidt will come to Kigali soon for some activities. These include the development of HMIS user manuals, standard operating procedures (SOPs) for community-level data management and use, implementation of program-specific dashboards, and the establishment of a comprehensive data dissemination and use strategy. Given the closing of the Futures Group country office in Kigali, there is concern about their capacity to provide the human resources necessary to complete these tasks.

Lessons Learned

- The new DG for Planning, M&E, and HMIS has made a good start at combining a variety of disparate units that should be working together much more closely. The joint work planning exercise held in March enabled the team members to get to know one other, discuss possible changes in the structure of the directorate, and develop a consolidated work plan.
- The M&E fundamentals workshops have proven to be an excellent method to promote use of key data sources (particularly the RHMIS). They have also helped enhance coordination between the different stakeholders working on M&E at the central and district levels. We should continue to facilitate capacity-building activities with these stakeholders.
- The IHSSP's efforts to reach out to and coordinate with the FHP have started to yield results. The HMIS team was invited by health centers and hospitals in seven of their districts to help facilitate workshops for data managers. We were able to participate in the first round of training and develop session plans and exercises. We have also been

invited to participate in the Family Health International (FHI) annual planning exercise to be held next quarter.

Next steps

- Help with the orientation and training of the new HMIS coordinator at the MOH
- Incorporate the newly validated CBHI periodic reporting systems into the DHIS-2 platform and create analyses necessary for the web-based CBHI financial management tool
- Get the CBHI membership database implementation back on track with new leadership at the Rwanda Social Security Board (RSSB) and establish a comprehensive training plan with JEMBI
- Complete upgrades and move the RHMIS servers to the NDC
- Synchronize the organizational units with the health facility registry through consulting support from the health information system program (HISP)
- Assist the MOH in publishing and disseminating the 2012 annual health statistics booklet
- Work with the MOH and WHO to complete the implementation of the national health observatory (web portal for national and district health profiles)
- Continue to assist the RBC and MOH units with the migration of their data collection systems to the DHIS-2 platform; in particular, migrate the malaria surveillance system to DHIS-2
- Support the Malaria program with the implementation of a data audit (in particular, the data entry)
- Complete the 2013-14 HMIS component work plan by coordinating with the MOH and other implementing partners
- Finalize the SOW for the Futures Group subcontract to support data use
- Prepare detailed ToRs and consultant agreements with HISP to support the development of HMIS data use guidelines, and develop the PBF maintenance module within the DHIS-2 to enable the shift of that system to the DHIS
- Automate the import of TracNet and iHRIS data, and integrate selected data elements from the converted HMIS data from the old GESIS system into the data warehouse/dashboard
- Assist the RBC team to complete the rollout of the peer educator data entry system

- Develop the ToRs for the local company to provide DHIS-2 system support for the MOH and explore potential firm to take on the work

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

2.1. Health financing strategic plan development

Although the health financing policy was used as a framework for the development of the Health Sector Strategic Plan III (HSSP III), no specific strategic plan to implement this health financing policy currently exists. In order to implement the policy effectively and in a coordinated manner, the MOH requested that the IHSSP work with other partners and develop the health financing strategic plan. The main objective is to facilitate the implementation of and sustain the universal health coverage within the country. The development of the health financing strategic plan was preceded by a situational analysis.

In this quarter, several meeting sessions were conducted to prepare a workshop which will discuss and reach consensus on existing challenges in health financing. This workshop will provide recommendations on strategic options to pursue. This workshop was scheduled to take place this quarter, but it was postponed due to conflicting priorities of the key participants. It will be rescheduled.

2.2. Design of provider payment systems

This quarter, the IHSSP assisted the MOH in organizing a study tour on the functioning of the diagnosis-related group's (DRG's) system for the provider payment technical team appointed by the Minister. The main tasks were the development of the ToR for the study tour to Thailand and contacts and arrangements with the experts in Thailand. The tour to Thailand has not taken place and discussions with USAID are ongoing to see what can be done with this activity.

2.3. CBHI studies

The activities on CBHI studies are financially supported through the Rockefeller Foundation in collaboration with MSH/IHSSP, the MOH, and the National University of Rwanda / School of Public Health (NURSPH). This quarter, the main sub activities completed were:

- Pretesting of the questionnaire
- Training of surveyors

- Conducting the household survey

The household survey is complete in one district out of the eight sampled. The survey will continue and is scheduled to be complete by August 2013. Data entry and analysis will follow.

2.4. CBHI routine data quality assessment process

The MOH, through Cellule Technique d'Appui aux Mutuelles de Santé (CTAMS), is committed to conducting a Data Quality Assessment (DQA) every semester for the CBHI district directorate. The traditional CBHI weekly report is a powerful tool used to monitor the progress of the national CBHI coverage rate and the management of the CBHI funds on a weekly basis. However, there is a need to verify the data quality for different CBHI reports submitted from sections to districts and from districts to the central level. In the previous quarter, the IHSSP assisted the MOH in the development and finalization of the CBHI Routine Data Quality Assessment (RDQA) Manual.

In this quarter, the MOH and the IHSSP health financing team were focused on the development of the CBHI-RDQA tool designed in Excel and adapted from the HMIS tool. This tool reflects the three CBHI Areas: enrollment, treatment, and financial management. The tool was pretested and adapted. It has three main parts that reflect the CBHI areas:

- Enrollment sheet
- Treatment sheet
- Financial management sheet

Every sheet of the tool has the same functions. They are:

Verify completeness of the CBHI data in the register: The tool helps to verify that each CBHI source document (e.g. individual patient form) was completely filled out with the required information in the register of treatment.

Ensure accuracy of the CBHI data in the register: The accuracy and validity of data is the degree to which data correctly reflects the true value or how close the data is to the true measurement. The tool helps to identify errors that occur when the data is transcribed from the data source to the register.

Provide spot-checking of register data. The spot-checking method verifies the filing of the CBHI documents. Using the register information, you can spot-check that information in the existing files is in the CBHI archives.

Ensure completeness of the monthly report: The tool verifies that disaggregated data fields in the monthly report are included in the registers.

Ensure accuracy of the monthly report: The accuracy of CBHI data is also applied to the monthly report. The tool helps to verify if the data in the monthly report reflect the correct data from the registers.

Validation of the tool and application of the tool in five selected districts

After the pretesting exercise, the RDQA tool was refined and presented to the MOH/Health Financing Director in a validation workshop. The tool was validated and the Health Financing Director gave approval for the institutionalization of the tool. The suggestion was to work with the CTAMS team to conduct a data quality assessment baseline exercise in five selected districts: Nyanza, Musanze, Nyabihu, Bugesera and Gasabo.

The general findings show that the data from sections are not of good quality. Poor recording and poor filing are the main reasons for the bad quality of data. This is mainly the case for the areas of enrollment and medical treatment. While some of the same problems are found in the financial management data, it is not as problematic as in the other areas.

Salient results per area

CBHI Enrollment

- 61.7% of the CBHI data fields in the registers of beneficiaries were incomplete or left blank. This is due to the fact that most of the sections in the districts visited do not use the standard registers proposed by the procedure manual or because they abandoned good practices learned when the procedure manuals were disseminated.
- 61.5% of the CBHI data registered in the beneficiary registers were inaccurate and did not correspond to the information reported in the source documents (family files). This is due to the fact that some CBHI sections, because of lack of supervision, abandoned the practice of providing family files to the enrolled households.

- 52.8% of the source documents for CBHI enrollment (mainly the family files) were missing in the section archives. Some membership cards and enrollments could be provided/validated without any records; this was particularly an issue for indigents.
- 9.2% of the CBHI monthly report data fields were left blank
- 26.4% of the CBHI monthly reports on enrollment are inaccurate and do not correspond to the reality in the field. Because of the lack of source documents, CBHI sections use bank statements to determine the coverage rate, contributions, and the CBHI enrollments.

Medical Treatment

- 59.9% of the CBHI data fields in the register of treatments were left blank or incomplete. This is due to the fact that most of the sections in the districts visited do not use standard registers proposed by the procedure manual or because they abandoned good practices learned when the procedure manuals were disseminated.
- 58.3% of the CBHI data registered in the treatments register did not correspond to the source documents (mainly the Individual Patient Forms).
- 38.8% of the CBHI source documents (Individual Patient forms) were missing in the section archives. This is due to the fact that the family file (dossier familial) that is used for filling is no longer used by sections.
- 2.4% of the CBHI monthly reports on treatments were left blank.
- 86.7% of the CBHI monthly reports on health services utilization indicators was inaccurate. This is due to the fact that some indicators are not well defined.

Next step

The next step for this activity will be the training of trainers (TOT) for the CBHI district actors in charge of CBHI M&E. Some joint data quality assessments will be conducted for the capacity transfer.

CBHI Financial Management

As stated above, the financial reports are more complete and accurate than the reports on enrollment and utilization of services. The only issue is that the sections rely more on the bank statements than the accounting books. For that reason, the accounting books are not regularly updated.

The objective of the CBHI Data Quality Baseline was to establish a starting point from which we can work to improve the CBHI data quality and the archive of the CBHI data and files.

2.5. PBF framework review

The MOH has shown strong political commitment to quality, equity, and efficiency of the health care system, and was interested in mechanisms that would improve access to and use of priority health services. One potential strategy which has achieved results is PBF. This strategy links payments to results achieved in both the utilization of health care services (output indicators) and quality of health care services (quality indicators).

In this quarter, the IHSSP, as a member of the PBF extended team, was called upon for technical assistance to the MOH to review and finalize the development of PBF guidelines, the next fiscal year PBF operational plan development, the PBF remuneration budget forecasting for fiscal year 2013-2014, and methodology development for the PBF sustainability analysis. This was done at a workshop which had the following objectives:

- Review and finalization of PBF guidelines for health centers, district hospitals, satellite laboratories, and central level, designed for providing the knowledge and skills required to perform the technical functions;
- Develop the next year fiscal operational plan and identify and define interventions with activities to be conducted based on the MOH priorities;
- Outline potential steps or needed inputs for sustainability analysis of the PBF mechanisms
- Develop PBF forecasting for health centers and district hospitals;
- Based on accreditation standards, develop quality indicators to be considered for the PBF remuneration and agree on the assessment framework to link PBF to accreditation.

2.6. Challenges and next steps

Challenges

The main challenge encountered this quarter was the change of the Head of the Unit. Because of this, many activities remained pending due to lack of decision by the MOH. This was the case with the DRG-related activity.

Next steps

In the next quarter, the IHSSP will continue to provide technical assistance to the MOH in the following activities:

- Training of Trainers (ToT) for the CBHI district actors in charge of CBHI monitoring and evaluation to improve CBHI data quality
- Institutionalization of the CBHI RDQA tool
- Continuation of the household survey and initialization of data entry for analysis
- Production of the annual CBHI financial report based on the CBHI financial modeling tool

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

3.1. Accreditation facilitator training and onsite facilitation at the facility

Building on the previous quarter's accreditation process activities, which included developing and setting standards to define the quality and safety expectations for providing care and services, and the accreditation baseline survey/assessment of five provincial hospitals, this quarter's work mainly involved supporting the improvement of healthcare and services by institutionalizing the Rwanda essential hospital accreditation standards. Major activities included:

- Developing the facilitators' job description and selecting competent health professionals (external and internal) to train as Rwandan accreditation facilitators;
- Training 30 internal facilitators from the five hospitals and 10 external facilitators from MOH and RBC;
- Developing an accreditation facilitator's guide that will assist facilitators in providing education, technical assistance, and on-site consultations to facility staff and the accreditation support committees to find solutions in the implementation process of the Rwanda essential hospital accreditation standards in hospitals;
- Onsite training of facilitators at the five provincial hospitals provided hands on practical experience to the facilitators. This was also an opportunity for the health facilities to close some quality gaps in an effort to meet the standards.

3.2. Communication of the accreditation baseline findings

Following the accreditation baseline assessments conducted for Rwamagana, Kibungo, and Bushenge hospitals, the respective reports and assessment findings were communicated to these health facilities. Technical assistance was provided to develop standards implementation work plans and activities to close identified gaps for the five risk areas: leadership process and accountability, competent and capable workforce, safe environment for staff and patients, clinical care of patients, and improvement of quality and safety. The work plan included:

- The activity description related to the accreditation baseline gap, findings, and recommendation;
- Prioritization in implementing the activity, accountability of health facility personnel, expected date of completion, trainings required and their timeline, and expected date of the activity implementation.

3.3. Establishment of the accreditation system

The design and implementation of sustainable accreditation system has been a priority intervention in QI. The activities related to the establishment of an accreditation system were initiated in previous quarters and included the establishment of an accreditation steering committee with clear roles and responsibilities, the development of the Rwanda accreditation system model, and the establishment of accreditation by-laws. In this quarter, the focus was on the development and costing of the Rwanda health care accreditation strategic plan for 2012–2018, which will provide direction to the national accreditation program. The strategic plan has been drafted but has not yet been validated.

3.4. Development of national quality and patient safety goals

National quality and patient safety goals were developed during this quarter and disseminated to 37 hospitals. These goals were aimed at making the hospital safer for patients, staff and other external clients. The 37 hospitals will work on patient safety issues addressed in the essential hospital accreditation standards framework. New goals will be set annually and hospitals will be assessed for compliance to the safety goals and will ultimately receive incentives from the PBF payment mechanism and recognition once they achieve specific goals. Rwanda quality and patient safety goals for 2013–2014 include:

- Surgical site infection prevention
- Incident management to reduce risks

- Customer care program

3.5. Accreditation baseline assessment for 10 district hospitals

In June 2013, the MOH requested technical assistance from USAID through the IHSSP to conduct accreditation baseline assessments for 10 district hospitals in a bid to scale up the hospital accreditation program to the district hospitals. To meet this need, a team of Rwandan surveyors, previously trained with the IHSSP's support in collaboration with Joint Commission International (JCI), was used to conduct an accreditation survey/assessment in 10 district hospitals using the Rwandan essential hospital accreditation standards. The IHSSP participation in conducting the surveys in these 10 hospitals was a one-time effort, performed in response to a MOH request. IHSSP's on-going QI efforts in establishing a hospital accreditation system are limited to five provincial hospitals.

3.6. Dissemination and training on treatment guidelines

The IHSSP facilitated the dissemination of treatment guidelines. The development of these guidelines was completed by professional bodies facilitated by the IHSSP and launched last year. In June 2013, the Rwanda Medical Council began the dissemination of internal medicine guidelines. The dissemination of pediatric guidelines is planned for next quarter and other guidelines will follow.

3.7. Challenges, lessons learned, and next steps

- The IHSSP is planning for facilitation of five provincial hospitals to meet the Rwanda essential hospital standards. The facilitators' group is currently under training and mentoring. There is a need for more facilitators' trainings in the next quarters and candidates with a prior QI background are preferred. The facilitation trainings will need to be upgraded to a certification program to enhance improvement of facilitation skills.
- Following the accreditation baseline assessment and communication of the findings, the standards implementation plans were developed. The facility teams and committees require close mentoring and assistance in facilitating the implementation of these standards in order to effectively close quality gaps and meet standards. There is also a need for the MOH to advocate support of standards implementation by different partners in their hospital's catchment areas.
- The accreditation support structure (accreditation board and agency) has not yet been established. There is a need to have these structures fully functional to enable

sustainability of the accreditation system. The accreditation steering committee is transitioning the role of the board. The ToRs have been revised to include more roles and responsibilities of the accreditation board to help the committee make some decisions while the board is being established.

- The MOH partners should support hospitals in their catchment areas to implement national quality and safety goals. Using a collaborative approach, hospitals should share best practices to scale up the implementation of safety goals.
- The MOH implementing partners should work collaboratively with the MOH to disseminate and train on the use of treatment guidelines. The Family Health Project is planning to disseminate guidelines to hospitals in their catchment areas.

IV. IMPROVED MANAGEMENT, PRODUCTIVITY, AND QUALITY OF HUMAN RESOURCES FOR HEALTH

4.1. Finalization of CPD strategic plan for the National Council Nurses Midwives

Through the IHSSP, USAID is supporting the Rwanda professional councils to establish systems and mechanisms for managing and improving health professionals practice, and ensuring delivery of quality care. In this quarter, the IHSSP recruited consultants to provide technical support to the NCNM in finalizing their continuing professional development strategic plan. Based on this plan, professionals are expected to have regular trainings to update their skills and stay abreast of standard clinical practices. By implementing the strategies designed in this strategic plan, the NCNM members will improve their clinical practice skills and advance their professional careers.

4.2. Development of pharmacists' strategic plan

In March 2013, the pharmacist council was established by the government law. The next step was to develop the vision, mission, goals, and strategic objectives, and to set organizational and operational structures. This quarter, the IHSSP provided support to this council in setting up its offices and updating its registration database. In addition, the IHSSP recruited a consultant to support this council in the development of a strategic plan that will provide strategic direction for and establish operational structures of the council.

4.3. Development of an integrated CPD policy for all professional councils

In 2011, the IHSSP supported the development of CPD program documents for the Rwanda Medical and Dentists Councils. However, CPD is a joint program for all health professionals and there is a need for an integrated CPD policy to guide all professional councils' CPD programs. This quarter, the project provided support by recruiting a consultant to provide technical support in developing an integrated CPD policy, which will be referred to by all the councils in their CDP activities. The policy has not yet been completed, but will be in the coming quarter.

4.4. Registration of the Allied Health Professionals

The IHSSP continued its support to the AHP council and this quarter the project assisted the council by supplying furniture to help establish its new office after leaving the nurses' council building. This had a positive impact as the office is now located closer to the health facilities, helping to accelerate the registration of its health professionals. Whereas in the previous quarter it had registered around 180 members, this quarter the council registered 600 (a total membership increase of 53%). The total members expected for registration is 3,000 or more from 18 professional associations.

However, some professional associations in this council (e.g., orthopedic technicians) have not registered a single individual. The highest turnout for registration among 18 professional associations was the laboratory technicians and assistants. Twenty percent of the expected number are registered. The licensing will follow after the registration exercise. The CPD programs, including the development of the strategic plans for this council and the CPD activities, will follow.

4.5. Implementation of the WISN approach

WISN methodology training

The MOH designated 29 staff members from the central level and provincial hospitals to be trained as trainers in WISN methodology and WISN software application. This quarter, in collaboration with the WHO, the IHSSP supported this TOT. Following the TOT, a WISN implementation plan was developed. This plan details all that should be done, when, by who, and at what cost. The plan will be reviewed and approved by the WISN steering committee and implemented by the WISN technical task force.

The trained team is also expected to facilitate the establishment of all the necessary committees and structures for WISN methodology and application in determining the required staff at the health facilities in consideration of the national priorities. The team will also develop the WISN standards for the priority professional categories specified by MOH (standards for doctors, nurses and midwives in the first phase). Most planned activities, including additional trainings, will be implemented next quarter.

Development of the TOR for the WISN steering committee and technical task force

The IHSSP provided support in the development of the ToRs for a steering committee that will make management decisions and commitments to apply the WISN results. In addition, committee members were nominated by the MOH. The implementation of WISN results to improve the staffing need in targeted health facilities are likely to have cost implications that require approval. The steering committee which was nominated will handle all such decisions, and that committee is awaiting appointment letters from the Minister. This will give them power to decide on behalf of the Minister and the senior management of the Ministry in regard to financial commitments during implementation of WISN results.

4.6. Challenges and next steps

Challenges/constraints

- The MOH lacks the necessary personnel to manage the timely implementation of the activities, in particular the WISN activities. This has resulted in a delay in the implementation of the WISN in the provincial hospitals.
- The NCNM lacks the necessary personnel as well, resulting in a delay of the finalization of the CPD strategic plan for the nurses and midwives.
- The MOH team has a conflict of schedule, and this has resulted in the postponement of important meetings where decisions could have been made and suggestions for moving forward given in regard to HRH and decentralization activities implementation.

Next steps

- Implementation of WISN activities in five provincial hospitals
- Development of WISN activity standards
- Development of the professional councils integrated CPD policy
- Finalization of the development of the pharmacists' strategic plan

V. EXTENDED DECENTRALIZATION OF HEALTH AND SOCIAL SERVICES

5.1. Development of the DHMTs' assessment tool

The major activities of the decentralization component have not been appropriately implemented since the beginning of this year, because the MOH and the Ministry of Local Government (MINALOC) have been working to establish the roles of each Ministry at the decentralized levels. During this quarter the two Ministries agreed on the memorandum of understanding (MOU) defining the roles of the two Ministries, which has been signed by the district authorities. Based on this MOU, the IHSSP has developed an assessment tool that will be used to assess the capacities, roles, and responsibilities of the DHMTs and their needs to support the provincial hospitals in the accreditation program. The assessment will be done in the next quarter.

5.2. Technical support in the finalization of the district strategic plans

The IHSSP provided technical support in a five-day working session that brought together the MOH, partners, and the district hospitals (including the five provincial hospitals) to finalize the district hospitals' strategic plans. The finalized strategic plans for the provincial hospitals will be revised as necessary to accommodate any new activities when those hospitals will be fully upgraded to provincial or referral hospitals.

5.3. CSO's capacity needs assessment

After a series of meetings with USAID and country coordination mechanisms (CCM) representatives, the CSO's capacity needs assessment format has been agreed upon and the ToRs have been developed. The consultancy advertisement has been published in newspapers so that consultants may bid on the exercise. The selection process will take place soon so that a firm can be chosen and the assessment exercise can begin.

5.4. Challenges and next steps

Challenges/constraints

- There is a significant delay in the implementation of the decentralization activities because the MOH advised the IHSSP to halt decentralization activities until a MOU was signed that clearly defined what the MOH and MINALOC would do at the decentralized level.

- The hospitals designated as provincial hospitals have not yet received any official document upgrading them to the level of provincial hospital; they are still operating as district hospitals even though they have been designated as provincial hospitals.

Next steps

- Select firm and carry out CSO's capacity assessment needs
- Assess the DHMTs' roles and responsibilities to identify weak areas that require support
- Develop the DHMTs' capacity-building and training plans based on the identified gaps and weakness.

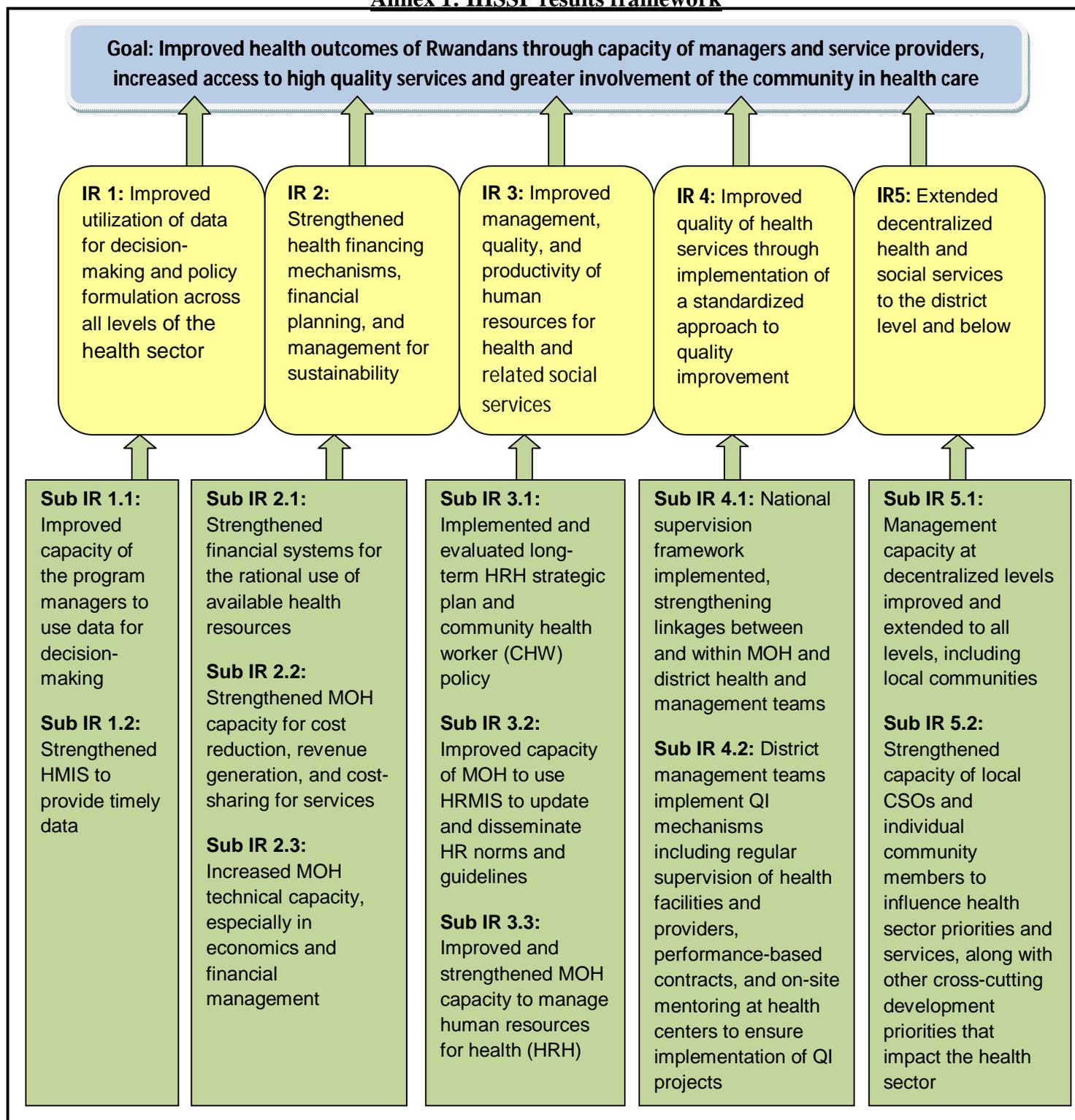
VI. IHSSP MID-TERM REVIEW

In May, the IHSSP conducted a mid-term assessment commissioned through three internal consultants to document project achievements, challenges, and provide guidance and recommendations to project staff, donors, and local counterparts on future directions. The assessment results indicated that the project is on track, performing well, and producing results. The project's efforts to institutionalize health systems strengthening components within the MOH were highly appreciated, though not yet complete.

The assessment report reveals that the way in which the project works and its flexibility, responsiveness, and 'can do' spirit are recognized by all, and the current supportive relationship with USAID enhances project performance and achievement. The project has made impressive progress toward agreed upon indicators and targets, and has contributed to the dramatic changes in both health systems and health outcomes in Rwanda.

However, there are a number of operational challenges which were highlighted and recommendations were provided where greater effort is needed in all components of technical and administrative management of the project. Due to the frequent changes that happened in shortening and prioritization of project implementation, especially in HRH and decentralization components, the assessment recommended the review and adjustment of the contract and performance management plan (PMP) to align with SOW and expenditures as revised over the life of the project.

ANNEXES

Annex 1: IHSSP results framework

Annex 2: IHSSP Capacity Transfer Plan



USAID | **RWANDA**
INKUNGA Y'ABANYAMERIKA

**RWANDA INTEGRATED HEALTH SYSTEMS STRENGTHENING PROJECT
(IHSSP) CAPACITY TRANSFER PLAN FOR TECHNICAL FUNCTIONS**

Updated May, 2013

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

DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

INTRODUCTION:

The Integrated Health Systems Strengthening Project (IHSSP) is a 5-year USAID-funded project, managed by Management Sciences for Health (MSH) that aims to support the Rwandan Ministry of Health to strengthen health systems through a program designed to provide technical assistance at the national level. The program focuses its technical assistance to the MOH on 5 health systems areas of Health and Management Information Systems, Health Care Financing, Human Resources for Health, Quality Improvement/Assurance and Governance and Decentralization.

As a project that provides primarily technical assistance – no infrastructure, few materials, no clinical services, nor medicines, etc, - the building and transfer of technical capacity to the MOH is IHSSP's principal role. The IHSSP has completed 3 successful years of implementation and has already made substantial contributions to strengthening health systems. A plan has been put in place to assure that the technical capacity that the IHSSP brings to the table is effectively transferred to the MOH in such a way that the all achievements facilitated by the project can be maintained, updated and renewed by the MOH or other Rwandan institutions without outside assistance. The present document is an update of that plan and provides progress to the capacity transfer. The execution of the plan will continue to be actively monitored.

In developing this plan we have identified 2 categories of capacity transfer:

The first involves providing the knowledge and skills required to perform the technical functions to the appropriate human resources of the MOH or other relevant national institutions. There are multiple approaches or strategies used in this category of capacity transfer. Examples are:

- Technical assistance/facilitation
- Training – mostly through ToT, but also through curriculum development, development of training materials
- Mentoring – embedded staff, joint supervision
- Functional analysis – and development of organizational development plans
- Support for technical working groups.
- Identifying local out sourcing mechanisms with firms to support technologies for which the MOH would not be expected or need to have in-house expertise.

Table 1. “Capacity transfer plan for key functions by project component” documents capacity transfer of this first category. It identifies technical **functions** introduced by IHSSP that currently depend largely on IHSSP’s technical capacity. It also identifies the appropriate persons or units (departments, divisions, etc) usually within the MOH to whom the capacity will be transferred (**beneficiaries**); by which **approach or strategy** the transfer will be done; the **timeline** and any **prerequisites** or conditions to effectively achieving the transfer. In all cases an important prerequisite or condition to the effect transfer is the availability of beneficiaries in adequate numbers and quality.

The second category of capacity transfer means consists of developing written or computerized materials and tools that will serve as reference over time in support of on-going strengthening of health systems. These include: policies; strategic plans; user manuals; standards; guidelines; training curricula; etc.

Table 2. “List of Materials and Tools to Support Capacity Transfer for Technical Functions” shows the various materials either developed or under development by IHSSP and the status of the process.

This plan covers the IHSSP operating period: November 2009 – November 2014. Its implementation is monitored throughout the year and is updated annually for submission with the IHSSP work plan.

Explanations on colors of progress status

	The capacity transfer or tool development has already been completed
	The capacity transfer or tool development is still being implemented and on-track
	The capacity transfer or tool development is delayed or there are some issues which may be solved if some effort is made
	The capacity transfer or tool development is largely delayed or there are serious issues which can lead to fail
	The implementation of capacity transfer will start later

TABLE 1: CAPACITY TRANSFER PLAN FOR KEY FUNCTIONS BY PROJECT COMPONENT

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
HMIS AND DATA USE					
HMIS: Configuration of DHIS-2 for data entry, feedback reporting, dashboards	HMIS department (database managers)	3rd country training (HISP) and on-site mentoring	July 2011-May 2014		3 MOH staff have been trained in Tanzania June 2011, 4 more in May 2012 in Kenya and 4 more are scheduled for an advanced course in June 2013 in Uganda. In country mentoring by Randy Wilson and Adolphe Kamugunga has been continuous activity.
HMIS: Analysis of HMIS data using pivot tables, export of data sets for partner organizations	HMIS department (entire team), District M&E and data managers	Use of data workshops	March 2011-April 2014	Data sharing policy approved by ministry	Data use workshop conducted and training has been completed of all District M&E, Statistical officers and Data managers. DHIS-2 orientations have been held for PMI staff and staff from the Family Health Project. Training of HMIS team in advanced reports and SQL queries was held Sept 2012 with support from HISP.
HMIS: Maintenance of Health facility registry and national metadata dictionary (indicators and data elements)	HMIS department (database managers)	One-on-one mentoring	Jan 2012-May 2013	Initially maintained in DHIS-2, will migrate to National registry when new system is ready	One week of training completed by Jembi (Instedd) in June 2012 on health facility registry and provider registry (IntraHealth). New system is still not fully operational because interoperability profiles to exchange data with DHIS-2 are not yet ready. Metadata dictionary on hold during HMIS national roll-out.
PBF: Maintenance of PBF database source code	CAAC, CBHI, HMIS	Establish maintenance subcontract with local IT company; transfer data	Sep 2013	MOH develops efficient contracting mechanism for such	First of data entry modules has been transferred to DHIS-2 (SISCom and Mutuelle indicator database). Need to

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
		entry to DHIS		small outsourcing deals	develop more reports within DHIS to support payment of PBF incentives.
PBF: Configuration of new indicator reports, PBF tariffs	CAAC, CBHI, CH desk, TB program – data managers	One-on-one mentoring, training of data managers	April 2012- Nov 2013	Data managers recruited within CAAC & CBHI	This has advanced well with the CAAC/CBHI team – though they are not yet fully responsible for these tasks. CBHI data manager is scheduled to attend DHIS-2 Training in November 2013.
PBF: Preparation of quarterly PBF payments	CAAC, CBHI, CH desk, TB program – data managers	One-on-one mentoring, training of data managers	April 2012 - Sept 2013	Data managers recruited within CAAC & CBHI	Training has been done with SIS-Com data Manager and CAAC data manager. Still need to identify person to train in TB.
PBF: Maintenance of quarterly PBF assessment checklists	CAAC and QI Teams	One-on-one mentoring, training of data managers	April 2012 - Sep 2013	Data managers recruited within CAAC	Project has identified new platform to maintain these checklists using LimeSurvey software. HMIS staffs within Ministry have been trained to create surveys using this software, still need to identify organizational unit to manage Accreditation surveys that can be trained.
HRIS: Maintenance of new HR modules (payroll, leave management, training database, etc...)	HR department	Define HR staffing to support system, 3rd country training with other HRIS installations (Kenya) and on- one mentoring	May 2012 – Oct 2014	Staff recruited to support HRIS	Staff trained from Helpdesk to provide remote support to HR managers in districts, but no HR system administrator yet named at Ministry and no funding yet identified to implement new modules requested by the MOH.
HRIS: Support for Professional Council database	Professional councils (Nursing, Medical, Allied Health, Pharmacists)	Complete development of database module, define HR staffing to support system, on-site training of professional council staff	May 2012– Oct 2014	Staff recruited to support HRIS, module developed by Capacity Plus	Migration to iHRIS is complete thanks to TA from Martin Namutso. Jean Paul has completed first round of training of Nursing council staff to manage data within the system. No system administrator yet recruited at the council.
eHealth/HMIS: use of costing tool to prepare	eHealth secretariat, Ministry departments	One-on-one mentoring with eHealth Project	Mar 2012 - Sept 2013		Completed three 2-day training sessions for District Health Unit Chargé de Santé

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
operational and strategic plans	participating in strategic planning	manager, HMIS coordinator			from all 30 districts and staff from all 42 district hospitals. All have completed their initial costing exercises for their district health strategic plans. Should also work with Regis Hitimana at central level to train him how to modify the costing tool for future use.
Maintenance of MOH data center and remote management of web applications at national data center	MOH ICT department and Helpdesk, HMIS database managers	On the job training with support from Jembi/Rwanda and support from IHSSP for next data center migration and system administration training.	Aug 2012-Oct 2013	Contract signed with National Data center and MOH office move scheduled	Data center move is now scheduled for June 2013. Most wide area network applications will be moved to National Data Center, need to reconfigure local area network and consolidate LAN service. Once these changes have been made, we will develop and implement training plan.
eHealth: maintenance of MOH departmental web presence	MOH ICT department, program staff and data managers from CAAC, PBF, CBHI	Training of team in web-site maintenance, workshop to develop web-site content	Dec 2011-Jan 2014		Activity delayed during roll out of national HMIS. Discussions need to begin with RBC health communications unit about how to decentralize web-site content management. The current model remains too centralized.
Data Demand and Use for M&E	M&E officers from Central level programs and Districts	Workshops co-facilitated with SPH staff to introduce basics of public health, M&E fundamentals and use HMIS data to analyze health problems and develop action plans.	Mar-Apr 2013	School of Public Health staff available to support training activities	Held 3 week-long workshops that were well attended and highly appreciated by ministry staff. This has gone a long way towards developing decentralized capacity to use data from HMIS. Still need more support from HMIS unit to develop standardized feedback reports.
HEALTH FINANCE					
Design and use a	-Cellule technique	Training of trainers	May 2012 -	External TA to	Tool already institutionalized and in use

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
financial model for CBHI to help MoH and CBHI structures to project their revenue and expenses	d'Appui aux Mutuelles de Sante : CTAMS' CBHI supervisors -CBHI working group		October 2014	develop the tool	nationwide with CBHI directorate and national CBHI Unit.
PBF indicators forecasting for District hospitals and Health center	-CAAC Supervisors; -PBF Extended team group members.	Mentoring through TA	May 2012- June 2014	Financial information related to PBF available from different partners.	The process has started with the review and update of the PBF assessment framework. All PBF Unit Cell team at MoH is involved in the process.
Costing of health services at DH level	-Health Financing Unit; -MoH central level Master trainers on costing.	Training of trainers and mentoring	October 2011 to January 2012		A Health Services Costing Training for 20 Master Trainers was conducted. Trainings for 5 DH and for 2 RH teams were conducted. Curriculum materials were developed in the implementation of these trainings.
Design and development of a PBF model	-CAAC -PTF	Mentoring through TA	December 2011 to October 2014	Will depend on needs expressed by the MoH or programs. Financial availability for indicators payment.	Started within the review of the PBF procedures manual on different aspects of national contract, PBF indicators. The activity will be completed during the revision of the PBF framework in June.
Design pricing method based on costing results	-Health Financing Unit -CTAMS	Mentoring through TA	May 2012- October 2014	STTA to develop the Pricing policy.	Process ongoing. The first part is related to the comparison of the DRG costs with the actual reimbursement costs.
Use of pivot table for CBHI M&E, PBF indicators and community PBF data	-CTAMS -Community Health Desk	Mentoring through TA	August 2012 – September 2014		Activity already planned with the MoH team, waiting the full transition of all database in DHIS-2.

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
analysis	-CAAC				
CBHI M&E database (through DHIS-2) trainings	- CBHI section managers - CAAC	- Curriculum development - Trainings of district actors	October 2013		Central level team initiated to the interface and platform. The ToT planned for district teams.
Capacity building transfer on the use of accounting tools and selected software.	- Health Centers - CBHI sections	- User manual development - Training of trainers	November 2012 – October 2013		Activity related is dropped from the annual work plan.
DQA methodologies for CBHI data	- CTAMS - District Directorates	- User manual development - Tally sheet development - Training of trainers	February 2014		User manuals developed and exist (French and English version); Central level team oriented on the use of the DQA methodologies.
DQA methodologies for community PBF actors	- CHD - DH		August 2013- October 2014	Concept note approval from the CHD side	
HUMAN RESOURCES FOR HEALTH					
Implement and manage the WISN methodology	-MOH : HR Unit -District hospital level : HRH managers, Chief of Nursing, Director of clinical services	-Training on WISN methodology -Mentoring the WISN task force staff to implement the WISN methodology	Jan 2012 – Sept 2013	Complete team at HR Unit Validation of nurses and midwives standard workload by the MOH Available and empowered WISN manager at MOH	-11 trainers have been trained from CHUK, CHUB and KHI (WISN National Experts) -5 district hospital based trainings in WISN have been conducted by the trained trainers in different hospitals assisted by MSH staff -6 District participate in the development of standard workload for nurses and midwives for their hospital staff - 2 MOH staff have been trained, but only one actively participates in training at

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
					district hospital level - 3 members of each district hospital staff have been trained (HRH managers, Chief of Nursing, Director of clinical services) -WISN Task forces created and will monitor the implementation of the methodology in hospitals - Mentoring exercises ongoing and started with Kibagabaga and Muhima hospitals -TOT training on WISN software application -Drafted implementation plan
Management of day to day registration and licensing of health professionals in professional councils	-National Nursing and Midwives Council -Pharmacists Association steering committee -Rwanda Allied health professionals Association steering committee	-Technical assistance to develop registration regulation and standards for licensing -Technical assistance to develop internal regulations for professional councils	Nov, 2011- Sept, 2012	-Functioning databases -Availability of IT facilities and personnel	-NNMC has already some internal regulations and continue to develop others -NNMC started issuing certificates to nurses and midwives - RAHPA started to develop the registration regulation and the registration tools
Use of developed professional database system to monitor and track health professionals	-National Nursing and Midwives Council -Pharmacists Association steering committee -Allied health professionals Association steering committee	-Training in use of databases - mentoring of trained personnel	January, 2012- Sept, 2012	-Functioning databases -Availability of IT facilities and personnel	Database development completed. No availability of ICT personnel to maintain the database.

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
Establishment of CPD program	-Rwanda Medical Council	Technical assistance to develop policy, strategic plan and monitoring and evaluation plan	Nov, 2010- Feb, 2012		-CPD program established and plans developed for the medical doctors and dentists.
QUALITY IMPROVEMENT OF HEALTH SERVICES					
Development and maintenance of health services accreditation quality standards	National Health experts and members of professional bodies	External TA from experienced accrediting body, Collaborative approach with health specialists, contracting in health professional societies assessments & hands on orientation on planning & implementation of QI activities with QI team	March 2012 - march 2013	External TA with experience accrediting body & Time of beneficiaries/individuals and relevant stakeholders	With support of experienced accrediting body and through collaborative approach with health specialists, standards have been developed.
Implementation of health service accreditation survey process and use of tools	In country accreditation body Selected surveyors	TOT, Mentorship supervisions/visits	June 2012- June 2014	Availability of the in country accrediting body. Competent surveyors & their willingness to learn, time and adequate support.	Rwanda accreditation surveyors training of trainers have been done. Field practice done, certification exams is the next step.
Quality improvement trainings	Provincial hospitals	TOT, Mentorship supervisions/visits	June 2012- September 2013	Time of beneficiaries + individuals and relevant stakeholders	Partly done during the training of surveyors. More training to be done in June and July 2013 and through 2014.
Develop and implement continuous quality	MOH QI Team, Provincial & District	TOT, Mentorship supervisions/visits	June 2012 - September	Time of beneficiaries/individ	Started with quality improvement plan to close gaps and will continue till

Function	Beneficiaries/ Individuals	Approach/ strategy	Timeline	Prerequisite	Completion/Progress Status
improvement strategies	Hospitals management teams		2014	uals and relevant stakeholders	September 2014
Management of accreditation database	MOH QI Team & accreditation body, , Provincial & District data manager	Training, follow up and mentoring users	Dec 2012 - September 2014	Software, TA, Time of beneficiaries	Ongoing. The HMIS has started working on the tool, but more input to the tool will continue after finalizing the review of the survey tools.
Facilitation of Continuous Quality improvement process to close identifies gaps in the accreditation process.	MOH QI Team, & Provincial management teams	Training, follow up and mentoring of the internal facilitator and external facilitators from central level.	Throughout 2014	Availability of both teams	Starting in June 2013

TABLE 2: LIST OF MATERIALS AND TOOLS TO SUPPORT CAPACITY TRANSFER FOR TECHNICAL FUNCTIONS

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
HMIS & data use			
DHIS-2 software platform – Data warehouse and HMIS	Software	Ready by Jan 2012	Fully Functional and operational. It'll be updated and upgraded continually
Clinical PBF, Sis-Com, and TB PBF databases modules	databases	Finalized by Jan 2011	Approved by MOH. They are fully functional, operational
Ubudehe database	database	Finalized by Oct 2011	Approved by MOH and functional.
CBHI membership database	database	Finalized by Oct 2011 – Still designing cell-phone enabled module	Approved by MOH; it is functional, but need to be operational.
M&E/Indicators CBHI database	database		Approved by MOH; it is fully functional and operational
mUbuzima / Rapid SMS System	database		Functional and operational
Human Resource Management Information System (iHRIS)	database	Development completed	Operational, but need system administrator at MOH to maintain it.

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
National data warehouse and web-based dashboard portal	database	Development under process	Under-development
Professional Council Registration/Licensing Database	database	-Draft of Functional Specifications produced by May 2011; -Database development under process	Database development and migration to iHRIS completed.
2009 MOH statistical booklet 2010 MOH statistical booklet 2011 MOH statistical booklet	Health statistics		Approved by MOH and published on MOH website
2012 MOH statistical booklet	Health statistics	June 2012	Being finalized
Health sector data sharing and confidentiality policy	Policy guideline	Draft policy has been finalized in March 2012	Validated by MOH/SMM and posted on the website
SOPs for Management of Routine Health Information for DH and HC	Guidelines	Completed in July 2011	Approved in Sept 2011 by Minister
Guidelines for HMIS data recording and reporting	Guideline /user manual	December 2013	First draft completed. Waiting the MOH/SMM approval and translation (in French),
HMIS monthly report forms for HC, DH, RH, and Private dispensaries/clinics	Report forms	Completed	Revised version 1.5 completed.
Curriculum for data analysis and use	Training curriculum	Completed in Aug 2011 for District data managers and M&E officers	Approved in Aug 2011 by MOH/HMIS department
Curriculum and training materials for DHIS-2 data entry and HMIS recording & reporting for data managers	Training curriculum	Completed in Oct 2011. Being translated in French. It was used for training 120 Trainers.	Approved by MOH HMIS department in Oct 2011
HEALTH FINANCE			
Rwanda CBHI Policy	Policy	Completed by April 2010	Approved by MOH
Draft Law on Health Insurance	Law	Completed 2010	Approved by the MOH. Pending for the adoption by Parliament
CBHI Procedures manual	Guidelines	Completed for the French and English versions	Approved by MOH
Standard Operational Procedures for management of routine CBHI	Guidelines	French and English versions completed	Validated by MOH

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
information			
Costing Exercise of the Packages of Health Services	Training curriculum	Completed in September 2011 for HC and DH costing	Approved by TWG
Costing exercise capacity Building Strategy	Guidelines	Completed in September 2011	Approved by TWG
PBF Concept note for CAMERWA	Concept note	Completed in October 2010	Submitted to CAMERWA, but PBF model abandoned.
Community PBF Implementation manual	Guidelines/ User manual	Completed in August 2011	The manual is being used.
Protocol on quantity verification and patient satisfaction at health center level, on quality counter verification and on PBF system audit	Guidelines	Completed in December 2010 for Clinical PBF and in august 2011 for community PBF.	Approved by TWG
CBHI M&E indicators database user manual	Guideline/ User manual	Completed (French version) in September 2010	Approved by TWG/MOH
CBHI Membership database user manual	Guideline/ User manual	Completed in October 2011	Approved by TWG. It was used as a ToT material for CBHI extended team members and districts' CBHI directors
PBF Procedures manual	Guidelines	Completed (French & English) in August 2011, a new aspect on Equity to be integrated and will finalized by July 2013	Approved by SMM MOH
SOPs for Community health activities supervisors at DH	Guidelines	Completed by September 2011 for DH, HC	Presented to the CH –TWG; Approved by TWG
SOPS for CBHI activities	Guidelines	Completed (English and French version)	Approved by the CBHI technical plat form
CBHI DQA User manual	User manual	Completed and produced in 2 versions (French and English)	Pending for the approval
Provider payment reform: Road map for DRG implementation in Rwanda	Report	Completed	Approved by the technical team
Community health strategic plan	Strategic plan	To be completed by July 2013	
Health financing strategic plan	Strategic plan	To be completed by August 2013	
Community HMIS DQA user manual	User manual	December 2013	

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
Health financing sustainability plan (for HF interventions)	Report	March 2014	Not yet started
HUMAN RESOURCES FOR HEALTH			
HRH strategic plan	Strategic plan	Completed by March 2011	Approved by MOH in April, 2011
HRH policy	Policy	Draft developed by July, 2011.	Revised the draft and submitted it to the TWG for review; the TWG provided inputs and the policy was validated by MOH/SMM
Continuing Professional Development (CPD) policy for physician	Policy	Completed by July 2010	Approved by MOH in august, 2011
Continuing Professional Development (CPD) strategic plan for physician	Strategic plan	Completed by July 2010	Approved by MOH in august, 2011
M&E Plan for the CPD Program	M&E Plan	Draft completed by March 2012	The plan was validated by CPD committee
Resource kit for the regulation of Health Professionals in Rwanda	Guidelines	Completed by February 2011	Approved by Professional councils
Law establishing the Allied Health Professionals and Pharmacists Council	Law	Validated by the Allied Professional Assembly in March 2012.	Law was approved and published in the official gazette
Draft ministerial order determining the list of paramedical professions and their regulations	Law	Completed	Adopted in December 2011.
HRH situational analysis document	Analysis	Completed 2010 in partnership with WHO	Approved by the MOH
QUALITY IMPROVEMENT FOR HEALTH SERVICES			
DH Supervision tool for central level	Supervision tool	Tool completed by Dec 2010	Approved by SMM/MOH. The tool is being used with the MOH team. It may be reviewed if necessary
Operational accreditation policies and procedures	Procedures	Drafts produced by September 2011.	Approved & launched as planed but more to be reviewed and developed to align with essential hospital accreditation standards
National clinical protocols and treatment guidelines	Protocols/Guidelines	Drafts produced by November 2011.	Approved and Launched and copies are being printed by WHO

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
Health Service Packages	Packages of services	Drafts produced November 2011 Completion expected by Dec 2011	Approved & launched
District Hospital Strategic Accreditation Framework	Policy	Completed 2013	To be submitted to Accreditation Steering committee for approval
Essential Hospital Accreditation standards	Standards	Completed 2013	Approved by SMM
Essential Hospital Accreditation standards	Standards	Completed 2013	Approved by SMM
Rwanda Accreditation model	model	Completed 2013	Draft to be approved by Accreditation Steering committee
Accreditation assessment tools	tools	Completed 2013	Approved by SMM
Accreditation assessment guide	Manual	Draft	To be finalized and approved
Accreditation Surveyor certification training program	Manual	Draft Completed	To be reviewed, finalized and approved
Accreditation Conflict of Interest policy	policy	Completed 2013	Approved by SMM
Accreditation management Procedure	procedure	Completed 2013	Approved by SMM
Accreditation Surveyor confidentiality agreement	Policy	Completed 2013	Approved by SMM
Terms of reference for the accreditation support committees	TOR	Completed 2013	Finalized and submitted to MOH
Accreditation Facilitation process Guide	Manual	Mid 2014	Not yet started
National safety goals for 2014	Goals	September 2013	Not yet started
HEALTH DECENTRALIZATION			
Module de formation sur la gestion des programmes de santé communautaire	curriculum	Completed by July 2011	Approved by MOH in July 2011
Module de formation sur la gestion des données de santé	Curriculum	Completed by May 2011	Approved by MOH
Health Sector Decentralization	Strategic Plan	Draft completed by Sept 2011; revision	Under validation process ; there are issues in

List of materials and tools	Type of Material/Tool	Date of production/ expected date of completion	Status of approval (by TWG, MOH, etc.)
Strategic Plan		was completed by end 2012	validation
CROSS CUTTING			
HSS Framework and Consolidated Strategic Plan	Strategic Plan	completed in Sept/2010	Validated and signed by MOH
Health Sector Situational and Gap Analysis	Evaluation/Analysis report	Completed in February 2012	Validated at Musanze Feb. 2012
Health Sector Strategic Plan (HSSP III)	Strategic Plan	Completed	
Midterm Evaluation of the National Strategic Plan for TB	Evaluation/Analysis report	Completed	
Review of GF Phase 1 for TB NSA Single Stream Funding (SSF)	Evaluation/Analysis report	Completed	
Phase 2 NSA TB and bridge applications	Evaluation/Analysis report	Completed	
RBC functional analysis report	Evaluation/Analysis report	Completed	Approved