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INKUNGA Y'ABANYAMERIKA

RWANDA FAMILY HEALTH PROJECT

ANNUAL REPORT

OCTOBER 1, 2013 – SEPTEMBER 30, 2014

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ACRONYMS

ASRH&R	Adolescent Sexual, Reproductive Health and Rights
CBEHPP	Community Based Environmental Health and Promotion Program
CBP	Community Based Planning
CDC	Center for Disease Control
CHW	Community Health Worker
DC	District Coordinator
DH	District Hospital
DHU	District Health Unit
DHMT	District Health Management Team
EHO	Environmental Health Officer
EmONC	Emergency Obstetric Care
EMTCT	Elimination of Mother to Child Transmission
ENC	Essential Newborn Care
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
FY14	Fiscal Year 2014
GBV	Gender-based Violence
G2G	Government-to-Government
GoR	Government of Rwanda
HC	Health Center
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Result
JADF	Joint Action District Forum
LAPM	Long Acting and Permanent Methods
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Reporting
MEMS	Monitoring and Evaluation Management Services
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MOPDD	Malaria and Other Parasitic Diseases Division
NCDs	Non-communicable Diseases
OFPRAC	Obstetric Fistula Prevention and Repair Awareness Campaign
OPD	Outpatient Department
OpenMRS	Open Medical Records System
PBF	Performance Based Financing
PDSA	Plan-Do-Study-Act
PLWHA	People Living with HIV/AIDS
QI	Quality Improvement
RBC	Rwanda Biomedical Center
RFHP	Rwanda Family Health Project
SI	Strategic Information
STL	Senior Team Leader
ToTs	Training of Trainers
TWGs	Technical Working Groups
USAID	United States Agency for International Development

A. Project Background and Overview of Report

Project Background. The objective of the Rwanda Family Health Project (RFHP) is to increase the use of facility and community-based family health services. For the purpose of this activity, “family health” includes an integrated package of services related to family planning and reproductive health (FP/RH), HIV/AIDS, maternal, neonatal, and child health (MNCH), malaria prevention and treatment, nutrition, and safe water and hygiene. “Integration” means the organization, coordination and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to costs, outputs, impacts and use.

RFHP works mainly at district-level facilities and communities to achieve the following four results:

- Project Intermediate Result One - Improve the quality of facility and community-based family health services
- Project Intermediate Result Two - Expand access to family health (FH) services, primarily by increasing the number of skilled healthcare providers
- Project Intermediate Result Three - Increase demand for facility and community-based FH services
- Project Intermediate Result Four - Strengthen management of facility and community-based FH services

Overview of Annual Report Purpose and Format. This annual report provides an explanation and analysis of RFHP’s Fiscal Year 2014 (FY 14) year of activities, with a focus on reporting against the approved performance management plan (PMP). For a description of project activities, please refer to previous quarterly reports as well as the annexes of this report, which provide detailed updates for each activity included in the FY 14 work plan, as reported to the Ministry of Health.

This report is organized according to the project’s four intermediate results, described above. The first section of this report details the cross-cutting and high level outputs, outcomes and impacts achieved during FY 14. The second, third, fourth and fifth sections report against the project's four IRs. Each of the five sections include a table that exhibit the project’s performance against the indicators and year FY 14 targets included in the project’s PMP. The tables also provide analysis and explanation of RFHP’s performance against the indicators. At the end of each of these sections the project highlights, through a success story in the USAID-approved format, an activity that was effective and contributed to the project’s overall impact. The final section of the report discusses lessons learned by the project during this last year of implementation and ways in which RFHP plans to move forward. As mentioned above, the annexes of the report and previous quarterly reports provide a detailed account of project activities, organized by IR.

Additionally, RFHP reports into USAID’s AidTracker+ and Trainet system according to the requirements of the two systems. RFHP is also preparing to report all HIV-related data into the new DATIM system beginning in October 2014. This report should be considered supplemental to the data reports. As mentioned above, this report focuses on reporting against the PMP.

B. Report on Cross-Cutting Indicators

Discussion of RFHP's grants program. RFHP is organized by result areas which have been developed to support the overall project objective: increasing the use of facility and community-based family health services. In addition to the activities planned under the result areas, the project has one major cross-cutting program that supports the achievement of the four project intermediate results as well as the overall project objective; the issuing and oversight of grants to all supported health facilities and district level administrative structures. RFHP has a substantial grants program with 177 grants in FY 14. Twenty-two health facilities transitioned HIV-activities from RFHP support to MoH support in May 2014, totaling 158 active grants to date. RFHP employs grants to provide financial, operational and clinical support to health entities. Financially, the project supports costs critical to high quality service provision, such as salaries of physicians, nurses, and laboratory technicians and meeting and travel expenses for those staff. The provision of financial support allows the project to quickly form close partnerships with the health facilities to provide the needed technical assistance, both in management and operational systems as well as in clinical service delivery. The project's grants team works to build capacity in critical operational and management areas such as accounting, reporting and resource management. On the clinical side, grantees are supported through site visits and targeted technical assistance from project staff that supplement the training and capacity building offered under IR 2. In FY 14, RFHP continued monitoring and implementation of current grants and, in collaboration with the MoH, CDC, and USAID, helped facilitate the smooth transition of 22 health facility grantees from RFHP grant support of HIV activities to support through the MoH. An understanding of the project's grants program is essential when reviewing the project's progress against PMP indicators, as grants have contributed significantly to the project's ability to achieve its targets.

Indicator Table. The table below documents RFHP's progress against the PMP indicators that measure progress toward achieving the project's overall project objective, which is to increase the use of district level facility and community-based family health services. The first four columns of the table (indicator number, indicator, rationale and targets) have been taken verbatim from the project's approved PMP. The final two columns have been added to show the project's achievements against the targets set at the beginning of the year and to provide an analysis and explanation of how RFHP achieved or exceeded the targets or why the project was not able to meet them. Indicators that relate to HIV activities were adjusted in May 2014 to take into account the districts that were transitioned to the MoH. Please refer to the actual PMP for information on how and why targets were calculated.

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
Project Objective: Increase the use of facility and community-based family health services					
1	<p>Number of new users of family planning methods</p> <p><i>Definition:</i> Number of new users of all contraceptive methods during the year. These contraceptive methods include pills, injectables, IUD, condoms, standard days, Tubal ligation, vasectomy and implants.</p>	<p>Increased family planning use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.</p>	152,884	145,795	<p>RFHP implemented three activities which contributed to the addition of new users and a result of 94.9%. The project trained community health workers in Rutsiro and Ngoma districts in community-based family planning (Annex II, Activity 68), which includes counseling (for community members on the impact of population growth) and referral to health centers. In addition, as part of the package of support for long acting and permanent methods (LAPM), the project conducted outreach and sensitization activities to inform local leaders in Ruhango, Kayonza and Muhanga districts about LAPM benefits and options (Annex II, Activity 6). Through grants, RFHP supported counseling and referral in family planning for HIV positive patients.</p>

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achieve- ments	Analysis and Explanation of Y2 Performance
2	<p>Number of additional USG-assisted CHWs providing FP information and/or services during the year</p> <p><i>Definition:</i> This is the number of additional USG-assisted CHWs that provide FP information and/or services (including referrals and methods) in the community during the year. Additional USG-assisted CHW should only represent new additional CHWs who are able to provide FP information and/or services.</p>	<p>FP use is related to its physical availability through various sites, including door-to-door offering of FP information and/or services, especially if the information and/or services are offered in a quality, client-friendly, convenient and affordable manner. Increased family planning use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.</p>	970	966	<p>RFHP's achievement against this indicator is 99.6% due to continued implementation of the community based family planning program (CBP). In addition to supporting the training of community health workers in the CBP package (which includes counseling, administration of condoms, oral contraceptives, injectibles and the standard day method, and referrals) RFHP also supported validation of 1,023 CHWs trained in CBP (Annex II, Activity 68). Validation is the process through which CHWs skills are tested and verified. CHWs are not authorized to independently provide a service until they have been validated in that service.</p>
3	<p>Proportion of service delivery points (SDPs) providing FP counseling or service</p> <p><i>Definition:</i> The number of USG-assisted service delivery sites (health facilities: including DHs, HCs, health/secondary posts and dispensaries) providing FP information and/or services during the year. This does not include CHWs. FP counseling or services include information about FP methods, provision of FP methods and FP referrals..</p> <p>FP Services: Provision of FP methods and or FP referrals.</p> <p>USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance.</p>	<p>Increased FP use is related to its physical availability through numerous sites offering FP counseling and/or services, especially if the counseling and/or services are offered in a quality, client-friendly, convenient and affordable manner. Increased family planning use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.</p>	100%	100%	<p>All RFHP-supported sites provide counseling in family planning and non-faith-based sites also provide patients with family planning methods. While faith-based sites do not provide methods, they do refer patients to "secondary posts" where they are able to receive methods. RFHP supports service delivery points in the provision of family planning counseling and services through training and validation of service providers, provision of equipment (Annex II, Activity 7), provision of salaries through grants and quality improvement through analysis of indicators and implementation of methods for improving performance (Annex I, Activities 16-18). Further, the RFHP Technical Team supports the MoH in the development of FP guidelines, strategies and tools to be used by facilities across the country.</p>

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
4	<p>Proportion of HIV-positive pregnant women who received ARVs to reduce risk of mother-to-child transmission of HIV.</p> <p><i>Definition:</i> The number of HIV positive pregnant women who received ARVs to prevent the risk of MTCT of HIV among all those who were identified as HIV positive in PMTCT settings. The number of HIV-positive pregnant women who received ARVs to reduce MTCT is obtained from facility based ANC and maternity registers. ARVs are provided to HIV-positive women during pregnancy (through ANC), during labor/delivery or shortly after delivery, i.e. within 72 hours (in maternity).</p>	Measures contributions across four IRs, with the aim of increasing use at the facility level. Measures delivery and uptake of ARV prophylaxis for PMTCT.	97%	95.6%	The project reached 98.6% of this target through implementation of two major activities. First, the project supported PMTCT implementation through its quality improvement initiatives. Districts and facilities implementing the Plan Do Study Act (PDSA) approach (Annex I, Activities 16-18) used their developed EMTCT plans to identify areas of focus and indicators for quality improvement. Districts were also supported in implementing their own data quality audits (DQAs). Through the grants program, the project provides salaries to the nurses and doctors who prescribe ARVs to pregnant women. In addition, at some facilities the project is supporting (through grants) psychosocial counseling for women in PMTCT. The installation and support of OpenMRS in 31 health facilities has also contributed to vulnerable patient follow-up and the implementation of this indicator (Annex IV, Activities 4-9).
5	<p>Number of HIV-positive adults and children receiving a minimum of one clinical service.</p> <p><i>Definition:</i> The indicator measures how HIV-positive individuals receive care and support services (defined by receipt of at least one clinical service) at various facilities during the period. Clinical services may be provided at HFs or at home/community; and may include both assessment of the need for interventions (for example assessing for pain, clinical staging, or screening for tuberculosis) and provision of needed interventions: prevention and treatment of TB/HIV, prevention and treatment of other opportunistic infections (OIs), alleviation of HIV-related symptoms and pain, nutritional rehabilitation for malnourished PLWHA, etc. All Patients in Pre ART and ART are reported under this indicator because they receive services as outlined above.</p>	Measures contributions across four IRs, with the aim of increasing use. Informs country programs and PEPFAR about scale-up of clinical services for HIV-positive individuals. PLWHA should receive a comprehensive package of services to improve quality of life, extend life, and delay the need for antiretroviral therapy (ART).	45,926	46,086	<p>At the end of year two, RFHP had achieved 100.3% of this indicator due both to the support provided through grants as well as the technical assistance provided by project staff. The grants program supports implementation of HIV clinical services. The clinical services activities include: voluntary counseling and testing (VCT), provider initiated testing (PIT), PMTCT, ART, clinical care, post exposure prophylaxis (PEP), prevention with positives (PWP), and community outreach.</p> <p>RFHP also provided technical assistance through improving the quality of HIV services, training in HIV service delivery in Bugesera and Nyagatare districts (Annex II, Activity 3) and supporting DHMTs to improve the management of HIV services (Annex IV, Activities 26-33).</p>
6	<p>Number of adults and children with HIV infection receiving antiretroviral therapy (ART)</p> <p><i>Definition:</i> Total number of patients (both adults and children) in the ART register who are receiving ARVs and have not exited the program by the end of the reporting period. This is equal to the number reported as currently on ART during the previous reporting period PLUS patients who were newly enrolled on ART, transferred in on ART or retraced on ART during this reporting period MINUS patients on ART who were transferred out, lost to follow up, stopped or abandoned or died during this reporting period.</p>	Measures contributions across four IRs, with the aim of increasing use. Permits monitoring of trends in ART coverage and use.	37,457	37,904	RFHP supports the provision of ART through its grants program and was able to achieve 101.2% of this indicator target because of the financial support the project provided to health facilities for salaries (of doctors and nurses prescribing and administering ART) and transportation costs for drug requisitions. Training in comprehensive HIV management in two districts (Annex II, Activity 3) further built the capacity of doctors and nurses in prescribing ART. In addition, through supervision visits, data quality audits and grantee reporting, RFHP was able to monitor progress against this indicator and provide targeted technical assistance/capacity building to facilities as needed to meet it.

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
7	<p>Proportion of infants born to HIV positive women who received an HIV test at age six weeks</p> <p><i>Definition:</i> The number of all infants born to HIV positive mothers (HEI) who receive an HIV test at (or within) 6 weeks of birth out of all HEI aged 6 weeks during the same period.</p> <p>Numerator: Number of infants born to HIV positive women who received an HIV test at age of six weeks</p> <p>Denominator: Total number of HEI who reached six weeks of age during the reporting period</p>	<p>According to the national PMTCT guidelines, all HEI should receive an HIV test with polymerase chain reaction (PCR) between 4 to 8 weeks of birth.</p>	98%	98.9%	<p>RFHP surpassed this target due to its use of holistic approach with PMTCT. The project provided technical support to districts in finalizing their EMTCT plans and outlining priorities in moving forward (Annex II, Activities 1-2). As mentioned above, the grants program supported the salaries of doctors and nurses and PMTCT, and the importance of newborn testing, is captured in the HIV management training offered to healthcare providers.</p>
8	<p>Number of new ANC visits at facility</p> <p><i>Definition:</i> The number of pregnant women attending their first ANC visit as registered in the ANC register</p>	<p>The project has selected a set of quality indicators to monitor using the PDSA model. These include number of new ANC visits at facility. It is anticipated that this model will encourage health providers to identify gaps and implement strategies to increase the number of women coming to ANC. Based on the above, we estimated a 4% increase from PPR13.</p>	160,891	173,111	<p>The project achieved 108% of this target through the implementation of two major activities. First, the successful roll out of the PDSA approach among quality improvement (QI) committees who utilized data to determine that the standard for 4 ANC visits was a low performing indicator across all districts (Annex I, Activities 16-18). This allowed QI committees to identify gaps and generate targeted solutions for their communities. Secondly, ANC visits were an important pillar of the community outreach fistula campaign (Annex III, Activity 3).</p>

Highlighted cross-cutting success. As highlighted above, RFHP’s grants program truly cuts across all facility and community-based activities. This year, the grants team administered, monitored and supported the implementation of 177 grants to healthcare entities across Rwanda. In preparation for the transition, the RFHP staff continued to participate in G2G transition meetings along with the MoH, USAID, and CDC representatives and participated in the clinical, management, and M&E sub-groups under the transition working group. On May 1, 2014, twenty-two health facility grantees in Ngoma, Kayonza and Rwamagana districts smoothly transitioned from RFHP grant support to financial support through the MoH. In the upcoming year, 11 additional districts are expected to transition all HIV activities in three cohorts.

C. Immediate Result 1 - Improved quality of family health services

Discussion of RFHP's approach to achieving IR 1. Under IR 1, RFHP is working to improve the quality of care by focusing on activities aimed at achieving three sub-results, each with a different focus on quality:

- Sub-result 1.1: National policies, protocols, guidelines and performance standards strengthened
- Sub-result 1.2: Functional linkages between services strengthened to support “smart integration”
- Sub-result 1.3: Rwanda quality management strengthened

Indicator Table. The table below documents RFHP's progress against the PMP indicators that measure progress toward achieving the project's overall project objective, which is to increase the use of district level facility and community-based family health services. The first four columns of the table (indicator number, indicator, rationale and targets) have been taken verbatim from the project's approved PMP. The final two columns have been added to show the project's achievements against the targets set at the beginning of the year and to provide an analysis and explanation of how RFHP achieved or exceeded the targets or why the project was not able to meet them. Indicators that relate to HIV activities were adjusted in May 2014 to take into account the districts that were transitioned to the MoH. Please refer to the actual PMP for information on how and why targets were calculated.

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
Project Intermediate Result 1: Improve the quality of facility and community-based family health services					
9	<p>Number of individuals who received testing and counseling (TC) services for HIV and received their test results in target areas</p> <p><i>Definition:</i> Total number of individuals who have been tested & counseled for HIV during the reporting period and who received their results. This is the sum of targets set for VCT, PIT, EID and PMTCT during FY14 which together add up to the total number of patients targeted to receive testing and counseling services for HIV and their results.</p>	<p>This indicator requires a minimum of counseling, testing, and the provision of test results and includes all TC service outlets including VCT, PIT, EID, PMTCT and male partners.</p>	682,428	744,613	<p>The project was able to achieve 109.1% of this target. Through grants RFHP supports VCT and PIT by paying salaries of counselors and laboratory technicians as well as by paying travel and per diem costs for outreach activities. In addition, through supervision visits, data quality audits and grantee reporting, the project was able to monitor progress against this indicator and provide targeted technical assistance and capacity building to facilities as needed. This indicator was adjusted in May to reflect the six facilities that successfully transitioned from RFHP grant support to MoH.</p>
10	<p>Percentage of health facilities correctly using the PDSA cycle methodology to support quality improvement</p> <p><i>Definition:</i> Numerator: Number of health facilities correctly using the PDSA cycle methodology to support QI</p> <p>Denominator: The total number of all supported facilities that have been trained/mentored on PDSA methodology to improve quality of services</p>	<p>Proportion of HFs that will correctly use the PDSA methodology during the year. The indicator measures how well the sites learn and implement QI techniques.</p>	100%	91%	<p>QI is a cornerstone of RFHP implementation and PDSA is a proven approach and the preferred methodology of the MoH. RFHP is committed to ensuring that all sites use the PDSA methodology correctly, including monthly data analysis and follow through when addressing gaps. A handful of sites require additional capacity building in the coming year to achieve complete sustainability. This target was achieved through supervisory visits, trainings and continued capacity building (Annex I, Activities 16-18).</p>
Sub-Intermediate Result 1.1: National policies, protocols, guidelines, and performance standards strengthened					

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
11	<p>Number of technical and strategic documents developed or updated (including strategies, training manuals, policies, norms, standards, and protocols / guidelines)</p> <p><i>Definition:</i> Number of policies, norms, standards, and protocols updated with project assistance, approved by MoH, and disseminated. Includes those revised to meet WHO standards and/or the local context.</p>	<p>Revision of policies, norms, standards, and protocols is a priority activity and will improve quality by establishing clear expectations for service delivery.</p>	5	1	<p>RFHP collaborates with MoH and other partners through Technical Working Groups (TWGs) and contributes to the development of the technical and strategic documents. This year five documents were planned for development:</p> <ul style="list-style-type: none"> • A user guide for OpenMRS • MCH indicator reference guide • A health promotion strategy, with and M&E plan and data collection tools • Training module and job aides for healthcare providers on customer care • Educational tools to be used by the Community-Based Environmental Health Promotion Program (CBEHPP) <p>A number of delays and cancellation of activities effected the ability of the project to meet this target. USAID/Rwanda requested RFHP to finalize and submit the PMP for approval ahead of the official approval of the work plan by USAID/Rwanda and the MoH. As a result, the health promotion strategy and the training module were not approved and had to be deleted from the original submission of the work plan. The review and update of CBEHPP tools was determined to no longer be a priority for MoH and as such was recently cancelled by MoH and USAID. The MCH indicator reference guide has been drafted with the support of a local and international consultant and is awaiting feedback from MoH before proceeding with a final workshop to validate it.</p>
Sub-Intermediate Result 1.3: Rwandan quality management strengthened					
12	<p>Number of individuals trained in quality improvement techniques</p> <p><i>Definition:</i> Number of people (health professionals, primary health care workers, CHWs, volunteers, non-health personnel) trained in methods aimed at meeting performance standards using project funds.</p>	<p>Training in quality improvement techniques will lead to knowledge transfer at the facility, community, and GOR levels and facilitate innovation and ownership of techniques, ensuring sustainability.</p>	306	311	<p>The project achieved 102% of this target through two major activities. District Coordinators continued to offer on-site mentorship of DHMTs across 17 districts (Annex IV, Activities 26-33). Also, RFHP worked with MoH to develop a DHMT supervision tool to monitor quality improvement. The tool was approved on September 24, 2014 (Annex IV, Activity 31). Furthermore, RFHP trained healthcare providers on quality improvement techniques in the roll out of the mentoring and coaching approach (Annex I, Activity 7).</p>

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
13	<p>Number of individuals (from health facilities and administrative units) trained in at least one core FH service using project funds.</p> <p>Note: Core FH services include the following: FP/RH, malaria treatment and prevention, MNCH, child health and nutrition, safe water and hygiene, HIV/AIDS.</p> <p><i>Definition:</i> Number of people (health professionals, primary health care workers, volunteers, non-health personnel) trained using project funds. Training refers to new training or refresher training and assumes that training is conducted according to national or international standards when these exist.</p>	Supports access of skilled healthcare providers in each component of the package of FH services.	656	499	<p>Throughout FY 14, RFHP supported MoH in a number of technical trainings. Some of the trainings provided during the project's third year include:</p> <p><u>HIV</u></p> <ul style="list-style-type: none"> HIV management and integration of FP/HIV/MCH services (Annex II, Activity 3) <p><u>Maternal and Child Health</u></p> <ul style="list-style-type: none"> C-Section (Annex II, Activities 39 and 40) Emergency Triage Assessment and Treatment (Annex II, Activities 51 and 52) Adolescent Sexual and Reproductive Health and Sexual Rights (Annex II, Activity 23) Integrated Management of Childhood Illnesses (Annex II, Activity 78) <p><u>Family Planning</u></p> <ul style="list-style-type: none"> Vasectomy and Semen Analysis (Annex II, Activities 12 and 13) <p><u>Cross Cutting</u></p> <ul style="list-style-type: none"> QI/PDSA (Annex I, Activity 16) M&E Systems and data use for decision making (Annex IV, Activities 10 and 11) <p>The target for this indicator is the sum of nine separate trainings, including: ToT on LAPM, OJT on LAPM, vasectomy ToT, vasectomy for health providers, post vasectomy semen analysis, ToT on tubal ligation, tubal ligation for health providers, ToT on ASRHR and ASRHR for healthcare providers. RFHP did not meet the target for this indicator because two of the trainings planned for tubal ligation are still ongoing due to a delay in procurement and delivery of tubal ligation materials and because in other trainings some of the invited participants did not attend as planned.</p>

Highlighted success under IR 1. Quality improvement is a cornerstone of the project's objective and all activities are implemented with the cross-cutting framework in mind. This year, RFHP supported the MoH to roll out the international best practice PDSA in QI committees in 85 health centers across 17 districts. The PDSA method involves identifying performance gaps, and their root causes, and planning solutions to address those gaps. RFHP, in collaboration with MoH and districts, identified a set of MCH and HIV quality indicators to be used in QI implementation. The committees meet monthly and include members from every service area. Each month the QI committee assess the implementation status of the work plan and, utilizing the selected indicators, analyze data. Further, the committees consult suggestion boxes placed in health facilities for feedback from clients and discuss areas of improvement for service areas. RFHP, in collaboration with districts, conduct monthly visits to facilitate QI using the PDSA approach.

D. Intermediate Result 2 – Expanded access to family health services

General Overview of RFHP's approach to achieving IR 2. Under IR 2, RFHP implements activities aimed at expanding access to health services. This IR has been divided into two sub-results, each focusing on a different level of service provision:

- Sub-result 2.1: Availability of facility-based services expanded
- Sub-result 2.2: Availability of community-based services expanded

RFHP's approach to improving access is by building the capacity of healthcare providers to provide quality care through targeted trainings in multiple technical areas. During its second year, RFHP continued to conduct a number of trainings in conjunction with the MoH, both at the facility level and community level.

Indicator Table. The table below documents RFHP's progress against the PMP indicators that measure progress toward achieving the project's overall project objective, which is to increase the use of district level facility and community-based family health services. The first four columns of the table (indicator number, indicator, rationale and targets) have been taken verbatim from the project's approved PMP. The final two columns have been added to show the project's achievements against the targets set at the beginning of the year and to provide an analysis and explanation of how RFHP achieved or exceeded the targets or why the project was not able to meet them. Indicators that relate to HIV activities were adjusted in May 2014 to take into account the districts that were transitioned to the MoH. Please refer to the actual PMP for information on how and why targets were calculated.

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
Project Intermediate Result 2: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers					
Sub-Intermediate Result 2.1: Availability of facility-based services expanded					
14	<p>Number of supported health facilities offering a minimum package of PMTCT services</p> <p><i>Definition:</i> The number of service delivery outlets that provide a minimum package of PMTCT services. According to national standards. This minimum package must include all of the following services: (1) Testing and counseling for pregnant women. (2) ARV prophylaxis to prevent MTCT. (3) Counseling and support for safe infant feeding practices; and follow up of HEI (4) Family planning counseling or referral.</p>	Provides a quantitative measure of the stage of PMTCT service expansion and current availability of PMTCT services supported by the USG.	127	127	In FY 14, RFHP reported for 144 health facilities in HIV-supported districts. The target was initially set at 144 in October 2013. All health facilities offer a minimum package of PMTCT. The indicator was adjusted in May 2014 to account for the facilities that transitioned to MoH support, bringing the new target to 127 facilities. Through financial support, data mentorship and supervision, RFHP was able to ensure that, at year's end, 127 facilities offered the minimum PMTCT package.

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
15	<p>Number of pregnant women who were tested for HIV (including ANC + maternity)</p> <p><i>Definition:</i> The number of pregnant women who were counseled and tested for HIV in ANC and maternity during the reporting period. HIV testing is done for all women presenting with unknown HIV status in ANC.</p>	<p>All pregnant women who do not have documented proof of their HIV positive status attending their first ANC visit are classified as "unknown status". In addition, all pregnant women showing up at at maternity for labor and delivery who do not have documented proof of HIV testing during their current pregnancy are also classified under "unknown status" and therefore tested. HIV testing is done for every pregnancy</p>	93,016	96,935	<p>According to national guidelines all pregnant women with unknown HIV status should be tested for HIV at each pregnancy in order to determine whether or not they are eligible for PMTCT. In order to reduce mother to child transmission of HIV through provision of ARVs, testing and counseling services were extended to ANC and maternity. Data for this indicator suggest that the number of pregnant women tested in PMTCT settings is increasing in HIV-supported districts.</p>
16	<p>Number of pregnant women who were tested and found HIV positive (even if results were not taken)</p> <p><i>Definition:</i> Number of pregnant women who are counseled, tested and found HIV positive (includes even those who do not receive their results).</p>	<p>This indicator measures new positivity rates among those tested in PMTCT settings, such as ANC.</p>	1,029	858	<p>RFHP supports testing and counseling efforts in supported health facilities through financial support and supervision. In regards to this indicator, trends from historical data suggest that the number of people testing HIV positive in RFHP supported sites continues to decrease. In 2012, 1,940 women tested HIV positive in PMTCT sites, with a positivity rate of 2.0%. Last year, this number decreased to 1,078, with a positivity rate of 1.1%. This year, data shows 858 women were tested with positive results, with a 0.9% positivity rate. RFHP continues to monitor this trend closely.</p>
17	<p>Number of women giving birth who received uterotonics in the third stage of labor through USG supported programs</p> <p><i>Definition:</i> This is the number of women who delivered in USG supported sites and received uterotonics during the third stage of labor.</p>	<p>Standard guidelines require that all women receive uterotonics such as Oxytocin and Misoprostol during the third stage of labor to prevent post-partum hemorrhage.</p>	26,260	15,020	<p>RFHP achieved 57% of this indicator through two capacity-building trainings focused on improving the management of third stage of labor by healthcare providers and CHWs. First, the project trained 21 healthcare providers in C-EmONC across eight districts (Annex II, Activities 39 and 40). The C-EmONC training contributes to improved management of third stage of labor by trained healthcare providers. In response to PPH being added to the MNH package, RFHP collaborated with MoH to train 44 healthcare providers in Nyagatare District and 38 providers in Rutsiro District in PPH management, the providers went on to train 1,253 CHWs. (Annex II, Activity 75) (See Success Story). This indicator was introduced at the beginning of FY14 and was new to the project. In order to set a FY14 target for this indicator, data for the period FY 12 and FY 13 was analyzed from HMIS and the difference between the two periods was calculated. This difference was then added to the FY 13 result (HMIS) to give a target of 26,260. Despite the efforts mentioned above, the result for this indicator deviates from the projections calculated at the beginning of the year. The reason for this deviation (57%) is due to overestimation of this target. Now that RFHP has monitored numbers for this indicator for a whole year, it will be in a good position to set a more realistic target for the next reporting period.</p>

#	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
18	<p>Proportion of infants born to HIV positive women who received Cotrimoxazole at age of six weeks</p> <p><i>Definition:</i> The number of all infants born to HIV positive mothers (HEI) who received Cotrimoxazole prophylaxis at (or within) 6 weeks of birth out of all HEI registered during the reporting period.</p> <p>Numerator: Number of infants born to HIV positive women who received Cotrimoxazole at the age of six weeks</p> <p>Denominator: Total number of HEI who reached six weeks of age during the reporting period</p>	<p>According to the national PMTCT guidelines, all HEI should start receiving Cotrimoxazole between 4 to 8 weeks of birth. It is also recommended that Cotrimoxazole is provided to the HEI the same day the infant's sample for PCR is taken. Therefore the proportion of HEI tested with PCR at 6 weeks should logically be equal to proportion of HEI who received Cotrimoxazole during the same period.</p>	98%	99.3%	<p>This year, RFHP intensified efforts around the mentorship and coaching of health facilities to adhere to guidelines, including prophylaxis regimens for newborns. The project expected an improvement in adherence to PMTCT protocol and documentation and the target reflected that expectation. In FY 14, RFHP achieved 101.4% of this indicator.</p>
Sub-Intermediate Result 2.2: Availability of community-based services expanded					
19	<p>Number of CHWs successfully completing training in at least one FH service with project assistance</p> <p><i>Definition:</i> Number of CHWs successfully completing training in at least one FH service with project assistance. Successful completion will be determined based on pre- and post-knowledge tests.</p> <p>Note: FH services are defined as FP/RH, malaria treatment and prevention, MNCH, child health and nutrition, safe water and hygiene, and HIV/AIDS.</p>	<p>Community Health Workers that are trained in service provision will be able to provide additional services at the community level, thereby increasing the availability of community based services.</p>	8,625	8,310	<p>Increasing the use of community-based health services is a pillar of the project's objective. RFHP reached this target and trained a significant number of community health workers in the following areas:</p> <ul style="list-style-type: none"> • Community Based Family Planning (Annex II, Activity 68) • Identification and Referral of Gender Based Violence Survivors (Annex II, Activity 32) • Integrated Community Case Management (Annex II, Activities 78) • Community Based Environmental Health Promotion Program (Annex III, Activities 8-10) <p>The slight discrepancy is due to invited CHWs, across all areas, not attending the training due to unforeseen circumstances.</p>
20	<p>Number of CHWs trained in malaria case management</p> <p><i>Definition:</i> Number of CHWs trained in iCCM (that includes management of malaria at community level) during the year.</p>	<p>Effective diagnosis and treatment at the community level will decrease morbidity due to malaria and ensure under 5's are treated quickly.</p>	6,251	5,898	<p>RFHP achieved 94% through iCCM training for CHWs across seven districts (Annex II, Activity 78). The integrated community case management training equips CHWs with the skills and materials to diagnose and treat common illnesses such as diarrhea, malnutrition, malaria and pneumonia (see Success Story).</p> <p>The discrepancy is due to CHWs not attending the training due to unforeseen circumstances.</p>

Highlighted success under IR 2. Family planning is a top priority for the Ministry of Health and continues to be a focus in RFHP's implementation. This year, RFHP collaborated with districts and MoH to bring a number of family planning methods directly to the community. RFHP validated 1,023 CHWs in community based provision of family planning (CBP), equipping the CHWs with the knowledge and skills necessary to dispense family planning options from their home. Community members can now privately access family

planning methods without traveling to health center from qualified and informed community health workers. This community-driven approach will increase access to family planning throughout RFHP-supported districts. In the clinical setting, RFHP trained 11 physicians, nurses and lab technicians on non-scalpel vasectomy and semen analysis. This activity brings more options for LAPM of family planning to the communities which strongly aligns with MoH's priorities.

E. Intermediate Result 3 – Increased demand for family health services

General Overview of RFHP's approach to achieving IR 3. Under IR 3, RFHP aims to strengthen the linkage between communities and healthcare providers. IR 3 drives activities aimed at achieving two sub-results, each using a different methodology to increase the demand for FH services. The sub-results under IR 3 are:

- Sub-result 3.1: Awareness and motivation to seek provider services in a timely manner improved
- Sub-result 3.2: Family implementation and follow-up healthy behaviors strengthened

Indicator Table. The table below documents RFHP's progress against the PMP indicators that measure progress toward achieving the project's overall project objective, which is to increase the use of district level facility and community-based family health services. The first four columns of the table (indicator number, indicator, rationale and targets) have been taken verbatim from the project's approved PMP. The final two columns have been added to show the project's achievements against the targets set at the beginning of the year and to provide an analysis and explanation of how RFHP achieved or exceeded the targets or why the project was not able to meet them. Indicators that relate to HIV activities were adjusted in May 2014 to take into account the districts that were transitioned to the MoH. Please refer to the actual PMP for information on how and why targets were calculated.

No.	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
Project Intermediate Result 3: Increase demand for facility and community-based FH services					
Sub-Intermediate Result 3.1: Awareness and motivation to seek provider services in a timely manner improved					
21	<p>Percentage of newly registered pregnant women attending four standard ANC visits in target areas.</p> <p><i>Definition:</i> The proportion of pregnant women who attended four standard ANC visits as registered in the ANC register.</p> <p>Numerator: The number of women who received at least 4 ANC standard visits during the reporting period</p> <p>Denominator: The total number of women who presented for their first standard ANC visit during the reporting period.</p>	Measures awareness in relation to FH services which fosters care-seeking behavior.	32%	30%	<p>RFHP is addressing ANC attendance by collaborating with MoH and districts in an integrated manner. ANC attendance was identified as a priority by health facilities, using the PDSA approach. Health facilities are focusing on four standard ANC visits as part of their quality improvement efforts and are implementing strategies to increase the number and frequency of visits (Annex I, Activities 16-18). Within the community, RFHP trained 22 healthcare providers as trainers to train CHWs to conduct outreach and share information with community members on the importance of ANC attendance (Annex II, Activity 43). Further, the largely attended fistula campaign stressed the importance of ANC visits in all theater plays, radio programs and community discussions (Annex III, Activity 3). And finally, DHMTs are aware of the importance of ANC attendance and have brought it up as a priority for them to address. (Annex IV, Activities 26-33).</p>

No.	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
22	<p>Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results.)</p> <p><i>Definition:</i> Women with known HIV status (known HIV positive) attending their first ANC visit as well as those of unknown HIV status who were tested and received results on the first ANC visit and during labor and delivery in maternity.</p>	<p>Women coming to ANC and maternity should be tested for HIV so that ARVs are provided to all eligible HIV positive mothers to reduce the risk of MTCT. All women in ANC and maternity should therefore know their HIV status.</p>	91,646	98,707	<p>RFHP achieved 107.7% of this target, due to the testing and counseling services that were rolled out to most health facilities across Rwanda. In an effort to reduce mother to child transmission of HIV through provision of ARVs, testing and counseling services were extended to ANC and maternity to be able to reduce the risk of MTCT. This has increased the number of women in PMTCT services that know their HIV status. This trend has been relatively stable with minor variations over the period 2010 to 2013.</p>
23	<p>Number of pregnant women coming to ANC with known HIV positive status.</p> <p><i>Definition:</i> Number of pregnant women attending their first ANC visit who already know their HIV positive status during the year. For a client to be considered as known HIV positive, a pregnant woman shall present documented proof including but not limited to a clinic appointment card, proof of enrollment in HIV care and treatment service, etc.</p>	<p>Women coming to ANC and maternity should be tested for HIV so that ARVs are provided to all eligible HIV positive mothers to reduce the risk of MTCT. Early testing and diagnosis of HIV with reduce MTCT.</p>	2,054	1,864	<p>RFHP targeted comprehensive HIV management through financial support through the grants program and the training of healthcare providers. Robust community outreach also contributed to the achievement of this indicator, as couples are supported in HIV testing prior to becoming pregnant.</p>
24	<p>Number of pregnant women confirmed with malaria</p> <p><i>Definition:</i> Includes all pregnant women who were tested and confirmed with malaria during the reporting period. These are counted as all "confirmed malaria in pregnancy" cases as reported in HMIS.</p>	<p>Malaria greatly increases the risk of anemia and low birth weight in pregnant women and testing and treating pregnant women greatly reduces this risk.</p>	2,009	2,931	<p>This year, RFHP exceeded this target through a variety of activities. First, FANC training for healthcare providers and CHWs highlights the important of testing and treating malaria in pregnant women (Annex II, Activities 42 and 43). Secondly, CHWs were trained on iCCM, which also highlights the importance of testing pregnant women in the community. Thirdly, RFHP supported the MoH to update FANC training tools (Annex II, Activity 38) that will be utilized across the country.</p> <p>RFHP reported 2,224 pregnant women confirmed with malaria at the end of September 2013. Based on activities planned for the year and technical experience from the field, an estimated 10% reduction from the PPR13 was targeted for FY 14. This year, RFHP analyzed data from HMIS and found a significant increase of malaria among pregnant women and the general population and as a result there was a 32% increase in malaria among pregnant women compared to FY 13. Discussions with MOPDD and HMIS team confirmed this observation. This rationale explains why this target was overachieved at 146%.</p>

Highlighted success under IR 3. In collaboration with MoH and Ihorere Munyarwanda, a local NGO, RFHP successfully implemented the six-month Obstetric Fistula Prevention and Repair Awareness Campaign (OFPRAC) campaign to raise awareness in communities about fistula prevention and treatment with a focus on encouraging mothers to deliver in health facilities and attend 4 ANC visits during their pregnancy. The comprehensive approach to the campaign utilized theater plays, radio programs, door-to-door outreach and community meetings with trained CHWs to directly reach over 35,530 people. The feat was accomplished through strong partnerships with MoH and the districts. Kibagabaga District Hospital organized sessions in April 2014 to surgically treat fistula and half of the women who arrived for treatment were from the four

districts targeted by RFHP, indicating that due to the success of the campaign, more women are receiving treatment for fistula.

F. Intermediate Result 4 – Strengthened management of family health services

General Overview of RFHP's approach to achieving IR 4. Under IR 4, RFHP implements activities aimed at achieving three sub-results, each focusing on different aspects of health systems management:

- Sub-result 4.1: Facility functionality and equipment, supply, and logistics systems improved
- Sub-result 4.2: Facility management improved
- Sub-result 4.3: Management of CHW cooperatives strengthened

Indicator Table. The table below documents RFHP's progress against the PMP indicators that measure progress toward achieving the project's overall project objective, which is to increase the use of district level facility and community-based family health services. The first four columns of the table (indicator number, indicator, rationale and targets) have been taken verbatim from the project's approved PMP. The final two columns have been added to show the project's achievements against the targets set at the beginning of the year and to provide an analysis and explanation of how RFHP achieved or exceeded the targets or why the project was not able to meet them. Indicators that relate to HIV activities were adjusted in May 2014 to take into account the districts that were transitioned to the MoH. Please refer to the actual PMP for information on how and why targets were calculated.

No.	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
Project Intermediate Result 4: Management of facility and community-based health services strengthened					
25	<p>Number of DHMT quarterly meetings that were conducted in RFHP supported districts to discuss and/or analyze their data for informed decision making.</p> <p>Definition: Number of DHMT quarterly meetings conducted during the reporting period in RFHP supported districts.</p>	RFHP will support the quarterly DHMT management meetings through technical capacity building to enable health facilities and districts to make evidence based clinical as well as management decisions.	68	66	<p>During the course of the year, RFHP supported 17 districts to organize DHMT meetings on a quarterly basis. Initiated during the first year, DHMT meetings were instrumental in shaping the district health agenda. RFHP, through District Coordinators, also liaised with the district's and project's M&E teams to prepare presentations on key health indicators data. A total of 66 DHMT meetings were organized with 816 participants.</p> <p>Each district organized four meetings except Gicumbi and Rutsiro who were able to only organize three out of four due to scheduling difficulties in the beginning of the year.</p>
Sub-Intermediate Result 4.2: Facility management improved					
26	<p>Percentage of health facilities reporting on a timely basis into the HMIS</p> <p><i>Definition:</i> The proportion of supported HFs that report on time into the HMIS. Reporting should be in line with HMIS procedures and protocols which require all health facilities to report not later than the 5th of each month following the end of the reporting period.</p> <p>Numerator: Number of health facilities reporting on a timely basis into the HMIS.</p> <p>Denominator: Number of health facilities supported by RFHP funds</p>	Measure of the capacity for planning at central and decentralized levels.	100%	99%	The project's M&E team provided extensive capacity building support to all supported facilities in M&E, data collection, data use, reporting and analysis. (Annex IV, Activities 10 and 11). The project's M&E team also conducted monthly checks in the HMIS to verify and ensure the timeliness and completeness of reports submitted into the system. The M&E team accomplished this through close follow-up and sending reminders when needed.

No.	Indicator (Name, Definition, Disaggregation)	Rationale	Y2 Targets	Y2 Achievements	Analysis and Explanation of Y2 Performance
27	<p>Proportion of health facilities whose data managers have been mentored on reporting and data quality improvement during the year</p> <p><i>Definition:</i> The proportion of supported facilities whose data managers have received mentorship on data analysis and use, reporting and data quality improvement (provided by FHP) during the reporting period.</p> <p>Numerator: Number of supported facilities whose data managers have received mentorship on data analysis and use, reporting and data quality improvement during the reporting period.</p> <p>Denominator: All RFHP supported facilities</p>	Building the capacity of data managers and supported facilities help to ensure accurate data collection and analysis	51%	51%	The M&E Team is highly committed to building the capacity of data managers and ensuring reporting is entered accurately and analyzed strategically. In FY 14, RFHP mentored data managers in 17 districts (Annex IV, Activity 10) to increase their knowledge and practical skills in primary data collection, reporting, analysis and dissemination of health information.

Highlighted success under IR 4. The targets achieved under IR 4 are due to the team’s strong capacity building of existing management structures. RFHP’s targeted on-site support to data managers contributed to 99% of supported facilities reporting into HMIS on time. This data is imperative in addressing gaps and making data-driven decisions for health priorities across Rwanda. Similarly, RFHP has a strong field presence with 17 District Coordinators that work directly and often with DHMTs in their respective districts to supervise and support the districts in developing solutions to tackle Rwanda’s health priorities. District Coordinators collaborate with MoH and district leadership to provide an accurate portrait of the health situation in *each* district that RFHP supports. The targeted approach strengthens existing management structures and allows for each district to tailor their interventions specifically to their needs.

G. Lessons Learned for Forward Implementation

From RFHP's implementation experience this last year, the project identified four key lessons that the project will build on this upcoming year. Below are examples of how RFHP arrived at these lessons during implementation and how the project will use these lessons to strengthen and guide the project's approach in the coming year.

Anticipate change and be ready to act quickly. Throughout the year, changes were introduced in USG reporting requirements and systems. These included new guidance on PEPFAR reporting (MER), introduced in February, the AidTracker+ that was launched in April and DATIM in September 2014. In addition, the PRPMS formerly run by the MEMS project was phased out. RFHP learned to always anticipate changes in reporting and adapted quickly and effectively to the changes by collaborating closely with USAID/Rwanda. The Mission offered a number of orientation meetings and was accessible to answer any questions and give guidance where needed. To meet the additional LOE needed to meet the new reporting requirements, the project received approval from USAID/Rwanda to hire additional short-term staff to the M&E Team. In order to respond to the new reporting requirements, RFHP re-collected and re-entered data from the first half of the year to ensure accurate reporting. The M&E Team oriented 316 data managers from district hospitals and health centers in supported districts on the new MER reporting requirements to guarantee that they understood the new procedures, collected data accurately and to ensure that the new changes did not affect the quality of reporting. In the upcoming year, RFHP looks forward to utilizing the new indicators and databases and to continue to support the health facilities to collect robust and accurate data and to use it properly in analysis and decision making.

To encourage involvement and accountability, identify existing groups in the facilities and avoid creating parallel systems that are not sustainable. This year, RFHP strengthened QI initiatives by supporting the PDSA approach in 85 health centers. The PDSA approach was successfully implemented across most facilities and is working to identify facility-specific health priorities. The comprehensive use of data in the PDSA approach empowered QI committees to design strategies to address the identified health priorities. Using the PDSA approach, the QI committees identified the standard 4 ANC visits as a low performing indicator that they would like to target for improvement. New initiatives were proposed by QI committees to increase attendance of pregnant women in their districts by focusing on community outreach activities and patient follow-up. In moving forward, RFHP will continue to support the QI committees to identify weaknesses and brainstorm solutions based on site specific data that guide the QI committees in the development and implementation of activities targeted and focused on their health challenges for each site.

For decentralization to be effective, there is a need for strong governing bodies whose members have the skills, resources and commitment to achieve their mandates. During FY 14, RFHP supported quarterly DHMT meetings in 17 districts with 816 total participants. District Coordinators and other senior RFHP staff assisted in the organization and implementation of the quarterly meetings, as well as the preparation of data-driven presentations that highlight health priorities in each district. These efforts supported the DHMTs' sense of ownership over their mandate. RFHP learned that DHMTs are functioning as an effective body focused on improving the quality of health services in their districts. For instance, in Gakenke District, a new health center was not properly equipped and the issue was raised at a DHMT meeting. In response, under the leadership of the DHMTs, representatives from other health centers that were present at the meeting collaborated to pool their unneeded equipment and provided it to the Muyonqwe Health Center. Also in Gatsibo District, through the DHMT meetings, the Director of Mutuelle raised the concern that there was low enrollment in Mutuelle within their district. Through a collaborative effort with the health facilities and community outreach through community meetings (*ibimina*), people were encouraged to enroll in Mutuelle. The district records the annual subscription rate of Mutuelle and it was found in June 2014 that enrollment had increased from 63% to 90% throughout FY 14. RFHP will continue to support the DHMTs to become stronger in their functional roles by developing tools to assist them in their mandate, supporting quarterly meetings and the use of data to guide the development of action plans in line with their priorities for their districts.

Communities can be motivated to mobilize resources to address priority health needs if forums are created to organize and focus their efforts and skilled healthcare providers are available to meet their needs. RFHP

supports a number of activities at the community level, including CHW training in a variety of technical areas and Community Hygiene Clubs (CHCs). Training of CHWs increased the availability of family planning methods at the community level and supported diagnosis and treatment of many illnesses, including malaria, diarrhea and malnutrition. Furthermore, RFHP support to the CHCs allowed the clubs to flourish this year. The two RFHP-supported CHCs were in the top three nationwide for being fully operational. CHCs meet monthly in their villages to discuss health and hygiene concerns. The meetings allow a space where community members can come together to identify problems, pool resources and brainstorm solutions. For instance, a CHC provided a venue for community members to pool small amounts of money and resources in order to build a latrine for a community member in need in Rulindo District. RFHP learned that the community-based model works in Rwanda and communities are motivated to bring about change. The model of CHCs has been adapted into the National Health Promotion Policy and Strategy as an effective body for addressing hygiene issues at the community level.

Annex I: Detailed Activity Report Submitted to the Ministry of Health, IR 1

IR 1 Progress: Improve the quality of facility and community-based family health services

Activity and Description	Achievement / Status Update	Beneficiary	Comments	
<i>Sub-result 1.1: National policies, protocols, guidelines, and performance standards strengthened</i>				
Activity 1: Support implementation of national quality safety goals and accreditation standards in RFHP-supported hospitals				
1	Organize three 1-day workshops (two with 8 DHs each and one with 9 DHs) to disseminate and discuss the national quality safety goals and corresponding job aides	In discussion with the MoH, this activity was slightly changed to holding the workshop with three districts and conducting supervisory visits with the remaining districts. The National Quality Safety Goals were disseminated to all RFHP-supported district hospitals.	34 participants from Kayonza, Gatsibo and Nyagatare districts	Completed
2	Ensure that safety goals and accreditation standards are integrated into quality improvement cycles at the facility level and with mentoring and coaching initiatives (see Activity 6 below) and that qualified personnel are following up with facilities on proper implementation of standards and goals	RFHP participated in the National Quality and Patient Safety Goals (NQPSG) supervisory visits. RFHP specifically provided technical support in the implementation of the NQPSG, and to date, all supported sites have been visited.	23 District Hospitals: Kibagabaga DH, Masaka DH, Muhima DH, Remera- Rukoma DH, Kabgayi DH, Ruhango DH, Gitwe DH, Munini DH, Kigeme DH, Ruli DH, Kinihira DH, Rutongo DH, Byumba DH, Nyagatare DH, Kiziguro DH, Ngarama DH, Gahini DH, Rwinkwavu DH, Kibungo DH, Nyamata DH, Murunda DH, Nemba DH, Rwamagana DH	Completed
Activity 2: Support the dissemination and utilization of other critical guidelines, policies and procedures treatment guidelines and operational policies and procedures of health facilities				
3	Support production and dissemination of FP tools including policies, strategies, training manuals, training guides, booklets and case studies	RFHP FP specialists provided technical inputs to the FP policy. This has been approved and disseminated to all our supported districts. FP training materials were also reviewed and updated during	Central Level and all RFHP-supported districts (Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Kirehe, Muhanga, Ngoma,	Completed

IR 1 Progress: Improve the quality of facility and community-based family health services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>two workshops. FP materials, booklets, and case studies have been finalized and are awaiting the Minister's signature.</p> <p>Following dissemination, all RFHP-supported districts will have the information necessary to implement FP activities in line with MoH norms and policies.</p>	Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo, Rutsiro, Rwamagana)	
4	Support the dissemination of pediatrics treatment guidelines	Pediatric treatment guidelines were disseminated to 23 DHs in a workshop in collaboration with MoH and the Rwanda Medical Council.	23 District Hospitals: Kibagabaga DH, Masaka DH, Muhima DH, Remera- Rukoma DH, Kabgayi DH, Ruhango DH, Gitwe DH, Munini DH, Kigeme DH, Ruli DH, Kinihira DH, Rutongo DH, Byumba DH, Nyagatare DH, Kiziguro DH, Ngarama DH, Gahini DH, Rwinkwavu DH, Kibungo DH, Nyamata DH, Murunda DH, Nemba DH, Rwamagana DH	Completed
5	Support the dissemination of gynecology and obstetrics treatment guidelines	To further ensure that healthcare providers are providing care that always adheres to MoH norms and standards, gynecology and obstetrics treatment guidelines were disseminated to 23 DHs in collaboration with MoH and the Rwanda Medical Council.	23 District Hospitals: Kibagabaga DH, Masaka DH, Muhima DH, Remera- Rukoma DH, Kabgayi DH, Ruhango DH, Gitwe DH, Munini DH, Kigeme DH, Ruli DH, Kinihira DH, Rutongo DH, Byumba DH, Nyagatare DH, Kiziguro DH, Ngarama DH, Gahini DH, Rwinkwavu DH, Kibungo DH, Nyamata DH, Murunda DH, Nemba	Completed

IR 1 Progress: Improve the quality of facility and community-based family health services

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
			DH, Rwamagana DH	
6	Organize training for 23 DHs on treatment guidelines (specifically pediatrics and gynecology and obstetrics) and operations and procedures of health facilities	<p>RFHP supported the training of 38 nurses and medical doctors from 23 district hospitals on gynecology and obstetrics treatment guidelines as well as operations and procedures in health facilities. In addition, RFHP, in collaboration with MoH and Rwanda Medical Council, supported the training of 28 medical doctors and nurses on pediatric guidelines and operations and procedures of health facilities, leading to further adherence to national guidelines that will strengthen the quality of care across RFHP-supported districts.</p> <p>The participants (both in pediatrics and OB/GYN) were awarded 14 Continuous Professional Development (CPD) credits.</p>	23 District Hospitals: Kibagabaga DH, Masaka DH, Muhima DH, Remera- Rukoma DH, Kabgayi DH, Ruhango DH, Gitwe DH, Munini DH, Kigeme DH, Ruli DH, Kinihira DH, Rutongo DH, Byumba DH, Nyagatare DH, Kiziguro DH, Ngarama DH, Gahini DH, Rwinkwavu DH, Kibungo DH, Nyamata DH, Murunda DH, Nemba DH, Rwamagana DH	Completed
7	Ensure that all nationally developed treatment guidelines and operational policies are integrated into the mentorship program and are being followed-up on by a qualified personnel	<p>The mentoring and coaching program aims to improve the practical skills of healthcare providers and while advancing the quality of care across six districts.</p> <p>RFHP is leading the effort, in collaboration with the MoH, in the development and implementation of the mentoring and coaching program. This past year, clinical tools for mentorship, a reporting template and a monitoring tool have been developed and tested. All nationally developed treatment guidelines and operational policies are included in the materials of the program.</p>	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Ongoing into FY 15

IR 1 Progress: Improve the quality of facility and community-based family health services

Activity and Description	Achievement / Status Update	Beneficiary	Comments	
<i>Sub-result 1.2. Functional linkages between services strengthened to support “smart integration”</i>				
Activity 3: Support implementation of the FP, MCH, and HIV/AIDS integration model				
8	Support the Central Level to finalize the FP, MCH, and HIV/AIDS integration model through the facilitation of discussions between MoH and RBC	RFHP has been providing technical support to the consultant hired by MoH and a draft of the integration model has been completed and is awaiting approval.	Central Level	Completed
9	Support the printing and distribution of the integration model in RFHP-supported districts	The integration model will be printed and distributed as soon as it is finalized and approved by MoH.	All RFHP-supported districts	Pending approval, the integration model will be printed
10	Organize and conduct ToT in RFHP supported districts on the integration model	RFHP collaborated with MoH to host a workshop with 21 participants from 11 districts hospitals on the model. Participants provided inputs to be considered.	All RFHP-supported districts	Completed
11	Organize and conduct on-the-job trainings of health providers in RFHP supported districts on the integration model	RFHP will complete the OJT training of healthcare providers as soon as the integration model is finalized and approved by MoH.	All RFHP-supported districts	Pending approval, the OJT training will be completed
<i>Sub-result 1.3: Rwanda quality management strengthened</i>				

IR 1 Progress: Improve the quality of facility and community-based family health services

Activity and Description	Achievement / Status Update	Beneficiary	Comments	
Activity 4: Support DHMTs to be engaged in, and have ownership over, quality improvement efforts in their respective districts				
12	Through a collaborative workshop, support the development of a supervision tool which includes QI for use by DHMTs	<p>RFHP is collaborating with MoH on a tool that will enable DHMTs to perform their role and oversee and improve performance in health facilities in their districts.</p> <p>RFHP worked with the Directorate of Planning and HIS to develop a tool to be used by the DHMT to conduct supervision in health facilities. Consultation meetings were organized with other implementing partners supporting DHMTs in districts not supported by RFHP. The RFHP team visited six districts to meet members of DHMTs and collect feedback to use in improvement of the draft tool. The tool was presented to the Planning TWG and submitted to the Ministry. It was approved on September 24, 2014 by the Directorate of Planning.</p>	Central Level	Completed
13	Organize a 4-day workshop to orient DHMT members on QI methodology and the above mentioned supervision tool	RFHP has participated in discussions with the Directorate of Planning to continue with this activity now that the tool is approved. MoH has scheduled the workshop from October 30 – November 5, 2014.	Central Level	Postponed by MoH until November
14	Support semi-annually evaluative/managerial supervision of district hospitals from their DHMTs	<p>RFHP has initiated and continued semi-annual supervision visits now that the tool is approved and district hospitals have been oriented.</p> <p>(Additional information is found in IR 4,</p>	All DHMTs in RFHP supported districts	Completed

IR 1 Progress: Improve the quality of facility and community-based family health services

IR 1 Progress: Improve the quality of facility and community-based family health services				
Activity and Description	Achievement / Status Update	Beneficiary	Comments	
	Activity 5.2 below)			
15	Support the organization of a 1-day annual meeting for DHMTs to share supervision reports with their district hospitals	RFHP will organize the meeting for DHMTs to share supervision reports after supervision visits have been completed. It is currently expected to be included in the workshop from October 30 – November 5, 2014.	All DHMTs in RFHP supported districts	Planned for November
Activity 5: Support quality improvement/PDSA efforts at health facilities (including district hospitals)				
16	Bring district hospital representatives together to identify DH-specific indicators for improvement	RFHP provided technical support for the workshop organized by RBC/IHDPC, by educating participants on the principles of quality improvement using the PDSA approach.	21 District Hospitals and 14 District Health Units: Kibagabaga DH, Masaka DH, Remera- Rukoma DH, Kabgayi DH, Munini DH Ruhango DH, Gitwe DH, Kigeme DH, Ruli DH, Kinihira DH, Rutongo DH, Byumba DH, Nyagatare DH, Kiziguro DH, Ngarama DH, Gahini DH, Rwinkwavu DH, Nyamata DH, Murunda DH, Nemba DH, Rwamagana DH	Completed
		In three sessions DH representatives discussed MCH and HIV quality indicators that were identified as a priority by MoH. Participants received information and training on PDSA to help them brainstorm interventions to improve quality of care and health indicators where applicable	Ruhango DH and 12 HCs from Ruhango District	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
17	<p>QI supervisors should support quality committees (both at DHs and HCs) to analyze data to understand issues, propose and implement solutions, and evaluate changes</p>	<p>In collaboration with DH supervisors and DHUs, the RFHP QI team conducted PDSA coaching visits to 27 HCs. In total, 162 members of quality committees received coaching.</p> <p>The visits support and empower the quality improvement committees by enabling them to discuss indicators, identify gaps and propose and implement solutions.</p>	<p>Districts slated for transition: Kayonza, Rwamagana and Ngoma districts</p>	<p>Support for Quality Committees will continue into FY 15</p>
18	<p>Support the documentation of lessons learned through the QI process and encourage dissemination, both through district level electronic QI newsletters and peer sharing workshops</p>	<p>PDSA coaching visits were conducted in HCs in 14 districts by the RFHP QI team, DH supervisors, and the DHU. The HCs were supported to develop documentation journals, run charts of their PDSA work, and plot time series graphs. The remaining districts without QI committees were supported in the creation of committees.</p> <p>In support of experience-sharing, RFHP supported a workshop for 108 participants from six districts to draft a newsletter template that will be used for sharing best practices across QI committees.</p>	<p>HCs in 14 districts (Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo) that are implementing QI using the PDSA approach</p>	<p>Completed</p>

Activity 6: Encourage supportive supervision, both in clinical areas and quality improvement cycles

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
19	Support the MoH to build on existing efforts and approaches to develop a cohesive and cross-cutting strategy (which will include an approach and tools) for mentoring	Working through the IMCI sub-committee, RFHP and MoH teams, in collaboration with other partners, formed a mentorship subcommittee. The subcommittee created terms of reference and an outline of expected deliverables that included: identifying potential mentors at the district hospitals, creating a database of these mentors, developing needed tools and updating existing ones for use during mentorship in clinical, QI, monitoring and evaluation as well as operational areas.	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Ongoing into FY 15
20	Work with the MoH and technical teams to identify existing and potential /mentors/coaches and compile all information into a national level supportive supervisor database	Following its formation, the mentorship subcommittee held a number of working sessions to develop an integrated coaching and mentorship strategy and corresponding tools. The strategy was presented at the MCH TWG in June.		Ongoing into FY 15
21	Provide capacity building, training and tools to identified mentors/coaches in quality improvement and, if necessary, some aspects of clinical service provision	Mentorship tools were revised and categorized into three working groups: MCH, QI and M&E. The integrated assessment tool was tested at Gisenyi DH in July 2014 and changes have been incorporated into the tool. The tool was used to collect data that was used to identify gaps and share good	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Ongoing into FY 15

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		<p>practices.</p> <p>On September 14, RFHP held a workshop to orient 51 selected mentors on techniques, their role and how to provide feedback to mentees.</p> <p>From September 15-20, RFHP supported 78 mentors, divided into eight teams, to supervise health centers and provide mentorship in EmONC, ENC, FP and IMCI.</p>		
22	Integrate mentors/coaches into the facility's regular QI cycle and ensure that they provide adequate support to the QI process	RFHP will ensure integration of mentors and coaches into the QI cycle once the program is rolled out.	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Pending full roll out of mentorship program
23	Support provision of mentoring/coaching as needed and identified during the QI process (provided either by the supportive supervisor or by another supervisor from the national database with the needed clinical skills)	<p>Similarly, RFHP will support the provision of mentors and coaches throughout the QI process once the program is rolled out.</p> <p>This will strengthen other quality improvement initiatives such as training and supervision.</p>	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Pending full roll out of mentorship program

Activity 7: When necessary and appropriate support the improvement of existing supervision structures

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
24	Facilitate and support malaria-focused supervision visits and coordination meetings from district hospitals to health centers and from health centers to community health workers	<p>RFHP, in collaboration with RBC representatives, finalized the scope of work, technical deliverables, and budgets for grants that support malaria-focused supervision visits and coordination meetings from district hospitals to health centers and from health centers to community health workers. The grant was fully approved by USAID on May 15, 2014. RFHP initiated the grants on June 1, 2014.</p> <p>RFHP supported MoH and MOPDD in iCCM supervisory visits in Gasabo, Kicukiro, Kirehe and Ngoma districts. The visits observed all iCCM activities and focused on referrals by CHWs. The supervisory visits from health facilities to communities will improve malaria management.</p> <p>The final cycle of supervision visits from Central Level to DHs is ongoing.</p>	Malaria supported districts: Gasabo, Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Nyaruguru, Ruhango	To be completed in early November
Activity 8: Support CHW initiatives to analyze and improve quality of community level services				
25	Use CHW AIM to assess the functionality of CHW programs in two districts. Support the documentation of CHW expectations, roles and	<p>This activity was completed. The objective was to incorporate new protocols on RDT-use and quality control. Documents updated include:</p> <ul style="list-style-type: none"> Sick Child Recording Form 	Central Level	Completed

IR 1 Progress: Improve the quality of facility and community-based family health services

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
	responsibilities through a workshop attended by CHWs, health facility staff and community representatives. This document should reflect community needs and health center targets and should be revisited at every monthly meeting	<ul style="list-style-type: none"> • 5 Algorithms • Community IMCI register • Referral and counter referral form • Drug resupply and management forms (job aid, resupply sheet, stock card) • Supervision forms (Health Center to Cell Coordinator, Health Center to CHWs, Cell Coordinator to CHWs, DH to HC) <p>This harmonized all iCCM documents and materials across supported districts.</p>		
26	Encourage discussion around community health indicators on a monthly basis, at the CHW meetings. District Coordinators should engage the "in-charge of community health" at each health facility to assist in the facilitation of this discussion	In order to strengthen the culture of using data in discussions on quality of care, RFHP met with 12 in-charge of community health staffs to discuss community health indicators at 14 HCs in Kayonza and 19 HCs in Gatsibo. The meetings resulted in the in-charge of community health understanding the importance of using community health indicators in quality improvement.	Gatsibo and Kayonza districts	Completed
27	Support the in-charge of community health in selecting high performing CHWs to act as peer mentors. This can be done in a number of ways, including achieving CHW consensus at the monthly meetings or through selection by the in-charge of community health	RFHP collaborated throughout the year with those in-charge of community health to identify CHWs that could act as peer mentors.	Gatsibo and Kayonza districts	Completed
28	Support the in-charge of community health at each facility to provide a one-day orientation	RFHP supported an orientation of those in charge of community health on how to serve as mentors	Gatsibo and Kayonza districts	Completed

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IR 1 Progress: Improve the quality of facility and community-based family health services				
Activity and Description		Achievement / Status Update	Beneficiary	Comments
	to the high performing CHWs on how to serve as peer mentors			
29	Organize peer to peer mentorship sessions with CHWs through site visits/study tours in order to promote additional sharing of best practices, targeted skills building, and improved data collection/reporting, ultimately leading to higher quality community level service delivery	RFHP organized participants from four district hospitals to share best practices and improve data collection with community health indicators. The participants included CHWs from: <ul style="list-style-type: none"> • Kiziguro: 105 • Ngarama: 87 • Gahini: 107 • Rwinkwavu: 111 	Gatsibo and Kayonza districts	Completed
30	Ensure that community health issues (especially capacity building of new and untrained CHWs and Cell Coordinators) are discussed at the district level. This can be done by incorporating community health topics into district level meeting agendas (i.e. DHMT and Quality Committee meetings)	RFHP is ensuring that community health issues are discussed at the district level. RFHP will continue to lobby for CHWs to be included in the agenda at DHMT meetings to ensure CHWs are able to address their concerns. Further, from September 29 - October 3, RFHP participated in a workshop, with MoH and representatives from Kibagabaga and Ruli DHs to develop the Community Health Guide.	Gatsibo and Kayonza districts	Completed
Activity 9: Participate in regional and international conferences and studies to share and learn about best practices				
31	Support 1 MoH staff to present an abstract at an international	The Head of the Community Health desk within MoH participated in the	Central Level	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
	conference (APHA) to share Rwandan best practices on community health	APHA's 141 st annual meeting in Boston from November 2-6, 2013 and shared best practices from Rwanda.		
32	Attend and support MOH attendance at the third International Conference on Family Planning (ICFP) held in Addis Ababa, Ethiopia.	RFHP's Family Planning Specialist participated with Dr. Rusatira Christophe from Muhima DH from November 12-15, 2013.	All RFHP-supported sites	Completed
33	Support NMCP staff to present an abstract(s) at international conferences to share Rwanda's experiences on malaria control	Postponed by MOPDD	N/A	Postponed by MOPDD
	Support epidemiologist/data manager seconded position to the NMCP to work on strengthening malaria surveillance in the context of pre-elimination	The position was filled on July 15, 2014	Central Level	Completed
34	Support attendance at a PAC conference in Senegal	An FP specialist at RFHP participated in the conference. Following the conference, the FP Specialist implemented an action plan to improve PAC in all RFHP-supported sites.	All RFHP-supported districts	Completed
35	Provide logistic support for ACT drug efficacy monitoring to the NMCP in two monitoring sites using accepted WHO drug efficacy protocols in order to ensure that the first line (artemether-lumefantrine) remains effective in treating malaria	RFHP, in collaboration with RBC representatives, developed the scope of work and grant budget and conducted a pre-award assessment of Nyarurema Health Center on March 27, 2014. USAID approved the grant on May 15, 2014. The grant was initiated on June 1, 2014 and will continue through August 2015. In line with the grant, RFHP trained the accountant and head of health center on USG rules and regulations, GOR	Nyarurema HC and Central Level	Completed

IR 1 Progress: Improve the quality of facility and community-based family health services

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		management protocols and general accounting.		

Annex II: Detailed Activity Report Submitted to the Ministry of Health, IR 2

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers			
Activity and Description	Achievement / Status Update	Beneficiary	Comments
<i>Sub-result 2.1: Availability of facility-based services expanded</i>			
Activity 1: Improve access of the general population to clinical HIV services through training of health providers, support of mentorship/formative supervision, implementation of EMTCT and provision of necessary equipment and materials			
1	Provide technical support to central level to finalize and distribute EMTCT district plans	RFHP supported the MoH in the development of EMTCT plans. Currently, RFHP is waiting for RBC to distribute the district plans in 14 districts (Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo).	Central Level Completed
2	Support implementation of the strategic plans through activities below and provision of targeted support	RFHP is supporting the 14 HIV districts in implementing their strategic plans through monitoring visits. The strategic plans will lead to the reduction of MTCT HIV transmission. This will directly contribute to the elimination that the country has committed to by 2015.	14 HIV-supported districts: Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo Ongoing
3	Based on health facility needs, organize and conduct trainings of facility health providers (including medical doctors) on integrated HIV prevention and management	An HIV prevention and management training was conducted in Bugesera for 31 healthcare providers last quarter. In July, 28 healthcare providers from Nyagatare were trained. The training improves the capacity of healthcare providers in managing HIV cases.	Nurses from health centers and Nyamata DH and Nyagatare DH in Bugesera and Nyagatare districts Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
4	Organize and conduct mentorship training in all RFHP-supported districts	Throughout FY 14, RFHP has provided targeted mentorship visits as needed, particularly in M&E and OpenMRS (see IR 4).	All RFHP-supported districts	Completed
5	Provide technical and grants support to select PMTCT sites	RFHP initiated grants with Juru, Ntarama and Nyarugunga Health Centers to support provision of PMTCT services. With grant support, the three sites have hired 11 new staff, including nurses, lab technicians, social workers, and data managers. RFHP has also trained five healthcare providers on integrated HIV prevention and management. In April, RFHP, in collaboration with RBC, National Reference Lab, and USAID stakeholders, conducted an assessment of the renovation needs at both sites. The assessment report included findings, designs and scopes of work and were presented to and approved by all stakeholders in June. RFHP worked with USAID to revise its Environmental Monitoring and Mitigation Plan (EMMP) to incorporate small-scale PMTCT lab construction work and it was approved on September 29. Currently, RFHP is finalizing a RFP for construction services and is recruiting an engineer to assist with the procurement process and supervision of construction. In the meantime, sites are sending lab samples to nearby health	Juru, Ntarama and Nyarugunga HCs	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		facilities for analysis.		
Activity 2: Support access to clinical family planning services, both at facilities and secondary posts				
6	Introduce and inform local authorities and opinion leaders on long-acting and permanent methods of family planning	<p>Fifty-nine local leaders from Ruhango District were oriented on LAPM on May 22, 2014. The involvement of local leaders is imperative to sensitize the population and facilitate better access to LAPM. CHWs and couples who had undergone a vasectomy were present to share their stories.</p> <p>The same orientation took place for 64 local leaders in Muhanga District on May 23.</p> <p>A sensitization meeting also took place on July 2 with local leaders from Kayonza District.</p>	Ruhango, Kayonza and Muhanga districts	Completed
7	Procure and distribute necessary equipment for provision of LAPM FP methods for selected health facilities	RFHP procured the necessary equipment for LAPM FP, which will allow health facilities to implement LAPM FP. The materials will be delivered by the end of October.	Ngoma and Rutsiro districts	Completed
8	Organize training-of-trainers for long-acting FP methods at the district-level	<p>In order to build capacity of district-based healthcare providers, training-of-trainers for 14 providers was completed in June 2014 for healthcare providers in Ngoma and Rutsiro DHs. The training equips them with the knowledge and skills needed to train their health colleagues in their district.</p> <p>Further, RFHP gave additional support to 349 providers that were trained on the</p>	Ngoma and Rutsiro districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		function and maintenance of a new implant, IMPLANON 68mg.		
9	Organize and conduct OJT training for health providers on long-acting FP methods	<p>Thirty-two healthcare providers from Ngoma and 18 healthcare providers from Rutsiro districts were trained in andragogy and will conduct OJT on long acting FP methods in their health facilities. The OJT trained 168 healthcare providers from Rutsiro district health facilities with a secondary session for 162 healthcare providers from Ngoma.</p> <p>OJT increases access to family planning services by strengthening the skills of providers.</p>	Ngoma and Rutsiro districts	Completed
10	Conduct midterm and final evaluations of each on-the-job long-acting FP training cycle and certify (qualify) each health provider	As a follow-up to the training, evaluation was completed on-site in Rutsiro for 162 participants and on-site in Ngoma for 145 participants.	Ngoma and Rutsiro districts	Completed
11	Organize training-of-trainers on vasectomy at national-level	RFHP organized the trainer-of-trainers on vasectomy on August 18 in Ngoma and August 29 in Rutsiro.	Ngoma and Rutsiro districts	Completed
12	Train health providers on permanent method of vasectomy	<p>In collaboration with MoH, the RFHP FP team conducted training for 11 health providers on vasectomy from Kabgayi, Ruhango and Gitwe DHs.</p> <p>This training will enable medical doctors and nurses to provide permanent family planning methods and improve the uptake of family</p>	Ngoma and Rutsiro districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		planning services.		
13	Train healthcare providers on post-vasectomy semen analysis	Following the training, lab technicians and healthcare providers at Kabgayi, Ruhango and Gitwe DHs were trained in semen analysis, which allows lab technicians and providers to ensure the vasectomy was done correctly and was successful.	Ngoma and Rutsiro districts	Completed
14	Support MoH to finalize and validate tubal ligation training kit	RFHP worked in collaboration with MoH to develop and finalize the tubal ligation training kit that will be used throughout Rwanda.	Central Level	Completed
15	Organize training-of-trainers on tubal ligation at national-level	RFHP will complete this activity from October 13-24, now that the training kit has been approved.	Gatsibo and Rwamagana districts	To be completed in early November
16	Train health providers on permanent method of tubal ligation	RFHP will complete this activity from October 27-November 7, 2014 now that the training kit has been approved.	Gatsibo and Rwamagana districts	To be completed in early November
17	Conduct post-training follow-up to evaluate and certify trained healthcare providers in permanent methods	RFHP will complete this activity following the training above.	Gatsibo and Rwamagana districts	Ongoing to FY 15
18	Conduct quarterly mentorship on permanent methods from central level to DH and long-acting methods from DH to HC level	RFHP will support supervision activities in FY 15 following the training in November.	Gatsibo and Rwamagana districts	Ongoing to FY 15
19	Collaborate with DHUs to identify HCs that need support in order to establish FP secondary post	In the first quarter of FY 14, RFHP worked with DHUs to identify three health posts in Kicukiro District with an unmet need for family planning. RFHP has since worked with District Coordinators to distribute FP IEC materials to the necessary health posts. The materials have been ordered and the DCs will collect them and distribute them by the end of November 2014.	Kicukiro District	To be completed in November

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
20	Procure and distribute necessary equipment for provision of FP services	RFHP worked with the MoH to determine necessary equipment materials were delivered on October 21, 2014. Materials include: IUD kits and additional equipment (tables, chairs, etc.) at secondary posts.	Gakenke, Muhanga, Ruhango, Nyamagabe and Kicukiro districts	Completed
21	Support DHs to provide mentorship to service providers	FP mentorship is incorporated into the larger mentoring and coaching strategy that will be rolled out in the coming quarter.	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Ongoing into FY 15
Activity 3: Support establishment of youth corners in selected HCs				
22	Procure necessary equipment for youth corners in selected HCs	So that the youth corners are welcoming and functional. The equipment (including a TV, benches and tables) has been delivered for the two selected sites in Muhondo and Kiyanza HCs.	Rulindo and Gakenke districts	Completed
23	Organize training-of-trainers for health providers at district-level	In line with MoH's priority for ASRH&R, RFHP trained 28 and 26 healthcare providers in Gakenke and Rulindo districts, respectively from June 9-13 to ensure the effective implementation of the ASRH&R program in their districts.	Rulindo and Gakenke districts	Completed
24	Support DHs to conduct training of healthcare providers on ASRHR at HCs	Twenty-four healthcare providers were trained on ASRH&R from May 19-30. The training will add to the existing number of trainers at the district level and expand the knowledge base among the targeted health facilities.	Rulindo, Kamonyi, Gatsibo, Gakenke districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
25	Conduct orientation session with local authorities, teachers, and members of parent committees, and youth clubs on ASRHR and use of youth corners	<p>Orientation was held with 181 participants from Rusizi District from May 19-24. The orientation gave community leaders and parents information on the ASRH&R program so that they can educate and support adolescents in the provision of services.</p> <p>152 participants attended the orientation in Nyaruguru District from May 26-31.</p> <p>152 participants attended the orientation in Gicumbi District from June 16-21.</p> <p>126 participants attended the orientation in Kirehe District from June 23-28.</p> <p>168 participants attended the orientation in Rulindo District were present from July 29, 2014.</p>	Rulindo, Nyaruguru, Rusizi, Gicumbi, Kirehe and Gakenke districts	Completed
26	Organize official launching of youth health services	The youth center and implementation of the ASRH&R program was launched in Rulindo District on September 26, with 92 participants and in Gakenke District on September 30, with 105 participants, including local leaders, parents and healthcare providers.	Rulindo and Gakenke districts	Completed
27	Ensure that all youth corners are catalogued and included in the list of youth friendly services provided through the MoH's M4RH program	RFHP has submitted all materials to MoH so that the new youth corners can be catalogued.	National Level	Completed
28	Support DHs to conduct follow-up of youth corner activities	In order to ensure sustainability, RFHP collaborates with the districts and MoH to support the DHs in following-up with youth	Rulindo and Gakenke districts	Ongoing into FY 15

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		corner activities and including them in their monitoring efforts.		
Activity 4: Establish and support a One Stop Centers for Gender Based Violence (GBV)				
29	Procure and distribute equipment and materials for GBV One Stop Center in Murunda District Hospital	To ensure GBV One Stop Centers are functional, RFHP delivered all of the equipment to Murunda DH on September 6, 2014.	Murunda DH	Completed
30	Support MoH to finalize and validate GBV tools, including tools for monitoring progress	<p>A workshop to finalize GBV tools was organized in collaboration with MoH and included participants from selected One-Stop-Centers to review and update necessary tools (management tools as well as monitoring tools). The finalized tools were then validated. These tools included:</p> <ul style="list-style-type: none"> • GBV Victim file • Consent form for GBV Victim examination • Certificat de première constatation • Referral document for GBV victims • Guide for use of GBV Register • GBV management algorithm • Supervision tool for GBV services • Reporting format for CHWs on GBV management activities <p>Finalizing the tools together ensures that all documentation is streamlined across the</p>	Central Level, GBV focal points and doctors/nurses from Nyamata, Nemba, Byumba and Kacyiru GBV One-Stop-Centers	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		sites and GBV survivors receive appropriate and direct care.		
31	Produce and disseminate GBV tools to supported districts	The GBV tools were finalized and disseminated.	Rutsiro, Bugesera and Gakenke districts	Completed
32	Conduct training to health providers on GBV One Stop Center integration	Nine healthcare providers from Murunda DH received practical and theoretical training on GBV integration. This training will ensure that GBV is recognized across all health disciplines and that healthcare providers know the importance of integrating GBV into all aspects of their work.	Rutsiro District	Completed
33	Conduct orientation and awareness sessions with local authorities and opinion leaders on the use of GBV One Stop Centers	To ensure sustainability and utilization by the community, RFHP held an orientation session on June 11, 2014 with 29 local leaders in Rutsiro District to encourage their support of the GBV One Stop Center.	Rutsiro District	Completed
34	Support training of CHWs by health providers (ToT) in GBV prevention and management in one district	To further reach community members, following the training in Murunda DH, RFHP trained 36 providers from July 21-23 and following the training, healthcare providers gave trainings to 1455 CHWs in their catchment area from July 27-31, 2014.	Rutsiro District	Completed
35	Support local authorities and opinion leaders to organize community awareness efforts	RFHP has provided technical support and engaged with local authorities in a sensitization meeting from June 23-26 with 160 participants to raise awareness in the community about the One Stop Center, with the intention to inform members of the community about the chance to use the multi-disciplinary service.	Rutsiro District	Completed
36	Support training of health providers on mentorship of GBV services in RFHP-supported districts. This will be a peer to	RFHP supported the training of 12 providers in Kayonza on peer to peer mentorship from six OSCs.	Bugesera, Gakenke, Gicumbi, Ngoma, Nyagatare and Rutsiro districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
	peer mentorship program for clinical GBV services			
37	Conduct mentorship of GBV OSC services in RFHP-supported districts	The same OSCs benefitted from on-site mentorship during September 28 - October 10, 2014.	Bugesera, Gakenke, Gicumbi, Ngoma, Nyagatare and Rutsiro districts	Completed
Activity 5: Improve access to clinical maternal health services through development and updating of training tools, training in key maternal health areas and provision of equipment				
38	Support MoH on updating EmONC and FANC training tools (trainers guide, participant guide, reference guide, etc.)	<p>In support of harmonizing technical working documents, a workshop to update EmONC tools was conducted with 19 reviewers from a pool of national trainers in January 2014. A second workshop occurred in April to apply all changes and finalize the tools.</p> <p>From May 19-23, 2014, 13 participants from MoH, DHs and RFHP updated FANC training tools, integrating new national protocols and finalizing the reference manual, participants' guide, trainer's guide and training presentations.</p>	Central Level	Completed
39	Conduct C-EmOMC trainings for health providers from DHs	As it is a national priority for the MoH, RFHP trained 21 health providers in C-EmONC for 3 weeks. The training will greatly improve the management of obstetric care and neonatal emergencies.	Medical doctors, nurses, midwives, anesthetists from Ruhango, Gitwe, Rwamagana, Murunda, Kinihira, Ngarama, Kiziguro, Masaka DHs	Completed
40	Organize post training follow-up and validation of health providers	To ensure uptake, RFHP conducted post-training follow-up from May 7-9 at Masaka	Kicukiro, Rwamagana, Rutsiro, Ruhango, Gatsibo and Rulindo	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
	trained on C-EMOnc	<p>and Rwamagana DHs. The 5 trained providers had implemented their action plan that was developed at the training in December 2013. RFHP technical staff found that maternity care had improved and all staff in the ward was aware of the action plan.</p> <p>A second follow-up occurred at Murunda DH, Gitwe DH and Ruhango DH from May 14-16. The 7 trained providers demonstrated the same improvements.</p> <p>A third follow-up occurred at Ngarama DH, Kiziguro DH and Kinihira DH from May 28-30. The 9 trained healthcare providers also indicated they had implemented their action plan.</p>	districts	
41	Continue procurement of Focused Antenatal Care (FANC) equipment initiated during year one	RFHP procured necessary FANC equipment including: beds, tables, fetal stethoscopes, mattress covers.	Nyagatare District	Completed
42	Organize FANC ToT at district level	<p>In support of healthy pregnant women, RFHP trained 22 participants from 14 MCH-supported districts in adult training methodology in order to become trainers and eventual mentors in ANC services. All participants will help with the implementation of FANC in their respective districts.</p> <p>FANC training improves early attendance of the first ANC visit and the four ANC standard visits to improve the health of pregnant women and support the reduction</p>	All RFHP-supported MCH Districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		of newborn morbidity and mortality.		
43	Organize training of health providers on FANC in selected HCs	In support of improving ANC visits and care of pregnant women, RFHP trained 21 health providers in Gatsibo District.	Nurses form HCs and midwives from DH	Completed
44	Organize post training follow-up and validation & certification of trainees	RFHP followed up with and ensured certification of 20 providers from Gatsibo District from June 9-13 and June 23-27. All providers initiated the implementation of their action plan.	Gatsibo District	Completed
45	Organize post training follow up and coaching in C-section for trained districts	RFHP organized and supported a post training follow-up in C-section in collaboration with MoH and Gyn&Obs Association. In support of quality care in maternal health, doctors from 10 DHs were coached in C-section practice by OB/GYN specialists. The coaching sessions started in March and were finished last quarter.	Medical doctors and nurses from Nyagatare, Ngarama, Kiziguro, Kibungo, Murunda, Kaduha, Kibagabaga, Rutongo, Kabgayi, Byumba districts	Completed
46	Organize and conduct verbal autopsy training for selected HCs	Verbal autopsy training was conducted in Kayonza District for 16 participants, including: 1 nurse and the Supervisor-in-Charge of CHWs for each facility in the Gahini catchment area and 1 Social Affairs Officer for each sector in the same catchment area. From June 16-17, 67 participants from	Kayonza and Gicumbi districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		<p>Gicumbi District were also trained in verbal autopsy and can now conduct verbal autopsy of all maternal, neonatal and child death occurring in the communities within their catchment areas.</p> <p>RFHP provided technical support to the MoH in training 44 participants from Kirehe District from June 18-19, 43 participants from Rwamagana from June 18-19 and 45 participants from Nyabihu District from June 25-26.</p> <p>The verbal autopsies will contribute to a more robust understanding of maternal, neonatal and child death, which can be utilized to better target health interventions and improve quality of care.</p>		
47	Support printing and distribution of select MCH materials to select health facilities and community	RFHP and MoH worked to finalize the MCH tools and have submitted them for printing.	All RFHP-supported MCH districts: Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
Activity 6: Support access to neonatal services such as essential newborn care, ETAT and neonatal audits				
48	Organize workshops with the Rwandan Pediatric Association (and maybe TWG or MOH counterpart) to update and integrate newborn training tools (ENC, ETAT, HBB, KMC)	To support streamlined policies, RFHP held a workshop to update ETAT training materials and protocols with the Rwanda Pediatric Association for 22 providers and members of MoH last quarter. An additional workshop was held to update neonatal training materials and protocols.	Central Level	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
49	Conduct refresher ToT at DH level (for supportive supervisors/coaches)	<p>A ToT on essential newborn care was conducted for 19 healthcare providers from all supported MCH districts.</p> <p>The training strengthens district-level healthcare providers' skills to coach their staff in their catchment area in ENC.</p>	RFHP-supported MCH districts: Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
50	Organize training of health providers on ENC in selected HCs	<p>In targeted districts, RFHP trained healthcare providers in ENC at the health center level. Twelve healthcare providers from Ngoma District were trained. As a result, all HCs in Ngoma have at least 1 person trained on ENC.</p> <p>RFHP trained 17 healthcare providers from Nyagatare District. As a result, 85% of HCs have at least 1 person trained in ENC.</p> <p>RFHP trained 12 healthcare providers from Kayonza District. As a result, 92% of HCs have at least 1 person trained.</p> <p>RFHP trained 10 healthcare providers from health centers in Kiziguro. As a result, every health center in Kiziguro now has at least 1 person trained on ENC.</p> <p>RFHP trained 30 healthcare providers from HCs in Gisagara and Nyabihu districts. As a result, all HCs have at least 1 person trained</p>	Ngoma, Nyagatare, Kayonza, Gisagara and Nyabihu districts	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		in ENC. Coverage did not reach 100% in every district due to invitees not attending the training and/or staff turnover of those who had been previously trained.		
51	Support ETAT training for health providers from 4 district hospitals	RFHP supported the training of 24 healthcare providers from Murunda, Gitwe, Masaka and Byumba DHs to ensure competence in ETAT to support reduction in child mortality.	Nurses and medical doctors	Completed
52	Support post training follow-up of ETAT	Post training follow-up was conducted in Murunda, Gitwe, Masaka and Byumba DHs.	Nurses and medical doctors	Completed
53	Organize workshops to integrate stillbirth audits in existing neonatal death audits	To align the neonatal death audits with stillbirth audits, workshops were held from June 2-3 in Musanze; in Muhanga from June 5-6; Rwamagana from June 23-24.	Nurses and medical doctors	Completed
54	Testing of the tool in some district hospitals	Testing of the tool occurred in April in Gisenyi, Kiziguro and Kabutare DHs.	Central Level	Completed
55	Train the committee's team of neonatal death audit in all supported district hospitals	In multiple, two-day sessions throughout June 2014, RFHP trained neonatal death audit committees from 18 DHs. All participants are trained on the new stillbirth audit and clinical asphyxia tool that was implemented in July.	All MCH-supported districts: Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
56	Adapt the tool in the current database of neonatal and child death audits	Thirty-seven data managers met from June 26-27 to update the neonatal and child death surveillance database, integrating the stillbirth and clinical birth asphyxia tool. The database has been integrated into HMIS. All	All MCH-supported districts: Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo,	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		data managers from all MCH-supported districts (except Nyagatare, who sent a focal point) participated in the training.	Rutsiro, Rwamagana	
57	Analyze results of all neonatal audits on a quarterly basis. Some factors to be evaluated include reasons for stillbirth and number of macerated stillbirths vs. fresh stillbirths	RFHP worked with 49 participants from health facilities to analyze the results from the audit from September 9-10. Results of the neonatal and child death audit were dissemination, as well as, the maternal death audit. A presentation on best practices of newborn care was also shared.	Central Level	Completed
58	Support elaboration of a tool for clinical audits of birth asphyxia	Health providers identified challenges that lead to birth asphyxia and collaborated to create indicators to monitor it. The working session included 9 participants from MoH, district hospitals and RFHP.	Central Level	Completed
59	Organize and conduct 3 day training workshop on clinical audit of birth asphyxia at Central Level with MCH TWG	RFHP organized a three-day training on the clinical audit of birth asphyxia in collaboration with the MCH TWG. The training included 19 DHs and occurred from September 22-26.	Central Level	Completed
60	Support pilot testing of the birth asphyxia audit tool at site level	Nine participants from MoH, CHUB, Muhima, Nemba, Kiziguro, Kibilizi, Mibilizi and Nyanza DHs elaborated and tested the tool from May 12-16.	Central Level	Completed
61	Support dissemination of and mentoring on birth asphyxia auditing tool to DH committees	RFHP supported the dissemination of the tool after it was approved.	Central Level	Completed

Activity 7: Improve access to clinical child health services

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
62	Support production and distribution of clinical IMCI registers	Specifications were compiled for printing and delivery was completed on June 20, 2014.	All RFHP MCH-supported districts: Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
63	Conduct refresher trainings for health providers from health centers	In an effort to ensure improved implementation of IMCI, 25 health providers from Ngoma and 30 health providers from Bugesera were trained in IMCI in December 2013.	Health providers from Bugesera and Ngoma districts	Completed
64	Conduct a post-training follow-up for trained health providers	All trained providers from HCs in Ngoma, Kayonza and Bugesera were visited from June 9-13 and are utilizing the IMCI approach in their pediatric treatment.	Ngoma, Kayonza and Bugesera districts	Completed
65	Support workshops to ensure IMCI mentors are familiar with updated modules	A steering committee was set up and is working on the development of a mentorship guide. Nine MoH mentors participated in this workshop from December 4-6, 2013.	National mentors	Completed
66	Support ToTs to conduct coaching in IMCI at central and district level. As part of this supportive supervision, health providers will improve their ability to identify children with health risks (such as seizures or poor growth rates) and refer them properly	To increase diagnosis and appropriate referrals from the district level, RFHP supported a ToT in IMCI in the two supported districts in March 2014, where 14 healthcare providers were coached.	Ruhango and Kicukiro districts	Completed

Sub-result 2.2: Availability of community-based services expanded

Activity 8: Provide training, equipment and support to CHWs and health providers on community health package

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
67	Orientation and sensitization meeting on CBP for local leaders at district level (administrative & hospital)	In order to ensure local ownership and accountability, an orientation meeting on CBP was conducted in June in Rutsiro District last quarter for 80 participants (39 men, 41 women).	Leaders from each health facility in the Rutsiro sector and administrative level	Completed
68	Conduct ToTs on CBP (nurses in charge of FP, in charge of community health and those in charge of environment)	A ToT was conducted in March for 36 healthcare providers from all health centers and Murunda DH in Rutsiro District. Their capacity was strengthened and they shared the information with their colleagues in the community to increase access to family planning services.	In charge of family planning and in charge of community health at DHs and HCs	Completed
69	Produce/print and distribute evidence-based tools for CHWs on IMCI	The IMCI tools were delivered in May 2014.	CHWs in malaria districts: Gasabo, Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Nyaruguru, Ruhango	Completed
70	Conduct training on CBP	To increase the uptake of healthcare services at the community level, RFHP conducted training on CBP in June to 969 CHWs in Rutsiro District.	Rutsiro and Ngoma districts	Completed
71	Organize practical sessions on CBP for CHWs at health center	Practical sessions were included in the training mentioned above.	Rutsiro and Ngoma districts	Completed
72	Validation of CHWs on CBP	Throughout May and June 2014, 1,049 CHWs participated in the validation process supported by RFHP. To date, 1,023 CHWs are validated.	Rutsiro District	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
73	Avail materials and supplies for CHWs	So that CHWs can continue to perform their work well, RFHP delivered 2500 bags, 4500 cupboard to CHWs. The delivery was completed in July.	CHWs in Gasabo, Kicukiro, Nyarugenge, Ruhango, Kirehe, Kayonza and Ngoma	Completed
74	Official launch of CBP	<p>The official launch occurred on July 31, 2014 in Rutsiro that was attended by 105 participants, including community members, CHWs and local leaders. Individuals made speeches and told stories and the event raised awareness about CBP in the community.</p> <p>Ngoma District launched on August 26, with 121 participants including the Vice Mayor of Social Affairs and the Director of Health.</p>	Rutsiro and Ngoma districts	Completed
75	After dissemination of MNH assessment results and identify needs, conduct refresher training on targeted specific topics on MNH-PPH	<p>PPH remains the largest cause of maternal deaths and in support of its reduction, RFHP trained healthcare providers on the new integrated MNH-PPH model.</p> <p>Through a ToT, 44 healthcare providers in Nyagatare District and 38 providers in Rutsiro District trained a total of 1,253 CHWs in PPH management.</p>	Nyagatare and Rutsiro districts	Completed
76	Follow-up CBP	<p>RFHP is currently working with local facilities in Ngoma District to follow-up the CBP training and validate those CHWs who were trained on CBP.</p> <p>Post-training follow-up is scheduled for November for Rutsiro District.</p>	Rutsiro and Ngoma districts	To be completed in November
77	Develop, print and distribute evidence-based tools, including a reference manual, for CHWs on iCCM	RFHP completed the delivery of the printed tools in May 2014.	CHWs in malaria districts: Gasabo, Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Nyaruguru, Ruhango	Completed

IR 2 Progress: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers

Activity and Description		Achievement / Status Update	Beneficiary	Comments
78	Organize and conduct refresher courses of health providers on iCCM	Beginning in July, CHWs had refresher training on iCCM. The trainings continued through August. The number of CHWs per district to date is: Kayonza: 711 Ngoma: 928 Kicukiro: 582 Kirehe: 1104 Nyarugenge: 561 Total: 3886 CHWs	All RFHP-supported malaria districts: Gasabo, Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Nyaruguru, Ruhango	Completed
79	Support refresher trainings on nutrition screening and community nutrition activities for health providers and CHWs	RFHP supported the MoH in nutrition screening supervision visits. Before the intervention, the rate of nutrition counseling was 48%, but after the intervention, nutrition counseling went up to 72%. RFHP hosted refresher trainings for healthcare providers from every HC in Nyagatare from July 8-10. There were 58 participants in total. CHWs received refresher trainings and now, 1,051 CHWs have gained knowledge and can educate their communities on better nutrition.	Nyagatare District	Completed

Annex III: Detailed Activity Report Submitted to the Ministry of Health, IR 3

IR 3 Progress: Increase demand for facility and community-based FH services				
Activity and Description	Achievement / Status Update	Beneficiary	Comments	
Activity 1: Improve customer care to increase demand of health services				
1	<p>Support operationalization of Partenariat pour l'Amelioration de la Qualité (PAQ) at health center level and follow up customer care services through monthly evaluation meetings. Meetings will be linked with routine DHMT meetings. (Reports should be submitted to DHMT)</p>	<p>The RFHP team prepared a concept note which was discussed with the community health desk and clinical services teams in MoH. It was suggested that it is more strategic to implement PAQ through health committees (comite de sante) in health facilities. The team agreed that the activity will begin with RFHP and MoH representatives visiting few health facilities to assess if that is possible or if there is any other entity that can strategically monitor community-based customer care services and contribute to improved quality of health services.</p> <p>RFHP facilitated two workshops in this effort, Gatsibo on September 26, with 44 participants and in Nyaruguru on September 30, with 41 participants.</p> <p>Participants included representatives from the Ministry of Health (Clinical services or CHD), from each Health Center (Titulaire, President of COSA and in charge of Social Affairs— ASOC), from each hospital, and a DHMT representative (Director of Health or the M&E in charge). The purpose of the workshop was to discuss the perceived quality of care and any perceived problems, identifying potential solutions, and planning for implementation of solutions.</p>	<p>Nyamagabe, Nyaruguru, Gatsibo and Nyagatare districts</p>	<p>Completed</p>
2	<p>Work with quality</p>	<p>The Vice Mayor in Charge of Social Affairs, Director</p>	<p>Nyagatare, Nyamagabe,</p>	<p>Completed</p>

IR 3 Progress: Increase demand for facility and community-based FH services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
	committees and DHMT members to organize quarterly call in community radio show through which quality issues, including customer care and suggestion boxes, are discussed.	<p>of Health, Director of Hospital and In Charge of Mutuelle de Santé and the RFHP District Management Specialist participated in a radio talk shows organized with Nyagatare community radio and Salus radio for Nyamagabe and Nyaruguru districts. During the discussions between DHMT members and community members through call-in sessions, participants that comments collected from the suggestion boxes are contributing to improvement in the quality of health services. The talk was also a good forum to discuss improved hygiene behaviors and the importance of contributing to Mutuelle.</p> <p>The last radio talk show for Gatsibo District was in September 2014.</p>	Nyaruguru and Gatisbo districts	
Activity 2: Continue to support community outreach campaigns initiated during project year one				
3	Continue the implementation of the community outreach campaign on fistula	<p>In partnership with MoH and local NGO Ihorere Munyarwanda (IMRO), RFHP supported the implementation of the 6 month fistula campaign in Gatsibo, Kayonza, Rwamagana and Nyagatare districts.</p> <p>536 CHWs were trained in fistula prevention and 13,375 households were reached in the door-to-door campaign. Weekly radio spots and radio comic series on fistula prevention were aired in the supported districts and 18,800 community members</p>	Gatsibo, Kayonza, Rwamagana and Nyagatare districts	Completed

IR 3 Progress: Increase demand for facility and community-based FH services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>attended the fistula prevention and repair awareness theater performances organized in 12 strategic sites. Community meetings were held to discuss fistula prevention and treatment and 6,355 women were reached during the umugoroba w'ababyeyi (parent's evening) and umuganda (community work) meetings.</p> <p>The demand for fistula treatment increased during the campaign and many people were registered for treatment and 50% of the confirmed cases during the April 2014 treatment sessions at Kibagabaga DH were from the targeted districts.</p>		
Activity 3: Support implementation of existing Community Based Environmental Health Promotion Program (CBEHPP) in two established districts.				
4	Support the MoH/MCH Department to conduct a household hygiene and sanitation assessment. Develop an appropriate assessment/sampling method and work in conjunction with the MoH to manage data analysis and report compilation for hygiene and sanitation assessment.	A concept note was developed for the household assessment, but the assessment was not needed due to information being captured in an assessment recently completed by UNICEF, the MoH/EHD advised RFHP to use the opportunity to conduct a needs assessment for the CBEHPP. RFHP collaborated with MoH to develop the scope of work and worked together to interview top candidates, however this activity was cancelled in September 2014, at the request of MoH.	Kicukiro and Rulindo districts	Cancelled
5	Support the coordination and supervision of the HH assessment in 2 districts			
6	Review and approve CBEHPP tools through Environmental Health TWG	In partnership with the Environmental Health TWG, RFHP planned to utilize the information collected from the assessment to update IEC tools related to the CBEHPP.	Central Level	Cancelled
7		RFHP, in collaboration with the MoH's Environmental Health Desk (EHD),	Kicukiro and Rulindo districts	Completed

IR 3 Progress: Increase demand for facility and community-based FH services

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	<p>supported CBEHPP coordination meetings in Rulindo and Kicukiro districts. The quarterly meetings were organized for every quarter and for every district. The one remaining for Kicukiro District took place on August 5, 2014.</p> <p>During these meetings district hygiene teams and environmental health officers, with the technical support from MoH and RFHP teams, discussed the status of the implementation of the program, shared best practices and challenges and planned quarterly activities based on their priorities.</p>		
8	<p>Community awareness on CBEHPP activities in the community</p>	<p>RFHP implemented the CBEHPP community awareness campaign in Kicukiro and Rulindo districts. To date, the budget, evaluation tools and concept note have been approved by MoH. The materials have been sent to the two districts and activities, including meetings, talk shows and radio spots were completed on September 19, 2014.</p>	<p>Kicukiro and Rulindo districts</p> <p>Completed</p>
9	<p>Support follow-up of CBEHPP activities by EHOs</p>	<p>Up to 5,859 people were trained on CBEHPP and given educational material in Kicukiro and Rulindo districts.</p> <p>The MoH data indicates that 324 villages in Kicukiro and 494 in Rulindo are now implementing the program. Furthermore,</p>	<p>Kicukiro and Rulindo districts</p> <p>Completed</p>

IR 3 Progress: Increase demand for facility and community-based FH services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>821 reporting books were distributed to all community hygiene clubs (CHCs) to facilitate the follow up of implementation.</p> <p>The 818 CHCs created have reached 54,387 members.</p>		
10	Identify, document and share best practices from CHCs	<p>EHOs and ASOC from different sectors in Kicukiro and Rulindo have met and shared challenges and best practices from their respective community hygiene clubs (CHC). The RFHP team also developed success stories on the implementation of CBEHPP.</p>	Kicukiro and Rulindo districts	Completed

Annex IV: Detailed Activity Report Submitted to the Ministry of Health, IR 4

IR 4 Progress: Strengthen management of facility and community-based FH services			
Activity and Description	Achievement / Status Update	Beneficiary	Comments
Activity 1: Participate in overall transition process			
1	Work with the MoH and USG on the transition taskforce	RFHP participated in the transition working group and 3 subgroups (clinical, management and M&E). The TWG elaborated the transition work plan, including the calendar and schedule for districts to be transitioned.	Central Level Completed
2	Ensure that all planned activities support transition and adapt activities as necessary	<p>Through the subgroups, RFHP provided input into the design of the tool, proposed indicators, reviewed and provided edits to the final assessment tool that will be used in the transition. Once the tool was finalized, two RFHP staff participated in the assessments of the transitioning sites.</p> <p>Following the development of the assessment tool, RFHP collaborated with MoH, USAID and the CDC to write and provide feedback on the final report.</p> <p>For the second cohort of transitioning districts, 10 RFHP staff attended the orientation of the assessment tool and participated in the implementation of the assessment. RFHP staff also completed a</p>	<p>All HIV-supported transitioning districts (Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo, Kayonza, Rwamagana and Ngoma)</p> <p>Completed</p>

IR 4 Progress: Strengthen management of facility and community-based FH services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>database for MoH to use for data analysis.</p> <p>On September 12, the Grants Team Leader participated in a MoH-led orientation meeting on the transition of HIV in support of the transition efforts.</p>		
3	Work with USAID and the MoH to ensure effective handover	<p>Twenty-two health facility grantees in the districts of Ngoma, Kayonza and Rwamagana smoothly transitioned from RFHP grant support to financial support through the MoH. To date, 44 sites in Gicumbi, Nyaruguru and Ruhango districts have completed the initial assessment, participated in a workshop on August 29 and are set to transition to the GoR by October 1, 2014.</p>	Ngoma, Kayonza, and Rwamagana districts	Completed
<p>Activity 2: Continue to support OpenMRS in health facilities where it is currently being implemented with support from RFHP and scale it up in other health facilities</p>				
4	Deploy OpenMRS infrastructure and equipment in selected hospitals and HCs in RFHP-supported districts.	<p>During the first year, RFHP initiated the procurement of IT equipment and cabling services to support OpenMRS in the targeted 30 health facilities. The equipment was delivered in October 2013. The Local Area Network installation phase consisted of cabling, validation and testing of Local Area Networks connectivity (LAN) at 22 health facilities. This ensured that HIV services delivery points were interconnected over one Local Area Network (LAN). In total, 4</p>	<p>Kibungo DH, Rukoma Sake HC, Rukumberi HC, Gahini DH, Ryamanyoni HC, Ngarama DH, Gituza HC, Kiziguro DH, Matimba HC, Karangazi HC, Rukomo HC, Nyagatare DH, Mugina HC, Musambira HC, Remera Rukoma DH, Kigeme DH, Nyamagabe HC, Mushubi HC, Munini DH, Kibeho HC, Ruramba HC, Kibumbwe HC, Jali HC, Rubungo HC, Rutongo DH, Muzanza HC, Rukozo HC,</p>	Completed

IR 4 Progress: Strengthen management of facility and community-based FH services

Activity and Description		Achievement / Status Update	Beneficiary	Comments
		servers, 106 desktops and their accessories were delivered and set up in 30 facilities in 10 districts. Other IT equipment provided included 105 Uninterrupted Power Supply (UPS), 30 network printers, 30 wireless modems, and 21 External Hard Disk Drives. The team merged all of the data from the former computers.	Nyamata DH	
5	Review the existing HIV care and treatment OpenMRS user guide and update it by developing the remaining modules (VCT, PIT, PMTCT)	RFHP supported the Ministry e-Health team to review the OpenMRS modules by adding programming enhancements to meet user requirements. The RFHP team worked with the Electronic Medical Records (EMR) team and updated the current version of the Care and Treatment Modules and their user guides. For VCT, PIT and PMTCT, the team reviewed the user guide for care and treatment modules and fully developed user guides for prevention modules (VCT/PIT and PMTCT). Completed user guides were submitted to MoH for approval before being printed.	Central Level	Completed
6	Train data and IT managers at District Hospitals in advanced system administration and maintenance so that they can support end users at the health	RFHP trained Data and IT Managers using the mentoring and coaching approach. The coaching/mentorship at each facility	11 district hospitals	Completed

IR 4 Progress: Strengthen management of facility and community-based FH services

	Activity and Description	Achievement / Status Update	Beneficiary	Comments
	center level to use OpenMRS	<p>is implemented for 10 working days: five days of practical and five days of theoretical sessions. During these sessions super users (IT/Data Managers) are coached on: the essentials of the Linux Network Operating system, OpenMRS administration and maintenance, Local Area Network troubleshooting and problems fixing and MySQL database management system. The team was also mentored in various ways to utilize the system for informed decision making in patient care and treatment.</p> <p>In total, 11 data managers and 11 IT managers from the scheduled 10 DHs and the added Kibagabaga DH received coaching on OpenMRS administration, maintenance and use.</p>		
7	Conduct training of end users at health facility level on the use of OpenMRS	<p>The RFHP team coached end users of OpenMRS in supported sites.</p> <p>End users were taken through practical data entry into and retrieval from OpenMRS. End users were also coached on how to use OpenMRS data to make informed decisions to improve patient care and treatment. The sessions also covered: access and use of custom links with frequently used clinical indicators and the use of automated data cleaning and monthly reporting modules (including TRACnet and data analysis of pre-set indicators).</p>	31 health facilities	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		To date, 309 end users have been coached in OpenMRS.		
8	Support Data and IT managers of the District Hospital to visit health facilities and conduct mentorship of end-user in consistent use of OpenMRS	<p>RFHP supported super users (Data and IT Managers) in their visits to health facilities in their catchment area to coach end users on consistent use of OpenMRS, focusing on utilizing data that is stored in the system.</p> <p>Through this support, 22 super users coached 159 end users across three of the supported districts.</p>	31 health facilities	Completed
9	Orient District Hospitals Directors, medical officers(who support ARV service provision at health centers) and health center managers on importance and use of OpenMRS to make informed decisions for client centered service improvement through an orientation workshop	<p>RFHP conducted orientation sessions at each hospital where OpenMRS is implemented. The orientation aims to ensure system sustainability and ownership by the hospital leadership and supported health facilities. The sessions focus on system functions used to support quality improvement as well as how the system helps service providers to better serve their clients/patients. Specific functions explained include: TRACnet reporting modules, custom statistics and built-in queries.</p> <p>Forty-nine participants from seven districts (Kamonyi, Gasabo, Bugesera,</p>	30 health facilities	Completed

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		Rulindo, Gatsibo, Nyaruguru, Kayonza), have received the orientation.		
Activity 3: Build capacity of M&E systems (including reporting, data management, DQA, and DDIU) and build the capacity of district officers and data managers				
10	Mentor district (administrative and hospital) M&E officers and data managers on M&E and data management so that they can support health centers in data management	<p>In January 2014, the M&E team conducted mentorship and coaching visits focused on data management and reporting in facilities in 17 HIV-supported districts (prior to transition).</p> <p>The scope of the exercise included: basic principles of M&E, indicator definitions, reporting requirements, organization of client flow, efficient filing systems, appointment tracking systems, documentation in primary and secondary tools and data analysis and presentation.</p> <p>District level staff was also trained on the M&E skills needed to coach staff of health centers located in their respective catchment areas.</p>	17 HIV-supported districts: Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Nyanza, Nyarugenge, Nyaruguru, Ruhango, Rulindo, Kayonza, Rwamagana and Ngoma	Completed
11	Support districts to identify and train new data managers and M&E officers on principles of M&E and data management and participate in the training	<p>The M&E team conducted two refresher training sessions for 97 data managers. The first session was conducted at Boni Consili Hotel in Huye District from September 9-12, 2014. The second was conducted at Dereva Hotel in Rwamagana District from September 23-26, 2014</p> <p>The objective of the training was to</p>	17 RFHP-supported districts	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		increase their knowledge and practical skills in primary data collection, reporting, analysis and dissemination of health information within and outside of the facility		
12	Organize workshops to orient district M&E officers and data managers on Data Quality Audits (DQAs), including orientation on tools used, the methodology and importance of data quality for HIV, malaria and MCH data	<p>The workshops were organized in three, two-day sessions that were completed by July 31, 2014. Facilitators made presentations on general principles of M&E, characteristics of good quality data and data quality in the HMIS, SIScom and NCDs.</p> <p>Participants were oriented on the use of a comprehensive data quality audit tool and also visited nearby health centers and conducted practice sessions using the DQA tool.</p> <p>The workshops included 73 participants (DHU directors, M&E officers and data managers) from 18 districts (Nyaruguru, Nyamagabe, Ruhango, Kamonyi, Muhanga, Rutsiro, Gicumbi, Gakenke, Rulindo, Kicukiro, Gasabo, Nyarugenge, Rwamagana, Kayonza, Ngoma, Nyagatare, Gatsibo, Bugesera).</p>	18 RFHP-supported districts	Completed
13	Support districts to organize their own DQAs and ensure	M&E Coordinators participated in a DQA exercise in collaboration with MoH/COAg	Ngoma, Kayonza, and Rwamagana districts	Completed

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
	participation of the project team in those sessions annually	<p>staff at 22 health facilities that have recently transitioned.</p> <p>The exercise aimed to verify the quality of data in the SAPR14. The program areas that were reviewed included: PMTCT, clinical care and ART.</p>		
14	Support districts to assess the quality of reports submitted to TRACnet, DHIS2 and SISCom reports (including timeliness, completeness and accuracy) and provide feedback to health facilities during the M&E coordination meetings which take place on a quarterly basis	<p>On July 24, RFHP attended an M&E Coordination meeting of the Kigeme DH. RFHP provided feedback and support on TRACnet and HMIS reports and discussed the Electronic Logistics Management Information System (EMIS).</p> <p>It was found that many M&E Officers produce their data reports on the last day, so there are many errors. Titulaires agreed to follow-up and ensure that reporting is done early to allow for corrections before the deadline.</p>	Nyamagabe District	Completed
15	Support district data managers and M&E officers (admin and DH) to aggregate data, analyze and produce quarterly reports to be presented to the DHMT	<p>The RFHP M&E Team has attended and provided technical assistance to DHMT meetings held in ten districts.</p> <p>Meetings were held on May 14 in Rutsiro District, May 16 in Kamonyi, May 21 in Gicumbi and May 22 in Gatsibo District.</p> <p>RFHP staff supported district M&E officers in Rulindo (September 5), Gakenke (September 10), Kayonza (September 11) Rwamagana (September 19) and Kamonyi (September 19) to prepare presentations on indicators,</p>	Ruhango, Nyagatare, Gatsibo, Ngoma, Rulindo, Bugesera Muhanga, Nyarugurum Rutsiro and Kamonyi districts	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>which are used to track the quality and coverage of service delivery in their respective districts over the past quarter.</p> <p>This facilitated DHMT members to make data informed solutions to address health service delivery gaps that were identified in their respective districts.</p>		
16	Mentor district teams (administrative and hospital) to increase their skills in data analysis, presentation and how data can be used for decision making	RFHP completed the first cohort of mentorship to administrative and hospital teams in January and February 2014. Since the initial visit, follow-up is conducted at every site visit. The integrated coaching approach will further strengthen this effort.	All RFHP-supported districts	Ongoing into FY 15
17	Support district M&E officers and data managers of DH to undertake mentorship to health centers in their catchment area	<p>In January 2014, another coaching and mentorship exercise was conducted with district M&E staff from HIV-supported districts</p> <p>The main objective of these exercises was to enable district level M&E staff to provide M&E related technical support to health centers in order to improve data quality and promote sustainable M&E systems at district level.</p>	31 health centers located in 17 HIV supported districts.	Completed
18	Conduct workshops to orient HIV supported health facilities on PEPFAR reporting using the new	Organized and conducted the training of data managers and nurse's in-charge of HIV clinics from all HIV supported districts	A total of 316 data managers and nurses in-charge of HIV clinics	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
	MER guidance	<p>on the new MER guidance for PEPFAR reporting.</p> <p>The training was organized and conducted in five sessions.</p>	from 17 HIV-supported districts.	
19	Support regular, facility level meetings (monthly for HCs and quarterly for DHs) to conduct data analysis, feedback and reporting related to malaria	<p>RFHP worked in collaboration with MOPDD/MoH and district hospitals to organize quarterly meetings on the analysis and reporting of iCCM data as well as lessons learned and best practices.</p> <p>The initial meetings were held in October and November 2013 and included eight DHs in the seven malaria-supported districts. Second meetings were held in July 2014 and included six district hospitals. The remaining two DHs—Ruhango and Gitwe—met on August 21-22.</p> <p>The meetings consisted of presentations on malaria data from the last year and discussions on understanding the indicators, the reporting process, lessons learned, and sharing of best practices.</p>	All Malaria districts	Completed
Activity 4: Strengthen operational systems at health facilities				
20	Conduct a rapid assessment to inform management and operational systems strengthening needs at district level	<p>RFHP, in collaboration with MoH, is developing a mentorship and coaching program in the areas of M&E, operational systems, and clinical MCH.</p> <p>In support of this program, RFHP and</p>	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		MoH developed an assessment tool and defined related QI/MCH indicators. A week-long workshop took place in Rubavu from July 7-11 to finalize all tools. Using the tool, an assessment was conducted in 93 facilities across the six districts.		
21	Conduct post training follow-up of operational trainings completed during the year 1 at supported DHs	<p>RFHP and MoH held a refresher training workshop in Rwamagana with eight administrators from selected districts.</p> <p>The training focused on leadership and refresher sessions on management including: planning, a management cycle, human resource management, financial management, infrastructure management and equipment, drug management, procurement and contract management and customer care. The workshop was facilitated by RFHP staff, in collaboration with MoH and the University of Rwanda School of Public Health (SPH).</p>	Rwamagana District	Completed
22	Continue training of operational systems as needed	Refresher training for 8 DH Chief Accountants occurred from September 8-9, 2014. The Chief Accountants are scheduled to train 95 health center accountants in their catchment area.	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts	Completed

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		<p>The workshop focused on: budgeting, budget execution and monitoring, planning concepts, financial reporting, infrastructure and equipment management, human resources management, policies and procedures, public financial management, public procurement, and revenue collection.</p> <p>This activity will be fortified under the mentoring and coaching program planned for FY15.</p>		
23	<p>To support MoH to develop training module for accountants from health centers</p>	<p>In consultation with MoH, RFHP was advised to train health center accountants using materials already developed. The materials included: the District Health Facility Procedures Manual for Finance and Administration, Version 1 (2011) and the Training Manual on Management of District Health Facilities in Rwanda (2012). RFHP worked with MoH and prepared presentations using the above resources. A team, including the MoH Chief Accountant, RFHP and a representative from the School of Public Health prepared the training materials which were used to train the accountants at selected DHs and health centers in transitioning districts.</p>	<p>Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts</p>	<p>Completed</p>
24	<p>Support the district level to train health center accountants on financial management and accounting</p>	<p>In collaboration with MoH, RFHP trained 95 accountants from health centers in the six districts. The training occurred in two sessions: Rwamagana (September 10-12) and Huye (September 15-17).</p>	<p>Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango districts</p>	<p>Completed</p>

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
25	Train health facilities' managers on leadership and management skills	In collaboration with MoH and the School of Public Health, RFHP trained health center managers in leadership and management in two sessions: Rwamagana (August 4-6) and Huye (August 11-13).	Rwamagana, Ngoma, Gicumbi, Nyaruguru, Ruhango and Kayonza districts	Completed
Activity 5: Support the DHMT to carry out its functions effectively				
26	Strengthen the capacity and define the roles of the DHMT as it relates to data use for planning and decision making, performance assessments, data quality audits	RFHP has supported DHMT meetings in 17 supported districts for the past two quarters. Data quality and use was discussed all every meeting. In total, 816 DHMT members attended DHMT quarterly meeting during the course of the year.	All DHMTs	Completed
27	Implementation of quality improvement methodology and overall supervision and management and operations.	RFHP has begun implementation of quality improvement methodologies. The DHMT supervision tool has been elaborated and at the recommendation of the Planning TWG, was pre-tested in Ngoma on May 6 and at Nemba DH on May 9. Pre-test findings were incorporated into the tool and it was approved by the Planning TWG on September 24, 2014. The tool is designed to be used at the DH, district pharmacy,	17 RFHP-supported districts (Gasabo, Kicukiro, Rulindo, Gakenke, Bugesera, Kamonyi, Muhanga, Ruhango, Nyaruguru, Nyamagabe, Rutsiro, Rwamagana, Kayonza, Ngoma, Gatsibo, Nyagatare and Gicumbi)	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>health center and private facilities. The tool helps DHMT to assess different areas, including QI, and provide recommendations as needed. The tool also covers operations and management.</p> <p>After approval, RFHP, MoH and district stakeholders initiated supervision of the health facilities in supported districts. All facilities will be supervised by the end of October. In addition, District Coordinators continue to organize and conduct technical supervision in collaboration with district-level supervisors.</p>		
28	Continue to support districts to organize and conduct DHMT quarterly meetings	RFHP supported 66 DHMT meetings for two quarters in 17 districts. Each district organized four meetings except Gicumbi and Rutsiro, which has organized three meetings.	17 RFHP-supported districts	Completed
29	Support the DHMTs to discuss use data and/or information presented to them by district data managers and M&E officers, provide recommendations and follow up with their implementation	DHMTs are supported by RFHP's M&E team and District Health M&E Officers to discuss data during their quarterly meetings. All recommendations were taken and implemented accordingly.	17 RFHP-supported districts	Completed
30	Support districts to organize annual accountability day for the health sector in including DHMT, HCs and other health partners	<p>Accountability day was held across all 17 districts in September. A total of 943 people participated.</p> <p>RFHP worked with the districts' health sector (Admin Directorate of Health, the District Hospital, District Pharmacy, the Directorate of <i>Mutuelles de Sante</i>) to organize a one day health accountability</p>	17 RFHP-supported districts	Completed

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
		<p>event. The objective of the event was to:</p> <ul style="list-style-type: none"> • Develop understanding of the achievements and plans of the district health sector by the stakeholders in the district. The district health sector is comprised of DHU, District Hospital, <i>Mutuelles de Sante</i>, and District Pharmacy. • Provide an avenue for stakeholder input and deliberation of activities planned by the district health sector during the current year. <p>Supported by the District Coordinator, each department of the district health sector prepared a presentation on achievements. They also shared what they plan to accomplish next year. Participants were drawn from the different levels (district and sector levels) and from a cross-section of different forums representing different groups (e.g., youth and women representatives).</p>		
31	Support DHMT members to develop a supervision calendar, provide oversight over its implementation by its members (charged with conducting supervisions) and ensure that these members report back on	<p>RFHP, in collaboration with the MoH/Planning and HIS directorate organized an orientation workshop on the DHMT supervision tool after it was approved.</p> <p>RFHP supports each DHMT to conduct</p>	17 RFHP-supported districts	Completed

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	Activity and Description	Achievement / Status Update	Beneficiary	Comments
	supervision to the DHMT during quarterly meetings	<p>supervision in their respective health facilities. The supervision focuses on the management, administrative and quality aspects at the DH, District Pharmacy, and HCs as outlined in the supervision tool. These supervisions started at the end of September and will be completed for all districts by the end of October 2014. The RFHP and MoH have formed teams which are supporting different districts simultaneously in this effort.</p> <p>A total of 84 DHMT members will have participated in the supervision.</p>		
32	Support study visits among DHMTs to learn from best practices implemented by their peers	<p>RFHP organized study visits between DHMTs in Gakenke and Gatsibo districts to share experiences and document best practices.</p> <p>The meeting in Gakenke was to occur on August 18, followed by Gatsibo on August 25. However, there have been delays: first with the supervision tool approval and secondly, MINALOC informed RFHP that October was "Governance Month" and district officials could not commit to additional activities.</p> <p>This activity is now tentatively scheduled for the end of October 2014.</p>	Gakenke and Gatsibo districts	To be completed in November
33	In three districts (Rwamagana, Ruhango and Ngoma) where district hospitals are being upgraded to provincial hospitals,	RFHP collaborated with the DHMTs in the three districts to ensure that the transition from district to provincial status was adequately addressed in meetings and	Rwamagana, Ngoma and Ruhango districts	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
	RFHP will collaborate with iHHSP to support the DHMT functions as they relate to the dual “district-provincial” level status (i.e. before another district hospital is established in these districts, these hospitals will continue to play dual provincial and district hospital roles). Specifically, RFHP and iHSSP will ensure that topics related to provincial hospitals are included on DHMT meeting agendas and planning sessions. Also, when necessary and appropriate, RFHP will support iHSSP to work with or institutionalize DHMTs in other, non-overlapping districts.	that the Director of the Corresponding Hospitals provided an update to DHMT members on the process and progress. This was first done in Rwamagana in July and replicated in the Kibongo and Ruhango in August 2014. The topic was also presented during the accountability days in the three districts.		
Activity 6: Improve waste management of supported health facilities				
34	Finalize waste management assessment at supported health centers	RFHP supported the recruitment of an international Waste Management expert to conduct the assessment in December 2013. The team conducted the assessment at 56 facilities (40 HCs and 16 DHs). Data was cleaned through a double data	Facilities receiving grants from RFHP (56 facilities across 19 supported districts were assessed)	Completed

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
		<p>entry process and field data verification was conducted at 4 facilities (2 HCs and 2 DHs).</p> <p>The report was submitted to MoH on June 11, 2014.</p>		
35	Develop action plan to improve waste management	RFHP developed a Health Care Waste Management Checklist. The checklist identifies areas of improvement in waste management within the health facilities' manageable scope. This year, RFHP visited all 219 grantees to assess their waste management systems and support them in identifying ways to address gaps.	Facilities receiving grants from RFHP, totaling 219.	Completed
36	Identify partners and then support the implementation of the action plan for waste management	RFHP has identified World Vision and WHO as potential partners. World Vision has supported waste management and hygiene and, in collaboration with MoH, has developed important materials including: signage, SOPs, training materials and developed documentation related waste management. RFHP also engaged with WHO, which has supported the construction and maintenance of burners.	Facilities receiving grants from RFHP, totaling 219.	Completed
Activity 7: Support the MCH unit in the Ministry of Health to develop MCH indicator definitions				
37	Hold preparatory sessions with the MCH unit to discuss MCH indicators	RFHP held preliminary meetings to discuss which indicators need to be defined to improve and target health interventions and a scope of work was created for an M&E consultant.	Central Level	Completed
38	Support the MCH unit to organize	The project supported MoH to conduct a	Central Level	Completed

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Activity and Description	Achievement / Status Update	Beneficiary	Comments
<p>and conduct a workshop, bringing together the MCH TWG and other stakeholders to discuss MCH indicators and their definitions (by program area: maternal and child health, FP/RH, Nutrition and GBV)</p>	<p>one-day workshop with 21 participants to develop a reference document containing definitions for health indicators that are reported through the HMIS.</p> <p>These definitions are intended to provide health facility staff involved in reporting with an understanding of the standard method of collecting data for each of the indicators.</p> <p>The one-day workshop took place in Kigali on September 23, 2014. The areas of focus were:</p> <ul style="list-style-type: none"> • Clinical Services, Lab, QA and Essential Drugs • Community Health (Malaria, Nutrition, FP). • HIV & TB • Human Resources. M&E/RBC, M&E/MOH, Finance, IDSR • Malaria • Maternal and Child Health (EPI, Nutrition, FP, GBV) • Mental Health 		
39	<p>Compile and review outputs from the various technical working groups</p>	<p>RFHP is working with the HMIS team at MoH is currently compiling outputs from the various technical working groups.</p>	<p>Central Level</p> <p>Ongoing</p>
40	<p>Support the MCH unit to organize</p>	<p>RFHP is working with the MoH to and a</p>	<p>Central Level</p> <p>Ongoing</p>

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Activity and Description		Achievement / Status Update	Beneficiary	Comments
	meeting to review and validate MCH indicator definitions	hired consultant to review and validate MCH indicator definitions. A first draft has been submitted to MoH and RFHP is awaiting feedback.		
41	Support the MCH unit in printing, multiplication and dissemination of indicator definition booklets to all RFHP supported sites	RFHP is awaiting approval of the MCH Indicator handbook prior to dissemination.	Central Level	Pending completion of the MCH Indicator Handbook
42	Support MCH unit to organize a dissemination meeting for MCH indicators	RFHP is awaiting approval of the MCH Indicator handbook prior to dissemination.	Central Level	Pending completion of the MCH Indicator Handbook