USAID|RHSS Quarterly Progress Report

Period: November – December 2014

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Rwanda Health Systems Strengthening Activity (RHSSA) will enhance the resiliency of the Rwandan health sector to address new challenges and will help build a country-owned sustainable health system capable of leading and managing change, through provision of extensive technical support.

[Health systems strengthening – USAID – Community health services]

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Rwanda Health Systems Strengthening (RHSS) Activity

Quarterly Report

(November – December, 2014)

COOPERATIVE AGREEMENT N°: AID-696-A-15-00001

DISCLAIMER

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ACRONYMS

AOR	Agreement Officer's Representative
CBHI	Community based health insurance
COMU	Country Operations and Management Unit
CSR	Corporate Social Responsibility
GoR	Government of Rwanda
IHSSP	Integrated Health Systems Strengthening Project
RHSSA	Rwanda Health Systems Strengthening Activity
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
PBF	Performance based financing
PY1	Project Year 1
RBC	Rwanda Biomedical Center
RSSB	Rwanda Social Security Board
RSPH	Rwanda School of Public Health
TSPH&TM	Tulane School of Public Health & Tropical Medicine
USG	United States Government
USAID	US Agency for International Development

SUMMARY OF KEY ACHIEVEMENTS

Building on the success of the Integrated Health Systems Strengthening Project (IHSSP) that closed on December 31, 2014, the Rwanda Health Systems Strengthening Activity (RHSSA) was awarded by USAID to Management Sciences for Health (MSH) and partners on November 17th, 2014. The new Agreement will enhance the resiliency of the Rwandan health sector to address new challenges. The RHSSA will help build a country-owned sustainable health system capable of leading and managing change, through provision of extensive technical support across five Intermediate Results: i) institutionalized health systems thinking to increase advocacy, leadership and stewardship; ii) improved policy, planning and implementation at central and district level; iii) increased revenue for the health sector; iv) improved quality of health services and greater efficiency in resource use, and; v) improved M&E, health systems research, learning and knowledge-based practices.

This abbreviated reporting period (November 17th – December 31, 2014) completely overlapped with the two-month, no-cost extension of the IHSSP contract. With USAID agreement, staff gave priority to completing activities in the IHSSP work plan and finishing the administrative close out. The work carried out during the extension period of IHSSP has been captured in separate reports submitted to USAID on December 31, 2014. Thus, there are relatively few RHSSA activities to report on in this first activity implementation period.

Key activities or actions completed under RHSSA during this reporting period include the elaboration of new employee contracts; establishment of budget and activity codes; signing of interim sub-contractor agreements with new partners (Banyan Global, Jembi Health Systems, National University of Rwanda, School of Public Health, and Tulane University School of Public Health & Tropical Medicine); preliminary meetings with USAID to agree on the first year planning process; a 'contract reading' with the USAID Agreement Officer and Agreement Officer's Representative; and other administrative tasks. RHSSA staff also maintained their relations and dialogue with Ministry of Health, Rwanda Biomedical Center (RBC) and Rwanda Social Security Board (RSSB) counterparts and provided informal orientation to them about the new Agreement.

INTRODUCTION

Since 1994, Rwanda has made remarkable progress in improving the health of its citizens, particularly as seen through indicators for infant mortality, child mortality, and maternal mortality. Access to health services has improved as well through a strengthened community based health insurance program, and promising efforts in hospital accreditation speak to improvements in the quality of health services being delivered. However, much still needs to be done and to address the shortfall in resources projected for the health sector. The United States Government (USG), through the United State Agency for International Development (USAID), has contributed significantly to the improvements in health in Rwanda. Among its continued efforts to support the GoR, the USAID launched the five-year Rwanda Health Systems Strengthening Activity (RHSSA) implemented by Management Sciences for Health (MSH).

RHSSA started officially on November 17th, 2014 and its overall goal is to achieve *strengthened and expanded performance of the Rwandan health system at national, decentralized and community levels*. The project has five strategic or intermediate results (see the results framework in Annex 1):

- Institutionalized health systems thinking approaches and practices to strengthen structural and process attributes towards increased advocacy, leadership and stewardship at central and district levels of Rwanda's health care system *(Leadership and Advocacy);*
- Improved multi-level GOR policy, planning, and implementation capacity with broad based participation, and district health decentralization plan effectively implemented (*Governance and Policy & Planning)*;
- Increased revenue mobilized by the health sector through Rwandan domestic and private sector sources to achieve sustainability *(Management, Coordination and Implementation);*
- Improved and expanded quality health services through more effective and efficient use of existing resources in the health system, achieving better value for money *(Management, Coordination and Implementation)*; and
- Improved M&E, Health Systems Research Agenda, learning and knowledge-based practices *(M&E, Learning, and Knowledge-Based Practices).*

This report covers a shortened first quarter of RHSSA implementation, a period during which most attention was focused on closing out activities, reports and administrative requirements of IHSSP.

I. RHSSA ACTIVITIES COMPLETED THIS PERIOD

1.1. Elaboration of employee contracts

Following the award of RHSSA by USAID to MSH, most of the staff who had been employed under IHSSP were retained to provide technical services under the new mechanism. Two new key staff (Senior Advisors) have joined MSH to work full time on this project, while additional full time staff will be provided by our partners Tulane and Banyan as well as through hiring on the local market. The new contracts for these employees were elaborated and currently RHSSA counts 33 staff categorized as follow:

Table 1: RHSSP current staff

Staff category	**Number**
Chief of Party (CoP)	1
Director of finance and operations	1
Team Leaders (senior advisors)	4
Other technical staff	11
Local finance and operations staff	8
Drivers	8
Total	**33**

1.2. Signing of sub-agreements with key subcontractors

To address the specific challenges laid out in the Cooperative Agreement, MSH assembled a team of partners with complementary skills and relevant experience. The partnership consists of Banyan Global (private sector, PPP, business planning); Jembi Health Systems (ehealth, mhealth, HMIS, capacity building); National University of Rwanda, School of Public Health (health systems research); and, Tulane School of Public Health and Tropical Medicine (knowledge management, M&E, health systems research capacity building). To allow their participation in the work planning exercise scheduled for early next quarter, MSH issued short-

term agreements to each institution with the understanding that the full agreements will derive from the work plans being developed.

1.3. Preparations of the agenda for planning sessions

A number of meetings were held to prepare the agenda of planning sessions of the RHSSA. Effective start up planning is a critical step in supporting the success of the project and RHSSA staff emphasized preparation for this process by breaking it into four main steps:

1. An **internal strategic and work planning retreat**: to fully understand the requirements of the Cooperative Agreement, team building with new members and identify key gaps and strategies for each project component.
2. A **stakeholder workshop**: to share the overall project orientation, work with stakeholders to identify gaps and overlaps with what is already being done and identify key activities that the project should support.
3. **Internal planning meetings at MSH offices** to develop a first year costed operational plan and M&E plan.
4. **A half day meeting at the MOH**: to present the plan to the MOH.

1.4. Office signage and marking of equipment

Following approval of the project's branding and marking plan, the RHSS team erected new project signage at the office and began marking the equipment. The project vehicles were all marked with RHSSA name, USAID and MSH logos. This is to ensure that the people served are aware of the support that is provided to them and to keep key stakeholders aware of RHSS support that is provided to Rwandans by the USG.

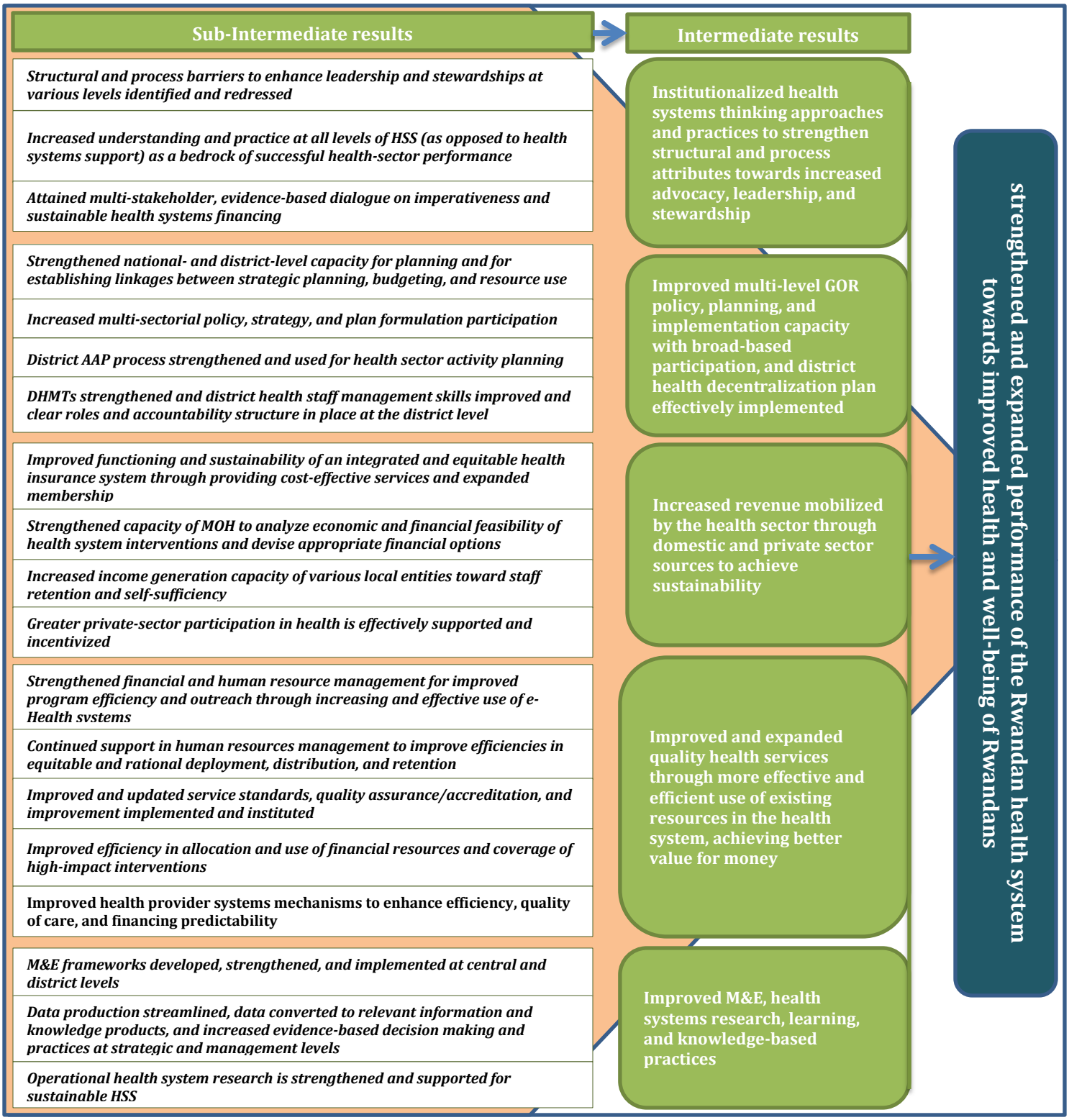
II. CHALLENGES AND CONSTRAINTS

The RHSSA was awarded in the middle of the first quarter of the USG fiscal year. This and the end of year holidays limited the implementation time for activities in this period. In addition, as IHSSP was being implemented concurrently with RHSSA, the staff focused on completing activities, carrying a successful end of project conference, and closing out administrative tasks.

III. CONCLUSION AND NEXT STEPS

The USAID awarded to MSH a cooperative agreement to provide support to the GoR, implementing the health system strengthening program named "Rwanda Health System Strengthening (RHSS)". The primary objective is to build the capacity of the GoR to move from health systems support to health systems strengthening. In this reporting period, the activities completed are related to the start-up and administrative tasks including the elaboration of employee contracts, agenda preparation for planning sessions, office signage and marking of equipment. Next quarter, RHSSA will focus on the following priority activities, including:

- Work planning retreat in Gisenyi, January 14-16;
- Drafting the five year strategic plan, first year operational , and budget;
- Drafting the M&E plan and Performance Monitoring Plan;
- Stakeholder workshop to solicit input and build consensus;
- Submission and approval of developed plans and budget for PY1;
- Presentation of projected support to the stakeholders;
- Continuing support to MOH and RBC on selected interventions started under IHSSP and agreed in the RHSSA work plan, which may include: roll-out of IDSR, Capacity building for RHMIS, support for CBHI transition to RSSB, roll-out of new DHIS-2 PBF module and community PBF model and technical assistance related to Accreditation;
- Negotiating full agreements with MSH partners;
- Onboarding of all local and international staff; and
- Procurement as needed to launch the project.

ANNEXES

Annex 1: RHSSA results framework