

USAID | RHSS Quarterly Progress Report

Period: January 1st – March 31st, 2015

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April 30, 2015

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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INKUNGA Y'ABANYAMERIKA



Rwanda Health Systems Strengthening Activity

Quarterly Report
(January – March, 2015)

April 30, 2015

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ACRONYMS

ASH	African Strategies for Health (project of the USAID Africa Bureau)
CBHI	community-based health insurance
CHD	Community Health Desk
CHWs	community health workers
COP	community of practice
DHIS 2	district health information system
GoR	Government of Rwanda
HRH	human resources for health
HSS	health systems strengthening
HSSP III	Third Health Systems Strategic Plan (2012-2018)
IFMIS	integrated financial management information system
ICT	information and communication technology
IHSSP	Integrated Health Systems Strengthening Project
IPPS	integrated personal payment system
MIFOTRA	Ministry of Public Service and Labor
MINECOFIN	Ministry of Finance and Economic Planning
M&E	monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NCD	non-communicable diseases
OpenMRS	open-source electronic medical records system

PBF	performance-based financing
PPP	public private partnership
PSE	private sector engagement
RBC	Rwanda Biomedical Center
RFHP	Rwanda Family Health Project
R-HMIS	Rwanda Health Management Information System
RHSSA	Rwanda Health Systems Strengthening Activity
RSSB	Rwanda Social Security Board
SIScom	community health information system
SoPs	standard operating procedures
SoW	scope of work
SPH	school of public health
ToRs	terms of reference
TRACNet	A data entry, storage, access, and sharing system created in 2005 by the Treatment and Research AIDS Center (TRAC)
TWG	technical working group
USG	United States Government
USAID	US Agency for International Development
WHO	World Health Organization

SUMMARY OF KEY ACHIEVEMENTS

The Rwanda Health Systems Strengthening Activity (RHSSA) was awarded by the US Agency for International Development (USAID) to Management Sciences for Health (MSH) on November 17th, 2014. Over a period of five years, RHSSA will help build a country-owned, sustainable health system capable of leading and managing change through provision of technical support across five Intermediate Results: i) institutionalized health systems thinking to increase advocacy, leadership and stewardship; ii) improved policy, planning, and implementation at the central and district levels; iii) increased revenue for the health sector; iv) improved quality of health services and greater efficiency in resource use, and; v) improved monitoring and evaluation (M&E), health systems research, learning, and knowledge-based practices.

The work completed between January and March, 2015 was dominated by start-up tasks including development of the RHSSA work plan and M&E plan and the RHSSA launch. The RHSSA work plan and M&E plan were approved by USAID and implementation is ongoing. Recruitment for new positions was also initiated.

Specific activities completed in the areas of **leadership, governance and decentralization** included: coordination with implementing partners on the design and timeline of the RHSSA baseline assessment; support to the Ministry of Health (MOH) planning directorate in organizing the technical working group (TWG) meetings; monitoring the implementation of TWG decisions; assuming the secretariat role for the TWG; review and updating the Human Resources for Health (HRH) Strategic Plan and HRH Sustainability Agenda; consultative meetings to enhance partnership, coordination, and implementation of health systems strengthening (HSS) interventions; and, recruitment (candidate selection) of technical advisors for capacity building and HSS support at decentralized levels.

The **health finance** component's activities were focused on: preparations for validation of the community-based health insurance (CBHI) sustainability study; support for the CBHI transition from the MOH to Rwanda Social Security Board (RSSB); and, development of a CBHI computerized integrated membership and payment system. A gap analysis was completed of the Rwanda Biomedical Center (RBC) Business Development Unit to determine support for its public private partnership (PPP) priorities. A similar gap analysis is ongoing with the MOH.

RHSSA assisted the MOH in updating the 2009 district hospital and health center costing study and tariffs and developing the Health Finance Sustainability Policy and Health Finance Strategic Plan.

The MOH organized, with RHSSA support, Phase 1 of an assessment of community health worker (CHW) cooperatives to examine the results of income generation initiatives. RHSSA presented an initial report of a facility self-financing feasibility to the MOH and implemented a revised plan of analysis. RHSSA consulted with the MOH, the Ministry of Finance and Economic Planning (MINICOFIN), and others to decide on the best approach and tools for health facility financial management software that will be rolled out nationally.

With regard to **Quality Improvement of Health Services**, the RHSSA team : undertook a review and updating of the health sector service packages; conducted an accreditation baseline survey of Kinyira Hospital; developed the agenda and prepared materials and logistics for the Progress Survey of provincial and districts hospitals to be conducted in April 2015; reviewed French versions of both Rwanda accreditation hospital standards and the Performance Assessment Toolkit; developed a Scope of Work (SoW) for a consultant to support the establishment of a Rwanda facility accreditation body, and; developed a concept note calling for the integration of supportive supervision with the accreditation facilitation process.

The **M&E, learning and knowledge-based practices component** focused on: initiating the process for developing the strategic and operational plans for effective MOH/e-health activities; automating data transfers between different DHIS-2 databases and the data warehouse; reviewing the way forward for completing the Rwanda Health Observatory to operationalize the Rwanda Health Data Portal; supporting the development of the 2014 Statistical Booklet and updating standard operating procedures (SOPs) for data management; establishment of a knowledge management platform to support virtual forums to allow TWG members to exchange experiences, best practices, documents and data, and; providing continuing support for institutionalizing existing health information platforms (TracNet, Disease surveillance, OpenMRS, Data warehouse, RapidSMS, SISCom, performance-based financing (PBF), and R-HMIS/DHIS-2). The team also facilitated a workshop to determine a prioritized health sector research agenda and develop a community of practice (CoP).

INTRODUCTION

Since 1994, Rwanda has made remarkable progress in improving the health of its citizens, particularly as illustrated by indicators for infant, child, and maternal mortality. Access to health services has significantly improved with the effective implementation of the community-based health insurance (CBHI) program. There are promising efforts in improving the quality of service delivery including establishing sustainable hospital accreditation processes and infrastructures. However, many challenges remain, especially in addressing critical resource shortfall projections. The United States Government (USG), through the US Agency for International Development (USAID), has contributed significantly to the improvements in the Rwanda health system and health status. Among its continued efforts to support the Government of Rwanda (GoR), 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 the central and district levels of Rwanda's health care system;
- Improved multi-level GOR policy, planning, and implementation capacity with broad based participation, and district health decentralization plan effectively implemented;
- Increased revenue mobilized by the health sector through Rwandan domestic and private sector sources to achieve sustainability;
- Improved and expanded quality health services through more effective and efficient use of existing resources in the health system, achieving better value for money; and
- Improved M&E, Health Systems Research Agenda, learning and knowledge-based practices.

This report presents the RHSSA activities implemented and results achieved from January through March, 2015.

I. PROJECT MANAGEMENT AND ADMINISTRATION

1.1. RHSSA first year work plan development

From January to March 2015, RHSSA staff organized the work planning process to develop a shared vision for the overall activity, identify key project milestones, determine Year One priority interventions and activities, and develop the M&E plan. This process began on 14



Figure 1: RHSSA team in planning retreat

January with a three-day planning retreat, which resulted in a draft first year work plan and performance monitoring indicators for the M&E plan.

Representatives from USAID, MSH partners (SPH, Tulane University, Banyan Global, and Jembi) participated in the retreat. The process also benefited from MSH support from three headquarters MSH staff (Sylvia Vriesendorp, Ken

Heise, and Navindra Persaud).

RHSSA conducted several workshops to present and discuss the draft work plan with key partners and stakeholders and officially launch the RHSSA. On January 28, RHSSA presented the work plan to the MOH, USAID and other stakeholders and received feedback. Consultations continued throughout the quarter with the MOH, RBC, RSSB and USAID to improve and finalize plans. This culminated in the official launch of RHSSA by the USAID Country Director and Minister of Health on February 3. The first year work plan was budgeted, finalized, and approved by USAID in March.

1.2. M&E plan development for the RHSSA

RHSSA developed a comprehensive M&E plan using the performance monitoring indicators that had been proposed during the work plan retreat. The M&E plan received USAID approval in March 2015. This plan includes a broader list of indicators which will be used to monitor the activity's performance (see Annex 3). The RHSSA team is currently designing the baseline assessment that will capture data required for the performance monitoring indicators and identify performance gaps that the project can help the MOH overcome.

1.3. Launch of the Rwanda Health Systems Strengthening Activity

RHSSA was officially launched on February 3, 2015 during a one-day workshop at the Kigali Serena Hotel. The Rwandan Minister of Health, Dr. Agnes Binagwaho, and the USAID Mission Director, Peter Malnak attended. RHSSA presented its priority interventions and work plan and invited stakeholder feedback.

Figure 2: RHSSA launch at Serena Hotel on February 3rd, 2015



1.4. Recruitment of new staff

The MSH Country Operations Management Unit helped recruit new staff for RHSSA, including:

Administrative positions:

- Accountant
- Procurement Specialist
- Human Resources Specialist
- Executive Assistant/Strategic Communication Specialist

Technical positions

- Four Technical Advisors for District capacity development
- Technical Advisor for Health Financing
- Public Private Partnership Adviser (through Banyan Global)

RHSSA has held interviews and is in discussion with MSH Regional HR manager and USAID for hiring the selected staff.

II. LEADERSHIP, GOVERNANCE AND DECENTRALIZATION

This section addresses the work completed during the quarter related to intermediate results I and II: Institutionalized health systems thinking to increase advocacy, leadership and stewardship; and Improved policy, planning, and implementation at central and district levels.

2.1. RHSSA baseline assessment planning

The RHSSA baseline assessment will identify resources, capacity gaps, and barriers in the Rwandan health system, as well as its strengths. The assessment will determine the current opportunities, and ongoing innovations for improving management and introducing effective health reforms that support sustainable health systems functioning and performance at all levels. The assessment will also capture baseline data for the activity's performance monitoring indicators. Teams from each RHSSA technical component are participating in this cross cutting assessment as leadership, governance, and decentralization are linked with all health sector interventions.

The MOH and other key stakeholders have helped plan the baseline assessment. The process began with the development of a concept note describing the objectives and the methodology for the assessment. The MOH requested support from RHSSA to collect additional data during the assessment that would be value added to the HSSP III mid-term evaluation scheduled in August, 2015. The next steps are to complete a desk review, develop questionnaires, and stakeholder analysis and field-based assessment tools to collect additional information. The field assessment will involve all interested stakeholders, including the MOH and partners.

2.2. Support to the planning TWG and review of technical documents

A mandate of the MOH's Directorate of Planning and Health Finance is to coordinate partners to ensure fruitful results from the implementation of health system interventions. During this quarter RHSSA supported the Directorate by organizing technical working group meetings, monitoring the implementation of TWG decisions, and assuming secretariat roles.

RHSSA supported the MOH in reviewing, updating, and finalizing documents developed during the previous project (IHSSP). These included supporting development and selective merging of the HRH Strategic Plan and HRH Sustainability Agenda. The advantage of this merging is that priority interventions will be implemented within the context of the HRH Strategic Plan in

alignment with HSSP III. RHSSA also provided technical support to finalize the Health Services Access Policy and the Infectious Diseases Policy.

2.3. Consultative meetings to enhance partnership, coordination and implementation

RHSSA organized a number of consultative meetings to ensure that the Activity (RHSSA) is well understood and positioned to enhance partnerships and coordination when implementing systems strengthening interventions. Participants included the MOH, World Health Organization (WHO), School of Public Health (SPH), Rwanda Family Health Project (RFHP), Tulane University, Rwanda Medical and Dentist Council, Rwanda Biomedical Center (RBC) and Clinton Health Access Initiative (CHAI). The meetings enriched stakeholders' understanding of the Activity's strategies and commitment to collaboration.

2.4. Recruitment of technical advisors at decentralized level

RHSSA began recruitment of provincial and district level technical advisors that will provide capacity building and HSS support. Selected candidates are expected to be hired early in the third quarter in order to support the baseline assessment exercise.

Challenges encountered

The MOH has recommended that the RHSSA baseline assessment be integrated into the mid-term review of the HSSP III. This provides a good opportunity for the activity's alignment with national health priorities, but may result in delaying the timeframe scheduled for the baseline assessment while adding to its complexity.

Next quarter activities:

- Development of the questionnaire for the RHSSA baseline assessment
- Conducting the baseline assessment, writing, and sharing the final report
- Review and updating the HRH Strategic Plan in alignment with the HRH Sustainability Agenda
- Training the district teams on consolidated planning and supporting the district integrated planning process.

III. INCREASED REVENUE MOBILIZATION BY THE HEALTH SECTOR

3.1. Improved functioning and sustainability of an integrated and equitable health insurance system

3.1.1. Validation of the CBHI sustainability study

Last year, IHSSP supported an assessment of the CBHI program's sustainability. The Micro Insurance Academy (MIA/SRC), an internationally recognized insurance consulting firm, supported this study with the goal of providing a roadmap of the steps required to assure CBHI financial sustainability. The study was completed but has not yet received GOR validation.

In this quarter, terms of reference were developed and finalized for a MIA/SRC consultant to return to Rwanda to present the final CBHI sustainability report for validation with high level GoR officials, develop a draft model of a fully-functional CBHI system, and assess the insurance environment. The current plan is to carry out the health insurance environment assessment at a later date following the validation of the CBHI sustainability study on 22 April 2015. The study includes critical recommendations to inform the CHBI transition from the MOH to the RSSB and promote CBHI adherence and sustainability.

3.1.2. CBHI transition to RSSB

RHSSA staff met with the RSSB Director General and his staff to discuss the status and complexities of the CBHI transition as well as potential RHSSA support. The Activity also met with MOH leadership to discuss plans after the transition, including the role of the MOH and support from RHSSA. RHSSA oriented the RSSB and MOH on the CBHI Monitoring System, the Financial Management Tool, and the Mutuelle Membership Management System and proposed development of a long-term strategic roadmap for insurance information systems development within the RSSB. RHSSA provided USAID with a briefing report and roadmap for the overall CBHI transition.

3.1.3. Integrated CBHI membership and payment system

RHSSA sub-contractor, Jembi, supported the initiation of the process to transition the integrated membership and computerized payment system (developed with Rockefeller Foundation funding under the MOH) to the RSSB. This web- and mobile phone system supports CBHI membership management, including the checking of membership status, recording of membership payments,

and registration of passive membership. Final refinements to the system are being carried out to fit better within RSSB's information systems architecture.

3.2. Strengthen capacity of the MOH to carry out economic analyses and financial feasibility of health system interventions

3.2.1. A gap analysis of the RBC Business Development Unit

RHSSA completed a gap analysis of the RBC Business Development Unit. Priority technical assistance activities are underway, including the development of a Public Private Partnership (PPP) Strategic Plan and a framework for carrying out PPP feasibility studies. RHSSA is currently conducting a similar gap analysis within the MOH. This process has been deterred due to the reorganization and downsizing of the Health Finance Unit. RHSSA continued to provide technical assistance to the MOH Health Financing Team and met with the MOH leadership to assess the scope of support required over the next year.

3.2.2. Facility health services costing

RHSSA supported the MOH Health Finance Team in updating a 2009 District Hospital and Health Center Costing Study that was carried out with MSH support and the MSH CorePlus tool. The aim of the current MOH study is to provide recent (2013-15) data on the cost of providing medical services to inform the revision of facility tariffs.

3.2.3. Health Finance Sustainability Policy and Health Finance Strategy Plan development

RHSSA supported the MOH in the development of the Health Finance Sustainability Policy and Health Finance Strategy Plan. The Health Finance TWG finalized both the policy and the strategy plans. RHSSA gathered background information, finalized data collection, and edited the policies. The Health Finance Sustainability Policy has been validated and is currently on the Rwanda MOH web site. The Health Finance Strategy Plan will be presented to the MOH leadership for validation during the next quarter.

3.3. Increased income generation capacity of various local entities toward staff retention and self sufficiency

3.3.1. CHW Cooperative Assessment

During this quarter, the MOH organized, with RHSSA support, the first phase of an assessment of CHW cooperatives. The objective was to evaluate the results of the technical support received by CHW cooperatives and specifically to:

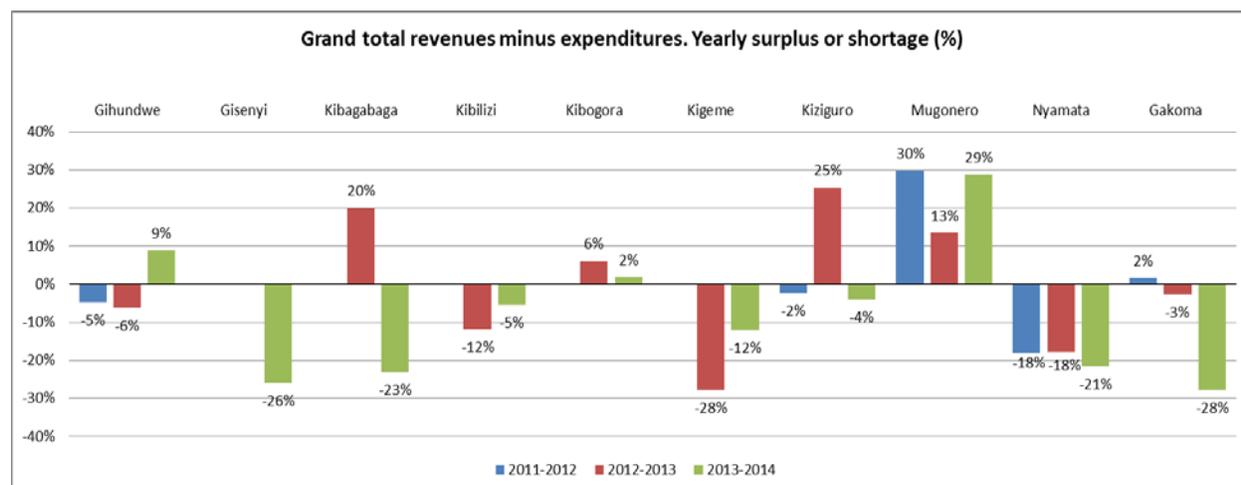
- Assess the availability and proper use of CHW cooperative management tools;
- Assess the availability and level of income generating activities by CHW cooperatives;
- Assess the level of technical support provided to the cooperatives by different partners;
- Evaluate the management of cooperative funds for the benefit of all members;
- Identify challenges facing cooperatives in doing business and performing community health activities and find solutions to address them;
- Examine the disbursement of Global Fund PBF funds to confirm receipt for the period January-December 2013 and January-September, 2014;
- Find out if earmarked transfers from MINECOFIN to cooperatives, through districts, were received for the period of July and June 2013-2014 and July through December 2014-2015.

Phase 1 of the assessment was completed and data entry, analysis, and reporting are underway. RHSSA is supporting the planning of Phase 2, including redesigning the survey questionnaire and planning logistics. The activity will consider carrying out an additional, more comprehensive, assessment of the CHW cooperatives, as suggested by USAID.

3.3.2. Facility Self-Financing Study

IHSSP initiated the Facility Self-Financing Feasibility Study last year with the objective of determining whether health facilities, especially district hospitals, are able to self-finance all or a certain proportion of their expenditures. In this quarter, the team presented a report summarizing the study findings to the MOH. The report still requires improved analysis and presentation, including optional finance models with a mix of scenarios for reaching self-financing through innovative income generation strategies. RHSSA has designed a revised plan of analysis and is contracting international consultants to carry out the task. Primary results indicate significant resource gap variation among the ten facilities studied, with one facility having a shortfall of 107 Million RWF (Gakoma, 2013-14) while another has a consistent surplus of revenues (191 Million RWF (Mugonero, 2013-14). (See Figure 3.)

Figure 3: Resource gap/surplus among the ten facilities that participated in the Self-Financing Study



Further in-depth variation analysis will explain the differences between facilities and allow the team to formulate scenarios for each facility to meet its costs through innovative income generation strategies targeting the private sector.

3.3.3. Health Facility Financial Management Software

The RHSSA HMIS and Health Finance Team met with a combined MINICOFIN, MOH, and Rwanda Development Board (RDB) task force to support the implementation of financial management software in all district hospitals and eventually in health centers. Initially, the MOH proposed hiring a software developer to design an end-to-end software package but many stakeholders reached a consensus on a short term plan of expanding the use of TomPro accounting software in all district hospitals for basic financial management tasks. In the longer term, the functionality of IFMIS (the GoR's standard accounting package) will expand to meet health facility requirements and make it interoperable with MIFOTRA's Integrated Personal Payment System, OpenMRS for patient encounter data, and eLMIS for drug stock management. This longer term approach will also permit the MOH and RSSB to complete discussions about more appropriate provider payment mechanisms that could simplify the design of the system.

3.4. Greater private-sector participation in health is effectively supported and incentivized

3.4.1. Private Sector Engagement Assessment

The RHSSA team met with the USAID Private Sector Engagement (PSE) Assessment Team to inform and support the assessment process. RHSSA attended the stakeholder workshop that presented preliminary findings of the assessment. The final assessment report is expected during

the next quarter and will inform RHSSA technical support to strengthen private sector participation within the health system. The PSE Assessment was conducted by USAID's African Strategies for Health (ASH) project, managed by MSH.

3.4.2. Public Private Partnership (PPP) Strategic Plan

RHSSA Health Finance Team met with the RBC Business Development Unit to complete a health finance gap analysis and determine the Year 1 RHSSA plan for technical assistance. A priority is to provide support to develop a PPP Strategic Plan and a private sector feasibility analysis framework. Using the framework, RHSSA will conduct a feasibility case study in Nyamata District Hospital. An RBC Business Unit staff person will carry out the analysis with mentoring from a Banyan Global consultant.

Banyan Global will provide ongoing support for RHSSA PPP activities as reflected in the five-year sub-contractor SOW completed this quarter. Banyan Global brings significant PPP knowledge having contributed substantial labor to the PSE Assessment through an agreement with ASH. The findings of the assessment will contribute to RHSSA's PPP strategy and priorities. In addition, Banyan Global carried out extensive recruitment during the quarter to identify a resident expert that will provide continuous support on PPP-related activities of the RHSSA.

IV. IMPROVED AND EXPANDED QUALITY HEALTH SERVICES

4.1. Strengthening the regulatory framework for continuous quality improvement of health services

To contribute to the strengthening of the Rwanda health regulatory framework, RHSSA supported the review and updating of the health service packages to support decentralization of specialized services in district facilities. Similarly, the review of the health service package will respond to the challenge of the increasing burden of non-communicable diseases (NCDs) by emphasizing health promotion and prevention within the health posts and health center service packages. The private health facilities have not, in the past, been required to provide a standard service package. A key objective over this quarter was to define mandated service packages at different private facility levels. The review of the service packages also aimed at:

- Clarifying types of interventions provided at different facility levels and those that require referral to the next level;
- Identification of key resources, e.g., types of personnel and basic equipment required to implement health service packages;
- Reviewing the current health service package with international recommendations;
- Standardizing service packages at each level of service provision, and;
- Strengthening the referral systems to reduce referrals to the national level.

The next steps will focus on:

- Compiling the information and recommendations gathered during a RHSSA-sponsored workshop and developing the first draft of the health service packages (one for public and one for private health facilities);
- Reviewing and revising the first draft with the MOH;
- Organizing a review of the document by professional societies and other key stakeholders and incorporating inputs accordingly;
- Formatting, publishing, and disseminating the health service packages; and
- Finalizing the document to inform the review of ministerial instruction to implement health service packages.

4.2. Strengthening assessment mechanisms to identify systems inefficiencies and performance quality gaps

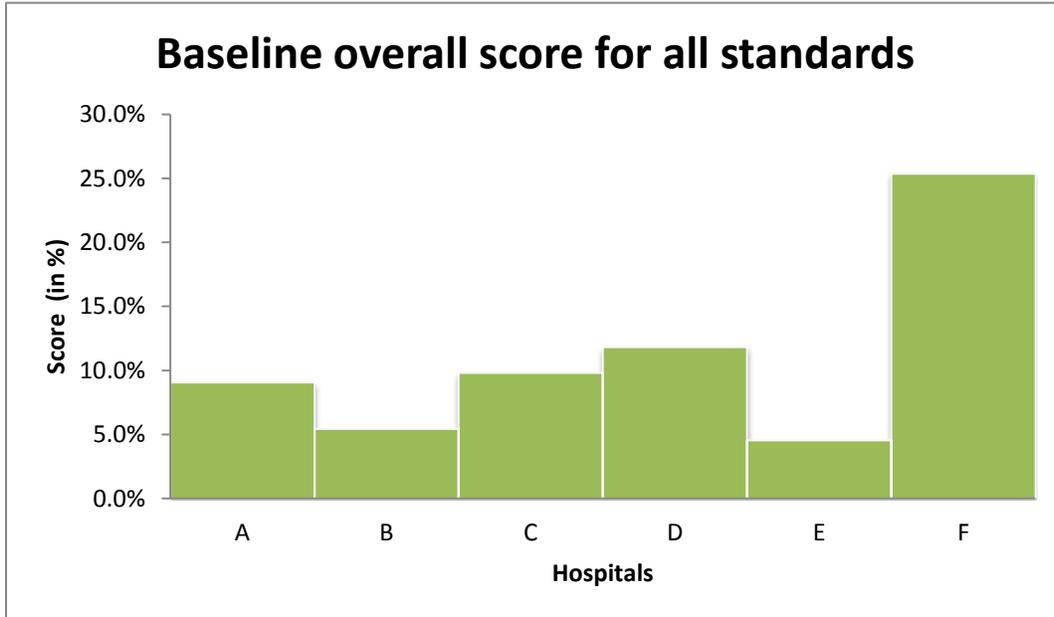
Following the upgrade of Kinyihira Hospital to the level of provincial hospital, the accreditation program in this hospital commenced with the Accreditation Baseline Survey conducted from 16-20 March, 2015. The three-day survey agenda included providing feedback to the hospital and a day and half for report writing. Rwandan certified surveyors from MSH and the MOH performed the survey, which established the existing level of compliance with standards outlined by the National Accreditation Program.

The methodology included interviews with the leadership of infection control and quality committees as well as review of documents and medical records and facility tours. This process is commonly used for accreditation surveys and provides opportunity for staff members to gain insight into the areas of documentation that need improvement and to build capacity to conduct medical record reviews. Each standard was assessed at all three levels which afforded the opportunity to determine the current status of the hospital in relation to the Rwanda accreditation hospital standards.

Findings

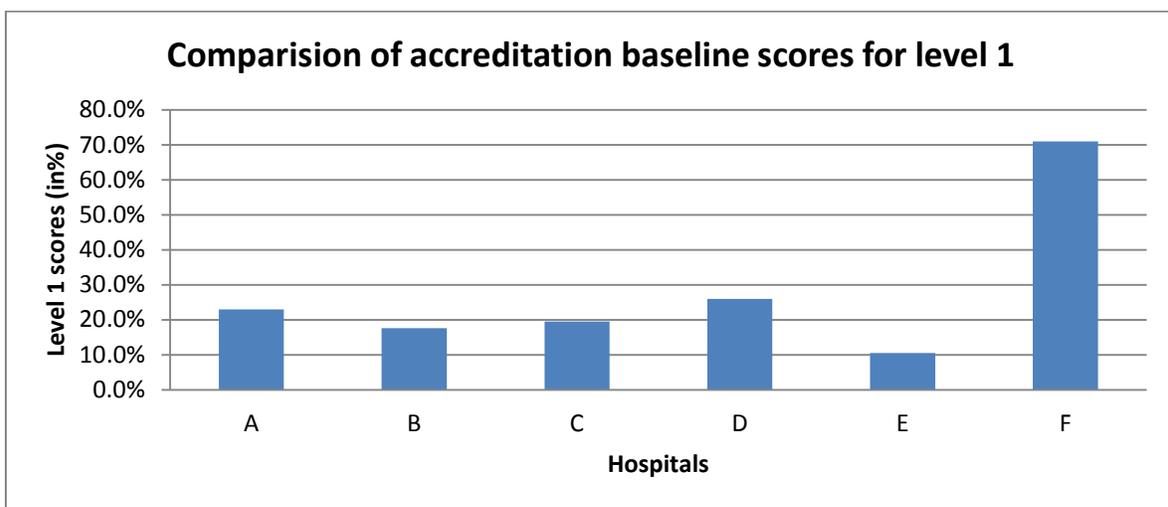
Figure 4 below provides a comparison of the baseline score of the recently assessed hospital (F) with the January 2013 baseline scores of five hospitals that have been working toward accreditation. Kinyihira Hospital received strong scores and it was clear that they started at a greater state of readiness than the previous cohort of hospitals. The introduction of national safety goals may have provided an early initiation to standard-driven quality improvement.

Figure 4: Comparison of baseline overall scores for the new assessed hospital (F) and the 2013 assessed hospitals (A – E) with regard to all accreditation standards



A similar picture emerged with regard to level 1 accreditation standards compliance. Figure 5 below compares accreditation baseline scores on level one for the five hospitals (A, B, C, D, and E) assessed in January 2013 and Kinihira Hospital represented by F.

Figure 5: Comparison of level 1 baseline scores for the new assessed hospital (F) and the 2013 assessed hospitals (A – E)



The recent assessment highlights the following areas that require immediate attention:

- Effective emergency triage;

- Environmental safety for both patients and staff;
- Effective sterilization processes;
- Plan to maintain safe water and stable and alternate sources in support of essential processes for patient care;
- Reduction of health care-associated infections and proper disposal of medical waste;
- Use of updated protocols and guidelines and compliance monitoring; and
- Self-assessments to monitor progress toward standard compliance every quarter.

4.4. Hospital progress surveys to identify performance quality gaps and standard compliance

The July – August 2014 accreditation survey revealed that provincial hospitals made substantial improvements and four out of five hospitals achieved level one. The next performance target was set to achieve level two in the following two years. During this quarter, RHSSA prepared materials and logistics to support a progress assessment of the five hospitals. The project also developed checklists to guide the assessment of districts hospitals. The survey agenda has been developed and shared with surveyors to start the assessments in April 2015.

4.5. Scale up the use of accreditation standards

The review of the French versions of the Rwanda accreditation hospital standards and the Performance Assessment Toolkit was completed. These will be used during the survey of hospitals scheduled in April 2015.

4.6. Support establishment of an independent accreditation body

A scope of work was completed for a consultant to support the establishment of an accreditation body that will oversee the accreditation system in Rwanda. Approval of the scope of work and contracting process are ongoing.

4.7. Integrate supportive supervision with accreditation facilitation process

RBC requested RHSSA support to draft a concept note for integration of supportive supervision with accreditation facilitation process. RHSSA completed a draft concept note in the fourth week of March and shared it with Dr. Nyemazi of RBC and the Director of Quality Assurance at the MOH for review. Feedback is expected in April 2015.

V. IMPROVED M&E, CULTURE OF LEARNING, AND KNOWLEDGE-BASED PRACTICES

5.1: Data production, conversion and increased evidence-based decision making and practices

5.1.1. Support strategic and operational planning for MOH/e-health activities

RHSSA discussed organizing a strategic planning meeting with the eHealth Specialist at the MOH and the eHealth technical working group. This is likely to be combined with a similar exercise being conducted by the Ministry of Youth and ICT to develop multi-sectoral ICT strategic plans (MyICT). This activity is on-going and supported by both RHSSA and the WHO.

5.1.2. Fully operationalize Rwanda health data portal

Two activities were conducted for this intervention during the quarter:

- (i) An RHSSA consultant (Bob Jolliffe) provided remote support to begin the process of automating data transfer between different DHIS 2 instances into the data warehouse. RHSSA is developing a scope of work for the sub-contractor (JEMBI) to support the activity.
- (ii) In addition, RHSSA met with the HMIS team and WHO to restart discussions about technical assistance for completing the Rwanda Health Observatory. A country health profile has been drafted by a consultant from the UR/SPH that will form much of the narrative of the Health Observatory. RHSSA also worked with the MOH to propose a subset of data elements and indicators from the data warehouse that could be shared in the observatory. WHO is finalizing recruitment of a new staff member to support this initiative in Rwanda for the next three to four years.

5.1.3. Support for the development of the 2014 statistical booklet and update of the SOPs for data management

In a bid to scale up the production and use of quality data for evidence based decision making, RHSSA supported the MOH in developing the 2014 Statistical Booklet and updating the Standard Operating Procedures (SOPs) for data management. The booklet is divided into four chapters entitled: Infrastructure; Human Resources; Morbidity; and Special Programs. The Special Programs chapter includes national data on family planning, tuberculosis, HIV&AIDS, malaria, and maternal and child health. The booklet also includes a section on health financing interventions including PBF and CBHI. The Statistical Booklet development is ongoing and aims

to show key statistics in the health sector from 2014 in a concise, easily accessible manner to ensure that these valuable data are readily available to all interested parties.

The update of SOPs for data management was initiated this year by the MOH HMIS team to incorporate important changes in processes and procedures for data management, access, and use following the country-wide roll out of the new R-HMIS in 2012. These SOPs (previous version dated 2011) highlight mechanisms and procedures for management, use, and dissemination of health statistics and information as well as for ensuring data quality. The activity was conducted with support from RHSSA and the Rwanda Family Health Project (RFHP). The updated version will be finalized and published in the next quarter.

5.1.4. Establishment of KM platform to support forums

The knowledge management (KM) platform will support forums where people can exchange experiences, best practices, documents, and data. Considerable progress was made on the KM platform development this quarter, including discussion with Tulane's local staff to select the software (the open source MediaWiki) and configuration of the system to set up prototypes of two communities of practice (Research and the Planning, Health Financing, and Information Systems TWG).

The software was used during a MOH week-long workshop for research in Rubavu to share documentation and manage the products from different working groups. It has now been installed on the PBF server and can be accessed at: <http://pbf.MOH.gov.rw/km/PlanningTWG>. An RHSSA sub-contractor (Saurabh from Tulane) helped the MOH establish a detailed wish list and will support further enhancements for user profiles, subscription to email notifications, and calendar functions during the next quarter.

5.1.5. Continue support for institutionalizing existing health information platforms

RHSSA continued to support the enhancement and maintenance of the DHIS 2 platform.

Support focused on the following work:

- **TracNet module:** Re-exported all of the historical data from the Voxiva database and imported it into the RBC instance of DHIS 2 so that it can be accessed as needed.
- **Disease surveillance:** Continued to troubleshoot issues, supported training of M&E officers in district hospitals and administrative districts, and designed a new set of Jasper Studio analysis reports of completeness and timeliness of weekly reporting.

- **OpenMRS individual records system harmonization:** RHSSA hosted staff from RBC, the MOH, and Partners in Health to develop a plan to harmonize OpenMRS concepts and modules in order to facilitate support and national roll-out. This focused initially on harmonizing the HIV module.
- **Data warehouse interoperability:** RHSSA consultant Bob Jolliffe provided off-site support to complete a set of scripts to automate updates of the data warehouse with R-HMIS data elements. The RHSSA team collaborated with JEMBI.
- **Developed procedures to import data from RapidSMS into the new DHIS 2 PBF module and calculate individual CHW payments:** The new Community PBF payment system has become more complex from a data management perspective. Data are required from both RapidSMS (numbers and types of data for SMS messages by CHW) and from the aggregate data reported through SISCom. In addition, rather than paying fixed rates for outputs, nearly all indicators are paid based on relative performance of both cooperatives and individuals within the cooperatives. Dialog is underway with the Community Health Desk (CHD) and the African Strategies for Health (ASH) project to begin implementation of a special study to assess the feasibility of making mobile money payments to individual CHWs. The expectation is to complete the protocol for the study and begin a six month to one year trial in one district.

5.2. Operational health system research is strengthened and supported for sustainable HSS

5.2.1. Increase use of program evaluation and harmonize research and evaluation efforts with strategic plan implementation

Facilitation of the research agenda implementation workshop

RHSSA and the WHO helped the MOH organize a four-day (February 24-27) research agenda implementation workshop in Rubavu. RHSSA facilitated the workshop. The objectives included:

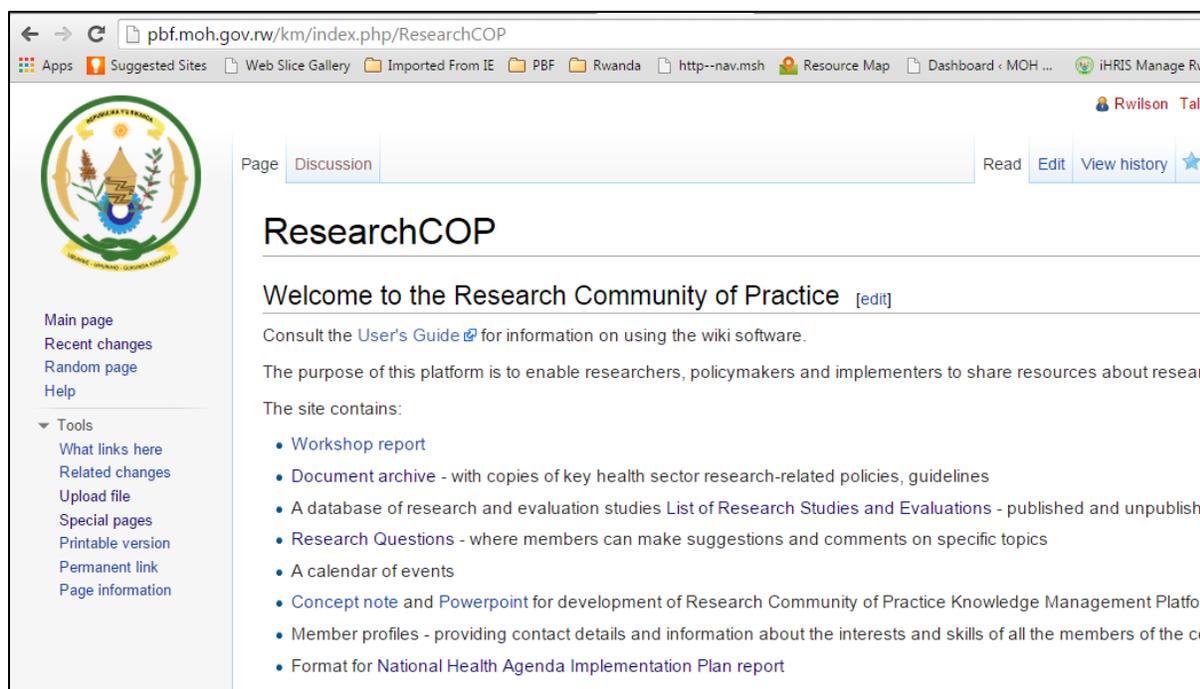
1. Share the research policy, guidelines, and health research agenda;
2. Conduct a SWOT analysis of key research enabling themes;
3. Develop the implementation plan for the health research agenda;
4. Develop health research agenda M&E plan; and
5. Define the requirements for the creation of a research database and knowledge management platform for the health sector.

The workshop combined 21 high level participants from the MOH, RBC, academia, review committees and heads of referral hospitals and schools.

Development of Research COP KM Platform

In addition to facilitating the four-day workshop and drafting the initial report, RHSSA tested and formulated requirements for the Research CPP KM platform using MediaWiki.

Figure 6: Sample dashboard for the Research COP-KM Platform



Tulane University visit to explore opportunities for technical support

Two staff from Tulane University School of Public health, David Hotchkiss and Augustine Asante, came to Rwanda to explore specific opportunities to support the RHSSA under their sub-contract with MSH. They met with a broad range of stakeholders including the MOH, CTB, RBC, Swiss Cooperation, USAID, and the College of Medicine and Health Sciences. Facilitated by RHSSA, a discussion was held between Tulane and the SPH in which the group outlined the major expected contributions of the two schools to the RHSSA. Seven main areas were discussed where RHSSA could plan support from the two institutions:

Activity	Tulane	SPH
Support RHSSA baseline assessment and mid-term review of HSSP III HSS	Assist RSSA and MOH to develop methodology and design questionnaires	Pre-test, training of surveyors, field supervision, data management
Knowledge management	Select and enhance the KM platform, train users in content management	Manage the Research Community of Practice (add documentation,

Activity	Tulane	SPH
	(<i>Saurabh</i>)	manage users, etc.)
M&E Harmonization at district level	Review of tools for M&E at global level, facilitate M&E curriculum development	Desk review of existing M&E plans in district hospital strategic plans (<i>Regis</i>), design of standard M&E planning templates, M&E capacity building at district level
Project impact evaluation	Design the overall impact evaluation framework and propose methodology	Support field level data collection if required
Leadership training	Contribute content to curricula especially in areas of M&E and research	Adapt leadership certificate course for different audiences identified at district level and help to facilitate the training
Publications of research findings	Help identify key HSS research questions appropriate for the Rwanda context, potential funding sources and conferences/journals to submit abstracts, provide feedback on drafts of selected publications	Orient faculty and students to consider key HSS research questions for their thesis or publications, organize annual symposium of HSS related research done in Rwanda
eLearning	Adapt Moodle Platform for use by different communities of practice, capacity building in eLearning content management and design (<i>Saurabh</i>)	eLearning content design, mentoring students taking eLearning courses

Challenges/Constraints:

The main challenge encountered is related to the MOH reorganization that is not yet complete. In addition, RHSSA has had difficulties engaging with senior staff at the RBC to elicit their input for work planning and operational issues. Although the HMIS transition to RBC was planned to be completed, staff continue to work out of the MOH offices rather than the RBC and the appointment of the new HMIS director, whose recruitment was due in December 2014, has still not been completed.

Next steps:

The main activities of the M&E, HMIS, and research component of the RHSSA will focus on:

- Finalize terms of reference for JEMBI, Tulane, and SPH technical support;
- Complete Data Warehouse automation and begin integration with Rwanda Health Observatory Portal;
- Complete first individual payments to CHWs using the new DHIS-2 based module – expanding the DHIS 2 Organization unit structure to include all cells and importing the contact information for all community health workers;
- Training of trainers for the roll-out of the new DHIS 2 PBF module and development of each of the payment reports using Jasper Reports;

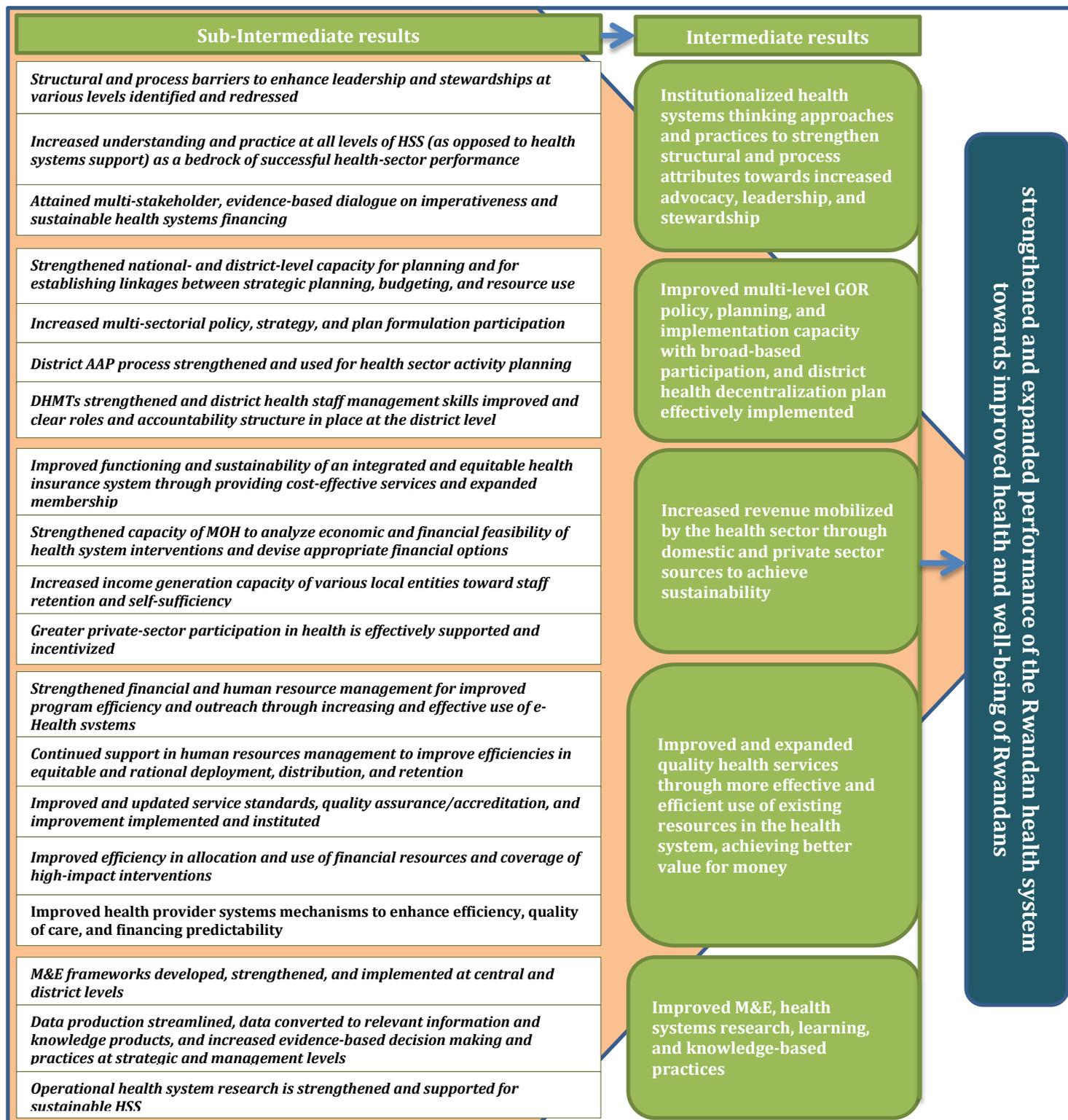
- Submit proposal for CHW mobile money payment feasibility study to MOH for approval and begin the study;
- Automate scheduling of iHRIS reports to Rwanda Data Warehouse;
- Support the eHealth strategic planning exercise;
- Support the development of strategic road map for RSSB/CBHI's information architecture;
- Design new analytical reports for eIDSR and build capacity within the RBC team to create JasperStudio reports for eIDSR and the HIV reporting system;
- Complete the recruitment of the HMIS specialist to work closely with RBC;
- Complete enhancements to the KM platform;
- Complete design and pre-testing of the RHSSA HSSP III mid-term review assessment instruments; and
- Complete the assessment of iHRIS in selected district hospitals.

VI. CONCLUSION

RHSSA is building the capacity of the GOR to move from health systems support to health systems strengthening. During this reporting period, the major activities completed included start-up interventions, specifically identification of priority interventions, work plan and M&E plan development, and project launch. Technical activities were also implemented for all components of the activity.

The RHSSA Team, in consultation with USAID, will continue to provide support to the MOH by building the capacity of health sector providers, strengthening institutional capacity, and streamlining mechanisms to provide quality services for expanded performance of the health system at all levels. In the next quarter, RHSSA will emphasize the baseline assessment to inform current and future interventions. The team will identify structural and process barriers for effective management and decision-making and develop an action plan to close the gaps. The activity will continue support to enhance existing systems and mechanisms and will develop innovative interventions to move toward sustainable systems.

Annex 1: RHSSA results framework



Annex 2: Implemented and planned Short Term technical Assistance

Activity Number	Component/Intervention/Activity	Consultant name	Q1	Q2	Q3	Q4
1	IR1: Institutionalized health systems thinking approaches and practices to strengthen structural and process attributes towards increased advocacy, leadership, and stewardship					
1.2.1.4	Develop capacity building plan for Leadership/Stewardship	TBD				x
1.3.1.4	Recruit a consultant to facilitate development of resources allocation scenarios and describe the methodology and process	TBD				x
1.3.1.7	Assist district leaders to improve HR management (recruitment, capacity building, supervision)	TBD				x
2	IR2: Improved multi-level GOR policy, planning, and implementation capacity with broad-based participation, and district health decentralization plan effectively implemented					
2.2.1.2	Support the review and update of evidence based policies/plans/strategies under development at national and district levels	TBD				x
3A	IR3A Increased revenue mobilized by the health sector through domestic and private sector sources to achieve sustainability					
3.A.1.2.2	Carry out the assessment of current insurance environment	TBD (a competitive bid)			x	
3.A.1.2.3	Carry out an actuarial study of the CBHI insurance scheme to feed into the dialogue about revising premiums.					X
3.A.1.4.4	Development of the draft of the CBHI fully functional, sustainable model	MIA/SRC			x	
3.A.2.1.3	Provide coaching on designing methodologies and tools for economic analyses	TBD				x
	Carry out “facility self-financing study data analysis”	Sanjeer Kumar & Eric Söderberg			x	
3.B	IR 3B: Improved and expanded quality health services through more effective and efficient use of existing resources in the health system, achieving better value for money					
3.B.3.1.1	Facilitate and advocate the establishment of Rwanda Healthcare accreditation body	Edward Chappy			x	
3.B.3.1.3	Support development and seek approval of the by- laws that guide operations of the accreditation body	Edward Chappy				x
3.B.3.2.1	Facilitate review and update health service packages to include specialized services and private service packages at district facility, health centers and health posts.	Joanne Ashton				x
3.B.3.3.1	Adapt accreditation standards to district health service packages	Joanne Ashton			x	
3.B.3.4.1	Train internal and external facilitators to support standards compliance	Joanne Ashton				x
3.B.3.7.2	Build capacity of the integrated teams and DHMT to facilitate continuous quality improvement, standard compliance & achievement of quality indicators to measure health outcomes	Joanne Ashton			x	
3.B.4.1.2	Facilitate a situational analysis of the MPPD to inform the strategic planning.	TBD				x
3.B.5.2.1	Develop option paper to promote the way forward on PPMs	TBD				x

Activity Number	Component/Intervention/Activity	Consultant name	Q1	Q2	Q3	Q4
3.B.5.2.2	Assess existing provider payment mechanism and alternatives based on best practices from other countries	TBD				x
3.B.5.2.3	Develop the report based on Current PPM and best practices	TBD				x
4	I.R 4: Improved M&E, health systems research, learning, and knowledge-based practices					
4.2.1.3	Support Ministry & RBC to develop ICT guidelines and sustainability plan	Jembi				x
4.2.1.5a	Assessment of current mHealth applications and opportunities	Jembi				x
4.2.3.2	Integrate indicators from additional data sources into data warehouse (HRTT, eLMIS)	Jembi			x	x
4.2.4.1a	STTA from MSH knowledge management expert	Billy McGilvray			x	
4.2.6.1	Provide routine support to upgrade, refresher training and maintenance of existing platforms supported by USG: DHIS modules (PBF, eIDSR, TracNet, TB), iHRIS and Limesurvey	TBD				x
4.3.1.2	Prepare a concept paper on the project's strategy for developing research capacity and closing the research-action loop.	Tulane/ASH			x	
4.3.1.3	Develop a list of proposed health systems evaluations and studies to promote for design/funding that responds to National and District evaluation needs.	Tulane		x	x	
5	Project Administration					
5.1.1	Training of COMU Finance team in new financial management systems	Natalie Gaul				x
5.1.2	Support for recruitment and orientation of the new staff including the induction of the new HR specialist	Veronique Mestdagh			x	
5.1.4.1	Technical assistance for project startup and work plan development	Sylvia Vriesendorp, Ken Heise, Navindra Persaud		x		
	Operational assistance for project startup	Christele Joseph Pressat			x	

Annex 3: Draft Performance Monitoring Plan

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
Activity Overall Result: Strengthened and expanded performance of the Rwandan health system at national, decentralized and community levels.									
1. Percent of pregnant women who attend at least four antenatal care (ANC) visits (HSSP III; USAID PAD)	Numerator: Number of pregnant women who made four or more antenatal visits during a one-year period Denominator: Estimated number of pregnancies during the corresponding period Source of data: HMIS Disaggregation: by district	Annually	37.5% (RHMIS 2014)				65 (HSSP III)		
2. Percent of births taking place in health facilities (HSSP III; USAID PAD)	Numerator: Number of births that occurred in a health facility during a one-year period Denominator: Estimated number of births during the corresponding time period. Source of data: HMIS Disaggregation: by district	Annually	97.8% (RHMIS 2014)				90 (HSSP III)		
3. Percentage of population covered by health insurance (USAID PAD)	Numerator: Population covered by health insurance Denominator: Total population Source of data: MOH annual reports, Census data. Disaggregated by: CBHI, Private and other Govt. insurances (RAMA, MMI)	Annual	81	85	85	90	95	95	95
4. Percent of private investment in total health expenditure	Numerator: Amount of private investment in health sector Denominator: Total Rwanda health expenditure from all sources Source of data: National Health Accounts (NHA)	Number (Annually)	<1% (NHA 2010)			2%		5%	5%

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
5. Administrative costs as a percentage of CBHI revenues	Numerator: Amount spent on administrative costs (salaries, utilities, etc..) in all CBHI sections and at district and national levels Denominator: Total revenues for CBHI from all sources Source of data: CBHI financial system					<20%	<20%	<20%	
IR 1 Institutionalized health systems thinking approaches and practices to strengthen structural and process attributes towards increased advocacy, leadership and stewardship									
6. Number of persons trained in leadership and management course	Numerator: Number of health leaders who have completed the course according to capacity building plan ((disaggregated by gender, targets to be revised after CB plan development) Denominator: NA Source of data: Annual Leadership Capacity building plan report	Annually	0 (2015)	0	40	45	90	0	175
7. Number of staff/managers trained in leadership and management related skills (short term trainings/workshops and mentorship)	Numerator: # of staff trained in leadership and management related skills (disaggregated by gender) Source of data: Training database	Quarterly	-	-					
8. Percentage of trained staff/managers who demonstrate competencies in leadership and management	Numerator: Number of staff/managers who demonstrate competencies Denominator: Number of staff/managers trained who are surveyed Source of Data: Post training follow up surveys for project capacity building	Annual	N/A			70%	80%	90%	90%
IR 2 Improved multi-level GOR policy, planning, and implementation capacity with broad based participation, and district health decentralization plan effectively implemented									
9. Number of districts with action plans informed by evidence from DHIS II, iHRIS, WISN, &H RTT etc. (HSSA Custom indicator)	Numerator: Number of districts where the planning process shows evidence of use of available health data bases and/or district health profiles Denominator: N/A Source of data: Desk review of district plans and RHSSA reports, assessments at district level	Annually	N/A	-	-	15	30	30	30

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
10. Number of districts with DHMTs/DHUs fully functional as per DHMT/DHU guidelines (HSSA Custom indicator)	Numerator: Number of districts where DHMT and DHU are fulfilling their roles and responsibilities as defined in SOPs Denominator: NA Source of data: Assessments at district level	2 years	N/A	-		15		30	30
IR 3A Increased revenue mobilized by the health sector through domestic and private sector sources to achieve sustainability									
11. Percentages of CBHIs structures (sections and districts CBHI) that have implemented a functional financial model for CBHI	Numerator: Number of CBHI structures that have implemented a functional financial model Denominator: Number of CBHI structures surveyed Source of data: Facility assessments	Annually	0%	0%	25%	50%	80%	80%	80%
12. Percent of health facilities with business plans developed	Numerator: Number of health facilities with business plans developed (disaggregated by district and ownership) Denominator: Total number of health facilities surveyed Source of data: Surveys	Annually	0	0%	15%	25%	50%	75%	75%
13. Percent of targeted CHW cooperatives with implemented business planning model	Numerator: Number of CHW cooperatives that have implemented a business planning model reflecting best practices Denominator: Number of CHW cooperatives supported to develop business plans Source of data:	Annually	0	0%	10%	20%	50%	100%	100%
14. Number of private sector initiatives in health	Numerator: Number of private sector initiatives that have been initiated with RHSSA support (cumulative). Disaggregated by type of PPP Source of data: Project reports	Annually	0	-	3	10	15	20	20
15. Number of districts applying data for financial allocation decision making	Numerator: Number of districts whose annual plans include evidence-based financial allocations Source of data: Desk review of all district annual plans	Twice	-			15		30	30

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
16. % HFs complying with standards for financial management	Numerator: Number of HFs using standard financial management system Source of data: Total number of health facilities assessed Data source: Accreditation and PBF quality assessments					50	60	70	
17. Number of staff/managers trained in health financing related skills	Numerator: # targeted staff trained in health financing related skills (disaggregated by gender) Source of data: Training database	Quarterly							
18. Percentage of trained staff/managers who demonstrate competencies in health financing related skills	Numerator: Number of staff/managers who demonstrate competencies Denominator: Number of staff/managers trained who are surveyed Source of Data: Post training follow up surveys for project capacity building	Annual	N/A			70	80	90	90
IR 3B Improved and expanded quality health services through more effective and efficient use of existing resources in the health system, achieving better value for money									
19. Number of hospitals that are using quality standards for quality improvement (HSSA Custom indicator)	Numerator: Number of hospitals using the national quality assurance standards Denominator: NA Disaggregated by level of accreditation and type of facility Source of data: Field assessments	2 years	5 (2014 Accr. Surv.)			21		42	42
20. Number of targeted HFs that meet quality standards at different levels of accreditation (HSSA Custom indicator)	Numerator: Number of targeted HFs that meet quality standards at different levels of accreditation Denominator: NA Source of data: Accreditation surveys	Biannually	L1: 5			L2: 4 L1: 5		L3: 4 L2: 5	L3: 5 L2: 5
21. Percentage of health centers using quality standards for quality improvement	Numerator: # health centers with evidence that they are using established standards Denominator: All health centers Source of data: HC accreditation survey reports	Once	0					70	70

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
22. Percentage of public and private health facilities licensed by MOH according to the licensing standards	Numerator: # facilities with licenses (disaggregated by public and private and facility type) Denominator: Total # of public and private health facilities (disaggregated by public and private and facility type) Source of data: Health facility registry	Once	0					50	50
23. Percentage of HFs with adequate supplies of key tracer drugs	Numerator: # facilities with no stock outs of supplies of 5 key tracer drugs Denominator: Total # of health facilities Source of data: HMIS or eLMIS	Annual	96%	96%	97%	98%	98%	98%	98%
24. Number of staff/managers trained in in quality improvement (QI), Infection Prevention and Control (IPC), and accreditation surveys and facilitation/supervision	Numerator: # targeted staff trained quality improvement (QI), Infection Prevention and Control (IPC), and accreditation surveys and facilitation/supervision (disaggregated by gender) Source of data: Training database	Quarterly	-	-					
25. Percentage of trained staff/managers who demonstrate competencies in QI, IPC, accreditation surveys and facilitation/supervision	Numerator: Number of staff/managers who demonstrate competencies Denominator: Number of staff/managers trained who are surveyed Source of Data: Post training follow up surveys for project capacity building	Annual	N/A			70	80	90	90
IR 4 Improved M&E, health systems research agenda, learning, and knowledge-based practices									
26. Percent of facilities with data use score greater than 80%	Numerator: Number of HFs surveyed with an aggregate PRISM data use score of over 80% (disaggregated by) Denominator: Number of HFs surveyed Source of data: PRISM Assessment Disaggregated by DA, DH and HC and CHWC	2 years	73% (PRISM 2014)		80%			90%	90%

Performance Indicator (Indicator source)	Methodology, calculation and source of data	Frequency of reporting	Baseline (Year)	Annual Targets					LOP Target
				FY15	FY16	FY17	FY18	FY19	
27. Percent of facilities with data accuracy within ± 5%	Numerator: Number of HFs audited with DQA accuracy scores ± 5% on high frequency data elements Denominator: Number of HFs audited. Disaggregated by DH, HC and CHWC DQA as part of PBF/Accreditation assessment Source of data: Data Quality Audit reports	Semi-annual	55 (HMIS DQA 2013)		60%	70%	80%	90%	90%
28. Number of active Communities of Practice (COPs) established using web-based knowledge management platforms	Numerator: Number of active virtual communities of practice established with support from RHSSA Denominator: NA Source of data: RHSSA reports and KM platform logs	Annually	0 (2015)	2	4	6	8	10	10
29. Percentage of DH with >90% of payroll staff entered in iHRIS with complete data from all facilities	Numerator: Number of staff entered in iHRIS Denominator: Number of staff on payroll list Source of data: Facility assessment (iHRIS and payroll reports)	2 years	TBD (2015)				95%		95%
30. Number of staff/managers trained in MIS, data management and use related skills	Numerator: # targeted staff trained in MIS, data management and use related skills (disaggregated by gender) Source of data: Training database	Quarterly	-	-					
31. Percentage of trained staff/managers who demonstrate competencies in in MIS, data management and use related skills	Numerator: Number of staff/managers who demonstrate competencies Denominator: Number of staff/managers trained who are surveyed Source of Data: Post training follow up surveys for project capacity building	Annual	N/A			70	80	90	90