



**USAID** | **RWANDA**  
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INKUNGA Y'ABANYAMERIKA

# RWANDA FAMILY HEALTH PROJECT

**ANNUAL REPORT**

**OCTOBER 1, 2014 – SEPTEMBER 30, 2015**

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## ACRONYMS

ACT	Artemisinin Based Combination Therapy
ALN	artemether-lumefantrine
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASM	<i>Animatrices de Sante Maternelle</i>
ASRH	Adolescent Sexual and Reproductive Health
CBEHPP	Community Based Environmental Health and Promotion Program
CBP	Community-based Provision of Family Planning Services
CDC	Centers for Disease Control
CHW	Community Health Worker
DC	District Coordinator
DH	District Hospital
DHMT	District Health Management Team
DHU	District Health Unit
DHS	Demographic and Health Survey
EHO	Environmental Health Officer
EID	Early Infant Diagnosis
EmONC	Emergency Obstetric Care
ENC	Essential Newborn Care
ETAT	Emergency Triage, Assessment, and Treatment
FANC	Focused Antenatal Care
FH	Family Health
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
FY15	Fiscal Year 2015
GBV	Gender-based Violence
G2G	Government-to-Government
GoR	Government of Rwanda
HC	Health Center
HEI	HIV-Exposed Infants
HF	Health Facility
HMIS	Health Management Information System
HR	Human Resources
iCCM	Integrated Community Case Management
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
IR	Intermediate Result
KMC	Kangaroo Mother Care
LAPM	Long Acting and Permanent Methods
MCH	Maternal and Child Health
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
OJT	On-the-Job Training
OpenMRS	Open Medical Records System
PBF	Performance Based Financing
PDSA	Plan-Do-Study-Act
PLWHA	People Living with HIV/AIDS
PMP	Performance Management Plan
PMTCT	Prevention of Mother to Child Transmission

QI	Quality Improvement
RBC	Rwanda Biomedical Center
RFHP	Rwanda Family Health Project
SDP	Service Delivery Point
TB	Tuberculosis
TC	Testing and Counseling
ToTs	Training of Trainers
TWGs	Technical Working Groups
USG	United States Government
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.

The Rwanda Family Health Project 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 the Purpose and Format of the Annual Report.* This annual report provides an explanation and analysis of RFHP’s Fiscal Year 2015 (FY15) activities, with a focus on reporting against the approved performance management plan (PMP).<sup>1</sup> 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 every activity included in the FY15 work plan.

This report is organized according to the project’s four intermediate results (IRs), described above. The first section of this report details the cross-cutting and high level outputs, outcomes, and impacts achieved during FY15. The second, third, fourth, and fifth sections report against the project's four IRs. Each of the five sections includes a table that exhibits the project’s performance against FY15 targets set for indicators included in the project’s PMP. The tables also provide analysis and explanation of RFHP’s performance against the indicators. The final section of the report discusses lessons learned by the project during this final year of implementation. As mentioned above, the annexes of the report and previous quarterly reports provide a detailed account of project activities, organized by IR.

This report should be considered supplemental to additional reporting requirements for RFHP. In addition to submission of this annual report, RFHP has reported into USAID’s AidTracker+, Trinet, and DATIM systems, according to the requisite system requirements.

## **B. Report on Cross-Cutting Indicators**

*Implementing a Cross-Cutting Approach.* Through all technical implementation, RFHP continues to apply a cross-cutting approach to strengthen health systems, localize management structures, and improve healthcare service delivery. RFHP uses its technical expertise to continually strengthen partnerships between the various levels of the healthcare system, and build the capacity of healthcare providers through technical training, targeted clinical mentoring, operations coaching, and supportive supervision.

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<sup>1</sup> Per USAID’s request, a number of HIV PMP targets were adjusted from RFHP’s original, approved PMP targets to align with the PEPFAR interagency targets set in February 2014. RFHP set FY15 annual targets based on the latest available data for the project’s annual PMP submission in November 2014. However, to conform with PEPFAR interagency reporting, RFHP followed USAID guidance and reverted back to the February 2014 targets for a number of indicators in the revised PMP. These indicators are denoted below with an asterisk following the indicator name. The revised PMP was approved by USAID on August 23, 2015.

*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 IRs discussed above, the project supported service delivery grants to health facilities and district-level administrative structures. Leveraging the cross-cutting nature of the grants program, RFHP has utilized these mechanisms to support the achievement of not only the four project IRs, but also the overall project objective of increasing the use of facility and community-based family health services.

During FY15, RFHP oversaw a total of 111 cross-cutting HIV and maternal and child health (MCH) grants. These grants (which include funds for salaries, operating expenses, and performance based financing (PBF) payments, among others) help ensure Rwandan health facilities have the appropriate resources to achieve their technical objectives of serving their constituents with quality HIV and MCH health services. Under FHP, the grants support a variety of integrated HIV and MCH services, including counseling and testing, care and treatment, prevention of mother to child transmission (PMTCT), gender-based violence (GBV) and family planning (FP) counseling, and post-exposure prophylaxis (PEP). The grants also support critical integrated supervision, community outreach, and coordination activities, including community health worker (CHW) meetings and district and facility-level health coordination meetings. Additionally, through grants to 14 administrative districts, the project supports management and oversight of these health services at the district level.

Between April 2015 and October 2015, these grants were gradually transitioned to the MOH, which assumed management responsibilities in accordance with a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the MOH.

*Indicator Table.* The table below documents RFHP's progress against the PMP indicators that measure 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 (PMP indicator number, indicator, rationale and targets) are derived from the project's approved PMP. The order of the indicators has been aligned to match the project's results framework; however, for reference we have retained the PMP number from the 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 some analysis and explanation – either of how RFHP achieved or exceeded the targets. For information on how and why targets were calculated, please refer to the approved PMP.

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
<b>Project Objective: Increase the use of facility and community-based family health services</b>					
1	<p>Number of new users of family planning (FP) 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 FP 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	148,311	<p>RFHP achieved <b>97%</b> of the annual target for this indicator. During the course of the year, RFHP conducted community-based provision of family planning (CBP) training sessions for 2,288 CHWs in Gakenke, Gatsibo, Muhanga, and Kamonyi. In addition, the project trained 232 health care providers in FPRH services. These training sessions enabled community health workers to counsel and refer new clients for FP methods as well as provide FP methods to continuing users in their respective communities. This initiative, in addition to clinical mentoring and related technical assistance to nurses and other health facility staff, increased the number of service providers who are able to provide FP in their communities. The availability of FP information and services at the community level has led to new FP users at RFHP supported health facilities.</p>
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 United States Government (USG)-assisted CHWs that provide FP information and/or services (including referrals and methods) in the community during the year. Additional USG-assisted CHWs 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 FP use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.</p>	2,326	2,288	<p>FY15 results for this indicator show an achievement of <b>98.4%</b> against the annual target. To accomplish this target and build the capacity of CHWs to provide FP services, the project supported training of new CHWs (<i>binomes</i> and <i>Animatrices de Sante Maternelle (ASM)</i>) on CBP using a training of trainers (ToT) or cascade approach. The training curriculum consisted of skill building for FP counseling, and assessing family contraceptive goals. CHWs were trained to provide comprehensive information about all available FP methods and to discuss possible side-effects with clients. CHWs were trained to provide some FP methods, including condoms and injectables, and on appropriate referral levels and procedures for each type of contraceptive.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
3	<p>Proportion of service delivery points (SDPs) providing FP counseling or service</p> <p>Definition: The number of USG assisted SDPs (health facilities: including district hospitals (DHs), health centers (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>RFHP achieved <b>100%</b> of the annual target for this indicator. All 251 RFHP supported health facilities located in 14 MCH-supported districts provide FP counseling and/or services. These districts include Kicukiro, Gasabo, Rwamagana, Kayonza, Gatsibo, Nyagatare, Kamonyi, Muhanga, Ruhango, Rutsiro, Gakenke, Rulindo, Gicumbi and Nyamagabe. While faith-based clinics do not offer modern FP methods, they do provide client counseling and referral to secondary posts where clients can voluntarily receive FP methods.</p> <p>RFHP supported service delivery points in the provision of FP counseling and services through the following activities:</p> <ul style="list-style-type: none"> <li>• Training and validation of service providers, including on-the-job training (OJT)</li> <li>• Provision of equipment (Annex II, Activities 3.2 and 3.5)</li> <li>• Analysis of Quality Improvement (QI) indicators and implementation methods (Annex I, Activities 4.1 and 4.2)</li> <li>• Provision of salaries through grants</li> </ul>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
9	<p>Proportion of HIV-positive pregnant women who received ARVs to reduce risk of mother-to-child-transmission of HIV.</p> <p>Definition: This is 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.</p> <p>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>	This indicator measures adherence to PMTCT protocols.	97%	94%	<p>RFHP reached <b>97%</b> achievement for this indicator. During FY15, the project supported PMTCT services at a total of 62 health facilities; however 32 of these sites transitioned to receive direct support from the MOH via a cooperative agreement with CDC. Therefore, RFHP only reports for the 30 sites located in four districts (Kicukiro, Muhanga, Nyanza and Nyamagabe) that were supported throughout the year.</p> <p>Support for this indicator was largely accomplished through the grants program, which supported staff salaries, operating expenses, and PBF payments. RFHP also supported adherence to PMTCT protocols in FY15 through in-depth HIV clinical supportive supervision in PMTCT sites (Annex II, Activity 1.3).</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
13	<p>Number of HIV-positive adults and children receiving a minimum of one clinical service.*</p> <p>Definition: This is the sum of patients reported as currently active in Pre ART and ART by the end of the reporting period.</p>	<p>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 health facilities (HFs), at home, or in the community. The services may include both assessment of the need for intervention (for example, assessing for pain, clinical staging, or screening for tuberculosis) and provision of needed interventions: prevention and treatment of tuberculosis (TB)/HIV, prevention and treatment of other opportunistic infections, alleviation of HIV-related symptoms and pain, nutritional rehabilitation for malnourished people living with HIV/AIDS (PLWHA), etc. All Patients in Pre ART and ART are reported under this indicator because they receive services as outlined above.</p>	12,235	12,474	<p>RFHP reached <b>102%</b> achievement for this target. In FY15, the project participated in clinical mentoring activities organized by the Rwanda Biomedical Center (RBC) in seven HIV-supported districts. Health facilities received targeted mentoring on: assessing viral loads, implementing new HIV management guidelines using CD4 count as eligibility criteria, pediatric ART doses, linkage of care and treatment for children, and ART initiation for TB/HIV co-infection (Annex II, Activities 1.1 and 1.2).</p> <p>The project also provided in-depth HIV clinical supportive supervision to new PMTCT sites (Annex II, Activity 1.3) printed and disseminated HIV tools (Annex II, Activity 1.4) and carried out training activities for nurses in task shifting as well as second line treatment and pediatrics (Annex II, Activity 1.5-1.6).</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
14	<p>Number of adults and children with HIV infection receiving antiretroviral therapy (ART).</p> <p>Definition: This is the 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/abandoned or died during this reporting period.</p> <p>Data for this indicator can be generated by counting the number of adults and children who are currently receiving ART in accordance with the nationally approved treatment protocol at the end of the reporting period.</p>	<p>This indicator tracks progress towards providing ART to all people with advanced HIV infection.</p>	11,100	11,480	<p>RFHP achieved <b>103%</b> of the annual target for this indicator. During FY15, the project supported HIV care and treatment services at a total of 94 health facilities. By the end of FY15, 62 of these sites had transitioned to receive direct support from the MOH via a cooperative agreement with CDC; therefore, the project only reports for the 32 sites located in four districts (Kicukiro, Muhanga, Nyanza, and Nyamagabe) that were supported throughout the year. Overachievement for this indicator indicates progress towards improving ART uptake in the HIV-supported facilities.</p> <p>This was also largely accomplished through the grants program, which supported salaries, operating expenses, and PBF payments to the eleven HIV districts.</p>
10	<p>Proportion of infants born to HIV positive women who received an HIV test at age of six weeks.</p> <p>Definition: This is 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>According to the national PMTCT guidelines, all HEI should receive an HIV test with PCR between 4 to 8 weeks of birth.</p>	99%	98%	<p>RFHP accomplished <b>99%</b> of the annual target for this indicator. During FY15, the project supported early infant diagnosis (EID) services at a total of 62 health facilities; however 32 of these sites transitioned to receive direct support from the MOH via a cooperative agreement with CDC. Therefore, RFHP only reports for the 30 sites located in four districts (Kicukiro, Muhanga, Nyanza and Nyamagabe) that were supported throughout the year to ensure adherence with HEI protocols.</p> <p>In these 30 sites, RFHP implemented HIV service strengthening interventions to assure adherence with EID protocols, This was largely accomplished through the grants program, which supported salaries, operating expenses, and PBF payments.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
11	<p>Proportion of infants born to HIV positive women who received Cotrimoxazole at age of six weeks</p> <p>Definition: The number of all 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>	99%	98%	<p>The project accomplished <b>99%</b> of the annual target for this indicator. During FY15, the project supported EID services at a total of 62 health facilities; however 32 of these sites transitioned to receive direct support from the MOH via a cooperative agreement with CDC. Therefore, RFHP only reports for the 30 sites located in four districts (Kicukiro, Muhanga, Nyanza and Nyamagabe) that were supported throughout the year to ensure adherence with HEI protocols.</p> <p>In those 30 sites, RFHP implemented HIV service strengthening interventions to ensure adherence with HEI protocols. This was largely accomplished through the grants program, which supported salaries, operating expenses, and PBF payments.</p>

*Highlighted cross-cutting success.* As highlighted above, RFHP’s grants program cuts across all facility and community-based activities. During FY15, RFHP continued to provide grants support for the provision of HIV and MCH public health services for 111 health entities, in line with the agreed upon transition schedule for direct support from the MOH via a cooperative agreement with CDC. RFHP liaised with grantees on technical and financial achievements and worked with grantees on a monthly basis to submit performance monitoring reports and financial status reports. RFHP also completed a total of 143 site visits to provide refresher trainings on compliance with USG Family Planning rules and regulations. During site visits, RFHP addressed grantee questions and provided on-site capacity building and coaching in financial and operational management to ensure continued FP compliance.

### **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 the project’s first intermediate result to improve the quality of family health services. The first four columns of the table (PMP indicator number, indicator, rationale and targets) are derived from the project’s approved FY15 PMP. The order of the indicators has been aligned to match the project’s results framework; however,

for reference we have retained the PMP number from the 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 some analysis and explanation – either of how RFHP achieved or exceeded the targets or why RFHP was not able to meet them. For information on how and why targets were calculated, please refer to the approved PMP.

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
<b>Project Intermediate Result 1: Improve the quality of facility and community-based family health services</b>					
12	<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> This is the total number of individuals who have been tested &amp; counseled for HIV during the reporting period and who received 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>	151,062	157,584	<p>RFHP achieved <b>104%</b> of this target. During FY15, the project supported HIV TC services at a total of 91 health facilities; however by the end of the year, 60 of these sites had transitioned to receive direct support from the MOH via a cooperative agreement with CDC. As a result, the project only provided support to 31 facilities located in four districts (Kicukiro, Muhanga, Nyanza, and Nyamagabe) for the full duration of FY15.</p> <p>Support to TC services for HIV is largely carried out through the grants program, which supported salaries, operating expenses, and PBF payments.</p>
<b>Sub-Intermediate Result 1.1: National policies, protocols, guidelines, and performance standards strengthened</b>					
20	<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>	4	4	<p>RFHP collaborated with MOH and other partners through technical working groups (TWGs) and contributes to the development of technical and strategic documents.</p> <p>Through these forums, the project achieved <b>100%</b> of this target through support for the development and updates to four strategic documents, including:</p> <ul style="list-style-type: none"> <li>• The newborn and child health guidelines and protocols</li> <li>• Appointment tracking tools (for FP, antenatal care (ANC), and HIV clients)</li> <li>• Mentoring and coaching training materials and tools.</li> <li>• A reference manual and a participant's and trainer's guide for emergency obstetric care (EmONC) and focused antenatal care (FANC)</li> </ul>
<b>Sub-Intermediate Result 1.3: Rwandan quality management strengthened</b>					

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
27	Proportion of health facilities that received support through Integrated Mentorship (Clinical, QI/M&E and Operations).	Mentorship will provide targeted capacity building to health providers to develop clinical, management, quality improvement and M&E skills.	100%	100%	<p>The project accomplished <b>100%</b> achievement for this indicator. RFHP held three rounds of mentoring visits between January and June in each of the facilities targeted for the mentorship program. These visits covered clinical topics, including EmONC, FANC, FP, integrated management of childhood illness (IMCI), QI, and M&amp;E.</p> <p>RFHP also worked with the MOH to create a mentorship database, which includes the names and contact information of all mentors and their clinical areas of expertise. This database can be used in the future to align mentors with mentees according to their location and technical needs.</p>

*Highlighted success under IR 1.* RFHP facilitated a number of advancements in QI activities throughout the year. Among those achievements, the roll-out of the mentoring and coaching program across six target districts represents the pinnacle of the project’s quality improvement activities in FY15. In line with the mentoring and coaching strategy that was designed and finalized in FY14, the project embarked on three rounds of clinical mentoring and operations coaching between January and June of 2015. Mentoring site visits were conducted in eight DHs and 95 HCs and focused on antenatal care, family planning, integrated management of childhood illness, and delivery and post-partum wards. Operations coaching was carried out across 101 HCs and focused on human resource management, monitoring and evaluation, and financial management/accounting.

At the end of each round of mentoring and coaching, RFHP facilitated multi-day feedback meetings to give mentors, coaches, and MOH managers the opportunity to discuss and address key findings surrounding technical gaps. During these feedback sessions, recipients of clinical mentorship highlighted the mentorship program’s contribution to enhanced relationships with their mentors, which in turn promoted joint problem-solving responses and fostered a sense of mutual responsibility for improving service delivery. Operations staff, many of whom had never received prior capacity building support, remarked on the usefulness of the coaching program in supporting their day-to-day work. Because operations staff are often nurses (promoted to new positions with little or no training), operations coaching led to a clearer understanding of roles and responsibilities, and staff learned how to carry out their tasks according to best practices.

## **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

*Indicator table.* The table below documents RFHP’s progress against the PMP indicators that measure the project’s second intermediate result to expand access to family health services. The first four columns of the table (PMP number, indicator, rationale and targets) are derived from the project’s approved FY15 PMP. The order of the indicators has been aligned to match the project’s results framework; however, for reference we have retained the PMP number from the 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 some analysis and explanation – either of how RFHP achieved or exceeded the targets or why RFHP was not able to meet them. For information on how and why targets were calculated, please refer to the approved PMP.

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
<b>Project Intermediate Result 2: Expand access to family health (FH) services, primarily by increasing the number of skilled health care providers</b>					
23	<p>Number of health care providers trained in Family Planning and/or Reproductive Health Services using project funds.</p> <p>Note: Core FH services include the following: 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 family planning and/or reproductive health services.	243	232	<p>RFHP achieved <b>95%</b> of this target through the following targeted training activities:</p> <ul style="list-style-type: none"> <li>• 92 health care providers from Gakenke, Rulindo, Gatsibo, and Kamonyi were trained in adolescent sexual and reproductive health (ASRH) (Annex II, Activity 2.2).</li> <li>• 12 health care providers from Gasabo and Kicukiro districts were trained in tubal ligation. (Annex II, Activity 3.3)</li> <li>• 87 health care providers in Kayonza district were trained on family planning methods (Annex II, Activity 3.8).</li> <li>• 41 health care providers in Gatsibo district were trained on CBP (Annex II, Activity 8.8).</li> </ul>
<b>Sub-Intermediate Result 2.1: Availability of facility-based services expanded</b>					
4	<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) Antiretroviral (ARV) prophylaxis to prevent MTCT. (3) Counseling and support for safe infant feeding practices; and follow up of HIV-exposed infants (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.	30	30	<p>RFHP reached <b>100%</b> achievement for this indicator. During FY15, the project supported PMTCT services at a total of 89 health facilities. By the end of the year, however, 59 of these sites had transitioned to receive direct support from the MOH via a cooperative agreement with CDC; thus the project supported a total of 30 facilities for the duration of FY15. Each of the 30 health facilities offered the minimum PMTCT package.</p> <p>This was also largely accomplished through the grants program, which supported salaries, operating expenses, and PBF payments.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
7	<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 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 for women with unknown status.</p>	20,403	24,184	<p>RFHP reached <b>118.5%</b> achievement for this indicator. During FY15, the project supported PMTCT services at a total of 62 health facilities; however 32 of these sites transitioned to receive direct support from the MOH via a cooperative agreement with CDC. Therefore, RFHP only reports for the 30 sites located in four districts (Kicukiro, Muhanga, Nyanza and Nyamagabe) that were supported throughout the year.</p> <p>Data for this indicator suggests that the number of pregnant women tested is increasing in HIV-supported districts. This could be a result of improved implementation of the PMTCT protocol, which requires counseling and testing of pregnant women presenting in maternity with HIV negative status after ANC.</p> <p>Additionally, the number of pregnant women coming to ANC and maternity has also increased. This could be a result of CHW efforts to improve MCH outcomes in their communities by sensitizing pregnant mothers in the community about the benefits and importance of timely attendance of ANC visits at health facilities. Since the target was based on the assumption that the relatively stable trend of pregnant women attending ANC and maternity would be maintained, some overachievement can be attributed to the increase.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
8	<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>	128	212	<p>RFHP reached <b>165.6%</b> achievement for this indicator. RFHP supports testing and counseling services in PMTCT settings, including ANC and maternity. The project exceeded the target for this indicator, in part due to an overall increase in the number of women tested during FY15.</p> <p>In addition, the increase in positivity could be due to repeat testing of HIV positive pregnant women in ANC and maternity departments within the health centers located in the project's supported catchment area. Currently, there is no mechanism in place to track the number of unique individuals tested for HIV, and this leads to a possibility of double counting an individual in the same period.</p>
Sub-Intermediate Result 2.2: Availability of community-based services expanded					
18	<p>Number of CHWs trained in malaria case management</p> <p><i>Definition:</i> Number of CHWs trained in integrated community case management (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>	6,224	5,314	<p>RFHP accomplished <b>85.4%</b> of the annual target for this indicator. During FY15, the project conducted iCCM training for a total of 5,314 community health workers from select districts (Annex II, Activity 8.1). These trainings equipped CHWs with the skills and materials to diagnose and treat malaria cases. Some trainees also received refresher trainings, which focused on synthesizing knowledge and skills gained during prior RFHP-supported iCCM training events.</p> <p>RFHP planned to train a total of 6,224 CHWs in FY15. This indicator target was set based on FY14 achievements in the same area. Unfortunately, some of the invited CHWs were unable to attend the training sessions, thus resulting in underperformance.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
21	<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 besides iCCM and CBP 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>	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.	3,003	2,222	<p>The project achieved <b>74%</b> of the target for this indicator during FY15. To support the increased use and quality of community-based health services, the project trained a significant number of community health workers in the following areas:</p> <ul style="list-style-type: none"> <li>• Training of 990 CHWs in Muhanga district on GBV prevention and management,</li> <li>• Training of 1,232 ASMs in Nyagatare and Rutsiro on home-based maternal and newborn health and prevention of post-partum hemorrhaging</li> </ul> <p>The project planned to train an additional 796 CHWs in Rwamagana and Kamonyi district on MNH; however training was cancelled by the MOH, resulting in only 74% accomplishment of the annual target for this indicator.</p>

*Highlighted success under IR 2.* RFHP aims to improve access to family health services by building the capacity of healthcare providers at both the clinical and community levels to provide quality care through targeted trainings in multiple technical areas. During FY15, RFHP carried out a comprehensive number of activities that were expansive in both scope and scale. At the clinical level, RFHP developed tools and provided focused trainings for health care providers in FP (including long acting and permanent methods), maternal health (including FANC and EmONC), neonatal services (including ENC, Kangaroo Mother Care (KMC), and ETAT), and child health services (including IMCI). The project further supported clinical services in these areas through the provision of necessary equipment, including vasectomy and tubal ligation kits, IUD and implant kits, incubators, delivery tables, and KMC materials, among others. At the community level, RFHP validated a total of 365 CHWs in CBP, equipping the CHWs with the knowledge and skills necessary to dispense family planning options from their home. The project also increased access to GBV services through mentorship of GBV One Stop Center service providers and training to CHWs in GBV prevention and management techniques.

In all, the project trained nearly 8,000 health providers and CHWs over the course of the year. This accomplishment was made possible by RFHP's large, flexible, and district-focused team. With district coordinators based in 14 districts, the project was able to deliver on its commitment to build a strong workforce of competent service providers, leading to increased access to quality health services.

### **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 of healthy behaviors strengthened

*Indicator table.* The table below documents RFHP’s progress against the PMP indicators that measure the project’s third intermediate result to increase demand for family health services. The first four columns of the table (PMP number, indicator, rationale and targets) are derived from the project’s approved FY15 PMP. The order of the indicators has been aligned to match the project’s results framework; however, for reference we have retained the PMP number from the 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 some analysis and explanation – either of how RFHP achieved or exceeded the targets or why RFHP was not able to meet them. For information on how and why targets were calculated, please refer to the approved PMP.

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
<b>Project Intermediate Result 3: Increase demand for facility and community-based FH services</b>					
Sub-Intermediate Result 3.1: Awareness and motivation to seek provider services in a timely manner improved					
15	<p>Number of new ANC visits at facility.</p> <p><i>Definition:</i> This is the number of pregnant women attending their first ANC visit as registered in the ANC register.</p>	<p>This indicator measures awareness and motivation to seek ANC visits as well as the use of the “Plan-Do-Study-Act” (PDSA) model.</p>	183,542	174,424	<p>The project achieved <b>95%</b> of the annual target for this indicator. As part of RFHP’s fistula prevention and repair awareness campaigns, the project disseminated key messages about the benefits and importance of timely attendance of ANC visits at health facilities. These campaigns were conducted in Ruhango and Nyamagabe districts and included radio talk shows, door to door campaigns, and CHW meetings. This, in addition to training activities on FANC, RFHP clinical mentorship, and related activities, promoted ANC coverage in supported health facilities.</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
16	<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%	32.4%	<p>The project achieved <b>101.2%</b> of the annual target for this indicator. During FY15, FHP trained health providers in FANC. These sessions include messages to educate pregnant women about the importance of attending all four standard ANC visits in order to benefit from the full package of ANC care. The project also leveraged its community mobilization initiatives to encourage ANC attendance.</p> <p>Although the achievement of 32.4% of women attending all four ANC visits is less than the national percentage (43.9%) recorded in the Rwanda Demographic and Health Survey (DHS), it should be noted that it is difficult to compare the two due to different data collection methodologies. First, the data source for DHS is survey-based, whereas the project's data source is facility data reported in the Health Management Information System (HMIS). Second, the DHS reports the percentage of pregnant mothers who reported having attended 4 ANC visits for their last live birth over the past 5 years (after the previous DHS survey was completed). FHP's data, on the other hand, only covers the FY15 reporting period</p>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
5	<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>	20,767	24,537	<p>The project achieved <b>118.2%</b> of the annual target set for this indicator. During FY15, the project supported PMTCT services at a total of 62 health facilities; however 32 of these sites transitioned to receive direct support from the MOH via a cooperative agreement with CDC. Therefore, RFHP only reports for the 30 sites located in four districts (Kicukiro, Muhanga, Nyanza and Nyamagabe) that were supported throughout the year.</p> <p>In these 30 sites, RFHP support to increase adherence to HIV testing protocols included supportive supervision visits. Supervision focused on strengthening the skills of ANC healthcare providers to conduct HIV testing in accordance with the national PMTCT protocol, which requires counseling and testing of pregnant women presenting in maternity with HIV negative status after ANC. The observed increase in the numbers of pregnant women with known HIV status in FY15 could be a result of improved implementation of the PMTCT protocol.</p>
6	<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>	364	460	<p>RFHP targeted comprehensive HIV management through the grants program and training of healthcare providers. Robust community outreach also contributed to <b>126%</b> achievement of this indicator, as couples are encouraged to receive HIV testing prior to becoming pregnant. Data has shown a gradual increase in known HIV status over the FY15 reporting period. This could be a result of growing confidence that PLWHA have in testing and treatment services.</p>
19	<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>	2,931	5,640	<p>FY15 data shows <b>192.4%</b> achievement in this indicator. According to countrywide data analysis conducted by the RBC, the incidence of malaria has been steadily increasing in the general population over the past 12 months. Since the project had maintained the FY14 result for this indicator as a target for FY15, the considerable increase in malaria cases reported during FY15 has led to the observed increase in the number of confirmed malaria cases among pregnant women.</p>

*Highlighted success under IR 3.* RFHP continued to make significant strides towards generating awareness and motivation to seek provider services in a timely manner. In addition to training health providers and community health workers to promote ANC attendance, RFHP and the MOH made significant gains in

increasing motivation for ANC care through a robust fistula awareness campaign. Building upon FY14's successful "Obstetric Fistula Prevention and Repair Awareness Campaign," in FY15 RFHP and the MOH carried out door-to-door outreach, produced theatre performances and quizzes, and developed a radio script on fistula prevention and repair awareness, all of which underscored the messages about attending four ANC visits during pregnancy. The radio spot aired a total of 120 times on both stations, and because of the coverage areas of these stations, the messages reached populations beyond the target districts of Ruhango and Nyamagabe.

## **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 the project's fourth intermediate result to strengthen the management of family health services. The first four columns of the table (PMP number, indicator, rationale and targets) are derived from the project's approved FY 15 PMP. The order of the indicators has been aligned to match the project's results framework; however, for reference we have retained the PMP number from the 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 some analysis and explanation – either of how RFHP achieved or exceeded the targets or why RFHP was not able to meet them. For information on how and why targets were calculated, please refer to the approved PMP.

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
<b>Project Intermediate Result 4: Management of facility and community-based health services strengthened</b>					
22	<p>Number of district health management team (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>	<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.</p>	63	63	<p>RFHP provided continuous support to help DHMTs organize and carry out effective quarterly meetings in all 16 supported districts, representing <b>100%</b> achievement for this indicator. The project provided technical support to these meetings, assessed the implementation status of recommendations from prior meetings, facilitated discussion of key health indicators, and reviewed evidence-based decisions reached during previous meetings to determine next steps for implementation (Annex IV, Activity 3.2).</p> <p>In addition, RFHP worked in collaboration with the MOH to deliver targeted leadership and management trainings in 9 districts (Rutsiro, Ruhango, Muhanga, Kamonyi, Rwamagana, Nyagatare, Gatsibo, Nyamagabe and Rulindo). The purpose of these trainings was to strengthen the leadership skills and capacity of the DHMT members to make evidence-based management decisions.</p>
<b>Sub-Intermediate Result 4.2: Facility management improved</b>					
24	<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>	<p>Measure of the capacity for planning at central and decentralized levels.</p>	100%	100%	<p>RFHP accomplished <b>100%</b> achievement of this indicator in FY15 through the implementation of the following capacity-building activities:</p> <ul style="list-style-type: none"> <li>• Hosting a four-day workshop during which the standard operating procedure for Management of Routine Health Information for District Hospitals, Data Validation and Verification Procedure Manual, and the Recording and Reporting Procedures Manual for Rwanda HMIS was updated (Annex IV, Activity 4.1).</li> <li>• Hosting a four-day MCH indicator orientation workshop in Muhanga District that built the capacity of 35 M&amp;E officers and data managers from 20 DHs located in 14 RFHP-supported districts. (Annex IV, Activity 4.2)</li> <li>• Mentoring support to districts through phone calls and on-site visits when needed to continue routine collection, review, cleaning, and entry of data into TRACnet, HMIS, and other reporting systems (Annex IV, Activity 4.5).</li> </ul>

PMP #	Indicator (Name, Definition, Disaggregation)	Rationale	FY15 Targets	FY15 Achievements	Analysis and Explanation of FY15 Performance
25	<p>Proportion of HIV supported 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 RFHP) during the reporting period.</p> <p>Numerator: Number of HIV 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 HIV supported facilities</p>	Building the capacity of data managers and supported facilities help to ensure accurate data collection and analysis	100%	100%	The project achieved <b>100%</b> of the annual target for this indicator. The project coached data managers of all 100 HIV supported health facilities on data analysis, data use, reporting, and data quality improvement during the reporting period. This was achieved through onsite coaching.
26	<p>Number of coaches trained (M&amp;E, finance and human resources (HR)).</p> <p><i>Definition:</i> This is the number of M&amp;E, finance and Human Resource staff from supported health facilities who will receive orientation training in coaching principles/approaches and methodologies. These will in turn serve as coaches for the coaching program.</p>	Building the capacity of M&E, finance, and HR staff through coaching supports improved service delivery.	90	64	<p>The project achieved <b>71%</b> of the annual target for this indicator. In the second quarter of FY15, coaches from the six target districts of Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango were oriented on the coaching program. Topics from the orientation included: introduction to the coaching process, listening skills, giving feedback, quality improvement basics, accounting, M&amp;E, and human resource management.</p> <p>The project had initially planned to train 90 M&amp;E, finance, and HR coaches. During the planning of the coaching training, however, the MOH proposed a smaller cohort of 75 health facility staff for this training. The project proceeded and invited all 75 coaches as proposed, but only 64 were available and attend the training.</p>

*Highlighted success under IR 4.* RFHP achieved almost every target outlined under IR 4, a testament to the project's intensive efforts to strengthen management of Rwanda's health system. Among the project's most notable achievements was the successful operationalization of DHMTs. RFHP has been an integral partner of the MOH and the Ministry of Local Government in the formation and strengthening of DHMTs through three core activities: improving forums for coordination, planning, and decision-making, promoting effective facility supervision, and enhancing accountability through community engagement. Notably, RFHP supported DHMTs through OJT during which DHMT members learned to use national databases such as HMIS and to aggregate, interpret, and use district-level data to make important decisions related to improving the quality of health services in each district. RFHP also supported DHMTs to carry out nearly 360 supervision visits during FY15. Using the DHMT Visit Guide developed by RFHP and the MOH, DHMT members followed up on previous issues, observed site operations, provided performance feedback, and helped to develop action plans for resolving issues that could not be solved on the spot. RFHP also supported DHMTs to carry out accountability days during which citizens were able to interact with their leaders either directly or through representatives.

In addition to the activities carried out above, RFHP also provided 24 in-kind grants in FY15 to expand health facility access to the Open Medical Records System (OpenMRS). OpenMRS was initiated by the MOH as method for tracking HIV testing and treatment, and has been expanded to a larger suite that allows health facilities to better manage patient medical records and support patient healthcare delivery. Through the grants program, RFHP has provided in-kind support for IT and cabling equipment and services for facilities to upgrade to the OpenMRS system.

## **G. Lessons Learned for Forward Implementation**

Future activities that aim to increase the use of facility and community-based family health services in Rwanda can draw upon RFHP's experiences to improve programming. Over the past year, the project identified the below lessons learned that can be used to strengthen and guide future implementation.

- *Improve sustainability through decentralized leadership and documentation of best practices and lessons learned.* Across each of the four IRs, the project aimed to support the MOH's vision for a decentralized health system. In working toward this goal, RFHP learned the importance of district and community-level leadership for achievement of health outcomes. For example, decentralization of health facility management was significantly improved through capacity building support for DHMT members, who serve as leaders at the district level and are held accountable by their communities to ensure the sustainability of high-quality health services. RFHP's support for expansion of OpenMRS in an additional 24 health centers also emphasized decentralized leadership in the form of "super users," who served as trainers and mentors to end users in other facilities implementing OpenMRS. This approach established the super users as leaders for sustaining capacity building efforts for OpenMRS at the district level. These decentralized leadership approaches were made possible by the project's regular documentation of best practices and lessons learned, which were especially useful in light of the transition of many of the project's grants to direct MOH support through a cooperative agreement with CDC. Future implementation should draw upon these documented practices to scale up efforts and promote sustainability.
- *Improve efficiencies by continuing to focus efforts at the community-level.* Through in-depth capacity building efforts focused on improving the skills of CHWs, the project has witnessed real gains in improving the health of Rwanda's population. CHWs are the foundation of the Rwandan health system, and they serve at the frontlines of their communities for early identification and treatment of illnesses before they become severe; in cases where illnesses require more intensive care, CHWs play a critical role in referring patients to seek appropriate medical care at health clinics or district hospitals. For this reason, investments at the community-level yield exponential dividends in improving health outcomes. As priorities shift to high-impact, low-cost interventions for maternal and child health, focused capacity building at the community level is vital.

- *Continue to identify opportunities for horizontal capacity building and internal knowledge sharing.* A key feature of RFHP interventions is capacity building. During FY15, RFHP supported capacity building initiatives across every aspect of the Rwandan health system, from the community to the central level. The project's use of study visits, ToTs, and mentoring and coaching methods, among others, have shown that there are significant benefits to encouraging peer-learning and knowledge sharing. Most notably, recipients of clinical mentorship highlighted the importance of the program's contribution to enhanced relationships with their mentors that supported more regular exchange of knowledge and experience. This collegial environment fostered joint problem-solving and increased mutual responsibility for improving health outcomes. Future efforts should build upon these practices to increase horizontal learning among colleagues and neighbors so as to maximize the benefits gained through capacity building.
- *Apply lessons learned from HIV implementation to scale-up and improve MCH activities.* RFHP has observed first-hand the significant gains that the MOH and RBC have made in increasing access and generating demand for HIV services. RFHP also recognizes a gradual shift in focus from HIV to MCH programming in response to declining HIV prevalence rates and improved ARV coverage over the past 15 years. For example, according to the World Health Organization, Rwanda achieved 76 percent reduction in HIV incidence between 2001 and 2013.<sup>2</sup> The MOH, after thorough review and analysis of the country's disease burden and epidemiological profile, has also acknowledged that many of the maternal and child health issues faced in Rwanda are preventable. Through the Third Health Sector Strategic Plan 2012-2018, the MOH prioritizes improvement in MCH clinical areas, including EmONC, IMCI, and family planning. RFHP has responded to this shift in focus through activities such as the clinical mentorship program, which expanded an originally HIV-focused intervention to address priority MCH areas. Beyond the mentorship program, approaches that worked well in HIV implementation could be leveraged elsewhere to achieve similar gains in MCH outcomes. For example, to date, quality improvement initiatives such as PDSA have focused primarily on HIV indicators, and have therefore contributed to HIV-related gains at facility and district levels. Future efforts could therefore integrate more MCH indicators into the PDSA cycle and continue to leverage quality committees to discuss gaps and outline the quality improvement process for MCH activities. Additionally, just as OpenMRS aims to improve follow-up of HIV patients, it would be worth exploring the use of OpenMRS to improve MCH referrals and follow-up as well. Lastly, RFHP's experience revealed that task-shifting was a useful solution in addressing issues with access to HIV-services caused by doctor shortages and high patient loads. Future efforts could explore other clinical areas, specifically those related to MCH, to determine if task-shifting is an appropriate mechanism for improving MCH service delivery. For example, nurses could be trained to conduct ultrasounds at the facility level, a service currently reserved for doctors and only available at hospitals. Altogether, as the MOH, USAID, and other development partners shift focus and programming towards MCH, they should apply the lessons learned from HIV implementation to the MCH context.
- *Additional efforts and systems are needed to truly foster use of data for decision-making.* RFHP, the MOH, and other development partners have placed tremendous emphasis on improving data collection and quality across the health sector. However, RFHP's experience shows that opportunities remain for entities to genuinely systematize data-driven decision-making. For instance, while facilities go to great lengths to collect data for specific MCH indicators, prior to FY15 standardized definitions for those indicators did not exist. Therefore, analysis of MCH data was complicated by various interpretations of indicators. To address this, RFHP worked closely with the

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<sup>2</sup> World Health Organization. "World Health Statistics, 2015". p 27.

MOH to develop standard definitions for indicators, and oriented data managers to these indicators. RFHP also worked to create systems around DHMTs using data for decision-making. Further efforts are needed in this regard to ensure all parties capitalize on Rwanda's wealth of data and M&E expertise.

## Annex I: Progress Towards IR 1 Work Plan Activities

IR 1 Progress: Improve the quality of facility and community-based family health services			
Activity and Description	Achievement / Status Update	Beneficiary	Comments
<b><i>Sub-result 1.1: National policies, protocols, guidelines, and performance standards strengthened</i></b>			
<b>Activity 1: Support the central level MOH in the development, dissemination and implementation of policies, protocols, tools and strategic plans</b>			
1.1. Participate in the development of documents as the need arises	RFHP supported the development and/or updated a number of strategic documents, including the newborn and child health guidelines and protocols; appointment tracking tools for FP, ANC, and HIV clients; mentoring and coaching training materials and tools; and a reference manual and a participant and trainer guide for EmONC and FANC.	Central Level	Completed
<b><i>Sub-result 1.2: Functional linkages between services strengthened to support "smart integration"</i></b>			
<b>Activity 2: Support integration of MCH, HIV, and FP services</b>			
2.1. Design and disseminate appointment tracking tools (for FP, ANC, and HIV clients) through technical working groups	An MCH/sexual and reproductive health/HIV appointment tracking tool and a checklist with integrated indicators were developed and disseminated to guide healthcare providers and facilitate the provision of the integrated package of service delivery.	Central Level	Completed
2.2. Continue support for seconded FP/HIV Integration Coordinator to engage directly with the MOH	RFHP provided support for the seconded FP/HIV Integration Coordinator who engaged directly with the MOH to provide technical support for activities, including training of 232 providers on FP/RH methods, including vasectomy and tubal ligation.	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
<b>Sub-result 1.3: Rwanda quality management strengthened</b>			
<b>Activity 3: Support implementation of national quality and patient safety goals</b>			
3.1. Support safety goals coaching visits to RFHP supported DHs to facilitate the implementation of national quality and safety goals by participating in internal facilitation and a patient survey exercise	RFHP and the MOH conducted coaching visits in 19 RFHP-supported DHs on the accreditation process using the Rwanda Essential Hospital Accreditation Standards Performance Assessment Tool. Coaching visits were carried out in advance to allow facilities to practice for the audits and proactively address any gaps. During these visits, RFHP coaches used the survey checklist that is used during the formal accreditation process to assure that all necessary policies, procedures, and equipment were in place for the DH to pass the Level 1 Audit. Following the visits, RFHP finalized a coaching report which was shared with the MOH to assure the first step in accreditation readiness.	Masaka, Kibagabaga, Nyamata, Nyagatare Ngarama, Kiziguro, Gahini Byumba, Nemba, Ruli, Rutongo, Kinihira, Remera, Rukoma, Kabgayi, Gitwe, Kigeme, Kaduha, Murunda	Completed
<b>Activity 4: Support implementation of QI using the PDSA approach, documentation and dissemination of best practices</b>			
4.1. Support a training of internal facilitators (at the DH level) on the accreditation process. The training will integrate all QI components	RFHP supported training for 90 participants from nine RFHP-supported district hospitals to become internal facilitators to assist facilities to comply with accreditation standards, including national safety goals.	Central Level	Completed
4.2. Document best practices as part of the district bulletin to be incorporated into the overall newsletter for the health sector	RFHP shared best practices and other information for bulletins and newsletters with districts.	Central Level	Completed
<b>Activity 5: Collaborate with the Quality Technical Working Group to roll out new integrated mentoring and coaching model</b>			
5.1. Workshop with Mentoring and Coaching Working Group to validate training materials and remaining tools	A workshop with the Mentoring and Coaching Working Group was held in Rubavu and all training materials and tools were validated.	Gasabo, Gatsibo, Kicukiro, Muhanga, Nyagatare, Ruhango	Completed
5.2. Finalize the list of mentors/coaches for each subject area	RFHP worked closely with the MOH to draft, verify, and approve a list of 75 coaches in the technical areas of M&E, finance, and human resources.		Completed
5.3. Collect data to identify areas of improvement and best practices	RFHP and MOH developed an assessment tool to identify areas for improvement and best practices during a Coaching and Mentoring Steering Committee workshop in July 2014. The project pilot tested the assessment tool at Gisenyi District Hospital, after which the tool was fine-tuned,		Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	finalized, and used in data collection across the six target districts.		
5.4. Orient coaches [and mentors] through orientation workshops	RFHP held orientation meetings for 64 coaches and 59 mentors from the six target districts to introduce the mentoring and coaching process. These meetings included training and discussions surrounding topics such as QI, communication skills, providing performance feedback, and how to deliver on-the-job training. Training was activity-based, allowing new coaches and mentors to practice these new skills before heading into the field. Coaches and mentors used tools, checklists, and support guides developed in collaboration with the MOH.		Completed
5.5. Conduct ongoing mentoring [and coaching] in six districts	<p>RFHP held three rounds of clinical mentoring visits in eight district hospitals and 95 health centers between January and June. These visits each covered clinical topics, including EmONC, FANC, FP, and IMCI.</p> <p>RFHP also worked with the MOH to create a mentorship database, which includes the names and contact information of all mentors and their clinical areas of expertise. This database can be used in the future to align mentors with mentees according to their location and technical needs.</p> <p>RFHP additionally conducted three rounds of operations coaching site visits across 101 health facilities between January and July. During these visits, coaches were divided into three groups according to their professional field of work: accounting, human resources, and M&amp;E. Coaches helped identify gaps in operational services, suggest solutions, and gave on-the-job support. Following the three rounds of site visits, RFHP and the MOH held a feedback meeting involving six coaches from each of the six supported districts (36 in total) to document the main findings of the</p>		Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	coaching exercise, challenges, lessons learned, and recommendations for the successful continuation and expansion of the coaching program.		
5.6. Conduct six month review to evaluate success of mentoring and coaching program	As part of this review process, RFHP hosted feedback sessions with beneficiaries of the mentoring and coaching program to asses trends and collect qualitative data in order to evaluate the success of the mentoring and coaching program. Mentoring and coaching reports were also assessed for generalized gaps, findings, lessons learned, best practices, and recommendations. This analysis revealed that mentoring and coaching approaches can help solve technical gaps, and facilitate adherence to protocols and standards, and improve health facility management.		Completed

## Annex II: Progress Towards IR 2 Work Plan Activities

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
<b>Sub-result 2.1: Availability of facility-based services expanded</b>			
<b>Activity 1: Improve access for the general population to clinical HIV services</b>			
1.1. Strengthen the linkage between HIV testing entry points and the subsequent integration of care and treatment	RFHP participated in HIV clinical mentoring activities organized by RBC in the seven HIV-support districts. Health facilities received targeted mentoring on: assessing viral loads, implementing new HIV management guidelines using CD4 count as eligibility criteria, pediatric ART doses, linkage of care and treatment for children, and ART initiation for HIV/TB co-infection.	All HIV districts	Completed
1.2. Support the implementation of HIV patient follow-up and adherence to treatment			
1.3. Provide in-depth HIV clinical supportive supervision to the new PMTCT sites (Nyragunga, Juru and Ntarama HCs)	RFHP supervised nine healthcare providers from the three new PMTCT sites. The supervision visits focused on how PMTCT services are being implemented and included feedback sessions for the providers. The visits also ensured that healthcare providers in VCT, PIT, Laboratory, Pharmacy, ART, PMTCT in ANC, and maternity have strong skills in HIV service delivery, are correctly using the tools( including registers), and are delivering care in accordance with the national PMTCT protocol.  These new sites were also beneficiaries of RFHP's grants program, which provided support for salaries, operating expenses, and PBF payments. In addition, RFHP supported the renovation costs of updating the laboratories at the Nyragunga and Ntarama HCs. These laboratory upgrades have allowed the sites to provide PMTCT-related lab services and meet National Reference Laboratory standards. Renovation work has been completed.	Bugesera and Kicukiro	Completed
1.4. Print and disseminate updated HIV tools for RFHP HIV-supported sites (pre-ART registers,	RFHP printed updated tools and provided them to RBC for distribution to HIV-supported facilities.	All HIV-supported 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
patients files, IEC flip chart, pediatric psychosocial IEC materials, ibanga ryange booklet)			
1.5. Training of additional nurses in task shifting based on need	RFHP hosted four sessions of task shifting training for 40 new nurses in five target districts. These sessions consisted of theoretical and practical training and mentoring for administering antiretroviral therapy (ART) in clinical settings. Task-shifting training allows nurses to prescribe ART, whereas previously this was carried out exclusively by doctors. By increasing the number of qualified professionals that are able to administer treatment, task shifting increases access to facility-level services	Kamonyi and Bugesera	Completed
1.6. Upgrade nurses by providing training focused on task shifting, specifically in second line treatment and pediatrics		Bugesera, Gasabo, Gatsibo, Rulindo	Completed
<b>Activity 2: Improve access to ASRH services through training of service providers and establishment of youth corners</b>			
2.1. Print and distribute youth program registers*	RFHP printed and distributed FP and CBP tools to the target MCH districts.	Selected MCH supported districts according to their needs	Completed
* <i>The youth program registers are still pending MOH approval. RFHP and the MOH therefore agreed to print and distribute FP and CBP tools in lieu of the youth program registers.</i>			
2.2. Support post training follow-up for ASRH in already trained districts	RFHP assessed the status of the implementation of ASRH activities in 71 previously trained health facilities in the four target districts. The assessment found that ASRH services are being implemented correctly, including provision of access to information and counseling, provision of services, and data collection and analysis.	Gakenke, Kamonyi, Rulindo, Gatsibo	Completed
2.3. Provide equipment for two new youth corners	RFHP procured and delivered a desktop computer, TV, DVD player, printer, filing cabinet, chairs, and dust bins to each of the two youth corners.	Gatsibo and Kamonyi	Completed
<b>Activity 3: Support access to clinical family planning services, both at facilities and secondary posts</b>			
3.1. Print and distribute FP IEC materials and client files	RFHP printed and distributed 23,100 pamphlets and 502 posters to 312 supported sites.	All RFHP-support districts	Completed
3.2. Purchase vasectomy and tubal ligation kits	RFHP procured 70 vasectomy and tubal ligation kits, which were used in training and delivered to the three target districts.	Nyamagabe, Gasabo and Kicukiro	Completed
3.3. Training on long acting and permanent methods (LAPM)/tubal ligation	RFHP held a training for 12 participants, including four physicians, four FP nurses, and four anesthesiologists from Kigeme, Kaduha, Kibagabaga, and Masaka district hospitals. During		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
	the training, participants learned how to provide general counseling services for family planning. Participants also learned to perform tubal ligation and to conduct proper follow-up procedures post-surgery.		
3.4. Organize post training follow-up focused on permanent methods (tubal ligation)	RFHP organized post-training follow-up sessions for five doctors and five nurses from Kigeme, Kaduha, Remera, Rukoma, Kibagabaga, Kiziguro, and Masaka hospitals. During these sessions, the doctors were validated to perform tubal ligation with local anesthesia, and the nurses were validated to conduct counseling focusing on permanent methods.		Completed
3.5. Purchase IUD and implants kits	RFHP procured 71 IUD and implant kits, which were both used in training and delivered to the two target districts.	Kayonza and Rulindo	Completed
3.6. Organize sensitization meeting for local authorities on OJT	RFHP organized a one-day sensitization meeting in Kayonza District for 21 participants, including the In-charge of Family Planning, the In-charge of Social Affairs, and the FP Supervisor. The meeting discussed the roles and responsibilities of all of those involved and next steps for the activity.		Completed
3.7. Organize TOT for OJT on FP	RFHP facilitated a two-week TOT event for eight health providers from eight health facilities. Participants in this TOT gained knowledge and competencies to prepare them to conduct onsite training in family planning in their own facilities. Pre/post knowledge tests showed an overall improvement from 35.7% for the pre-test to 86.5% for the post test.	Kayonza	Completed
3.8. Organize OJT in all areas of family planning	RFHP, along with MOH trainers, facilitated eight weeklong onsite training events for 87 health providers from eight health facilities, including Mukarange, Nyakabungo, Kageyo, Rukara, Ryamanyoni, Buhabwa, and Gahini HC and DH. This training supplied the health providers with the skills and knowledge needed to provide all approved family planning services.		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
3.9. Support midterm and final evaluation for providers trained in OJT and certification of providers	<p>RFHP facilitated a midterm evaluation to determine the effectiveness of OJT at eight sites. This evaluation assessed administrative issues as well as knowledge and skill retention and use. The evaluation included the same 79 providers that participated in the OJT. The evaluation verified that the OJT is ongoing in all facilities.</p> <p>RFHP also conducted a final evaluation for 65 providers from the eight health facilities to assess providers' skills in offering FP methods after eight weeks of OJT. Of tested providers, 75% reached the passing threshold of a 70% score in both theory and practical tests.</p>		Completed
3.10. Support post training follow-up for OJT for newly trained districts	<p>The project and the MOH conducted two weeks of post-training follow up for providers from the eight facilities who received family planning OJT. The objectives of the follow up were to discuss challenges and identify solutions in providing FP services, reinforce skills and knowledge from the OJT, agree on recommendations to improve the overall FP program, and to validate the skills of participants who were not available during the validation period.</p>		Completed
<b>Activity 4: Improve access to clinical maternal health services through development and updating of training tools, training in key maternal health areas and provision of equipment</b>			
4.1. Finalize, validate, translate and disseminate all newly reviewed MCH documents: EmONC, FANC	<p>In collaboration with MOH, RBC, and representatives from four district hospitals, RFHP reviewed and finalized a reference manual, a participants' manual, and a trainers' guide to include the latest evidence-based knowledge for both EmONC and FANC. In addition, a second team of representatives from the MOH, RBC, and RFHP collaborated to merge the <i>Roadmap to Accelerate the Reduction of Maternal and Neonatal Mortality and Morbidity</i> and the <i>Child Survival Strategic Plan</i> into a single overarching strategy called the <i>Maternal, Neonatal and Child Health Strategic Plan</i>.</p>	Central Level	Completed
4.2. Organize post training follow-up and validation and certification of trainees already trained in focused antenatal care (FANC)	<p>RFHP and the MOH conducted post training follow-up visits with 82 healthcare providers in the three target districts. A majority of providers were found to offer ANC services every day, encourage four standard visits, and perform required exams. Health centers that did not offer ANC services</p>	Nyamagabe, Kamonyi, Nyagatare	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
	every day due to staffing limitations were helped to develop a plan to expand access.		
4.3. Training on FANC in new districts	RFHP facilitated FANC training events for 23 providers from 23 health centers in Gicumbi and 21 providers from 21 health centers in Gakenke. These training sessions included three days of theoretical presentations and two days of hands-on practice that equipped participants with the skills needed to provide quality FANC care and contribute to the reduction of maternal and newborn deaths in their facilities.	Gakenke and Gicumbi	Completed
4.4. Support training in comprehensive emergency obstetric and neonatal care (C-EmONC) for untrained health providers	RFHP delivered C-EmONC training to 18 providers, including six doctors, nine midwives/nurses, and three anesthetists from Kibagabaga, Ruli, Nemba, Byumba, and Remera Rukoma district hospitals. The training covered how to monitor labor and delivery, C-sections, and postpartum care.	Gakenke and Kamonyi	Completed
4.5. Support post training follow-up on C-EmONC	RFHP supported a team of 11 facilitators from district hospitals and referral hospitals to conduct post-training follow-up visits with 16 providers who had received C-EmONC training. During these follow-up visits, facilitators observed the clinicians in a practical setting to validate that they had adequate skills to provide EmONC. Out of the 16 providers observed, 14 were validated and are able to provide EmONC.		Completed
4.6. Support administration and dissemination of a confidential survey on [maternal] death audits to determine causes of death	RFHP and the MOH led the development of the first confidential survey of maternal deaths in Rwanda, beginning with a preparatory meeting with the MCCH of the MOH. During this initial meeting, an action plan and agreed upon deliverables were developed. The RFHP team then collected data on 294 maternal deaths that occurred in 2014 in DHs, HCs, and in the community. Data were entered, cleaned, and the team produced a report of findings which was shared with the MOH for review and dissemination.	National 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
<p>4.7. Support district hospitals to improve the quality of their maternal, neonatal, and child death audits through revision of training materials, training on audit procedures, and review of HC audits</p>	<p>RFHP supported the MOH and district hospitals to review and update their maternal, neonatal, and child death audit protocols. Once these protocols were approved, district hospitals in all MCH-supported districts, as well as providers from health centers in Nyagatare, Gatsibo, Kayonza, Muhanga, Rutsiro, Kamonyi, and Nyamagabe districts, were trained on the new audit procedures.</p> <p>Following these training sessions, RFHP facilitated a workshop to create and test web-based reporting forms and a database for verbal autopsy of MNC deaths. The web-based process was adopted in order to overcome the problems encountered when entering and analyzing data from paper-based forms. Verbal autopsy forms for newborn and child deaths were reviewed, integrated, and tested in the field. The forms were then submitted to HMIS for integration into the system.</p>	<p>Central Level</p>	<p>Completed</p>
<p>4.8. Support implementation of recommendations from the Maternal Death Surveillance and Response (MDSR) workshops</p>	<p>RFHP participated in two workshops to integrate MDSR into the Integrated Disease Surveillance and Response (IDSR) procedure. During the first workshop, participants from the MOH, RFHP, UNFPA, and WHO produced a draft set of guidelines and a set of 10 tools for use in death notification and death-review processes. The guidelines and tools will enhance the response to maternal deaths by helping providers to better identify the causes and factors and to capture them in the IDSR system. RFHP participated in a second MDSR workshop with 11 participants from the MOH, UNFPA, the G&amp;O Association, and the Midwifery Association. The workshop reviewed WHO guidelines and gathered feedback to incorporate into the updated MDSR guidelines.</p> <p>Between February and March, RFHP oriented a total of 102 audit committee members on the new MDSR technical guidelines and new audit tools. RFHP trained participants on the new MDSR guidelines and audit tools and participants will serve as trainers in their respective district hospitals in the future. Following the workshops, all DHs began auditing and reporting maternal deaths using the new tools.</p>	<p>All RFHP-support districts</p>	<p>Completed</p>

## 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>4.9. Conduct verbal autopsy post training follow-up for training conducted in the current year*</p> <p><i>*Current year refers to time of initial work planning, which was FY 14</i></p>	<p>RFHP and the MOH facilitated post-training follow up workshops on verbal autopsy for districts initially trained in previous years' implementation. Specifically, the follow-up training was provided for Rutsiro and Nyagatare districts (originally trained in FY 13) and Kicukiro, Rulindo, Gicumbi, and Kayonza districts (originally trained in FY14). A total of 209 trained nurses, doctors, CHW supervisors, and in-charges of social affairs at the administrative sector level participated in these workshops. During the workshops, RFHP reinforced the methods used in MNC death audits, analyzed data covering 2014 MNC deaths, and introduced the new MDSR approach and updated tools for auditing facility and community deaths.</p>	<p>Rutsiro, Nyagatare, Kicukiro, Rulindo, Gicumbi, Kayonza</p>	<p>Completed</p>
<p>4.10. Orientation meeting on verbal autopsy for social affairs staff of the districts trained in 2013–2014 (where only 2 HC staff were trained)</p>	<p>RFHP conducted orientation meetings in verbal autopsy for 87 sector social affairs staff from the six districts where providers were previously trained by the MOH. During the meetings, the RFHP team presented verbal autopsy tools used by maternal/child death auditors and encouraged participants to lead the exercise of verbal autopsies in their catchment areas with an aim of eliminating preventable maternal, neonatal, and child mortality.</p>	<p>Nyagatare, Rutsiro, Gakenke, Kamonyi, Muhanga, Ruhango, Nyamagabe, Gatsibo, Rwamagana</p>	<p>Completed</p>
<p>4.11. Support annual MCH coordination meetings with districts to share and learn about best practices</p>	<p>RFHP hosted two best-practice and coordination workshops for a total of 52 participants from across all MCH supported districts. During these workshops, participants shared their experiences and best practices in MCH service delivery. Specifically, Kabarore HC shared their positive experiences with the introduction of youth corners, and Rwamagana DH shared the positive results in uptake in FP methods following RFHP and MOH CBP program support.</p>	<p>All MCH-supported districts: Gatsibo, Gicumbi, Kamonyi Kayonza, Kicukiro, Muhanga Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana, Gakenke, Gasabo</p>	<p>Completed</p>
<p>4.12. Continue to support seconded Maternal and Child Health Expert to engage directly with the MOH</p>	<p>RFHP supported the seconded Maternal and Child Health Expert who engaged directly with the MCCH desk to provide technical assistance related to maternal and child health, with a focus on newborn and child death audits (facility death</p>	<p>Central Level</p>	<p>Completed</p>

## 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
	audits and verbal autopsy), stillbirth audits, and clinical audits of birth asphyxia. Key activities carried out by the maternal and child health expert included: implementing a birth asphyxia and still birth audit in health centers in Nyagatare, Gatsibo, Kayonza (Gahini), Kamonyi, Muhanga, Rutsiro, and Nyamagabe; conducting training for Neonatal and Child Death Audit Committees from 14 district hospitals on still-birth audit and clinical audits of birth asphyxia; and facilitating refresher training of 54 health providers from Nyamagabe District on neonatal and child death audits, stillbirth audits, and verbal autopsy of MNC death audits.		
<b>Activity 5: Support access to neonatal services such as essential newborn care (ENC), emergency triage and treatment (ETAT) and neonatal audits</b>			
5.1. Provide medical equipment for maternity and neonatology (incubator, delivery table, C-section kits, CTG, infant radiant warmer, patient monitor, delivery kits, KMC equipment)	RFHP completed the procurement of requested medical equipment and supported the MOH to finalize distribution of equipment based on needs.	Selected MCH supported districts according to their needs	Completed
5.2. Support a workshop to elaborate newborn and child health guidelines and update protocols. This will include KMC guidelines and an algorithm for prevention of hypothermia in HCs	From February 2-6, RFHP supported a workshop to elaborate and update essential newborn care (ENC) training materials, including an ENC reference guide, ENC trainer guide, ENC participant guide, and norms and standards for newborn care. Workshop materials included KMC guidelines and an algorithm for prevention of hypothermia.	Central Level	Completed
5.3. Support MOH to hold an international conference on KMC in Kigali	RFHP collaborated with the MOH, Rwanda Pediatric Association, and other development partners to host the 10 <sup>th</sup> International KMC Conference entitled “KMC: an effective way to improve the survival and quality of survival of preterm babies and low birth weight infants: evidence and successes” from November 17–19. The conference attracted 221 participants from 26 countries. The RFHP Child Health Specialist made two presentations at the conference, entitled “Follow up assessment of preterm infants in the district of Huye” and “Early Outcomes of preterm babies hospitalized in Kangaroo mother care units in Rwanda.”	Central Level	Completed
5.4. Support MOH to participate in regional conference on MCH	This activity was cancelled at the request of the MOH.	Central Level	Cancelled at the request of the MOH.

## 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
5.5. Support implementation of birth-asphyxia and stillbirth audit in HCs	In April, RFHP supported birth-asphyxia and stillbirth audit orientation meetings for 95 participants from the seven target HCs. During these meetings, RFHP oriented providers to the tools to be used during the audits. The meetings enabled providers to implement stillbirth and clinical birth asphyxia audits in their HCs and to report their audit findings to the central MOH.		Completed
5.6. Support quarterly site visits from central level to DH for monitoring of stillbirth and birth-asphyxia audit at DH level	In January, monitoring teams consisting of members from the MOH, RFHP, and the Neonatal and Child Death Audit committee members conducted nine monitoring site visits in Nyagatare, Ngarama, Kiziguro, Gahini, Murunda, Remera Rukoma, Kaduha, and Kigeme DHs. These monitors audited all 48 cases of stillbirth in these DHs and transferred these auditing skills to the DHs so that they could continue the audit process in the future.	Nyagatare, Gatsibo, Kayonza, Muhanga, Rutsiro, Kamonyi, Nyamagabe	Completed
5.7. Support quarterly site visits from DH to HC for monitoring of stillbirth and birth asphyxia audit	RFHP provided targeted support to the audit committees at Gatsibo and Kayonza DHs to conduct mentoring visits to HCs to ensure the stillbirth and birth asphyxia audit was implemented correctly.	Gatsibo and Kayonza	Completed
5.8. Support annual dissemination of results from neonatal and child death audit including stillbirth	RFHP assisted the MOH to analyze data from neonatal and child death audits, allowing the MOH to identify strengths and weaknesses in MCH service delivery and propose solutions to improve neonatal and pediatric care in health facilities. RFHP assisted the MOH to disseminate the results of the neonatal and child death audit to all district hospitals during an MOH-facilitated workshop.	All MCH-supported districts: Gatsibo, Gicumbi, Kamonyi Kayonza, Kicukiro, Muhanga Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana, Gakenke, Gasabo	Completed
5.9. Support training on ENC in selected districts	RFHP and the MOH supported four, 3-day ENC training sessions for HC nurses: the first session hosted 34 participants from Kayonza, Kiziguro, and Kicukiro HCs; the second hosted 26 participants from Gasabo and Kiziguro HCs; the third hosted 20 participants from Kiziguro and Ngarama; and the fourth hosted 23 participants from Munini, Nyanza, Kabaya, Kigeme, Remera	Kicukiro, Gasabo, Kayonza, Gatsibo	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
	Rukoma, Muhororo, Shyira, Kaduha, Nyamata, Ruhengeri, Gisenyi, and Rwamagana DHs. These trainings equipped health providers with the skills and knowledge needed to provide quality ENC services such as prevention of hypothermia, infection control, management of newborn resuscitation, and referral of newborn KMC method.		
5.10. Conduct OJT on neonatal protocols	RFHP supported the MOH to rollout the new neonatal protocols developed in FY 14 through a series of OJT activities conducted for 80 providers from the following DHs: Rutongo, Kinihira, Byumba, Gitwe, and Kibagabaga, Ruhango, Kigeme, Kaduha, Ruhanda, and Masaka. Through these trainings, RFHP equipped all staff in neonatal services with the skills and knowledge sufficient to improve the management of newborns with birth asphyxia, neonatal infection, and complications of prematurity. During the OJT, tutors from a referral hospital spent one week in the DH and provided lectures, bedside mentoring, and joint problem solving.	Gasabo, Kicukiro, Gicumbi, Rulindo, Rutsiro, Nyamagabe, Ruhango	Completed
5.11. Support Emergency Triage, Assessment, and Treatment (ETAT) training in selected districts	RFHP held two ETAT training events on triage, assessment, and treatment of infants and children in need of emergency treatment. The first was held on November 24–28 for 16 healthcare providers from Nyagatare, Kiziguro, and Ngarama DHs. The second training event was held on December 8–12 for 17 healthcare providers from Kibungo, Rwinkwavu, and Gahini DHs. At the conclusion of the training, each DH nominated an “ETAT Champion” who will ensure that ETAT is shared and implemented at his or her facility.	Nyagatare, Gatsibo, Ngoma, Kayonza	Completed
5.12. Support ETAT post-training follow-up in trained districts	RFHP conducted post training-follow up visits in five DHs: Nyagatare, Gahini, Ngarama, Kiziguro, and Kibungo. Three of the five DHs were implementing ETAT standards correctly. The other two facilities received feedback and capacity building. A report was sent to MOH and the Child Health focal point to be shared with the hospital directors.		Completed
<b>Activity 6: Improve access to clinical child health services</b>			

## 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
6.1. IMCI post training follow up in trained districts	From November 30–December 5, RFHP conducted post-training follow-up supervision visits on IMCI for healthcare providers from the three target districts. Findings that required additional knowledge and capacity building were addressed as part of the larger mentoring program.	Kamonyi, Nyagatare and Muhanga	Completed
6.2. Print and disseminate pediatric documents and tools as necessary	RFHP procured and printed various pediatric documents including KMC guidelines, neonatal protocols, and pediatric files. The documents were delivered to MOH in April and were disseminated based on need.	All MCH-supported districts: Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Nyagatare, Nyamagabe, Ruhango, Rulindo, Rutsiro, Rwamagana, Gakenke, Gasabo	Completed
<b>Activity 7: Increase access to gender based violence (GBV) services</b>			
7.1. Support MOH to elaborate and produce GBV IEC materials for community and health facilities	Pursuant to guidance received from the MOH, the existing IEC materials are up to date and therefore do not need to be elaborated. At the request of MOH, RFHP printed and distributed an already existing GBV algorithm and poster.	Central Level	Completed
7.2. Support dissemination of elaborated GBV IEC materials to supported districts	RFHP's field team facilitated distribution of GBV IEC materials to health facilities in the supported districts. These materials included the GBV treatment algorithm and GBV posters. RFHP also collaborated with the MOH to organize three dissemination meetings of GBV materials with RFHP-supported districts.		Completed
7.3. Conduct mentoring of GBV One-Stop Centers service providers in RFHP-supported districts	RFHP completed mentorship visits to GBV One Stop Centers in the RFHP-supported districts in June. Upon completion of the mentorship, it was seen useful to bring together the mentors and mentees in a one day meeting to share and discuss findings from mentorship visits, share best practices and experiences, discuss common challenges, and provide further guidance about GBV One Stop Centers. The meeting was organized in collaboration with MOH and held on July 24, 2015.	Bugesera, Muhanga, Rutsiro, Gakenke	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
7.4. Conduct training to health providers on GBV One Stop Centers integration for Kabgayi Hospital	RFHP hosted a theoretical training event on GBV for 22 health providers from Kabgayi DH and the surrounding health centers. Following the theoretical session, seven health providers that will be managing the Isange One Stop Center (IOSC) participated in a practical session at established OSCs in Kacyiru, Nyamata, and Ngoma DHs. The training equipped the providers with the skills necessary to support GBV victims and identify, counsel, and refer new cases.	Muhanga	Completed
7.5. Support training of CHWs by health providers (TOT and CHW training) in GBV prevention and management	RFHP supported two training sessions for a total of 990 CHWs in Muhanga district at the Isange GBV one-stop center.		Completed
7.6. Conduct orientation and awareness sessions with local authorities and opinion leaders on the use of GBV One Stop Centers	In consultation with MOH, these two activities were combined as they had the same audience. Accordingly, on June 25 a one-day meeting with Muhanga district authorities and opinion leaders was organized to orient local authorities and opinion leaders on gender and GBV prevention and management, sensitize the community about GBV prevention and management, promote the use of the Kabgayi Isange One-Stop Center through an official launch ceremony, and strengthen collaboration between health facilities, local government, and the community in GBV prevention and GBV management.		Completed
7.7. Support local authorities and opinion leaders to organize GBV communities sensitization on GBV prevention and management	Invitees included the Executive Secretaries of all sectors, Executive Secretaries of all cells, village representatives, community policing representatives, the In-charge of good governance, District GBV Officer, Deputy Health Director of Kabgayi DH, and a representative from Ministry of Health in charge of GBV. The meeting was officiated by the District Vice Mayors of Social Affairs and Economic Planning. A total of 418 people from all levels and across the district attended.		

**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 (CBP, CBNP, MNH, iCCM)**

## 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
8.1. Train CHWs (both refresher and new training) on iCCM/IMCI (with support of the Malaria Program Officer)	RFHP conducted iCCM training for a total of 5,314 community health workers from select districts. Community health workers, lab technicians, and data managers who were previously trained using a ToT methodology helped serve as trainers for the CHW training sessions. Refresher trainings focused on synthesizing knowledge and skills gained during several iCCM training events held over the past three years. Participants also reviewed and provided comments on tools that are being used in the community.	Kirehe, Ngoma, Kayonza, Kicukiro, Gasabo, Nyarugenge, and Ruhango	Completed
8.2. Support supervision and assessment of iCCM/IMC	<p>RFHP, the RBC, and DH supervisors, conducted ongoing supportive supervision visits in 67 health facilities and visited 134 CHWs. Supervisors used a checklist to collect data on the management of community commodities and identify areas for improvement. RFHP also carried out a study that aimed to determine why stock is sometimes damaged and why there are occasional stock-outs in six malaria district hospitals (Kibagabaga, Rwinkwavu, Kirehe, Kibungo, Ruhango, and Gitwe). Based on the findings of this report, RFHP recommended that the RBC and DHs increase the number of supervision visits to be carried out in the future in order to improve the skills of CHWs in inventory management.</p> <p>RFHP and representatives from RBC and Malaria and Other Parasitic Diseases Division (MOPDD) conducted data quality audits in four DHs (Gitwe, Ruhango, Masaka, and Rwinkwavu) and 28 HCs. Data collected by CHWs was verified against HMIS/SisCom reports, discrepancies were noted, and recommendations were made to MOPDD.</p> <p>To ensure that CHWs maintain a desired technical standard, RFHP also supported RBC/MOPDD to conduct individual performance assessments of CHWs who offer iCCM in Ngoma district and Kibungo DH. The assessment evaluated CHWs'</p>	Kirehe, Ngoma, Gasabo, Kamonyi, Muhanga, Nyagatare	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>technical and practical ability to provide care to children younger than five years. After these individual performance assessments, RFHP and RBC organized follow-up meetings and refresher training events for 2713 of the assessed CHWs. The main purpose of these follow-up events was to provide additional knowledge on areas for improvement revealed by the performance assessments.</p>		
8.3. Develop and supply tools and kits for CHWs	RFHP supported the MOH to finalize iCCM tools in March RFHP also procured and delivered CHW kits to RFHP supported malaria districts. These kits contained 4,911 boots and raincoats and 10,500 cupboards.	Malaria districts: Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Ruhango, Gasabo	Completed
8.4. Organize training of new CHWs (Binomes and ASMs) on MNH	The MNH training for CHWs was cancelled at the request of the MOH.	Gakenke	Cancelled at the request of the MOH.
8.5. Organize training of new CHWs (Binomes and ASMs) on CBP	<p>RFHP supported the CBP training of new CHWs using a TOT approach. In preparation for this activity, a one-day meeting was organized for 71 participants including heads of health facilities, In-charge of Social Affairs, In-charge of CHWs, and the District Health Officer. The participants discussed the upcoming CBP training and discussed everyone's roles and responsibilities in the CBP program.</p> <p>In April, RFHP supported a TOT session for 46 providers from health facilities who then in turn served as trainers during OJT for 1,187 CHWs. After OJT, trainers also conducted follow-up and validated 347 CHWs that have since started providing CBP services.</p>	Gakenke	Completed
8.6. Support refresher training for health providers and ASM on home-based maternal and newborn package with introduction of awareness on prevention of post-partum hemorrhage (PPH)	RFHP organized refresher training for 135 providers from Gatsibo and Gicumbi districts who then trained 1,232 ASMs (99.4%) to be able to notice the warning signs of PPH, to support and direct pregnant women to the health facility for delivery, and to prevent PPH using misoprostol as recommended in the protocol for community health workers.	Rutsiro and Nyagatare	Completed
8.7. Conduct follow-up of integration of PPH component into MNH Package by ASM at community level for the districts already trained	RFHP, the MOH, and DH supervisors conducted follow-up visits for 513 providers in 20 HCs in Nyagatare and 429 providers in 17 HCs in Rutsiro.		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
8.8. Support training of untrained CHWs in CBP through a ToT/cascade approach	RFHP supported the training of 41 CHWs in CBP in Gatsibo district, where CBP training was last conducted in 2010. The training was done following a TOT approach that began with a one day sensitization meeting on CBP training for participants, including heads of health facilities, In-charge of family planning, In-charge of social affairs at the sector level, In-charge of community health workers, the FP supervisor, the In-charge of M&E at the district level, and the district health officer.	Gatsibo	Completed
8.9. Validation of CHW in CBP	RFHP validated previously trained CHWs in CBP through site visits in Muhanga (304 CHWs) and Kamonyi (283 CHWs) districts. The validated CHWs were given monitoring and reporting tools and began provision of FP at the community level.  In July, RFHP, the In-Charge of FP at the DH, and those in charge of FP from the health centers conducted additional supervision of CBP provision at the community level to validate CHWs trained on CBP after having witnessed their practical ability to offer FP methods to community members. A total of 382 CHWs were visited during that period. Of these, 365 (95.5%) were validated to provide FP methods in their communities.	Muhanga and Kamonyi	Completed
8.10. Provision of CBP reporting tools	RFHP distributed tools to help CHWs report on FP/CBP indicators to the health center of their catchment area. These tools include client registers, reporting forms, and drug management registers.	Ruhango, Gakenke, Kicukiro, Gatsibo, Rwamagana	Completed
8.11. Conduct supportive supervision in CBP	RFHP and MCCH/MOH conducted 48 supervision visits in the target districts to support healthcare providers and CHWs implementing CBP by stressing the importance of the program and making recommendations for improvement.	Nyagatare, Rwamagana, Ngoma	Completed

## Annex III: Progress Towards IR 3 Work Plan Activities

IR 3 Progress: Increase demand for facility and community-based FH services			
Activity and Description	Achievement / Status Update	Beneficiary	Comments
<b>Activity 1: Contribute to the implementation of health promotion activities</b>			
1.1. Print and disseminate health promotion strategy to RFHP supported districts through DHMT	RFHP printed and delivered 150 copies of the health promotion strategy to the Rwanda Health Communications Center (RHCC). To improve implementation of the strategy. RHCC will distribute the printed copies to health-promotion practitioners at central and target district levels	Central Level	Completed
1.2. Continue to contribute to the implementation of health promotion strategy through Health Promotion TWG activities	As the Co-chair, RFHP prepared and facilitated two HP TWG meetings. The first meeting occurred in February, during which participants reviewed the annual work plan and discussed the printing of HP policy and strategy. The second meeting occurred in April, during which members discussed the status of the dissemination of health promotion guiding documents and implementation of all related activities.	Central Level	Completed
1.3. Continue to support the development, review and implementation of campaign communication plans and IEC materials for the health sector through the HP TWG	RFHP contributed to the review and finalization of the health promotion policy to be printed by WHO. RFHP also integrated the ongoing hygiene campaign and 1000 days of nutrition campaigns into radio talk shows organized with community radio stations in Nyamagabe and Gakenke.	Central Level	Completed
1.4. Continue to support seconded Rwanda Parliamentarian's Network for Population and Development (RPRPD from the French <i>Reseau des Parlementaires Rwandais pour le Population et le Developpement</i> ) Program Officer to engage directly with the GoR	RFHP supported the seconded Program officer, who supported the RPRPD to advocate for funding and collaborate with the MOH to involve parliamentarians in the ongoing nutrition campaign. Specifically, the seconded staff facilitated the field visits of 24 MPs to meet with officials and health service providers in 12 districts, liaised with parliament to secure funding for MNCH activities, and also provided technical support in preparing key notes and radio talk show for the Rwanda parliamentarians during the 2015 World Population Day celebration activities.	Central Level	Completed
<b>Sub-intermediate result 3.1: Awareness and motivation to seek provider services in a timely manner improved</b>			
<b>Activity 2: Conduct a fistula prevention and repair awareness campaign</b>			
2.1. Support production of existing IEC material for fistula campaign	RFHP produced and distributed all IEC and promotional material (banners, posters, flyers and t-shirts) for the fistula awareness campaign to the targeted districts.	Ruhango and Nyamagabe	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
2.2. Organize a 1-day program orientation meeting at district level	RFHP hosted orientation meetings for the fistula campaign for 44 participants from Ruhango and 57 participants from Nyamagabe. In the meetings, information was shared on the upcoming fistula campaign, including basic knowledge on fistula prevention, and the schedule of events. Participants included Mayors, Directors of District Hospitals, Head of Health Centers, In-charges of Community Health, Executive Secretaries, and the In-charges of Gender at the district level.	Ruhango and Nyamagabe	Completed
2.3. Conduct a 2-day training for in-charge of community health at HC level on fistula prevention and conducting door to door campaigns	On January 22, RFHP trained 22 participants from Ruhango District, and 26 participants from Nyamagabe District on how to increase fistula awareness, where to refer patients, behavior change methodologies to utilize when training CHWs, and M&E tools to employ in data collection.		Completed
2.4. Support the in-charge of community health to conduct 1-day orientation meeting for CHWs on fistula prevention and door to door campaigns	On February 12 and 15, RFHP held one-day training events for 533 CHWs in Nyamagabe and another 533 CHWs in Ruhango. The training covered basic information on fistula prevention and explained how to use a pre-knowledge survey. The average score from the pre-test to post-test increased from 40% to 85%.		Completed
2.5. Production and airing of radio spots on fistula prevention and repair awareness	RFHP and the MOH developed a script on fistula prevention and repair awareness. This educational spot was then aired every day from March through May on Huguka and Salus radio stations. The radio spot aired a total of 120 times on both stations, and because of the coverage areas of these stations, the messages reached populations beyond Ruhango and Nyamagabe.	Ruhango and Nyamagabe	Completed
2.6. Conduct community theater performances and quizzes (5 per district)	RFHP, the MOH, Nyamagabe district authorities, health facilities, and CHWs conducted community outreach performances on fistula prevention and repair in the target districts in March.		Completed
2.7. Conduct a door-to-door campaign by CHWs in selected households	With the support of RFHP, CHWs reached 150,671 people in Ruhango and 156,202 in Nyamagabe through door-to-door campaigns and community meetings delivering messages about		Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	fistula prevention and repair. A total of 138 patients were identified during the campaign: 35 from Kaduha hospital, 45 from Kigeme hospital, 25 from Gitwe hospital, and 33 from Ruhango hospital. RFHP also facilitated the transportation of 92 patients who were referred to Kibagabaga hospital for treatment.		
<b>Activity 3: Continue support to improve customer care to increase demand of health services in four established districts</b>			
3.1. Continue working with quality committees and DHMT members to organize annual community radio live talk shows to improve quality of health services	RFHP prepared and facilitated six live radio talk shows, which reached the four target districts. The live discussions created opportunities for citizens to provide feedback to DHMTs in order to improve the quality of health services through customer care. The shows increased community awareness of suggestion boxes in the health centers, and encouraged community members to follow-up on their suggestions by calling in to the radio show and discussing issues directly with health leaders. The shows also provided DHMTs with an opportunity to share important information about available services and facilities with the community at large.	Nyamagabe, Nyagatare, Gatsibo, Gakenke	Completed
<b>Sub-intermediate result 3.2: Family implementation and follow-up of healthy behaviors strengthened</b>			
<b>Activity 4: Support established districts to continue implementing Community Based Environmental Health and Promotion Program (CBEHPP)</b>			
4.1. Support follow-up of CBEHPP activities by district team	RFHP collaborated with two radio stations to produce 24 radio spots aired on Ishyingiro Community Radio and 90 spots aired on Isango Star Radio. The radio programs and comic series highlighted the importance of attending health club activities and promoted home hygiene practices.  In March RFHP completed a hygiene inspection in 17 local establishments in Base and Buyoga markets. The visits ensured that communities are continuously aware of hygiene issues and district authorities are able to identify and provide guidance to local establishments to better their hygiene practices.	Rulindo and Kicukiro	Completed
4.2. Support quarterly coordination meetings at district level	RFHP organized quarterly meetings attended by the Vice Mayors of Social Affairs, Directors of	Rulindo and Kicukiro	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	Health, M&E Managers, the In-charge of Environmental Health and the In-charge of Social Affairs from each HC in the target districts. Participants in the meetings discussed best practices and challenges for implementation, and presented data compiled from the results of community health club (CHC) awareness campaigns.		
4.3. Organize hygiene week through CHC activities to increase awareness	RFHP facilitated, supervised, and coordinated hygiene week, which involved community-level activities aimed to increase awareness about hygiene and sanitation. In a weeklong exercise, 821 CHCs mobilized community members and informed them of the importance of joining the clubs. In total, 327 households in Kicukiro and 494 households in Rulindo received buckets as a reward and a motivation for not only actively attending CHC activities but also adopting positive behaviors and practices to protect their communities from hygiene-related diseases.	Rulindo and Kicukiro	Completed
4.4. Support the M&E process (supervision visits and data collection, analysis, and reporting) of the CBEHPP in the established districts	RFHP supported Environmental Health Officers in the two target districts to collect data on CBEHPP, including the number of meetings organized, any achievements made during those meetings, and the number of new members. This data was used to gauge the overall success of the program. With support from the district hygiene teams, RFHP collected CHC reports and data has been shared with the environmental health desk at the MOH.	Rulindo and Kicukiro	Completed

## Annex IV: Progress Towards IR 4 Work Plan Activities

IR 4 Progress: Strengthen management of facility and community-based FH services			
Activity and Description	Achievement / Status Update	Beneficiary	Comments
<b>Sub-result 4.1. Facility functionality and equipment, supply, and logistics systems improved</b>			
<b>Activity 1: Continue to support the operationalization of OpenMRS/EMR at existing health facilities receiving Open MRS support from RFHP and scale up OpenMRS in two districts</b>			
1.1. Support the roll out of OpenMRS/EMR in two districts. District Hospitals will be expanded to receive the full package of OpenMRS/EMR and health centers will receive the HIV package. Roll out will include cabling and procuring and installing equipment.	In January, RFHP assessed three DHs and 21 HCs for OpenMRS implementation. The assessment included examining the need for additional IT equipment, and requirements necessary to set up Local Area Networks (LANs). Based on this assessment, RFHP began the procurement process for LAN cabling and connectivity and delivery and installation of computers and other IT equipment to support OpenMRS in the 24 facilities in Gatsibo and Nyamagabe districts. The IT equipment procured by RFHP included 132 client desktop computers, 21 servers, 153 flat screen monitors, 156 uninterruptible power supplies (UPSs), 21 external hard disk drives, and 21 networked printers.	Gatsibo and Nyamagabe	Completed
1.2. Support capacity building of OpenMRS/EMR users, in existing and new sites	RFHP completed a needs assessment of 127 facility staff in existing OpenMRS facilities and finalized a list of employees that needed additional training. Based on the assessment, RFHP trained 36 end-users from three health centers on basic computing using OpenMRS.  In addition, RFHP and the Electronic Medical Records (EMR) team from the MOH conducted training for users at new facilities that received the full OpenMRS implementation, as well as new sites that implemented only the HIV modules of OpenMRS. For full-implementation sites, the team used a ToT approach to build the capacity of end users and managers. After completing the ToT, these new trainers conducted the training of system end-users at their respective hospitals. The EMR/RFHP team also supported training for 30 end-users from 15 HCs in Gatsibo and Nyamagabe districts. Topics covered in these trainings included creating and editing a patient file, data entry through different user interface forms, querying databases according to	Gasabo, Kamonyi, Rulindo, Bugesera, Gatsibo, Nyagatare, Nyamagabe	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	<p>data/information needs, reporting, use of the system for clinical follow-up and informed decision making, and data security and backups.</p> <p>In January, RFHP also finalized a Computer Basics Handbook to be used in training and to serve as a reference guide for OpenMRS users.</p> <p>In addition, RFHP took advantage of a system feature that allows administrators to review system usage from afar to undertake a basic and informal performance assessment of OpenMRS usage in 12 facilities already using OpenMRS.</p>		
<b>Sub-result 4.2. Facility management improved</b>			
<b>Activity 2: Strengthen operational systems at health facilities</b>			
2.1. Support districts to train health facilities' managers on management and leadership	RFHP, with the support of three DH administrators from Ruhango, Kibungo and Rwamagana who were nominated by the MOH to serve as facilitators, conducted a management and leadership training for 95 heads of health centers from the six target districts. The training sessions utilized RFHP training materials developed in FY14.	Nyagatare, Gatsibo, Muhanga, Gasabo, Kicukiro, and Bugesera	Completed
2.2. Support district to train facilities accountants on financial management and accounting	RFHP, with the support of three Chief Accountants from District Hospitals who were nominated by the MOH to serve as facilitators, hosted a financial management and accounting training for 95 accountants from health centers from the six target districts.	Nyagatare, Gatsibo, Muhanga, Gasabo, Kicukiro, and Bugesera	Completed
2.3. Support MOH to develop a training module for accountants from health facilities	RFHP collaborated closely with the MOH to develop, finalize, and print training materials for accountants based on input gathered from chief accountants from various hospitals.	Central Level	Completed
<b>Activity 3: Support the DHMT to carry out its functions effectively</b>			

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
3.1. Support DHMT members to conduct field visits to their respective health facilities per technical area	RFHP supported DHMTs to conduct supervision visits using the <i>DHMT Visit Guide</i> , which was created with FHP support. During these visits, RFHP staff provided demonstration, coaching, and feedback for DHMTs on how to best carry out the supervision and how to complete reports in a timely manner and file them appropriately. While at sites, the DHMT members followed up on previous issues, and observed site operations using the DHMT visit tool. They provided performance feedback, coaching and problem solving, and helped with action plans for solutions that could not be carried out immediately.	Kicukiro, Ngoma, Gasabo, Ruhango, Nyagatare, Gakenke, Kayonza, Muhanga, Rutsiro, Gatsibo, Kamonyi, Rulindo, Bugesera, Nyamagabe, Rwamagana, and Gicumbi	Completed
3.2. Support districts to organize and conduct DHMT quarterly meetings, which will include leadership and management sessions	<p>RFHP provided continuous support to help DHMTs organize quarterly meetings in all 16 supported districts. The project provided logistical support as well as technical support by assessing the implementation status of recommendations from prior meetings, discussing health indicators, and reviewing evidence-based decisions reached during previous meetings.</p> <p>In August, RFHP and the MOH delivered targeted leadership and management trainings in 9 districts (Rutsiro, Ruhango, Muhanga, Kamonyi, Rwamagana, Nyagatare, Gatsibo, Nyamagabe and Rulindo). The objective of the trainings was to strengthen leadership and managerial skills and capacities of the DHMT members to effectively and efficiently lead, and ensure improvements in management of available health resources. Topics covered in the training included an overview of the Rwandan health system, leadership and management concepts, integrated health planning, procurement, and human resource management.</p>	Kicukiro, Ngoma, Gasabo, Ruhango, Nyagatare, Gakenke, Kayonza, Muhanga, Rutsiro, Gatsibo, Kamonyi, Rulindo, Bugesera, Nyamagabe, Rwamagana, and Gicumbi	Completed
<b>Activity 4: Support monitoring and evaluation efforts with the ultimate goal of improving data use for management of health services</b>			
4.1. Update data management Standard Operating Procedures (SOPs)	RFHP, RBC and the MOH organized a four-day workshop in March during which four SOPs were updated, including: SOP for Management of Routine Health Information for Health Centers and Health Posts, SOP for Management of Routine Health Information for District Hospitals, Data Validation and Verification Procedure Manual, and the Recording and Reporting Procedures Manual for Rwanda HMIS.	Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Ngoma, Nyagatare Nyamagabe, Nyarugenge, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
4.2. Conduct an orientation workshop on MCH indicator definitions	RFHP organized a four day MCH indicator orientation workshop in Muhanga District for 35 M&E officers and data managers from 20 DHs located in 14 RFHP-supported districts. Participants gained a harmonized understanding of MCH indicators, including their purpose, numerators, denominators, disaggregation, data sources, method of measurement, and reporting frequency. RFHP also taught participants how to analyze, interpret, and present MCH data in ways that would promote the use of data in quality improvement and inform decision making at the district level.		Completed
4.3. 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	RFHP provided technical assistance to district M&E officers in preparing their data analysis presentations for quarterly DHMT meetings. The presentations reflect the disease burden and the quality of services in a given district over the past quarter, and are used by DHMTs to make programmatic decisions.		Completed
4.4. Support implementation of monitoring and evaluation action plans (at district level)	RFHP supported districts in designing templates to monitor their actions plans. As part of this support, RFHP developed a monitoring tool for districts to use to assess the progress of their work plan activities.		Completed
4.5. Mentor district teams (administrative and hospital) to increase their skills on data analysis, presentation and how data can be used for decision making	<p>RFHP provided ongoing mentoring support to districts through phone calls and on-site visits (when needed) to continue routine collection, review, cleaning, and entry of data into TRACnet, HMIS, and other reporting systems. RFHP also held a series of mentoring sessions with DHU M&amp;E Officers and DH M&amp;E Officers at 19 DHs to discuss data analysis, target setting, program coverage, program retention, data presentation, data interpretation, and practical applications of DHIS 2 functionalities.</p> <p>RFHP conducted an additional mentorship exercise for district hospital M&amp;E officers and data</p>		Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	managers and their counterparts in health centers located within their catchment area at 59 health facilities located in 6 HIV supported districts (Gicumbi, Kamonyi, Kicukiro, Kayonza, Rulindo and Rwamagana). The scope of the exercise included basic principles of M&E, indicator definitions, reporting requirements, organization of client flow, efficient filing system, appointment tracking system, documentation in primary and secondary tools, data analysis and presentation, how data can be used for decision making, and approaches to coaching HC staff in data management and reporting		
<p>4.6. Documentation of best practices and lessons learned from operationalization of the District Health Management Team*</p> <p><i>*This task previously read "Organize a training of new DHU members (following restructuring) on data analysis and its use for informed decision-making." As the restructuring of DHUs has not taken place, this indicator was revised with USAID and MOH concurrence.</i></p>	RFHP visited and interviewed DHMT members of the selected 8 districts to collect data surrounding best practices and lessons learned from operationalization of DHMTs. RFHP shared the results of this assessment with the MOH.	Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Ngoma, Nyagatare Nyamagabe, Nyarugenge, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
<p>4.7. Support districts (DH and DHUs) to organize their own DQAs and ensure that key findings are presented to the DHMT for decision making annually. Integrate new DHU members into the DQA process by having them participate in meetings and discuss findings</p>	RFHP, in collaboration with district M&E officers and DH M&E officers, supported 57 health centers located in 15 supported districts to conduct a DQA exercise that assessed primary and secondary source documents for completeness and accuracy. The data was compared to monthly HMIS reports to verify and ensure the consistency between recorded and reported data, and M&E officers presented the DQA findings to DHMTs at the next scheduled quarterly meetings. The indicators assessed included family planning and reproductive health, HIV, GBV, and MCH indicators from October to December 2014. Feedback on the findings and recommendations from the exercise were shared with health facility staff.	Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Ngoma, Nyagatare Nyamagabe, Nyarugenge, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
<p>4.8. Conduct DQA orientation workshop for district hospital community health supervisors and support them to conduct DQA for community health data</p>	In collaboration with the Community Health Desk at MOH, RFHP organized and conducted a three-day DQA orientation workshop for 15 In-charges of community health and 15 health center Data Managers in Muhanga District. The workshop equipped participants with the knowledge and skills they need to conduct routine data quality audits within their respective catchment areas. Immediately following the DQA workshop, the		Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	project collaborated with community health supervisors to conduct DQAs at the community level. The DQA process compared data reported by individual community health workers to the village level reports, the cell level reports, and the health center level report for accuracy. Corrections were made as needed. The DQA was fully completed in Muhanga District		
4.9. Support districts to train new data managers and M&E officers on principles of M&E and data management	In collaboration with MOH, RFHP conducted a five-day refresher training event in Muhanga District for 47 data managers. The training increased practical knowledge and skills in data management and reporting; the average performance test increased from 42% to 69% after the training.		Completed
4.10. Provide technical assistance to districts to prepare their semi-annual health data bulletins	RFHP provided ongoing support as requested by the MOH to prepare semi-annual health data bulletins.		Completed
4.11. Analysis of District Health Unit (DHU) reports and provide feedback to the districts through quarterly DHMT meetings	District Coordinators (DC) in 17 supported DHMT districts worked with M&E officers in administrative districts and the M&E Officer of the district hospital to prepare a presentation on select key indicators. The M&E coordinators shared draft presentations with FHP M&E teams, who provided input before finalization. The slides were routinely presented at each DHMT quarterly meeting so that DHMT members can take actions informed by data.	Bugesera, Gakenke, Gasabo, Gatsibo, Gicumbi, Kamonyi, Kayonza, Kicukiro, Muhanga, Ngoma, Nyagatare, Nyamagabe, Nyarugenge, Ruhango, Rulindo, Rutsiro, Rwamagana	Completed
4.12. Support meetings at HC level on data analysis, feedback and reporting	RFHP issued grants in seven districts to support HCs to hold meetings to discuss HC-level data analysis and reporting.		Completed
4.13. Support meetings at DHs on the analysis and reporting of iCCM data and lessons learned	RFHP has supported iCCM data analysis and reporting through grants to 55 facilities, two of which were to Kirehe and Ruhango DHs. These grants supported monthly health coordination meetings at the DH where HC and DH staff analyzed and discussed iCCM data and lessons learned.	Malaria districts: Kayonza, Kicukiro, Kirehe, Ngoma, Nyarugenge, Ruhango, Gasabo	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
	Additionally, RFHP, in partnership with the malaria division of RBC, organized three iCCM coordination meetings to review the malaria situation, data quality issues, iCCM issues, best practices, and lessons learned in the seven supported districts. Meeting participants included district hospital M&E Officers, Data Managers, the In-Charge of community health, and HC Data Managers.		
4.14. Continue to support the seconded pre-elimination data manager to engage directly with the RBC	RFHP supported the seconded pre-elimination Data Manager at RBC, who engaged directly with RBC to monitor malaria-related data utilized in programmatic decision-making.	Central Level	Completed
4.15. Provide support for ACT drug efficacy monitoring	RFHP provided grant support for an ACT drug efficacy monitoring study at Nyarurema HC. Through this mechanism, RFHP also provided biochemistry and hematology laboratory machines to support the study.	Nyarurema HC	Completed

### Sub-result 4.3. Management of Community Health Worker Cooperatives Strengthened

#### Activity 5: Provide support to cooperatives to build capacity in financial management and marketing

5.1. Continue training of cooperative managers and board members in proper financial management, marketing, access to finance	RFHP collaborated with the MOH to build the capacity of CHW cooperatives in financial management, marketing, and increased access to finance. A total of 294 participants, including cooperative presidents, secretaries, and accountants were trained in Rwamagana, Nyagatare, Rulindo, Gicumbi, and Nyamagabe districts.		Completed
5.2. Conduct supportive supervision and coaching for cooperatives managers	RFHP carried out supportive supervision visits in each of the five target districts. Supervision included meetings with approximately seven representatives from each cooperative, typically including the cooperative President, Manager, two supervision committee members, Secretary, In-charge of tender, and other representatives of the cooperative members. During the supervision, it was found that most cooperatives had performance gaps in the areas of bookkeeping, filling, and the meeting reporting system; thus supervisors provided feedback and coaching on possible solutions.	Rwamagana, Nyagatare, Rulindo, Gicumbi, and Nyamagabe	Completed

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

Activity and Description	Achievement / Status Update	Beneficiary	Comments
5.3. Provide support in creation of cooperative unions and federations	RFHP organized two, one-day workshops for 395 participants to facilitate the creation of CHW cooperative unions and federations. During the workshop, participants received the necessary information and guidelines to create unions and federations, and the workshops served as an opportunity for the participants to learn about the importance of CHW cooperatives, the process of creating cooperatives, legal requirements, and cooperative responsibilities.		Completed
5.4. Support annual coordination meetings at national level	RFHP supported a national coordination meeting from March 10–12 in Rwamagana District. The meeting hosted 78 district cooperative officers and DH representatives from target districts.		Completed
5.5. Support MOH to carry out auditing of CHWs cooperatives in selected districts	RFHP provided support to MOH auditors to carry out auditing activities for CHW cooperatives in all five target districts. These audits supported the MOH to identify and solve CHW management problems and other issues identified by the CHW cooperatives.	Rwamagana, Nyagatare, Rulindo, Gicumbi, and Nyamagabe	Completed