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INKUNGA Y' ABANYAMERIKA

Rwanda Integrated Health Systems Strengthening Project:

Quarterly Project Report Narrative

(October - December 2011)

CONTRACT N°: GHS-I-00-07-00006-00

TASK ORDER N°: GHS-I-06-07-00006

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ACRONYMS

CAAC:	Cellule d'Appui a l'Approche Contractuelle (Performance-Based Financing Department of the Rwandan Ministry of Health)
CBHI:	Community Based Health Insurance (Mutuelle)
CHW:	Community Health Worker
CTAMS:	Cellule Technique d'Appui aux Mutuelles de Sante (Mutuelle Technical Support Cell)
CPD:	Continuous Professional Development
DH:	District Hospital
DHIS:	District Health Information System
GOR:	Government of Rwanda
HC:	Health Centers
HIS:	Health Information System
HMIS:	Health Management Information System
HRH:	Human Resources for Health
HSS:	Health System Strengthening
iHRIS:	Human Ressources Information System
IHSSP:	Integrated Health Systems Strengthening Project
M&E:	Monitoring & Evaluation
MIS:	Management Information System
MOH:	Ministry of Health
MSH:	Management Sciences for Health
NGO:	Non-governmental Organization
NNMC:	National Nursing and Midwives Council
PBF:	Performance-based Financing
PPG:	Policy statements, procedures and guidelines
QI:	Quality Improvement
SMS:	Short Message Service
TOT:	Training of Trainers
TWG:	Technical Working Group
USAID:	United States Agency for International Development
USG:	United States Government

EXECUTIVE SUMMARY

Through the USAID-funded Integrated Health Systems Project (IHSSP), the United States Government assists the Government of Rwanda to strengthen its health system. From October to December 2011, the IHSSP assisted the Rwandan Ministry of Health (MOH) for the completion of the following activities:

In the areas of HMIS and data use:

- IHSSP continued to provide technical assistance to the MOH to roll out DHIS2.
- The project provided data from both performance-based financing (PBF) and health information systems to MOH's departments and USG partners.
- The IHSS project proceeded to the development of the web-based Community-Based Health Insurance ("Mutuelle") membership database. The database was linked to the population social stratification (Ubudehe) database.
- The national health facility registry was converted to a web application for interoperability with the PBF health facility table.
- IHSSP assisted the MOH to review and update the Health Sector Data Sharing Policy. The project facilitated the HMIS and e-Health SWOT analysis for the development of HSSP III.
- Through the sub-contract with Futures Group, IHSSP supported the MOH in designing the new HMIS reporting formats.
- Trainings were provided on DHIS-2, iHRIS, and CBHI ("Mutuelle") membership database to data managers, M&E staff, Human Resources and "Mutuelle" section managers.

In the domain of Health Finance:

- Analysis of the community PBF system audit was done. The project is now at the reporting phase.
- The CBHI data audit manual has been developed.
- IHSSP facilitated the translation of the CBHI Procedure manual in English version.
- The project participated regularly in the PBF extended team work groups, supporting the PBF implementation and policy decisions

- Extensive support was given to the hospitals and health centers for their 2010 -2011 costing exercise.

The Human Resources for Health component:

- Worked with the Medical CPD executive coordinator for the development of an M&E plan for the CPD program.
- Assisted the National Nursing and Midwives Council (NNMC) in the development of a licensing database to manage registrations and certification.
- Assisted the pharmacists and allied health professionals associations to elaborate and translate the ministerial orders for registration and the law establishing their professional council.
- The standard workloads for nurses and midwives were reviewed and a proposition presented to the MOH for its validation.

The Quality Improvement team:

- Provided assistance to the MOH for the review and development of services packages. The document is at its final stage, seeking input from relevant stakeholders and validation.
- Developed clinical protocols/treatment guidelines and shared them with professional bodies for their final inputs.
- Facilitated the development of operational policies and guidelines for district hospitals.

INTRODUCTION

The Government of Rwanda (GOR) has shown a strong commitment to improve the delivery of health services by strengthening its health system. The national Health Sector Strategic Plan (HSSP-II, 2009-2012) provides a strategic framework for the Ministry of Health and its partners to achieve the Government of Rwanda's vision.

Consequently, the Integrated Health System Strengthening Project (IHSSP), a 5-year USAID-funded project managed by Management Sciences for Health (MSH), supports the Ministry of Health to strengthen its health system. The project is tailor-made to achieve the 5 intermediate results areas that are (refer to annex 1):

- 1) Improved utilization of data for decision-making and policy formulation;
- 2) Strengthened health financing mechanisms and financial planning and management for sustainability;
- 3) Strengthened leadership and management, and improved human resource productivity;
- 4) Quality improvement for results in access to quality of services through standardized approach;
- 5) Effective decentralization of health and social services to improve access to health care.

The present report is the Integrated Health Systems Project's quarterly narrative report for the period of October to December 2011.

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

1.1. CONTEXT AND CHALLENGES

Inappropriate data management and use are main challenges for decision making. Too much data are collected from the health facilities and the community and too few used. Access to data is also difficult due to a lack of a national data sharing mechanisms and limited web infrastructures. Another challenge is the lack of well-trained data managers, at all levels of the health system. Moreover, the data quality, particularly from the HMIS, is poor and calls for improved systematic internal data audit procedures.

In order to facilitate information management and use, the project committed to provide support in i) designing and operationalizing databases & web applications, ii) designing and operationalizing HMIS plans, guidelines and standard operating procedures, and iii) enhancing capacity of data managers and policy makers to provide and use timely data.

1.2. KEY ACHIEVEMENTS REALIZED DURING THE QUARTER

1.2.1. HMIS DATABASES AND WEB APPLICATIONS

Customization of DHIS

DHIS 2 is a software for collection, validation, analysis, and presentation of aggregated data tailored for integrated health information management activities. It was developed by the Health Information Systems Program (HISP) as an open and globally distributed program and it is used at the national level in many countries of Africa and Asia. The IHSSP assists the MOH in the customization and roll-out of that system.

During the reporting quarter, the project provided assistance to the MOH to roll out the DHIS2. The DHIS software was modified by the HISP to enable Rwanda to add additional attributes to the indicator metadata dictionary. The DHIS software was also customized for data entry for health centers and district hospitals monthly reporting formats.

Data extracts from PBF and HMIS

The IHSSP assisted the MOH to manage performance-based health financing and health information systems activities at all levels of the Rwandan health system. Particular and

continuous support is routinely required for the management of the PBF and HMIS databases. The project provided data to the Ministry's departments and USG partners.

Mutuelle membership database and CBHI Membership database

The new CBHI policy started in July 2011. Consequently, two databases were created to facilitate the coordination of the CBHI system: the M&E and the CBHI membership management database. The CBHI M&E database is a web application in which data are accessible and various levels of data validation exist. The CBHI membership management application module consists of a web-enabled database application storing information about subscription and payment status on each every CBHI client.

IHSSP supported the MOH by providing training on the management of the mentioned databases for central level technical staff: the CBHI technical support cell and the CBHI extended team, composed by different partners involved in the implementation of the CBHI system.

Regarding the M&E database, the IHSS project supported the MOH for reviewing and updating the CBHI M&E indicators reported by sections and districts. During this process, the lists of CBHI sections and users were also updated; and new formulas for reporting and analysis were proposed and integrated in the database.

For CBHI membership management database, a second wave of training targeting the district level actors took place. A 3 day-workshop (from the 18th to the 20th October 2011) was held for the technical central level and extended teams, and a 4 day-workshop (from the 25th to the 28th October 2011) for the decentralized team, the CBHI directors. In total, 38 people were trained.

The project supported the development of the CBHI membership user manual through the CBHI extended team platform. This document served as a curriculum document for the training cited above. The existing CBHI M&E user manual was also updated.

The updated CBHI M&E database requires data completeness for all the 30 districts of the country. For the 2011 first semester, the completeness rate was only 61%, and some districts had no data for the period. This is delaying the use of the new interface.

Interoperability of national health facility registry with the PBF health facility table

The national health facility registry was converted to a web application and software scripts designed with the NGO JEMBI and the MOH's e-Health team for interoperability with the PBF health facility table. This is the first system to link to the national facility registry with the PBF database.

1.2.2. HMIS PLANS, GUIDELINES AND STANDARD OPERATING PROCEDURES

Health Sector Data Sharing Policy

IHSSP assisted the MOH to review and update its health sector data sharing policy. The draft was updated and presented to the e-Health technical working group.

SWOT analysis of HMIS and e-Health for HSSP III development

The project facilitated the SWOT analysis of the HMIS and e-Health components for the HSSP III development.

Coordination of MOH M&E and HMIS

The IHSS project facilitated a 1-day workshop to brainstorm on how to improve the coordination of M&E and HMIS across all ministry structures.

Feedback and standard HMIS report formats Design

The sub-contract with Futures Group supported the MOH in designing new feedback and standard HMIS reporting formats. The HMIS monthly reports were adapted for private health facilities and national level referral hospitals.

1.2.3. CAPACITY BUILDING IN HMIS AND DATA USE

DHIS-2: Three trainings of trainers (ToT) were held for central and district level staff data managers and M&E staff on the new HMIS reporting formats and the use of DHIS-2 for data entry. Nearly a dozen districts already conducted trainings of health center level data managers using ToTs curricula with technical assistance provided by the HMIS unit.

iHRIS: IHSSP staff worked with the MOH's e-Health and HR departments and the Clinton Health Access Initiative (CHAI) foundation to provide on-site technical assistance in all referral and district hospitals for data entry of all health sector personnel.

Web-based Mutuelle membership database: Mutuelle section managers were trained on the use of the CBHI membership database. CBHI section managers from all sections were provided

with refresher training on the use of the system as part of training on the new membership database.

mUbuzima and Rapid SMS: Data managers from the districts were trained on mUbuzima and Rapid SMS. These reporting systems allow quick reporting on child and maternal deaths. Trainings were held in 3 sessions in 3 different places (Musanze/Kirehe, Burera, and Gakenge).

Table 1: Trainings provided in HMIS and data use

<u>Name</u>	<u>Type of training (workshop, conference,...)</u>	<u>Type of participants (number, function, origin)</u>	<u>Place (Province, District)</u>	<u>Period</u>	<u>Comments</u>
ToT in use of DHIS-2 for data entry and analysis and Use of new HMIS reporting and reporting formats	Training of trainers	81 – central level and district level data managers as well as M&E staff from key USG implementing partners	Butare – Petit	Nov 14-18, 2011	2 concurrent sessions were organized to handle large number of participants
Training on Community Based Health Insurance (CBHI) Membership Database	Training of trainers	34 - Managers from districts trained.	Kigali (MSH Office)	October 25 – 28, 2011	This workshop aimed to train the CBHI managers on the CBHI membership database.
Training on mUbuzima and Rapid SMS	Training of trainers	110 - Data managers from the districts were trained on mUbuzima and Rapid SMS.	Nothern province (Musanze, Kirehe; Burera and Gakenge)	October 25 - November 22 2011	These reporting systems allow quick reporting on child and maternal deaths.

I.2.4. TOOLS & MATERIALS PRODUCED

In the previous sections, different activities related to the management of information system and data use were presented. Those activities resulted in the production of the tools and materials presented below.

Table 2: HMIS Tools / materials provided or used for technical assistance

Tools / Documents/ Material	Type (manual, SOP, database...)	Version (first version, updated)	Status (done, in progress)	Approved yes/no	Comments
Ministry of Health data sharing policy	Policy document	Draft 1	In progress	No	Difficult to get input from MOH staff to finalize this document – some issues are contentious
Updated eHealth Strategic Plan (HMIS and PBF Parts of the document)	Strategic Plan	Draft 2	In progress	No	Still awaiting completion of other Parts before releasing document.
Curricula for ToT in use of DHIS-2 for data entry and Use of New HMIS reporting and recording formats	Curriculum	Draft	In progress	No	Draft used for 2 workshops. Still needs to be finalized and materials printed for use in districts.
Revised HMIS monthly reporting formats for health center, district hospital, referral hospital and private facilities	Monthly reporting template	Version 2	Done	No	-Used for training. Still incorporating some feedback from MCH program. -Shared at MOH senior management meeting – provisional approval received.
HMIS procedures manual: Module I data recording and reporting.	Procedures manual	Draft 0	In progress	No	Still gathering case definitions and recording instruments from MOH program offices to complete documentation.
Guidelines for DHIS-2 users: Preparing Charts, Using GIS Module, Using Datamart and pivot tables, Data entry	User manuals	Draft 1	In progress	Yes	Distributed to all participants at ToT. Should be translated into French as well for HC data manager training.
Trip report: HISP technical assistance visits of Arthur Heywood and Seleman Ally	Trip report	Final	done	Yes	
CBHI membership user manual	User manual	Version 1	done	Yes	
CBHI M&E user manual	User manuals	Version 3	done	Yes	

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

2.1. CONTEXT AND CHALLENGES

Rwanda has made much progress in mobilizing resources for financing the delivery of health services. Rwanda is also considered as a best practice country in Africa in implementation of community-based health insurance (CBHI) and performance-based financing (PBF) to improve access, quantity and quality of health care services. These financing systems, however, need assistance for reinforcing their operational planning, establishing accountability mechanisms, and streamlining financial procedures.

2.2. KEY ACHIEVEMENTS REALIZED DURING THE QUARTER

2.2.1. COMMUNITY PBF SYSTEM AUDIT

Objective and previous progress

The community PBF mechanism incentivizes the CHWs for results in health services delivered to the community. External and independent audits are regularly carried out to gather information on: i) the existence of phantom clients and the services rendered at health center level; ii) the satisfaction of clients visiting the health center; iii) the accuracy of quantity of health center indicators as reported in the central PBF database; iv) the accuracy of reporting of the quality of services of health centers as evaluated by district hospital team; and v) the compliance on PBF system and procedures at health center and district level.

The overall objective of this community PBF audit is to assess if the system is implemented according to the national community PBF-model.

Progress / Results

During the “October – December” quarter, the community PBF system audit was at its analysis and reporting phase. The analysis revealed that: i) the majority of Community PBF structures hold regular coordination meetings for their management - over 85% of the expected meetings were held at the recommended intervals, however, minutes archives are still poor; ii) the cooperatives don't all have the necessary documents for their operations - beside their PBF contracts, they don't possess all the documents required to the sector level for national recognition by the Ministry of Trade's Rwanda Cooperative Agency, and only 56% of the CHW cooperatives have acquired legal status.

iii) One of the PBF objectives is to increase the cooperatives' capital through income generating activities that will benefit their members. The assessment found that 79% of CHW cooperatives had a business plan. CHW cooperatives activities are more oriented to livestock (with 64% of cooperatives), followed by trading (40% of cooperatives), agriculture (36%), and other project activities (5% of cooperatives).

Table 3: Some results of the community-PBF system audit at district, sector and health center levels

Subject		% (Yes)
Timeliness for meeting calendar and organization	District steering committee meeting	88%
	Sector steering committee meeting	89%
	CHW/HC Coordination meetings	92%
Directives follow up during meetings	District steering committee meeting	83%
	Sector steering committee meeting	87%
	CHW/HC Coordination meetings	92%
Minutes availability	District steering committee meeting	78%
	Sector steering committee meeting	98%
	CHW/HC Coordination meetings	84%
Existence of CHW cooperative administrative documents	Contract between Sector Steering committee and the Executive Secretary	93%
	Contract between CHW cooperative and sector steering committee	98%
	CHW cooperative legal status	56%
	Existence of a business plan for the CHW cooperative	79%

Challenges/ Recommendations

One of the challenges encountered is related to the community health workers' training, especially the ones in charge of maternal & child health. Well targeted trainings relevant to each specific group of CHWs should be provided based on their daily tasks.

The delay of the CHW cooperative performance's payment is still a problem. Communication mechanism for the payment should be clearly reinforced, specifying the period of payment, and explanatory notes for delays should be disseminated. For the second quarter 2011, 93% of CHW cooperative performance payments were delayed.

Other recommendations include a dynamic review of CHWs cooperatives' performance indicators, the consideration of the cooperatives' catchment population upon which their budget is based and the translation of documents, specifically contracts, in Kinyarwanda by the National PBF technical team.

2.2.2. CBHI DATA AUDIT MANUAL DEVELOPMENT

Objective and previous progress

In order to permit CBHI structures to conduct regularly CBHI data audit, IHSSP embarked in the development of a reference manual describing the process to be followed. The first step was to document the CBHI data flow and to identify the different actors involved in that process.

Progress / Results

Another step made during this quarter consisted of the mapping of the membership flow, from categorization into socio-economic categories to membership enrollment and medical treatment. Mapping allows understanding the membership flow, anticipating possible errors and the way to address them and identifying various actors and responsibilities.

A workshop, in which six districts' CBHI directors and technical team participated, was conducted at the MSH office from the 24th to the 28th October 2011. Thirteen phases, from socioeconomic categorization to medical treatment and renewal of CBHI membership were identified. These phases were revised and reduced into four main processes during a second meeting held with the Futures Group's experts:

- Categorization and membership process,
- Medical treatment process,
- Payment process (receipt and disbursement),
- Conservation and data archive process.

After that, field visits were conducted in three of the best CBHI sections in Kigali to observe the actors processing data. This allowed identifying best practices which will be included in the manual and set as a standard to be used for the management of routine CBHI information. These fields visits resulted into the development of the CBHI Operating Process (figure below).

Figure 1: CBHI Operating Process

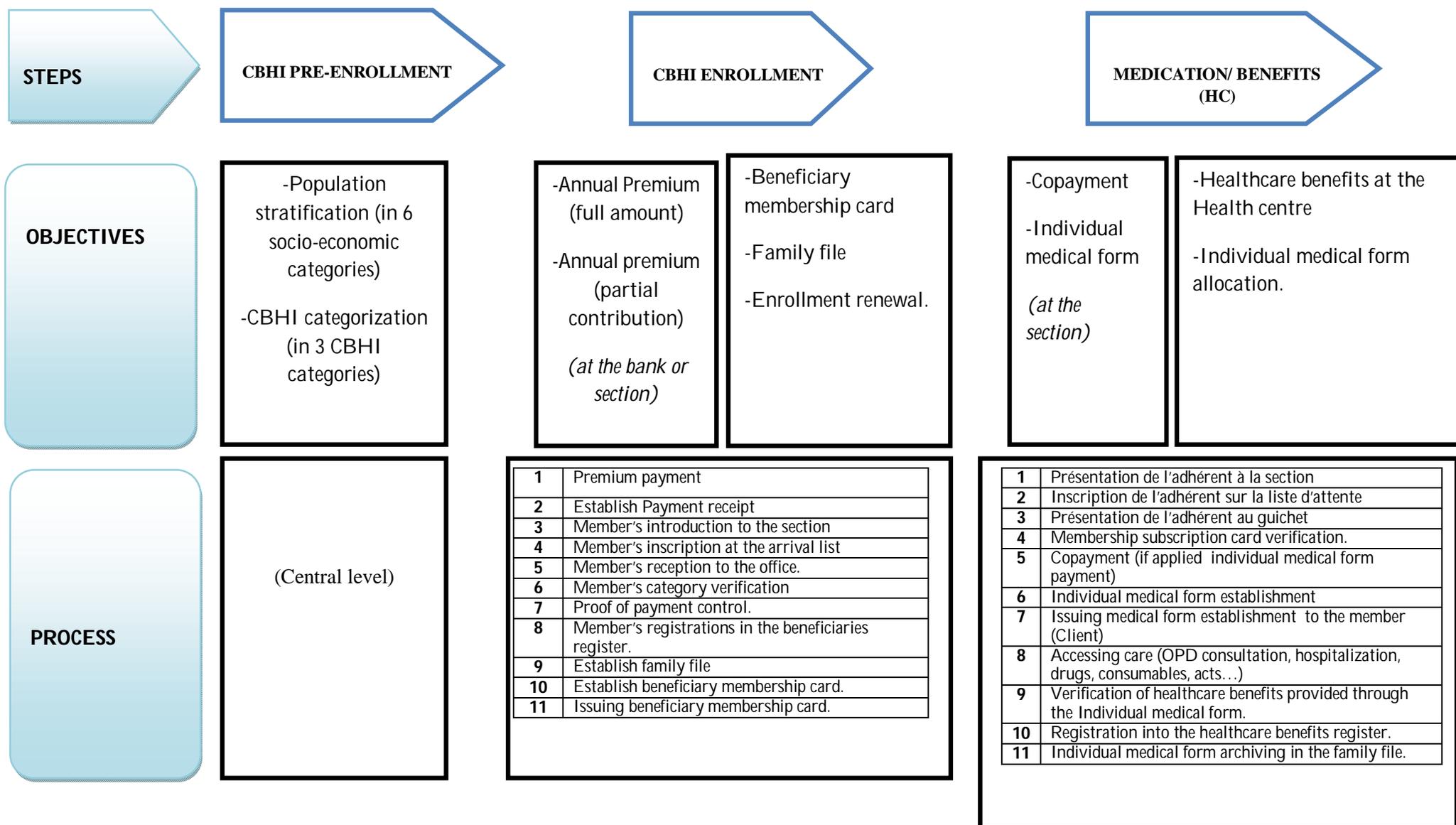
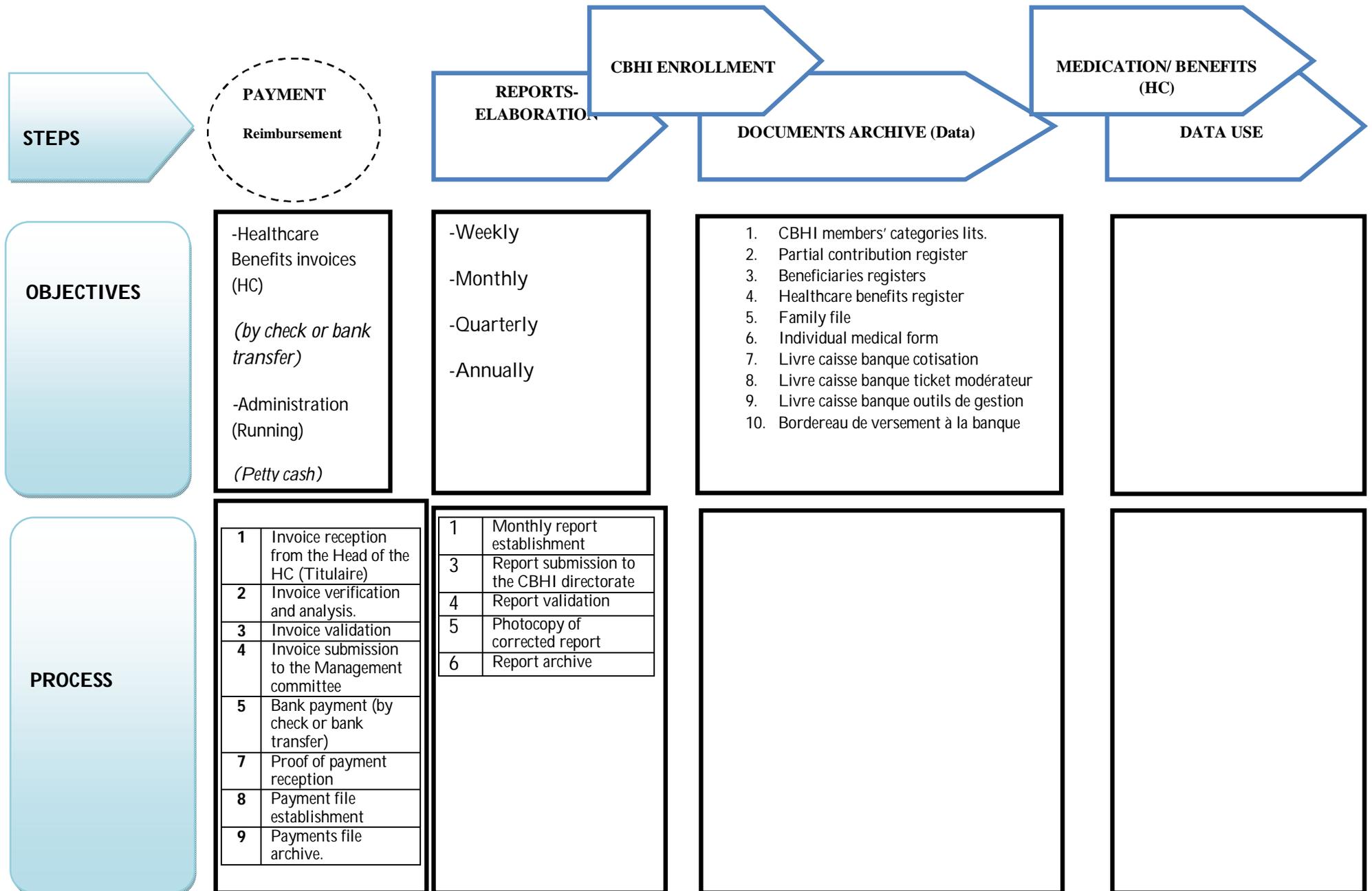


Figure 1: CBHI Operating Process (continuation)



Challenges/Next steps

The next step will consist of refining the proposed model. Indeed, some processes are overlapped or duplicated, like the disbursement, for which it is necessary to develop a unique process.

Then, the following activity will be the elaboration of the CBHI data audit manual, which will describe key concepts, definition, responsibilities, etc.

2.2.4. CBHI PROCEDURES MANUAL DEVELOPMENT

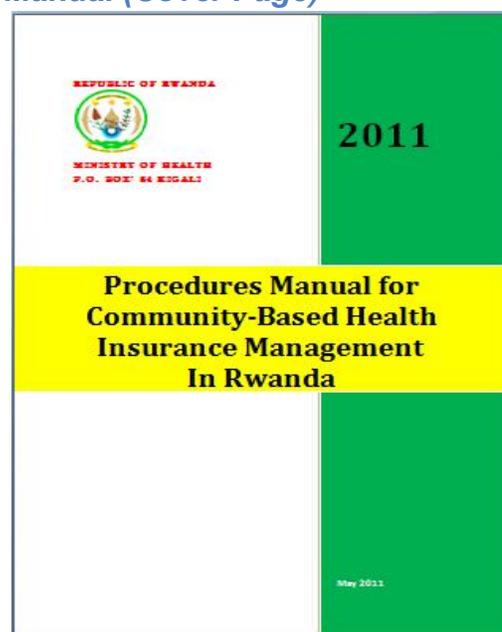
Objective and previous progress

The CBHI procedures manual describes operational policies, processes, and procedures for the implementation of CBHI following the introduction of the new policy. The French version of the manual was elaborated through IHSSP support in the previous quarter and it validated through the MOH's general senior management meeting.

Progress / achievement

The project facilitated the development of the manual and later the translation to English. The final edited document was produced and submitted to the MOH for the review and validation.

Figure 2: CBHI Procedure Manual (Cover Page)



2.2.5. NATIONAL SUPPORT FOR PBF

Objective and previous progress

Performance based financing is an approach that links incentives to performance. The MOH found output-based financing as a way to enhance quality and to motivate the underpaid health workforce. The common national PBF model is implemented at all levels in the Rwandan health system: in community, health centers, and district hospitals. The national roll-out of PBF in Rwanda has been impressive; and its implementation is an ongoing process.

Progress / Achievement

The Integrated Health Systems Strengthening Project participated regularly in the PBF extended team work groups, supporting PBF implementation. During the reporting quarter, two important groundbreaking decisions were made:

- The review of the PBF extended team’s composition and terms of reference, and their presentation to the health financing working group for validation;
- The review of community-PBF indicators with a proposition of adding HIV indicators. Two additional indicators were proposed: 1) Number of couples referred to the health center by the CHW for the PMTCT, and 2) Number of households referred to the HC by the CHW.

In addition, an Excel spreadsheet for hospital assessment by the central level was adapted, and capacity building transfer was given to the MOH’s PBF department through a mentoring process.

For the coming quarter, the project will support the same MOH’s department to introduce the PBF payment based on difficulties related to the completion of a given action. This principle is recommended by the Ministry of Finance to establish equity between facilities.

2.2.6. SUPPORT TO THE INSTITUTIONALIZATION OF THE COSTING EXERCISE

Objective and previous progress

The Ministry of Health, with the support of the USAID’s Integrated Health System Strengthening Project (IHSSP), is undertaking a costing exercise to determine the costs of the Minimum Packages of Activities (MPA), Complementary Packages of Activities (CPA), and services at national referral hospitals. The objective is to determine the full cost of each service included in the PMA and the PCA at health centers and hospitals. The results of the costing will be used for several purposes including:

- The re-design of reimbursement mechanisms and levels;
- The revision of premiums under the Community-Based Health Insurance (CBHI) schemes (“mutuelles”); and
- The development of accurate scenarios for health financing options, including insurance reimbursement, PBF, and input financing.

Progress / Achievement

Extensive support was given to the hospitals to continue the realization of their 2010-2011 costing exercise and their health centers costing. As a first phase of costing implementation, the IHSS project continues to support 7 hospitals through technical assistance. Project's staff provided supervision and technical support to hospitals for the final review and development of costing activities. This focused primarily on the completion of data collection, data entry into the costing tool and ongoing support to ensure accurate analysis.

During the coming quarter, the project team will continue to collaborate with those hospitals for the development of the report for all costing findings. Dissemination sessions will be organized to key stakeholders in each district.

3. STRENGTHENED LEADERSHIP AND MANAGEMENT AND IMPROVED HUMAN RESOURCE PRODUCTIVITY

3.1. CONTEXT AND CHALLENGES

In collaboration with its partners, the Rwandan MOH devised human resources management and development strategies to ensure staff retention and improve productivity. However, further refinement of procedures for individual staff and MOH's department performance planning, assessment, and payment is needed. The current human resources management information system (HRMIS) has laid a good foundation, but has limited scope for supporting operational needs of districts and health facilities' human resource managers; and the data are therefore not maintained routinely. In that context, the IHSS project assisted the MOH to institutionalize coordinated human resources for health (HRH) framework with clear policies, procedures, norms and practices.

3.2. KEY ACHIEVEMENTS REALIZED

3.2.1. OPERATIONS AND NORMS FOR ALLIED HEALTH PROFESSIONALS

Development of M&E plan for the CPD Program

Objective and previous progress

The Continuing Professional Development (CPD) Program will ensure the highest quality of medical care to the population of Rwanda through a variety of structured educational

opportunities that incorporate the most current medical knowledge, skills, and ethical attitudes in all disciplines of medicine and dentistry with the support of the Rwanda Medical Council and other stakeholders. The intent of this program is to:

- 1) Include all specialists, generalists, and dentists in Rwanda in a mandatory national program of CPD directly linked to the re-licensure and recertification system. If necessary, this mandatory program should use various CPD alternatives to include those residing in remote rural areas.
- 2) Ensure a high quality of CPD activities and appropriate delivery by CPD providers through the development and implementation of accreditation standards for CPD providers.
- 3) Upgrade and develop further knowledge, skills, and competencies among all physicians and dentists in Rwanda in order to attain and maintain internationally recognized standards of care.

A strategic plan for the implementation of CPD program for medical doctors has already been developed and validated. IHSSP assisted in the development and validation of the CPD program and its strategic plan. It also assisted the steering committee to sensitize CPD beneficiaries and providers. The M&E Plan for the CPD program under development is necessary to guide and accompany its implementation.

Progress / Achievements

During the quarter, the project worked with the CPD executive coordinator for the development of an M&E plan for CPD program through regular working sessions, and the process is ongoing. The M&E indicators and results framework have been designed.

ASSISTANCE TO NNMC FOR LICENSING

Objective and previous progress

The National Nursing and Midwives Council (NNMC) was officially established since 4 years, but the registration process began in 2003 by the MOH (Nurses and Midwives Office). The NNMC actually need an updated database in order to issue certificates and licensing identity. The objective is to ensure that all nurses and midwives' practicing in the country are registered and authorized to work here. The IHSS project assisted the NNMC for registration, verification and designing certificates.

Progress / Achievements

During the reporting quarter the project assisted the NNMC in the development of a database to manage registration, certification and licensing of nurses and midwives. The process is still ongoing and the perspective is to operationalize the database by March 2012.

ESTABLISHMENT OF A HEALTH PROFESSIONAL COUNCIL

Objective and previous progress

Pharmacists and allied health professionals are still organized in professional associations. The MOH has instructed all health professions to establish a regulatory body. The IHSS project assisted the pharmacists and allied health professionals associations to elaborate and translate the respective ministerial orders for registration and the law establishing their professional council.

Progress / Achievements

The ministerial order to register allied health professionals passed through ministerial cabinet, parliament and Ministry of Justice. Its publication in the official gazette is expected early in 2012. The registration of pharmacists is ongoing. During the quarter, the Cabinet paper and explanatory note for the law establishing the council were elaborated and are waiting for validation.

3.2.2. WORKLOAD INDICATORS FOR STAFFING NEED (WISN) METHODOLOGY

Objective and previous progress

The WISN methodology is a human resource planning and management tool which helps to determine the number of staff required to cope with the workload of a given health facility. The WISN methodology was introduced in August 2010. A training of trainers was organized for a selected group, named “WISN experts”, and 39 teams from district hospitals were trained.

Progress / results

The standard workload for nurses and midwives was reviewed, updated and a proposition presented to the MOH for its validation.

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

4.1. CONTEXT AND CHALLENGES

Quality improvement is central to health systems strengthening. The IHSS project intends to support the efforts of the Ministry of Health to implement a national supervision framework at the national, district, health center, and community levels and to harmonize it with the existing PBF mechanism. Other strategies to quality improvement (QI) includes accreditation of provincial and district hospitals, establishing a governing structure for quality improvement and incorporating QI modules into pre-service training for appropriate cadres of health providers.

4.2. KEY ACHIEVEMENTS REALIZED

4.2.1. REVIEW AND DEVELOPMENT OF HEALTH SERVICE PACKAGES

Objective and previous progress

The provision of service packages at each level of health services is clearly reflected in the national clinical protocols. The service packages of health care at national referral, university teaching, district hospitals, health centers and health posts specify the services that should be provided at each health facility level. The health service packages are reviewed and developed in order to promote and strengthen the referral systems and health facilities, improve the accessibility to specialized health care services, standardize service packages at each facility level, guide resource identification to support services, and develop accreditation of health care standards.

Progress / achievement

Based on the reviewed service packages, required human resources, equipments and infrastructure for the health posts, health centers, district, provincial referral, national referral, and university teaching hospitals have been identified to support the implementation of integrated health care services at each health service provision level. The draft document is at the final stage, seeking input from relevant stakeholders and validation. The document has been reviewed by health system strengthening technical working group, and recommendations for finalization given. Teams are yet to review their tasked areas.

4.2.2. CLINICAL PROTOCOLS AND TREATMENT GUIDELINES DEVELOPMENT

Objectives

The clinical protocols / treatment guidelines will help the clinical and treatment management in a more consistent manner considering both non-pharmaceutical and pharmaceutical aspects. The main intention of these treatment guidelines / clinical protocols is to harmonize and strengthen the management and priority of health interventions: improve standardization of care and encourage rational use of drugs; provide guidance in consistent and sufficient management of clinical conditions; help and ensure efficient use of resources, especially important in resource-constraint countries; harmonize the supply chain system & contribute to the streamlining of referral systems; and inform the next review of the essential drug list and development of drug formularies.

Progress / achievement

The clinical protocols / treatment guidelines were developed and drafts were shared with professional bodies to seek final input. This review process requires more time for internal reviews.

4.2.3. DISTRICT HOSPITAL OPERATIONAL POLICIES AND PROCEDURES DEVELOPMENT

Objectives

The district hospital (DH) operational policies and procedures describe how the best services are expected to be delivered considering all quality dimensions; they reflect the ideal performance of a health facility to provide quality care. Achieving compliance with these policies and procedures will assist in proactively putting the systems in place to avoid the most important risks to quality care. These procedures cover the management services, clinical cross-cutting, clinical support and laundry, and housekeeping services. The objective is to guide service delivery and ensure that services are delivered in a consistent manner.

Progress / achievement

The DH operational policies and procedures have been developed; the drafts are at their final stage, they have been pre-tested and inputs are being incorporated.

5. ACTIVITIES SCHEDULED FOR NEXT QUARTER (JANUARY – MARCH 2012)

During the next quarter period (January to March 2012), the IHSSP will provide support to the MOH for completing the following activities (see Annex 2):

In the domain of Health Management Information System, the project will revise the organizational chart and document with recommendations to enhance M&E coordination, develop and integrate mobile CBHI membership management module, finalize the 2011 data-entry for the iHRIS (human resources information system), migrate former GESIS data to the DHIS-2 platform and complete customization of data-entry system for new reporting formats into DHIS-2 platform.

A team will be established and trained to manage MOH web presence and to assure the availability of comprehensive and quality data; a workshop will be conducted to develop feedback reporting formats for new HMIS, the harmonization of family planning registers and recording formats will be achieved and documentation of existing HMIS recording and reporting instruments will be completed.

Others activities include the operationalization of the national data warehouse, to begin to work with WHO on design of Rwanda country profile for Health Observatory, and support the e-Health team with implementation of a national health facility registry.

In the areas of Health Finance, the IHSS project will assist the MOH to develop and implement a financial model to assist the Ministry and individual CBHI to project their revenue and expenses; disseminate the CBHI procedures manual; support the CBHI and PBF extended team coordination mechanism; design cell phone (SMS) application for CBHI membership database update; design & develop PBF model for districts pharmacies and conduct quarterly PBF, SIS-Com & CBHI M&E indicators data analysis and reporting.

Other activities comprise PBF indicators counter verification, the development of the SOPs manual on data audit; and the elaboration of a study protocol on the analysis of the access, equity and efficiency of CBHI system. A study protocol on the role of CBHI in the overall health system, in particular in relationship to PBF, and the development of a "Best-Practices"

publication to guide the design and implementation of a CBHI program are other scheduled actions.

In the Human Resources for Health's domain, IHSSP will assist the MOH to implement the WISN methodology by following up the validation process of the proposition on standard workload and helping district hospital task forces to implement the methodology.

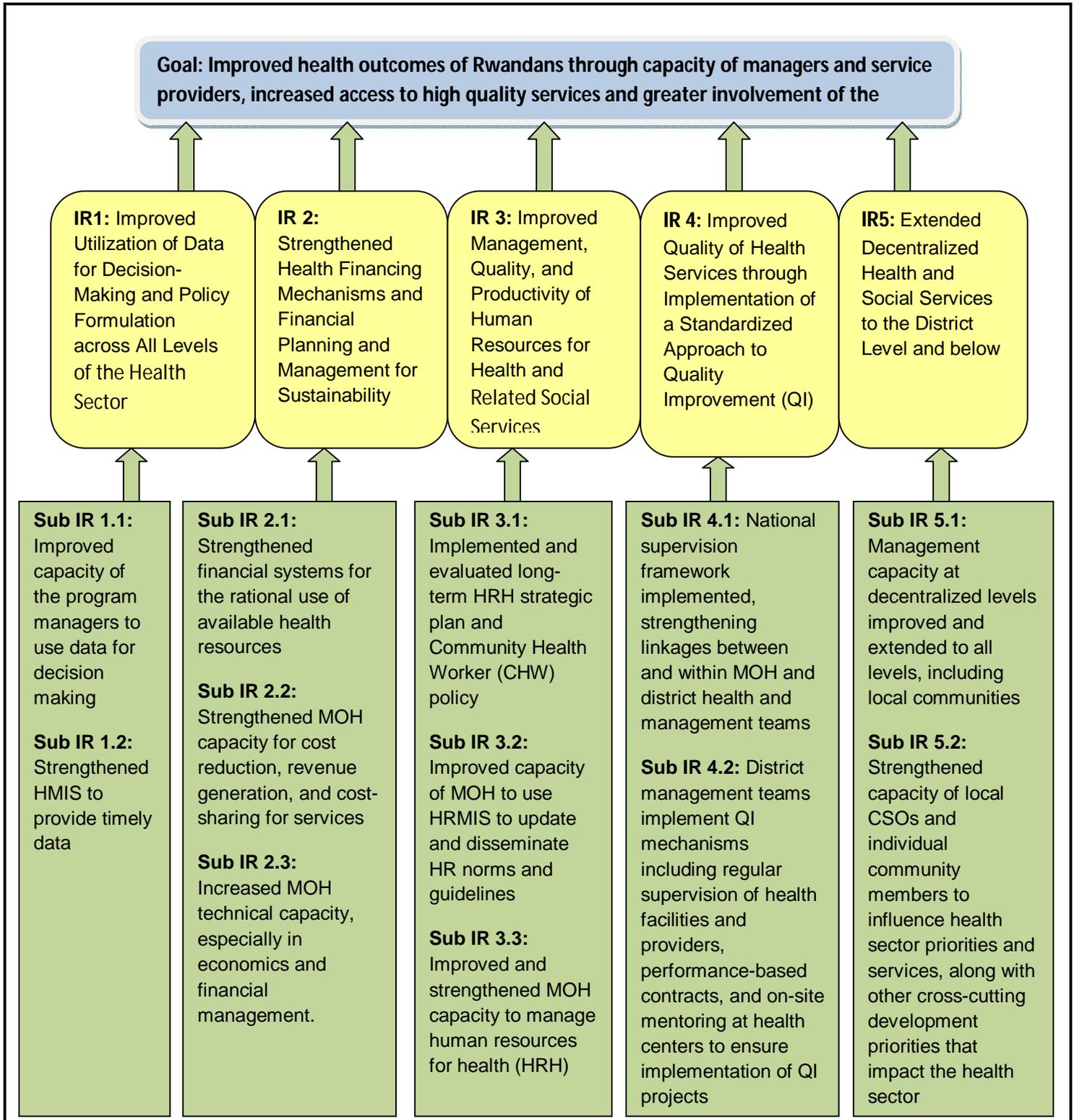
The HRH component will also assist the Pharmacists Association in licensing process in the development of their database; assist the National Nurses and Midwives Council to establish a functional licensing system; and assist the Allied Health Professional Association to develop a registration system by developing a database and registration regulation; and finalize the M&E plan for the medical CPD.

In the areas of quality improvement of health services, the project will support the Rwandan Ministry of Health to finalize the incorporation of inputs of policies and procedures from district hospitals; review and validate the district hospitals policies & procedures; incorporate inputs from professional bodies/local consultants on clinical protocols / treatment guidelines; and to ensure their final review and validation.

Other tasks are to train the accreditation support structures and district hospitals accreditation management advisory committees; to provide support to the MOH's quality improvement technical working group to be fully functional; to validate the health services package for different levels, to participate in the functional integrated joint supervisions, and to establish a task team at central level with clear terms of reference. The quality improvement team will also acquire health service accreditation quality standards and conduct accreditation strategic orientation process for the task team.

ANNEXES

Annex 1. IHSS Project Results Framework



Annex 2. IHSSP Scheduled Activities from January – March 2012

Next quarter activities in IHSSP – HMIS Component

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
Strengthen HMIS and eHealth management functions and structures, central MOH M&E coordination mechanism and M&E teams within departments and districts.	Complete recommendations for strengthening M&E and HMIS coordination across all Ministry of Health institutions	The MOH has recently been through major restructuring and the Minister has	Revised organizational chart and document with recommendations for enhancing M&E coordination.	Dec-11	Feb-12	
Enhancement of CTAMS database to better track Mutuelle performance, and better data quality control	Issue RFP for mobile phone module for membership database	The web-base Mutuelle membership database is now functional, but many Mutuelle sections cannot access the system effectively because of internet issues. The mobile module is needed to maintain membership status manage patient roaming.	Mobile phone module added to CBHI database	Jan-12	Feb-12	
	Develop and Integrate mobile membership management module			Feb-12	Mar-12	
	ToT for central level CTAMS staff in use of new membership module and update Mutuelle M&E indicators			Mar-12	Apr-12	
Customize the iHRIS system to meet the requirements	Finalize 2011 data entry for iHRIS.	MOH and CHAI have made big push to complete data entry – the team needs help checking data quality and extracting data for DHSST.	Functioning iHRIS system	Jan-12	Feb-12	
Strengthened HMIS to provide reliable and timely data	Migrate former GESIS data to DHIS-2 platform	With the transition from GESIS to the new DHIS platform there is an interest in moving historical data into the new system.	Key data elements merged into DHIS-2.	Mar-12	May-12	

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
	Complete customization of data entry system for new reporting formats in DHIS-2 platform	Monthly reporting forms have been revised; health facilities will not be able to enter data from January without new data entry system.		Sep-11	Jan-12	
	Establish and train a team to manage MOH web presence to assure the availability of comprehensive, quality data	With increasing use of Internet as a medium for sharing data, it is crucial that the MOH have a strong team to develop and maintain its web presence.	MOH web site maintained and used to share HMIS analyses.	Mar-12	Apr-12	
	Conduct workshop to develop feedback reporting formats for new HMIS	District and national level staff will be brought together to design a set of standardized feedback reports targeted to different types of data users.		Feb-12	Mar-12	
	Complete harmonization of Family Planning registers and recording formats			Jan-12	Feb-12	
	Complete documentation of existing HMIS recording and reporting instruments.			Nov-11	Mar-12	
Operationalize national data warehouse and web-based dashboard portal to promote data sharing	Operationalize national data warehouse	The data warehouse and web portal are key interventions to enhancing data access and use at both central and peripheral levels.	Data warehouse and web portal providing access to the minimum package of health indicators.	Sep-11	Mar-12	
	Begin work with WHO on design of Rwanda country profile for Health Observatory			Feb-12	Apr-12	
Support to other components	Support eHealth team with implementation of National Health Facility Registry			Oct-12	Feb-12	

Next quarter activities in IHSSP – Health Finance Component

Intervention	Activity/Task	Why it is important	Deliverable /Indicator	Start time	End time	Comments
Increase capacity of policy makers related to CBHI and PBF	Develop and implement a financial model to assist the MOH and individual CBHI to project their revenue and expenses	MoH and CBHI structures need to project their revenue and expenses based on elements such membership levels, premiums, administrative costs, expected utilization levels and facility reimbursement mechanisms and level	Actuarial model developed	Feb-12	Mar-12	The first step will consist of designing and testing the actuarial model
	Develop and disseminate CBHI procedures manual	The implementation of the new Policy need assistance to reinforce the operational procedures, key information and comprehensive guidelines on how to implement the mutuelle intervention following the introduction of the new policy need to be developed.	Number of procedures manual disseminated	Jan-12	Feb-12	The Number of procedures manual will depend on the amount budgeted for the activity and based on the unit cost.
	Support the CBHI and PBF extended team coordination mechanism	To bridge the gap between policy (CBHI or PBF) and implementation through the partners' coordination activities nationwide, using participatory process in the Dev. of the mechanism and provide assistance to CTAMS, CAAC, districts CBHI structures activities and district PBF steering committee.	Number of meeting held	Jan-12	Mar-12	This is continuous technical activity.
Support the enhancement of CBHI stratification process	Design cell phone (SMS) application for CBHI Membership DB update	Enable the CBHI sections (without internet connection, a web interface access) to use cell phones for routine data maintenance (Check on an individual's membership status and income category, Update	Application functional	Jan-12	Mar-12	Activity developed with the support of IHSSP health information system team. The finding is

		payment information for membership renewals)				expected to be provided by Rockefeller grant available at the MoH level.
Strengthen the national PBF models and support the MoH, USAID to explore new PBF models	Design & develop PBF model for districts pharmacies	The Ministry of Health has decided to establish the PBF at all levels of the health system. The district pharmacies PBF model need to be also defined	Implementation manual available	Feb-12	Mar-12	
Ensure PBF and CBHI data management and audit	Conduct quarterly PBF, SIS Com & CBHI M&E indicators, data analysis and reporting	More effective use and analysis of data should lead to more decisions and health impact	Analysis reports available	Jan-12	Mar-12	
	Conduct PBF indicators counter verification	One of the layers of control of the reliability and accuracy of the reporting data in CBHI & PBF database is the verification at all levels. This serves as ultimate check to verify if data are complete and credible.	Counter verification report	Jan-12	Mar-12	
	Design CBHI data audit		SOP manual on data audit developed	Jan-12	Mar-12	
Carry out studies and analyses with respect to efficiency of health financing mechanisms	Develop a study protocol on the analysis of the access, equity and efficiency of CBHI system	The study will look at financial and non-financial barriers to accessing and using services with the objective of improvements in the design and implementation of the scheme that would result in better access and reduced financial hardship for potential and actual members.	Protocol available	Feb-12	Mar-12	
	Develop a study protocol on the the role of CBHI in the overall health system, in particular in relationship to PBF		Protocol available	Feb-12	Mar-12	

Document and disseminate development experiences on health financing mechanisms	Develop a "Best-Practices" publication to guide the design and implementation of a CBHI program	The publication will serve as a guide for the Rwandan MOH and local government and can be used as future training materials (e.g. with new MOH staff and students at the school of public health). It would also be very useful for other countries considering developing CBHI programs. It would be primarily based on lessons learned in Rwanda .	Protocol available	Feb-12	Mar-12	
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Next quarter activities in IHSSP - HRH Component

Intervention	Activity/Task	Why it is important	Deliverable/Indicator	Start time	End time
Support MOH in the review and production of the new HR Strategic Plan	Assist the MOH to review the HRH policy	To implement the HRH strategic plan Moh have to develop the operational plans and a M&E plan	HRH policy reviewed and validate	Jan, 2012	March, 2012
	Assists the MOH to develop an M&E plan for the HRH Strategic Plan		HRH M&E plan developed	Feb, 2012	May, 2012
Support professional bodies to elaborate, to validate and implement the document of norms and standards of licensing	Assist Rwanda Medical Council to develop a M&E plan for the CPD strategic plan	To improve the quality of health workers professional bodies have to put in place a licensing system and a Continuing Professional Development program	M&E plan for CPD program available	Nov, 2011	Feb, 2012
	Assist Rwanda Medical Council to build capacity of CPD bureau		Report on CPD results and experiences	Oct, 2011	Sept, 2012
	Assist Rwanda Nursing and midwives council to finalize the licensing process		Licensing system is functional	Oct, 2011	March, 2012
	Assist Rwanda Pharmacists association and Rwanda Allied Health Professionals Association to establish a professional council		Allied Health Professional Council is established	Oct, 2011	Sept, 2012
	Assist Rwanda Pharmacists Association and Rwanda Allied Health Professionals Association for licensing process		Certificates and licensing ID are available	Oct, 2011	Sept, 2012
	Assist Rwanda Pharmacists association and Rwanda Allied Health Professionals Association to develop their professional regulations		Common allied health professional regulations are developed	Oct, 2011	Sept, 2012

Carry out regular analysis of staffing data and revise the staffing projections in the light of changing service needs	Assist MOH to implement the WISN methodology	Current HR decisions are not informed by any evidence base. HR managers need a comprehensive, reliable and timely HR information	WISN method is implemented a district level for nurses and midwives	Oct, 2011	Sept, 2012
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Next quarter activities in IHSSP - QI Component

Intervention	Activity/Task	Why it is important	Deliverable/Indicator	Start time	End time
Review, develop and disseminate District hospitals required operational policies, procedures and Treatment Guideline / Clinical protocols for quality improvement.	Finalize Incorporating Field inputs of policies, procedures from District Hospitals	Document ownership and capturing ideas from DH teams	Policies and procedures within puts from DHs	1st Jan. 2012	30th Jan. 2012
	Final review and validation of DH policies, procedures	Collective review and having a consensus on DH policies and procedures	Final documents validated	1st Feb. 2012	15th March. 2012
	Seek and incorporate inputs from professional bodies/Local consultants on clinical protocols / Treatment guidelines	To finalize National Clinical protocols/ Treatment guidelines and Capture Professional bodies Ownership and contributions	National Clinical protocols/ Treatment guidelines with inputs from professional bodies	15th Feb.2012	28th Feb. 2012
	Contact and share draft CPs/TGs with the editing team at MSH headquarter	Format and edit the document	Formatted document available	1st March. 2012	15th March. 2012
	Final review and validation of National clinical protocols / Treatment guidelines	Collective review and consensus on national CPs/TGs	Final national CPs/TGs validated	1st March. 2012	30th March. 2012
Institutionalization and sustainability of Quality Improvement	Establish and build capacity of accreditation support structures	To ensure structures that supports the accreditation process.	Accreditation management advisory committees available	1 st March 2012	30 th Sep 2012
	Establish and build capacity of DH accreditation management advisory committees	Orient/train DH accreditation management advisory committees on managing accreditation program	Report on training/orientation of DH management accreditation advisory committees available	1 st March 2012	30th Sept. 2012
	Continue to support MOH/ QI TWG to be fully functional	To strengthen QI support structures.	TWGs meeting minutes with recommendations available	1st Jan 2012	30th Sept. 2012

Develop new and update existing health services packages at all levels.	Validation of health services package for different levels	Finalization of service packages	Report on validation of service packages	1 st January 2012	30th Jan. 2012
Support Health System Supervisions	Participate in the functional integrated joint supervisions	Support MOH to organize and participate in functional integrated joint supervisions	integrated joint supervision reports available	1st Jan 2012	30th Sept. 2012
Develop Provincial Referral Hospital accreditation standards that comply to International standards and respond to the local health needs	Establish a task team at Central level with clear terms of reference.	To adapt accreditation standards to the local needs	Task team with clear terms of reference available	15 th March 2012	30 th March 2012
	Acquire health service Accreditation Quality Standards	Improve quality of health care services	Accreditation standards for Provincial Hospitals adapted to the local needs available	15 th March 2012	30 th March 2012
	Conduct accreditation strategic orientation process for the task team	Orientation of the task team	Task team oriented on accreditation process	15 th March 2012	30 th March 2012

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