USAID Rwanda Integrated Health Systems Activity (RIHSA)

Quarterly progress report

FY 2021 QUARTER TWO

January 1, to March 31, 2021

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Section 1: Overview

1.1. Acronym List

AMELP	Activity Monitoring, Evaluation, and Learning Plan
CBHI	community-based health insurance
CHAI	Clinton Health Access Initiative
CLA	collaborating, learning, and adapting
COHSASA	Council for Health Service Accreditation of Southern Africa
DHMT	District Health Management Team
DHU	District Health Unit
ECMS	electronic claims management system
EEA	External Evaluation Association
ELMIS	Electronic Logistics Management Information System
eSSS	electronic social security system
FY	fiscal year
GESI	gender equality and social inclusion
GOR	Government of Rwanda
HMIS	Health Management Information System
HRTT	Health Resources Tracking Tool
HSS-MAG	Health Sector Staff Mutual Aid Group
IFMIS	Integrated Financial Management Information System
IPC	infection prevention committee
ISQua	International Society for Quality in Healthcare
MEL	monitoring, evaluation, and learning
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
PPM	provider payment mechanism
PSE	private sector engagement
PwC	PriceWaterhouseCoopers
QI	quality improvement
RAAQH	Rwanda Agency for Accreditation and Quality Healthcare
RBC	Rwanda Bio-Medical Center
RGB	Rwanda Governance Board
RHF	Rwanda Healthcare Federation
RIHSA	Rwanda Integrated Health System Activity
RSSB	Rwanda Social Security Board
Sub-TWG	sub-technical working group
TAG	Technical Advisory Group
UR-SPH	University of Rwanda School of Public Health
USAID	U.S. Agency for International Development
WHO	World Health Organization

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1.3. Activity Description

Activity Title	USAID Rwanda Integrated Health Systems Activity (RIHSA)
[Contract/Agreement] Number	720-696-20-F-00001
Name of Prime Implementing Partner	Palladium International, LLC (Palladium)
Name(s) of Subcontractors	● RTI International ● The Council for Health Service Accreditation of Southern Africa (COHSASA) ● Zenysis Technologies, Inc. ● Rwanda Agency for Accreditation and Quality Healthcare (RAAQH)
Activity Start Date	April 2, 2020
Activity End Date	June 30, 2023
Reporting Period	**Fiscal Year 2021** Q2 (three months, January–March 2021)

USAID Rwanda Integrated Health Systems Activity (RIHSA)

RIHSA is a three-year activity, made possible by the support of the American people through USAID, which aims to strengthen health systems, increase financing, and improve the quality of healthcare services in Rwanda.
The project will achieve this goal by addressing two main objectives:

(1) Reducing financial barriers to accessing healthcare in Rwanda through a mix of public and private interventions,

(2) Improving the quality of and access to essential health services at national, facility, and community levels that meet the established minimum standards of the national health facility accreditation system.

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1.4. Overall Progress of the Activity: Q2 FY2021 (January 1, to March 31, 2021)

In Q2 FY2021, the United States Agency for international Development (USAID) Rwanda Integrated Systems Activity (RIHSA) worked to achieve the following key programmatic achievements:

- ✓ Supported the Ministry of Health (MOH), in collaboration with the Clinton Health Access Initiative (CHAI) to conduct a working session with data assistants to track Health Resources Tracking Tool (HRTT) data reporting from 117 development partners and 50 health facilities. Around 75.5% (139 out of 184) of all health sector players have already submitted their health expenditure data for three years (2017/2018, 2018/2019, and 2019/2020).
- ✓ Completed a situational review of Electronic Social Security System (eSSS) implementation status by working with the Rwanda Social Security Board (RSSB) and the IT contractor, PriceWaterhouseCoopers (PwC), to strengthen the development of an electronic claims management system (ECMS) using internationally accepted best practices. This review was completed through remote consultative meetings with counterparts at RSSB, the Rwanda Bio-Medical Center (RBC), and PwC.
- ✓ Supported review of Terms of Reference for the PSE core team—a platform that brings together stakeholders from both public and private entities to steer PSE policy dialogue and joint implementation of PSE activities. The purpose of these TORs was to streamline stakeholder collaboration in the implementation of PSE activities. The TORs were discussed and validated during the PSE core team meeting held on March 31, 2021.
- ✓ Organized a financial access information session with private sector actors. A total of 30 participants, including owners and proprietors of private health facilities, participated in an information session facilitated by RIHSA to create linkages between the Banque Populaire du Rwanda and private, sector actors with the aim of increasing the private health sector lending portfolio by advancing affordable loans to health sector actors.
- ✓ Worked with the MOH and partners to revise the second edition of the Rwanda Hospital Accreditation Standards and ensure compliance with the International Society for Quality in Health Care/External Evaluation Association (ISQUA/IEEA) principles, and integrated maternal, newborn, and child health (MNCAH) standards and aligned with national priorities. RIHSA organized a five-day virtual workshop to review these standards with technical persons from the MOH, RIHSA, Ingobyi, the Rwanda Agency for Accreditation and Quality Healthcare (RAAQH), professional councils, and surveyors.
- ✓ Conducted an accreditation baseline assessment for seven private health facilities to establish their current situation. Assessment reports for each health facility were developed and submitted to the MOH for approval.

1.5. Major Challenges Faced in Q2 FY2021

During the implementation of RIHSA planned activities, the following were the main challenges encountered in Q2:

1. COVID-19 preventive measures and limitations on public gatherings, trainings and meetings continued to affect the implementation of planned activities.For instance, during quarter two, the project planned to facilitate the HRTT and IFMIS training of participants from 50 health facilities but, due to COVID-19 related restrictions regarding in-person gatherings, this activity could not be implemented and the adoption of virtual trainings/meetings with partners was constrained by limited internet connectivity from the participants' side. To mitigate this challenge, RIHSA has adjusted planned activities, where possible, for remote implementation and supported the partners in covering the cost of internet access when they were engaged in RIHSA activities and has used face-to-face meetings /workshops only when the virtual settings for small audience as soon as restrictions were slightly lifted.
2. A dysfunctional Health Resource Tracking Tool (HRTT) reporting system and issues around the timely availability of health resources data across targeted institutions arose. To mitigate this challenge, instead of waiting for the full upgrade of the system, which would delay HRTT data collection, analysis, and reporting, a two-part solution was proposed: RIHSA will continue follow-up on (1) ongoing manual data collection to ensure their successful completion, and (2) consider the possibility of gaining financial support for a full system upgrade in its fiscal year FY22.
3. Delayed submission of requests for approval of RIHSA subcontractors has affected the implementation of planned activities. The submission process took a long time due to prolonged contract negotiations. RIHSA continued to work with its subcontractors to finalize the contracting process; while waiting during this process, it used micro-purchase orders to conduct key activities, including the survey of health facilities.

Section 2: Comprehensive Discussion of Achievements of Q2 FY2021

2.1. Accomplishments during the Q2 FY2021 According to RIHSA's Objectives/Sub-Objectives

Objective 1: Reduce Financial Barriers to Healthcare

RIHSA continued to tackle the issues associated with financial barriers to healthcare access through a mix of public and private interventions. In Q2 FY2021, RIHSA implemented activities under Objective 1 through engagement with the MOH, RSSB, and other stakeholders, such as the Clinton Health Access Initiative (CHAI), to strengthen health resources mobilization, track health expenditures, and strengthen CBHI. RIHSA also worked with the private sector (Rwanda Healthcare Federation [RHF] and Banque Populaire du Rwanda) to ensure increased financial access for private sector investment in health.

Sub-Objective 1.1: Strengthen both central and decentralized efforts to increase domestic financing for health and efficient use of key health resources.

The MOH, in its 2018−2024 Health Financing Strategic Plan, set out to increase domestic resources allocated to health. The country has steadily increased its health sector budget amounts from 321 billion Rwandan francs in FY 2011/2012 to 413 billion in FY 2014/2015.[1] Additionally, the country's domestic resources for

[1] Health Financing Strategic Plan, 2018−2024.

health as a share of total health expenditure has increased from 39% in FY 2014/15 to 51% in 2016/17.[2] In FY 2019−2020, GOR committed a total of 227 billion Rwandan francs (domestic health sector budget including external on-budget support) which was spent across the Rwanda health sector.[3] These increasing trends in domestic resource allocation to health exemplify the country's commitment to strengthening its domestic health financing. Building on the achievements from last quarter, RIHSA has focused its support on data collection of health expenditures for the past three fiscal years. In line with this sub-objective, the recommendation expected from these data analysis in the final HRTT report will highlight the existing funding gaps and guide the needed funds mobilization to address them.

RIHSA continued to support government efforts to strengthen health sector information systems and data use for decision making and efficient resource allocation. The following is a key highlight of Q2 FY2021:

Supporting health expenditure data collection for the past three fiscal years from all health sector institutions. Around 75% (139 out of 184) of targeted health sector players have already submitted their health expenditure data for these three years.

1.1.1. Strengthen health sector information systems and use of data for decision making and resource allocation resource allocation

1.1.1.2. Training of district and facility teams to use HRTT and the Integrated Financial Management Information System (IFMIS) and facilitate HRTT data collection (IFMIS) and facilitate HRTT data collection

The GOR continues to increase its efficiency in allocating resources to the health sector. To effectively track all the resources that flow into the health sector in Rwanda, the MOH developed the HRTT reporting system, which is used to track detailed information and data on health budget and expenditures from all stakeholders in the health sector(public, private, development partners, , professional councils, etc.) . This data is compiled and analyzed to inform the annual HRTT output report published by the MOH to guide decision making, for improving resource mobilization and allocation, as well as setting priorities.

The latest health resource output report[4] presented health expenditure for two fiscal years—that is, FY 2015/2016 and FY 2016/2017. Subsequently, there hasn't been an HRTT output report for FYs 2017/18, 2018/19 or 2019/20 due to slow performance of the HRTT. This delay has affected data entry, analysis, and reporting, as institutions were unable to access the HRTT due to the system functionality challenges. As such RIHSA, in collaboration with the MOH, redirected efforts to manual data entry of health expenditure data using an offline HRTT data collection template. To expedite the data collection process, RIHSA, in collaboration with CHAI, worked with the MOH to hire eight data assistants (four females and four males) and two data analysts (one female and one male), who were assigned to collect the HRTT data. A full-day training was conducted with all the data assistants and analysts on the use of an offline HRTT data collection template for all health sector stakeholders.

Specifically, RIHSA provided the necessary logistics (transport, airtime, and working space), which led to a seamless and expedited successful data collection process. In addition, RIHSA hosted and led coordination of the data assistants and analysts by following up on their daily progress and the status of data collection. As part of this coordination, RIHSA presented regular updates during weekly progress meetings with the MOH. A total of 184 institutions, including 50 health facilities, 123 development partners, four health

[2] Health Resources Tracking Output Report: Expenditure for FY 2015/16 and FY 2016/17.

[3] Rwanda Health Sector Performance Report 2019−2020.

4 MOH-HRTT Report July 2020; https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Reports/HRTT_Report.pdf

councils, and seven health insurance companies, were expected to report health expenditures in HRTT for three fiscal years. As a result of the effort to support these institutions, 76% (FY 2017/18), 72% (FY 2018/19), and 74% (FY 2019/20), respectively, of the 184 targeted institutions successfully submitted data using the offline HRTT data collection template.

In the third quarter, RIHSA will continue to support the MOH in following up with the institutions that were unable to submit their complete HRTT data. In addition, RIHSA will provide technical support in data cleaning and data analysis by allocating two technical staff who will work with the MOH data analysts to develop HRTT reports for the last three fiscal years. Finally, RIHSA will support the MOH in disseminating the findings and recommendations of the HRTT report and stimulate the use of those findings to improve resource mobilization and decision making.

With regards to the continued improvement of Public Financial Management for efficient use of public funds, RIHSA has continued to work with both the Ministry of Health and the Ministry of Finance and Economic Planning (MINECOFIN) to fast-track IFMIS trainings for users at decentralized levels. Both Ministries indicated that a needs assessment was necessary to inform the scope of trainings i.e how many staff to be trained, number of participants per health facility and content of the training curriculum. A meeting was held on February 19th, 2021 with MOH to plan for implementation of this activity. According to MOH, the needs assessment being conducted by MINECOFIN will have to be completed before any training plans can begin. . However, due to competing priorities this internal assessment was not finalized in Q2. The project will continuously work with both MOH and MINECOFIN to speed up the internal assessment and subsequent training to take place in Quarter 3.

Sub-Objective 1.2: Strengthen Community-Based Health Insurance

CBHI is one of the strongest tools for health financing that the government uses to ensure that people from the informal sector enjoy access to quality health services without suffering financial hardship. With the scheme covering most of the country's population—an estimated 10.3 million people—CBHI is a strong driver of the country's progress toward universal health coverage. According to RSSB internal data, the scheme coverage was at 83.95% as of December 2020.

Despite high coverage and the potential of the CBHI scheme to offer equitable access to quality services with minimal financial risks, some challenges linked to inefficiencies persist. The scheme's claims management system remains largely paper-based, leading to a large administrative burden and a lengthy invoice verification process. Without addressing these challenges, health facilities face inadequate liquidity due to delays in claims reimbursements, leading to the lack of some essential health services and consequently negatively affecting the quality of health care provision in general.

With the purpose of increasing financial protection for the Rwandan population as they enjoy access to quality services, RIHSA has supported the ongoing RSSB efforts to automate the CBHI claims management system and played an active role in the Strategic purchasing sub-TWG by assuming the secretariat role. The following are key highlights of Q2 FY2021:

- ✓ Supported the situational review of the RSSB's eSSS through consultative meetings with key stakeholders. This review will inform RIHSA's next steps in contributing to the ongoing automation of the claims management system and overall eSSS enhancement.
- ✓ Supported the review of both the terms of references for the Strategic Purchasing Sub-Technical Working Group (Sub-TWG) and the provider Payment Mechanism (PPM) Reform at PHC level Concept Note as well as participated in establishing the active Strategic Purchasing Sub-TWG secretariat. RIHSA is an active contributing member of this Sub-TWG.

1.2.1. Enhancing CBHI information systems

1.2.1.2. Support the RSSB-contracted IT company with claims database management and effective integration of systems across RSSB, MOH, and health facilities

The RSSB has embarked on an IT modernization project to fully automate its systems and reduce existing inefficiencies across all the schemes it manages. These inefficiencies pose challenges to the CBHI scheme claims management system because it is not fully electronic, nor does it have a coding scheme that aligns with international norms and standards. As a result, claims data are difficult to analyze for understanding quality-of-care issues, reimbursement for facilities is delayed, and claims packages are frequently not approved by RSSB due to incomplete information. Thus, there is a lengthy delay between the time a patient's bill is produced to the time the facility is reimbursed due to a duplicated paper-based claims management system. This delay currently stands at an average of 90 days from invoice submission to reimbursement. By automating the whole claims management process, RSSB will reduce its reimbursement time, allowing facilities to operate effectively with more refund predictability.

Improving the electronic claims management system (ECMS) of the CBHI scheme requires aligning RIHSA's support to the software development needs and roll-out plans for the eSSS of the RSSB, including developing an integrated claims management module. The activity also involves evaluating the status and implementation plans of the RBC regarding the functional and user requirements required to make electronic medical records compliant for interoperability with eSSS and understanding current implementation challenges.

RIHSA completed a situational review of the eSSS implementation status by working with the RSSB and the IT contractor, PwC, to strengthen the development of an ECMS using internationally accepted best practices. This review was completed through remote consultative meetings with counterparts at RSSB, RBC, and PwC. The findings from the consultative engagements were used to draft a high-level roadmap for improving the CBHI ECMS.

1.2.3. Strengthen RSSB's strategic purchase of health services under CBHI

1.2.3.1. Provide technical support to assess CBHI expenditures and conduct provider payment review, considering the impact on quality of care

Strategic purchasing remains one of the most efficient health financing tools when it comes to resource allocation/health service purchasing. The MOH and its partners have revitalized their efforts for priority

setting and evidence-based decision making while allocating the scarce resources available. It is in this context that the MOH formed the Strategic Purchasing Sub-TWG to strengthen the country's strategic purchasing efforts. The main activity of this Sub-TWG was to conduct the technical review of the existing provider payment mechanism (PPM) and recommend a new PPM that aligns more effective strategic purchasing of health services.

RIHSA supported the establishment and strengthening of a Strategic Purchasing Sub-TWG. It is composed of key stakeholders, including the World Bank, Enabel, USAID-RIHSA, the World Health Organization (WHO), SPARC, University of Rwanda School of Public Health (UR-SPH), and others. This sub-TWG is conducting a review of the existing PPM (i.e., fee for service) and is proposing a move toward a capitation PPM, with the aim of addressing the following challenges:

1. Cost containment for both the provider and the purchaser
2. Inadequate liquidity allocation for providers
3. High administrative costs for payers and providers, associated with processing and verification of insurance reimbursement claims.
4. Inequitable and inefficient allocation of resources;

RIHSA supported the development of a PPM concept note and assumed the responsibilities of the Sub-TWG secretariat

Sub-Objective 1.3: Increase Private Sector Engagement (PSE)

The private sector has a great contribution to the attainment of Universal Health Coverage (UHC) and country's health sector achievements[5]. RIHSA's PSE interventions are aligned to Rwanda's long-term goals for private sector engagement as outlined in the National Strategy for Transformation 1 (NST 2017- 2024) and the HSSP IV with aims to increase private sector contribution to the national GDP from 1.7% to 5%[6]. In addition, all activities to engage the private health sector are aligned to the "intentional shift towards enterprise-driven development as a more sustainable way to empower people, communities and countries on their journey to self-reliance"[7].

RIHSA continued to implement activities to strengthen stewardship of private sector inclusive health systems and technical support to facilitate a review of licensing procedures/ministerial instructions for the sector. The following are key highlights of Q2 FY2021:

- Coordinated the development of the terms of reference for the Private Sector Engagement (PSE) Sub-TWG. A total of 21 participants from MOH, Rwanda Development Board, RSSB, and partners participated in a PSE core team meeting, during which where the terms of reference were validated.
- Organized a financial access information session with private sector actors. A total of 30 participants, including owners and proprietors of private health facilities, participated in an information session facilitated by RIHSA to create linkages between Banque Populaire du Rwanda and private sector actors with the aim of increasing the private health sector lending portfolio by advancing affordable loans to health sector investors.
- Supported the RHF to undertake the Rwanda Governance Board (RGB) registration process and gather all requirements for registration in the RGB; facilitated RHF membership certification.

[5] MOH Private Sector Engagement Market Analysis 2020

[6] MOH Health Financing Strategic Plan 2018-2024

[7] USAID Private Sector Engagement Policy, 2019

1.3.1. Strengthen stewardship for private sector inclusive health systems

1.3.1.1. Provide technical support to facilitate public-private sector dialogue to discuss PSE opportunities and strengthen overall PSE and business development capacity at the central level

Building on past quarter achievements, RIHSA continued to support the MOH in strengthening stewardship for private sector inclusive health systems. As such, the project supported a review of Terms of Reference for the PSE core team—a platform that brings together stakeholders from both public and private entities to steer PSE policy dialogue and joint implementation of PSE activities. The updated terms of reference were shared with PSE stakeholders for input, and RIHSA supported incorporation of these inputs. The terms of reference were discussed and validated during the PSE core team meeting held on March 31, 2021. The PSE core team terms of reference were presented, with a focus on the rationale of the platform, its composition, and expected outcomes. Emphasis was placed on the need to improve private sector coordination and policy dialogue. The virtual PSE core team meeting brought together 21 participants (11 female and 10 male) from different stakeholders such as the MOH, Rwanda Development Board, RSSB, and development partners. Key action points from this meeting included the following:

- Expand PSE composition to include more private sector actors, including academia.
- Fast track one single window/one-stop center and develop a master guide document with detailed information to facilitate PSE.
- Develop an action plan for PSE to be discussed and approved by the PSE core team.

During the third quarter, RIHSA will continue to support the MOH to develop a PSE joint action plan, elaborate the PSE master guide, and convene monthly PSE core team meetings. In addition, RIHSA continues in its secretarial role of the PSE core team and will support the MOH to document all PSE core team meeting outcomes and recommendations.

1.3.1.2. Provide technical support for the organizational capacity development of the Rwanda Healthcare Federation concept note

RIHSA continued to strengthen the organizational capacity of RHF, an umbrella organization that voices the interests of the private health sector in Rwanda. Following the Annual General Assembly held in the previous quarter (Q1), RIHSA supported RHF to put together all requirements for registration with the Rwanda Governance Board (RGB). RHF was able to submit its application by February 12, 2021. In addition, RIHSA supported RHF to respond to RGB queries regarding the application and will continue to technically support the process until the registration certificate is granted to RHF. RIHSA also supported RHF to design member certificates for all RHF members as a strategy for member identification and engagement.

In the third quarter, RIHSA will continue supporting RHF to finalize its registration with RGB as part of its organizational capacity development. RIHSA will also document a RHF needs assessment following past engagement with RHF leadership and members.

1.3.3. Expand private sector participation in the provision of health services

1.3.3.1. Provide technical support to support a review of the private sector market analysis to identify opportunities for private sector participation in health

Following a desk review of the PSE market analysis in the previous quarter, RIHSA facilitated the discussion of the PSE market analysis report during the PSE core team meeting held on March 31, 2021. The report summary was presented, with a focus on findings regarding prevailing barriers that impede private sector engagement/investment in healthcare and proposed recommendations. The report also highlighted key recommendations, including clear stakeholder mapping and separation of stakeholder roles; establishing a

one-stop center for health sector-related information; streamlining the regulatory process; and developing private sector briefs to increase awareness of investment opportunities and attract investors in the health sector, among others. The MOH then instituted a smaller core team, composed of RIHSA and CHAI staff, to fast-track implementation of the market analysis recommendations.

During the third quarter, RIHSA will collaborate with CHAI to support development of the PSE master guide, which highlights key health sector investment opportunities and business process mapping for health sector investments, including registration procedures and investment incentives.

1.3.3.3. Create linkages between health sector players and financial institutions for increased health sector lending

With the determination to increase private sector contributions from 1.7% to 5%, as per the MOH target, boosting financial access is a timely intervention for increased health sector investments amidst COVID-19 financial effects. RIHSA coordinated an information session regarding available financing opportunities for the private health sector. This session created linkages between Banque Populaire du Rwanda and private sector actors with an aim of increasing the private health sector lending portfolio by advancing affordable loans to health sector investors. The information session was conducted on February 24, 2021 and brought together more than 30 participants, the majority of whom included owners and proprietors of private health facilities. The purpose of this session was to increase awareness of available financing opportunities (e.g., USAID Development Credit Authority guarantee), create linkages with health sector players, and improve credit readiness for all stakeholders. This session also presented an opportunity for dialogue on key financial constraints faced by the private sector in its pursuit of credit facilities. RIHSA supported development of a concept note and coordination of participants and facilitated the session in collaboration with the Banque Populaire du Rwanda. The information session highlighted key recommendations from private sector actors, which included considering lower interest rates, especially for existing businesses, and making financing available for startups.

In addition, RIHSA mobilized and coordinated participants to attend the Development Finance Corporation Townhall meeting with seven participants from the Rwandan health sector among more than 50 invitees from other sectors. The DFC Townhall aimed at increasing awareness of available financing opportunities for private business in Rwanda's key sectors, including health.

Objective 2: Increased Quality of Essential Health ServicesIncreased Quality of Essential Health Services

During the second quarter, RIHSA continued to implement activities to strengthen the health systems aiming to increase access to quality essential health services. This implementation focused on supporting the strengthening of the national accreditation system by revising and updating the current set of hospital standards. The key achievement included integration of the MNCH standards into the national hospital standards. In addition, the project conducted the baseline accreditation survey for seven private health facilities, supported the HSS-MAG and outlined the twinning approach. These activities are very critical for delivering quality health services at the national, district, and community levels.

Sub-Objective 2.2: Strengthen the Accreditation Process at Hospitals and Health Centers

Regarding increased access to essential health services, RIHSA specifically aims to strengthen the quality improvement process to provide quality healthcare services to the Rwandan population. During the reporting period, RIHSA implemented a set of activities to improve the quality of essential health services, utilizing a health systems approach.

RIHSA implemented a set of activities aimed at strengthening the accreditation process at hospitals and health centers. The following are the key highlights of FY2021 Q2:

- ✓ Worked with the MOH to revise the second edition set of the Rwanda Hospital Accreditation Standards to ensure compliance with the six International Society for Quality in Healthcare (ISQUA) principles for review and standards development, integrated the MNCAH standards, and aligned them with national priorities.
- ✓ Conducted the accreditation baseline survey for seven private health facilities to establish the current quality performance situation of private health facilities.

2.2.1. Provide technical assistance for standards at all levels

2.2.1.2. Reviewed the existing hospital standards to ensure compliance with national priorities, such as the national referral standards and the ISQUA guidelines for standards development and review

The development of objective, reliable, measurable, and valid hospital standards is at the heart of the accreditation program in Rwanda. During the second quarter of 2021, RIHSA supported the revision of the second edition of the Rwanda Hospital Accreditation Standards. The existing edition was published in 2014 and was overdue for a revision; RIHSA prioritized this revision as urgent because the standards required revision in 2019. The review of the existing hospital standards was to ensure compliance with national priorities and ISQUA guidelines for the standards development and review. The essence of this revision was to prepare Rwanda hospital healthcare standards for external evaluation and to meet international principles. The reviewed performance assessment toolkit is a useful tool in assisting health systems to holistically assess and improve the quality of services provided. When hospitals strive to comply with standards through the required three levels of effort, it creates a strong healthcare structure that public providers and policymakers can rely on.

Due to COVID-19 prevention measures, RIHSA organized a five-day virtual workshop to review these standards, which otherwise would be done in face-to-face meetings. A total of 15 participants (nine male and six female) composed a task team comprising technical persons from the MOH, RIHSA, Ingobyi, Rwanda Agency for Accreditation and Quality Healthcare (RAAQH), professional councils, and surveyors from health facilities, which aimed to revise the existing hospital standards. This comprehensive team of stakeholders actively engaged to assess how the existing hospital standards are aligned with the six International Society for Quality in Healthcare External Evaluation Association (ISQUA/EEA) quality domains, their requirements/principles, and criteria of good standards, and identify existing gaps in the compliance with ISQA guidelines. The following gaps were identified during the review of the existing standards:

Gaps identified	Suggested changes made
The risk area for ***leadership process and accountability*** lacked a system for managing policies, procedures, protocols, and clinical guidelines and risk management.	The following new standards were added: ● Standards related to the management of policies, procedures, protocols, clinical guidelines, and documented processes. ● Standards related to risk management
The risk area for ***safe environment for staff and patients*** was reviewed, and the standard that calls	The following new standards were added:

for the infrastructure, equipment, and furniture of the facility to meet patient and service-specific needs was missing, as was the standard calling for a system to protect patients from aggression, violence, abuse, and loss or damage to property.	● Infrastructure, utilities, resources, equipment, and furniture ● Protection from aggression, violence, abuse, and loss or damage to property
The risk area of ***clinical care of patients was reviewed and the MNCAH draft standards*** were also reviewed and integrated based on a team consensus that those standards that required modification to include MNCAH elements in the existing standards and add new standards to guide: pain management, newborn care, and adequate nutrition for children.	The following new standards were added to the list: ● Pain assessment, reassessment appropriate management ● Revised the standard of complete reproductive and maternal health care that emphasized the availability, use and compliance of current evidence-based protocols including: o Normal delivery o Management of obstructed labor o Management of prolapsed cord o Cesarean section o Post-partum hemorrhage o Post-partum sepsis o Pre-eclampsia and eclampsia o Prevention of harmful practices during labor, childbirth, and early postnatal period o Companion of choice to support labor and childbirth o Support during childbirth o Postnatal care: Breastfeeding, Bottle, cup, and spoon feeding & Rooming-in o Family planning ● Regarding that requires all hospitals to implement interventions and strategies for improving newborn care and survival are provided using current evidence-based clinical practices. ● Standard to newborn care ● Access to safe and adequate nutrition for hospitalized children
A list of critical standards required updating.	Critical standards were revised to include the following: ● Credentialing of physicians, nurses, and allied health professionals ● Staff health and safety program ● Fire safety program ● Stable safe water sources ● Stable electricity sources ● Effective sterilization processes

Gaps and feedback identified by the team informed the review. The feedback session for each team provided active discussions, and the workshop concluded with an agreement by the team to request amendments to the existing national standards. One of the greatest achievements during the standards revision effort was integration of the MNCAH standards. RIHSA, Ingobyi, and the MOH advocated for integration of the newly developed MNCAH standards into the hospital standards. Because these standards had been developed by following a flow similar to that of the hospital standards, they were agreed upon and approved. The MNCAH standards were reviewed and integrated based on a team consensus that the required modification include MNCAH elements and add new standards. MNCAH standards were reviewed and integrated based on a team consensus that the required modification includes MNCAH elements and add new standards.

The team also reviewed the quality service delivery standards developed by Ministry of Labor and provided by the MOH for integration. The hospital standards already incorporated most of what was required by these standards. The missing elements were integrated into the final draft of the third edition of the national hospital standards, which has been submitted to the MOH and shared with all engaged stakeholders for final inputs. Thereafter, RIHSA will work with the MOH and its partners to accomplish the following milestones to ensure use of and compliance with the revised hospital standards:

- Conduct a thorough pre-test in selected health facilities to demonstrate how the standards work in practice.
- Consider the comments and suggestions generated by the pre-test, and ensure they are collated and discussed, and any further amendments to the standards are submitted for approval.
- Generate the final version of the standards following the pre-test, collation, and discussion of further amendments.
- Develop a reference document (crosswalk) with evidence that the hospital standards meet the requirements of the quality service delivery standards.
- Follow up on the appointment of the Standards Development Advisory Group to determine its responsibility for ensuring timely and evidence-based future standards development and reviews for the health sector.
- Identify a coordinator for the Technical Advisory Group (TAG) to collate all standards feedback from users and other stakeholders in future standards reviews.

2.2.4.1: Conduct a baseline assessment for 22 private health facilities

RIHSA supported the accreditation baseline assessment of private health facilities to establish the current situation of health facilities' compliance with the Rwanda Polyclinics and Private Hospital Accreditation Standards (first edition November 2018). Three certified surveyors conducted a three-day assessment of seven private health facilities located in Kigali (Gasabo: 5; Nyarugenge: 2). The surveys helped to identify quality performance gaps and inefficiencies within the health systems in private health facilities. The survey guide and performance assessment toolkit for private health facilities was used to assist the team of surveyors to perform the survey process consistently, efficiently, and effectively. On the first day, the team met with polyclinic leadership and conducted an introduction session with leaders, managers, and heads of different services.

The survey process involved mixed approaches to elicit information from various sources in determining whether the intent of the standards was being met or not. The document review was used to determine the existence of, and extent to which, clinical protocols, policies, procedures, plans, scopes of service, job descriptions, staffing plans, organizational charts, meeting minutes, maintenance records, guidelines, protocols, and any other pertinent documents were complete and contained all the information required by the standards.

The following steps were applied during this survey of each health facility:

- Organized an introductory meeting with leaders, managers, and heads of services to discuss the objectives and methodology of the assessment, as well as the roles and responsibilities of the health facilities.
- Reviewed the clinical protocols and treatment guidelines to determine whether they were based on current evidence-based standards and guidelines.
- Conducted a facility review based on comprehensive and thorough observations to determine the extent to which facilities ensured environmental safety, implemented infection prevention control (IPC) practices, ensured respect of patient rights (privacy, confidentiality of information), and displayed signages for directions.
- Conducted individual and group interviews with facility leadership, staff, and patients.
- Organized feedback sessions at the end of the survey to discuss findings with the management of each health facility surveyed and drew actionable recommendations for future improvements.

The polyclinics have not yet established their accreditation support committees—specifically, a quality improvement (QI) committee and an infection prevention committee (IPC); therefore, there were no specific interviews conducted for these committees, which are key strategic structures that support accreditation standards implementation. The table below shows the seven private health facilities—six polyclinics, and one hospital—surveyed. All facilities performed very low in all risk areas at all three levels.

Accreditation Baseline Performance, by Risk Area and Levels of Effort in Six Polyclinics and One Private Hospital in Kigali CityEffort in Six Polyclinics and One Private Hospital in Kigali City

	POLYFAM			La Croix du Sud			Saint Jean			La Medicale			Etoile			KMC			Beatrice		
RISK AREAS	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**	**L1**	**L2**	**L3**
Risk Area 1. Leadership Process and Accountability	19%	2%	0%	19%	0%	0%	10%	0%	0%	12%	0%	0%	10%	0%	0%	0%	0%	0%	5%	0%	0%
Risk Area 2. Competent and Capable Workforce	30%	17%	0%	53%	33%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Risk Area 3. Safe Environment for Staff and Patients	20%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Risk Area 4. Clinical Care of Patients	27%	2%	0%	10%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	0%
Risk Area 5. Improvement of Quality and Safety	11%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Grand Total	***22%***	***3%***	***0%***	***15%***	***5%***	***0%***	***3%***	***0%***	***0%***	***2%***	***0%***	***0%***	***2%***	***0%***	***0%***	***2%***	***0%***	***0%***	***1%***	***0%***	***0%***

Source: Accreditation Baseline survey, February 10-24, 2021

The overall performance regarding accreditation standards implementation was very low, as indicated by the findings and scores. The findings showed that most of the health facilities surveyed were unable to achieve the levels of accreditation. Leaders of these health facilities were encouraged to invest resources and efforts to ensure the availability of the required standards documents, initiate a quality improvement plan, and subsequently begin implementing an accreditation program. Although some required activities or procedures have been implemented, they could not be scored or considered as meeting the required level of compliance based on the guiding documentation—policies and procedures, administrative manual, operational plan, overall training plan, protocols, clinical guidelines, quality improvement plan, customer care program—which were not available for most of the health facilities. Key issues that need urgent attention are summarized as follows:

- None of the facilities surveyed had operational policies and procedures to standardize practices and processes, and the standards disseminated a year ago were not yet being used.
- All the facilities surveyed did not possess an administrative manual; consequently, they did not have a document that could guide their institution's processes and procedures, scope of services, and organizational conduct. The lack of an administrative manual factored into the lack of leadership

commitment to enforce quality management practices and demonstrated the need to support health facilities in developing the required manual.

- All health facilities surveyed did not have QI or IPC committees and had not yet developed plans that direct facilities to provide a formal ongoing process to objectively monitor, measure, and evaluate the quality of their clinical and operational services. The absence of these practices poses a risk of an unsafe environment and transmission of infections for people attending the health facility and staff.
- Most staff at the polyclinics have not been trained on quality improvement and accreditation standards implementation.
- Case management or care protocols and guidelines for high-risk patients were not available to guide the treatment and quality management of patients.

Given the gaps identified during the survey, the MOH and partners supporting the health system in Rwanda should support health facilities in implementing the following recommendations:

- The leadership of health facilities needs to develop the required policies and procedures for guiding staff to operate in line with standard expectations. Continuous capacity building and compliance monitoring of practices should be institutionalized.
- The management of private health facilities should initiate QI, IPC, and other advisory committees with clear terms of reference; appoint a focal person for QI and IPC; and develop IPC, quality improvement, and safety plans to institutionalize continuous QI practices. Management also needs to conduct surveillance to establish the facility's infection rate and develop a plan to mitigate infection risk.
- The heads of services, in collaboration with the human resource manager, should assess and prioritize training needs. Once assessed, the leadership needs to develop a capacity-building plan based on the skills gap. Training activities should include a quality management and accreditation program to accelerate competencies to improve quality performance.
- Facility leadership should collaborate with clinical staff to identify high-risk patients and procedures. Once identified, there is a need to adopt national treatment protocols and guidelines to guide staff in taking care of patients appropriately.
- The MOH should plan support to private health facilities regarding capacity building in quality improvement areas.
- RIHSA should organize information sessions to provide private health facilities with a better understanding of standards requirement, respond to any issues pertaining to standards interpretation, share planning tools for standards implementation, and provide guidance.

Sub-Objective 2.3: Improve Data Use for Quality and Governance Improve Data Use for Quality and Governance

RIHSA continued to support activities to strengthen data use at the central level to improve management operations for the HSS-MAG. This support consists of a savings and credit scheme established by the MOH with various stakeholders in the health sector to enhance staff motivation and retention.

RIHSA resumed activities to finalize the recruitment process for hiring IT lead staff and provided orientation and mentoring of the recruited IT lead on HSS-MAG software administration. Also, it provided support for reviewing the service-level agreement between HSS-MAG and AOS ltd for cloud hosting services. RIHSA will continue to provide technical support to HSS-MAG, focusing on the following activities:

- Continue to mentor the newly recruited IT lead on key aspects of the HSS-MAG software implementation.
- Review vendor technical deliverables and plans.
- Provide high-level guidance on key technical aspects of the software.

2.3.2.2 Provide technical support in the HSSP IV mid-term review

As part of the technical support that the project is providing to MOH in the mid-term (MTR) review of the fourth Health Sector Strategic Plan (HSSP IV), RIHSA supported the recruitment of a national consultant to conduct this MTR. As such, RIHSA supported the Ministry of Health to develop and refine the terms of reference that include a clear scope of work, timeline, candidates' profile, selection criteria and clear deliverables. Upon approval of the TORs, the project kickstarted the recruitment by sending out requests for proposals which were evaluated against the selection criteria. Following this evaluation, 3 candidates were pre-selected for interviews to be conducted in the next quarter. The interview panel will be comprised of both RIHSA and MOH staff to ensure stakeholder representation and a fair selection process.

2.3.2.7. Hire a local consultant and harmonize activity results with the project workplan and results

The recruitment process for the organizational learning specialist/twinning activity manager was completed to facilitate twinning activities for 20 selected districts. The consultant will be responsible for finalizing the twinning activity design, conducting mapping and selection of districts that will participate in twinning activities, matching districts according to the twinning activity design, designing and facilitating three-day twinning workshops for 20 district health units (DHUs), and providing onsite coaching for DHUs once they are trained.

The expect outcomes of the twinning activity are:

- To build dynamic and natural relationships among DHUs to promote peer-to-peer learning which will in turn improve service delivery as well as Improve the oversight and management of public health facilities;
- To improve data demand and use to inform decision making at district level by promoting use of dashboard for key selected indicators
- To strengthen District Health Management Teams (DHMTs) functionality and performance

The organizational learning consultant for supporting the twinning activity will be on board at the beginning of Q3. Thereafter, RIHSA plans to ensure that the onboarding of the organizational learning consultant will expedite the following activities: supporting the twinning activity will be onboard at the beginning of Q3. Thereafter, RIHSA plans to ensure that the onboarding of the organizational learning consultant will expedite the following activities:

- Refine and tailor the twinning concept note for external audiences, including the MOH.
- Organize a discussion regarding implementation of the twinning activity to key stakeholders at the MOH.
- Initiate co-creation of the twinning activity design.
- Together with MOH and DHU design and facilitate the twinning workshops facilitate the twinning workshops.

The expected result from twinning activities partnerships will be:

1. Build dynamic and natural relationships among DHUs to promote peer learning which will in turn improve service delivery as well as improve the oversight and management of health facilities.
2. Improve data demand and use to inform decision making at district level by promoting use of dashboard for key selected indicators, and
3. Strengthen District Health Management Teams (DHMTs) functionality and performance.

2.3.2.8. Design the twinning workshop and adapt the coaching structure with input from

DHUs/District Health Management Teams (DHMTs)

Most DHUs have access to high-quality data through dashboards, but some have difficulty analyzing and developing actions that respond to those data. Similarly, DHUs have a highly variable capacity in these areas and can learn a great deal from each other. Hence, RIHSA seeks to improve the data they use to make an informed decision by twinning the DHUs that are performing well with those struggling to use health data effectively to support quality health service delivery. This activity promotes a peer-to-peer learning network of DHU staff that routinely shares information, knowledge, and skills to support improved performance and better service delivery, quality of care, and health outcomes. Through twinning, DHUs will be able to share learning and experiences with other DHUs, as well as experiences in instituting new mechanisms for using data in decision-making processes, and novel data analyses or applications.

During the second quarter, RIHSA developed two briefs that framed the parameters for the twinning activity. The first was an overview of twinning, including a definition, benefits, and evidence that it can achieve individual and organizational improvements. The second was an overview of the twinning activities, including their background, our understanding of the challenge of data use, and expected results. These two briefs will be combined into a single concept note, which will be shared and presented to MOH counterparts to strengthen their knowledge of the twinning model and obtain their input to and guidance on this approach.

Section 3: Cross-Cutting Issues

3.1. Monitoring and Evaluation

The RIHSA monitoring, evaluation, and learning (MEL) system endeavors to uphold data-driven decision making, improved data quality, participatory learning, unbiased and transparent analysis, and rigor in the generation and use of evidence toward innovation to understand and document the contribution of RIHSA interventions and approaches for health system strengthening in Rwanda.

As of Q2 FY2021, RIHSA accomplished the following achievements related to MEL:

- ✓ Updated a comprehensive Activity Monitoring Evaluation and Learning Plan with 34 key performance indicators (KPIs) and performance indicator reference sheet (PIRS) and selected key indicators to be reported in USAID's Development Information Solution (DIS).
- ✓ Initiated the procurement process to recruit a consultancy firm to conduct RIHSA baseline survey; five consultant firms were identified and submitted their respective proposals; three firms will be interviewed to determine which one should be awarded the contract.
- ✓ Organized an orientation meeting to support RIHSA staff to apply the USAID Graphic Standards and Partner Co-Branding Manual to all documents engaging RIHSA support. RIHSA staff currently are able to engage a communication person for all of the presentation and materials used publicly for meetings, awareness raising, and training.
- ✓ Initiated the procurement process for communication materials to be used to raise the visibility of RIHSA at public events. Beginning in Q3, these materials (a pull-up banner and car signage) will be available for use.
- ✓ Worked with Ingobyi to develop a consolidated monitoring and evaluation framework that will be used to measure collaboration performance. Sixteen indicators were developed to measure how synergistic activities will be implemented for capacity building for national and local layers of health sector staff in Rwanda, institutionalizing quality, and using data for informed decision making.
- ✓ RIHSA participated in a strategic information forum with the MOH, RBC, and implementing partners to ensure improved collaboration and synergy between the MOH and its partners in harmonizing health data use interventions in Rwanda.

3.1.1. Updating RIHSA Activity Monitoring, Evaluation, and Learning Plan (AMELP)

The Activity Monitoring Evaluation and Learning Plan (AMELP) responds to the activities, deliverables, indicators, targets, results, and objectives for the project. In FY2021 Q2, RIHSA finalized plans to review and update the AMELP to ensure a robust MEL system. A total of 34 key performance indicators with baseline, quarterly, and annual targets were updated, as well as the Performance Indicator Reference Sheet (PIRS). Key indicators were selected to be reported in USAID's Development Information Solution (DIS); their annual and quarterly targets, numerators, and denominators were determined for upload into DIS. To finalize revision of the project's AMELP, the RIHSA held a series of meetings with the technical leads to ensure that all program staff and partners actively participate in the development and implementation of the planned activities. The final AMELP document was shared with USAID for its approval.

3.1.2. Conducting rapid baseline assessment

RIHSA intended to conduct a rapid baseline assessment aimed at establishing the status quo for the targeted areas of health system strengthening in Rwanda; this assessment will inform how to plan, implement, and measure the impact of RIHSA activities. The status quo will be ranked against the RIHSA key performance indicators embedded in AMELP. In Q2, RIHSA initiated the procurement process to recruit a consultancy firm to conduct the baseline survey. Based on the terms of reference embedded in the scope developed in Q1, RIHSA launched a request for proposal (RFP) for qualified individual consultants or consultant firms to apply. To date, five consultant firms have been identified, from which three will be interviewed to determine which should be awarded the contract. A bids evaluation team has been set up, and recruitment is expected to be finalized in May 2021.

3.1.3. Capacity building of RIHSA staff on learning and communications

The RIHSA MEL team organized an orientation meeting for all RIHSA staff to support them in applying

USAID collaboration learning and adaptation (CLA), as well as USAID branding and communications procedures. A CLA session helped staff to understand how learning takes place before, during, and after program implementation. Also, the meeting helped staff understand the roles they play in generating, capturing, analyzing, sharing, and applying information and knowledge to improve programs. During this meeting, a detailed learning roadmap was developed to strategize on how learning questions embedded in the learning plan will be answered; the resources needed; sources of data; and methods of data collection, analysis, and dissemination, along with the responsibilities of each person involved in the RIHSA learning process.

Also, the RIHSA MEL team provided an orientation session for RIHSA staff to support them to understand the RIHSA Communication and Documentation Plan Framework. Key components of this framework were explained—the strategic objectives; target audiences; and compliance to requirements for giving USAID credit in all verbal, textual, visual outreach, and communication materials and activities, including with photographic guidelines. RIHSA has initiated the procurement process for communication materials to be used for increasing its visibility at public events. Beginning in Q3, these materials (the pull-up banner and project signage) will be available for use. Subsequently, the RIHSA MEL team continued to support the visibility of RIHSA activities by developing different materials and a photographic consent form. In addition, the MEL team developed terms of reference for the consultant, who will facilitate the capacity-building workshop on RIHSA knowledge management and CLA. The workshop will be organized in Q3 to support staff in acquiring hands-on skills in knowledge management, CLA, and communications.

These actions are aligned with RIHSA planned activities for FY21; RIHSA, through Zenysis, will work to support data use for evidence-based decision making across all supported health facilities.

3.1.4. USAID Q2 site visit

RIHSA facilitated the USAID quarterly site visit held on February 24, 2021, at the Polyclinique de l' Etoile, located in Gasabo District, Remera Sector, Rukili I Cell. The purpose of the visit was to present the results from the accreditation baseline assessment conducted by the RIHSA from February 22−24, 2021. The site visit was conducted in both virtual and physical presence, in accordance with COVID-19 protocols; the field visit was attended by 18 people, these included Edward KAMUHANGIRE from MoH, RIHSA's Contracting Officer's Representative from USAID, surveyors, RIHSA staffs and Polyclinique de l' Etoile leaders & staffs.

The virtual visit focused on understanding the benefits of the baseline survey and its whole process to the private facilities such as Polyclinique de l' Etoile. Dr. BIRAHIRA B. William, owner of the polyclinic hailed the support of the USAID through the MoH to improve the quality of healthcare services through standards development and standards compliance measurement. "*We expect that the baseline findings will inform the existing performance gaps and guide our improvement strategy to achieve the desired quality of healthcare services provided to our clients"* he said in his remarks. The polyclinic staffs and other managers who were present pointed out the need for the MoH and its partners such as RIHSA to support them with Quality Improvement facilitation as it is already the case for the public facilities. The USAID representative and RIHSA team informed the polyclinic about the existence of QI facilitation activities in Year 1 Plan as well as regular post-survey feedback sessions to respond to their most challenging questions regarding implementation of standards.

The site visit was done at the time surveyors were holding a feedback session on the third day of the survey process. The process to provide feedback created an opportunity for the health facility to immediately proceed to develop a standards implementation plan and address some critical issues identified during the survey to ensure patient safety and improvement in quality of healthcare. The critical issues identified included: the polyclinic did not have operational policies and procedures to standardize practices and processes, no administrative manual; had not put in place yet structures to support the accreditation process such as QI or IPC committees, staffs have not been trained on quality improvement and accreditation standards implementation. The facility was recommended to start with developing an improvement plan to address the identified gaps.

3.2. Gender Integration

RIHSA organized an orientation meeting held on 8th March 2021 to discuss the RIHSA gender equality and social inclusion (GESI) strategy and integrated workplan. The strategy and workplan were designed to (1) support the GOR in integrating gender equality into strategies to increase domestic financing for health, strengthen community-based health insurance, and increase private sector engagement; and (2) strengthen the health system to deliver inclusive, quality, and sustainable health services at national, facility, and community levels. The integrated workplan detailed a set of activities that will be conducted to ensure GESI is integrated into RIHSA activities. During the orientation meeting, RIHSA staff gained insights into the USAID GESI policy, its objectives, and links to RIHSA objectives and activities. The meeting was attended by 11 participants and was facilitated by USAID's Development Program Specialist (Gender Coordinator) and RIHSA's GESI focal person. In Q3, RIHSA will extend this awareness raising to subcontractors' staff to ensure they support implementation of the RIHSA GESI Strategy. orientation meeting on a gender equality and social inclusion (GESI) strategy, and integrated workplan. The strategy and workplan were designed to (1) support the GOR in integrating gender equality into strategies to increase domestic financing for health, strengthen community-based health insurance, and increase private sector engagement; and (2) strengthen the health system to deliver inclusive, quality, and sustainable health services at national, facility, and community levels. The integrated workplan detailed a set of activities that will be conducted to ensure GESI is integrated into RIHSA activities. During the orientation meeting, RIHSA staff gained insights into the USAID GESI policy, its objectives, and links to RIHSA objectives and activities. In Q3, RIHSA will extend this awareness raising to subcontractors' staff to ensure they support implementation of the RIHSA GESI Strategy.

3.3. Protecting Lives in Global Health/Family Planning Compliance

RIHSA ensures strict compliance with U.S. abortion-related legal and policy restrictions, including its Protecting Life in Global Health Assistance policy. One newly recruited staff completed the mandatory Protecting Life in Global Health Assistance and Statutory Abortion Restrictions 2020 course. RIHSA will continue to monitor how staff are applying this knowledge and support incoming staff to complete the applicable training course.

Section 4: Collaboration, Learning, and Adapting

4.1. Collaboration

4.1.1. RIHSA-Ingobyi collaboration

RIHSA and Ingobyi embarked on collaboration focusing on ensuring a coordinated implementation of activity regarding synergy at national and local levels. During Q2, a series of meeting were organized to identify priority areas of complementarity to streamline support for health systems, avoid duplication of effort for the same interventions, and strengthen collaboration. The QI teams from both projects reviewed their 2020–2021 plans and met to discuss and agree on areas of strong synergies that they will be working on together. They considered activities that seem to have the same target and involve the same people as areas of collaboration. Areas of capacity building in quality improvement, the institutionalization of quality management, and data use for quality improvement and governance at the district's decentralized level were among those areas with strong synergies that require collaboration. As a result, a collaboration framework was developed to clarify the activities that will be jointly implemented, milestones to be followed, and the roles and responsibilities of each implementing partner and subcontractor. Implementation of the frame has started and as a result, both teams worked on the hospital accreditation standards review and integrated MNCAH standards into the hospital accreditation standards.

Subsequently, RIHSA coordinated with Ingobyi to develop a consolidated monitoring and evaluation framework that will be used to measure the collaboration performance. Through a consultative meeting, 16 indicators were developed to measure the implementation of synergistic activities for capacity building at national and local layers of health systems strengthening in Rwanda, institutionalizing quality, and using data for informed decision making.

4.1.2. RIHSA-CHAI collaboration

RIHSA has continued its collaboration with CHAI to provide joint support for health financing in Rwanda. Two technical meetings were held with CHAI regarding health financing private sector engagement activities. The first meeting, which was held on February 24, 2021, shared detailed workplans with the aim of identifying areas of synergies and collaboration related to strengthening CBHI.

Also, RIHSA collaborated with CHAI to support HRTT data collection as a result of the collaboration meeting, the following were achieved:

- Efforts were joined, between the MOH (3), RIHSA (2) and CHAI (1), in developing the data collection tool and training data assistants and analysts.
- Coordination roles were divided, and each project staff was assigned to at least two data assistants/analysts for daily follow-up and support.
- Administrative and logistical support was divided; CHAI supported the remuneration costs and RIHSA supported costs related to airtime and transport as well as a working space for data assistants and analysts.

The PSE collaboration led to the following outcomes:

- Project workplans were shared, and the MOH recommended that a joint workplan be developed to avoid duplication of efforts.
- Both RIHSA and CHAI were requested by the MOH to jointly develop an investment opportunities master guide, which will be finalized in Q3.

4.1.3. Participation in the MOH Strategic Information Forum

RIHSA participated in the Strategic Information Forum initiated by the MOH to harmonize health data use for decision making in Rwanda. The MOH created a strategic information forum to bring together the MOH, RBC, implementing partners and representatives from decentralized levels, including health center and hospital data, with the aim of ensuring improved collaboration and synergy between efforts of the MOH and its partners in harmonizing health data use interventions in Rwanda. The RIHSA MEL Manager participated in the first virtual sessions as a platform for capacity building and learning held on March 18, 2021. The following key actions were taken during the sessions:

- Prioritized capacity building and empowerment to the decentralized level (hospitals) to analyze and use data for decision making.
- Developed using user-friendly templates and simple job aids for reference by data managers and healthcare providers to cope with data manager turnover.
- Built the capacity building of health facility data managers on effective use of HMIS dashboards. The dashboard should not be to show good aspects of the health facility or just to show indicators that are better displayed, but instead should be able to give a picture of the facility and help the titulaire /DG spot the gaps.
- Explore the possibility of using e-learning to reinforce the capacity of data managers to use data. Some good courses are already available on the MOH platform.

4.2. Learning

Following implementation of activities in the past two quarters, RIHSA was able to respond to the following learning question as per the HSS learning agenda "*what conditions or factors successfully facilitate the institutionalization and/or implementation at scale of HSS good practices that might increase the likelihood of improving health system outcomes, and why?"*

Stakeholder collaboration has proved to be a key factor for successful implementation of HSS good practices. Throughout the past quarters, RIHSA has successfully collaborated with different stakeholders to improve health system outcomes. A case in point is the collaboration between RIHSA and CHAI to support the MOH in coordination of Private Sector Engagement activities. As such, both RIHSA and CHAI took on the secretarial role in the PSE core team, developed a joint PSE work plan and continue to collaborate in its implementation. As a result, the MOH has a clear orientation for PSE and has revamped the PSE core team and monthly meetings will take place to track progress of PSE activities. Such collaboration was also exhibited in the HRTT data collection process where both RIHSA and CHAI collaborated to support the MOH in training/coordinating data assistants and mobilizing different stakeholders to report annual health expenditure data in the HRTT data collection tool. As a result, the MOH registered a high response rate on data collection for three fiscal years within a month (76% (FY 2017/18), 72% (FY 2018/19), and 74% (FY 2019/20), respectively, of the 184 targeted institutions). This outcome would not have been achieved without stakeholder collaboration.

Section 5: Public Events Planned for the Next Quarter

RIHSA plans to organize different activities with the MOH in collaboration with other health systems strengthening stakeholders. The following are the major activities expected to be conducted in the next

quarter:

- **Strategic Purchasing Sub-TWG:** As part of the ongoing review of the existing provider payment mechanism and development of a capitation PPM concept note, the MOH chairs the Strategic Purchasing Sub-TWG. As per the terms of reference for this Sub-TWG, meetings will be held the first week of each month. RIHSA will play the secretariat role, compiling meeting minutes and addressing inputs into the PPM concept note under development. the first week of the month. RIHSA will play the secretariat role, compiling meeting minutes and addressing inputs into the PPM concept note under development.

- **PSE core team meeting:** As per the updated terms of reference for the PSE core team, monthly meetings will be held to discuss progress of PSE activities and related policies. Participants of this meeting will be the core team composition and any additional participants as dictated by the issues at hand. RIHSA will play the secretarial role and coordinate meeting logistics before, during, and after the meeting.

- CBHI claims management automation: in order to effectively support the CBHI in digital claim management system, RIHSA plans to bring together all relevant stakeholders in order to align and draft a roadmap for this automation process. These stakeholders are in two categories:

    - All GoR institutions that are involved into the digitalization regulation and implementation: RSSB, RBC, MOH and RISA;
    - All Development Partners who are supporting the automation in the health sector in order to develop a joint action plan that will improve synergy and collaboration as well as reduce duplications.

Section 6: Management and Administration of Activity

RIHSA is close to concluding the recruitment and onboarding of its staffing structures. Recruitment of the Health Financing Director has been concluded, and the onboarding of Data Use/HIMS Specialist ended in March 2021. RIHSA worked with subcontractors to conclude the recruitment of key staff, especially the learning specialist, who will support the twinning activities to be implemented by RIHSA through RTI; the program manager, who will oversee the data use activities implemented by Zenysis; the national consultant who will be supporting the CBHI claims management system automation under RTI, and others. Considering the global COVID-19 pandemic context, the GOR has put firm restrictions in place, thus keeping all technical and consultative engagements as virtual to date. RIHSA expects some travel in future quarters once restrictions are lifted and it is considered safe. These assignments will be discussed with USAID and approval sought in advance twinning activities to be implemented by RTI; the program manager, who will oversee the data use activities implemented by Zenysis; and others. Considering the global COVID-19 pandemic context, the GOR has put firm restrictions in place, thus keeping all technical and consultative engagements as virtual to date. RIHSA expects some travel in future quarters once restrictions are lifted and it is considered safe. These assignments will be discussed with USAID and approval sought in advance.

List of Annexes

The subsequent pages will serve as a presentation of the following annexes:

- **Indicator Report**: This table will present all indicators tracked on a quarterly, biannual, or annual basis, along with the targets, achievement for Q1, and an explanation for deviations.
- **Financial Report**: The financial report is a presentation of cumulative and quarterly expenditure for budget direct and indirect costs, balance and budget realignments, or significant variances.
- **Success Story:** The success story is the presentation of how RIHSA is supporting the Accreditations—Private Health Facilities' Strengths and Frailties.

Annex 1: Indicators

The RIHSA Activity Monitoring Evaluation and Learning Plan (AMELP) tracks a total of 32 indicators, of which one indicator (combining four training indictors) is reported on quarterly basis, two semi-annually, and 27 annually. The chart below shows progress toward targets for one key indicator tracked on a quarterly and two semi-annually indicators as they are listed in the AMELP:

Indicator Title	Disaggregation Timeline	FY21 Achievement				Comments
		Target FY21	Baseline	Achieved Q1	Achieved Q2	
34. Number of people trained in Health System Strengthening (HSS)-related activities	Finance staff from public health facilities trained in using IFMIS Staff trained in data entry and use of HRTT DHMTs/DHUs members trained in oversight and management of public health facilities Health staff/managers trained to manage the national accreditation system/quality improvement	445 Q1: 84 Q2: 50 Q3: 207 Q4: 104	N/A	84	0	The HRTT system is currently facing some functionality challenges that have made it difficult for stakeholders to directly report into the system. As such RIHSA, in collaboration with the MOH, redirected efforts from HRTT trainings to manual data entry of health expenditure data using an offline HRTT data collection template. Nevertheless, the activity was adapted by focusing on engaging data collectors and analysts to collect the HRTT expenditure data using an excel template. This data will be analyzed and reported in the forthcoming HRTT report, 2017–2020. The HRTT trainings will resume once the HRTT system is repaired and fully functional. IFMIS trainings could not be planned without the results of the needs assessment that was to be conducted by MOH and MINECOFIN and was delayed due to COVID-19 related restrictions regarding in-person gathering. The results of this assessment will be communicated in quarter 3 and the IFMIS trainings will be rolled out in the next quarter.

32. Percentage of health facilities using data dashboards for key indicators in RHAP **[THRIVE PAD indicator]**	Type of facility (new referrals, provincial, district hospital), and location	25%	TBD	N/A		RIHSA has started engaging both MOH and RBC in preparation of this data dashboards use activity. Meetings with Zenysis and Ingobyi to align on the roadmap of collection of key indicators in RHAP also took place.
33. Percentage of District Health Unit (DHU) members onboarded with dashboards and data use processes	Type of facility (new referrals, provincial, district hospital), and location	20%	TBD	N/A		

Annex 2: Financial Reporting

Financial Table 1: Cumulative Expenditures				
BUDGET COST CATEGORY	**TOTAL BUDGET ($)**	**CUMULATIVE EXPENDITURE ($)**	**BALANCE REMAINING ($)**	**COMMENTS (BUDGET REALIGNMENT, SIGNIFICANT VARIANCES, ETC.)**
Direct Costs	8,050,063	558,610	7,491,453	
Indirect Costs	1,344,923	223,257	1,121,666	
Fixed Fees	469,749	39,093	430,656	
TOTAL PROJECT EXPENDITURES	9,864,735	820,960	9,043,775	
Cumulative obligated amount		4,668,000		
Undisbursed amount		3,847,040		
Number of months to spend undisbursed amount		9		

Financial Table 2: Quarterly Expenditures

BUDGET COST CATEGORY	PLANNED QUARTER EXPENDITURE ($)	CURRENT QUARTER EXPENDITURE ($)	COMMENTS (EXPLAIN SIGNIFICANT VARIANCES, ETC.)
Salaries and Wages	421,392	**135,911**	Delay in recruitment of MEL and Comms Associate, Date Use and HMIS Specialist and Health Finance Director. Some positions have also been hired at salaries coming in below budgeted rates. In addition, some fringe costs included under this budget line item in the workplan budget are recorded as actual expenditure under the Overhead (Fringe) line item.
Consultants	22,911		This variance is as a result of additional time taken to discuss and finalize various consultancy assignments such as agreeing on the scope of work and timelines for the Monitoring, Evaluation and Learning baseline survey. In addition, delays in commencing forecasted consultancy assignments such as the Health Sector Strategic Plan IV mid-term review. However, proposals from various candidates to implement both consultancies have been received and next steps taken towards commencement of the activities.

Travel and Transportation	20,854		This variance is largely due to the measures being put in place by the Government of Rwanda to curb the spread of Covid-19 such as restricting movements to various places within the country where project activities were earlier planned to be implemented and therefore causing underutilization of such funds. Additionally, the requirements to obtain approval from the Prime Minister's Office before hosting meetings in hotels have led to some of the planned workshops and trainings not to take place which had in them travel expenses as a forecasted item. Earlier planned business visits to Rwanda by the Head Office based staff have not been possible yet given the current circumstances.
Allowances		**-**	n/a
Other Direct Costs	140,535	**22,432**	The project has not yet engaged long-term expatriates and long-term local professionals to support the implementation of project activities. Further, there has been reduced expenditures in other costs items such as vehicle fuel and maintenance expense due to measures to curb the spread of Covid-19 measures as well as underspend in office expendables.
Overhead (including Palladium NICRA and Fringe)	207,299	**115,761**	Overall lower spend resulted in lower overheads compared to the workplan budget.
Equipment	-	**-**	n/a
Training	38,868	**1,750**	Most of the trainings with and for stakeholders earlier planned were physical and it was forecasted that they would involve expenses related to such activities such as venue hire, printing materials and so forth. However, with the restrictions of movements some of these activities were held virtual thus not utilizing the set budgets.
Subcontracts (Includes Subcontractors' Overhead/NICRA)	161,631	**43,924**	Delays in issuing subcontracts due to extended negotiations to refine deliverables and ensure cost reasonableness for FY2021 activities, as well as clarifying compliance requirements with partners
Fixed Fees	50,675	**39,093**	Fee included at 5% of total expenditure to date.
TOTAL EXPENDITURES	**1,064,165**	**358,953**	

Annex 3: Success Stories and Photos

Accreditation — Private Health Facilities' Strengths and Weaknesses

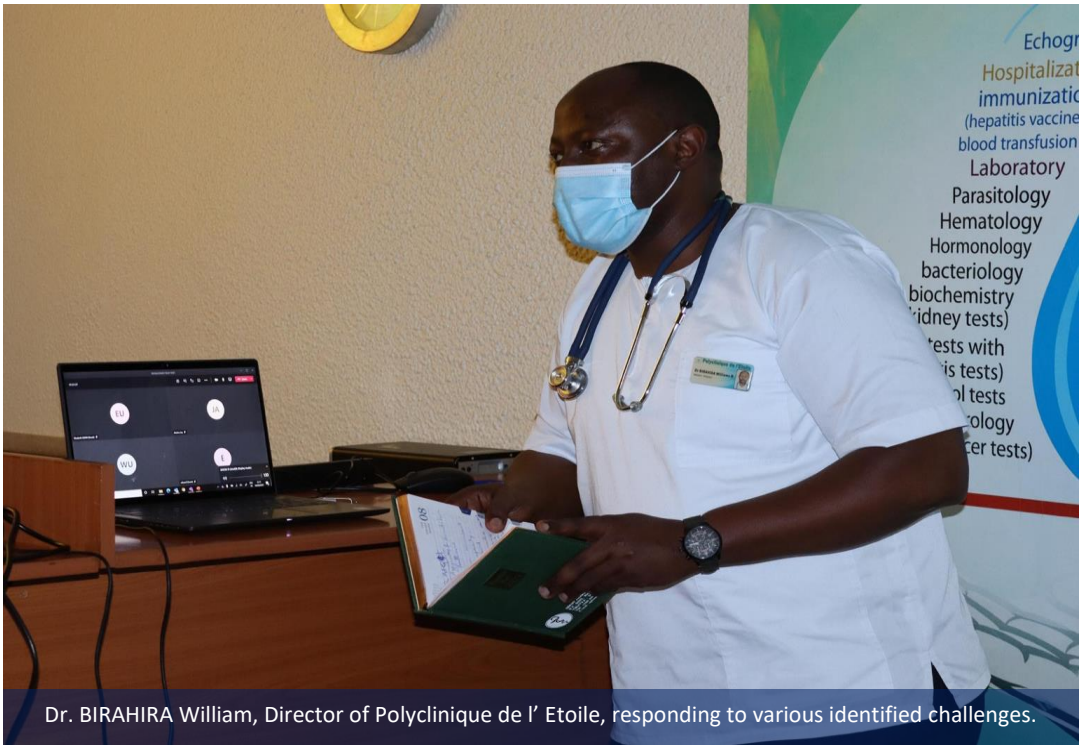
Quality assurance is a critical component of well-performing health systems. Having access to healthcare is not enough: patients who visit the health facilities—whether a hospital, health center, a clinic, or another healthcare venue, and either private or public—need to be confident and have faith that they will receive healthcare that is safe, efficacious, and consistent with the latest clinical evidence. Therefore, done properly, accreditation can be a powerful tool to offer that assurance, and for health facilities, it offers a sustainable strategy to improve quality of their health services. The primary goal of accreditation is to ensure that the health facilities not only perform evidence-based practices but also focus on the access, safety, affordability, efficiency, quality, and effectiveness of healthcare. Different studies have shown that accreditation promotes capacity building, increases staff satisfaction, and improves health outcomes of patients.[8]

A part of RIHSA's mandate is to strengthen the accreditation process at hospitals and health centers (Sub-Objective 2.2) through private sector engagement for accreditation and quality improvement. In Q2, the project worked closely with the MOH to conduct the accreditation baseline assessment of private health facilities to assess the current situation of health facilities' compliance toward the Rwanda Polyclinics and Private Hospital Accreditation Standards 1st edition November 2018. Five risk areas have been assessed that comprise a total of 71 standards. A total of three certified surveyors conducted a three-day assessment for six targeted private health facilities located in Kigali (Gasabo: 2, Kicukiro: 2, and Nyarugenge: 2). The survey aimed to identify quality performance gaps and inefficiencies within the health systems in private health facilities. The performance assessment toolkit for private health facilities was used to assist the team of surveyors to perform the survey process consistently, efficiently, and effectively.

Finding synthesis

Polyclinique de l' Etoile located in Gasabo District, Remera Sector, Rukili I Cell, was one of six private health facilities assessed. In a systematic presentation of the assessment findings for each aspect of the facility's operations, the participants had the opportunity to discuss the implications for successful implementation and how accreditation may drive quality improvement. Generally, the assessment findings revealed as strengths the following: increased staff engagement and communication, staff capacity building, positive changes in the healthcare organizational culture, identification of improvement areas, enhanced patient safety, public recognition, market advantage, and enhanced leadership and staff awareness of continuous quality improvement.

[8] Rwanda Hospital Accreditation Standards, 2nd edition, October 2014, *click here for the document.*



Dr. BIRAHIRA William, Director of Polyclinique de l' Etoile, responding to various identified challenges.

"*We are grateful for this activity it really woke us up, previously we had a myth that accreditation is only for the public health facilities, from today we are going to make an effort, educate, train and communicate our staffs how to develop and follow operational policy and procedures as required.*"" – Dr. BIRAHIRA B. William, Director of Polyclinique de l' Etoile.

The identified weaknesses included excessive staff workload, organizational resistance to change, lack of awareness, inadequate resources, insufficient staff training and support regarding continuous QI, and lack of performance outcome measures. (Guiding documents such as policies, procedures, protocols, and operational plans to describe the expected quality of care/services to be provided were not developed, and the standards that were disseminated a year ago had not yet been used.)

To overcome these challenges, Dr. William added: *"particularly there is a need for financial and technical collaboration of all private health facilities with the support of MOH and its partner to establish a harmonized policies, procedures and other required documents that guide in healthcare services and activities provision."*

Accreditation programs should be supported as tools to help identify the internal opportunities, strengths, and weaknesses within health facilities, with the intention of improving the quality of healthcare services. The results of this assessment will be used by the assessed facilities to develop interventions that will continuously improve the quality of services. RIHSA will continue to provide technical support to the facilities in QI planning and capacity building in QI, as well as assessing and prioritizing training needs, to strengthen the national accreditation system, and will organize information sessions to support private health facilities in having a better understanding of standards requirements, respond to any issues pertaining to standards interpretation, share planning tools for standards implementation, and provide guidance.

Annex 4: Other Information, as requested by USAID or as desired by the partner
N/A