USAID Rwanda Integrated Health System Activity (RIHSA)

Quarterly progress report
FY 2021 QUARTER ONE
September 01, 2020 – December 31, 2020

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Section 1: Overview

1.1. Acronym List

3MS	Mutuelle Membership Management System
ARV	Antiretroviral
CBHI	Community-Based Health Insurance
CEO	Chief Executive Officer
CLA	Collaborating, Learning, and Adapting
COHSASA	Council for Health Service Accreditation of Southern Africa
COP	Chief of Party
CPD	Continuous Professional Development
CRC	Citizen Report Card
DCA	USAID-Development Credit Authority
DFC	Development Finance Corporation
DFID	Department for International Development
DHIS2	District Health Information System 2
DHMT	District Health Management Team
DHU	District Health Unit
DRM	Domestic Resource Mobilization
EAHF	East Africa Healthcare Federation
EEA	External Evaluation Association
ELMIS	Electronic Logistics Management Information System
ESHE	Enabling Sustainable Health Equity
FHC	Facility Health Committee
FP	Family Planning
FY	Fiscal Year
GOR	Government of Rwanda
HEF	Health Equity Fund
HFD	Health Financing Director
HFSP	Health Financing Strategic Plan
HIS	Health Information System
HMIS	Health Management Information System
HQ	Headquarters
HRH	Human Resources for Health
HRTT	Health Resources Tracking Tool
HSS	Health Systems Strengthening
IFMIS	Integrated Financial Management Information System
IGA	Income Generating Activities
IHSSP	Integrated Health Systems Strengthening Project
IP	Implementing Partner
ISQua	International Society for Quality in Healthcare
LoA	Life of Activity
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
PBF	Performance-Based Financing
PD	Project Director
PFM	Public Financial Management
PMT	Project Management Team

PPP	Public-Private Partnership
QI	Quality Improvement
QID	Quality Improvement Director
RAAQH	Rwanda Agency for Accreditation and Quality Healthcare
RHAP	Rwanda Health Analytics Platform
RHF	Rwanda Healthcare Federation
RIHSA	Rwanda Integrated Health System Activity
RSSB	Rwanda Social Security Board
RWF	Rwandan franc
SISCOM	Système d'Information Sanitaire des Communautés
SOP	Standard Operating Procedure
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TLT	Technical Leadership Team
TOCOR	Task Order Contracting Officer's Representative
TWG	Technical Working Group
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

1.2. 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 Sub-contractors	● RTI International ● The Council for Health Services Accreditation of Southern Africa (COHSASA) ● Zenysis Technologies, Inc. ● Rwanda Agency for Accreditation and Quality of Healthcare (RAAQH)
Activity Start Date	April 2, 2020
Activity End Date	June 30, 2023
Reporting Period	**Fiscal Year 2021** Quarter 1 (4 months, September – December 2020)

1.3. Table of contents

1.4. Overall Progress of the Activity: FY2021 Quarter One

Rwanda Integrated Systems Activity (RIHSA) worked to achieve considerable key programmatic achievements in FY2021 Q1 as highlighted below:

- ✓ Conducted a consultative meeting with the relevant stakeholders including Ministry of Health (MoH), Rwanda Social Security Board (RSSB), and USAID Implementing Partners (IPs) to introduce the activity, inform and finalize the initial workplan.

- ✓ Supported the Rwanda Healthcare Federation (RHF) to convene the RHF Annual General Assembly. The meeting supported the repositioning of the RHF as an umbrella organization for all private health sector players. A total of 24 participants (17 males and 7 female) attended the meeting. During the meeting, the members elected a new leadership which is key in building its institutional capacity and meeting necessary legal requirements for NGOs. RIHSA will continue to build RHF's organizational capacity as a key private sector player to strengthen private sector engagement in healthcare provision.

- ✓ Supported the MoH in the review of Dual Clinical Practice Policy as well as the roadmap to guide the implementation process. This policy is relevant to health facilities to establish or expand Income Generating Activities (IGA) as creating private clinical practices in these public hospitals will be associated with an increase in revenues generated by hospitals as patients will tend to seek care from public health facilities. Also, implementation of the Dual Practice Policy will contribute to staff motivation due to supplementary income from dual practice and improve the retention of health professionals in public health facilities especially in remote areas thus increasing access to quality services[1]. Health facilities will build on the dual practices to harmonize the implementation of Income Generating Activities.

- ✓ Collaborated with the MoH and the Ministry of Finance and Economic Planning (MINECOFIN) to develop an assessment toolkit/template to guide the assessment of Integrated Financial Management Information System (IFMIS) use across national, provincial, and district level. This toolkit will help to conduct a need assessment which will inform the design of training for IFMIS users.

- ✓ Facilitated a workshop to review and update the health facility licensing procedures. Specifically, the inspection tools were reviewed for all levels of private health facilities to align the inspection tools with the National Licensing Standards. The Licensing Inspection Tool will guide the inspection of health facilities during licensing process to ensure that new private health facilities are compliant with national licensing standards.

- ✓ Facilitated the completion of the surveyors training course for the 4th cohort. As a result, the number of certified surveyors increased from 35 to 84 to enable the national program to expand the survey to all district and provincial hospitals. RIHSA achieved 100% of 84 targeted certified surveyors to complete the exams and will continue to engagement them in Health Facilities Surveying and Continual Development Program (CPD).

[1] MOH: Dual Clinical Practice Policy 2020.

1.5. Major Challenges

During the implementation of RIHSA planned activities, following are the main challenges encountered in Quarter one:

Problem	Solution Proposed	Next Steps	Timeline	Responsible
COVID-19 prevention and limitations on public gatherings and meetings affected planned workshops. The adoption of virtual trainings with partners was constrained by limited internet connectivity.	Adapt activities to remote/virtual implementation where possible and facilitating key counterparts with internet airtime/bundles to increase their participation in online meetings/workshops.	Adjust planned activities to be implemented remotely where possible and supporting the partners to cover the cost of internet when they are engaged with RIHSA activities	Ongoing	RIHSA staff
Delayed submission of requests for approval for RIHSA sub-contractors. The submission process took a long time due to protracted contract negotiations, and sensitizing organizations on documentation needs	Fast track the approval process; Engage approved subcontractor through Letter of Authorization, and issue micro-purchase orders to other proposed sub-contractors for discrete tasks	Actively engage subcontractors for implementation of activities and work to issue sub-contracts and task orders	Ongoing	RIHSA staff
Delayed recruitment of Health Financing Director	Re-advertise the position, conduct several interviews, and work to secure candidate as soon as possible	Conduct the offer negotiations with selected candidate	Ongoing	RIHSA staff

Section 2: Comprehensive Discussion of Achievements of the FY2021 Quarter one

2.1. Executive summary

The USAID Rwanda Integrated Health Systems Activity (RIHSA) is designed to strengthen Rwanda's health system to provide quality health care for Rwandans while building the capacity of the GOR to move away from a donor-financed health system. This progress report summarizes the program's accomplishments during Quarter 1 of FY21 (September – December 2020).

Under Objective 1, RIHSA has set out to offer its full support to the Government of Rwanda in its strategies to reduce financial barriers to healthcare access. First, RIHSA worked closely with the Ministry of Health to develop tools that will be used in assessment of the use of Integrated Financial Management Information System (IFMS) and Health Resources Tracking Tool (HRTT) at national, provincial, and district health facilities. RIHSA will use the information gathered to tailor IFMS and HRTT training to support health facilities to accurately report health resources expenditure.

Also, RIHSA supported the MOH to develop a roadmap for the implementation of the Clinical Dual Practice Policy as a strategy for income generation at the health facility level. Implementation of the Dual Practice Policy will contribute to staff motivation due to supplementary income generated with dual practice which will support the retention of health professionals that would otherwise abandon public health facilities especially in remote areas to seek more fringe and benefits in private health

facilities. Next quarter, RIHSA will organize information sharing with public health facilities to ensure health facilities are able to implement this policy to increase access to quality services.

Additionally, in its efforts to strengthen community-based health insurance (CBHI), RIHSA organized a consultative meeting with Rwanda Social Security Board (RSSB) to assess the status of the CBHI Claims Management System. The subsequent meetings served as an opportunity to outline key priorities to enhance CBHI administration and cost control. Further, the project has also supported the Government's strategic purchasing and evidence-based decision-making efforts for CBHI and other schemes by contributing to the first-ever technical Health Technology Assessment (HTA) workshop.

Furthermore, RIHSA conducted a desk review of the Private Sector Market Analysis to identify opportunities for private sector participation in the health sector and enhance private participation in the healthcare service provision. Similarly, RIHSA supported MOH to develop an information toolkit that informs prospecting investors in health sectors on licensing procedures. Thereafter, RIHSA supported the analysis of Ministerial instructions governing private health facilities and identified/documented gaps for the next review. RIHSA also conducted an organizational needs assessment for the RHF and supported the RHF to organize its annual General Assembly which facilitated both the strategic repositioning of the organization and policy dialogue on prevailing issues affecting increased private sector engagement in the health sector. The meeting was officiated by the Minister of State in charge of Primary Healthcare Honorable Lt. Col. Dr. Tharcisse MPUNGA. The project also explored potential health sector financing opportunities through existing USAID-Development Credit Authority (DCA) and Development Finance Corporation (DFC) facilities and started engaging specific local banking agencies.

Under Objective 2, RIHSA delivered on several activities which included development of licensing inspection tool which will be used during licensing inspections of new private health facilities and ensure that they are compliant with the national licensing standards. The purpose of this tool is to ensure adherence to regulations by private health facilities (the quality of healthcare services and patient safety). The tool will be validated in the upcoming workshop to be organized by RIHSA.

RIHSA developed guidelines to guide future developments, reviews, and modification of standards. These guidelines include a policy and procedure that outlines the rationale and plans in developing new standards, revising, or modifying existing ones in the health sector. It also improves the quality of standards by enhancing the process to standards development. The purpose of this policy and procedure is to have a harmonized approach to standards development and review of existing standards in the future at all levels of the health systems. These guidelines will ensure an effective process that will adhere to the six ISQUA Principles for review and standards development.

RIHSA also supported the mapping of all steps regarding the standards development, review, and modification to summarize the process for an easy understanding of the users. In addition, a Standards Evaluation Feedback Form was developed, to be used to gather reports regarding the relevance and consistent interpretation of the standards and as an essential study for the standards development and review. As part of RIHSA's mandate is to strengthen the national accreditation system, the project worked closely with MOH to complete the surveyor training that had been pending for over a year. The certification examination session was prepared and conducted successfully. A subsequent exam marking was jointly conducted by MOH, RAAQH and RIHSA team. Currently, there is a proposal to integrate the surveyor certification course into the CPD program for health professionals. The RIHSA project will be working with the HRH Secretariat and professional councils to institutionalize it into the existing structures.

RIHSA also initiated additional activities among which the identification of high burden sites

performing poorly in selected MNCH indicators to be prioritized for QI support. This is one of the activities in which RIHSA has strong synergy with the Ingobyi project, and both projects will be collaborating to advocate for the integration of QI courses into continuing professional development (CPD) and supporting MOH to develop a coordinated phased plan for baseline assessment of health centers.

2.2. Accomplishments during the FY2021 Quarter one according to RIHSA's Objectives/Sub-objectives

Objective 1: Reduce Financial Barriers to Healthcare

Financial barriers to health care access continue to push households into poverty as well as contribute to foregone healthcare care due to high out-of-pocket payments (OOP). According to WHO Global Health Expenditure Database (2020), the average OOP expenditure in low- and middle-income countries has remained above 40% of the total health spending.[2] In 2020, 54.9% of Rwandans are at risk of impoverishing expenditure for surgical care and 38.38% of health expenditure are drown out of pocket. Although Rwanda's OOP expenditure as a percentage of total health expenditure was at 9% as of 2017, the GHER report classifies it among the 32 countries projected to have health financing constraints which will hamper its progress towards UHC[3].

When factors contributing to financial barriers to healthcare access are addressed properly, countries can improve the health outcomes of their people as they make progress towards universal health coverage by ensuring financial protection for the entire population. In this objective, RIHSA aims to tackle the issues associated with financial barriers to healthcare access through a mix of public and private interventions which allows the private sector to work hand in hand with the government to provide excellent quality health services. Under this objective, RIHSA also supports the government by providing tools for improved domestic resource mobilization which contributes to the already existing resources. Lastly, RIHSA supports the government of Rwanda to improve its health care financing through; effective revenue-raising, effective risk pooling, and efficient resource allocation by institutionalizing strategic purchasing.

RIHSA kick-started its activity implementation through initial meetings with relevant stakeholders to jointly review and align its activities with national priorities. For Objective 1, initial meetings were held with key stakeholders including the Ministry of Health (MOH), Rwanda Social Security Board (RSSB), and Rwanda Healthcare Federation (RHF). These meetings facilitated mutual understanding of RIHSA's objectives, activity break-down, prioritization, and sequencing to facilitate implementation based on stakeholder priorities.

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

The Ministry of Health in its 2018-2024 Health Financing Strategic Plan, has set out to increase domestic resources allocated to health. The country has steadily increased the health sector budget amounts from 321 to 413 billion Rwandan francs in FY 2011/2012 and FY 2014/2015 respectively[4]. On top of this, the country's domestic resources for health as a share of total health expenditure has increase from 39% to 51% in FYs 2014/15 and 2016/17 respectively.[5] In the FY 2019-2020, a

[2] WHO Global Spending on Health 2020: Weathering the storm

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

[4] Health Financing Strategic Plan, 2018-2024

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

total of FRW 227 billion were spent across the Rwanda Health Sector[6].

These increasing trends in domestic resource allocation to health exemplifies the country's commitment to strengthening its domestic health financing. RIHSA has worked with the MOH to strengthen the ongoing efforts to increase domestic financing as demonstrated by the following FY2021 Quarter one achievements:

- ✓ Supported the for HRTT data collection plan and training roll out. RIHSA Worked with the MOH and MINECOFIN to conduct the review of HRTT and IFMS and the findings from the review serve as an evidence to be based on to tailor the training of the user (district and facility teams) on HRTT and IFMS.
- ✓ Development of a toolkit to guide the assessment of IFMIS use across health facilities.
- ✓ Worked with MOH to review of Dual practice policy and ministerial instructions to establish a clear understanding of the implementation plan of IGA.

1.1.1. Strengthening sector information systems and use of data for decision-making and budget allocation.

1.1.1.1. Financial information systems assessment

RIHSA reviewed the existing financial information system to ensure data-driven decision making. To strengthen health sector information systems and use of data for decision-making, resource mobilization and resource allocation, the project started by reviewing existing financial information systems to assess their effectiveness, challenges, gaps, and bottlenecks. RIHSA worked closely with the MOH and MINECOFIN to conduct the review of HRTT and IFMS. The review revealed that there is a need to organize workshops for IFMIS users and the findings served as the evidence to prepare trainings on the use of HRTT and IFMS by district and facility teams. RIHSA is closely working with MoH for effective planning of IFMIS workshops to make it a top priority for Quarter two.

1.1.1.2. Training of district and facility teams to use HRTT and IFMS and facilitate HRTT data collection.

For meaningful trainings and knowledge transfer, RIHSA conducted an assessment to establish the actual number of staff to be trained per health facility to minimize duplicating efforts and training of the same staff. A concept notes, agenda, and invitations were developed in preparation for a workshop bringing together all Non-Budget Agency (NBA) accountants to assess the efficient use of IFMIS in public health facilities, starting with Referral, Provincial, District Hospitals, and Health centers. As a result of COVID-19 restrictions on public gatherings, this planned workshop did not take place. In response to these circumstances, the project staff in collaboration with MOH and MINECOFIN have agreed to conduct the assessment remotely. An assessment toolkit/template was developed to guide the assessment. During the next quarter, the project will work with MOH and MINECOFIN to remotely conduct the assessment which will bring together district NBA accountants and other staff involved in IFMIS use. The result from this assessment will specifically be used to determine the number of new staff needing the training and existing staff who need a refresher training. The assessment will also inform the project about the types and number of health facilities in need of IFMIS trainings. RIHSA support will also support in developing the terms of reference to upgrade the system and contribute to the cost of HRTT system upgrade.

[6] Rwanda Health Sector Performance Report 2019-2020

For HRTT system, RIHSA will be supporting the overall enhancement of the system as well as data entry and training new staff on the system use. RIHSA has initiated talks with the MOH to assess the progress on this activity. The MOH has indicated that there are available data from fiscal years 2017/18 as well as 2018/19 that have not been entered into the system. RIHSA and MOH devised a plan for a data entry/training workshop starting with representatives of Non-Governmental Organizations. A concept note is being developed and it will be shared with the MOH and once it has been agreed upon, the invitation and planning of the workshop will be drafted, and the workshop will take place in quarter 2.

For the system enhancement/upgrade, RIHSA will hold meetings with MOH in the next quarter to devise a plan on the details of the required support.

1.1.2. Support to MOH to increase health sector resource allocation.

1.1.2.1. Provide technical support for innovative financing review.

The project conducted a desk review for innovative financing mechanisms in a bid to support MOH to increase health sector resource allocation. Meetings with the Chief of Party as well as the Project Director were held to strategize on the development technical briefs and identify areas of technical support needed from expert staff based at the Palladium headquarter (meeting minutes linked here). A technical brief will be developed and finalized in the next quarter. The desk review focused on different documents namely the Rwanda's Health Financing Strategic Plan 2018-2022, African Union's report on Expanding fiscal space for Health in Africa, African Union's report on Documenting good practices and lessons learnt, Africa Health Strategy 2016-2030, as well as the communique from the 2018 Joint East African Community Heads of state retreat on Infrastructure and Health Financing and Development. These documents were selected because of their relevance and proximity to Rwanda's context and their potential to provide evidence-based and context specific solutions to innovative health financing in Rwanda.

1.1.3. Developing capacity for income generation across health facilities

1.1.3.1. Provide technical support to develop guidelines for IGAs.

Developing capacity for income generation across health facilities was one of RIHSA's priorities for Quarter one. Following approval of the Dual Practice Policy, RIHSA supported MOH to review the Dual practice policy and ministerial instructions to establish a clear understanding of the implementation plan and next steps. As a result, the project supported the MOH to develop tools that will guide the assessment of health facilities' readiness to implement the Dual Practice Policy, which is one of MOH's income-generating strategies at the health facility level in addition to staff retention and motivation. The tools developed include an application form for medical doctors and health facilities seeking approval from MOH to implement dual clinical practice. A template was also designed to guide MOH during the assessment of health facilities' readiness before approval of application/request. In addition to developing the tools to guide the dual practice implementation, the project and MOH discussed the necessary support for health facilities. This support will be offered through touch base meetings with the heads of the facilities implementing dual practice. These meetings will serve as platform to collect information on challenges faced during implementation. For successful implementation, the project will also support the MOH to devise strategies to address any concerns/challenges that may arise during the implementation of dual practice by health facilities.

Sub-objective 1.2. Strengthen Community Based Health Insurance (CBHI)

The Community Based Health Insurance (CBHI) is one of the strongest tools of health financing that the government has used to ensure that people working in 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, CBHI is a strong driver for the country's progress towards Universal Health Coverage (UHC). According to the Rwanda Social Security Board (RSSB) internal data, the scheme coverage was at 83.95% as of December 2020. This percentage represents the total number of members that have fully paid off 100% of their premiums.

However, according to the same database, this percentage goes up to 85.3% if we include the number of people who have paid off at least 75% of their premiums who are also eligible for coverage under RSSB's new regulations. Through this insurance scheme, the government utilizes the risk pooling strategies and subscriptions are paid based on household socioeconomic status ensuring financial equity across members of the CBHI risk pool. Although there has been a lot of progress in reducing fragmentation across the CBHI pool, the scheme's management particularly the claims management system as well as its financial sustainability constitute some of its challenges.

RIHSA through its planned activities has conducted/ participated in meetings to assess its support to RSSB and is developing an implementation plan that will address the above-mentioned challenges. The following are the key highlights of Q1, 2021:

- ✓ Provided technical inputs into the CBHI sustainability plan with emphasis on the quality of care at all levels of service delivery, the importance of CBHI digitalization and the potential for additional financing from the private sector.
- ✓ Worked with RSSB to enhancing CBHI information systems by focused on supporting the claims database management and effective integration of systems across RSSB, MOH and health facilities.
- ✓ RIHSA participated in workshop to review and assess the new health technologies [including Minimally Invasive Surgery (MIS), Dialysis for Acute Kidney Injury (DKI), as well as Financing Oncology Interventions] to be introduced in the essential benefit package of insurance schemes including CBHI. A total of 45 participants representing key stakeholders and development partners (the World Bank, Enabel, USAID-RIHSA, WHO, SPARC, private health insurance, UR-SPH, etc.) attended and actively participated in workshop.

1.2.1. Enhancing CBHI information systems

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

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 since its claims management system remains largely paper based. This means that there is a long delay between the time a patient's bill is produced to the time the facility is reimbursed due to a duplicated paper-based claim management system. By automating the whole claims management process, RSSB will reduce its reimbursement time allowing facilities to operate effectively with more refund predictability.

RIHSA contributed to enhancing CBHI information systems by bringing together the project's sub-

contractor (RTI) and RSSB to discuss areas of support and outline priority activities. Initial meetings were held with RSSB team to introduce the project and discuss priorities regarding strengthening of the CBHI in alignment with Rwanda Digital Healthcare Transformation. Specifically, RIHSA through RTI focused on supporting the claims database management and effective integration of systems across RSSB, MOH and health facilities. In addition, the project supported the recruitment of a local consultant that will work with RSSB under the supervision RTI and RIHSA to move forward the enhancement of the CBHI information systems.

1.2.2. Strengthening CBHI financial sustainability

1.2.2.1. Provide Technical Support to update CBHI sustainability analysis.

CBHI financial sustainability remains a challenge for the government. The scheme is heavily reliant on membership contributions which are semi-voluntary and there it has recorded a deficit over the past few years. By addressing its financial sustainability, the scheme will continue to afford the informal sector the opportunity to enjoy equitable access to quality health care without suffering financial hardship as the country moves forward in achieving Universal Health Coverage.

The project provided technical support to strengthen CBHI financial sustainability. A meeting was held with MOH where the CBHI sustainability plan, conceptual framework and methodology used for the costing of health services was presented. RIHSA gave technical inputs into the CBHI sustainability plan with emphasis on the quality of care at all levels of service delivery, the importance of CBHI digitalization and the potential for additional financing from the private sector. In the next quarter, the project plans to contribute to the CBHI financial sustainability report by giving recommendations as well as support its implementation.

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

1.2.2.2. Provide technical support to assess CBHI expenditures and conduct provider payment review - with consideration of 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 Ministry of Health and its partners has revitalized their efforts for priority setting and evidence-based decision making while allocating the scarce resources available. It is in this regard that Health Technology Assessment (HTA) was launched. HTA is an evidence-based and principled process that is used by governments to apply priority setting when introducing any healthcare intervention aimed at improving health. As resources are scarce and governments strive to spend efficiently, HTA informs the government about the cost-effectiveness of a given health technology/intervention before it is formally introduced into the country's essential health package. Before this HTA process, the country had no robust evidence-base process to choose new health technologies to be introduced into the benefit package. Therefore, this newly launched HTA will be used as a tool that will support the ministry in evidence-based decision making when introducing new health technologies into the healthcare system.

RIHSA contributed to the review and assessment of new health technologies to be introduced in the essential benefit package of insurance schemes including CBHI. These new health technologies include Minimally Invasive Surgery (MIS), Dialysis for Acute Kidney Injury (DKI), as well as Financing Oncology Interventions. These specific services were chosen due to their level of unaffordability to decrease the catastrophic expenditure among people affected by cancers, renal disease, and people in need of surgical services. DKI was chosen because there is a growing need for this procedure, it is already covered under CBHI (beneficiaries can receive up to 6 weeks of treatment) and there was local data available.
MIS procedure is less painful, it reduces the length of hospital stay by 44% and some facilities, like

CHUK, already have capacity to conduct the procedure. Oncology medicines are covered under the formal sector health insurance (RAMA) but there was not data on which medicines are efficient or cost-effective. Also, RAMA did not know how much to pay providers in relation to oncology medicines since there is a lack of an official list of prices. On top of these specific reasons, all these 3 procedures are expensive and only people who can afford them are able to pay for them.

This workshop convened around 45 participants representing key stakeholders and development partners (the World Bank, Enabel, USAID-RIHSA, WHO, SPARC, private health insurance representatives, UR-SPH, etc.) for a technical workshop with the aim of gathering inputs on this HTA exercise. RIHSA staff namely the Chief of Party, the Health Financing Specialist, and the Private Sector Engagement Advisor, provided inputs through small group discussions as well as sharing experience. Going forward, RIHSA will support the MoH to develop different documents such as concept notes and policy briefs leading up to the HTA institutionalization at central level namely MoH, RSSB and RBC. By contributing to this technical workshop, the project supported the country's journey towards evidence-based decision making in health policies as well strategic purchasing efforts under CBHI and other Insurance schemes. This activity is closely aligned with this sub activity of assessing CBHI expenditure as well as promoting strategic purchasing. Furthermore, by adding these necessary procedures to the CBHI benefit package, most of the population covered under this scheme will be able to access these quality health technologies without suffering financial hardship which greatly contributes to the quality of services and financial protection aspects of UHC.

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[7]. 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%[8]. 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"[9].

[7] MOH Private Sector Engagement Market Analysis 2020
[8] MOH Health Financing Strategic Plan 2018-2024
[9] USAID Private Sector Engagement Policy, 2019

RIHSA embarked the activities to strengthen stewardship for private sector inclusive health system and technical support to facilitate review of licensing procedures/ministerial instructions for private health sector. The following are key highlights of Q1, FY2021:

- ✓ Conducted initial meetings with the MOH to establish the status of PSE and negotiated a PSE counterpart / focal point at MOH.
- ✓ Participated in jointly review of the updated Ministerial Instructions No. 20/0005 of 6/12/2019 governing private health facilities in Rwanda and developed a summarized information toolkit to guide investors on licensing procedures.
- ✓ Supported the Annual General Assembly that brought together RHF members for organizational development and policy dialogue.
- ✓ Reviewed Private Sector Market Analysis Report and identified key recommendations/ activities to be included in implementation roadmap.
- ✓ Engaged USAID-DFC on available financing opportunities with the aim of leveraging the upcoming DFC facility with COGEBANK for increased health sector lending.

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.

RIHSA worked with the MoH to strengthen stewardship for private sector inclusive health systems. With the intent to strengthen stewardship for private sector inclusive health systems, RIHSA conducted initial meetings with the MOH to establish the status of private sector engagement in healthcare delivery. RIHSA prioritized continued public-private sector dialogue through MOH's Private Sector Engagement Core team. MOH provided a counterpart for PSE activities and RIHSA worked closely with this counterpart to organize the Initial PSE technical meeting to review/update existing PSE core team TORS and action plan and organize 1st Quarterly Private Sector Engagement Core team meeting. The project will continue to engage with the MOH to organized virtual PSE core team meetings considering the COVID-19 meeting restrictions.

1.3.1.2. Provide technical support to facilitate review of licensing procedures/ministerial instructions for private health sector.

RIHSA also supported review of licensing procedures for the private health sector. In collaboration with MOH and Rwanda Development Board, the team jointly reviewed the updated Ministerial Instructions No. 20/0005 of 16/12/2019 governing private health facilities in Rwanda. The review focused on highlighting any changes/updates in private health facilities licensing procedures. Following this review, gaps identified were discussed and documented to be addressed in the next review of ministerial instructions. Some of the gaps identified include lack of a clear timeline for submission of the inspection report i.e., Presenting an Inspection report by the inspection team is one of the requirements in the licensing procedure the timeline for this report is not specified in the Ministerial instructions.

This may lead to potential delays due to lack of a clear timeline and accountability. In addition, the inspection team is decentralized and composed by a wide range of personals at district level namely the Director of District Health Unit, Director of District Hospital, as well as other health professionals duly qualified to support the licensing of health facilities like the person in charge of monitoring and evaluation in the district and an expert in laboratory practices when appropriate. The diversity of

this team may pose a challenge in coordinating all parties to not only conduct the inspection but also produce an inspection report on time given the conflicting priorities of each team member. Composition of this team is one of the areas to be considered during the next review of licensing procedures.

Also, RIHSA emphasized the need to upload the updated Ministerial instructions governing PHF (23/09/2020) on MOH website as there were 2 outdated versions of the same namely. Ministerial instructions governing PHF 26/01/2017 and Ministerial instructions governing PHF 06/12/2010. By the end of Q1, the updated ministerial instructions were uploaded on the MOH website and are accessed by all relevant stakeholders. After the review of the ministerial instructions, a summarized information toolkit was developed to guide investors throughout the licensing process. This information toolkit with its summarized brochure will be discussed and validated by the PSE core team in the next quarter before posting it on MOH and RDB websites.

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

RIHSA also contributed to strengthening the organizational capacity of Rwanda Healthcare Federation-an umbrella organization that voices interests of the private health sector in Rwanda. Initial meetings were held with RHF senior leadership to discuss current situation, prospects, and organizational needs. Following review of RHF constitution, strategic plan, and annual work plan, organizing an Annual general assembly was prioritized as part of RHF's organizational needs. As such, RIHSA supported and facilitated RHF to organize the Annual General Assembly for all RHF members and prospective members. This meeting was held on 27th November 2020 and was officiated by the Minister of State in charge of Primary Health care services. The meeting was attended by 24 participants (7 females and 17 males) including RHF members, potential members, and key stakeholders like the Ministry of Health (MOH) and RIHSA. The meeting produced strong organizational structures, established committee members which facilitated the organizations to apply for legal authorization.

This meeting was an opportunity for participants to exchange ideas on how to foster better public-private collaboration towards achieving national health priorities and Sustainable Development Goals (SDGs). The meeting was also an avenue for increased transparency, communication, and alignment between private sector and national guidelines and health priorities. It was also an opportunity for RHF to reorganize its structures, elect new leadership, and strategize on how to better advocate for private health sector interests.

RIHSA will continue strengthening RHF's organizational capacity to ensure that the private health sector is better organized and equipped to not only promote increased private sector engagement in policy reforms but also increase private investments in the health sector through public private partnerships. In the next quarter, RIHSA will ensure that RHF is fully registered in accordance with Rwanda Governance Board guidelines.

Figure 1.Members of RHF attended the General Assembly

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

1.3.3.1. Provide technical support to support review of Private Sector Market analysis to identify opportunities for private sector participation in health.

RIHSA conducted a desk review of the Private Sector Market analysis to identify opportunities for increased private sector participation in health to support MOH's efforts to expand private sector participation in the provision of health services. The MOH- PSE Market analysis conducted in 2020 aimed at identifying key opportunities, gaps, and challenges to inform policy makers on strategies to increase private sector engagement in the health sector. The market analysis identified main gaps in service delivery, pharmaceutical products and external market and outlines recommendations for improving PSE.

Key gaps identified include high transportation costs, inadequate electricity supply, small domestic market, limited access to affordable financing among others which slow down private sector investments. Specifically, private sector players in the health sector face challenges related to limited policy dialogue and complex regulatory requirements limiting health sector market entry. In addition, limited access to information and affordable financing impedes private sector investments in key areas such as production of pharmaceutical products and medical equipment. In fact, the PSE market analysis revealed that the pharmaceutical and medical consumables market (public and private sector) is highly dependent on imports averaging about 85 million US dollars per annum.

RIHSA reviewed Private Sector Market Analysis Report and identified key activities to be included in implementation roadmap e.g, Information sessions on available finance opportunities for health sector, Quarter dialogue platform for private sector stakeholders. Following a comprehensive desk review of the PSE market analysis, RIHSA will work with the MOH counterpart to discuss implementation of the proposed recommendation. Thus, an implementation roadmap will be developed to guide interventions for increased private sector engagement and participation in provision of healthcare services.

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

RIHSA engaged USAID-DFC on available financing opportunities for the private health sector to increase financing opportunities for private providers. A meeting was held to discuss prospects of the upcoming DFC facility with COGEBANK. Although this facility targets SMEs linked to agribusiness, RIHSA discussed the possibility of engaging the bank to extend similar services to the health sector. In addition to the on-going facility with BPR, RIHSA will continue to engage other financial institutions to secure financing opportunities for private healthcare providers. In addition, the project will focus on engaging loan officers in financial institutions and building their capacity to understand health sector dynamics to facilitate increased health sector lending.

1.3.3.5. TA to MOH to develop guidelines to enforce linkage between re-licensing of private health facilities and accreditation process.

RIHSA also contributed to enforcing linkage between re-licensing of private health facilities and accreditation process. RIHSA supported review of existing licensing standards and development of licensing tools aligned to the national licensing and accreditation standards. A workshop was organized and brought together 15 participants including representatives from MOH, inspectors of health facilities and districts within Kigali city and private sector actors to review the licensing tools. During the next quarter, RIHSA will support training of inspectors on updated licensing tools for private health facilities. Licensing private health facilities using the updated tools is a gateway to

the national accreditation program since re-licensing will be based upon achievement of Level 1 Accreditation.

Objective 2: Increased quality of essential health services

RIHSA embarked different activities to strengthen areas of Rwanda's health system that are critical for delivering quality health services at the national, district and community levels. This activities will build on the effort made by the government of Rwanda to put in place different standards namely the Rwanda Health Post Accreditation Standards, Rwandan Health Post Accreditation Standards Performance Assessment Toolkit, Integrated National Health Sector Referral Guidelines (INHSRG), Facility transfer forms 2020, Community transfer form 2020, Guidelines to operate a private Emergency Medical Services (EMS) or private ambulance services and District Health System Guidelines.

Sub-Objective 2.1: Increase the quality of essential quality services.

The goal of the Rwanda Integrated Health Systems Activity (RIHSA) is to strengthen the health system in Rwanda to provide quality health care services for Rwandans and, financially, allow the government of Rwanda to move away from a donor-supported health system and towards self-reliance.

RIHSA implemented a set of activities to improve the quality of essential health services utilizing a health systems approach. The following are key highlights of Q1, FY2021:

- ✓ Provided technical support to the MoH in identifying and supporting public hospitals that did not achieve the targets for key Maternal, Neonatal, and Child Health (MNCH) indicators linked to the scope of project. The overall objective was to support the identified underperforming hospital to improve their performance towards the MNCH set targets.
- ✓ Supported the development of a licensing inspection tool aligned with licensing standards, the tool will guide future inspections of new private health facilities during licensing process.
- ✓ RIHSA actively participated in the Human Resource for Health Technical Working Group (HRH-TWG) where RIHSA worked in sub- committee in the capacity of providing technical support in the QI field for healthcare professionals as part of their continuous program development (CPD).

2.1.1. Ensure effective leadership and governance for quality at district level.

RIHSA provided technical support to MOH to identify high burden sites performing poorly in selected Maternal, Neonatal, and Child Health (MNCH) indicators to be prioritized for quality improvement to the aim of this technical support was to support the MoH in identifying and supporting public hospitals that are performing under the national targets on Maternal, Neonatal, and Child Health (MNCH) indicators. The MNCH is one of the priority components that the Rwandan MoH has setup to improve in its strategic plan (HSSP IV 2018-2024) and contributes directly to the achievements of the Sustainable Development Goal 3 which is related to the health sector (SDGs). RIHSA worked with the MoH to identify the high burden sites (hospitals) based on the key agreed six MNCH indicators to prioritize them for support. The selected indicators are directly linked to the MNC health outcomes, to which RIHSA is also contributing.

The overall objective of the activity was to improve the performance of hospitals towards the MNCH set targets. The following steps will be followed:

- **Step one:** supporting the MoH to analyze available data in HMIS and to set criteria for selecting those underperforming,
- **Step two:** liaising with the MoH and other partners supporting MNCH for synergy,
- **Step three:** working with the concerned hospitals in developing Quality Improvement (QI) projects for improving the performance of the indicator.

RIHSA in collaboration with MoH has completed the selection of key MNCH indicators linked to the project scope as well as the hospitals which are performing poorly. The approach was to select from the set of MNCH indicators directly linked to current hospital quality and safety accreditation standards, especially those on maternal and child healthcare, Infection Prevention & Control (IPC) standards. The following are the six MNCH indicators selected: Neonatal infection rate, Neonatal asphyxia rate, Number of Neonatal death audits, Post-surgical infection rate (cesarean Infection), Number of Maternal Death audit, and Maternity bed occupancy rate.

According to available data from HMIS, 3 out of 6 of the indicators reported were the Neonatal infection rate, Neonatal asphyxia rate, and the Post-surgical infection rate (caesarean Infection). The remaining indicators on the death audits (maternal & Neonatal) and the bed occupancy rate (maternity/Neonatal) were unavailable in the system and will be reviewed at the hospital level. With an assumption that each hospital underperforming for the three indicators is more likely to perform poorly in the remaining indicators; taking into consideration also those hospitals which are underperforming lower than the national average (Rwanda HMIS, 2019).

The next step in this activity is to organize a meeting with MoH to prioritize QI support to hospitals and discuss the approach of support and engage USAID Ingobyi and any other partner to support the remaining hospitals. Then liaise with targeted hospitals to start a discussion on the mentorship program using QI methods to improve the performance. A system's approach will be used to support the selected hospitals in engaging all staff, especially QI officers and clinicians from Neonatology, Pediatrics, Maternity but also the hospital management and support team on identifying gaps linked to poor performance and its root causes. The identified gaps will inform the activities that will be proposed in the QI plans to address the root causes.

RIHSA and MoH team will support the underperforming hospitals on the following:

- Training and mentorship of hospital teams on QI methods to solve complex problems.
- Developing QI plans and accompanying the hospital teams on the implementation journey.
- Monitoring the effectiveness in the short term to evaluate the effectiveness of the strategies to be implemented.
- Develop and use dashboards to track the results of the selected indicators.

2.1.2. Institutionalize sustainable quality structure.

RIHSA supported the development of the new licensing requirements for private health facilities. In 2019, the MOH developed and published private health facility licensing standards applicable to the licensing of all new private health facilities in Rwanda. These standards were developed based on the basic requirements for quality standards and patient safety before licensing. The developed standards were published but not disseminated due to a lack of inspection tools. RIHSA supported the development of the inspection tool, in operationalizing the standards, before dissemination to facilitate the licensing inspection process. The inspectors will use the developed tool to assess whether new private health facilities are compliant with the standards before operational licenses are approved to ensure patients safety.

The rationale was to effectively implement the licensing standards and ensure compliance to basic quality and safety standards, there was need to develop an assessment tool that guides inspectors during the licensing inspection process. The current MOH licensing checklist needs to be aligned to the national framework for healthcare facility licensing standards (First edition, 2019). As such, a 3-day workshop was organized to develop a private health facilities licensing inspection tool. A total number of 15 inspectors from the central and districts level attended in this workshop. These included inspectors from MoH, three districts of City of Kigali (Gasabo, Kicukiro and Nyarugenge), representatives of the private health facilities association, and RIHSA technical staff.

As part of the workshop preparation process, a draft zero of the inspection tool was developed by reviewing the current licensing checklist and aligning it to the licensing standards. This draft was made by staff of RIHSA and MOH to facilitate the workshop. The objective of the workshop was to review the drafted tool and integrate inputs from the users (inspector) and finalize the tool that will be used for licensing inspection of private health facilities.

Figure 3. The CoP of USAID/RIHSA delivering remarks to participants.

Figure 3. RIHSA staff facilitating the training

The licensing inspection tool was designed based on the framework of four primaries and three cross-cutting sets of standards. The primary areas relate to standards that vary based on the type and size of the facility. Whiles, cross-cutting areas are the standards that apply regardless of the type and size. Below is the table showing the framework:

Table 1. Primary and cross-cutting standards

Primary Areas	Cross-cutting
1.Construction and Design	5.Infection Prevention and Control
2.Human Resources	6.Quality Improvement
3.Clinical Services	7.Administrative and Legal Requirements
4.Equipment and Supplies	

The licensing inspection tool will guide the inspection process during licensing to ensure that new private health facilities are compliant with national licensing standards. That will be the entry point for private health facilities in the National accreditation program, and the beginning of implementing the private health facility accreditation standards to determine whether the private health facilities are to be re-licensed. For effective dissemination and implementation of the licensing standards and inspection of new private health facilities, RIHSA will organize training for inspectors on the use of the tool. Considering this, the MOH in collaboration with USAID/ Rwanda Integrated Health

Systems Activity (RIHSA) organized a 2- day's workshop to train inspectors on the use of the inspection tool, and skills in carrying out inspections on new private facilities. The workshop targeted staff involved in the inspection process at the district and central level (MoH & NRL).

The workshop that was planned to take place on 13th -18th December 2020 at Golden Tulip-Bugesera/ Nyamata was postponed until further notice due to the new Prime Minister 's instructions to seek prior approval from his office 14 days before all workshops and conferences. The re-scheduling will be determined by how the COVID-19 situation evolves over weeks. RIHSA and MOH are working together to explore the possibility of virtual training and dissemination workshops.

2.1.2.4. Advocate for QI continuing professional development (CPD)

RIHSA ensured active participation in the Human Resource for Health Technical working group (HRH-TWG). As a member of TWG of HRH, the RIHSA team participated in different TWG meetings organized by the HRH secretariat, in which health professional councils are also members. The TWG members adopted the Terms of Reference (ToR) for the TWG. The latter is a wider advisory committee to adopt and advise the HRH-secretariat on important technical aspects to operationalize the HRH-strategic plan of 10 years (2020-2030). However, most of the work will be done at five sub-technical committees, which is organized around the five strategic areas: (1) Workforce planning, development, and management, (2) Faculty recruitment, development, and retention, (3) Teaching hospital governance reforms, (4) Teaching site expansion and (5) Health Professions and Quality Oversight.

RIHSA is under the sub-committee of Health professions and Quality Oversight, in which sub-committee, matters related to quality will be the core business. RIHSA works in this sub- committee in the capacity of providing technical support in the QI field for healthcare professionals as part of their continuous program development (CPD). In doing so, RIHSA is positioning itself to advocate for the Quality Improvement courses to be included in the CPD (CPD); which is a requirement for health professionals to renew their practice licenses from their respective professional councils. Currently, some health professionals are undergoing training as surveyors or QI facilitators, however, this will not earn them any CPD credits.
Also, QI courses emphasize in quality and safety of both patients and healthcare providers; the CPD has an important role in achieving this through enforcement of the professional councils. RIHSA will organize collaboration meetings with respective councils and share the concept on the importance of integrating QI in their CPD plan for the year 2021.

Sub-objective 2.2: Strengthen the accreditation process at hospitals and health centers.

RIHSA implemented a set of activities aimed to strengthen the accreditation process at hospitals and health centers. The following are the key highlights of Q1, FY2021Q1:

- ✓ Revised the 2nd edition set of Rwanda Hospital Accreditation Standards to ensure compliance to the six ISQUA principles for review and standards development, integrated MNCAH standards and aligned with national priorities.
- ✓ Completed the surveyor training program where 49 surveyors reached the passing score (70%) as required by the MOH and are certified to join existing 35 surveyors. A pool of 84 surveyors will be used to assess health facilities and continue the CPD.

2.2.1. Provide technical support for standards at all levels

RIHSA worked to facilitate the development Standards review guidelines**.** The existing hospital accreditation standards used in the national accreditation system were first developed in 2012 and

revised in 2014 as the 2nd Edition. Subsequently, six (6) sets of standards have been developed by different consultants at different facility levels. However, there has been no guideline to ensure a harmonized and standardized approach to development and reviews in Rwanda. A policy and procedure guideline were drafted to outline the rationale and procedure to follow, when developing new standards, revising, or modifying existing health sector standards. The importance of developing a standard guideline is to have a harmonized approach to standard developments and review of existing standards in the future for all healthcare.
These guidelines will ensure an effective process that will adhere to ISQUA Principles for review and standards development.

The drafted policy and procedure for standards developed are underpinned by the following six ISQUA principles for standards development:

1. Standards are planned, developed, and evaluated through a defined and rigorous process.
2. There is a transparent measurement or rating methodology used by organizations and surveyors to aid a consistent achievement rating.
3. The standards require the assessment of the capacity and efficiency of health and social care organizations.
4. The standards include the processes to manage risk, and to protect the safety of patients/service users, staff, and visitors.
5. The standards are person-centered, reflect the continuum of care and encourage partnerships between patients/service users, and professionals.
6. The standards require service organizations to evaluate, monitor and improve the quality of services.

Two standardized flow charts have been drafted to summarize different steps that guide the standards development and review process. A Standards Evaluation Feedback Form is established, to be used to gather feedback regarding the contents and interpretation of the standards as this is vital for standards development and review. The draft policy and procedure, standards development, review & modification process flow charts are in the reviewing stage by the standards development committee and will be validated by the quality and standards technical working group.

2.2.2. Support the establishment of an independent accreditation body.

2.2.2.2. Support surveyors in training to complete their training and certification program.

RIHSA provided support to surveyors in training to complete their training and certification program. The Rwanda Ministry of Health (MOH) opted for the health facility accreditation system to facilitate the continuous quality improvement of health services as one of the key initiatives that will contribute to health systems strengthening efforts. Priority has been given to building the capacity of a national team of surveyors rather than rely on external surveyors to Rwanda for health facility surveys. Local capacity building is aimed at ensuring sustainable quality improvement programs and resilience of the health systems to provide quality health services to the Rwanda population. There were about 34 certified surveyors actively engaged in the program. As the national program expands, covering all district and provincial hospitals, and rollout to the health centers, private health facilities call for the need to increase the number of surveyors. Currently, the national accreditation program with the support of Rwanda Integrated Health Systems Activity (RIHSA) has supported MoH to conduct surveyor certification exam for the 4th Cohort of the surveyor in training.

The certification exam consisted of a two-hours Fifty Multiple Choice Questionnaire with each question parked with 1 point. A total of 82 (73.9%) of 111 expected candidates attend the

certification test and 49 (59%) reached the passing score (70%). Each candidate was provided with an examination code to ensure the candidate's identity was anonymous to the team marking the exams. The exam marking team constituted by RIHSA (1 staff), MOH (1 staff), and RAAQH (2 staff). A one-day work session with MOH, RAAQH & RIHSA was organized in preparation for the exams. The exam questions covered the content of the training program and was based on standards, understanding and consistency in interpretation, objective scoring, and providing feedback to facility management, report writing and survey ethics. Throughout the process of contracting, RAAQH was involved in surveyors marking to build the networking as they will take on future surveyor trainings and continuous professional development. Generating a pull of surveyors and keeping connection with surveyors who completed surveyor training is critical for smooth implementation of RIHSA activities.

The surveyor assessment suffered various challenges that affected the surveyors' completion of the training. For instance, the gap in training due to lack of Implementing Partner support of surveyor training program that resulted in surveyors' loss of interest in training and drop out.

Furthermore, some trainees were unable to attend the certification exam, as they were not available due to their respective engagement in managing COVID-19 activities. Surveyors who did not reach the pass mark for certification will be given an opportunity to retake the exams. The surveyors that have successfully passed the test will be given certificate of completion, added into the pull of surveyors, and supported through CPD.

Figure 4. Surveyors attending the training of surveyor

Below are some challenges from the surveyor training 4th cohort:

1. There was a big gap (approximately over one year) between the completion of practicum and the exam, which might lead surveyors to forget the course content and result in poor performance during the certification test.
2. The surveyors in training did not have much exposure to the survey practicum due to the shift from bi-annual to annual surveys as they are required to participate in a minimum of 2 practicum survey training.
3. Due to limited funding, surveyors in training had to do practicum at their respective hospitals. With conflicting responsibilities surveyor could not have enough time to focus on practicum.
4. Team leaders were not able to adequately monitor the practicum as the number of trainees was too high (Increasing from about 35 to 111 surveyors in training).
5. Moving from semi-annual surveys to annual decreased the opportunity for surveyors in training to get practicum-based exposure and training to standards survey.

Recommendations

At Policy level:

1. Develop a CPD program for surveyors and certification policy to ensure Continuous

professional development to improve and increase the capacity of the surveyors.

2. There is a need to integrate the surveyor training program into the CPD program of health professionals, as a part of the CPD policy to institutionalize quality measurement and monitoring into the existing HRH program.
3. Develop mechanisms to continuously evaluate the effectiveness and impact of the surveyor training and certification program.

Training and capacity building

1. The accreditation-training program is designed as a 1-year competency building and certification course – There should be strong advocacy for developing an online course to minimize the need for in person training. Where possible with English and French versions of the training.
2. There is a need for more surveyor training to ensure appropriate capacity and number of surveyors to ensure the sustainability of the accreditation program in Rwanda.
3. Develop and implement an on-going surveyor training program to maintain competence and gain new skills. All the certified surveyors need to undertake this continuous professional and capacity development program with certification.
4. Organizing the train of surveyor trainers and ensuring to build the capacity of the accreditation agency to supervise, train trainers, manage and monitor the surveyor training.
5. Evaluate the effectiveness of the selection and training of the surveyor.
6. RAAQH to develop a capacity building plan for the newly certified surveyors.

Sub-objective 2.3: Improve data use for quality and governance.

2.3.2. Strengthen data use at central, district, and facility levels.

2.3.2.3. Conduct technical feasibility, sustainability, and ownership assessments for HSS-MAG

RIHSA provided support for the Health Sector Staff Mutual Aid Group (HSS-MAG). The HSS-MAG is a savings and credit scheme established by the MoH with the USAID Rwanda Health Systems Strengthening Activity completed in 2019 to enhance staff motivation and retention. The scheme provides the mechanism whereby the health sector staff can accumulate savings and access affordable credit. As of December 2020, HSS-MAG was serving a total of 7,680 members who accumulated 4.3 billion Rwandan Francs. A total of 3,675 members had benefited loans and 2.5 billion were disbursed to these members. The table below demonstrates the HSS_MAG status:

Table 2. HSS-MAG Status as of December 2020

Main Indicators	Status as Per December 2020
Total Members of the Scheme	7,680
Savings amount in Rwandan Francs	4,371,161,861
Loans/Credits in Rwandan Francs Disbursed to borrowers	2,575,589,933
Number of members who had benefitted from Loans (borrowers)	3,675

RIHSA through its sub-contractor-Zenysis provided support in conducting the technical feasibility, sustainability, and ownership assessments for potential options for medium- and long-term support for HSS-MAG software. The technical support included (1) supporting the HSS MAG software

procurement, development, and deployment, (2) Developing terms of reference for key HSS MAG technical staff and support their recruitment, and (3) Providing an orientation for long sustainability of the HSS MAG software implementation.

This support was successful due to collaboration of Zenysis and the Executive board members, the staff, and the members of HSS MAG as well as other key stakeholders of HSS MAG, including the new software provider "AdFinance" and the Rwanda Information Society Authority (RISA). RIHSA embarked on the technical support by the need assessment of support needed for HSS MAG**.** Initially, RIHSA staff and Zenysis met the leadership team of HSS MAG and explored how the RIHSA project could support HSS MAG**.** The HSS MAG presented to RIHSA that its main challenges were not the absence of software, but they needed technical advice to get the right information system software.

RIHSA continued to engage with HSS MAG through consultative meetings and provided technical support for evaluating the tender process for the system where Zenysis staff were part of the team which worked on the tender process and reviewed the bid application of potential vendors and produced the evaluation report. Also, RIHSA provided technical support to hire the IT Technical Lead Person and the roll out of the software. Zenysis played a role in design of the Scope of Work for the IT person and the evaluation of candidates. The recruitment is expected to be finalized in Quarter two.

RIHSA Supported the pricing contract negotiation between HSS MAG and selected vendors. Zenysis provided its technical support in reviewing contract terms, mainly pricing and all technical aspects of the project. Zenysis led key negotiation sessions between the software provider and HSS MAG. Zenysis reviewed and provided inputs on the proposed implementation approach to ensure a high quality and sustainable solution for HSS MAG. The contract agreed upon between the vendor and HSS MAG is expected to be signed by the parties in the quarter two. RIHSA will continue to provide technical support through Zenysis to ensure the HSS MAG software is timely rolled out.

Section 3: Cross-Cutting Issues

3.1. Monitoring and Evaluation

RIHSA Monitoring, Evaluation and Learning (MEL) System endeavors to uphold data-driven decision-making, improved data quality, participatory learning, unbiased and transparent analysis as well as rigor in the generation and use of evidence towards innovation to understand and document the contribution of RIHSA interventions and approaches for health system strengthening in Rwanda.

As of FY2021 Q1, RIHSA accomplished the following achievements related to MEL:

- ✓ RIHSA developed a comprehensive Activity Monitoring Evaluation and Learning Plan with 33 key performance indicators (KPIs) and Performance Indicator Reference Sheet (PIRS).
- ✓ An Indicator Performance Tracking Table was developed and hosted on share point to be updated on Quarterly Basis by technical staff.
- ✓ RIHSA developed an Event Report Tool to track different capacity building activities (training, workshops, and meetings).
- ✓ RIHSA developed the Scope of Work to recruit the consultant who will conduct the Baseline Survey.
- ✓ RIHSA facilitated the site visits organized by USAID.

3.1.1. Setting up of the MEL system

The MEL system requires the regular measurement of the activity progress against the set indicators. Based on the Performance indicator reference sheet (PIRS), RIHSA developed an Indicator Performance Tracking Table (IPTT) **to** help the program to regularly (annual, quarterly, monthly) determine the indicators that are on-track (performance above 90%), moderately performing (75%-89%) and off-track indicators (less than 75%). The IPTT is hosted on share point and data will be continually entered, and dashboards updated to track the progress of the implementation. Performance monitoring findings will be continually shared to relevant RIHSA staff during planning and review meetings to take actionable recommendations for better programming and decision-making.

3.1.2. Develop data collection and reporting tools for M&E

MEL team intends to ensure a consistent record of capacity building and training activities organized by the RIHSA technical staff and sub-contracts. The team developed the Event Report Tool to track different capacity building activities (training, workshops, and meetings). The tool will help to collect disaggregated data for the people reached by RIHSA Capacity Building and Training activities by location, type of facilities, sex, and any other disaggregation. The MEL team organized an orientation meeting with technical staff to ensure a proper understanding of this tool. Also, a data quality assurance framework was developed to ensure accuracy, validity and timeliness of data generated for reporting and management. In Quarter II, MEL team intends to organize a similar orientation meeting for partners organizations' staff to ensure they can apply all the tools.

3.1.3. Conducting Rapid Baseline Assessment

RIHSA started the process to conduct a baseline assessment to establish a point of reference by which change will be measured. The baseline survey will use mixed methods (both qualitative and quantitative data) to determine the status quo for Health System Strengthening in Rwanda considering RIHSA Performance Indicator. Also, the baseline will answer six learning questions incorporated in the RIHSA Learning Plan. RIHSA MEL staff developed the Scope of Work for recruitment of the consultant and the baseline survey activities namely the data collection analysis and dissemination will be completed in Quarter two.

3.1.4. USAID Quarter one site visit

RIHSA facilitated the quarterly site visit conducted by USAID. The first quarter site visit was conducted on December 23rd, 2020 and conducted virtually due to COVID-19 measures. A total number of 10 people participated in the visits namely 1 representative of USAID, 2 DHUs staff from Kicukiro and Gasabo, 1 staff from MoH, 1 staff from RBC-National Reference Laboratory (NRL), 1 staff representative of the Rwanda Private Medical Facilities Association (RPMFA) and 4 staff of RIHSA. The visit evaluated licensing standards and the inspection tool which has been developed and beneficiaries shared what RIHSA is supporting with regards to their routine tasks. During the virtual field visit, USAID had an opportunity to meet and enquiry to RIHSA team and beneficiaries about intended impact of RIHSA on HSS Performance in Rwanda. The inspectors from central and decentralized level expressed their views on how the new inspection tool, which was developed based on the licensing standards, is useful and covers important elements.

The private facilities representative emphasized how their teams were involved in the process and then provided feedback on the licensing standards. Participants expressed the importance of the developed inspection tools in ensuring the safety of patients and staff working in private facilities. The visit was also an opportunity to discuss other cross-cutting issues, such as gender

considerations, mitigation measures for intervention, or activity with a negative impact on the environment, and compliance with protecting life in global health assistance and the US Abortion & Family Planning Requirements.
The RIHSA team informed the virtual site visit team that the next step of the activity, which will be the training of inspectors on the use of the new inspection tool. But this training activity was put on hold because of the current surge of covid-19 in the country.

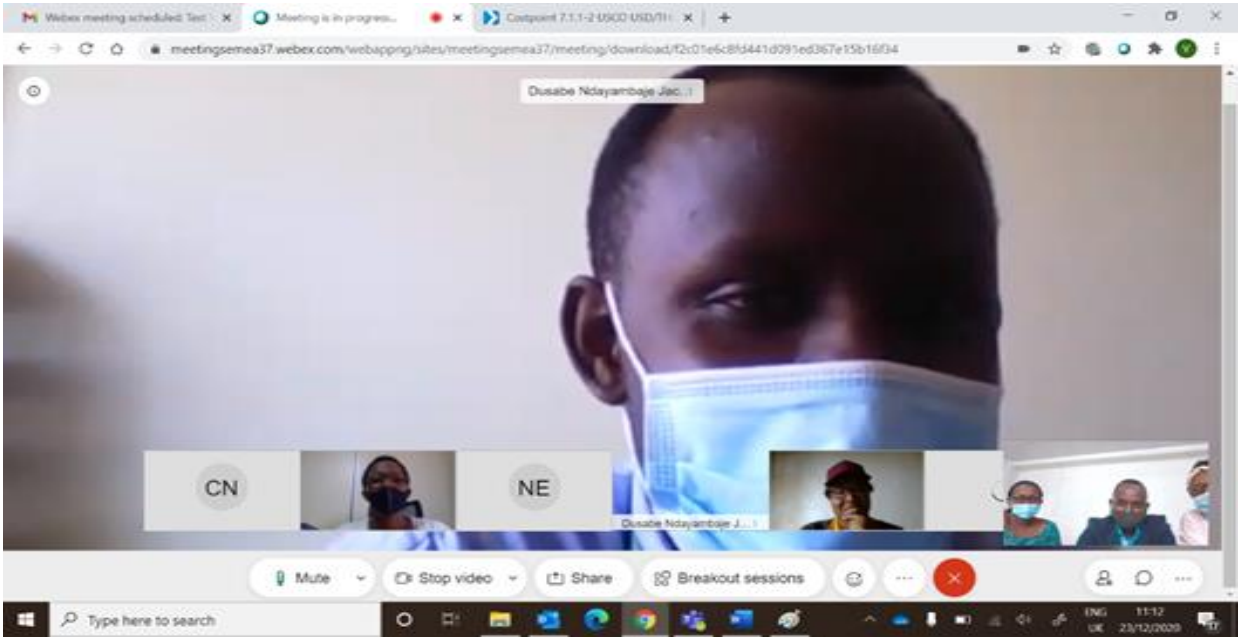


Figure 5. Participants of virtual USAID site visit

3.2. Gender Integration

RIHSA developed a Gender Equality and Social Inclusion (GESI) Strategy and Integrated Work Plan. The strategy and the work plan are designed (1) to support the Government of Rwanda to integrate gender equality into strategies to increase domestic financing for health, strengthen community-based health insurance, and increase private sector engagement, and (2) to strengthen the health system to deliver inclusive, quality, and sustainable health services at national, facility, and community levels. The integrated work plan detailed a set of activities that will be conducted to ensure Gender and Social Inclusion (GESI) is integrated into RIHSA activities. A set of indicators were defined to ensure the achievements are consistently measured. RIHSA appointed a GESI Focal Point to oversee the implementation of activities embedded in GESI Integrated work plan. Key activities including the development of the training manual and delivery of the training on gender and health system strengthening will be conducted in quarter two.

3.3. Environmental Mitigation and Monitoring Plan Information

RIHSA developed an Environmental Mitigation and Monitoring Plan to translate applicable IEE conditions and mitigation measures into specific, implementable, and verifiable actions. The RIHSA EMMP identified different environmental aspects that need to be addressed, set mitigation measures, and established monitoring indicators as well as monitoring and reporting strategies. During the review of accreditation standards, RIHSA focused on checking for site policies regarding medical waste treatment and facility licensing and accreditation requirements were revised to include compliance with environmental and medical waste management regulations. RIHSA will continue to ensure the surveys conducted to health facilities are monitoring the compliance to these standards.

3.4. Protecting Lives in Global Health/Family Planning Compliance

RIHSA ensured strict compliance with U.S abortion-related legal and policy restrictions, including Protecting Life in Global Health Assistance. All RIHSA staff were supported to complete the mandatory Protecting Life in Global Health Assistance and Statutory Abortion Restrictions - 2020 course and ensured their compliance is maintained during the implementation of activities. RIHSA operation team included these courses in the orientation of newly recruited staff and supported them to thoroughly complete these courses in the first month of the induction.

A total of 9 staff (Female: 4 and Male: 5) completed all the mandatory courses and RIHSA will continue to monitor how staff are applying the knowledge and support the upcoming staff to entirely complete the courses.

3.5. Local Capacity Development and Sustainability Plan

RIHSA intends to build the capacity of RAAQH to transition toward International Society for Quality in Health Care (ISQua) accreditation status. A consultative meeting was organized with RAAQH to identify the areas of capacity building needing emphasis in FY21. In Quarter 2, RIHSA will develop a comprehensive capacity assessment tool to assess are areas needing capacity building and support RAAQH through a comprehensive organizational capacity development cycle that includes designing the organizational structure, organizational and technical capacity (including strengthening financial sustainability) and monitoring performance. The capacity building process will contribute to strengthening and institutionalization of accreditation process in Rwanda as RAAQ will be a machinery for ongoing independent accreditation surveys, which drive and monitor QI initiatives at all levels.

Section 4: Collaboration, Learning and Adapting

4.1. Collaboration

RIHSA has continuously collaborated with different stakeholders both during the PY1 planning period and implementation process. For example, two consultative meetings were held with the MOH- Clinical Services Department and Planning and Health Financing Department. The purpose of these consultative meetings was to gain consensus on priorities for strengthening health systems (PY1 planning). Similarly, consultative meetings were held with RSSB, to establish priorities related to strengthening CBHI and claims management process.

Consultative meetings were also held with USAID to ensure alignment of RIHSA activities with USAID/Rwanda's Country Development Cooperation Strategy (CDCS) 2020-2025. In addition, RIHSA engaged USAID–Ingobyi. During the next quarter, USAID-RIHSA will collaborate with USAID-Ingobyi to elaborate areas of collaboration, synergies and mitigate duplication of efforts. As such both projects will develop and implement a collaboration framework, results of which will be reported during the second quarter. As a result of consultative meetings with key stakeholders like MOH and RSSB, RIHSA was able to prioritize activities with a focus on national priorities for strengthening health systems. In addition, duplication of efforts was mitigated due to consultative meetings with USAID partners. The meeting with RSSB helped to strategize on how to roll out activities related to the CBHI Claims Management System considering following gaps to be addressed:

- There is a need for a help desk at Health centers to support automation.
- Information Flow Chart from facility level to RSSB needs to be designed.
- A sub-system that can help the big system which will be user friendly and considering the uneven distribution of electricity namely a system linked to RSSB's ISHEMA Project and 3MS.

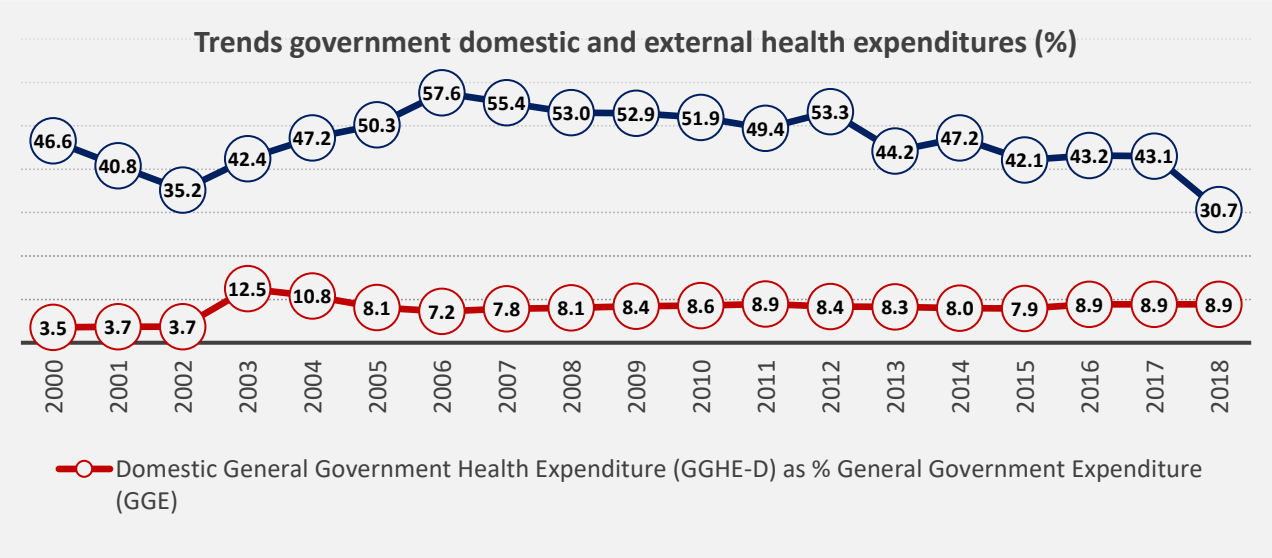
- Need to develop the Clinical guidelines to inform the claim management automation.
- Scheduling follow up technical meetings and regular weekly meetings to track progress of activities.

4.2. Learning and adaptation

RIHSA endeavors to apply a continuous learning process throughout activity implementation by conducting analysis and sharing data from different data sources. In this regard, RIHSA aims to support increased financial protection in Rwanda through strengthening central and decentralized efforts to increase domestic financing for health and efficient use of key health resources, namely strengthening Community Based Health Insurance (CBHI). There is still a need for further evidence around the interventions that are contributing the most to increasing domestic resources for health to build self-resilience in public health sector. In attempt to address this knowledge gap, RIHSA incorporated in its learning agenda an adapted question from Office of Health System (OHS) Learning Agenda around the interventions that are contributing to sustainable and resilience of domestic resources for health in Rwanda as follow:

> *What are the interventions that are contributing the most to increasing health finance / domestic resources for health that will support Rwanda's self-reliance in the public health sector?*

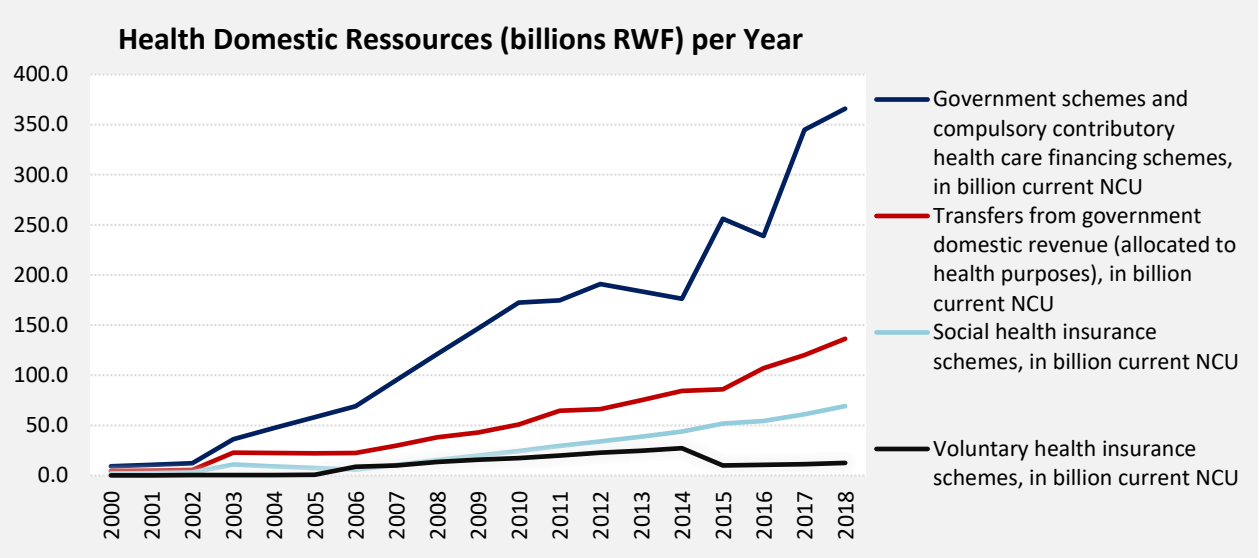
External funding for health continues to decrease over the years and most Low- and Middle-Income Countries (LIMCs) including Rwanda are increasingly working to rely on domestic resources to effectively fund their health systems. Since 2000, the external health expenditure as a percentage of current health expenditure has continuously decreased[10]. To mitigate the effects of this declining external funding, the Government of Rwanda (GoR) through various interventions and in partnership with different stakeholders is strengthening its domestic resource mobilization to achieve sustainable health financing. As shown in the graph below, the percentage of domestic general government Health as a percentage of current health expenditure have increased since 2000[11].



Governments domestically fund their health systems through (1) government transfers, compulsory public and private health insurance, Social and voluntary health insurance contributions as well as

[10] WHO Global Health Expenditure Data, 2018
[11] WHO Global Health Expenditure Data, 2018

Out-of-Pocket household and other private expenditures[12]. Data published by WHO showed that domestic revenues allocated to health are increasingly contributing to the overall country's health financing. The transfers from government domestic revenue allocated to health purposes increased from 107 billion in 2016 to 120 billion in 2017 and 136 billion in 2018. Besides this transfer, the government schemes and compulsory contributory health care financing schemes constantly increased from 238 billion in 2016 to 365 billion in 2018. The Social Health Insurance contributions also increased from 54 billion in 2016 to 61 billion in 2017 and 69 billion in 2018. Finally, the voluntary health insurance schemes continued to increase from 10.5 billion in 2016 to 11 billion in 2017 and 12.7 billion in 2018.



Moreover, Rwanda has undertaken interventions to increase domestic resource mobilization and to achieve self-reliance. Some of the key interventions include (1) Community Based Health Insurance scheme strengthening and sustainability, (2) Medical Tourism strategy. Among these interventions, CBHI enhancement continues to place Rwanda among top performers in domestic revenue raising on the continent. Rwanda is among the few African countries that have social health insurance expenditure greater than 5% as a proportion of total current expenditure. The recent Health Financing Strategic Plan (2018-2024) also emphasizes domestic revenue raising as a key pillar to the country's efforts to sustainably finance its public health sector. CBHI constitutes an important pillar of this strategic plan and allows the promotion of community financing mechanisms, solidarity, and risk sharing. CBHI complements other existing social insurance systems, such as RAMA and MMI, in addition to private insurance schemes which target workers from the formal and private sector of the economy.

In 2020, the GoR adopted the Minister's Order N° 034/01 of 13/01/2020 related to the Community-Based Health Insurance Scheme Subsidies. During the fiscal year 2020, the GoR allocated:

- Six billion to CBHI as annual budget allocation paid by MINECOFIN.
- Fifty percent (50%) of registration fees for pharmaceutical products and medical devices are allocated to CBHI.
- Hundred percent (100%) of the amount collected as medical research fees.
- Ten percent (10%) of fees charged on services offered to gaming companies.
- Fifty percent (50%) of fees collected for motor vehicle mechanical inspection.
- Ten percent (10%) of fees collected from road traffic fines paid by Rwanda National Police.

[12] OECD Data. *Health Spending. https://data.oecd.org/healthres/health-spending.htm*

- Ten percent (10%) of tourism revenues shared to beneficiary districts.
- Zero-point five percent (0.5%) of the net salary of both public and private employees, paid by the employer (MOH, 2020).

Additional subsidies for CBHI include the allocation of one hundred Rwandan Francs (FRW100) from parking fee levied on vehicles for each hour of parking, twenty thousand Rwandan francs (FRW 20,000) levied for transfer of ownership on cars and ten thousands Rwandan Francs (FRW 10,000) levied for transfer of ownership on motorcycles, four thousand Rwandan Francs (FRW 4,000) per hectare of marshland, five thousands Rwandan Francs (FRW 5,000) per hectare of hillside and two thousands Rwandan francs (FRW 2,000) per hectare of radical terraces. Moreover, the GoR allocated to CBHI five percent (5%) of all annual contributions collected by health insurance companies (MOH, 2020).

All these interventions undertaken by the Government of Rwanda constitute strong efforts to increase domestic resources for health that will support Rwanda's self-reliance in the public health sector. However, these efforts will require strong support from partners to ensure their feasibility as well as their sustainability. In line with RIHSA's work plan, the following actions will be undertaken to support RSSB achieve sustainability of these interventions:

- Support the RSSB to improve CBHI membership and premium compliance management by assessing the functionality of Mutuelle Membership Management System (3MS), feasibility of adjusting payment and saving mechanisms, design of instalment plan and feasibility of digital savings and payment account developed.
- Review various CBHI sustainability analyses for opportunities to update, support implementation of recommendations.
- Support RSSB to conduct feasibility assessment of revenue increasing opportunities including business process reengineering, costing, and expenditure analysis to estimate scheme impact of various revenue increasing opportunities.

4.3. Other lessons learnt

RIHSA encountered a set of challenges and adopted best practices to incorporated into future programming:

The project adaptation to COVID-19 measures were needed to mitigate the risks of delayed implementation. COVID-19 prevention measures adopted by Government of Rwanda due to surge of COVID-19 cases hindered planned activities namely a couple of trainings and meetings planned to be conducted in a traditional approach. The government had reduced then restricted all gatherings and meetings or trainings in attempt to reduce the incidence of COVID-19. These measures have led to a review of the implementation approach for all activities, where possible switched from traditional work to working from home/remote working arrangements, this was amenable to almost all stakeholders for their safety and prevention. In Quarter 2, RIHSA will continue to adapt the teleworking to engage with s MOH and other stakeholders. RIHSA will continue to provide facilitation such as airtime and internet to stakeholders to successfully participate in planned activities. The adaptation will sustain the progress against the planned activities despite limitation to gather participants in traditional working approach.

Collaboration with Government Institution is key to successful implementation of activities planned for Health System Strengthening. Jointly with the MOH, RIHSA successfully conducted the survey certification course, an activity which would not be possible if the MOH had not invested much effort to avail these staff. Also, RIHSA worked with MOH to develop the inspection tool that will be used to assess the extent to which health facilities comply with standards. Moreover, RIHSA supported the RHF General Assembly in which the MOH was much involved to stimulate PSE and

the meeting was officiated by the Minister of State in charge of Primary Health care services Hon. Lt.Col. Dr. Tharcisse Mpunga. RIHSA will continue to actively engage all concerned government institutions namely MOH, MINECOFIN, RSSB and key implementing partners like CHAI and USAID Ingobyi in planning and implementation of its activities. Good collaboration will be translated into ownership and sustainability of HSS activities.

Continuous Professional Development (CPD) is key to ensure surveyors and QI Facilitators are skilled to support accreditation program in health facilities. Currently, the accreditation-training program is designed as a 1-year competency building, practicum-based exposure, and certification course which faces many challenges. For instance, the shift from bi-annual to annual surveys is likely to affect the retention of the content learnt by surveyors. Also, insufficient practice has exacerbated the performance as surveyors did not have much exposure that would have been achieved if they were able to meet the minimum of two practicum survey training.
Due to limited funding, surveyors in training were obliged to participate at their respective hospitals, with some distractions and did not have enough time to focus on survey training practicum. Building on the acknowledgement these challenges RIHSA considered the following actions:

i. There should be strong advocacy for developing an online course to minimize the need for in person training and improve professional and capacity development, where possible with English and French versions of the training, and to integrate the surveyor training program into the Continuous Professional Development program of health professionals.
ii. Develop mechanisms to continuously evaluate the effectiveness and impact of the surveyor training and certification program.
iii. Develop and implement an on-going surveyor training program to maintain competence and gain new skills.
iv. Working collaboratively with health facilities to select candidates who are qualified and strongly committed to implement Quality Improvement in facilities.
v.

Section 5: Public Events Planned for next quarter.

RIHSA plans to organize different activities with the Ministry of Health in collaboration with other HSS stakeholders. Following are the major activities expected to be conducted in next quarter:

- **Health Sector Strategic Plan (HSSP-IV) Mid Term Review**: The objective of the Mid-Term Review of the HSSP IV is to review the progress made in the implementation of the HSSP IV (2018-2021) against what was initially planned and to provide recommendations which can be implemented in the last phase of HSSP IV. This activity is guided primarily by the performance framework of the HSSP IV (including its indicators, its targets, and milestones and using the standard evaluation criteria. This strategic plan activities translates the vision and priorities of the health sector as well as the existing partnerships and supports to the Ministry of Health and its review represents an accountability check for all stakeholders involved in the sector. The final MTR report will be widely disseminated at national level and will serve as a reference document for implementation improvement during the second half of the HSSP IV period.

- **Launch of Dual Clinical Practice**: The Ministry of Health endorsed the Dual Clinical Practice Policy which provides guidance on how to regulate the provision of health care services in the public hospitals through a private clinical practice mechanism, to improve quality of healthcare services by retaining health professionals in the public service and finally to increase the incomes generated by the public hospitals for better financial viability. Consecutive to the facilities dual practice readiness assessment, the Dual Practice strategy will be launched and closely monitored with the support of RIHSA for an optimum impact on the health sector.

- **Strategic Purchasing Sub Technical Working Group Kick-off meeting**: In their efforts to institutionalize the strategic purchasing process and refine healthcare purchasing decisions, the Ministry of Health in collaboration with the Ministry of Finance have established a Technical Working Group. This Technical Working group is composed of key relevant stakeholders and development partners including USAID and RIHSA. The role of this TWG is to advise and provide technical support throughout this process. The specific support will focus on the provision of technical inputs to guide the institutionalization of the newly proposed Provider Payment Mechanism (i.e. Capitation). The project was also nominated to become a member of the secretariat, a role in which it will contribute to administrative, data analysis, concept notes development and other core tasks of the Sub-TWG. This kick-off meeting will take place in the next quarter (Q2) and it will serve as a platform for RIHSA to contribute to the strategic purchasing process institutionalization efforts while increasing its visibility and strengthening its support to the Government of Rwanda.

Section 6: Management and Administration of Activity

Apart from the previously mentioned delay in the recruitment of the Health Financing Director, RIHSA has managed to successfully recruit and onboard almost all other staff, with only one other position in final negotiations at present (Data Use/HMIS specialist). RIHSA has access to a network of professionals that bring in a wealth of expertise in health financing, private sector engagement, quality of healthcare improvement and data analytics that are available to support the RIHSA team with technical assistance, as needed. Considering the global COVID-19 pandemic context, hard restrictions have been put in place by the Government of Rwanda, 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 quarterly, bi-annual, or annual basis along with the targets, achievement for quarter one and the explanation for deviation.
- **Financial Report**: The financial report is a presentation of cumulative and quarterly expenditure for budget direct and indirect cost, balance and budget realignment or significant variances.
- **Success Story:** The success story is the presentation of how RIHSA technical and financial support to RHF is contributing to the capacity of RHF to be engaged in PSE.

Annex 1: Indicators

RIHSA Activity Monitoring Evaluation and Learning Plan (AMELP) track a total of 33 indicators of which 2 indicators are reported on quarterly basis, 4 semi-annually, and 27 reported annually. The chart below shows progress towards targets for 2 key indicators tracked on quarterly basis as they are listed in the MEL plan:

Indicator Title	Disaggregation Timeline	FY21 Achievement			Comments
		Target FY21	Baseline	Achieved Q1	
34. Number of people trained in Health System Strengthening (HSS) related activities	Finance staff from public health facilities trained in using IFMS Staff trained in data entry and use of HRTT DHUs members trained in oversight and management of public health facilities Health staff/managers trained to manage the national accreditation system/quality improvement	445	N/A	84	RIHSA facilitated 84 Surveyors to pass the certification test and 49 passed the test and adding to existing 35 surveyors. The training for HRTT is planned in Q2 after HRTT system repair and target 50 health facilities staff. The training on IFMS is also planned in Q2 after harmonizing the needs for this training and agreeing on the schedule and target 207 staff. The training on DHUs committees' members is planned to take place in Q3 after the development training guide by RTI. The training QI Facilitators is planned in Q3 after the development of training manual by COHSASA.

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	324,478	7,725,585	
Indirect Cost	1,344,923	137,530	1,207,393	
Fixed Fee	469,749	-	469,749	
TOTAL PROJECT EXPENDITURES	**9,864,735**	**462,008**	**9,402,727**	
Cumulative obligated amount		4,668,000		
Undisbursed amount		4,205,992		
Number of months to spend undisbursed amount		12		

Financial Table 2: Quarterly Expenditure

BUDGET COST CATEGORY	PLANNED QUARTER EXPENDITURE ($)	CURRENT QUARTER EXPENDITURE ($)	COMMENTS (EXPLAIN SIGNIFICANT VARIANCES ETC.)
Salaries and wages	366,897	**112,174**	Main variance drivers in the quarter were: 1) COVID-19 related restrictions and precautions curtailing workshops and travel 2) Recruitment delays including challenges finding a qualified candidate for the Health Financing Director key personnel role 3) 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
Consultant	19,948	**-**	
Travel & Transportation	18,157	**370**	
Allowances	-	**-**	
Other Direct Costs	122,361	**38,844**	
Overhead (including Palladium NICRA and Fringe)	180,490	**78,170**	
Equipment	-	**-**	
Training	33,841	**5,104**	
Sub-Contracts (Includes Sub-Contractors overhead/NICRA)	140,729	**5,975**	
Fixed Fee	44,121	**-**	
TOTAL EXPENDITURES	**926,545**	**240,637**	

Annex 3: Success Stories and Photos

USAID RIHSA is determined to increase Private Sector Engagement (PSE) through strengthening stewardship for private sector inclusive health systems. Through biannual public-private dialogue meetings at the national level, RIHSA is keen to build the organizational capacity of the private sector to actively participate in policy dialogue with their public sector counterparts. As such, the project engaged the Rwanda Healthcare Federation (RHF) - the premier private health sector body in Rwanda and plays a pivotal role in PSE in Rwanda. RHF's goal is to advocate for the interests of the private health sector and promote access to affordable, equitable and quality health services for the population in Rwanda. The RHF brings together non-state actors in the healthcare space including but not limited to health professionals' associations, Non-Government Organizations (NGOs) and Faith Based Organizations (FBOs).

Through consultative meetings with RHF senior leadership, RIHSA assessed RHF's organizational capacity needs with an aim of aligning interventions and technical assistance for organizational capacity development of RHF. The needs assessment revealed that RHF faces significant organizational capacity gaps that need immediate attention. Some of these gaps included streamlining the legal status in line with the Rwanda Governance Board (RGB) guidelines governing NGOs. RIHSA supported RHF to identify and prioritize the necessary steps towards strengthening its organizational capacity and be in a better position to effectively advocate on behalf of private providers. RIHSA therefore supported RHF to organize a meeting which brought together RHF founding and prospective members including health professionals' associations, Non-Government Organizations (NGOs) and Faith Based Organizations (FBOs) in the healthcare space. This meeting was officiated by the Minister of State in charge of Primary Health care services and attended by RIHSA Chief of Party. This meeting was an opportunity for participants to exchange ideas on how to foster better public-private collaboration towards achieving national health priorities and Sustainable Development Goals (SDGs). The meeting was also an avenue for increased transparency, communication, and alignment between private sector and national guidelines and health priorities. It was also an opportunity for RHF to reorganize its structures, conduct a general assembly, and elect new leadership.

In his remarks, the Minister of State in charge of Primary Health care services Hon. Lt. Col. Dr. Tharcisse Mpunga highlighted that the private health sector has a lot to offer and that its sustainable involvement in building the health sector is needed in several areas. He also pledged that the MoH will actively engage RHF through quarterly meetings organized by the Private Sector Engagement (PSE) core team chaired by MOH.

In his closing remarks, the RHF Chairperson commended the unwavering support from USAID-RIHSA: "*Today, we have been able to elect a new and strong committee with people who are energetic and willing to advance the federation's agenda. We are thankful to RIHSA for the technical and financial support that enabled this meeting to happen. Thanks to RIHSA for initiating this partnership*."
RIHSA will continue strengthening RHF's organizational capacity to ensure that the private health sector is better organized and equipped to not only promote increased private sector engagement in policy reforms but also increase private investments in the health sector through public private partnerships.

*Figure SEQ Figure * ARABIC 6. Members of RHF who attended the General Assembly*

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