REPUBLIC OF RWANDA

Kigali, 24 NOV 2017.

N°20/8486/DGPHIS/2017

MINISTRY OF HEALTH
P.O. BOX 84 KIGALI
www.moh.gov.rw

Permanent Secretary and Secretary to the Treasury
Ministry of Finance and Economic Planning
KIGALI

Re: Submission of the 2016/17 BLJSR summary report

Permanent Secretary,

I have the honour to submit to you the summary report of the 2016/17 Backward Looking Joint Sector Review meeting held on November 10th, 2017.

Sincerely,

MINISTERE DE LA SANTE

Dr. Jean Pierre NYEMAZI
Permanent Secretary

CC:

- **Hon. Minister of Finance and Economic Planning**
- **Hon. Minister of Health**
- **Hon. Minister of State in Charge of Public Health and Primary Health Care**

Minutes of the 2016-2017 Backward Looking Joint Health Sector Review Meeting
Date: November 10th, 2017
Chair: Dr. Jean Pierre NYEMAZI, Permanent Secretary/Ministry of Health
Co-Chair: Mrs. Lisa Godwin, Health Office Director, USAID/Rwanda

The Backward Looking Joint Sector Review meeting was held on November 10th, 2017 and gathered various stakeholders including Development Partners (DPs), Civil Society, Private Sector, other Ministries.

Opening remarks

Mrs. Lisa GODWIN, Health office Director at USAID/Rwanda and Co-Chair of the JHSR meeting, commended all health stakeholders in Rwanda (both from GoR and Development Partners) for their commitment to improve the health outcomes of the population.

She appreciated the last Joint Field visits carried out in 3 Districts especially the organization and coordination of the visits. In addition, she highlighted the involvement of Development Partners in the development of HSSP4 and said that this Joint Sector Review meeting is a great opportunity to validate the HSSP 4 as per the ToRs of the meeting.

The Co-Chair said that this Backward Looking Joint Sector Review is an opportunity to look back on the performance of the Health sector on implementation of EDPRS 2, which is nearing its final stage. She then wished participants fruitful discussions.

Dr Jean Pierre NYEMAZI, PS-MoH and Chair of the JHSR meeting, started by thanking the Co-chair for her support on the effective preparation of the BLJSR meeting and proceeded by reminding the audience about the objective of the meeting and its agenda. He highlighted that the meeting will review and approve the 2018/19 proposed new priorities to ensure the alignment and implementation of HSSP 4. He emphasized the importance of joint planning and budgeting between Government and Development Partners and reiterated the needed effort for harmonization.

Agenda for the meeting

The following items were discussed and proposed actions on them were taken:

1. Progress report on recommendations from the last JHSR and HSWG meetings
2. Progress in achieving sector objectives 2016/17 EDPRS targets and indicators
3. Budget execution performance for FY 2016/17
4. Development of draft HSSP IV and way forward
5. Highlighted priority areas for FY2018/19
6. Findings from District Joint Field visits
7. SDGs Domestication process

8. Summary for the implementation of MoH and RBC on OAG recommendations 2015-2016

1. Progress report on Recommendations from the last JHSR and HSWG meetings

The implementation of eleven recommendations from the last HSWG meeting and 2017/18 FLJSR were discussed:

Item discussed	Recommendation	Responsible	Timeline	Progress report
Choice of High level sector indicator for Governance 2017/18	Change the indicator on governance related to 'video conference with districts' by : "% of recommendations from field visits implemented"	Proposed by PHFIS TWG, to be adopted by JHSR	Next JHSR	Change of indicator done. Next step: Mechanism for assessment of implementation of recommendations to be elaborated
Health financing sustainability plan	Need for a special forum to discuss the development of the plan with MINECOFIN	PHFIS/TWG to discuss the Roadmap	Immediate	The discussion with MINECOFIN is ongoing. But in the meantime the Core team has identified a need to review/update the Health financing SP considering new developments in the sector i.e alignment with NST and HSSP IV.
DPs presentations on budget execution	All development partners to improve their presentations for the next HSWG meeting according to the template on budget execution proposed by PHFIS TWG for consistency and harmonization.	DPs in collaboration with PHFIS TWG	Next HSWG	The updated budget execution (MOH & affiliated agencies) for 2016-2017 has been presented in the JHSR meeting of November 10th 2017
Research & KM platform	• Speed up the operationalization of the platform in order to monitor the output of studies and link it to MOH website	Research and KM TWG	Next HSWG	• The platform is now operational, link to MOH website to be established after revision. • The Call for proposal ready to be launched, awaiting approval by

	• To issue a call for proposal for District health research challenge funds			MOH
Infrastructure & equipment	Finalize the guidelines for quality standards for infrastructure and equipment (purchase and maintenance)	Infrastructure and Supply Chain TWG	Immediate	Guidelines elaborated for donations and disposals of equipment are available on MOH website
Household and private health expenditure	Speed up the preparatory work for household and private health expenditure, in view to complement HRTT data toward NHA report model	PHFIS/TWG	Immediate	A core team has reviewed the draft OOP analysis based on EICV 4 and DHS data and this will be incorporated in the HRTT report expenditures 2014-2015 and budget 2015-2016.
Family Planning	• Harmonize initiatives outlined in the ASRH&FP strategy and RMNCAH policy • Identify champions for promoting FP • Assess the specific barriers to FP for both men and women • Explore supply side strategies • Develop a marketing & communication strategy for FP • Explore the recommendations from the FP round table and update the policy action on FP	MCCH TWG	Immediate	• Family planning roundtable took place in May 2017 and developed action plan. • Draft RMNCAH Policy and ASRH and FP strategy have been finalized and are awaiting for approval • Study on specific barriers to FP for both men and women is at the initial stage. • Explore supply side strategies is ongoing, expect preliminary result in Mid-January 2018.

	• Engage in a reflection on sustainable health financing for family planning commodities	MCCH TWG	Next HSWG	This can be done through the sub MCH/FP logistics committee and this has been considered as a key strategy for FP program.
Nutrition	Explore strategies to improve nutrition education (knowledge sharing and behavior change) as an intervention to curb stunting, using screening services as entry point (reference case of Nyabihu District)	Nutrition Secretariat	Next JHSR	Lessons learned from field visit : Community approach implemented in Nyabihu District with BCC and promotion of diversification of diet with kitchen garden
HSWG Secretariat	• Use MoH website as a tool to make available presentations from SWG/JSR • Conduct a review of the TWG structure and functionality	HSWG Secretariat		• JSR and HSWG reports available on the MoH website • List of Chairs and Co-chairs revised, awaiting HSSP4 validation to revise TWG structure
Update on SDG domestication and development of HSSP IV	Strategic planning process must be started immediately under the responsibility of HSWG (ToRs and roadmap for HSSP4 development)	HSWG/JSR	Immediate	• Compiled comments were submitted by DPs mid-October • Final HSSP Including SDG domesticated indicators to be validated by JSR meeting-November 10th 2017
Field visits	Consider including FP and Nutrition as central themes of the next joint field visits	PHFIS TWG	Q4/2016-17	Field visits were conducted on October 24-26, 2017 and the summary report will be shared during the JHSR meeting
District Research Challenge fund	Ensure ToRs and committee are in place and management of funds is clear and	Research TWG	July 2017	Challenge fund coordination and management structures (SC) have been established; documents elaborated and are

	guidelines are disseminated through Knowledge Management platform			ready for launching and dissemination through RKM platform.
HRTT report	Technical team to meet to discuss challenges with HRTT report 2014/15 expenditure and 2015/16 budget incl. private expenditure (OOP) using EICV and DHS	PHFIS TWG/core team	June 2017	The draft HRTT report on expenditures FY 2014-2015 and Budget FY 2015-2016 is currently under development and will be shared soon for inputs. It will include OOP analysis.
	Provide a list to Co-chair with the DPs delayed in recording their data, in view of finalizing the ongoing assessment	MOH-DG Planning	Immediate	Done
Progress on targets and policy actions 2016/17	Provide supporting narrative to the slides (incl. operational targets to assess progress)	MOH-DG Planning	Next JSR	Done
Sector priorities 2017/18	On budget allocations by programs & sub-programs and external / domestic financing (in comparison with current year) to be shared with SWG	MOH-DG Planning	Immediate	Done

Several of the recommendations presented above are not yet fully implemented, the core team will be following up the completion of these activities with the respective responsible entities.

Discussion points:

- About presentations done by DPs on budget execution in the last HSWG meeting, participants appreciated the initiative of sharing information and suggested that individual DPs presentation on budget execution should include money spent on each program for a comprehensive financial report in the next HSWG meeting.
- DPs mentioned the importance of sharing information on analytical work conducted or ongoing. The TWG K&R has been tasked to work on an inventory and to follow up on

research and this is still work in progress, update will be provided in the next HSWG meeting. Sharing information is key to avoid duplication but also to ensure utilization of data (informing policy level).

2. Progress report on the implementation of the 2016/17 targets achievement

The progress report was presented according to the attached template (annex 1).

Discussion points:

On accreditation of District Hospitals, twelve (12) DHs reached level 1 of accreditation in 2016/17 FY, instead of 20 DHs targeted. The Head of accreditation unit in MoH declared that it is not easy for DHs to be accredited as the accreditation process considers many aspects.

In addition, he said that maintaining the level of accreditation required strong commitment and continuous facilitation. He called upon partners to support the accreditation of Health Facilities.

3. Budget execution performance for 2016/17

The presentation summarized the MoH and RBC budget execution by programs and sub-programs for the domestic and external financed resources. The budget execution rate stands at 91% for MoH and 93.3% for RBC in FY2016/17. The overall budget performance execution rate for MOH and its affiliated agencies was at 81%.

Discussion points:

- Given that there is different timeframe for planning depending on external funds, the DG RBC requested for strong commitment on the side of DPs in sharing information on planned activities at least by quarter in an effort to align to the national PFM cycle. The Chair insisted on complementarity of Government action plan vis-a-vis DPs plans and budgeting.
- The budget figures presented were different from the data provided by MINECOFIN from the Smart IFMIS, and this was due to some payments paid directly via the National Bank of Rwanda and not captured by the system (IFMIS).
- It was noted that much of the low execution rates were related to low implementation of external funds channeled through MoH or RBC. Among others, the delay of UN agencies funds disbursement sometimes caused a lower budget execution rate for some of the programs including the procurement process.
- DG RBC requested DPs to provide regular report on budget execution to facilitate the financial report to OAG.

4. Priorities for the planning in FY 2018/2019

The key priorities were set according to HSSP IV pillars that include:

(i) *Ensure access and utilization of Maternal, Child & Adolescent Health services;*
(ii) *Strengthen Prevention &Control of Infectious Diseases;*
(iii) *Strengthen Prevention &Control of NCD, injuries &Mental Health;*
(iv) *Fight Chronic Malnutrition;*
(v) *Enhance Service Delivery & Quality improvement;*
(vi) *Increase quantity and quality of HRH;*
(vii) *Data use in evidence based decision making for Planning & M&E;*
(viii) *Health Financing and Leadership & Governance.*

Discussion points:

- Malnutrition is well captured among the 2018/19 health priorities. However, the coordination of stakeholders needs to be strengthened for better implementation of the nutrition program through the new integrated ECD program.
- ASRH services for Adolescents and youth need to be scaled up and strengthened as it is a priority for HSSP 4.

5. Validation of the draft Sector Strategic Plan (HSSP IV)

The DG Planning, Health Financing and Information systems, presented the process for the development of HSSP IV and its alignment with the National Strategy for Transformation. This strategy includes key priorities by services, programs, health systems, key indicators and targets up to 2024.

Discussion points:

- The representative from NISR insisting on coordinating well the surveys in order to avoid multiplication of efforts in data collection.
- The representative from MINECOFIN requested that cross-cutting issues be captured in HSSP IV finalization. Quality of services has to be demonstrated in daily work for the strengthening of the Rwandan health system and the improvement of the health and well-being of the Rwandan population.
- For many cross-cutting issues (Malnutrition cited as example), coordination between stakeholders from all sectors involved is paramount to achieve results;
- UNICEF comments on indicators and targets: infant and U5 mortality targets need to be corrected and harmonized with PNC targets; same comment for WASH, which is part of SDGs and should be linked with stunting and diarrhea targets; Discussion on the IHR indicator: how to obtain data for monitoring of IHR core capacity index? RBC requested for DPs support (WHO, CDC, USAID) to conduct the Joint External Evaluation (JEE).
- Discussions on the way forward for HSSP IV and comment on costing: Costing numbers are being adjusted to ventilate across different programs, comments from the JSR meeting will be taken into account and the Core team will meet next week to ensure all adjustments have been integrated. Joint Assessment of the National Strategy (JANS) may be conducted in the

near future (timeline not yet determined) and could provide additional suggestions to improve HSSP IV.

6. Findings from District Joint Field visits

The meeting was informed about the field visits conducted in three (3) districts: Nyabihu, Gicumbi and Bugesera from 24th to 26th October, 2017 for the purpose of enhancing policy dialogue through discussion between policy makers and implementers. It is a peer review of DPs in their respective areas of intervention and a guide for the harmonization of interventions by different stakeholders at the district level. The main topics discussed during the field visits were: Nutrition, Family planning and Hygiene.

Discussion

- For the field visits, the Permanent Secretary suggested that the peer learning be further emphasized in the next joint field visits, this will help in replication of best practices among Districts visited.
- The PS also called on all stakeholders to increase coordination efforts in the field in order to avoid duplication of interventions. Recommendations from field visits should be made actionable and disseminated to all districts and stakeholders to ensure optimal implementation.

7. SDG Domestication process in the HSSP IV

- The SDGs indicators and sectors indicators included in HSSP IV were presented and the purpose of the presentation was to cross check if SDGs indicators were captured in the HSSP IV.
- The meeting was informed that proxy indicators were selected to monitor the achievement of SDGs targets. As way forward, there is a plan to review the current metadata dictionary to harmonize the indicators definition for better reporting and strengthening the existing national information systems to capture disaggregated data than will be used to report.

8. Presentation on 2015/2016 OAG recommendations for MOH-RBC

- Mr. Felicien NDAGIJIMANA and Mrs Nathalie MUTEGWARABA, respectively from MoH and RBC, presented the implementation of MOH and RBC OAG recommendations of FY2015-2016.
- MoH obtained unqualified opinion /clean audit report on financial statements and an adverse opinion on compliance while RBC got a qualified opinion /except for audit opinion for financial statements and adverse opinion on compliance.

Discussions

- The participants commended the progress in audit opinions since the last exercise, especially with regard to the financial statements of RBC.
- Furthermore, RBC commented that MPPD received a qualified opinion both on financial statements and compliance.

9. Key recommendations from discussions and Closing remarks

The key recommendations generated during this meeting were summarized as per the table below:

Topic	Action	Responsible	Timeframe
EDPRS implementation report 2016/17	Indicator 10: check the date of the last videoconference to confirm accuracy of the information provided and share the report with SWG members	MoH-DG Planning	Immediate
	Status of analytical works to be included in JSR report	MoH-DG Planning	Next HSWG
Budget execution 2016/17	DPs to provide information on financial reports on 2016/17 to MoH-RBC	DPs	Next HSWG
	DPs to assess how their disbursement plans can be improved to allow more time for implementation by GoR partners (e.g. 6-monthly basis)	Development Partners	Next HSWG
Health sector priorities 2018/19	DPs to provide input into 2018/19 planning process to support the development of one single action plan and provide information on commitments on a quarterly basis	Development Partners	For funds received by MoH-RBC: immediate For other activities: next HSWG

HSSP IV	HSSP IV is validated with inputs to be added (in collaboration with NST1 consultants) incl. the need to include cross-cutting areas.	MoH-DG Planning & core team	24th November 2017 (meeting of core team to be held prior to the above-mentioned deadline)
	An opportunity for review of the HSSP IV will be provided after the JANS process	HSWG	
SDG domestication	Add information on the indicators captured in HSSP IV and those which will be monitored at sub-sector level	MoH-DG Planning	Immediate
	The list of SDGs indicators is validated. A follow-up meeting will be organized to ensure coordination of assessments and surveys and that sources of data are harmonized and values are accurate	Core team MoH-NISR-DPs	
Joint health field visits	Ensure the peer learning aspect of the visits is emphasized for sustainability purposes and that good practices are shared among districts	Planning, HF & IS TWG	
	In the final report, make recommendations actionable and tangible in order to feed the planning process	Planning, HF & IS TWG	As soon as possible

The meeting ended by the Chair and the Co-chair's thanks to the core team for the preparation of the meeting and appreciated the contribution of participants.

Approved by:

Lisa Godwin, MSN, FNP
Director/USAID Health Office
Co-Chair of Health Sector Working

Dr. Jean Pierre NYEMAZI
Permanent Secretary/MOH
Chair of Health Sector Working Group

MINISTERE DE LA SANTE

AGENDA 2016/17 BACKWARD LOOKING JOINT SECTOR REVIEW

Date: November 10th 2017

Agenda items	Time	Presenter
Opening remarks	09:00-09:10am	Chair and Co-Chair of the HSWG
Progress report on implementation of last JSR and HSWG recommendations	09:10-09:20am	Mr. Pierre DONGIER
Assess progress in achieving sector objectives 2016/17 EDPRS targets and indicators	09:20-09:30am	Mrs. Aline NIYONKURU
Budget execution performance for FY 2016/17	09:30-09:45am	Mrs. Clarisse I. RWANYINDO
Discussion	09:45-10:15am	Moderator: Chair
Development of draft HSSPIV and way forward towards validation	10:15-10:30am	DG Planning & HFIS
Highlight priority areas for the FY 2018/19	10:30-10:40am	DG Planning & HFIS
Discussion	10:40-11:00am	Moderator: Chair and Co-Chair of the HSWG
Updates: 1. Findings from District Joint Field visits 2. SDG Domestication process in the HSSP IV	11:00-11:20am	Dr. Elisabeth UWANYILIGIRA/USAID DG Planning & HFIS
Summary for the implementation of MOH-RBC OAG recommendations 2015-2016	11:20-11:30am	Mr. Felicien NDAGIJIMANA and Mrs Nathalie MUTEGWARABA
Discussion	11:30-12:00pm	Moderator: Co-Chair of the HSWG
Closing remarks and recommendations	12:00-12:30pm	Chair and Co-Chair of the HSWG

Progress Report of Last HSWG (March 2017) and JSR (May 2017) Recommendations

31st May 2016

Item discussed	Recommendation	Responsible	Timeline	Progress report
Choice of High level sector indicator for Governance 2017/18	Change the indicator on governance related to 'videoconference with districts' by : "% of recommendations from field visits implemented"	Proposed by PHFIS TWG, to be adopted by JHSR	Next JHSR	Change of indicator done. Next step: Mechanism for assessment of implementation of recommendations to be elaborated
Health financing sustainability plan	Need for a special forum to discuss the development of the plan with MINECOFIN	PHFIS/TWG to discuss the Roadmap	Immediately	The discussion with MINECOFIN is ongoing. But in the meantime the Core team has identified a need to review/update the Health financing SP considering new developments in the sector i.e alignment with NST and HSSP IV.
DPs presentations on budget execution	All the development partners to improve their presentations for the next HSWG meeting according to the template on budget execution proposed by PHFIS TWG for consistency and harmonization	DPs in collaboration with PHFIS TWG	Next HSWG	The updated budget execution (MOH & affiliated agencies) for 2016-2017 will be presented in the JHSR meeting of November 9th 2017
Research & KM platform	• Speed up the operationalization of the platform in order to monitor the output of studies and link it to MOH website • To issue a call for proposal for District health research challenge funds	Research and KM TWG	Next HSWG	• Platform is now operational, link to MOH website to be established after revision. • Call for proposal ready to be launched, awaiting approval from Hon. Minister

Item discussed	Recommendation	Responsible	Timeline	Progress report
Infrastructure & equipment	Finalize the guidelines for quality standards for infrastructure and equipment (purchase and maintenance)	Infrastructure and Supply Chain TWG	Immediately	Guidelines elaborated for donations and disposals of equipment
Household and private health expenditure	Speed up the preparatory work for household and private health expenditure, in view to complement HRTT data toward NHA report model	PHFIS/TWG	Immediately	A core team has reviewed OOP analysis based on EICV 4 and DHS data and this will be incorporated in the HRTT report expenditures 2014-2015 and budget 2015-2016.
Family Planning	• Harmonize initiatives outlined in the ASRH&FP strategy and RMNCAH policy • Identify champions for promoting FP • Assess the specific barriers to FP for both men and women • Explore supply side strategies • Develop a marketing & communication strategy for FP • Explore the recommendations from the FP round table and update the policy action on FP	MCCH TWG	Immediately	Family planning roundtable took place in May 2017 and developed action plan. Draft RMNCAH Policy and ASRH and FP strategy have been finalized and are awaiting for approval
	Engage in a reflection on sustainable health financing for family planning commodities	MCCH TWG	Next HSWG	This can be done through the sub MCH/FP logistics committee and this has been considered as a key strategy for FP program.

3

Item discussed	Recommendation	Responsible	Timeline	Progress report
Nutrition	Explore strategies to improve nutrition education (knowledge sharing and behavior change) as an intervention to curb stunting, using screening services as entry point (reference case of Nyabihu)	Nutrition Secretariat	Next JHSR	Lessons learned from field visit : Community approach implemented in Nyabihu District with BCC and promotion of diversification of diet with kitchen garden
HSWG Secretariat	• Use MoH website as a tool to make available presentations from SWG/JSR • Conduct a review of the TWG structure and functionality	HSWG Secretariat		• JSR and HSWG reports available on the MoH website • List of Chairs and Co-chairs revised, awaiting HSSP4 validation to revise TWG structure
Update on SDG domestication and development of HSSP IV	Strategic planning process must be started immediately under the responsibility of HSWG (TORs and roadmap for HSSP4 development)	HSWG/JSR	Immediately	Compiled comments were submitted by DPs mid-October -Final HSSP including SDG domesticated indicators- to be validated by JSR meeting-November 10th 2017
Field visits	Consider including FP and Nutrition as central themes of the next joint field visits	PHFIS TWG	Q4/2016-17	Field visits were conducted on October 24-26, 2017 and the summary report will be shared during the JHSR meeting

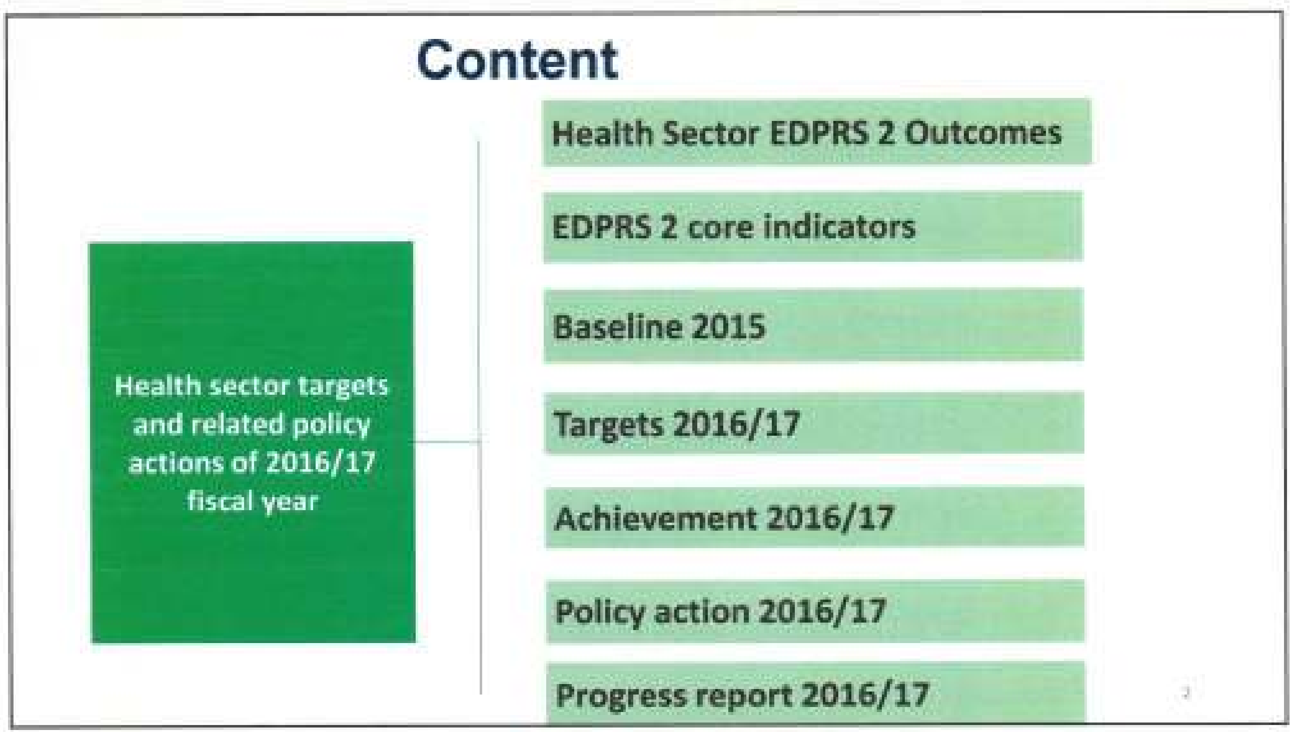
4

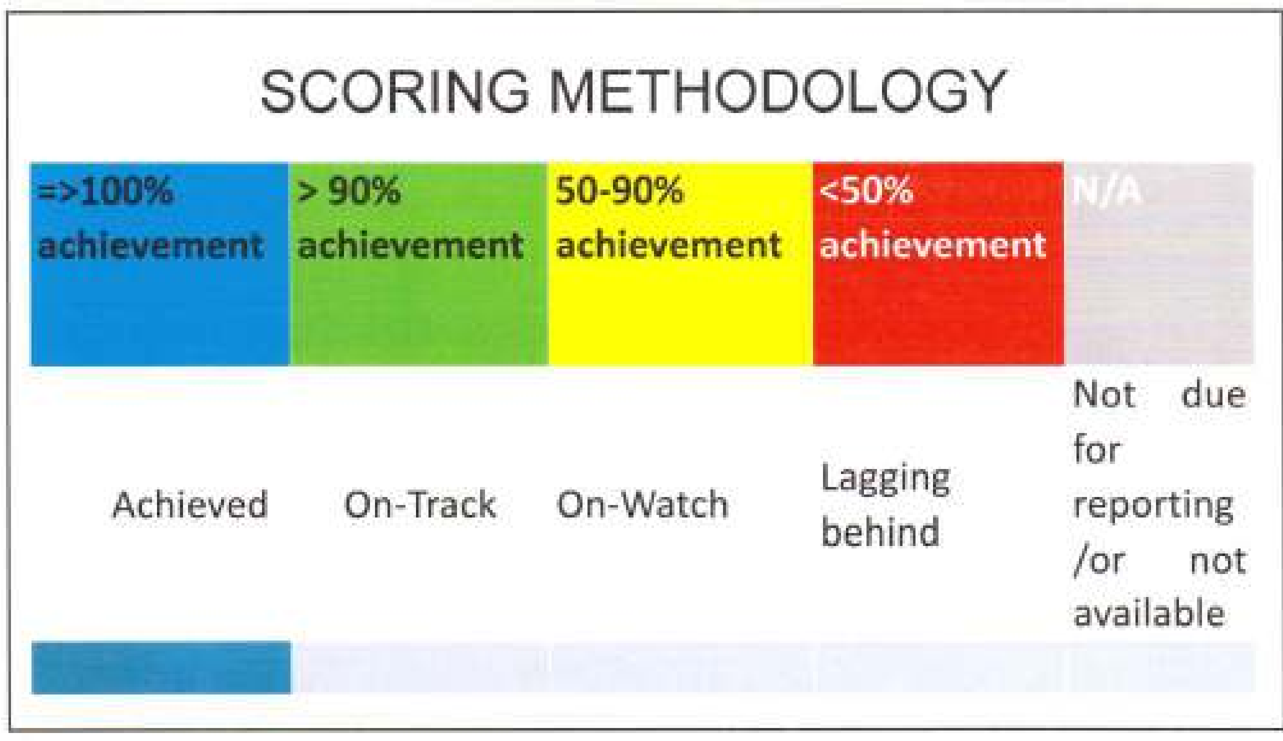
Item discussed	Recommendation	Responsible	Timeline	Progress report
District Research Challenge fund	Ensure ToRs and committee are in place and management of funds is clear and guidelines are disseminated through Knowledge Management platform	Research TWG	July 2017	Challenge fund coordination and management structures (SC) have been established, documents elaborated and they are ready for launching and dissemination through RKM platform.
HRTT report	Technical team to meet to discuss challenges with HRTT report 2014/15 expenditure and 2015/16 budget incl. private expenditure (OOP) using EICV and DHS	PHFIS TWG/core team	June 2017	The draft HRTT report is currently under development and will be shared soon for inputs. It will include OOP analysis.
	Provide a list to Co-chair with the DPs delayed in recording their data, in view of finalizing the ongoing assessment	MOH-DG Planning	Immediately	Done
Progress on targets and policy actions 2016/17	Provide supporting narrative to the slides (incl. operational targets to assess progress)	MOH-DG Planning	Next JSR	Done
Sector priorities 2017/18	On-budget allocations by programmes & sub-programmes and external / domestic financing (in comparison with current year)	MOH-DG Planning	Immediately	Done

THANKS

31st May 2016

ASSESSMENT OF EDPRS IMPLEMENTATION HEALTH SECTOR 2016/17 BLJSR





EDPRS RESULT AND POLICY MATRIX 2016/17							
EDPRS2/sector outcome	Sector outcome indicators	Bas 2015	2016 /17 Targets	Achievement	Performance	Policy Actions 2016/17	Progress
Improve maternal Health	1. % PW receiving 4 ANC standard visits	38 % (HMIS 2015)	40 %	38% (HMIS 2016)		• Build the Capacity of existing health work force to improve their knowledge and skills to provide MNCH services. • Conduct awareness campaign through MCH week and mass media.	1. Done 2. Done
	2.% delivery in Health Facilities	91% (HMIS 2015)	> 90%	96 % (HMIS 2016)		• Training of Health facilities on new Rapid SMS version 3	Done, in 36 DHs

EDPRS RESULT AND POLICY MATRIX 2016/17							
EDPRS 2/sector outcome	**Sector outcome indicators**	**Bas**	**2016/17 Targets**	**Achievement**	**Performance**	**Policy Actions 2016/17**	**Progress**
Strengthen Family Planning Service Delivery	3. Contraceptive utilization rate for modern methods of women 15-49 years	41% (HMIS 2015)	≥40%	44% (HMIS 2016)		• Build the capacity of health care providers to provide full range of FP methods.	Done
Reduce Child Mortality	4. < 5 mortality rate/1000 live births	50/1000 (DHS 2015)	N/A	50/1000 (DHS 2015)	50/1000 (DHS 2015)	• Strengthen IMCI in the community and health centers.	Done
						• Build the capacity of health providers in Neonatology protocol and Essential Newborn Care .	Done

EDPRS RESULT AND POLICY MATRIX 2016/17							
EDPRS2/sector outcome	**Sector outcome indicators**	**Baseline 2015**	**2016/17 Targets**	**Achievement**	**Performance**	**Policy Actions 2016/17**	
Reduce malnutrition	5.Prevalence of underweight children under 5 (6-59 months)	9 % (DHS 2015)	N/A DHS data	9 % (DHS 2015) no new data till now		7.Purchase and Distribute fortified blend food	Done
						8.Strengthen coordination mechanisms on fight against malnutrition	Done
Reducing HIV infection and Aids	6. % of infants born to HIV + mothers free from HIV by 18 months.	>95% (HMIS 2015)	>95%	> 95% (HMIS 2016)		9. Implement test and Start Guideline by July 2016	Done
	7.% HIV/TB co-infected who receive both treatments	93 % (HMIS 2015)	>90%	93 % (HMIS 2016)		10. To implement clinical mentorship on HIV/TB co-infected patients.	

EDPRS RESULT AND POLICY MATRIX 2016/17							
EDPRS2/sector outcome	Sector outcome indicators	Baseline	2016/17 Targets	Achievement	Performance	Policy Actions 2016/17	Progress
Strengthen the Health System	8.% of GoR budget allocated to Health	17% (2015 MTR report)	≥ 15%	17% (August 2015)		Prepare Rwanda Health Resource Tracker Output Report on Expenditure FY 2014/15 and budget FY 2015/16	Ongoing
	9.Number of DHs that have achieved level 1 of Accreditation	12 DHs April 2016)	20 DHs	12 DHs		Conduct Hospital Performance Progress Assessment	Done
	10. Number of quarterly meeting conducted between MoH, DPs and all Districts through video conference.	2	2	1		No video conference meeting conducted.	Done

SUMMARY

In the total, out of ten Ten (10) indicators ;

- 7 targets completely achieved/ 100% performance;
- 1 target achieved >90% performance;
- 1 target achieved between 50-90 performance;
- 1 target not achieved.

THANK YOU

Sector Budget performance 2016-2017

JHSR meeting, November 10th 2017

MOH Budget execution performance

2016/2017 Budget Execution by Program and Sub Program	Revised Budget	Execution	% Execution
15 MINISANTE	153,916,719,706	135,042,827,843	81%
1600-MINISANTE	58,398,946,720	53,220,860,212	91%
01 Administrative And Support Services	3,097,016,901	3,055,686,151	99%
0101 Administrative And Support Services	3,097,016,901	3,055,686,151	99%
80 Health Sector Planning And Information	10,592,438,034	9,775,451,733	92%
8001 Health Sector Planning, Monitoring And Evaluation	10,345,340,034	9,529,106,402	92%
Domestic	1,785,015,222	1,782,861,789	100%
External	8,560,324,812	7,746,244,613	90%
8002 Health Information And Technologies	231,298,000	230,575,333	100%
8003 Partnerships Coordination And Mobilisation	15,800,000	15,769,998	100%
81 Health Human Resources	13,071,360,554	11,304,124,884	86%
8101 Health Professional Development	13,071,360,554	11,304,124,884	86%
Domestic	8,170,304,249	7,692,218,777	94%
External	4,901,056,305	3,611,906,107	74%
82 Financial And Geographical Health Accessibility	28,537,006,589	26,170,384,341	92%
8201 Insurance System Organisation	26,977,107	16,799,090	62%
8202 Health Service Subsidisation	5,588,505,504	5,588,505,504	100%
8203 Performance-Based Financing	10,481,523,979	10,456,351,622	100%
8204 Health Infrastructure Equipment And Transport	12,439,999,999	10,108,728,125	81%
Domestic	11,199,999,999	10,108,728,125	90%
External	1,240,000,000	0	0%
83 Policy Development And Health Service Regulation	940,367,631	880,179,350	94%
8302 Health Profession Regulation	940,367,631	880,179,350	94%
84 Maternal And Child Health	282,245,402	156,522,144	55%
8403 Hygiene And Environmental Health	282,245,402	156,522,144	55%
85 Specialised Health Services	1,878,511,609	1,878,511,609	100%
8501 Specialized Service Delivery	1,878,511,609	1,878,511,609	100%

CHUs and Ndera Budget execution performance

1601-CENTRAL UNIVERSITY HOSPITAL OF KIGALI (CHUK)		**4,658,463,266**	**4,658,463,262**	**100%**
	85 - Specialised Health Services	**4,658,463,266**	**4,658,463,262**	**100%**
	8501 - Specialised Service Delivery	4,658,463,266	4,658,463,262	100%
1602-CENTRAL UNIVERSITY HOSPITAL OF BUTARE (CHUB)		**3,025,264,048**	**3,025,264,048**	**100%**
	01 - Administrative And Support Services	**7,610,438**	**7,610,438**	**100%**
	0102 - Management Support	7,610,438	7,610,438	100%
	85 - Specialized Health Services	**3,017,653,610**	**3,017,653,610**	**100%**
	8501 - Specialised Service Delivery	2,973,286,586	2,973,286,586	100%
	8503 - Clinical And Operational Research	19,650,000	19,650,000	100%
	8504 - District Hospital Mentoring And Supervision	24,717,024	24,717,024	100%
1603-NEURO PSYCHIATRIC HOSPITAL OF NDERA (HNN)		**792,860,151**	**792,860,151**	**100%**
	01 - Administrative And Support Services	**196,558,590**	**196,558,590**	**100%**
	0101 - Administrative And Support Services	196,558,590	196,558,590	100%
	85 - Specialized Health Services	**596,301,561**	**596,301,561**	**100%**
	8501 - Specialised Service Delivery	596,301,561	596,301,561	100%

RBC Budget execution performance

1605-RWANDA BIO-MEDICAL CENTER(RBC)		**87,041,185,521**	**81,234,708,525**	**93.3%**
	01 - Administrative And Support Services	**17,476,727,511**	**15,188,398,166**	**87%**
	0101 - Administrative And Support Services	17,476,727,511	15,188,398,166	87%
	Domestic	14,768,550,804	13,392,377,830	91%
	External	2,708,176,707	1,796,020,338	66%
	B0 - Health Sector Planning And Information	**325,411,963**	**202,466,609**	**62%**
	B001 - Health Sector Planning, Monitoring And Evaluation	325,411,963	202,466,609	62%
	External	325,411,963	202,466,609	62%
	B2 - Financial And Geographical Health Accessibility	**6,545,068,590**	**4,156,789,130**	**64%**
	B204 - Health Infrastructure Equipment And Transport	6,545,068,590	4,156,789,130	64%
	Domestic	4,492,680,446	3,676,835,566	82%
	External	2,052,388,144	479,953,564	23%
	B3 - Policy Development And Health Service Regulation	**18,095,730,258**	**16,575,230,043**	**92%**
	B301 - Health Service Policy Development And Regulation	18,095,730,258	16,575,230,043	92%
	Domestic	10,219,296,401	14,028,097,274	137%
	External	7,876,433,857	2,547,132,769	32%
	B4 - Maternal And Child Health	**4,138,344,390**	**3,218,973,543**	**78%**
	B401 - Family Planning And Reproductive Health	405,594,090	379,234,155	94%
	Domestic	153,972,550	153,300,747	100%
	External	251,621,540	225,933,408	90%
	B402 - Maternal And Child Health Improvement	1,141,180,465	457,707,170	40%
	Domestic	200,152,078	197,080,413	98%
	External	941,028,387	260,626,757	28%
	B404 - Nutrition	1,511,909,452	1,494,327,769	99%
	Domestic	1,511,909,452	1,494,327,769	99%
	B405 - Community Health	1,079,660,383	887,704,449	82%
	Domestic	879,207,183	850,396,449	97%
	External	200,453,200	37,308,000	19%

RBC Budget execution performance cont'd

86 - Health Quality Improvement	28,409,567,993	32,598,375,206	115%
8601 - Health Communication	445,894,340	334,065,917	75%
Domestic	350,432,340	321,689,029	92%
External	95,462,000	12,376,888	13%
8602 - Medical Research	17,746,700	14,646,800	83%
Domestic	17,746,700	14,646,800	83%
8603 - Medical Infrastructure And Equipment Maintenance	1,207,015,406	755,071,491	63%
Domestic	685,009,442	623,525,027	91%
External	522,005,964	131,546,464	25%
8604 - Medical Procurement And Distribution	24,406,974,552	29,464,759,925	121%
Domestic	24,406,974,552	29,464,759,925	121%
8605 - Blood Transfusion	1,117,634,638	897,715,554	80%
Domestic	457,007,298	450,581,759	99%
External	660,627,340	447,133,795	68%
8606 - Lab Diagnostic Quality Assurance	1,214,302,357	1,132,115,519	93%
Domestic	603,710,755	550,678,706	91%
External	610,591,602	581,436,813	95%

RBC Budget execution performance cont'd

87 - Disease Prevention And Control	12,050,334,816	9,294,475,828	77%
8701 – HIV/Aids, STIs And Other Blood Borne Diseases	2,364,748,196	2,181,731,569	92%
Domestic	925,971,038	862,409,927	93%
External	1,438,777,158	1,319,321,642	92%
8702 - Malaria And Other Parasitic Diseases	3,265,078,832	3,080,098,346	94%
Domestic	2,963,922,318	2,786,596,212	94%
External	301,156,514	293,502,134	97%
8703 - Vaccine Preventable Diseases	3,190,216,099	1,810,140,272	57%
Domestic	1,335,045,966	1,330,186,708	100%
External	1,855,170,133	479,953,564	26%
8704 - Epidemic Infections, Diseases	758,267,422	428,093,138	56%
Domestic	73,386,100	73,386,100	100%
External	684,881,322	354,707,038	52%
8705 - Non-Communicable Diseases	1,227,550,319	734,762,587	60%
Domestic	66,794,199	65,959,745	99%
External	1,160,756,120	668,802,842	58%
8706 – TB and Other Respiratory Communicable Diseases	678,609,557	602,951,295	89%
Domestic	377,411,063	346,237,212	92%
External	301,198,494	256,714,083	85%
8707 - Mental Health	565,864,391	456,698,621	81%
Domestic	62,710,400	57,998,395	92%
External	503,153,991	398,700,226	79%

Explanatory notes - low Budget execution performance

- Some figures are not the same between the budget and the execution especially with the external part (CDC) and this is due to the fact that some payments are paid directly via the National Bank of Rwanda and not captured by the system (IFMIS)
- Delay in disbursements especially by UN agencies
- Some projects are not bound with usual timeframes (January-December or July-June) and are ongoing(PTBI, 12+);
- Closing of some projects such as CIFF and World Bank-EAPHLN projects
- Grants are still under negotiation for reallocation especially GAVI projects

Improvements- Budget execution performance

- Nevertheless, there are some improvements in Procurement with the e-procurement system; now procurement is made on time
- Improvement in planning and budgeting with the usage of Integrated Financial Management Information System in HFs
- Close monitoring of implementation of recommendations of the Auditor General;
- Development of clear Standard Operating Procedures (SoPs), checklists, guidelines at both central and decentralized level to improve service delivery and enforce accountability at all levels.

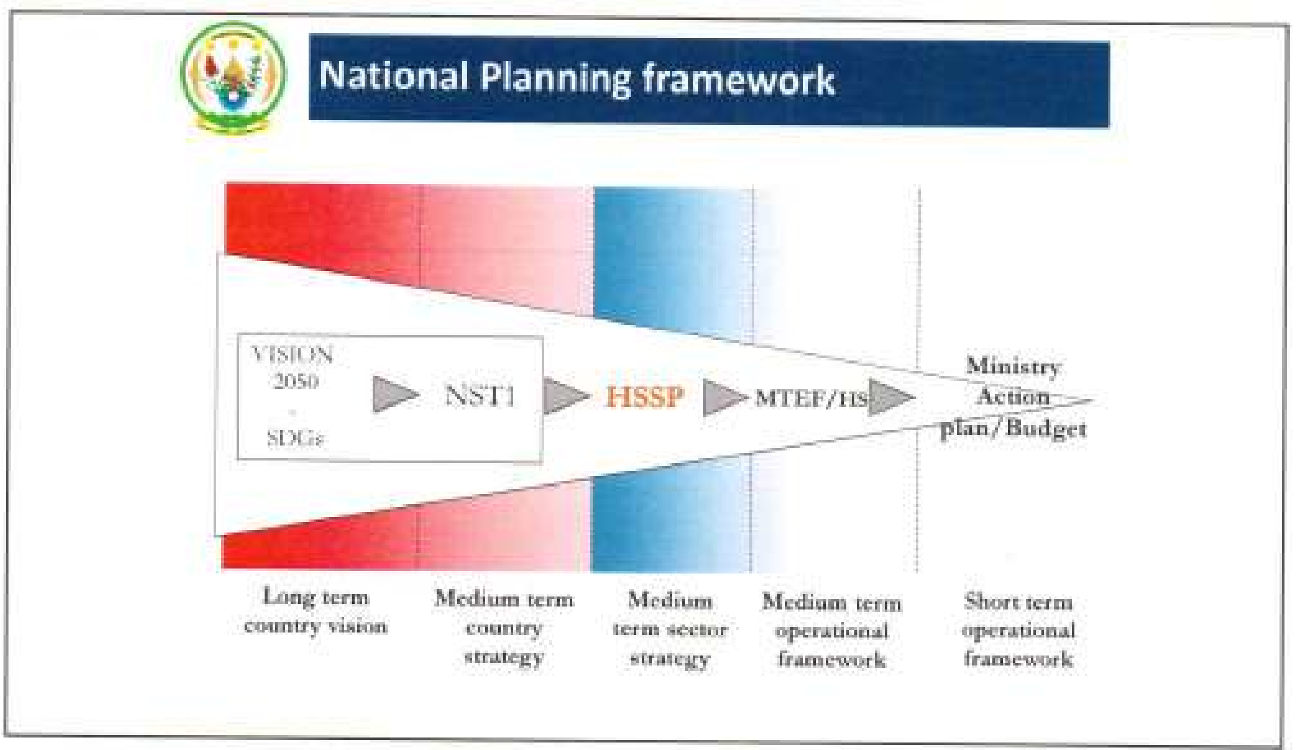
THANKS

Rwanda HSSP 4 Development (2017-2024)

Vision of the health sector

"Pursuing an integrated and community-driven development process through provision of equitable and accessible quality health care services"

This is in the line of the country's vision ***"to be become a high income country by 2050"***


National Planning framework
VISION
2050
SDGs
NST1
HSSP
MTEF/HS
Ministry
Action
plan/Budget
Long term
country vision
Medium term
country
strategy
Medium
term sector
strategy
Medium term
operational
framework
Short term
operational
framework

NST 1 Pillars
Economic Transformation
Social Transformation
Transformational Governance

Social Transformation

The Overarching objective of the Social Transformation Pillar is to «*Develop Rwandans into a capable and skilled people with quality standards of living and a stable and secure society*»

Underpinned by the following Strategic Objectives:

1. Move towards a Poverty Free Rwanda.
2. Ensure a Quality and Healthy Population
3. Develop a competitive and Capable Rwandan Population
4. Ensure Quality of education for all aiming at building a knowledge-based economy
5. Transition to a modern Rwandan Household in urban and rural areas

Social Transformation Priorities

1. Eradicate Malnutrition;

- Strengthen Multi-sectoral coordination through the Nutrition Secretariat and strengthen the social cluster coordination at decentralized levels up to the village
- Distribute Food and vitamin supplements using Fortified Blended Food (FBF), one Cup of milk per child, to those already affected
- Promote the 1,000 days of good nutrition and care at village level
- Sensitize on good nutrition practices through ECDs and health centers

Social Transformation Priorities

2. Enhance demographic dividend through access to quality Health for all;

- Construct and upgrade Health facilities with basic infrastructure.
- Increase the number and quality of human resources for health including: general practitioners, specialists, nurses and qualified administrators
- Establish model health centers of excellence through partnership with private investors
- Promote industries in pharmaceuticals and manufacturing of medical equipment as well as support medical research
- Identify innovative sources of financing for the health sector including Public Private Partnerships, Public Community Partnership for health financing and sustainable model for Community Based Health Insurance (CBHI).
- Strengthen disease prevention awareness and reduce Communicable and Non Communicable Diseases (NCDs).

Outline - HSSP IV Development

- Introduction
- Process of the HSSP 4 Dev'p and Key Dates
- Key Priorities by Services, Programs and Health Systems
- Key Indicators and Targets
- Way forward

Introduction

- Rwanda's fourth HSSP is proposing a paradigm shift, linking it with Rwanda's National Constitution and Vision 2050, the Health Sector Policy 2015, EDPRS 3, Universal Health Coverage (UHC) principles and the Sustainable Development Goals (SDGs).

- HSSP4 has been designed to be responsive to the country's aspiration to become high-income country with better quality of life of the population

Process of the HSSP 4 Dev'p and Key Dates

- 2nd Week of May 2017: Key Priorities for the HSSP 4 and Indicators for the vision 2050 were drafted

- June 2017: Presented to ISMM and submitted to Minecofin for consideration

- 3rd week of June 2017: Consultative workshops with health sector stakeholders to draft HSSP 4

- 2nd week of July 2017: 2nd Consultative workshops with health sector stakeholders to draft HSSP 4

- 3rd week of July 2017: Submitted the draft HSSP 4 to Minecofin for inputs and comments

Process of the HSSP 4 Development and Key Dates

- 3rd Week August 2917: Consultants integrated inputs into the documents and addressed comments
- 4th week of August 2017: Core team (MoH, RBC and DPs) Workshop to review the HSSP 4
- 4th Week of August 2017: Updated HSSP 4 submitted to MoH and RBC leadership for final review
- 8th September 2017: 2nd draft HSSP 4 has been submitted to MINECOFIN for comments and inputs.

HSSP IV Priorities

Chapter 1. ESSENTIAL SERVICES ACROSS THE LIFE CYCLE	
MCCH (Pregnancy, Early Life and Children)	• Improve and sustain quality of MCH services/Focus on decreasing maternal and neonatal mortality • Increase ANC and Postnatal care uptake • Improve community mobilization to increase facility delivery
Nutrition	• Community education and awareness on dietary and complementary feeding practices • Prevention and management of malnutrition (acute and chronic) • Improve multi-sectoral collaboration
Community Health	• Support the Capacity Building and support of CHWs • Ensure the sustainability of CHW Program • Ensure the availability of commodities for the program
ASRH & GBV	• Integrated education on SRH (target groups : Young and Adolescents) • Scaling up the Integrated management of GBV cases (IOSC model) • Support the social reintegration of the GBV cases
Family Planning	• Improve access / quality to FP services with a focus on long term methods (Postpartum FP) • Coordination of stakeholders on FP uptake awareness • Increase outlets

HSSP IV Priorities

Chapter 2. COVERAGE OF ESSENTIAL HEALTH INTERVENTIONS	
Infectious Diseases	• Sustain universal access to HIV testing and treatment • Improve prevention and management of blood borne diseases • Ensure the effective prevention and efficient management of malaria cases and other parasitic diseases • Ensure early detection and effective treatment of TB and other respiratory & lung diseases
NCDs and Injuries	• Ensure early detection of NCDs • Increase access to specialized NCDs treatment • Reduce premature death • Ensure prevention and management of unintentional injuries
Mental Health	• Increase Mental Health Services Coverage • Ensure access to specialized mental health services and other services to people living with disabilities

HSSP IV Priorities

Health Promotion	• Ensure BCC for better health promotion and prevention • Educate population on Hygiene and sanitation
Environmental Health	• Improve Health care waste management within the Health Facilities; • Improve WASH services within the community- and public places • Ensure Food Safety and Hygiene in Food Establishments • Ensure Water Quality within the Community; • Ensure Community Health Clubs are functional country-wide • Improve Household sanitation and hygiene practices
Health Security (Epidemic Surveillance and Response)	• Ensure the implementation of International Health Regulation (IHR) and Global Health Security (Detect, Prevent, and Respond to the epidemic emergencies • Strengthen laboratory capacity for detection and diagnosis of outbreaks & emerging infectious diseases

HSSP IV Priorities

Chapter 3. HEALTH SYSTEMS AS INPUTS & ACTIONS	
Health Workforce (HRH)	• Improve quantity and quality of HRH to respond to health needs • Strengthen HRH management at central and decentralized level (focus on retention strategies)
Medical products and Commodities	• Development of pharmaceutical industry plants for production of medical products, devices and commodities and also research (clinical trial & drugs development) on emerging superbugs • Ensure and sustain the availability of essential medicines (vital and non-vital), vaccines and blood components • Reinforce food and medicines regulations
Service Delivery and Quality improvements	• Ensure geographical and financial access to health care services **(especially number of Health posts)** • Establish and institutionalize quality improvement (accreditation) mechanism/framework • Ensure access to safe surgical care in HFs at secondary and tertiary levels • Strengthen the management of health care technology • Ensure availability of IT infrastructure to improve health services delivery • Support and sustain the cost of care for constant improvement of the health system (ex. access to quality treatment of cancer, kidney, CVD, drug addiction & abuse etc.) • Improve the pre-hospital and emergency services

HSSP IV Priorities

Leadership and Governance	• Reinforce the compliance with policies, laws and regulations • Strengthen the role of coordination with the private sector and other key stakeholders in the health sector • Strengthen management of decentralized health systems by district leaders and HF managers • Improve the coordination of health professional bodies for efficiency (e.g. Establish an umbrella)
Health Information Systems	• Synchronize all HIS systems together and link them with EMR to improve the patient management and data use for decision making • Promote new health care technologies to improve quality of health services (E-health initiatives)
Health Financing	• Ensure financial sustainability of Health sector (increase domestic budget, optimization, efficiency, collaboration with the private sector and PPP..) • Promote new innovative financing mechanisms for high impact interventions and emerging diseases • Ensure periodic revision of health insurance package

Sector Performance Indicators

Impact Indicators	Baseline 2014/15	MTR 2020	End 2024	Frequency/ reporting	Source of data
Population of Rwanda (millions) (estimates)	12 (2017)	13	14.5	Annual	NISR
Life expectancy at Birth	65	EDPRS III targets	EDPRS III targets	Annual Projection	Census and NISR Projections
Population Growth Rate	2.4	EDPRS III targets	EDPRS III targets	Annual Projection	Census and NISR Projections
Maternal Mortality Ratio/100, 000 Life Births (LB)	210	168	126	5 years	DHS
Neonatal Mortality Rate/1000 LB	20	18	15.2	5 years	DHS
Under five mortality rate	50	48	35		
Infant Mortality Rate/1000 LB	32	28	22.5	5 years	DHS

Sector Performance Indicators

OUTCOME/OUTPUT INDICATORS	BASELINE 2016	TARGETS 2020	TARGETS 2024
Prevalence of Stunting	38	29.9	19
ANC coverage (4 standards visits)	44	47	51
Percentage of births attended by skilled health professionals	91	>90	>90
Percentage of new-borns with at least one PNC visit within the first two days of birth	19	25	35
Modern contraceptive prevalence rate	48	54.6	60
Percentage of Children 12-23 months fully immunized	93	>93	>93
Exclusive Breastfeeding < 6 months	87%		
Teenage pregnancy and motherhood rate (15-19 years)	7.3	<7	<7
Unmet need for Family Planning	19	17	15

Sector Performance Indicators

Access to services- OUTPUT Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Number of sectors without health centres	17	8	0
Number of super specialised health facility (**to reduce the abroad referrals and promote medical tourism)	4	6	8
Surgical procedures per 100,000 population	971	1,500	3,000
Perioperative mortality rate (due to surgical procedure)	3.11		
Ratio ground ambulance / population	1/50,505	1/50,000	<1/50,000
Average time to walk to a nearby HF (in minutes)	56.5	50	45
Number of hospitals with functional basic maintenance system (trained manpower, available tools and space for operations)	8	42	50
Number of referral hospitals with functional telemedicine facilities	1	3	4
Percentage of health centres without electricity (not connected to a nearby grid)	17.2	0	0
Percentage of Health centres with functional internet and local area network connectivity	36.5	50	60
Medical Products- OUTPUT Indicators	**BASELINE 2016**	**TARGETS 2020**	**TARGETS 2024**
% of health products and health technologies readily available at the Central Medical Warehouse	55	80	90
% HFs with < 5% of vital medical products stock-outs	87	>95	>95

Sector Performance Indicators

L&G- OUTPUT/PROCESS Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Citizen level satisfaction rate with health services	77.4	80	>85
Existing of an umbrella for all health professional regulatory bodies	0	1	1

HIS & Research- OUTPUT/ PROCESS Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Percentage of causes of deaths are reported according to ICD10	NA	100%	100%
Percentage of births registered according to the CRVS	NA	100	100
% of public health facilities (HC,DH,PH and RH) using EMR full package system	4%	43%	72%
% of private facilities regularly reporting through national data collection systems (DHIS-2 and e-IDSR)	54%	100%	100%

OUTCOMES /INPUT/PROCESS Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Proportion of household expenditure on health as a share of total household income	NA	<25	<10
Proportion of population covered by a health insurance	90	>90%	>90%

Thank you

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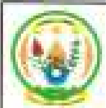
Health Sector Key priorities for 2018-2019

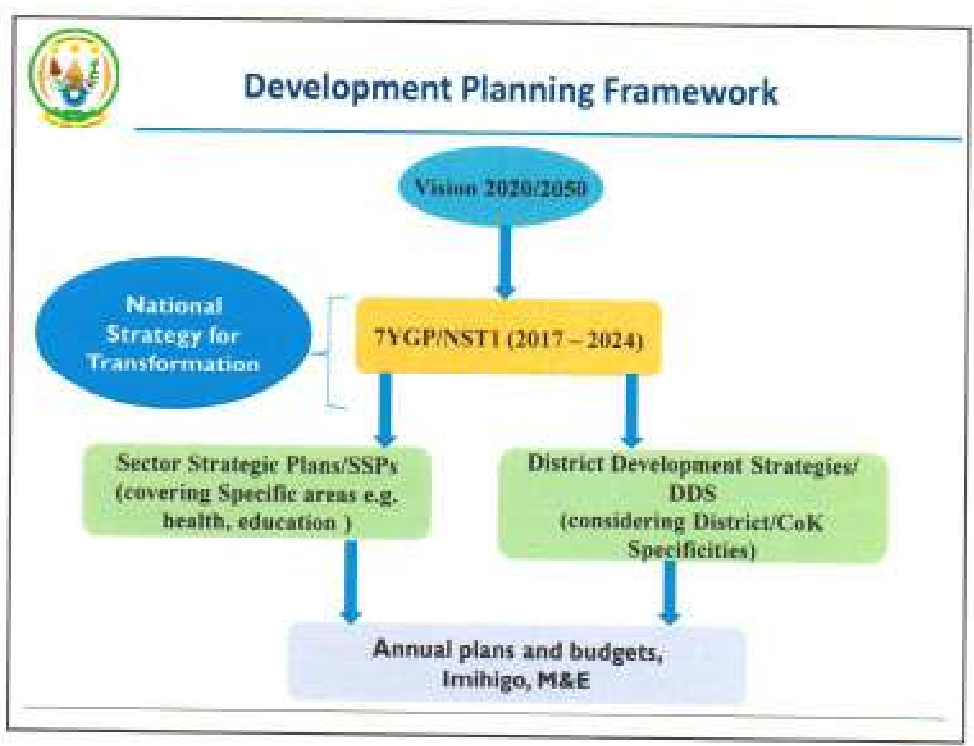


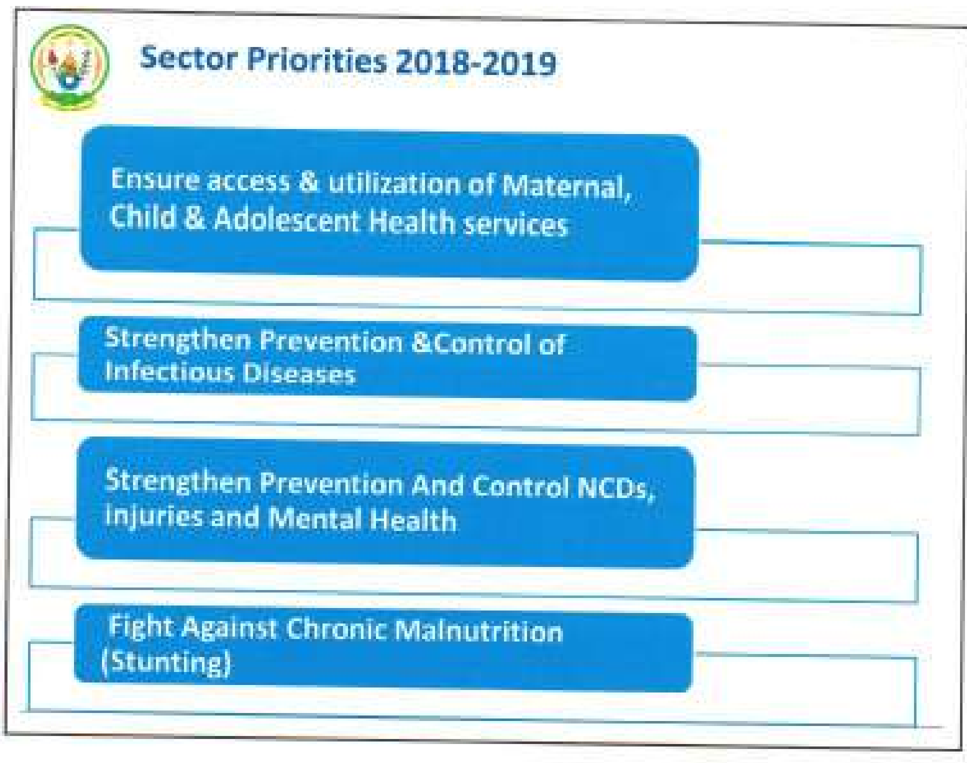
Outline

- Source of Health Sector Priorities for 2018/2019
- Development Planning Framework
- Health sector key priorities 2018-2019
- Key interventions by priority
- Investment Plan - 2018-2019

Source of Health Sector Priorities for 2018/2019

- National and international Strategic Documents:
  - SDG's
  - Vision 2020/2050
  - NST1
  - Draft HSSP IV
- Resolutions from High Level instances
  - Resolutions of National Dialogue Council
  - Presidential Pledges
  - Cabinet decisions
  - Parliamentarians recommendations/ resolutions
- Evidence from surveys and routine data




Sector Priorities 2018-2019
Ensure access & utilization of Maternal, Child & Adolescent Health services
Strengthen Prevention &Control of Infectious Diseases
Strengthen Prevention And Control NCDs, injuries and Mental Health
Fight Against Chronic Malnutrition (Stunting)

Sector Priorities 2018-2019
Enhance Service Delivery & Quality improvement
Increase quantity and quality of HRH
Data use in evidence based decision making for Planning and M&E
Health Financing and Leadership & Governance

Key interventions by priority

Ensure access and utilization of Maternal, Child & Adolescent Health services	•Increase ANC and PNC uptake •Improve multi-sectoral collaboration in FP uptake awareness •Scale up Postpartum FP (PPFP) in all health facilities •Increase the access and coverage of ASRH services for Adolescent and youth •Scaling up the management of GBV cases (IOSC model)
Strengthen Prevention &Control of infectious Diseases	• Strengthen the "test and treat all "strategy and promote utilization of HIV prevention & treatment services • Scale up prevention, testing and treatment of Viral Hepatitis and improve access • Support the vector control – Malaria (IRS) • Improve the TB case finding and screening strategies • Improve the control & management of epidemics
Strengthen Prevention &Control of NCD, injuries &Mental Health	•Promote community education and awareness on practices to prevent NCD risk factors and road safety •Improvement cancer management (i.e radiotherapy services) •Scale up mental health program at the community level

Key interventions by priority

Fight Chronic Malnutrition

- Improve the coordination of stakeholders in the implementation of nutrition program
- Strengthen ECD program at community level to increase knowledge on good nutrition practices
- Strengthen early identification and management of malnutrition;
- Promote good feeding practices.
- Implement Fortified Blended Food

Key interventions by priority

Enhance Service Delivery & Quality Improvement

- Continuous support building of HC and Health posts in remote areas
- Strengthen HF capacity in equipment maintenance
- Improve the customer care in HFs
- Support to the Accreditation Body and Expand the program to HCs
- Improve availability and accessibility of Medicines & medical commodities in HFs
- Improve pre hospital and emergency services using technologies
- Expand the EMR solutions for better service delivery in HFs
- Promote the digitalization of services in the sector (online platforms)
- Improve safe surgery and anesthesia at secondary level

Increase quantity and quality of HRH

- Diversify education for health professionals using regional professionals accredited institutions
- Ensure the retention of Health professionals – Implementation of MAG and dual practice
- Strengthen the Internship program to increase the quality in clinical practice

Key interventions by priority

Data use in evidence based decision making for Planning & M&E

- Initiate NCD registries (Cancer, Diabetes and HTA)
- Strengthen the Vital Statistics especially the mortality committee
- Promote the development of policy and research briefs to inform policy making and strategies design
- Build staff capacities in research at all levels of health care provision

Health Financing and Leadership & Governance

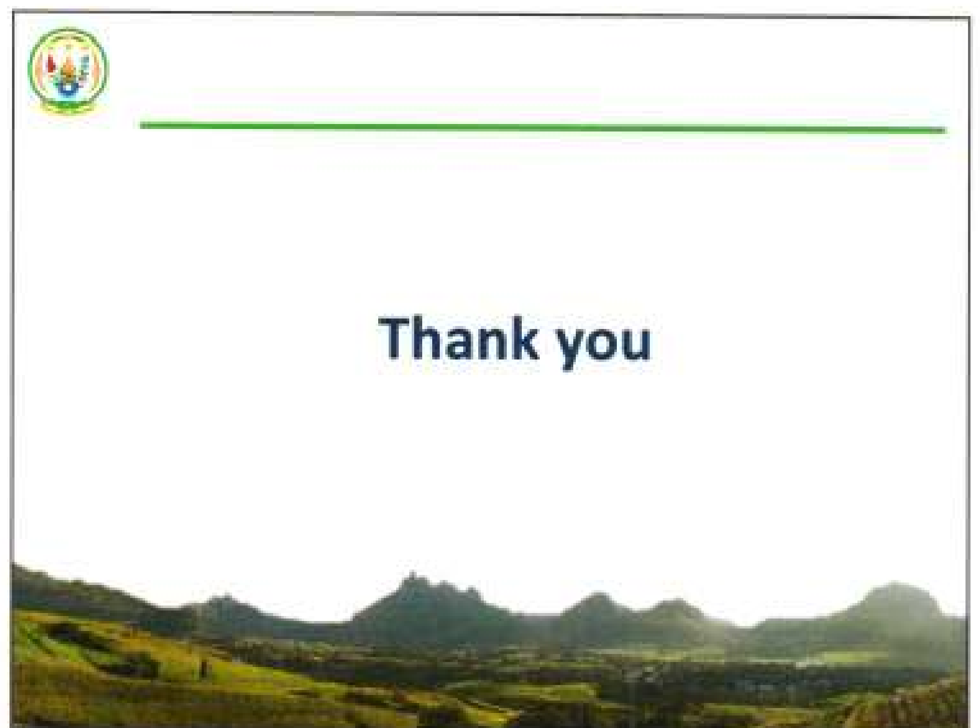
- Reinforce District Health Units (DHUs) to effectively coordinate health activities at District level
- Increase the private sector engagement with the implementation of the PPP law (e.g IRCAD)
- Improve finance, accountability and management in HFs (IFMIS, IPPS and audits)
- Continue the support to CHW cooperatives for sustainability
- Initiate and implement innovative financing mechanisms to raise additional funding for the sector (Health bonds)

Investment Plan- FY 2018/19

Planned Projects	Source of Budget	Budget
Rehabilitation/Extension of Byumba Hospital	GoR	4,135,652,081
Construction of Nyabikenke District Hospital	GoR	7,000,000,000
Construction of Gatonde Hospital	GoR	2,490,950,910
Construction of Gatunda Hospital	GoR	3,658,354,962
Construction of NYARUGENGE DH	BTC /UB	5,970,000,000
Construction of Ruhengeri Referral Hospital	GoR	9,400,000,000

Investment Plan - FY 2017/18

Planned Projects	Source of Budget	Budget
Construction of Munini District Hospital	KUWAIT FUNDS	7,910,206,958
Construction of Gasabo DH	GoR	6,500,000,000
Upgrading Masaka DH into a University Teaching Hospital	Peoples of Republic of Chine	NA
Construction of Muhororo DH	GoR	7,000,000,000
Construction of Laundry block and Fence at NYAGATARE DH	GoR	430,000,000
Construction of a Research and Training Institute Against Digestive Cancer (IRCAD) in Rwanda	GoR	7,700,0000


Thank you

HEALTH SECTOR JOINT FIELD VISITS

October 24-26, 2017

Overall Objective

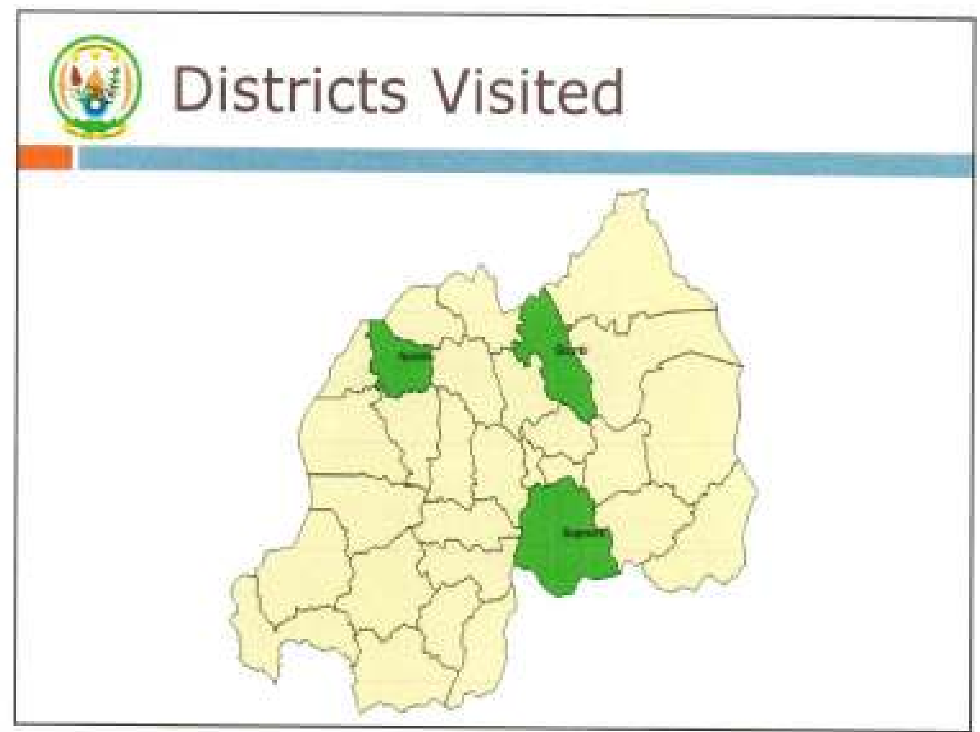
To reinforce the implementation of HSSP III and Memoranda of Understanding (MoUs) at District level and assess Partners' contribution in the Health Sector

Purpose of the visit

- To monitor the implementation of District Health Strategic Plan
- To observe the contribution of stakeholders' interventions on the Rwandan population and their alignment to the district priorities
- To create an environment of peer-to-peer learning between stakeholders in the health sector and health providers on ground
- To guide and enforce harmonization of interventions by different stakeholders at the district level
- To assess progress in implementing recommendations made by the stakeholders in the previous field visit

Location and participation

- Three District were visited: **NYABIHU, GICUMBI** and **BUGESERA**
- The team of Central level was led by Dr Parfait Uwaliraye, Director General of PHFIS and Ms. Lisa Godwin (USAID) Co-Chair of the HSWG and Chair of DPs
- District level Mayors and V/Mayors; DHMT members were represented as well local NGOs and civil society organizations



Nyabihu District Health Profile

Profile:

- District Hospital (Shyira Hospital)
- 16 HC in 12 sectors
- 10 HP in 73 cells,
- 1,407 CHWs in 469 villages
- 295,000 targeted pop
- 556 inh./km2

Indicators:

- FP coverage 38.1 to **54.8%** (June 2014 to June 2017) for all women and from 51.8 to **74.7%** for married women of the same period.
- 4 ANC visits 22.4%(2014) to **37.6%** (2017)
- Health facilities deliveries 88.9% (2014) to **94.1%** (2017)
- Neonatal mortality 21.2/1000 (2014) **12.9/1000** (2017)
- U5M 51/1000 (2014) to **37/1000** (2017)
- CBHI 72.4% (2014) to **80.6%** (2017)
- Stunting 59% (2015) to **47.5%** (2017)

Key findings/Nyabihu District

Area/challenges	solutions
Hygiene: only 50 % have improved latrines	Strengthen hygiene clubs for mobilization of the community toward good hygiene practices
Family planning issues: Insufficient men involvement in FP	Increase the outreach to include men in the FP Scale up postpartum FP
4 ANC: Coverage at 36.7%, below national target of 40%	Community mobilization for early ANC, improve the customer care for ANC, mentorship in ANC at HC, CBNMH at community level, follow up by CHWs
Nutrition: High rate of stunting (47.5% in 2017)	Increase knowledge, attitudes and practices for balanced diet in the community, to vary the food production.
Coordination of Partners: (1) Potential gaps for equitable distribution of partners support (2)Alignment to District priorities	JADF District to do the mapping of DPs for better reorganization of their DPs location and alignment to the priorities accordingly.
CBHI coverage: Coverage rate at 80.6% in 2017	Increase population sensitization on CBHI enrollment

Gicumbi District Health Profile

Profile:

District Hospitals (1)

District Pharmacies (1)

24 HCs+ 1Medicalized HC in 21 Sectors

22 Health Posts Cells in 109 cells

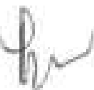
1,929 CHWs in 630 villages

Indicators:

- CBHI (Oct 20th): **81.2%**
- Teenage Pregnancies: **7%**
- 4 ANC Visits: **25 %**
- HF Deliveries: **94%**
- FP coverage: **61%**
- HIV Prevalence among female pop: 4.6 vs 2.3
- Stunting: 36.6 %
- HH with Improved Latrines: 74.6

Key findings/Gicumbi District

PROGRAM	KEY CHALLENGES	SOLUTIONS/ STRATEGIES
MCH: 4 ANC And FP (Teenage Pregnancies)	• Cultural barriers: sexual education for children and teenagers • Limited Access to reproductive health services (FP services in Faith-based HF) • Misconceptions and fear about modern methods of FP	• Meetings of CHWs with local leaders on importance of 4 ANCs Visits • Umugoroba w'Ababyeyi(CNF) Training of Teachers on sexual reproductive health, • To make existing youth corner services in HF functional • Training of Family Planning services providers on side effects management
NUTRITION	• Weakness of CBN (cooking demonstrations) • Limited use of Micronutrients (Milk, Ongera) • Insufficient information about balanced diet, • Big family size	• Strengthen CBNP (cooking demonstration) • Increase consumption of Micronutrients (Ongera, Milk, fortified food...) • To support pregnant and lactating mothers vulnerable households (1st 1000 days) with Kitchen Garden, vegetable seeds and small livestock



Key findings/Gicumbi District

ACTIVITY	KEY CHALLENGES	SOLUTIONS
HYGIENE & SANITATION	• Insufficient Clean Water Supply • Low socio-economic status for Ubudehe I and II	• Supply of Water with DP Support • TOT in All Administrative Sectors on **CBHEPP** • Vision Umurenge Program (VUP) – to improve Socio-Economic Status of the District Population • Continuous Sensitization of Population and House to House Supervisions
PLANNING PROCESS	• Budget constrains to implement planned activities	• DPs to support Integrated Health Planning Process
COORDINATION & MONITORING HEALTH ACTIVITIES	Limited funding for Coordination and Monitoring of implementation of planning process	Explore the cost sharing between districts and HFs in M&E and coordination activities

Bugesera District Health Profile

- **Profile:**

Surface area: 1,337 km2
Pop (2017): 418,011 inh. (with Growth rate 3,1)
Density: 280 inh. per km2.
District Hospitals (1)
District Pharmacies (1)
15 HCs 15 Sectors
48 HPs in 72 cells
1,707 CHWs in 569 villages

- **Indicators:**

CBHI coverage rate: 74%
4 ANC visit coverage 47.6%
HF DELIVERIES 90.6%
FP coverage: 60.9 %
HH with improved latrines: 80.21%
Stunting:39.4%
Teenage pregnancies: 6.1 %

Key findings/Bugesera District

Health Issues/Challenges	Solutions
Maternal Mortality: **Low coverage of 4 ANC** **Home/non assisted deliveries**	• Extension and rehabilitation of Gakurazo, Gihinga, Mwogo, Ntarama, and Ngeruka HCs • Provision of 3 additional ambulances at HCs • Construction of health posts in all cells
Increased Malaria morbidity	Increase the supply of mosquito nets at households
CBHI coverage rate	Increase community mobilization efforts

Recommendations

- **Low coverage for 4 ANC and high home deliveries:** Community mobilization for early ANC, improve the customer care for ANC, mentorship in ANC at HCs, follow-up of pregnant women by CHWs
- **Family planning and teenage pregnancies**: Need to strengthen the coordination efforts to understand issues and to address barriers; increase the accessibility to ASRH information and FP methods to adolescents; Ensure the effective functionality of existing youth corner services
- **CBHI coverage:** identify causes for low or late enrollment and provide adequate and lasting solutions (e.g. payment mechanisms and adjusted timeline)
- **Malnutrition:** Increase knowledge, attitudes and practices for balanced diet in the community, to vary the food production
- **Coordination of DPs:** Better alignment of Development Partners to District priorities, integrated planning

General conclusions

- Very positive experience
- Appreciated by all participants, both from Central and Decentralized levels
- Involvement of civil society and implementing partners in the districts
- Good ownership and understanding of decentralized health system by local leaders
- Next field visits to include HPs

THANK YOU!

SDGs DOMESTICATION

Health Sector

General information

Health SDGs indicators are 31 and among them :

- 14 indicators have baseline
- 17 indicators do not have baseline

Yr

INDICATORS WITH BASELINE

NO	SDGs indicators	Indicator – Existing Strategies	Baseline (latest)	Data Source
1	Prevalence of stunting among children under 5 years of age	Prevalence of Stunting among Children under 5	38%	DHS
2	Prevalence of malnutrition (among children under 5 years of age, by type (wasting and overweight)	Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight)	weight for height >+2 =1.2% and weight for height <-2 =2.9%	DHS
3	Maternal mortality ratio	Maternal mortality rate	210	DHS
4	Proportion of births attended by skilled health personnel	Percentage of births attended by skilled health professionals	91%	DHS
5	Under-five mortality rate	Under-five mortality rate	50	DHS
6	Neonatal mortality rate	Neonatal mortality rate	20	DHS

NO	SDGs indicators	Indicator – Existing Strategies	Baseline (latest)	Data Source
7	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	2.7	RAIHIS
8	Tuberculosis incidence per 1,000 population	TB incidence per 100,000 population	59	WHO report 2016 and HMIS
9	Malaria incidence per 1,000 population	Malaria incidence per 1,000 population	184	DHS and HMIS
10	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Modern contraceptive prevalence rate	48%	DHS
11	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	70	DHS

NO	List of SDGs indicators for Health sector with baseline	Indicator – Existing Strategies	Baseline (latest)	Data Source
12	Number of people covered by health insurance or a public health system per 1,000 population	Proportion of population covered by a health insurance	90	EICV
13	Health worker density and distribution	1. Doctor/ Pop ratio 2.Nurses/Pop 3. Midwives/Pop 4.Lab tech/Pop 5. Pharmacist/pop ratio	1/10,055 1/1,094 1/ 4,064 1/ 10,500 1/ 16,871	Health Professional Bodies Statistics, Report, Annual Statistical Booklet
14	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.	Tot 63%, male 62% Female 63.3% (DHS 2015)	DHS

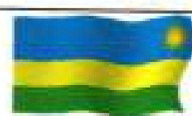
NO	List of SDGs indicators for Health sector without baseline	Indicator – Existing Strategies	Baseline (latest)	Data Source
15	Hepatitis B incidence per 100,000 population	Hepatitis B incidence per 100,000 population.	NA	Survey/HMIS
16	Number of people requiring interventions against neglected tropical diseases	1. Proportion of targeted population who received MDA (Mass Drugs Administration) for NTD prevention and control 2. Prevalence of Soil Transmitted Helminthiasis (STH) among children from 1 -15 years old 3. Prevalence of Schistosomiasis (SCH)	96 45.2 1.9	HMIS Mapping Report Mapping Report
17	**Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease**	**Premature Mortality rate attributed to cancer, diabetes and HTA**	**NA**	**Annual Statistical Booklet/Vitals Statistics**
18	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Proportion of new cases treated in health facilities for mental disorders	0.1	HMIS

NO	List of SDGs indicators for Health sector without baseline	Indicator – Existing Strategies	Baseline (latest)	Data Source
19	**Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol**	**Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol.**	**NA**	**Step study can provide baseline. Lack Disaggregated data by age**
20	**Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)**	**Service availability readiness score (including emergency services)**	**NA**	**ISS/SARA Reports**
21	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.		DHS

NO	List of SDGs indicators for Health sector without baseline	Indicator – Existing Strategies	Baseline (latest)	Data Source
22	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Age-standardized prevalence of current tobacco use among persons aged 15 years and older.	12.9	DHS/STEP Study
23	Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	Percentage of Health Facilities with < 5% of medical products stock-outs	87	E-LMIS
24	**Total net official development assistance to medical research and basic health sectors**	**Proportion of total budget allocated to research activities (both domestic and external funds)**	**NA**	**HRTT**
25	**International Health Regulations (IHR) capacity and health emergency preparedness**	**International Health Regulations (IHR) core capacity index**	**NA**	**Joint External Evaluation Reports**
26	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.		DHS

WAY FORWARD

- SDGs indicators related to the health sector have been included in HSSP IV and other sub-sector strategies.
- Proxy indicators were selected to monitor the achievement of SDGs targets.
- To review the current metadata dictionary to harmonize the indicators definition for better reporting
- Existing national information systems will be strengthened to capture disaggregated data than will be used to report



MOH- STATUS OF IMPLEMENTATION OF OAG AUDIT RECOMMENDATIONS , FY 2015-2016

Presented by : NDAGUJIMANA Félicien

23/11/2017 1

Introduction

- OAG conducted an audit on MOH for the period ended 30 June 2016;
- OAG Audit Report was split into two components with audit opinion as follows :
  - Financial statements : **Unqualified opinion /clean audit report**
  - Compliance : **Adverse opinion**
- OAG Audit issues not yet fully addressed , basis of adverse audit opinion.
- Recurrent OAG Audit issues already addressed

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Recommendations partially implemented

Findings	Corrective measures
1.Defects not yet corrected on mortuary construction at Mugonero Hospital despite several reminders	The MOH wrote to the contractor cancelling the contract and right after to the insurance requesting the payment to MOH of an amount totalling the performance security. Once the funds is recovered, MOH will proceed with finishing the construction works.
2.Lack of utilization reports for transfers to non-reporting government entities (Frw 143,860,103)	Out of 143,860,103 Frw, the amount of 94,801,905 Frw have been retrieved. MOH is still following up to get the justification reports of the remaining balance. MOH put in place the procedures that governs the funds transfer, implementation, and follow up and reporting to avoid such issues. In addition, Smart IFMIS used by hospitals in financial management helps to generate the report easily.
3. Weakness in monitoring Mutuelle de Santé beneficiaries funded by MoH Observation	RSSB provided to MOH the utilization reports, including list of beneficiaries. In addition, MOH carried out the assessment (counter verification) to ascertain if members received the membership. In order to improve the overall management of CBHI, MINALOC (LODA), MOH and RSSB are finalizing a tripartite agreement that defines roles and responsibilities in the management of CBHI program and funds.

Recommendations partially implemented

Findings	Corrective measures
4. Incinerator at MAGERAGERE site not yet put to use. The installation and construction works are completed but there are equipment and works required to make fully functional the incinerator :Water recycling, Hangar (Shelter) of waste and Retaining wall is need behind the building to protect the wall.	MOH is closely working with MOD for final revised quotation to complete the water recycling plant; hangar of waste and retaining wall. MOH is also discussing with RDB about the private management of this incinerator.
5. Long outstanding and omitted receivables from services rendered by SAMU to CBHI members equals to Frw 8,519,792	Implementation modalities for SAMU services reimbursement are being finalized and then shall be validated for future use.
6. Lack of insurance policy to cover the Ministry's assets against disaster	The MOH secured funds during budget revision of FY 2017/18 to cover the cost of the insurance
7. Funds transferred to Mibirizi District Hospital for Kitchen refurbishment not utilized equals to Frw 43,275,225	Mibirizi DH is mobilizing more funds to construct a new kitchen

23/11/2017 4

Recommendations partially implemented

Findings	Corrective measures
Unused medical equipment supplied by MoH to the Health Facilities , eg : -Equipment in operating theatre of Kinihira, Ruhango Hospital -CT SCAN Kibuye & Dermatone in CHUK	•The Ministry of Health established an infrastructure and equipment committee that analyzes and approves the technical specifications before tendering process; • Unused equipment were re-distributed to the health facilities that need them; • MoH technical staff carry need and readiness assessment which is approved by Infrastructure and equipment committee prior to tendering process; • Training of public hospitals biomedical engineers in IPRC (41 graduated and 27 are still in training) , Maintenance officers at hospitals are upgraded ni the new structures

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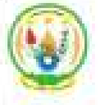


RBC - STATUS OF IMPLEMENTATION OF OAG AUDIT RECOMMENDATIONS , FY 2015-2016

23/11/2017 6

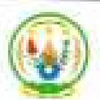
Introduction

OAG conducted an audit on RBC for the period ended 30 June 2016;

OAG Audit Report was split into two components with audit opinion as follows :

Financial statements : Qualified opinion /Except for audit opinion

Compliance :Adverse opinion



Recommendations partially implemented

Finding	Corrective measures
1. Long outstanding accounts payable Creditors' balances totaling Frw 303,007,620 were brought forward from the previous year and at the time of the audit in March 2017, they had not yet been settled, thus outstanding for more than a year. In addition, among these long outstanding payables, balances totaling Frw 18,118,159 were not supported by any verifiable documents.	Those with support documents have been cleared (more than 253 Million have been subsequently paid). A balance of Frw 10,097,373 resulting from an accounting errors has been written off after Board's approval. As far as unsupported balance is concerned, RBC management HAS issued confirmation letters and is carrying out reconciliation with respective creditors.

Recommendations partially implemented

Finding	Action taken
2. Delayed works for rehabilitation and renovation of ISANGE One Stop Centers in various hospitals - The provisional handover took place on 13/03/2016, implying a delay of 102 days beyond the expected execution period; - Defects noted during provisional handover had not been corrected by the time of the audit report was issued in April 2017; - By March 2017, the rehabilitation of Ruhango Isange One Stop Center had not been initiated and no progress was reported.	Observed defects were corrected. For the construction of Rugango IOSC, the budget was not enough due to unpredicted site change. Supplementary budget has been raised and secured on World Bank Project (SGBV). Procurement process will be initiated after the budget revision is approved in January 2018.

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Thank you

23/11/2017