

REPUBLIC OF RWANDA



MINISTRY OF HEALTH  
P.O. BOX 84 KIGALI  
[www.moh.gov.rw](http://www.moh.gov.rw)

Kigali, 27 OCT 2020  
N°20/7515/DGPHFIS/2020

**Honourable Minister of State in Charge of Economic Planning**  
**KIGALI**

**RE: Submission of the 2019/2020 BLJSR summary report**

Honorable Minister,

I have the honour to submit to you the summary report of the 2019/20120 Backward Looking Joint Sector Review meeting held in October 20<sup>th</sup>,2020.

Thank you for your usual collaboration.

Sincerely,

A blue ink signature is written over a circular official stamp of the Ministry of Health. The stamp contains the text 'MINISTRY OF HEALTH' and 'R. GUYENGE'.

**Zachee IYAKAREMYE**  
**Permanent Secretary**

Cc:

- Honourable Minister of Health
- Honourable Minister of State in Charge of Primary Health Care

# **BACKWARD LOOKING JOINT SECTOR REVIEW (BLJSR) REPORT (2019-2020)**

**GOVERNMENT OF RWANDA**



**MINISTRY OF HEALTH**

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## Section 1: Introduction and meeting objectives

The Ministry of Health (MoH), together with Development Partners (DP), organized the 2019/2020 Backward Looking Joint Sector Review (BLJSR) that also included different organizations from the Government of Rwanda's Social Cluster Ministries, institutions and agencies, Referral Hospitals, local and international non-governmental organizations (NGOs) and the Private Sector. The meeting took place virtually via a WebEx call on October 20<sup>th</sup>, 2020 from 3:30pm-5:30pm.

The purpose of the meeting was to: assess progress in achieving sector objectives with a focus on 2019/2020 targets; discuss budget execution performance for the 2019/2020 Fiscal Year; highlight priority areas for the 2021/2022 Fiscal Year; and update status on the implementation of the Sustainable Development Goals (SDGs) indicators.

Progress realized for the 2019/2020 FY in different programs and areas of interventions included the following:

- ❖ National Preparedness and Response Plan for COVID-19 developed and currently implemented.
- ❖ Establishment of Rwanda Medical Supplies Ltd (RMS).
- ❖ Full functionality of Human Resources for Health (HRH) Secretariat which is overseeing the coordination and the implementation of the National Strategy for Health Professionals development 2020-2030.
- ❖ Drones technology currently used in Malaria control interventions in Gasabo district.
- ❖ Amendment of the Law on Persons and Family approved in February 2020 to extend civil registrar rights to health facilities to allow them register births and deaths.
- ❖ Establishment of a national centralized and integrated Civil Registration and Vital Statistics (CRVS) system (NCI-CRVS).
- ❖ Decentralization of health care services and ensuring access to quality health care by the population.
- ❖ Continued training of health care professionals to improve patient outcomes.
- ❖ Digitalization in health care industry.

### 1.1. Objectives of the meeting

- i. To assess progress in achieving sector objectives with focus on 2019/20 targets.
- ii. To present and discuss budget execution performance for 2019/20.
- iii. To highlight priority areas (maximum of five) for the 2021/22 fiscal year that will inform the planning and budgeting process.
- iv. To review progress against implementation of recommendations from the last JSR meetings as well as summary of discussion on implementation of 2018/19 Office of Auditor General (OAG) recommendations.

- v. To assess progress against the implementation of the plans and strategies to monitor the additional SDG indicators currently having clear computation methodologies.

## Section 2: FLJSR Recommendations from June 2020

**Human Resource Tracking Tool (HRTT)**—Improve HRTT functionality and use in planning as well as in reporting and disseminating progress reports on a regularly basis. The HRTT Data collection for FY 2017-2018 has been completed and FY 2018-2019 is ongoing and the 2015/2016 report has been disseminated. Discussion focused on how to improve the functionality of the HRTT tool in order to get more timely reports. Partners organizations were asked to provide timely reporting into the HRTT and it was agreed that a training will be organized on the HRTT reporting system for the new users.

**Community-based Health Insurance (CBHI) sustainability plan**—Finalize the costing of health services, which is still ongoing and expected to be finalized by the end of October 2020. The other work streams on assessment, strategic purchasing and CHBI business engineering are completed.

- **SDG indicators**—Begin reporting on SDG indicators, including baseline data, which is essential for national monitoring and strengthening national statistical capacities. Routine Health Information System (HMIS) and Partner's commitment to support in statistics can close the gap.

## Section 3: Progress in achieving sector objectives with focus on 2019/20 targets

The performance measurement for the FY 2019/2020, was based on the ten (10) key indicators shown below:

### 1. % pregnant women (PW) receiving 4 antenatal care (ANC) standard visits

In the FY 2019-2020, approximately 42% of PW attended ANC health services within the first quarter while 35% completed the four standard visits during the pregnancy period. The 2015 Rwanda Demographic and Health Survey reported that 99% of women attended at least one ANC visit, while 52% attended either 2 or 3 visits and 44% attended at least 4 ANC visits. This shows that the ANC coverage is decreasing while different strategies are being implemented. New WHO Guidelines recommend eight ANC visits for pregnant women to prevent maternal deaths. Factors influencing the decrease of women attending antenatal care need to be identified. *Noted that the value of this indicator may be affected by use of projections from 2012.*

## **2. % delivery in Health Facilities**

The Health Facility assisted delivery decreased from 91% in 2018-2019 to 88% in 2019-2020, while the decrease observed from March to June 2020 is largely due to the COVID-19 impact on the country. Home deliveries decreased from 8,824 (2.4%) in 2018-2019 to 7,824 (2.1%) in 2019-2020. It is highly still necessary to reinforce the importance of mobilizing communities in increasing the number of health facility deliveries. *Note that the Health facility delivery indicator is also affected by the use of the projections of the 2012 projections.*

## **3. Contraceptive utilization rate for modern methods of women 15-49 years**

The contraceptive prevalence for all methods in 2019-2020 was 51% and the modern contraceptive prevalence rate is 50%. And 52% of women who gave birth from July 2019 to June 2020 received the family planning (FP) method in the post-partum period. There is a positive trend of FP uptake from 36% in 2015/16 to 51% to 2019/20 and Post-Partum FP increased from 32% to 53%. In addressing issues related to FP uptake, integration of counseling on family planning in antenatal and post-natal care (PNC) and expansion of social marketing for condoms, emergency and long-lasting contraceptives to improve availability and reduce the high unmet need of the last five years was initiated.

## **4. U5 mortality rate/1000 live births**

The number of under 5 (U5) children received and treated in Integrated Management of Childhood Illness (IMCI) services increased from 57% in 2015-2016 to 84% in 2019-2020. Maternal, Neonatal and Child Deaths (MNCD) are monitored, and actions taken through a strengthened Surveillance and Response system, which replaced the old Death Audits. Around 93% of children received Bacille Calmette-Guérin (BCG) vaccine, 84% received polio 0; over 95% of children have been vaccinated with pentavalent vaccine 1<sup>st</sup> dose, 95% children have been vaccinated with pentavalent vaccine 2<sup>nd</sup> dose, 96% children were vaccinated with pentavalent vaccine 3<sup>rd</sup> dose, 97% were vaccinated for Measles & Rubella (MR1) 1<sup>st</sup> dose at 9 months of age, while 93% were vaccinated for MR2 at 15 months of age and 92% pregnant women received the Tetanus (TT) vaccine.

## **5. Prevalence of underweight children under 5 (6-59 months)**

Nationally, 38 percent of children under 5 years are stunted and 2 percent suffer from acute malnutrition (wasting or low weight-for-height) (Rwanda Demographic and Health Survey/RDHS 2014-2015). Variation in children's nutritional status by province is quite evident, with stunting being highest in the West (45 percent) and lowest in the city of Kigali (23 percent). Forty-one percent of rural children are stunted, as compared with 24 percent of urban children. Both a mother's level of education and wealth quintile have a clear inverse relationship with prevalence of stunting. It also highlights that maternal under nutrition is often reflected in the

proportion of children with low birth weight (below 2.5 kilograms) and pregnant women are particularly vulnerable to anemia due to increased requirements for iron and folic acid. By the end of June 2020, screening for nutritional status of under 5 years using weight for age was 77%. The global acute malnutrition was 0.7%. The trend of growth monitoring coverage in the last five years has increased from 71% in 2018-2019 to 75% in 2019-2020. The Government has committed to reduce the level of stunting to less than 20% by 2024.

#### **6. % of people living with HIV currently receiving antiretroviral therapy (ART)**

As of June 2020, the ART coverage was at 87%, and there is generally good retention for all age categories of Persons Living with HIV (PLHIV) on treatment with good adherence expected to increase viral suppression, which is the gold standard indicator of ART outcome.

Below are several strategies that have contributed to improving retention, adherence and viral load (VL) suppression among PLHIV:

- Redefinition of the stable category criteria under differentiated service delivery model (DSDM) that allowed patients with 12 months on ART to be part of the stable category.
- Transition to Dolutegravir (DTG)-based regimen for eligible PLHIV with at least 20kg of weight regardless of age and sex.  
Refresher training of Health Care Providers working in ART service on psychosocial components in management of HIV.
- Introduction of adapted ART provision in line with COVID 19 preventive measures.

#### **7. % HIV/TB co-infected who receive both treatments**

In 2019-2020, 97% of HIV/TB co-infected patients received both treatments. Tuberculosis (TB) and HIV are strongly linked and PLHIV with a low CD4 count are much more susceptible to active TB. By strengthening TB prevention among PLHIV, Tuberculosis Preventive Therapy (TPT) has been adopted for PLHIV, screened TB negative using symptoms screening, and X-ray. Monitoring and Evaluation (M&E) tools are being used for their follow up.

#### **8. % Government budget allocated to health**

Over the past few years, budgets allocated to the health sector trended upwards, but in Fiscal Year 2017/18 the allocation was decreased up to 15.8% in 2018-2019 FY. The Government is making strides to increase domestic financing of the health sector, although external resources are decreasing.

#### **9. Number of District Hospitals that have achieved level 1 Accreditation**

Twenty-three (23) District Hospitals (DHs) out of 30 achieved level 1 accreditation. The performance is lower compared to the targets and this indicator is linked to

the performance based financing of the Hospitals. **Hospital accreditation** remains a cornerstone quality service provided to the population. The next assessment is scheduled to take place in January 2021.

#### **10.% of recommendations from field visits implemented**

Field visits have become de rigor in the Health Sector and it is where the Ministry and Development Partners meet to assess the implementation of health strategies towards the achievement of health objectives at the district level. During FY 2019-2020, given the magnitude of COVID-19, fields visits were not conducted. However, field visits are planned for FY 2020/21.

#### Section 4: Budget Execution performance for 2019/20 Fiscal Year

For the 2019/20 FY, the MoH recurrent budget was executed at the rate of 99% and 69% for development budget. The overall execution was at 84%. Counterpart and internally financed projects execution rates were the cause of lower performance, specifically:

- The recruitment of staff to support eye healthcare activities delayed due to the COVID-19 pandemic.
- The budget on health infrastructure and equipment had a low execution rate which was due to the planned construction activities which were not implemented as planned due the COVID-19 pandemic
- The external grant budget year ends on September 2020, while the presented budget execution reflects an ending of June 2020, which means that there were three more additional months for the implementation of the planned activities and budget.

The RBC Budget execution rate was 96% and 89% respectively for recurrent and development budget. The external project budget execution was executed at 74%. The lower performance was linked to COVID-19. The affected DPs and Projects involved included: UNICEF, GAVI, COAG, American Cancer Society, Bloomberg, International Agency for Research on Cancer (IARC), (International Development Research Center-Understanding Violence Against Children (IDRC-UVAC survey), ROROS Foundation, WHO, END Fund, NCST Grants, CDC INFLUENZA, Barambe Project.

NDERA, CHUK, CHUB, Rwanda FDA- Budget Execution FY 2019-2020 was 100% for the three first agencies and 102% for Rwanda Food and Drugs Registration & Inspection (RFDA)

## Section 5: Priority areas for 2021/22 Fiscal Year

The planning cycle for the Fiscal Year 2021/22 starts in October 2020, therefore the Health Sector is requested to provide a maximum of five (5) priority areas to act as reference points for 2021/22 plans.

The selected priorities areas include:

1. Increase access to Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) services across the life cycle.
2. Prevention & Control of Infectious Diseases, Non communicable diseases (NCDs), injuries and Mental Health disorders.
3. Improving the quality of service delivery.
4. Increase quantity and quality of HRH and Strengthen Health Digitalization, Health Financing, Leadership and Governance. Ensure safety of food and medical products.

Selected priority areas are aligned to National Strategy for Transformation (NST 1) and the Health Sector Strategic Plan (HSSP IV) of 2017/8-2023/24 and captured in the annual action plans of the sector.

## Section 6: Implementation of 2018/19 OAG recommendations

### a. Ministry of Health

OAG audited the Ministry of Health for the FY 2018/19 and provided the following Audit opinion by component:

- Financial statements: Unqualified (Clean)
- Compliance: Unqualified (Clean)
- Value for Money: Except for

The Ministry of Health is implementing the following actions to address the OAG recommendations:

1. The emergency medical service (SAMU) services rendered to beneficiaries worth Frw 194,921,733. Only, Frw 70,056,597 was actually deposited on MOH bank account.

**Action:** Enhance collaboration with insurance companies for payment of SAMU

2. Overpayment of Performance Based Financing (PBF) triggered by inadequate underlying data from HFs.

**Action:** (a) Conduct a counter verification of data (b) strengthen the capacity of PBF evaluators at decentralized levels in data quality and analysis.

3. Delay to correct defects noted on construction of internal medicine block at Kabgayi Health Center.

**Action:** Follow up to ensure that the defects are corrected.

4. Over balances settled for Mutuelle de santé (CBHI) liabilities after handover to Rwanda Social Security Board (RSSB)

**Action:** Up to July 30, 2020, 92% of the due amount was recovered.

#### b. Rwanda Biomedical Center (RBC)

RBC Auditor's Report show the Following Audit opinion by Components:

- Financial statements: Unqualified (Clean)
- Compliance: Unqualified (Clean)

Important issues highlighted and currently being implemented include:

- ❖ Weakness in the management of stock of Ready to Use Therapeutic Food (RUTF) and Corn Soya Blend (CSB) at sub recipients' level;
- ❖ Gaps noted in data entry, recording and reporting of vaccines;
- ❖ Delays in transferring GF and GAVI funds to sub-recipients (Health Facilities); and
- ❖ Low implementation of GF grants Malaria Program activities due to delays in tender for Long Lasting Insecticide Nets (LLINs)

### Section 7: Update on SDG indicators

The SDGs health targets goal 3 is to ensure healthy lives and promote well-being for all ages. Major progress has been made on reducing malaria, tuberculosis, polio and the spread of HIV/AIDS.

However, more efforts are needed to control a wide range of diseases and address many different persistent and emerging health issues.

In total there are 30 indicators to measure progress toward targets, 19 indicators are regularly monitored through the RDHS, the Rwanda AIDS Indicator and HIV Incidence Survey (RAIHS) and 11 indicators do not have baseline data. Below is the list of SDGs indicators not measured and the proposed plan for elaboration of baseline.

**Table 1: SDGs Monitoring plan**

<b>Reduce Hepatitis B incidence to 0.5% for children under 5 years</b>				
1	SDG 3.3.4	Hepatitis B incidence per 100,000 population	Baseline through R-PHIA	Sector Annual Performance report
<b>20% relative reduction in the premature mortality (age 30-70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment</b>				
2	SDG 3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Awaiting for the STEPS Study	Sector Annual Performance report
<b>Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders to xx%</b>				
3	SDG 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Mental Health Program data (HMIS)	Sector Annual Performance report
<b>7% relative reduction in the harmful use of alcohol as appropriate, within the national context</b>				
4	SDG 3.5.2	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	Awaiting for the STEPS Study	Sector Annual Performance report
<b>Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services.</b>				
5	SDG 3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income per 100,000	It needs a survey or assessment	Sector Annual Performance report
<b>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</b>				
6	SDG 3.9.1	Mortality rate attributed to household and ambient air pollution per 100,000	It needs a survey or assessment	Sector Annual Performance report
<b>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</b>				

7	SDG 3.9.3	Mortality rate attributed to unintentional poisoning per 100,000	It needs a survey or assessment	Sector Annual Performance report
<b>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</b>				
8	SDG 3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	It needs a survey or assessment	Sector Annual Performance report
<b>25% relative reduction in prevalence of current tobacco use in persons 15+ years</b>				
9	SDG 3.a.1	Current tobacco use among persons aged 15 years and older	Awaiting for the STEPS Study	Sector Annual Performance report
10	SDG 3.b.2	Total net official development assistance to medical research and basic health sectors	MoH administrative data	Sector Annual Performance report
11	SDG 3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	MoH administrative data (HMIS)	Sector Annual Performance report

## Section 8: Key recommendations from the BLJSR

**Table 2: Summary of key finding and recommendations**

Nº	Topic/tech. area	Action point	Responsible	Timeline
1	HRTT use and timely reporting	Respect timely reporting the budgets and expenditures in HRTT for the next data correction rounds	DPs	November 2020
		To organize orientation session on HRTT functionality for the DPs	Planning & HFIS TWG	November 2020
		Leveraging existing tools to track COVID 19 response funds	Planning & HFIS TWG	December 2020
2	MCH	Assess COVID-19 impact on MCH services	MCCH TWG	January 2021
4.	HIV/TB indicators	Revise PBF/HIV indicators based on RPHIA results	HIV/RBC	January 2021

5.	CBHI	Share CBHI sustainability plan as guiding document for the work streams	DG Planning & HFIS	November 2020
6.	Nutrition	Monitoring underweight indicator through anthropometric measurements	NECDP and Nutrition partners & Food and Nutrition TWG members)	December 2020
		Focus on the impact of COVID-19 on Food Security and Nutrition		



**Zachee IYAKAREMYE**  
Permanent Secretary

**Robin Martz**

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**Ms. Robin Martz**  
USAID Rwanda Health Office Director

REPUBLIC OF RWANDA



MINISTRY OF HEALTH  
P. O BOX 84 KIGALI

AGENDA FOR BLJSR, 20/10/2020

TIME	ITEMS	PRESENTERS
2:30-2:40	Welcoming remarks	<ul style="list-style-type: none"> <li>Permanent Secretary, Chair of the HSWG, Zachee IYAKAREMYE</li> <li>Co-Chair, Robin MARTZ</li> </ul>
2:40-2:50	Progress report from last recommendations	Dr. Elisabeth UWANYILIGIRA
2:50-3:00	Progress in achieving sector objectives with focus on 2019/20 targets	Mrs. Aline NIYONKURU
3:00-3:10	Budget Execution performance for 2019/20 Fiscal Year	Mr. Gervais BAZIGA
3:10-3:40	Discussion	Chair
3:40-3:50	Priority areas for 2021/22 fiscal year	Mr. Gervais BAZIGA
3:50-4:00	Implementation of 2018/19 OAG recommendations	Mr. NDAGIJIMANA Felicien
4:00-4:10	Status update meeting SDG indicators	Mrs. Aline NIYONKURU
4:10-4:30	Discussion	Co-Chair
4:30-4:30	Recommendations	Dr. Elisabeth UWANYILIGIRA
4:30-4:40	Closing remarks	Chair and Co-Chair



## FLJSR Recommendations from June 2020

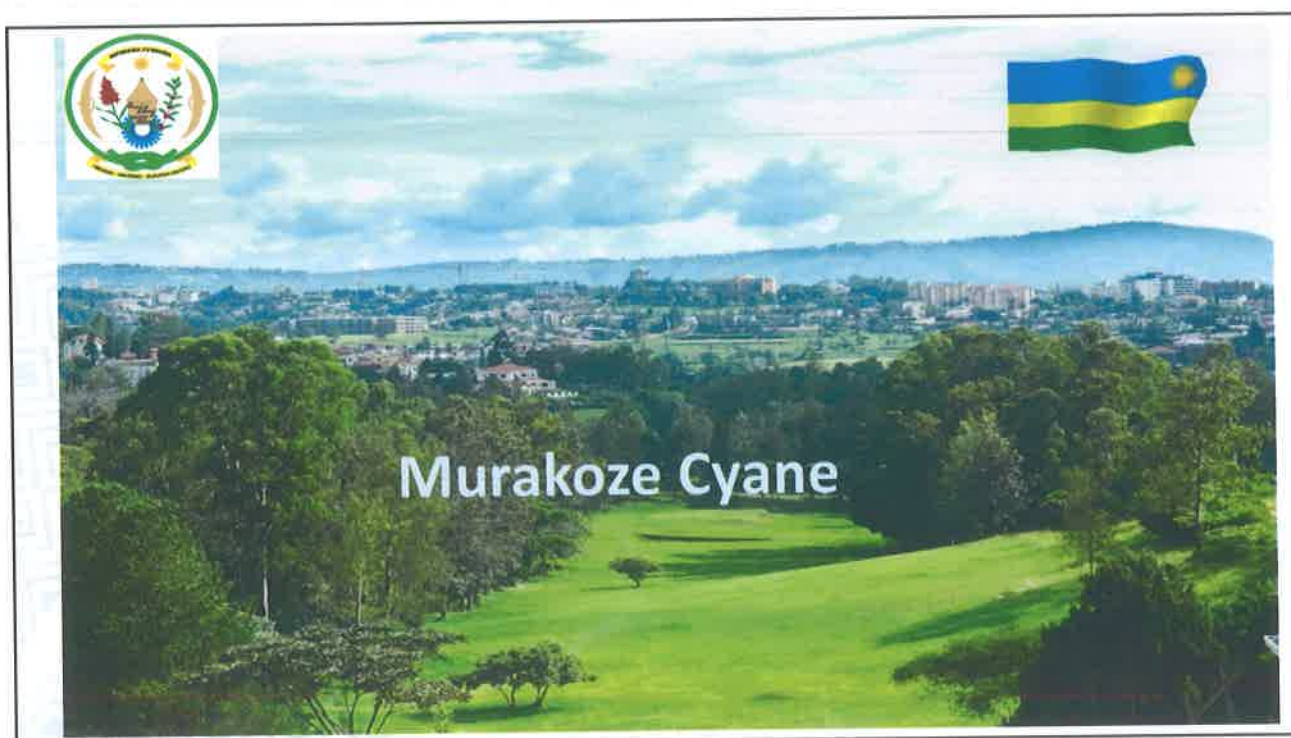
Kigali, 20<sup>th</sup> October 2020

### Status of Implementation of the recommendations

	Topic	Action point	Progress
1.	MCH	<ul style="list-style-type: none"> <li>Sharing the readout from the MCH week June 2020</li> <li>Sharing the assessment report on continuity of RMNCAH services during COVID-19</li> </ul>	RMNCAH TWG validated the report on Oct 8, 2020
2.	HRTT functionality and use	<ul style="list-style-type: none"> <li>HRTT to be used for reporting as well as planning in a timely manner</li> <li>Tool to be disseminated to all partners</li> </ul>	<ul style="list-style-type: none"> <li>HRTT tool is being used by all stakeholders since they have been trained</li> <li>Data collection of FY 2017-2018 have been finalized and the one for FY 2018-2019 is ongoing</li> </ul>
3.	CBHI sustainability plan	<ul style="list-style-type: none"> <li>Share the CBHI sustainability study</li> </ul>	<ul style="list-style-type: none"> <li>MoH convened a meeting with stakeholders on Oct 2, 2020 to provide update and present the conceptual framework of the plan.</li> <li>The costing of health services is still ongoing and expected to be finalized by end of October 2020</li> <li>The other work streams (actuarial assessment, Provider payment and Business process re-engineering) have been completed</li> </ul>
4.	Policy actions 19/20	<ul style="list-style-type: none"> <li>Validation of the new ANC guidelines taking into account new WHO guidelines and preparation of related tools</li> <li>Validation of new neonatal care protocol</li> </ul>	Guidelines is on the final stage of validation

### Status of Implementation of the recommendations

Topic	Action point	Progress
5. HRH	<ul style="list-style-type: none"> <li>Sharing the National HRH strategy plan 2020/30</li> </ul>	<ul style="list-style-type: none"> <li>National Strategy for health professionals development (NSHPD) (2020-2030) Uploaded on MoH website. <a href="https://www.moh.gov.rw/fileadmin/Publications/Strategic_Plan/RWANDA_National_Strategy_for_Health_Professions_Development.pdf">https://www.moh.gov.rw/fileadmin/Publications/Strategic_Plan/RWANDA_National_Strategy_for_Health_Professions_Development.pdf</a></li> <li>Terms of reference of HRH TWG have been reviewed to support and facilitate the operationalization of the HRH secretariat mandate</li> </ul>
6. SDG indicators	<ul style="list-style-type: none"> <li>Start reporting SDG indicators according to their availability</li> </ul>	Need for baseline data. Partners efforts to support the SDGs.
7. Infrastructure	<ul style="list-style-type: none"> <li>Providing the data/picture of health facilities without Water/Electricity</li> </ul>	Data for FY 2019-2020 are available and will be shared.





## Progress in achieving health sector objectives FY 2019/20

Kigali, 20<sup>th</sup> October 2020

### Progress report on indicators and policy actions - FY 2019-2020

#### Sector performance Indicators:

1. % PW receiving 4 ANC standard visits (N/A)
2. % delivery in Health Facilities (Yellow)
3. Contraceptive utilization rate for modern methods of women 15-49 years (N/A)
4. U5 mortality rate/1000 live births (N/A)
5. Prevalence of underweight children under 5 (6-59 months)/(N/A)
6. % of people living with HIV currently receiving antiretroviral therapy (Green)
7. % HIV/TB co-infected who receive both treatments. (Proportion of HIV-positive TB cases given antiretroviral therapy during TB treatments)/(Green)
8. % GoR budget allocated to Health (Green)
9. Number of DHs that have achieved level 1 of Accreditation (Yellow)
10. % of recommendations from field visits implemented (Red)

#### Performance ranking color

On-Track	> 90%
On-Watch	50-90%
Lagging Behind	<50%

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Targ	Perf	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Improve maternal Health</b>						
1. % PW receiving 4 ANC standard visits	44 % (DHS 2015)	N/A	N/A		1. Procure prime-time <b>National and Community Radio broadcasting space for dissemination of crucial information on child health issues to the community</b>	<ul style="list-style-type: none"> <li>Pregnant women <b>(35%) attended 4 ANC</b> in 2019/2020 (HMIS).</li> <li>Radio shows conducted on stunting Prevention, maternal &amp; Child Nutrition and breastfeeding.</li> <li>Radio shows conducted on awareness about mother and child health services focused on ANC, PNC with focus on and ASRH</li> <li>Radio shows on reproductive health services and FP.</li> </ul>
					2. Construct and equip 10 new health posts per year	The construction works of 7 health posts of Gicumbi District are at the final stage
					3. <b>Validation of the new ANC guidelines</b> taking into account new WHO guidelines and preparation of related tool."	New guidelines on antenatal care developed and it is on last stage of the validation process.

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Targ	Perf	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Improve maternal Health</b>						
2. % delivery in Health Facilities	92% (2018 HMIS)	93 (HMI S)	88%		4. Procure <b>equipment for maternity</b> units in health facilities.	<ul style="list-style-type: none"> <li>Completed 2 lots of equipment tendering and the next phase will be to deliver equipment to RBC.</li> </ul>
					5. Build <b>capacity for improving quality of care Maternal and Newborn care</b> (antenatal, intrapartum care EmONC & MPDSR) at health facilities (hospitals and Health centers) through enhanced clinical mentorship and data-driven quality improvement.	<ul style="list-style-type: none"> <li>Mentorship has been conducted with Professional bodies, in HFs (hospitals and health centers).</li> <li>Three Mentorship sessions organized in each hospital and once in health center.</li> </ul>

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Perf Targ	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Improve maternal Health</b>					
3. Contraceptive utilization rate for modern methods of women 15-49 years	48 % (DHS)	N/A	N/A	6. Increase FP Planning uptake through Scaling up PFPF initiatives and campaigns providing integrated services high impact RMNCH services including FP services7.	<ul style="list-style-type: none"> <li>Contraceptive Use is at 50% according to HMIS report 2019/2020.</li> <li>Radio shows on FP and ASRH interventions organized.</li> <li>MCH integrated campaign done in October 2019.</li> <li>Mentorship conducted in health facilities.</li> <li>Printing and distribution of 100,000 client Files, 5,000 mentorship check list and 7,00 Family Planning Flip Charts.</li> </ul>
				7. Procure IUD kits both at interval and for immediate Post partum, Tubal Ligation, Vasectomy and consumables related	<ul style="list-style-type: none"> <li>Kits (242) for both interval IUDs and postpartum delivered in the Central warehouse.</li> <li>58 IUD Kits distributed in HFs. Kits (120) for tubal ligation received and 16 were distributed in HFs.</li> <li>Vasectomy kits not yet received waiting for approval procurement.</li> </ul>

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Perf Targ	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Strengthen Family Planning Service Delivery</b>					
3. Contraceptive utilization rate for modern methods of women 15-49 years				8. Conduct integrated FP campaign	MCH integrated campaign done in October 2019 and also the second completed in 2020.
<b>NST 1 sector outcome: Improve Child Health</b>					
4. U5 mortality rate/1000 LB	50/1000 (DHS 2015)	N/A	N/A	9. Procure equipment, drugs and consumables (for ICCM, MNH, nutrition	<ul style="list-style-type: none"> <li>Procurement contract signed and a total of 170 tones of CSB (corn-soya blend) distributed</li> <li>Delivery of 2,000,000 of zinc tables,</li> <li>Distribution of amoxicillin 125mg, 1,667,334 tables</li> <li>ORS under procurement process.</li> </ul>

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Targ	Perf	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/12 Policy action
<b>NST 1 sector outcome: Improve Child Health</b>						
4.U5 mortality rate/1000 live births					<b>10. Capacity building on Management of Childhood illness (IMCI, ETAT) through mentorship at health facility and community</b>	<ul style="list-style-type: none"> <li>• IMCI capacity building conducted in different Districts supported by PIH. IMCI mentorship conducted in each HC on monthly basis.</li> <li>• Each mentoring visit takes at least 3 days/month for ETAT (Emergency Triage, Assessment and Treatment plus admission care) supported by USAID/ Ingobyi activity, TSAM, UNICEF and PIH .</li> </ul>
					<b>11. Scaling up clinical mentorship to improve quality of care for newborn including management of sick and small newborns based on updated neonatal protocol</b>	<ul style="list-style-type: none"> <li>• Validation of updated neonatal protocol waiting for ISMM. Clinical mentorship to improve pediatric quality of care including care for sick and small newborns conducted.</li> </ul>

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Targ	Perf	Ind Score	Policy Actions 19/20	Progress against implementation of 2019/12 Policy action
<b>NST 1 sector outcome: Improve Child Health</b>						
4.U5 mortality rate/1000 live births					<b>12. Provide comprehensive follow-up after neonatal unit discharge</b> (health, nutrition, early childhood development, and disability support - parent peer support for disability and physiotherapy mentorship) in Kirehe and Kayonza Districts through the Pediatric Development Clinic model.	<ul style="list-style-type: none"> <li>• Comprehensive neonatal follow-up programs, complications risk screening , iron supplementation in preterm and low birth weight infants provided.</li> <li>• Management of convulsive disorders status done in two District (Kayonza and Kirehe) with the support of Pediatric Development Clinic (PDC).</li> </ul>
<b>5. Prevalence of underweight children under 5 (6-59 months)</b>	9 (DHS 2015)	N/A	N/A		<b>13. Procure Community Health kits</b> (consumables, tools and equipment)	<ul style="list-style-type: none"> <li>• M&amp;E tools for CHWs printed.</li> <li>• Nutrition screening of children under 5 years, weight-for-age at the score of 77%.</li> </ul>

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Targ	Perf	Indic Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Reduce malnutrition</b>						
5. Prevalence of underweight children under 5 (6-59 months)					14. Procure nutrition commodities	• Mixed foods such as corn-soya blend (CSB) stored to central warehouse. Distribution being done to Districts Pharmacy and HCs.
					15. Capacity building of health providers (CHWs & health facility staff) on MIYCN	• 1,015 health care providers and 6,325 CHWs were trained on Maternal, Infant and Young Child Nutrition (MIYCN)

### Implementation of 2019/2020 – Indicators and policy actions

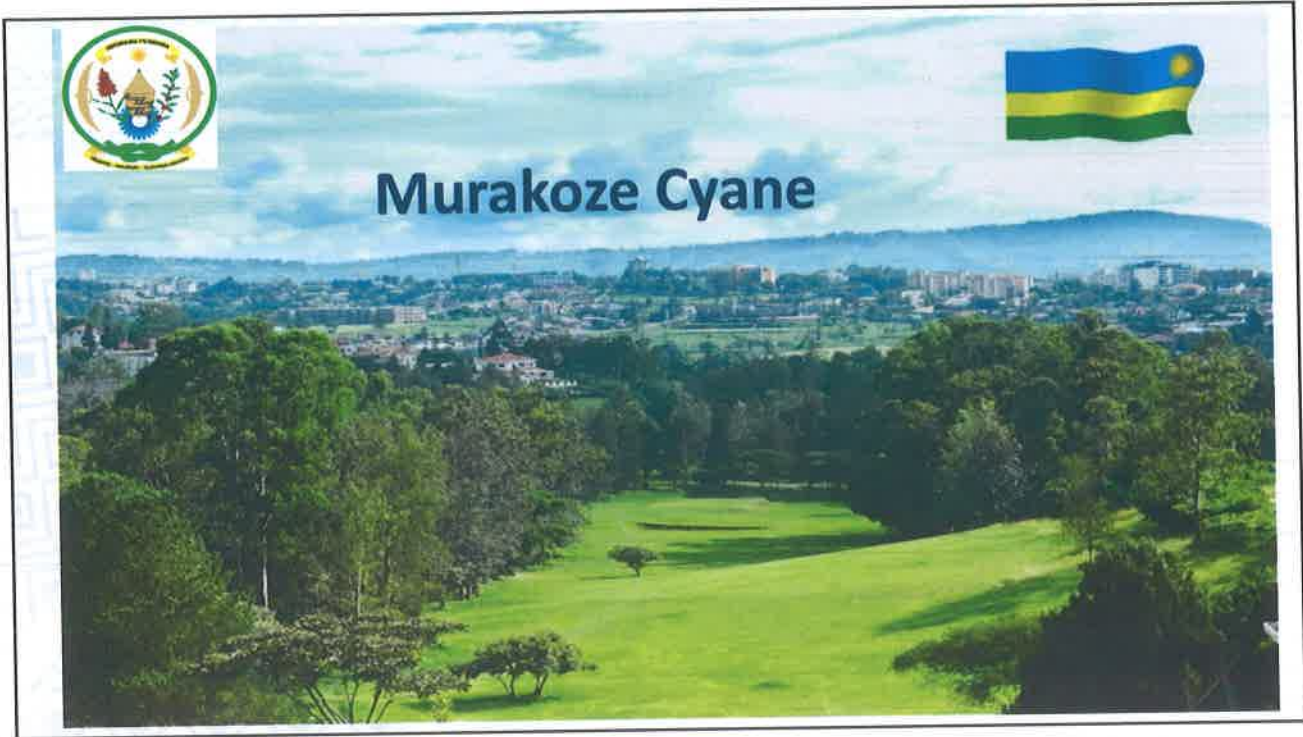
Indicator	Bas 17/18	19/20 Targ	Perf	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 sector outcome: Reducing HIV infection and AIDS</b>						
6. % of people living with HIV currently receiving antiretroviral therapy.	83 % report June 2018)	84 %	87%		16. Training of providers on pediatric and 2nd line task shifting	• Training was conducted and second- line medication treatment (2 doses) are permitted to Pediatricians.
7. % HIV/TB co- infected who receive both treatments. (Proportion of HIV- positive TB cases given antiretroviral therapy during TB treatments)	93.5 % (HMIS 2018).	>90.	97.4 %		17. Conduct <b>integrated clinical mentorship to improve the quality of care in HIV,STI</b>  18. <b>Train MD Clinical mentors and radiology technicians on Chest X- ray interpretation</b> as screening tool among PLHIV	• Clinical mentorship and onsite trainings for health providers were conducted countrywide  • Training on Chest X-ray for radiology interpretation skills conducted in 3 sessions. MDs (40/42) from different hospitals (RH, PH and DH) attended the training.

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Perf Targ	Indic. Score	Policy Actions 19/20	Progress against implementation of 2018/19 Policy
<b>NST 1 sector outcome: Reducing HIV infection and AIDS</b>					
7.% HIV/TB co-infected who receive both treatments. (Proportion of HIV-positive TB cases given antiretroviral therapy during TB treatments)				19. Conduct mentorship in collaboration with pediatricians to support childhood TB/HIV management at decentralized level.	* Childhood TB/HIV mentorship has been conducted in February for 7 hospitals :Muhima , La medicale, Masaka, Kibagabaga, Rwamagana, Gisenyi and Kabutare.
<b>• NST 1 outcome :Strengthen the Health System</b>					
8. % GoR budget allocated to Health	17 % (2015 MTR report)	≥ 15%	15.8% in 2018	20. Prepare Health Resource Tracker Output Report on Expenditures FY 2017/18 & FY2018/19 and budget FY 2019/2020 including OOP analysis	* Data cleaning for FY 2017-2018 and data collection for 2018-2019 ongoing.

### Implementation– Indicators and policy actions

Indicator	Bas 17/18	19/20 Perf Targ	Indic. Score	Policy Actions 19/20	Progress against implementation of 2019/20 Policy action
<b>NST 1 outcome :Strengthen the Health System</b>					
9.Number of DHs that have achieved level 1 of Accreditation	21 DHs (Hospital performance assessment April 2017)	30 DHs achieved level 1	23 achieved level 1	21.Conduct Hospital Performance Progress Assessment	* Assessment for quality improvement in all Hospitals is planned to start by January 2021.
10.% of recommendations from field visits implemented	0	>80	0	22.Conduct the Joint Field visit twice a year	* Field visit was planned in March 2020 and was not conducted due to COVID-19





## Health Sector Budget Execution FY 2019/2020 for BLJSR meeting

Kigali, October 2020

### MoH- Budget Execution

Programs & Sub-Program	Allocation	Execution	% of Execution	Comment
<b>1. Recurrent</b>	<b>31,538,667,102</b>	<b>31,112,957,060</b>	<b>99%</b>	
Administrative And Support Expenses	3,617,415,417	2,511,208,029	69%	
Health Human Resources	4,117,882,880	3,969,469,725	96%	
Health Professionals Development	4,117,882,880	3,969,469,725	96%	
<b>HEALTH SECTOR PLANNING, MONITORING AND EVALUATION</b>	<b>22,235,653,942</b>	<b>22,494,993,518</b>	<b>101%</b>	
HEALTH INFORMATION AND TECHNICOSIES	137,659,039	55,995,821	41%	low budget execution is due to the delay in procurement of IT equipment
PLANNING, MONITORING AND EVALUATION	34,776,690	33,596,231	96%	
HEALTH FINANCING	12,261,120,169	22,374,405,966	101%	
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT	2,584,712,684	2,767,289,892	108%	
HEALTH SERVICE REGULATION	1,458,602,983	1,167,139,341	77%	
HYGIENE AND ENVIRONMENTAL HEALTH PRE-HOSPITAL AND EMERGENCY SERVICES	721,358,275	1,385,025,278	192%	low budget execution is due to the delay in procurement of supplies
	346,750,986	295,274,983	85%	
<b>2. Development</b>	<b>90,218,547,267</b>	<b>20,962,187,088</b>	<b>23%</b>	
Administrative And Support Services	1,330,619,971	1,117,151,359	84%	
Health Human Resources	445,163,292	523,450,874	118%	
<b>HEALTH SECTOR PLANNING, MONITORING AND EVALUATION</b>	<b>3,664,041,943</b>	<b>3,663,214,515</b>	<b>99.99%</b>	
HEALTH FINANCING				



**MoH - Budget Execution**

Program/Sub-Program	Allocation	Execution	% of Execution	Comment
Grant counterpart funds (Project)	300,000,000	270,839,439	90%	
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT	300,000,000	270,839,439	90%	
HEALTH INFRASTRUCTURE AND EQUIPMENTS	300,000,000	270,839,439	90%	
External Grants	20,873,724,121	14,562,978,529	70%	This was due to the delays in the recruitment of staff to support eye healthcare activities due to Covid-19 pandemic
Administrative And Support Services	19,664,876	0	0%	
<b>HEALTH SECTOR PLANNING, MONITORING AND EVALUATION</b>	<b>20,559,295,282</b>	<b>14,462,190,894</b>	<b>70%</b>	Under this program, there is no low execution as the funds of the execution is due up to the end of Sep 2020
HEALTH INFORMATION AND TECHNOLOGIES	1,686,954,704	602,231,118	36%	
PLANNING, MONITORING AND EVALUATION	17,209,336,572	12,199,974,495	71%	
HEALTH FINANCING	1,661,840,048	1,660,577,239	100%	
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT	256,469,969	100,737,685	39%	Low execution was due to the planned eye activities to the community which were not implemented as planned due to Covid-19 pandemic
HEALTH SERVICE REGULATION	256,469,969	100,737,685	39%	
External Loans	3,600,000,000	754,512,402	21%	
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT	3,600,000,000	754,512,402	21%	Low execution was due to the planned construction activities which were not implemented as planned due to Covid-19 pandemic
HEALTH INFRASTRUCTURE AND EQUIPMENTS	3,600,000,000	754,512,402	21%	
<b>TOTAL</b>	<b>61,747,214,569</b>	<b>52,075,154,156</b>	<b>84%</b>	



**RBC 2019-2020 Budget Execution**

Recurrent Budget Execution by programme and sub programme



Programme	Sub Programme	Actual	Approved	%
ADMINISTRATIVE AND SUPPORT SERVICES	Administrative And Support Services	9 639 881 521	8 423 643 052	89%
	Health Sector Planning, Monitoring and Evaluation	42 286 900	28 555 300	68%
	Health Service Delivery and Quality Improvement	813 138 390	774 854 287	95%
	Blood Transfusion	677 358 137	652 867 787	96%
	Health Promotion and Communication	47 294 793	36 787 258	78%
	Health Research	11 617 800	11 617 800	100%
	Lab Diagnostic Quality Assurance	78 675 000	63 601 432	81%
	Epidemic Surveillance and Response	22 068 527 997	21 668 682 992	98%
	Malaria and Other Parasitic Diseases	18 989 599 042	18 773 547 444	99%
	Tuberculosis and Other Respiratory Communicable Diseases	3 049 702 776	3 040 141 136	100%
MATERNAL, CHILD AND ADOLESCENT HEALTH	Family Planning	2 592 489 342	2 448 835 629	95%
	Maternal and Child Health Improvement	39 000 000	36 251 286	93%
	Nutrition	219 450 000	219 024 650	100%
	Vaccine Preventable Diseases	1 429 364 342	1 380 389 713	97%
	Non-Communicable Diseases and Mental Health Prevention and Control	95 594 524	84 739 954	89%
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH PREVENTION AND CONTROL	Mental Health	46 027 521	40 422 454	88%
	Non Communicable Diseases	49 566 992	44 317 500	89%

Development Budget Execution by programme and sub programme



Programme	Sub Programme	Actual	Approved	%
ADMINISTRATIVE AND SUPPORT SERVICES	Administrative And Support Services	21 997 453 489	24 232 837 286	91%
	Health Sector Planning, Monitoring and Evaluation	11 591 253 149	11 461 544 200	101%
	Health Service Delivery and Quality Improvement	2 242 302 997	1 842 246 037	82%
	Blood Transfusion	69 889 203 188	69 688 828 812	99%
	Health Promotion and Communication	17 450 387 216	15 161 887 214	87%
	Health Research	219 535 504	205 489 520	94%
	Health Service Regulation	55 111 370	55 111 370	100%
	Lab Diagnostic Quality Assurance	128 624 321	129 292 550	101%
	Epidemic Surveillance and Response	34 025 703 780	34 592 064 242	99%
	Malaria and Other Parasitic Diseases	16 428 884 419	16 722 689 884	82%
MATERNAL, CHILD AND ADOLESCENT HEALTH	Family Planning	11 478 028 914	11 350 978 965	99%
	Maternal and Child Health Improvement	11 886 100 702	11 301 524 524	95%
	Nutrition	599 243 512	599 243 512	100%
	Vaccine Preventable Diseases	134 254 836	134 254 836	100%
	Non-Communicable Diseases and Mental Health Prevention and Control	1 014 521 482	988 109 927	97%
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH PREVENTION AND CONTROL	Mental Health	328 506 539	224 535 929	69%
	Non Communicable Diseases	596 014 950	423 897 644	71%







### NDERA, CHUK, CHUB, Rwanda FDA- Budget Execution

Program/ Sub-Program	Allocation	Execution	% of Execution
<b>CHUK</b>			
1. Recurrent	5,752,887,946	5,752,887,943	100%
Administrative And Support Services	5,329,262,523	5,329,262,520	100%
Specialized Health Services	423,625,423	423,625,423	100%
2. Development	447,722,651	447,722,649	100%
Administrative And Support Services	248,542,650	248,542,648	100%
Specialized Health Services	199,180,001	199,180,001	100%
<b>TOTAL</b>	<b>6,200,610,597</b>	<b>6,200,610,592</b>	<b>100%</b>
<b>CHUB</b>			
1. Recurrent	3,883,642,770	3,883,642,769	100%
Administrative And Support Services	3,302,868,366	3,302,868,365	100%
Specialized Health Services	580,774,404	580,774,404	100%
Clinical And Operational Research	19,650,000	19,650,000	100%
Health Facilities Mentoring and Supervision	18,000,000	18,000,000	100%
2. Development	107,311,732	107,311,732	100%
Specialized Health Services	107,311,732	107,311,732	100%
<b>TOTAL</b>	<b>3,990,954,502</b>	<b>3,990,954,501</b>	<b>100%</b>



### NDERA, CHUK, CHUB, Rwanda FDA- Budget Execution

Program/ Sub-Program	Allocation	Execution	% of Execution
<b>NDERA</b>			
Administrative And Support Services	1,438,389,310	1,438,989,909	100%
Specialized Health Services	219,748,148	219,748,148	100%
<b>TOTAL</b>	<b>1,658,738,058</b>	<b>1,658,738,057</b>	<b>100%</b>
<b>RWANDA FDA</b>			
Administrative And Support Services	1,173,422,251	924,208,744	79%
Food and Drugs Registration & Inspection	440,802,502	397,617,081	90%
Food and Drugs Assessment & Registration	55,675,218	57,075,546	103%
Food and Drugs Inspection & Safety Monitoring	385,127,284	340,541,535	88%
<b>TOTAL</b>	<b>1,614,224,763</b>	<b>1,321,825,825</b>	<b>82%</b>
<b>Districts Health Budget</b>	<b>47,363,033,699</b>	<b>48,326,171,884</b>	<b>102%</b>

**Key achievements in FY 2019-2020**

- National Preparedness and Response Plan for COVID-19 developed and currently implemented
- Rwanda Medical Supplies Ltd (RMS) was established and is currently functional
- HRH Secretariat established to oversee the coordination of the implementation of the National Strategy for Health Professionals development 2020-2030
- Drones technology is used in Malaria control interventions in Gasabo district
- Law on Persons and Family was amended on 02nd February 2020 to extend civil registrar rights to health facilities to allow them register births and deaths occurring therein
- A national centralized and integrated CRVS system (NCL-CRVS) was officially launched on 10th August 2020 in all health facilities both public and private.



**Key challenges in the implementation of 2019-2020 budget**

- Covid-19 pandemic was and continues to be a major threat to Rwanda and its preparedness and response needed/ needs additional/ more funding



## **Health Sector Key priorities for FY 2021-2022**

**Kigali, October 2020**



### **Outline**

- Health sector key priorities 2021/2022
- Key interventions by priority
- Investment Plan - 2021/2022



## Sector key Priorities 2021-2022

1. Ensure access to RMNCAH services across the life cycle
2. Strengthen Prevention & Control of Infectious Diseases
3. Strengthen Prevention and Control of NCDs, injuries and Mental Health
4. Enhance Service Delivery and Quality improvement
5. Increase quantity and quality of HRH
6. Strengthen Health Financing, Leadership and Governance
7. Ensure safety of food and drugs products



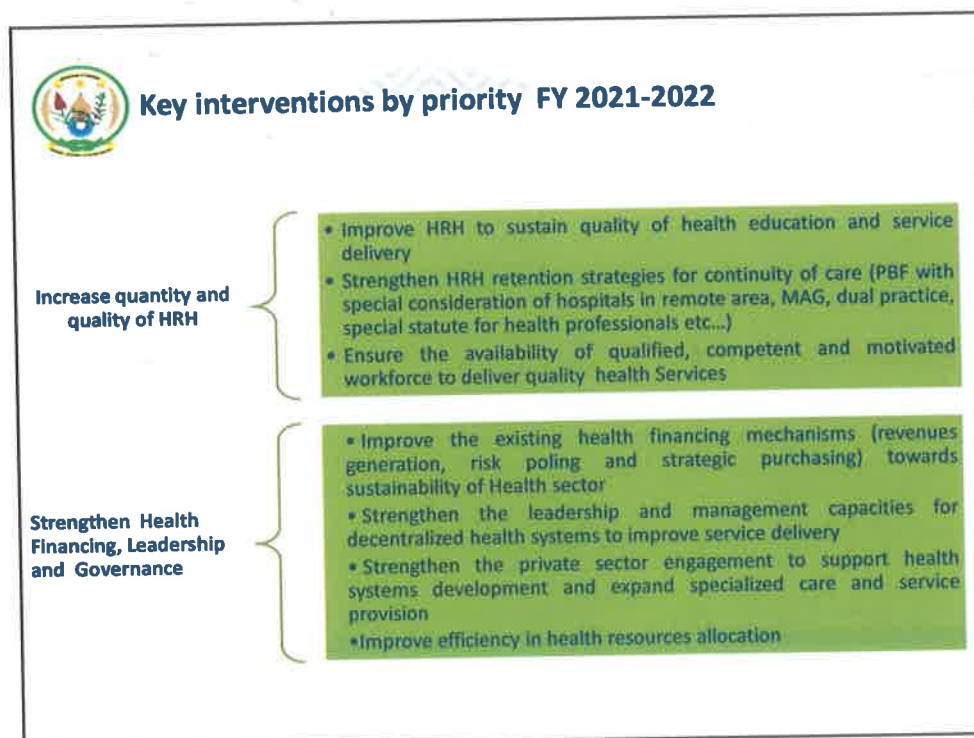
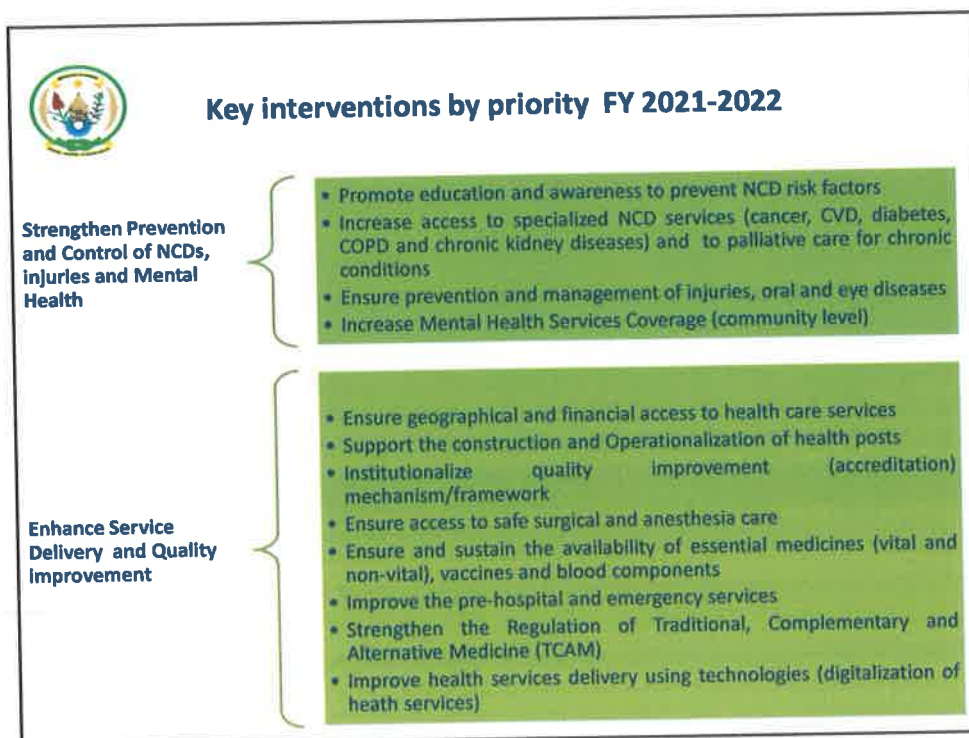
## Key interventions by priority FY 2021-2022


**Ensure access to RMNCAH services across the life cycle**

- Increase ANC and Postnatal care uptake
- Decrease maternal and neonatal mortality
- Improve access to FP services -long term methods
- Coordination of stakeholders on FP uptake awareness
- Strengthen early identification and management of malnutrition (all forms)
- Increase access to ASRH services to the youth

**Strengthen Prevention & Control of Infectious Diseases**

- Sustain universal access to HIV and other blood borne diseases, including the elimination of Hepatitis B and C
- 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
- Strengthen the detection, response and recovery to the outbreaks, epidemics and pandemic Surveillance and Prevention





### Key interventions by priority FY 2021-2022

**Ensure safety of food and drugs products**

- Ensure the assessment and registration of food and drugs products
- Strengthen the food and drugs Laboratory
- Ensure safety, monitoring and inspection of Food and drugs
- Ensure the regulation of clinical trials
- Regulation and inspection of Food and Drugs activities
- Promote local Food and pharmaceutical industry as well as support medical and food research through attracting and supporting identified industries with specific incentives



### Investment Plan- FY 2021/2022

- ▶ Construction of IRCAD Rwanda/ Kicukiro District (Ongoing)
- ▶ Mental Health Day Care Center ( Ongoing)
- ▶ Upgrading Masaka DH into a University Teaching Hospital
- ▶ Reconstruction of Ruhengeri Referral Hospital/ Musanze District
- ▶ Reconstruction of Muhororo DH/ Ngororero District
- ▶ Reconstruction of Kabgayi Hopital / Muhanga District
- ▶ Purchase and Installation of Medical Equipment to selected HFs (Continuous)
- ▶ Construction of Health Centers in Ngoma (Kazo and Karembo), Rwamagana (Mwurire), Rullindo (Cylinzuzi) and Gicumbi district (Mulindi HC)
- ▶ Digitization of Health Services to improve Health Care Delivery
- ▶ Extension and renovation of KFH and RMH





## Implementation of 2018/19 OAG recommendations

October 2020



### Introduction

- OAG conducted audit of MOH for the year ended 30 June 2019.
- Components audited** : Financial statements, Compliance and Value for Money
- Audit opinion per component:
  - Financial statements : **Unqualified ( Clean)**
  - Compliance : **Unqualified (Clean)**
  - Value for Money : **Except for**



**OAG recommendations not implemented – MOH**

Findings	Recommendation	Management action
<p>1. Concerns over recovery of revenue from emergency medical service (SAMU)</p> <p>During the year ended 30 June 2019, SAMU services rendered to beneficiaries worth Fmw 194,921,733. Only, Fmw 70,056,597 was actually deposited on MOH bank account. The remaining balance of Fmw 124,865,136 was not paid by the beneficiaries and their corresponding medical insurance companies. Some services offered are not paid due to cases of patients without identification and/or financial capacity as well as medical insurance coverage.</p>	<p>MOH should collaborate with RSB and other medical insurance companies, to ensure that the pre-hospital emergency medical services provided by SAMU are included on the list of reimbursable medical services by these medical insurance companies.</p>	<p>MOH is going to collaborate with insurance companies to see how pre-hospital emergency medical services provided by SAMU are paid by insurance companies.</p>



**OAG recommendations not implemented – MOH**

Findings	Recommendation	Management action
<p>2. Overpayment of PBF triggered by inadequate underlying data from HFs</p> <p>During the year ended 30 June 2019, MOH transferred to health facilities Fmw 2,640,580,982 and Fmw 1,864,234,657, for PBF on fighting HIV and PPF-HIV) and minimum package of activities (PPF-MPPA), respectively.</p> <p>The counter verification revealed discrepancies in data entered into HMIS which are the basis of computation of PBF. This resulted into overpayment of PBF by Fmw 17,340,969. It should be noted that the above results have been found in only forty-five (45) visited by MOH, representing 8.1% of the 554 HFs benefiting from PBF HIV and MPPA.</p>	<p>MOH should put in place documented criteria guiding the selection of HFs to be visited as well as other parameters to be followed during the counter verification process. Gaps skills analysis should be conducted to be used in preparation of regular trainings for PBF evaluators at HFs and District levels</p>	<p>MOH is conducting a counter verification of data paid in PBF scheme and is going to identify gaps in skill of PBF evaluators at health facilities, subsequently plan the training accordingly.</p>



**OAG recommendations not implemented – MOH**

Findings	Recommendation	Management action
<p>3. Persistent delay to recover unchanged penalties for significant delay in design of Muntini Hospital carried out in previous years.</p>	<p>Consultations should be made to obtain a mutual agreement on the rationale of the penalties to be charged to the contractor.</p>	<p>MOH will continue making follow up of this issue until it is resolved.</p>
<p>4. Delay to correct defects noted on construction of Internal medicine block since at Kabgayi Health Center</p>	<p>Since the contract for the construction of Internal medicine of Kabgayi DH has ended and the guarantee period has ended, MOH should follow up to ensure that the defects are corrected</p>	<p>MOH is going to make follow up to ensure that the defects are corrected.</p>



**OAG recommendations not implemented – MOH**

Findings	Recommendation	Management action
<p>5. Concerns over balances settled for Mutuelle de santé (CBSH) Liabilities after handover to RSSB</p>	<p>MOH should continue making appropriate follow up to ensure that the amount overpaid is returned.</p>	<p>MOH consulted MINECOFIN on a recovery modality and they agreed that RSSB should deduct 20% from hospitals CBSH invoices until the balance is recovered. Up to 30/07/2020, the amount recovered is equivalent to 3,973,587,605 Fw over 4,319,875,187 Fw representing 92%</p>



## RBC-Implementation of 2018/19 OAG recommendations




### Audit Opinions




#### Rwanda Biomedical Centre\_Performance for the FY 2018-2019

RBC Performance Financial Year 2018/2019	
RBC Head Offices and Former MPPD	
Description	Audit Opinion
Financial statements	Unqualified Audit Opinion
Compliance	Unqualified Audit Opinion




### Issues partially implemented




Audit Findings	Recommendation	Management Action
<p><b>1. Weakness in the management of stock of Ready to Use Therapeutic Food (RTUF) and Corn Soya Blend (CSB) at sub recipients' level, following gaps were identified</b></p> <ul style="list-style-type: none"> <li>CSB and RTF distributed to ineligible beneficiaries worth Fwv1,810,776 (Mugina and Musambira HCs of remera rukoma</li> <li>Corn Soya Blend (CSB) and Ready to use Therapeutic Food (RTUF) issued from the stock without proof of reception by intended beneficiaries; observed at Kiguro DH</li> <li>Ruhengeri Referral hospital would distribute 1,050 sachets of RTUF equivalent to Fwv 398,762 to Mulhaza health center by September 2020 as per plan but up to 26 November 2019, 1,050 sachets were still kept at DH</li> </ul>	<p>The Principal recipient should put in place strong controls over the stock management of RTUF and CSB.</p>	<ul style="list-style-type: none"> <li>RBC requested Kamonyi District to instruct Mugina and Musambira HCs to refund Fwv 1,810,776 equivalent to quantity of CSB distributed to ineligible beneficiaries.</li> <li>Stock issued without proof of reception by the recipient, this issue has been corrected after the audit</li> <li>Issue of 1,050 sachets of RTUF equivalent to Fwv 398,762 was resolved.</li> </ul>

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### Issues partially implemented



Audit Finding	Recommendation	Management Action
<p><b>2. Gaps noted in data entry, recording and reporting of vaccines</b></p> <ul style="list-style-type: none"> <li>Differences between vaccine stock per stock cards and the physical stock count (observed at Kabaya and Gahini HCs)</li> <li>Inconsistencies in immunization data (some HCs of Kabaya, Murunda, Gihundwe and Gahini DHs</li> </ul>	<p>The project management in collaboration with district hospitals should make close follow-up to all health facilities in order to ensure that reported data are from underlying tools as sources of information and ensure that review and approval of data to be reported are segregated among different staff at health center level to minimize the error occurrence.</p>	<ul style="list-style-type: none"> <li>Immunization e-tracker was introduced in September 2019 in all HCs to ensure that all vaccinated children are recorded in a web based system, the introduced system will help vaccination programs unit to monitor and track individual data of vaccinated children and monitor fridge tag temperature for vaccines management.</li> </ul>

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Issues partially implemented



Audit Finding	Recommendation	Management Action
<p><b>3. Delays in transferring GF and GAVI funds to sub-recipients</b></p> <p>RBC undertakes quarterly transfer of the needed budget for the implementation of activities in accordance with the request from health facility.</p> <ul style="list-style-type: none"> <li>Fmw 1,239,634,346 on GF HIV Program transferred to Hospitals and health centres for execution of activities delayed up to 114 days</li> <li>GF-TB program grant funds transferred to the sub-recipients. There was a delay ranging between 22 to 91days</li> <li>Fmw 118,099,105 transferred to various HFs to implement routine activities of GAVI reached SRs with a delay ranging between 10 to 115 days</li> </ul>	<p>Management of principal recipients should improve the process of transfers and ensure that grant funds are transferred timely to facilitate timely implementation of activities.</p>	<p>To avoid delay in transfer of Funds currently we serve requests from HFs as they come, we don't wait to make transfer for all at the same time.</p>

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Issues partially implemented



Audit Finding	Recommendation	Management Action
<p><b>4. Unutilized grants funds (GF-HIV Program) at sub-recipients' level</b></p> <ul style="list-style-type: none"> <li>RBC transferred Fmw 76,598,487 to KIBILIZI hospital for the implementation of GF-HIV Program activities</li> <li>Fmw 13,235,672 (representing 17% of transfer received) was not used by hospital as at 30 June 2019</li> <li>RBC transferred funds worth Fmw 99,764,374 to KABUTARE hospital for GF-HIV Program activities. funds worth to Fmw 31,918,452 (representing 32% of transfer received) were not used by hospital as at 30 June 2019</li> </ul>	<p>Hospital management in collaboration with RBC-SPU should investigate why transferred funds were not utilized as planned and take appropriate action. Going forward, RBC-SPU management should make timely monitoring and evaluation at the sub-recipients to ensure that planned activities are executed within the time frame to achieve the intended objectives.</p>	<p>The next transfer RBC deducts the balance not utilized and close follow up is done to ensure activities at SRS level are implemented as budget for.</p>

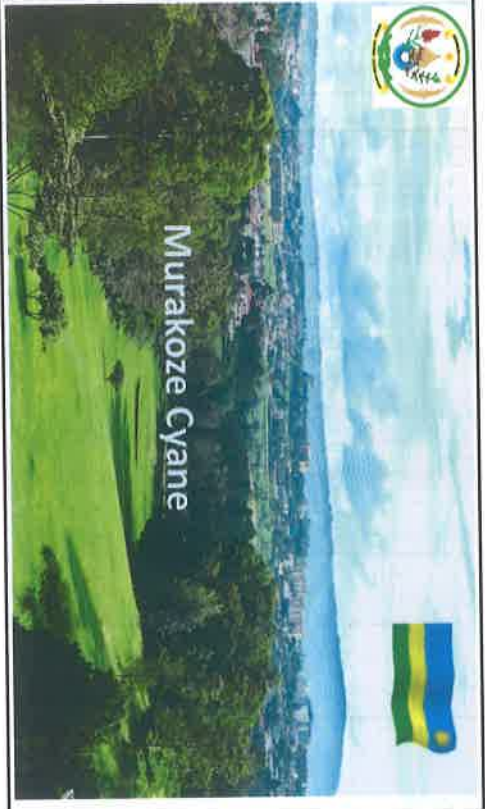
www.rbc.gov/vw



## Issues partially implemented



Audit Finding	Recommendation	Management Action
<p><b>5. Low Implementation of GF grant Malawi Program activities</b></p> <p>The audit noted that out of USD 36,063,333 (GF Malawi program) activities, only USD 20,806,990 (representing 58%) had been executed as at 30 June 2019.</p> <p>Low absorption of budget was mainly attributed to delays in procurement process of Longlasting Insecticide Nets (LINs) which alone represents 50% (USD 18,004,072 / USD 36,063,333) of the total approved budget for the year ended 30 June 2019, but only 17% had been executed as at 30 June 2019.</p>	<p>Management of global fund grant-malaria program should devise appropriate strategy to ensure planned activities are carried out within the set schedule to ensure that the project fully realizes the envisaged objectives by the planned project closing date.</p>	<p>The delays were due to challenges in tender for LINs procurement, which had to be cancelled and re-tendered due to high bidders' prices compared to available budget. Currently, almost all LINs procured on GF Malawi grant were delivered to RBC.</p>



Murakoze Cyane



## Terms of Reference for the Preparation of 2019/20 Backward - Looking Joint Sector Reviews

### 1. Background and Rationale

The Joint Sector Review forum bring together all Sector Working Group (SWG) stakeholders to engage in policy dialogue and to ensure ownership, accountability and transparency of national medium term development strategies' implementation and monitoring process.

**The 2019/20 backward looking review has the following main objectives:**

- i. To assess progress in achieving sector objectives with focus on 2019/20 targets for: NST1 indicators (**Annex 1.1**), selected sector performance indicators (**Annex 1.2**) and their corresponding policy actions. This will also include discussion on catch up plans for areas lagging behind.
- ii. To present and discuss budget execution performance (**Annex.2.1**) for 2019/20.
- iii. To highlight priority areas (maximum of five) for the 2021/22 fiscal year that will inform the planning and budgeting process for institutions in the sector.
- iv. To review progress against implementation of recommendations from the last JSR meetings as well as summary of discussion on implementation of 2018/19 OAG recommendations.
- v. To provide the latest status on SDGs indicators already monitored by sectors (**Annex 3.1**) and review the progress against the implementation of the plans and strategies to monitor the additional SDG indicators currently having clear computation methodologies (**Annex 3.2**)

### 2. Detailed requirements of 2019/20 backward-looking JSRs

a) To assess progress in achieving sector objectives with focus on 2019/20 targets related to: NST1 indicators (**Annex 1.1**), the Sector Performance Indicator Matrix (**Annex 1.2**) and their corresponding policy actions.

- Sectors are required to provide the latest information for 2019/20 where available on indicators and targets for both NST1 indicators and the Sector performance indicators.
- Sectors are expected to score progress on indicators/targets in **Annex 1.1** and **Annex 1.2** based on the scoring methodology below:

=>100% achievement	> 90% achievement	50-90% achievement	<50% achievement	N/A
Achieved	On-Track	On-Watch	Lagging behind	Not due for reporting/or not available

- An assessment of progress in achieving 2019/20 policy actions should be undertaken and analysis linked to the progress on targets for 2019/20

- Catch up plans should be identified and deliberately discussed using **Annex 1.1** and **Annex 1.2** for improvements on areas lagging behind
  - Each sector is expected to highlight key lessons learned from the NST 1 implementation to date.
    - Each Sector is requested to provide a narrative summary of success factors or challenges such as the impact of COVID 19 and how it hindered achievement of 2019/20 targets and policy actions in the report as well as in **Annex 1.2** .
  - This section should also include progress on how relevant cross cutting areas of NST 1 such as gender& family promotion, environment & climate change, capacity development regional integration and international positioning, disability & social inclusion, HIV/AIDS and Non-Communicable Diseases and disaster management have been mainstreamed.
- b) To present and discuss Budget Execution performance for 2019/20 Fiscal Year (**Annex.2.1** and **Annex 2.2**)
- The budget execution narrative section should entail analysis per different categorizations adequate to inform policy decisions. Such categorizations include; budget execution performance by; programme and sub-programme, recurrent and development, domestic and externally funded projects.
  - The analysis on budget execution should be linked as much as possible to results and outputs achieved within the sector.
  - The section should also highlight any challenges encountered (if any) during budget execution as well as provide a clear set of policy recommendations or strategies already put in place to improve the budget output performance in the sector.
  - Budget execution information related to domestic funding to be used by the sectors in the analysis and preparation of the reports will be provided by the National Budget (NB) Department of MINECOFIN while sectors shall generate and report against execution of externally funded projects.
  - Analysis tables of budget execution performance per different categorizations; (programme and sub programme, recurrent and development, domestic and external) should be summarized in **Annex 2.1**
  - **Annex 2.2** is also provided to capture the execution performance of other off-budget Projects externally financed in 2019/20.
- c) To highlight priority areas (maximum of five) for the 2021/22 fiscal year that shall be the reference point for the sector Ministries and Agencies' planning and budgeting process.
- The planning cycle for the fiscal year 2021/22 starts in October 2020 following issuance of the First Planning and Budget Call Circular by MINECOFIN. Sectors are therefore required to provide a maximum of five (5) priority areas to act as reference points for 2021/22 plans in the sector.

- These priority areas should be aligned to sector priorities enshrined in the Sector Strategic Plans (2019/20-2023/24) and should be clear and specific enough to guide the planning process.
- d) To review progress against implementation of recommendations from the last JSR meetings.
- To enhance the interconnectedness of both forward looking and backward looking joint sector reviews, it is imperative that implementation status against recommendations from the previous meetings be presented including strategies undertaken to finalize the ongoing tasks.
  - This section should also highlight progress in implementing the 2018/19 sector related recommendations from the report of the Auditor General as well as a brief on management response.
- e) To update on the latest status against the SDG indicators, and review the progress made on the implementation of the plans and strategies to monitor the additional SDG indicators with clear computation methodology
- This section should highlight the current progress against the SDG indicators with available data in **(Annex 3.1)**, using the 2019 VNR report data as their baseline.
  - In order to continuously increase national capacities to monitor SDGs, sectors were requested to indicate plans or strategies to monitor the additional SDG indicators that currently have clear computation methodology and applicable to Rwanda yet not reported on in the 2019 Country VNR report in the 2020-2021 FLJSR. In this 2019-2020 BLJSR report, sectors need to highlight the progress made against the implementation of plans to monitor those additional SDG indicators in **(Annex 3.2)**.  
The VNR report can be accessed via [http://www.minecofin.gov.rw/fileadmin/templates/documents/NDPR/Voluntary\\_National\\_Review/Rwanda\\_VNR\\_Document\\_Final\\_.pdf](http://www.minecofin.gov.rw/fileadmin/templates/documents/NDPR/Voluntary_National_Review/Rwanda_VNR_Document_Final_.pdf).

### 3. Preparation of the JSR

Following the outbreak and spread of COVID-19 and in accordance with instructions from health authorities to mitigate its further spread in the country, particularly by avoiding larger physical gatherings, SWGs are encouraged to plan to **hold the Joint Sector Review meetings online** using available online meeting tools recommended by RISA.

The lead Ministry of each sector (Chair) shall send invitations and working documents to stakeholders preferably **one week in advance** of the meetings.

Dates for the JSR meetings should be cleared by **25<sup>th</sup> September 2020** with MINECOFIN National Planning Department (NDPR) to avoid potential scheduling conflicts involving similar stakeholders.

All **draft summaries** and **annexes** should be submitted to NDPR for quality assurance before signing

Final reports signed by the chair and co-chair of the SWG should be submitted to MINECOFIN by **26<sup>th</sup> October 2020**.

Refer to the roadmap below for your reference.

Roadmap for the 2019/20 Backward Looking JSR		
Deliverable	Timeline (2020)	Responsible
Feedback from DPCG on the draft BLJSR ToR	3 <sup>th</sup> - 8 <sup>th</sup> September	DPCG
Issuance of final TORs to SWGs	16 <sup>th</sup> September	MINECOFIN/NDPR
NDPR to liaise with sectors to develop a consolidated & harmonized calendar of JSR meetings to avoid collusion of related JSR meetings	Throughout	MINECOFIN/NDPR
Engaging technical working teams to fully understand ToR requirements	16 <sup>th</sup> September and throughout	Lead Sector Ministry
Budget execution information related to domestic funding		MINECOFIN/NB
Holding of JSR meetings	Till 16 <sup>th</sup> October	SWG Chairs & Co Chairs
Deadline for submission of signed JSR reports to MINECOFIN	26 <sup>th</sup> October	Lead Sector Ministry (Chair)

#### 4. Stakeholders to be invited

- a) Representatives of the Lead Sector Ministry;
- b) SWG Co-chair of the sector (Lead Development Partner);
- c) Representative of the PMO;
- d) Representatives of other concerned line ministries and GoR institutions;
- e) Representatives of MINECOFIN;
- f) Representatives of MINALOC/LODA;
- g) A representative of the National Institute of Statistics (NISR);
- h) Representatives of Development Partner organisations;
- i) Representatives of Private sector operating in the sector;
- j) Representatives from civil society organisations involved in the sector;
- k) Other representatives as deemed appropriate by the Chair and co-Chair e.g. including Associations of final beneficiaries, among others.

**NB:** The first five above (a-e) are to participate in both the preparation of Sector working documents and Joint Sector Reviews. The Chair and Co-Chair may expand the technical team as they deem necessary.

## 5. Management arrangements

The Permanent Secretary of the Lead Sector Ministry will be the Chair of the Joint Sector Review while the Head of Cooperation of the Lead Donor in the sector will be Co-chair.

## 6. Summary content for the JSR report

The JSR summary report will comprise of short and precise narrative sections that cover the following areas as well as the accompanying annexes;

- I. Summary of progress in achieving sector objectives with focus on the 2019/20 sector indicator matrix and NST1 indicators/targets and their corresponding policy actions.
  - This will also include **highlights of the impact of COVID 19** and key lessons learned from the NST1 implementation to date.
- II. Section on Budget execution performance, including any issues that might arise from the analysis and remedial actions going forward.
- III. Section on Statement of 2021/22 Sector priority areas (maximum of five).
- IV. Section on progress against implementation of recommendations from the last JSR meeting as well as summary of discussion on implementation of 2018/19 OAG recommendations.
- V. Summary of updates on latest developments in the sector including analytical works
- VI. Section on updated status of the currently monitored SDG indicators as well as the progress made on the implementation of the plans and strategies to monitor the additional SDG indicators with clear computation methodology

**Enquiries:** For further clarifications needed, please send an email to [ndpr@minecofin.gov.rw](mailto:ndpr@minecofin.gov.rw)