Republic of Rwanda

Ministry of Health

BACKWARD-LOOKING JOINT HEALTH SECTOR REVIEW REPORT FY 2020/21

OCTOBER 2021

Contents

Section 1: Overview of the Backward - Looking Joint Sector Reviews 3

Section 2: Progress towards achieving health sector objectives 4

Section 3: Budget execution performance FY 2020-2021 for MOH and affiliated agencies 9

Section 4: Priority areas for the 2022/23 fiscal year 9

Section 5: Progress against implementation of recommendations from the last JSR meeting and Last Office of Auditor General (OAG) Audit 10

5.1. Progress against implementation of recommendations from the last JSR meeting 10

5.2. Progress against implementation of OAG audit recommendations 11

Section 6: Implementation progress of Health-related SDGs Indicators 12

Section 7: Progress towards HSSP IV Mid-term review and National health policy review 14

Section 8: Key recommendations for BLJSR 2020/2021 15

Section 1: Overview of the Backward - Looking Joint Sector Reviews

The Joint Sector Review (JSR) is a forum which brings 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. It is held on an annual basis and may be forward or backward looking. The terms of reference (ToRs) for the JSR are provided by the Ministry of Finance and Economic Planning (MINECOFIN).

Terms of reference for the 2020/21 Backward-Looking Joint Sector Review

This year, after receiving the final terms of reference from MINECOFIN, the health sector conducted its annual Backward-Looking Joint Sector Reviews (BLJSRs) for 2020/21 Fiscal Year (FY) from September to October 2021. The 2020/21 BLJSR was conducted with the following main objectives as highlighted in the final TORs:

- To assess progress in achieving sector objectives with focus on 2020/21 targets for NST1 indicators, selected sector performance indicators and their corresponding policy actions.
- To present and discuss budget execution performance for FY2020/21.
- To highlight priority areas for the 2022/23 fiscal year that will inform the planning and budgeting process for institutions in the sector.
- To review progress against implementation of recommendations from the last JSR meetings as well as summary of discussion on implementation of 2020/21 Office of the Auditor General (OAG) recommendations.
- To provide latest implementation status on Sustainable Development Goals (SDGs) indicators already monitored by sectors and to highlight plans for monitoring the additional SDG indicators applicable to Rwanda and currently having clear computation methodologies, but not monitored at the moment.

In addition, the 2020/21 BLJSR discussed the progress made towards the Health Sector Strategic Plan (HSSP) IV Mid-Term Review, and National Health policy review.

Methodology

To fully understand the 2020/21 final ToRs, the health sector technical working teams engaged in internal discussions from 28th September to 07th October 2021 under the leadership of the Planning, M&E and Health Financing Department in the Ministry of Health (MOH).

According to the final ToRs, required documents were developed by teams from MOH and Development Partners (DPs). The Health Sector Working Core team met on 15th October 2021 to discuss and approve the developed working documents.

On the 21st October 2021, the BLJSRs meeting was conducted with the entire health sector representatives to engage in policy dialogue, to discuss achievements made towards sector performance indicators as well as areas that are lagging behind and way forward. The meeting was conducted in Hybrid mode whereby the majority (71 out of 92) of participants attended physically at Kigali Convention Center (KCC), and 21 attended virtually.

Section 2: Progress towards achieving health sector objectives

The assessment of the progress towards achieving sector objectives focused on 2020/21 targets for NST1 indicators, selected sector performance indicators (see table1) and their corresponding policy actions. In total, the health sector has selected ten performance indicators and all were assessed vis-a-vis the 2020/21 targets as well 14 health policy actions to drive the achievement of the health sector objectives.

Table 1:Progress made towards health sector performance indicators, FY 2020/21

Key Health Indicators	Baseline 2019/20	Target 2020/21	Progress	Level of achievement
1. Prevalence of chronic malnutrition (stunting) among under 5 Children.	38	29.9	33% (DHS 2019/20)	On watch
2.Maternal mortality	210 (DHS 2015)	168	203 (DHS 2019/20)	On watch
3.Under 5 mortality	50/1,000 (DHS 2015)	48	45 (DHS 2019-20)	Achieved
4. Proportion of Health facilities with water	84	100	99 (RBC/WASAC joint Assessment Report 2020)	On track
5. Percentage of health facilities with electricity	82.8	100	95 (REG annual assessment 2020)	On track
6. Ratio (Doctor/ population)	1/10,055	1/9,000	1/8,027 (Annual HRH report 2020/2021)	Achieved
7. Ratio (Nurses/ population)	1/1,094	1/900	1/1,169 (Annual HRH report 2020/2021)	Lagging behind
8. Ratio (Midwives/women aged between15-49)	1/4,064	1/3500	1/2,342 (Annual HRH report 2020/2021)	Achieved
9. Prevalence of modern contraceptive use among women in reproduction age (15-49)	48 (DHS 2014/15)	54.6	58 (DHS 2019/20)	Achieved
10.Percentage of eligible population with annual medical community checkup done for NCDs	10	40	85 (Report 2020/2021)	Achieved

The progress made towards implementing policy actions chosen to facilitate the achievements of sector objectives are summarized here below by sector objective.

2.1. Objective 1: Improved nutrition for children under five (5) years of age.

The objective of improving the nutrition status of children under five years of age was assessed through the indicator named "prevalence of chronic malnutrition (stunting) among under 5 children". For the FY 2020/21, the target was to reduce the prevalence of stunting among children under 5 years old from 38% (2015 Demographic and Health Survey (DHS) to 29.9%. The prevalence of stunting has been reduced to 33% as per 2019/20 DHS. However, the target of 29.9% was not achieved.

In terms of policy actions, two main policy actions were proposed to improve nutrition for under five (5) children:

Policy action 1: Support deworming of children including vitamin A to treat intestinal parasites and anaemia.

Under this policy action, a campaign for supporting deworming of children including vitamin A was organized and conducted in February 2021. The following results were achieved as a result of this campaign: for Vitamin A, the coverage was 87.5%. For deworming the coverage was 89% whereas the coverage for Praziquantel was 78%.

Policy action 2: Screening nutrition status of under five children

Under this policy action, screening of nutritional status of under-five children was conducted during the Maternal and Child Health (MCH) week where children aged 6-59 months were screened for malnutrition. As results, Weight for Age screening was conducted for 1,488,589 children representing 90%. Screening using MUAC/weight-for-height was conducted for 1,491,346 which represented (90%) of coverage.

2.2. Objective 2: Strengthen Infection Prevention and Control at Neonatal Intensive Care Units.

Under this objective the following policy action was taken to strengthen infection prevention and control in Neonatal Intensive Care Units (NICUs):

Policy action 3: Acquisition of equipment for neonatology and maternity units.

For this policy action different equipment for neonatology and maternity units were acquired successfully and installed. The following equipment were acquired and distributed to hospitals:

(i) 64 CPAP machines, (ii) 9 Newborn and child ventilators, (iii) 20 Oxygen concentrators, (iv) 40 flow splitter for oxygen concentrator, (v) 73 Ultrasound machines, (vi) 50 incubators, and (vii) 42 infant warmers.

2.3. Objective 3: Reduced maternal mortality

The Maternal Mortality Ratio (MMR) improved from 210 per 100,000 women in 2014/15 to 203 per 100,000 women in 2019/2020 against the target of 168 per 100,000 women in 2020/21 FY as per the Health Sector Strategic Plan (HSSP) IV. The following policy actions were put in place to achieve this objective:

Policy action 4: Conduct regular maternal & neonatal death review audit.

Under this policy action, death audits were conducted for 4,250 child death cases, and for 121 maternal death cases among 167 cases notified. In addition, the first confidential enquiry into perinatal death was conducted in June 2021 in all hospitals using a World Health Organization (WHO) adapted application of ICD-10 classification of perinatal deaths. Furthermore, supportive supervisions to ensure implementation of death audit recommendations were conducted in 29 hospitals.

2.4. Objective 4: Strengthen integrated community case management (ICCM) to end preventable child deaths

Under-five mortality rate is a key demographic indicator for Rwanda and there has been good progress on this indicator. The Rwanda DHS 2019-20 data shows a decrease in mortality from 50/1,000 in 2014/15 to 45/1,000 in 2019/20. This progress has gone beyond the initially set target of 48/1,000 and this was a result of the following policy action:

Policy action 5: Procure Drugs and Consumables for ICCM (Integrated Community Case Management).

Under this policy action, procurement of Drugs and Consumables for ICCM (Integrated Community Case Management) was done. This effective procurement was a result of the close collaboration between Maternal, Child and Community Health (MCCH) Division, and Rwanda Medical Supply (RMS) who worked hand in hand to ensure that commodities are available.

2.5. Objective 5: Improve Health Care Performance

The following policy action was taken to improve healthcare performance:

Policy action 6: Organize supportive supervision as an intervention to strengthen the health system and enables health workers to offer quality services and improve performance

Under this policy action, monthly mentorship and supervision in 23 districts supported by USAID/Ingobyi project, and Partners In Health (PIH) were conducted whereas Enabel/Barame Project conducted mentorship for other 7 remaining districts. Furthermore, inspection and supervision of 80 private health facilities by Clinical Services/MOH and refresher training on EmONC mentorship was organized for 21 national trainers.

2.6. Objective 6: Enhanced access to basic infrastructure for health facilities

Availability of basic infrastructure at health facility level is key in effective health service delivery. Progress has been made in ensuring that health facilities are supplied with water and electricity. Currently, 99% of health facilities have access to water and 95% of health facilities are supplied with electricity. The Government of Rwanda plans to increase electricity and water coverage across health facilities to 100%. The following policy actions have been put in place in order to reach this objective:

Policy action 7: Supply water for 6 Health Centers.

Under this policy action, 5 Health Facilities including Busasa HC in Burera District; Kiruhura HP in Gicumbi District; Nyagahinga HP in Burera District; Tabagwe HC in Nyagatare HC; Kageyo HC in Gatsibo District; Busigari HC in Rubavu District benefited for water during this FY 2020/21.

Policy action 8: Conduct assessment of health facilities in need of electricity supply to determine the bill of quantities

Under this policy action, the assessment of health facilities in need of electricity was successfully conducted. Furthemore,145 health productive users were connected to the grid for FY 2020/2021.

2.7. Increased human resources for quality health

Human resources are an integral part of any health system and proper staffing leads to increased quality of care. The current JSRs has shown that the following HRH to population ratios have been achieved compared to their targets:

- Doctor/population ratio stands at 1/8,0217 (Annual HRH report 2020/21) compared to the set target ratio of 1/9,000
- Midwife/population ratio stands at 1/2,342 (Annual HRH report 2020/21) compared to the set target ratio of 1/3,500

However, Nurse/population ratio stands at 1/1,164 (Annual HRH report 2020/21) compared to the set target ratio of 1/900.

To ensure increased numbers of human resources for health, the government of Rwanda has initiated the following policy actions:

Policy action 9: Recruit and remunerate additional academic institutions (Local, Diaspora and Foreigners) for training a large, diverse, and competent health workforce and strengthening the capacity of academic institutions in Rwanda.

Under this policy action, six (6) faculty members; five US Universities supporting teaching in UR (Nephrology, Pediatrics, Medical surgery, Mental Health, Oncology and Neonatology Track) seven (7) senior consultants have been recruited to be based at KFH, RMH, and CHUK and the Diaspora engagement project has been implemented with nine (9) Rwandans residing in Europe supporting hospitals in Rwanda.

Policy action 10: Recruit and appoint new nurses in Health Facilities

During the FY 2020/21, nurses have been appointed depending on the needs and budget availability. Nurses appointed as Civil Servant were 1,376, and those recommended to sign contract on partner's budget were 285. In addition,118 nurses were upgraded from A2 to A1 Level.

Policy action 11: Recruit Local, Diaspora and Foreigners to teach and strengthen the capacities of Midwives.

Under this policy action, Memorandum of Understanding (MoU) with New York University – School of Nursing and University of Illinois at Chicago were signed to support in teaching and training program at the school of Nursing–University of Rwanda (UR).

2.8. Objective 8: Increased modern contraceptive prevalence Rate.

According to Rwanda DHS, the uptake of modern contraceptive use among women in reproduction age (15-49) has increased from 48% (DHS 2014/15) to 58% (DHS 2019/20). This is a good progress with an achievement beyond the set target of 54.6% as per the HSSP IV.

The following policy action had been initiated to increase Family Planning (FP) uptake:

Policy action 12: Improve FP/PPFP services at health facilities to increase FP uptake.

Under this policy action, districts-based mentors (nurses and midwives) conducted mentorship and supportive supervision in 99 health facilities including secondary posts.

2.9. Objective 9: Integrated NCDs early detection and management in health facilities at all levels

As the country is experiencing an epidemiological transition that has resulted in the rise of NCDs disease burden across the population, efforts have been put in place to ensure that the adverse effects of NCDs are averted early. With these efforts, the country has seen a rise in the *percentage of eligible population with annual medical community checkup done for NCDs* which has increased from 10% to 85%. To reach this objective, the following policy action has been put in place:

Policy action 13: Conduct screening and education campaigns for NCDs on existing recurrent public event

Under this policy action, mentorship activities were conducted in all DHs and HCs to build capacity of health care providers to screen NCDs. All HCs were given testing kits, and were trained on reporting through DHIS2 platform.

Impact of Covid-19 on the Rwandan Health sector

Covid-19 pandemic has negatively affected different sectors of the country life including health services despite considerable efforts put in place. Especially for the health sector, COVID-19 has demanded more investments towards a well-coordinated response and assurance of continuity of provision of other health services.

For Tuberculosis related services a comparison of TB notification before (January-June 2019) and during the Covid-19 period showed a 7% decrease in January-June 2020 period and a 10% decrease during January-June 2021. Moreover, the data showed that there has been a slight decrease in numbers of people utilizing HIV, STIs and viral hepatitis services from health facilities. On average, 960 new patients initiate ART every month in Rwanda. However, there was a reduction in the months of January and February 2021. This reduction may be attributed to the COVID-19 lock down which happened during the same months. In addition, though the rapid assessment on continuity of essential Reproductive Maternal, Newborn, Child and adolescent Health(RMNCAH) services amidst Covid-19 pandemic conducted by RBC in 2020, has revealed an overall satisfactory continuity of services despite the challenges related to Covid-19. The same assessment has also revealed a slight disruption of services and decrease in uptake that was observed during the lockdown period.

In order to ensure continuity of services, strategies including re-organization of services, re-purposing of resources, vaccination against covid-19 and effective supply chain of commodities

have implemented. These would not have been possible without strong, robust and flexible health systems in place.

Section 3: Budget execution performance FY 2020-2021 for MOH and affiliated agencies

The 2020/21 Budget execution by program and sub program, recurrent and development, domestic and external and execution performance of off-budget Projects externally financed were discussed and the detailed performance is shown in the slides presented in the 2020/21 BLJSR meeting here annexed.

The overall 2020/2021budget execution performance and activities implementation for MOH and affiliated agencies were high compared to previous fiscal years due heavy and emergency workload in health services delivery in this critical period of COVID-19 pandemic preparedness and response.

Meanwhile for few projects, the low budget execution was attributed mainly to late disbursement of pledged funds or field related interventions not implemented due to COVID-19 containment measures.

Section 4: Priority areas for the 2022/23 fiscal year

The priority areas that will inform the planning and budgeting process for institutions in the health sector for FY 2022/23 are the following:

4.1. Governance and leadership

In this area 3 priorities were set namely: (i) Strengthen the health facilities management (ii) Increasing PSE and (iii) Implement DRM interventions.

4.2. Maternal, child and community health

In maternal, child and community health area, increase access to RMNCAH services across the life cycle, and Community Health Worker program revamping were retained as two key priorities.

4.3. Disease and prevention control

In this area, four priorities were retained. These include: (i) prevention and Control of Infectious diseases (HIV, Malaria, TB etc.), (ii) NCDs (cancer, cardio-vascular, metabolic diseases, COPD) and Injuries, (iii) Mental health disorders, and (iv) Epidemics, public health emergencies preparedness, control and recovery (EVD, COVID 19).

4.4. Improving the quality of services delivery

Regarding improving the quality of services delivery, six priorities were highlighted. These include: (i) Laboratory systems and Diagnostics (National Health Laboratory services), (ii) Medicines supply chain systems and distribution, (iii) Increase the quantity and quality of HRH, (iv) strengthen Health Digitalization and Medical technology, (v) Research, innovation and data science, and (vi) Improve the strategic purchasing (PPM reform)

4.5. Strengthen Food and drugs regulation

Lastly, strengthening food and drugs regulation has highlighted three priorities which are: (i) ensure the safety of food and medical products, (ii) Implementation of One health policy, and (iii) AMR plan (rational use of medicines).

The above priority areas will be adjusted according to the findings of the HSSP IV mid-term review which are expected before the end of 2021.

Section 5: Progress against implementation of recommendations from the last JSR meeting and Last Office of Auditor General (OAG) Audit

5.1. Progress against implementation of recommendations from the last JSR meeting
The last JSRs meeting was conducted in June 2021 and was a Forward-Looking JSR. This meeting took recommendations around three areas and the following sub-section presents the progress made against their implementation.

1. Health Resource Tracking Tool (HRTT)

The HRT Tool is a critical tool for the health sector and it is used in collecting and analyzing health expenditures and budget data which is critical to policy decision making. Here are some actions that were taken in the last JSR:

- Organize orientation session on HRTT functionality for the DPs
- Using HRTT for dynamic situations e.g. COVID-19
- Collect both prospective (budget) data and expenditure (retrospective)

The progress against these actions is summarized below:

- HRTT final report is being drafted for 2017-2020 period and preliminary findings have been presented in Planning and Health Financing TWG meeting on October 8, 2021.
- A comparative analysis to compare HRTT and EICV results was recommended to better understand the Out Of Pocket (OOP) expenditure at individual/household level.
- MoH with the support USAID/RIHSA is revamping HRTT system after which training of DPs on the improved HRTT will follow.

2. Health Sector Analytical Studies planned in 2021/2022 FY

In efforts to continue instituting evidence-based decision-making culture across the health sector, research becomes important. During the last JSR, the two following analytical studies were to be included in the planned activities for FY 2021/22:

- Human capital public expenditure review to be conducted by the World Bank (WB) and Government of Rwanda.
- Estimation of HIV seroconversion rates among pregnant and breastfeeding women is being funded by UNICEF.

Regarding Human Capital Public Expenditure Review, this study is ongoing. Preliminary findings were shared with GoR (MINECOFIN, MoH, RBC, LODA, RSSB, MINALOC, MIGEPROF, etc.),

while the protocol for estimation of HIV seroconversion rates among pregnant and breastfeeding women study is under development.

Furthermore, the JSR recommended to identify a systematic way to collect, store and access sector study reports. Therefore, the National Health Observatory, which is being upgraded, will be used as repository for health sector studies.

3. SDGs indicators with baseline

In regards to SDGs indicators, the following actions were taken during the last JSR: (i) to provide status and baseline in detailed report, (ii) to be more specific on strategies for given indicators, (iv) to provide a table with indicator with missing data and linked to strategy for getting the data and Call for DP support to SDGs.

For these recommendation, an assessment of Health SDGs reflected in the HSSP IV is ongoing and will be included in the Mid-Term Review (MTR) report and a costed methodology document for Health SDGs with missing baseline is being elaborated. This document will support the resource mobilization for Health SDGs monitoring.

5.2. Progress against implementation of OAG audit recommendations

This sub-section presents the progress made towards the implementation of recommendations made by the OAG to MOH and Rwanda Biomedical Centre (RBC).

The OAG audited MOH and RBC for the year ended 30 June 2020 and gave the audit opinions per components as follows:

- For Ministry of Health
  - Financial statements: Unqualified (Clean)
  - Compliance: Qualified (Except for)
  - Value for Money: Unqualified (Clean)

- For Rwanda Biomedical Centre
  - Financial statements: Unqualified (Clean)
  - Compliance: Unqualified (Clean)
  - Value for Money: Unqualified (Clean)

For the weaknesses identified by the OAG audit and recommendations provided, the following part summarizes the implementation progress.

1. Weaknesses noted in reception and management of eye glasses:

MoH is collaborating with RMS Ltd and the distribution report of eye glasses from RMS Ltd to RMS Branches is available. RMS branches are urged to provide the reports of eye glasses issued to Health Facilities.

2. Weaknesses noted in recovery and management of revenue from Emergency Medical Services (SAMU):

MoH engaged private medical insurers and they agreed for a partnership. RBC has requested for a partnership with RSSB for the medical care and services offered by SAMU including pre-hospital services since SAMU Division is currently under RBC.

3. Weakness noted in the process of expropriation of land

MOH followed up this issue and engaged Rubavu District; the land title will be obtained shortly.

4. Delayed recovery of damages, fines and court fees resulting from court cases won by RBC.

RBC has signed a contract with the professional court bailiff. From December 2020, professional court bailiff is not enforcing judgements due to the enactment of the new model of enforcement order and the establishment of the new electronic system will be used in the judgements enforcement process.

5. Long outstanding account payables

RBC discussed this case with the MINECOFIN who rejected the payment made by RBC to Medical Production and Procurement Division (MPPD), on the grounds that RBC should not be paying itself since MPPD was a division of RBC. Noting that MPPD has become RMS Ltd, a separate entity, RBC is going to re-contact MINECOFIN for the resettlement of this liability.

6. Persistent issue of unrecovered amount of 9,072,814 Frw for goods paid but not received

The case was judged in the intermediate court of Nyarugenge and RBC won the case. The supplier (KEF) has filed an appeal before the High Court, waiting for the court hearing date.

Section 6: Implementation progress of Health-related SDGs Indicators

This section summarizes the progress made towards health related SDGs indicators as per the Health Sector Strategic Plan IV (HSSP IV) and the way forward for SDGs indicators that are not yet monitored. The table below shows the health SDGs indicators reflected in HSSP IV while their progress is shown in the slides presented in the 2020/21 BLJSRs meeting here annexed.

Table 2: HSSP IV Related SDGs indicators whose progress is monitored

COMPONENT I: SPECIFIC HEALTH SERVICE DELIVERY PROGRAMS
1.1. Essential Services across the Life Course: pregnancy, early life, children, adolescents and youth programs
Percentage of births attended by skilled health professionals
Maternal mortality rate
Neonatal mortality rate
Under five mortality rate
% Children 12-23 months fully immunized
Prevalence of malnutrition (Stunting) among under 5 children
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
1.2 Coverage of Essential Health Interventions: communicable and non-communicable diseases
Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
Hepatitis B incidence per 100,000 population
TB incidence per 100,000 population

Malaria incidence per 1,000 population
1.3 Non-Communicable Diseases & Injuries
Percentage of reduction of premature mortality (under 40 years old) due to NCDs (cancer, HTA and diabetes)
Percentage of reduction of premature mortality (under 40 years old) due to NCDs due to road traffic accidents (RTA) as the leading cause in non-intentional injuries
1.4 Cross-Cutting Health Service Delivery Programs: Health promotion, environmental health, and health security
International Health Regulations
(IHR) core capacity index
COMPONENT II: HEALTH SYSTEMS SUPPORTING DELIVERY OF HEALTH PROGRAMS
2.1. Health Workforce (HRH)
Doctor/pop ratio (GP and Specialists as well)
Nurse/pop ratio
Midwife/pop ratio (women aged from 15-49)
2.2. Health Information Systems (HIS) and Research
% births registered according to the CRVS
2.3. Health Financing
% Household expenditure on health as a share of total household income

Among the 19 Health-SDGs indicators (HSDGIs) reflected in the HSSP IV logical framework, in 2021, 8 (42%) had reached their target; 1 (5%) showed limited progress while 7 (37%) didn't achieved the targets set for 2020-21 in the strategic plan. Moreover, 3 (16%) indicators were not reported through national information systems at the time of the review.

Furthermore, among the 14 HSDGIs related to service delivery: 6 (43%) achieved their targets; 5 (36%) were at risk; while 2 (14%) and 1 (7%) were not reported and indicated limited progress, respectively. Nearly 60% (4 out of 7) of RMNCH's HSDGIs belonged to impact indicators such as maternal, neonatal, under-five mortality and stunting; and were at risk, while 75% (3 out of 4) of HSDGIs related to CDs had been achieved. Among the 2 HSDGIs belonging to the NCDs sub-component, all were impact indicators and 1 (e.g. mortality rate due road traffic accidents) was at risk, while the remaining HSDGI (mortality rate due to NCDs) was not reported. The sole HSDGI for health security was achieved (100%).

Similarly, 5 HSDGIs pertained to the Health Systems component, among which 2 (40%) were achieved; 2 (40%) were at risk, and 1 (20%) was not reported. The targets of 2 out of 3 (66.67%) HSDGIs (66.67%) of the HRH sub-component were reached; and the sole HSDGI relating to HIS (1, 100%) was at risk, although it showed significant progress, while the sole (100%) HSDGI belonging to HF and related to Universal Health Coverage (UHC) was not reported.

Way forward for SDGs monitoring

In order to monitor all SDG indicators related to health the following specific activities are planned going forward: (i) assessment of Health SDGs reflected in the HSSP IV is ongoing and will be

included in the MTR report, (ii) elaboration of a costed methodology document for SDGs with missing baseline is ongoing and will support the resource mobilization for SDGs monitoring.

In addition, to the STEPS survey which is ongoing, the Harmonized Health Facility Assessment is being also prepared. Furthermore, the strengthening of administrative data collection systems, including CRVS: (i) Medical Certification of Causes of Deaths (MCCOD) introduced in hospitals in 2018; and (ii) scale –up of Verbal Autopsy (VA) at the community level is ongoing. Electronic Medical Records (EMR) in health facilities is being reinforced.

Section 7: Progress towards HSSP IV Mid-term review and National health policy review

The HSSP IV MTR has been started with the following objectives:

- To assess whether the health sector performance is on track as envisioned in the HSSP IV and the likelihood of achieving the targets,
- To assess the extent to which planned HSSP IV activities have been implemented
- To assess the relevance of the HSSP IV and its M&E framework in light of any new contextual changes, including covid-19
- Provide recommendations to guide further implementation or re-orientation of the HSSP IV

Submission and dissemination of HSSP MTR final report is expected on 30th October 2021.

In regards to the National health policy, its review is still in progress. The following policy objectives were proposed:

Policy objective 1: Enhancing Demand, Quality, and effectiveness of health Services

Policy Objective 2: Strengthening the health Support Systems

Policy objective 3: Enhancing the leadership and Governance in the health sector

Policy objective 4: Maintaining Equity and Moderating Vulnerability by addressing the Social Determinants of Health.

Policy objective 5: Managing Health Security and Population Protection

Section 8: Key recommendations for BLJSR 2020/2021

This section captures the recommendations from the 2020/21 FY BLJSR meeting conducted on 21st October 2021. The recommendations are captured in the following table:

Table 3: Key recommendations from the 2020/21 BLJSR meeting

#	Topic	Action Points	Responsible	Timelines
1.	**HRTT**	• Improve the HRTT system: Redesign the HRTT system to be effective and efficient at budget and expenditure reporting and analysis. • Organize orientation session on HRTT functionality for the DPs. • Conduct a comparative analysis to compare HRTT and EICV results to better understand the OOP expenditure at individual/household level.	MoH and DPs	April 2022
2.	**NCDs**	• Adopt a targeted preventive measures/approach to maximize resources use (e.g. age, sex etc.) • Strengthen the use of EMRs in health facilities • To prepare the transition from ICD 10 to ICD 11 to have standardized measures of the burden of NCDs	MOH/RBC	Next JSR
3.	**Policy actions**	• Policy action status update in next JSR should have clear targets • Support NICUs to provide safe oxygen to premature babies by supplying oxygen regulators and to coordinate with eye specialists to screen for retinopathy of prematurity (ROP) early enough to prevent blindness	MOH	Next JSR
4.	**ICPD 25**	• Collaborate with partners towards meeting ICPD25 Commitments to accelerate progress in ensuring universal access to Sexual and Reproductive Health and Rights	MOH UNFPA	Immediate
5.	**Sector Indicators**	• Indicators should be adjusted/adapted to the new and emerging priorities of	MOH	Next JSR

		the sector (e.g. shifting epidemiological profile, COVID pandemic etc.)		
6.	**SDGs**	• Establish the SDGs task force to ensure monitoring and data governance	MOH WHO	Immediate
7.	**Planning and holding the JSRs**	• The next JSR meetings should take at least 2-3 days to provide enough time for discussion and interactions of participants. • For plateaued indicators, there is a need to think of innovative interventions to stimulate change/improvement.	-MOH, -MOH, RBC and DPs	Next JSR
8.	**Technical Working Group updates**	In the next JSR, the technical working groups should provide update on priority action areas/activities	-MOH (Department of Planning, Health Financing and M&E) -HSWG core Group	Next JSR

Chaired by:

Zachee IYAKAREMYE

Permanent Secretary

Ministry of Health

Co-chaired by:

Robin MARTZ

Health Office Director

USAID/RWANDA

BLJSR 2021/2022 Presentations

Kigali, October 21, 2021

Agenda

TIME	ITEMS	PRESENTERS
09:00-09:10	Welcoming remarks	• Permanent Secretary, Chair of the HSWG • Co-Chair
9:10-9:20	Implementation progress report of the last JSRs recommendations	Dr. Elisabeth UWANYILIGIRA
09:200-09:40	Progress in achieving sector objectives 2020/2021 FY	Mr. Ntagara Ngabo Donatien
09:40-10:00	2020/21 FY Budget execution performance	Mr. Vital NSENGIMANA
10:00-10:20	Discussion	Chair
10:20-10:40	Health Break	MC
10:40-11:00	Implementation progress of Health related SDGs indicators.	Dr. Candide Tran NGOC
11:00-11:20	Implementation progress of the recommendations from the office of the Auditor General (FY 2020/21)	NGABO Fabrice and Tuyisenge Etienne
11:20-11:30	Sector priorities 2022/23 FY	Dr. Parfait UWALIRAYE
11:30-11:50	Discussion	Co-Chair
11:50-12:00	HSSP IV MTR Progress	Ntagara Ngabo Donatien
12:00-12:10	Health policy Review Progress	Dr. Parfait UWALIRAYE
12:10-12:20	Recommendations	Dr. Elisabeth UWANYILIGIRA
12:20-13:00	Closing remarks	Chair and Co-Chair

Outline

- Key recommendations FLJSR 2021/2022
- Progress in achieving health sector objectives FY 2020/21
- Budget execution performance FY 2020-2021 for MOH and Affiliated agencies
- SDG health related indicators – Progress
- Status of implementation of OAG audit recommendations for MOH and RBC - FY 2019/2020
- Health Sector priorities for FY 2022/2023
- Updates on MTR and Health Policy review

KEY RECOMMENDATIONS FLJSR 2021/2022

Progress

Topic	Action points	Progress
1. **HRTT**	• Organize orientation session on HRTT functionality for the DPs • Using HRTT for dynamic situations e.g. COVID-19 • Collect both prospective (budget) data and expenditure (retrospective)	• HRTT final report is being drafted and has presented the 2017-2020 (Preliminary findings) at Planning and Health Financing TWG meeting on Oct 8, 2021 • A comparative analysis to compare HRTT and EICV results was recommended to better understand the OOP expenditure at individual/household level • MoH with the support USAID/RIHSA is revamping HRTT system • DP trainings on the improved HRTT will follow
2. **Health Sector Analytical Studies planned in 2021/2022 FY**	Include the: • Human capital public expenditure review to be conducted by the WB and Government • Estimation of HIV seroconversion rates among pregnant and breastfeeding women is being funded by UNICEF • Identify a systematic way to collect, store and access sector study reports	• Human Capital Public Expenditure Review is ongoing. Preliminary findings were shared with GoR (MINECOFIN, MoH, RBC, LODA, RSSB, MINALOC, MIGEPROF...) • The protocol for estimation of HIV seroconversion rates among pregnant and breastfeeding women study is under development • National health observatory is being upgraded - where analytical studies are stored

Progress – Cont'd

Topic	Action point	Progress
3. **SDGs Indicators with baseline**	• Provide status and baseline in detailed report • Be more specific on strategies for given indicators • Table with indicator with missing data and linked to strategy for getting the data. • Call for DP support to SDGs	• Assessment of Health SDGs reflected in the HSSP IV is ongoing and will be included in the mid-term review (MTR) report. • Elaboration of a costed methodology document for Health SDGs with missing baseline is ongoing. • This document will support the resource mobilization for Health SDGs monitoring

Progress in achieving health sector objectives FY 2020/2021

Progress against 2020/2021 Targets for Sectors Indicators

Key Health Indicators	Baseline 2019/20	Target 2020/21	Progress
1. Prevalence of chronic malnutrition (stunting) among under 5 Children.	38	29.9	33% (DHS 2019/20)
2.Maternal mortality	210 (DHS 2015)	168	203 (DHS 2019/20)
3.Under 5 mortality	50/1,000 (DHS 2015)	48	45 (DHS 2019-20)
4. Proportion of Health facilities with water	84	100	99 (RBC/WASAC joint Assessment Report 2020)
5. Percentage of health facilities with electricity	82.8	100	95 (REG annual assessment 2020)
6. Ratio (Doctor/ population)	1/10,055	1/9,000	1/8,027 (Annual HRH report 2020/2021)
7. Ratio (Nurses/ population)	1/1,094	1/900	1/1,169 (Annual HRH report 2020/2021)
8. Ratio (Midwives/women aged between15-49)	1/4,064	1/3500	1/2,342 (Annual HRH report 2020/2021)
9. Prevalence of modern contraceptive use among women in reproduction age (15-49)	48 (DHS 2014/15)	54.6	58 (DHS 2019/20)
10.Percentage of eligible population with annual medical community check up done for NCDs	10	40	85 (Report 2020/2021)

Progress against 2020/21 Sectors policy actions

Outcome	Policy action	Progress report
Improved nutrition for children under five (5) years of age.	1. Support deworming of children including vitamin A to treat intestinal parasites and anemia.	For supporting deworming of children including vitamin A, a campaign has been organized and conducted in February 2021 and the results are: For Vit A the coverage is 87.5%, for deworming it is 89% for the region with Praziquantel it is 78%.

	2. Screening nutrition status of under five children	• Screening of nutritional status of under-five children has been conducted during the MCH week campaign:
		• Children aged 6-59 months screened for malnutrition.
		  • Using Weight for age: 1,488,589 (90%)
		  • using MUAC/weight-for-height : 1,491,346 (90%)
		  • Children aged 3, 6, 9, 12, 15 and 18 months screened for malnutrition
		  • weight-for-height : (90%)
		• Screening for nutritional status of under 5 using weight for age is 88% by end June 2021

Progress Against 2020/21 Sectors Policy Actions

Outcome	Policy action	Progress Report
Strengthen Infection Prevention and Control at Neonatal Intensive Care Units.	3. Acquisition of equipment's for neonatology and maternity units.	• Acquisition of equipment's for neonatology and maternity units was done successfully and installed. The following equipment were acquired and distributed to hospitals: • 64 CPAP, 9 Newborn and child ventilators, 20 Oxygen concentrators, 40 flow splitter for oxygen concentrator, 73 Ultrasound machines, 50 incubators and 42 infant warmers
Reduced maternal mortality	4. Conduct regular maternal & neonatal death review audit.	• 4, 250 child death cases audited, • 121 maternal death cases audited among 167 cases notified • First confidential enquiry into perinatal death was conducted in June 2021 in all hospitals using WHO adapted application of ICD-10 classification of perinatal deaths • Supportive supervisions to ensure implementation of death audit recommendations were conducted in 29 hospitals

Progress against 2020/21 Sectors policy actions

Outcome	Policy action	Progress report
Strengthen integrated community case management (ICCM) to end preventable child deaths	5. Procure Drugs and Consumables for ICCM (Integrated Community Case Management).	Procurement of Drugs and Consumables for ICCM (Integrated Community Case Management) was done. MCCH division and RMS working hand in hand to ensure commodities are available
Improve Health Care Performance	6. Organize supportive supervision as an intervention to strengthen the health system and enables health workers to offer quality services and improve performance	• Regular (monthly) mentorship and supervision in 23 districts supported by Ingobyi project and PIH were conducted • Barame Project conducted mentorship for other 7 remaining districts • Inspection and supervision of 80 private health facilities by Clinical services/MOH • Refresher training on EmONC mentorship was organized and benefited by 21 national trainers
Enhanced access to basic infrastructure for health facilities	7. Supply water for 6 Health Centers.	5 Health Care facilities including Busasa HC in Burera District; Hiruhura HP in Gicumbi District; Nyagahinga HP in Burera District; Tabagwe HC in Nyagatare HC; Kageyo HC in Gatsibo District; Busigari HC in Rubavu District benefited for water during this FY 2020/21.

Progress against 2020/21 Sectors policy actions

Outcome	Policy action	Progress report
Enhanced access to basic infrastructure for health facilities	8. Conduct assessment of health facilities in need of electricity supply to determine the bill of quantities.	• The assessment of health facilities in need of electricity was successfully conducted. • Furthemore,145 health productive users were connected to the grid for FY 2020/2021 till May 2021.
Increased human resources for quality health	9. Recruit and remunerate additional academic institutions (Local, Diaspora and Foreigners) for training a large, diverse, and competent health workforce and strengthening the capacity of academic institutions in Rwanda.	• Six (6) faculty members; five US Universities supporting teaching in UR (Nephrology, Pediatrics, Medical surgery, Mental Health, Oncology and Neonatology Track) • Seven (7) senior consultants have been recruited to be based at KFH, RMH, and CHUK • Diaspora engagement project: 9 Rwandans residing in Europe were supported hospitals in Rwanda • Previously recruited faculty members (2) continued to support UR as volunteers
	10. Recruit and appoint new nurses in Health Facilities	• Nurses have been appointed depending on the needs and budget availability: • Nurses appointed as Civil Servant: 1376 • Nurses recommended to sign contract on partner's budget: 285 • Nurses upgraded levels from Nurses A2 to Nurses A1: 118

Progress against 2020/21 Sectors policy actions

Outcome	Policy action	Progress report
Increased human resources for quality health	11. Recruit Local, Diaspora and Foreigners to teach and strengthen the capacities of Midwives.	MoUs with New York University –School of Nursing and University of Illinois at Chicago were signed to support in teaching and training program at the school of Nursing –UR
Increased modern contraceptive prevalence Rate.	12. Improve FP/PPFP services at health facilities to increase FP uptake.	• Mentorship/supportive supervision in 30 districts-based mentors (nurses and midwives) were reached and supported in way of conducting mentorship. • 99 health facilities including secondary posts were visited.
Integrated NCDs early detection and management in health facilities at all levels	13. Conduct screening and education campaigns for NCDs on existing recurrent public event	• Mentorship activity was conducted in all DHs and HCs to build capacity of health care providers to screen NCDs. • All HCs were given testing kits, trained on the reporting system through DHIS2 platform.

Budget execution performance FY 2020-2021 for MOH and affiliated agencies

2020/21 Budget Execution by program and sub program, recurrent and development, domestic and external (1/3)

Programme	Subprogramme	Allocation (Frw)	Execution (Frw)	% execution
ADMINISTRATIVE AND SUPPORT SERVICES		72,233,865,954	66,892,535,442	93%
	Administrative And Support Services (Wages and salaries of Human resources, non medical procurements, renovation of offices infrastructure, vehicles maintenance, water and electricity costs...)	72,233,865,954	66,892,535,442	93%
FOOD AND DRUGS REGISTRATION & INSPECTION		100,995,740	100,995,740	100%
	Food and Drugs Assessment & Registration	30,175,353	30,175,353	100%
	Food and Drugs Inspection & Safety Monitoring	70,820,387	70,820,387	100%
HEALTH HUMAN RESOURCES		6,266,825,739	5,533,047,462	88%
	Health Professional Development	6,266,825,739	5,533,047,462	88%
HEALTH SECTOR PLANNING, MONITORING AND EVALUATION		49,328,496,621	48,111,154,978	98%
	HEALTH FINANCING	29,537,807,426	29,526,538,320	100%
	HEALTH INFORMATION AND TECHNOLOGIES	1,474,639,121	1,197,848,146	81%
	PARTNERSHIPS COORDINATION AND MOBILISATION	2,117,500	2,117,500	100%
	PLANNING, MONITORING AND EVALUATION	18,313,932,574	17,384,651,012	95%

2020/21 Budget Execution by program and sub program, recurrent and development, domestic and external (2/3)

Programme	Subprogramme	Allocation (Frw)	Execution (Frw)	% execution
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT		64,326,548,864	73,766,879,317	115%
	BLOOD TRANSFUSION	892,628,093	885,159,382	99%
	HEALTH INFRASTRUCTURE AND EQUIPMENTS	16,798,211,267	17,747,787,537	106%
	HEALTH PROMOTION AND COMMUNICATION	943,486,518	740,351,377	78%
	HEALTH RESEARCH	2,587,500	2,400,000	93%
	HEALTH SERVICE REGULATION	1,020,760,178	835,075,452	82%
	HYGIENE AND ENVIRONMENTAL HEALTH	426,890,890	414,417,945	97%
	LAB DIAGNOSTIC QUALITY ASSURANCE	5,201,145,109	4,260,069,642	82%
	MEDICAL PRODUCTION, PROCUREMENT AND DISTRIBUTION	38,558,635,548	48,593,607,449	126%
	SAMU	482,203,761	288,010,533	60%
INFECTIOUS DISEASES PREVENTION AND CONTROL		34,112,560,546	40,988,430,857	120%
	EPIDEMIC SURVEILLANCE AND RESPONSE	18,114,987,057	24,236,565,965	134%
	HIV/AIDS, STIS AND OTHER BLOOD BORNE DISEASES	8,456,941,118	9,476,652,026	112%
	MALARIA AND OTHER PARASITIC DISEASES	6,857,456,004	6,609,562,696	96%
	TUBERCULOSIS AND OTHER RESPIRATORY COMMUNICABLE DISEASES	683,176,367	665,650,170	97%

2020/21 Budget Execution by program and sub program, recurrent and development, domestic and external (3/3)

Programme	Subprogramme	Allocation (Frw)	Execution (Frw)	% execution
MATERNAL, CHILD AND ADOLESCENT HEALTH		8,402,118,420	8,157,293,832	97%
	COMMUNITY HEALTH	622,071,707	640,016,138	103%
	FAMILY PLANNING	250,721,615	196,909,739	79%
	MATERNAL AND CHILD HEALTH IMPROVEMENT	3,662,280,597	3,901,427,106	107%
	NUTRITION	1,478,995,907	1,203,042,144	81%
	VACCINE PREVENTABLE DISEASES	2,388,048,594	2,215,898,705	93%
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH PREVENTION AND CONTROL		602,378,787	512,123,713	85%
	MENTAL HEALTH	101,163,566	94,042,709	93%
	NON COMMUNICABLE DISEASES	501,215,221	418,081,004	83%
SPECIALIZED HEALTH SERVICES		1,398,498,966	1,398,498,966	100%
	Specialized Service Delivery	1,398,498,966	1,398,498,966	100%
GRAND TOTAL		236,772,289,637	245,460,960,307	104%

Execution performance of off-budget Projects externally financed (1/4)

Budget Agency	Project Name	2020/21 Budget	Annual Execution in FY 2020/2021	Annual Execution Rate in FY 2020/2021	Comment
RBC	Malaria - National Strategic Funding Project- RBF	20,855,819,530	26,525,809,458	127%	GF disbursed more funds and Minecofin allow as the Over spending (on IRS-medical supplies)
RBC	Reproductive, Maternal, Neonatal, Child and adolescent health - RBF	5,400,000,000	5,751,718,674	107%	Over spending accepted on Lab and medical equipment as funds were at accounts
RBC	T.B- National Strategic Funding Project-RBF	4,327,856,173	4,619,503,719	106%	Over spending
CHUK	Hiv- National Strategic Funding Project-Rbf Model	174,714,536	174,714,535	100%	Activities implemented as planned
CHUK	TB-NATIONAL STRATEGIC FUNDING PROJECT-RBF MODEL	72,453,071	72,453,071	100%	Activities implemented as planned
CHUB	Hiv- National Strategic Funding Project-Rbf Model	54,131,854	54,131,854	100%	Activities implemented as planned
CHUB	Tb- National Strategic Funding Project-Rbf Model	58,564,303	58,564,303	100%	Activities implemented as planned

Execution performance of off-budget Projects externally financed (2/4)

Budget Agency	Project Name	2020/21 Budget	Annual Execution in FY 2020/2021	Annual Execution Rate in FY 2020/2021	Comment
RBC	HIV- National Strategic Funding Project- RBF	46,974,680,920	46,822,943,847	100%	Activities implemented as planned
RBC	RWANDA Covid-19: Emergency Response Project	6,310,593,413	6,276,314,334	99%	
MOH	TB National Strategic Funding Project- Rbf Model	990,213,067	980,787,485	99%	
RBC	Barame Project - RBF	606,870,623	594,625,078	98%	
MOH	HIV- National Strategic Funding Project- RBF Model	4,338,716,037	4,223,007,689	97%	
MOH	Strenghtening The Capacity Of The Ministry Of Health To Respond To The Hiv/Aids Epidemic In The Republic Of Rwanda Under The President¿S Emergency Plan For Aids Relief	20,896,407,891	19,339,274,049	93%	
RBC	Implementing Technical and Science Support Services (TSSS) in the Republic of Rwanda under the Presidents Emergency Plan for AIDS Relief (PEPFAR)	7,660,873,404	7,103,332,902	93%	

Execution performance of off-budget Projects externally financed (3/4)

Budget Agency	Project Name	2020/21 Budget	Annual Execution in FY 2020/2021	Annual Execution Rate in FY 2020/2021	Comment
RBC	UNICEF Support to MCH	970,779,374	838,878,325	86%	
RBC	Prevention, control, and surveillance of neglected tropical diseases (NTDs) in the Republic of Rwanda	405,794,289	347,311,263	86%	
RBC	WHO Health Support	554,285,200	477,722,777	86%	
MOH	Construction of MUNINI district hospital	3,166,436,304	2,531,038,955	80%	All invoices submitted were paid as works are executed
RBC	Pain-Free Hospital Initiative Rwanda	119,467,992	90,657,240	76%	Field activities restrictions due to COVID-19
MOH	Strengthening Access to Eye Health Care Services in Rwanda	384,054,839	289,376,581	75%	Field activities restrictions due to COVID-19

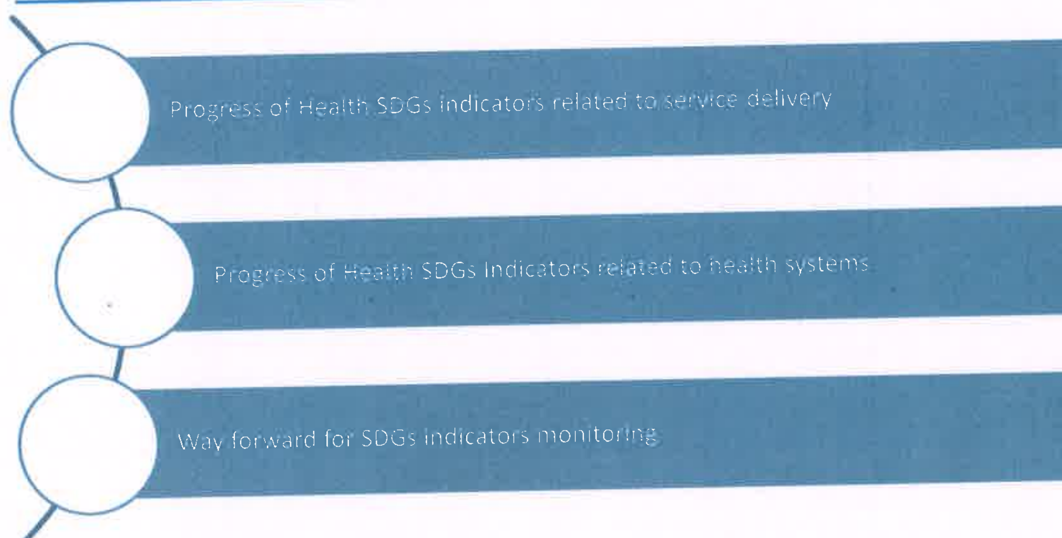
Execution performance of off-budget Projects externally financed (4/4)

Budget Agency	Project Name	2020/21 Budget	Annual Execution in FY 2020/2021	Annual Execution Rate in FY 2020/2021	Comment
RBC	Health System Strengthening Global Alliance for Vaccines and Immunization (HSS-GAVI)	4,139,197,208	3,074,523,274	74%	Field activities restrictions due to COVID-19
RBC	Diagnostics for Multidrug Resistant Tuberculosis in Africa (DIAMA)	60,376,392	44,623,748	74%	All the budget planned was not disbursed for on time for implementation.
RBC	Bloomberg Vital Strategy (Health Data)	80,660,000	58,139,786	72%	Delay of some field activities due to COVID
RBC	Stunting prevention and reduction project	20,180,600,535	13,329,239,156	66%	PBF funds to be disbursed in the Q1 FY 2021-2022 and tenders not performed during FY2020/21
RBC	UNFPA support to RBC	345,807,030	153,736,034	44%	Funds not disbursed on time as planned
RBC	Sustaining Influenza Surveillance Networks and Response to Seasonal and Pandemic Influenza	75,149,568	4,386,135	6%	The funder didn't disburse the entire planned budget.

21

SDGs Health-related Indicators

Outline



HEALTH SERVICE DELIVERY INDICATORS

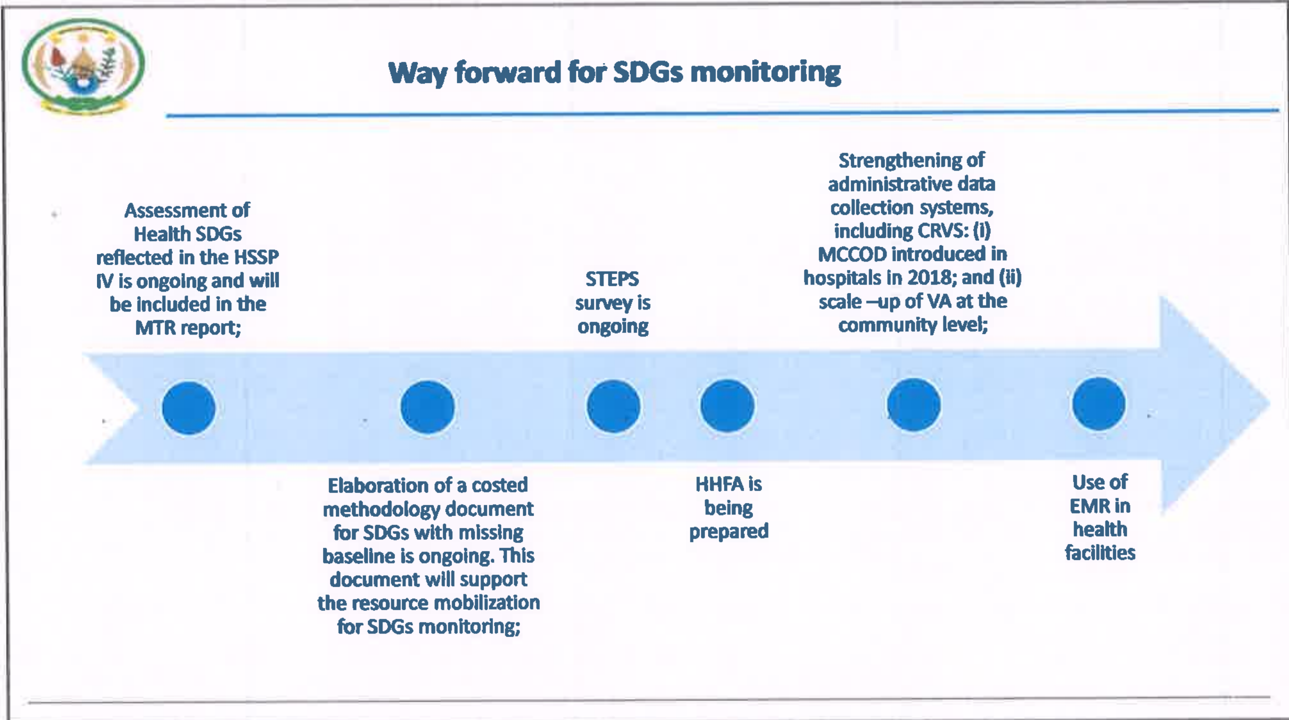
Indicators Outcome / Output	Baseline (2016/17)	Target 2020/21	Current value (2020-21)	Performance status
1.1. Essential Services across the Life Course: pregnancy, early life, children, adolescents and youth programs				
Percentage of births attended by skilled health professionals	91	>95	94.3	Not on track
Maternal mortality ratio	210	168	203	Not on track
Neonatal mortality rate	20	16	19	Not on track
Under five mortality rate	50	48	45	Not on track
% children 12-23 months fully immunized	93	>93	96	On track
Prevalence of malnutrition (Stunting) among under 5 children	38	29.9	33	Not on track
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	5.5	>5	5.2 for age group 15-19	On track

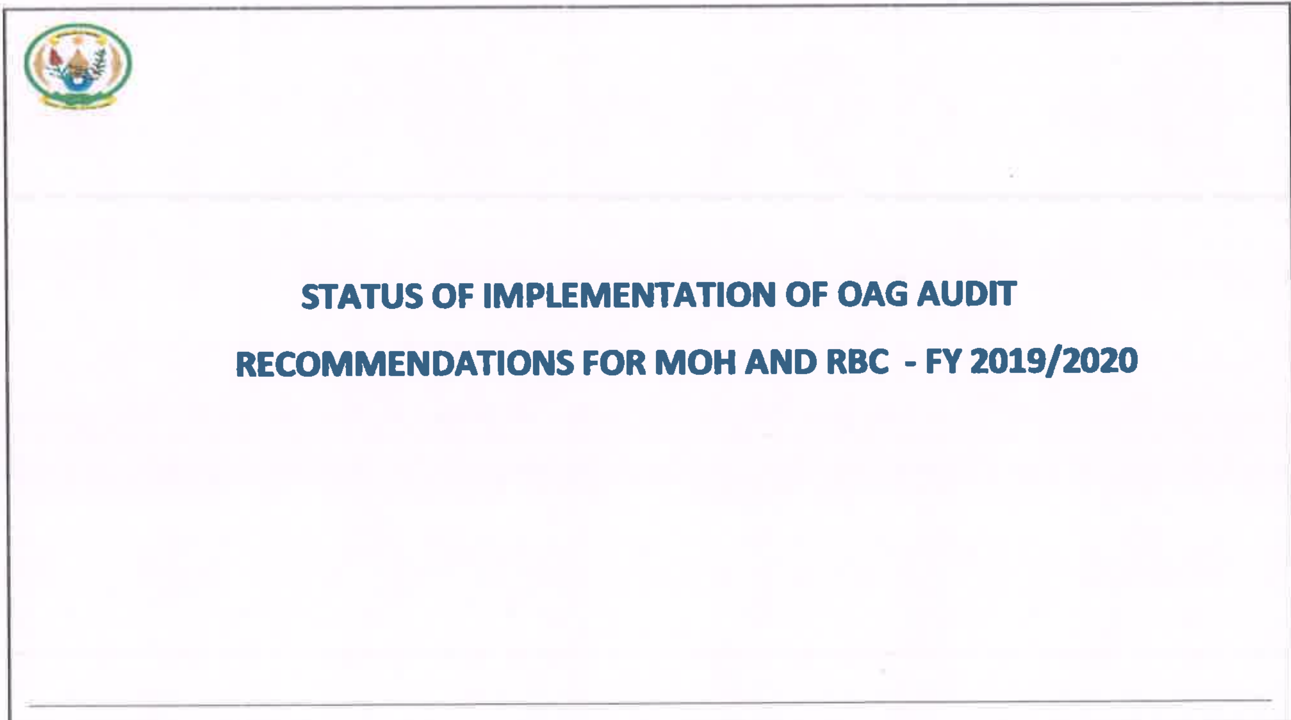
HEALTH SERVICE DELIVERY INDICATORS

Indicators Outcome / Output	Baseline (2016/17)	Target 2020/21	Current value (2020-21)	Performance status
1.2 Coverage of Essential Health Interventions: communicable and non-communicable diseases				
Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	2.7		0.8	On track
Hepatitis B incidence per 100,000 population	NA	>3		
TB incidence per 100,000 population	58	45	45	On track
Malaria incidence per 1,000 population	308	200	114	On track
1.3 Non-Communicable Diseases & Injuries				
Percentage of reduction of premature mortality (under 40 years old) due to NCDs (cancer, HTA and diabetes)	NA	50		Not reported
Percentage of reduction of premature mortality (under 40 years old) due to NCDs due to road traffic accidents (RTA) as the leading cause in non-intentional injuries	NA	5.20%	5.40%	Not on track
1.4 Cross-Cutting Health Service Delivery Programs: Health promotion, environmental health, and health security				
International Health Regulations (IHR) core capacity index	NA	6/13 attributes attained	from 41% in 2015 to 73% in 2020 (SPAR)	On track

HEALTH SYSTEMS SUPPORTING DELIVERY OF HEALTH PROGRAMS INDICATORS

Indicators Outcome / Output	Baseline (2016/17)	Target 2020/21	Current value (2020-21)	Performance status
COMPONENT II: HEALTH SYSTEMS SUPPORTING DELIVERY OF HEALTH PROGRAMS				
2.1. Health Workforce (HRH)				
Doctor/pop ratio (GP and Specialists)	1/10,055	1/ 9,000	1/8,247	On track
Nurse/pop ratio	1/1,094	1/ 900	1/1,198	Not on track
Midwife/pop ratio (women aged from 15-49)	1/ 4,064	1/ 3,500	1/2,340	On track
2.2. Health Information Systems (HIS) and Research				
% births registered according to the CRVS	NA	100	87%	Not on track
2.3 Health Financing				
% household expenditure on health as a share of total household income	NA	<25		Not reported


Way forward for SDGs monitoring
Assessment of Health SDGs reflected in the HSSP IV is ongoing and will be included in the MTR report;
Elaboration of a costed methodology document for SDGs with missing baseline is ongoing. This document will support the resource mobilization for SDGs monitoring;
STEPS survey is ongoing
HHFA is being prepared
Strengthening of administrative data collection systems, including CRVS: (i) MCCOD introduced in hospitals in 2018; and (ii) scale –up of VA at the community level;
Use of EMR in health facilities


STATUS OF IMPLEMENTATION OF OAG AUDIT
RECOMMENDATIONS FOR MOH AND RBC - FY 2019/2020

Introduction

OAG audited MOH and RBC for the year ended 30 June 2020 and gave the audit opinions per components as follows :

- **For Ministry of Health**
  - Financial statements : **Unqualified (Clean)**
  - Compliance : **Qualified (Except for)**
  - Value for Money : **Unqualified (Clean)**
- **Rwanda Biomedical Center**
  - Financial statements : **Unqualified (Clean)**
  - Compliance : **Unqualified (Clean)**
  - Value for Money : **Unqualified (Clean)**

MoH - OAG AUDIT RECOMMENDATIONS NOT IMPLEMENTED

Findings	Recommendation	Management action
1.Weaknesses noted in reception and management of eye glasses An amount of Frw 148,582,952 has been deposited on this bank account as at 30 June 2020 including Frw 12,066,500 deposited during the year ended 30 June 2020. The following documents were missing: - Annual stock movement report issued by RBC-MPPD; - Annual and quarterly report regarding distribution of eyeglasses from district pharmacies to health centers (to be issued by district pharmacies);	MOH management in collaboration with RMS Ltd, which was in charge of custody and distribution of eyeglasses to health centres, and health centers should ensure that the movement of eyeglasses is properly documented.	MoH is collaborating with RMS Ltd and the Distribution report of eye glasses from RMS ltd to RMS Branches is available. MoH in collaboration with RMS ltd are engaging RMS branches to provide the reports of eye glasses issued to HCs and HCs as well.

MoH - OAG AUDIT RECOMMENDATIONS NOT IMPLEMENTED

Findings	Recommendation	Management action
2.Weaknesses noted in recovery and management of revenue from Emergency Medical Services (SAMU) Review of recovery and management of revenue from the services provided by SAMU revealed the following weaknesses: - Lack of approved tariff applicable to medical service rendered by SAMU; - Unrecovered debts related to the services rendered by SAMU from 2015 to 30 June 2020 amounted to Frw 413,245,872.	MOH management should ensure that a tariff of services rendered by SAMU is developed and approved. MoH management should strengthen the debt recovery mechanisms. This includes the collaboration with RSSB and other medical insurers and signature of the binding contracts.	MoH engaged Private medical insurers and they agreed the partnership. RBC has requested for the partnership with RSSB for the medical care and services offered by SAMU including pre-hospital services since SAMU Division is currently under management of RBC.
3. Weakness noted in the process of expropriation of land MOH expropriated owners of the land located in Rugerero Sector, Rubavu District meant for cemetery of Ebola victims. The following weakness was noted in expropriation process: The ownership of this land was not yet transferred to MoH/Government of Rwanda by the time of audit in April 2021	MOH management should strengthen the follow up to obtain the titles of all expropriated land.	MOH followed up this issue and engaged Rubavu District, the land title will be obtained shortly.

RBC- OAG AUDIT RECOMMENDATIONS NOT IMPLEMENTED

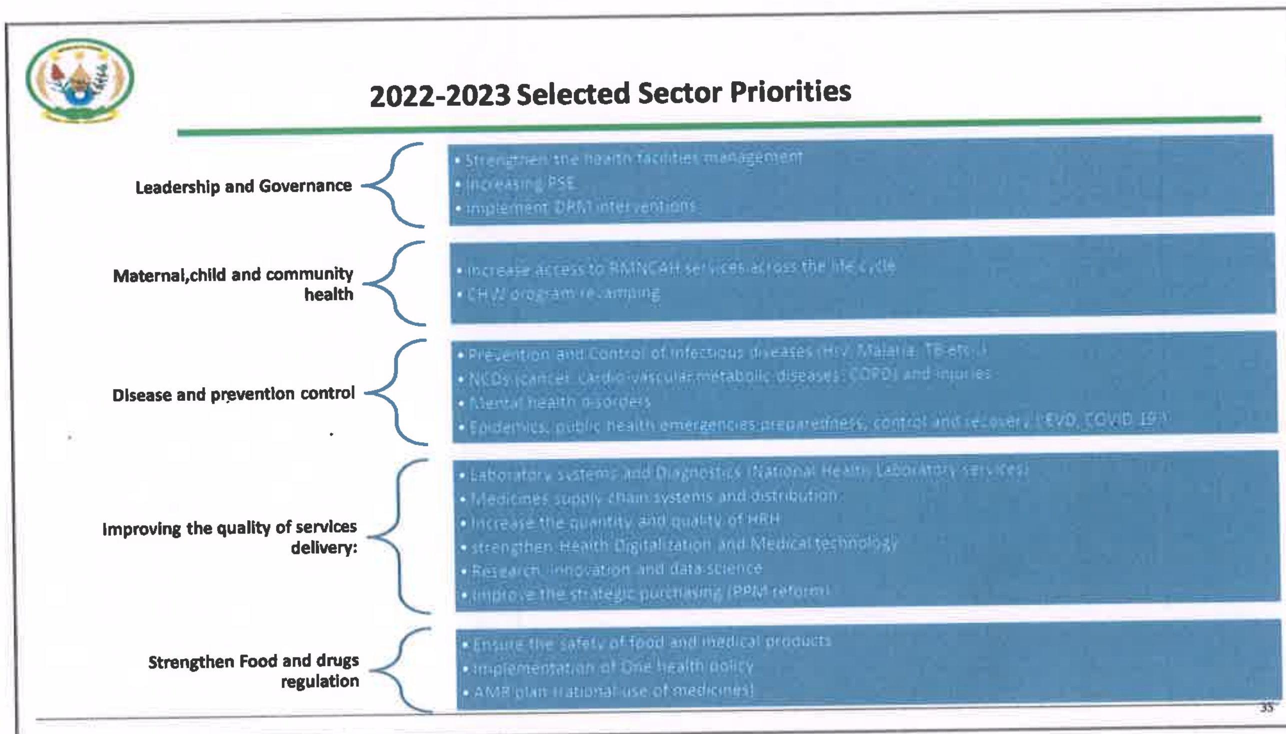
Findings	Recommendation	Management action
1.Delayed recovery of damages , fines and court fees resulting from court cases won by RBC. Court cases won by RBC in previous years, fines and court fees amounting to Frw 1, 245,760,000 were to be recovered and paid to the treasury whereas damages amounting to Frw 400,674,942 were to be recovered and paid on RBC Bank account. However, Only damages amounting to 138, 217, 950 were recovered by RBC whereas fines and penalties amounting to 64,108,150 Frw were paid to treasury. Damages amounting to 262,456,992 Frw and penalties amounting to 1, 181,850 were still outstanding	RBC management should continue making follow up with all involved parties in the above court cases , to ensure that the outstanding balances are recovered	RBC has signed a contract with the professional court ballif. From December 2020, professional court ballif are not enforcing judgements due to the enactement of the new model of enforcement order and the establishment of the new electronic system will be used in the judgements enforcement process.

RBC- OAG AUDIT RECOMMENDATIONS NOT IMPLEMENTED

Findings	Recommendation	Management action
2. Long outstanding account payables Review of account payables revealed cases of payables balances equivalent to Frw 21, 849,436 remaining outstanding for more than two (2) years	The above balances should be investigated to ensure their authenticity and accuracy and take appropriate measures	RBC Discussed this case with under with MINECOFIN that rejected the payment made by RBC to MPPD, on the grounds that RBC should not be paying RBC.Now, MPPD has become RMS Lts, separate entity. RBC is going to re-contact MINECOFIN for the resettlement of this liability.
3. Persistent issue of unrecovered amount of 9,072,814 Frw for goods paid but not received RBC paid Frw 32,640,000 to KEF for supplying hygiene materials. However, the payment was inflated because only items valued at Frw 5,307,200 were supplied, implying an overpayment of Frw 27,332,800. RBC claimed 27,332,800 plus penalties of 3,264,000 Frw , total of 30,596,800 Frw.KEF reimbursed 21,523,986 and KEF still owes to RBC 9,072,814	The management of RBC should continue making follow up with court and take legal action to ensure the outstanding amount overpaid to KEF is recovered.	The case was judged in the intermediate court of Nyarugenge and RBCgained the case. Now, KEF has filed an appeal before the High Court , waiting for the court hearing date.

MINISTRY OF HEALTH

2022/2023 Health Sector priorities



Health Sector Strategic Plan (HSSP) IV MTR updates

MTR Objectives

To assess whether the **health sector performance** is on track as envisioned in the HSSP IV and the likelihood of achieving the targets,

To assess the extent to which **planned HSSP IV activities** have **been implemented**

To assess the relevance of the HSSP IV and its M&E framework in light of any new **contextual changes, including covid-19**

Provide **recommendations to guide further implementation** or re-orientation of the HSSP IV

Approach and Methodology

Phases	Approach	Timelines
1	Inception period: Desk review and data mining	Approval of inception report August 30th
2	Preliminary data analysis ▪ Stream 1: Statistical analysis ▪ Stream 2: Implementation and financial analysis ▪ Stream 3: Operating environment analysis	Data collection and analysis: October 15th
3	Final analysis, draft report	Submission and debriefing on MTR draft report : October 22nd
4	Stakeholder validation, i.e. feedback to draft report	
5	Final MTR report, and dissemination	Submission and dissemination of MTR final report: October 30th

Progress on expected outputs

Each workstream will produce a report :

a) Stream 1: statistical report of progress and performance of the HSSP4;

Draft report available with data on 95% of indicators (some indicators are missing district level data)

b) Stream 2: a report of the extent to which the planned HSSP4 activities have been implemented and how financial resources have been allocated to health activities;

c) Stream 3: report of the impact of the environment on the implementation of the HSSP4.

- *KII ongoing, field visits completed this week – Draft report by 19th Oct*

2) The MTR report will be a synthesis of the three stream reports

1st Draft of consolidated report expected end of next week

Next steps

01
Finalize key KIIs (MOH/RBC Leadership)

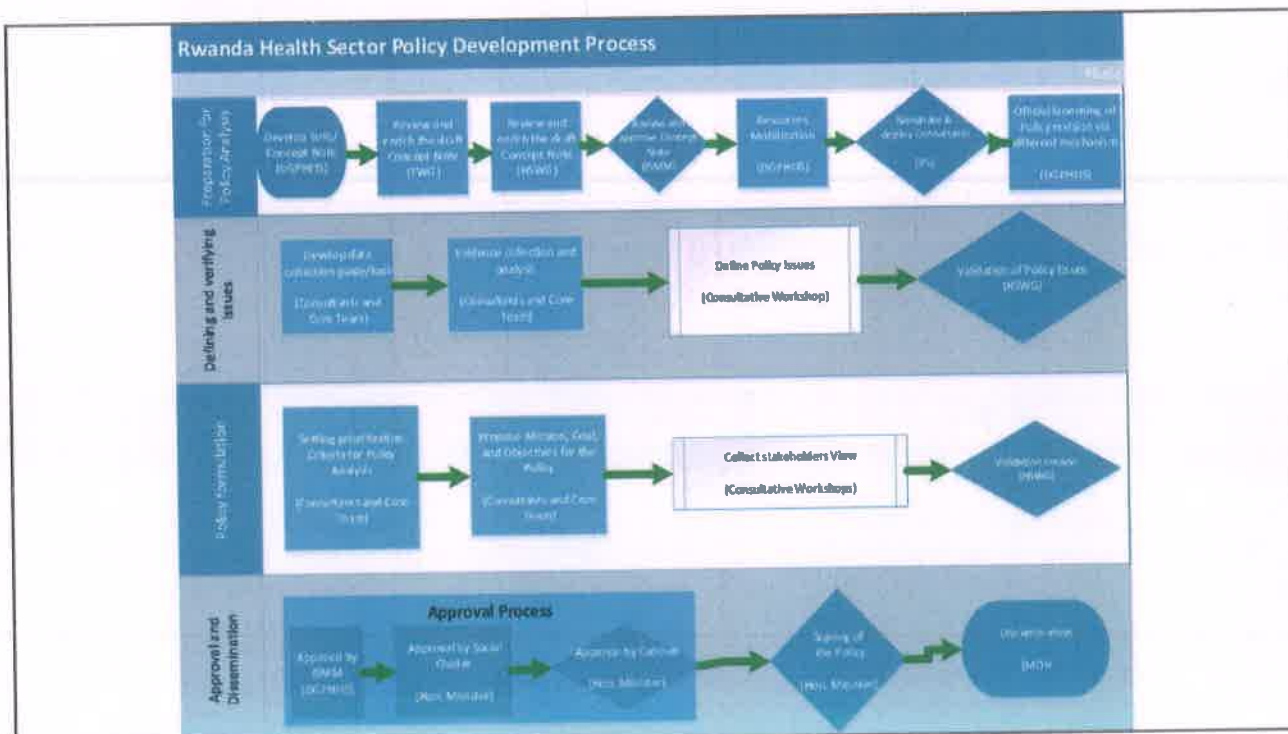
02
Consolidation of 3 streams reports into a draft MTR report (Oct.22nd)

03
Feedback on draft report and integration into final report (Oct. 27th)

04
Submission of final draft MTR report for validation (Oct.29th)

NATIONAL HEALTH POLICY REVIEW

Kigali 21 October 2021



VISION

"To attain a healthy and productive population that contributes maximally to realization of Rwanda's development goals and aspirations as articulated in Vision 2050, and a society that is protected from challenges to its health security and attains a high quality of life"

MISSION

"To direct actions that promote and maintain health along the life course of citizens, based on high quality affordable interventions, and which protects individuals, families, and communities from untoward influences on their well-being and enhances their contribution to national and regional development."

Mission is to be attained through

- ✓ Efficient health financing
- ✓ Engagement with people, communities, and all stakeholders, to provide comprehensive services of health education and promotion, diseases prevention, care for the ill, rehabilitation and palliation

To be achieved under the guidance of the Vision 2050.

POLICY OBJECTIVES

Policy objective 1: Enhancing Demand, Quality, and effectiveness of health Services

Policy Objective 2: Strengthening the health Support Systems

Policy objective 3: Enhancing the leadership and Governance in the health sector

Policy objective 4: Maintaining Equity and Moderating Vulnerability by addressing the Social Determinants of Health.

Policy objective 5: Managing Health Security and Population Protection

Murakoze Cyane