

**REPUBLIC OF RWANDA**



**MINISTRY OF HEALTH**

**Health Resources Tracking Output Report:  
Expenditure for FY 2015/16 and FY 2016/17**

**July 2020**

## Foreword

Health Sector financial resources in developing countries are generally mobilized from the Government, health cooperation agencies, non-government organizations (NGOs), faith-based organisations (FBOs), the private sector and insurers. However, because of the variety in resources planning and reporting tools used by these health sector stakeholders, it is very hard for some countries to accurately track and know the amount of resources spent in the health sector. The lack of harmonized tools for planning and reporting on health sectors resources used by stakeholders is a serious limitation that hinders the efficient resource allocation and use for many developing countries.

Since 2010, Rwanda has been working on mechanisms to solve challenges encountered in tracking financial resources used by all health sector stakeholders. The solution implemented by Rwanda since 2010 is the Health Resources Tracking Tool (HRTT). HRTT is a web-based data reporting tool which collects and hosts detailed information and data on health budget and expenditure from all partners, stakeholders and government agencies active in the health sector.

It was launched as an alternative to the World Health Organization's recommended National Health Accounts to monitor financial resource flows in a country's health system. While the National Health Accounts produces reliable and transparent estimates of health expenditures, Rwanda found it costly and, in most cases, its estimates provided 2 to 3 years old information. Unlike National Health Accounts, Rwanda intends to regularly collect and provide up to date data and information on planned health funding for every upcoming fiscal year and health expenditures on the previous fiscal years from Health Sector Stakeholders.

To date, HRTT has allowed Rwanda to regularly generate health expenditures annually. The current report presents the health expenditure for two fiscal years 2015-2016 and 2016-2017. The tool provides a comprehensive summary of financial flows in the Rwandan health sector for the two consecutive fiscal years. With the continued support and commitment of all stakeholders HRTT will continue to promote transparency, accountability, and efficiency; and evidence-based decisions to strengthen the health system.

The HRTT remains a tool of strategic significance to the Rwanda health sector system; thus, I thank all stakeholders who have contributed to the development of this report.

  
**Dr. NGAMIJE M. Daniel**  
**Minister of Health**



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## Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
B	: Billions
CAGR	: Compound annual growth rate
CBHI	: Community Based Health Insurance
CHUB	: Centre Hospitalier Universitaire de Butare
CHUK	: Centre Hospitalier Universitaire de Kigali
CS	: Corporate Services
CSO	: Civil Society Organization
DH	: District Hospital
EGPAF	: Elizabeth Glaser Pediatric AIDS Foundation
ESR	: Epidemic Surveillance and Response
FBO	: Faith Based Organization
FY	: Fiscal Year
GoR	: Government of Rwanda
HC	: Health Center
HRH	: Human Resource for Health
HMIS	: Health Management Information System
HRTT	: Health Resource Tracking Tool
IGR	: Internally Generated Revenue
MCCH	: Maternal, Child and Community Health
MH	: Mental Health
MINECOFIN	: Ministry of Finance
MoH	: Ministry of Health
MOPD	: Malaria and Other Parasitic Diseases
MPPD	: Medical Procurement and Production Division
MRC	: Medical Research Center
MTEF	: Medium Term Expenditure Framework
MTI	: Medical Technology and Infrastructure
NGOs	: Non-Government Organizations
NCBT	: National Center for Blood Transfusion
NCC	: National Child Council
NCD	: Non-communicable Diseases
NHA	: National Health Account
NRL	: National Reference Laboratory
NSPs	: National Strategic Plans
PBF	: Performance Based Financing
PEPFAR	: U.S. President's Emergency Plan for AIDS Relief
PMEBS	: Planning, Monitoring & Evaluation and Business Strategy
RBC	: Rwanda Biomedical Center
RHCC	: Rwanda Health Communication Center

RWF	: Rwandan Francs
SAMU	: Service d'Assistance Médicale d'Urgence
SOPs	: Standard Operating Procedures
SPIU	: Single Project Implementation Unit
STI	: Sexually Transmitted Infection
SWAP	: Sector Wide Approach
TA	: Technical Assistance
TB	: Tuberculosis
THE	: Total Health Expenditure
UN	: United Nations
UR	: University of Rwanda
US	: United States
UNAIDS	: Joint United Nations Program on HIV/AIDS
UNFPA	: United Nations Population Fund
UNHCR	: United Nation High Commissioner Refugees
UNICEF	: United Nations International Children's Emergency Fund
VP	: Vaccination Program
WFP	: World Food Program
WHO	: World Health Organization
YOY	: Year On Year

## Definition of Key Terms

The following terms have been defined based on their use in this report:

- **Domestic sources:** A combination of domestic public and private sources:
- **Public sources** are funding sources from the central government and local government; they are composed of revenues collected from taxes, loans, etc.
- **Private sources** are made up of premiums or contributions from corporations/employers and out-of-pocket expenditure from individuals and households for health services.
- **Expenditures:** All outflows of money including capital expenditure.
- **External sources:** Funding from development partners (multilateral and bilateral agencies and NGOs). Contributions from development partners flow through three different streams, namely:
  - On-budget support through treasury (e.g. bilateral and multilateral agreements, etc.),
  - Funds channeled through financing agencies such as MOH and RBC and implemented at the health facility, administrative district, and community levels
  - Projects implemented by International NGOs and UN agencies (UNFPA, USAID, CDC and UNICEF, etc.)
- **Funding sources:** refers to the entities or revenues streams that fund health programs and activities. Funding sources can be fund holders and/or implementers.
- **Financing agents:** refer to organizations that receive funds from financing sources and manage and allocate these funds across different implementers. Financing agents include entities such as the MOH, other ministries which implement health programs, Rwanda Biomedical Centre (RBC), district administrations, insurance companies (such as Community Based Health Insurance (CBHI), Rwanda Social Security Board (RSSB), military medical insurance (MMI), and private insurance companies), nonprofit institutions, development partners.
- **Implementers:** are defined as institutions that obtain funds from financing agents to deliver health services and implement health programs. At times, financing agents may also play the role of implementers of health activities. Implementers include health providers, NGOs and, in a few cases, government entities.

- **Internally Generated Revenue:** This is revenue collected by health facilities which includes OOP payments, re-imbursments by health insurance schemes, and inflows from revenue generating activities
- **Out-of-Pocket Expenses (OOP):** direct payments made by households and individuals at the point of use for health care services.
- **Private Sector:** Refers to non-state actors including private companies, private health insurances, private health facilities, private pharmacies etc
- **Public sector:** Ministries, Departments (including local government entities) and Agencies of the Government of Rwanda.

## Executive Summary

### Background

This Health Resources Tracking Output Report for the Rwanda Fiscal Years 2015-2016 and 2016-2017 is the sixth round of Rwanda's Health Expenditure Reports based on HRTT data. Unlike the last five rounds of HRTT reports that were based on budget and expenditure data from government institutions and development partners only, the current report includes from the private sector and household expenditure. The inclusion of the private sector and household expenditure in HRTT was possible because of interoperability upgrades that were made to the HRTT system to allow it to communicate with other national systems like The Integrated Financial Management Information & System (IFMIS) and the Electronic Medical Records (EMR). The objective is to continue to expand the HRTT interoperability features to allow it to communicate to many other systems with health-related financial data in Rwanda. For practical reasons, the HRTT has integrated the System of Health Accounts (SHA) indicators and codes to inform National Health Accounts (NHA).

### Key Findings and Implications

- **Aggregate spending on health in Rwanda has increased over time:** Rwanda's total health spending per capita increased at a compound annual growth rate (CAGR) of 7.1% from RWF 26,115 in FY 2010/2011 to RWF 36,825 in FY 2016/17. The total health spending per capita for 2015/16 and 2016/17 averaged at RWF35,071 (USD \$37), which is above the median of USD \$33.6 for Low-Income Countries in 2017<sup>1</sup>. This trend may have been due to various influences including improvements in the macroeconomic climate as GDP per capita had a 3% CAGR during the period. However, in order to reach the target of RWF56,000 per capita health spending target in the Health Sector Strategic Plan IV (HSSP IV) by 2024 and be on track towards universal health coverage, THE should be growing at a rate of at least 8% per annum from 7.1% CAGR over the last five fiscal years.
- **Domestic funding is becoming the greater contributor to total health spending in Rwanda:** As against 32% domestic to 68% external funding split of THE in the first year of the HRTT (2010/2011), external funding dropped to 49% and domestic funding

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<sup>1</sup> See World Bank Data (2017): <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=IW-XM-ZG>.

increased to 51% of total health spending by 2016/2017. The growth in domestic funding can partially be due to the integration of data on internally generated revenue from public health facilities; private facilities and clinics; some civil society organizations and faith-based organizations; and private insurances in rounds six and seven of data collection. This has allowed for increased transparency and accountability and offers greater visibility into the streams of financing flow into the health sector. Nevertheless, the relative share of domestic funding in THE still signals a need for innovative approaches to increase domestic resource mobilization for health for the sustainability of the Rwandan health system.

- **Public funding for health reached the recommended 15% of total government budget recommended by the Abuja Declaration.** Rwanda's public health budget as a share of total Government budget stood at 17% and 15.8% in FYs 2015/2016 and FY 2016/2017 respectively. These factor-in health-related activities implemented by other Ministries and Government agencies and it demonstrates the prioritization of health in Rwandan government expenditures.
- **Rwanda continues to protect the population against financial ruin from healthcare as out-of-pocket expenditures is low:** OOP remained at an average of 8% of total health spending per annum over 2015/2016 and 2016/2017. The level of OOP expenditure in Rwanda is one of the lowest in Africa and that can be attributed to Rwanda's mandatory and heavily subsidized contributory pre-paid approach to coverage. This means that the risk of catastrophic and impoverishing health expenditure in Rwanda is low. To maintain this, there would be a need to ensure the sustainability of the CBHI scheme
- **Public entities are the largest financing agents:** Public entities in Rwanda manage 68% of total health expenditure and this implies that the Government maintains a high level of control and decision making over how funds are spent.
- **Pre-payment remains the dominant means of financing from private entities and households:** In 2015/2016 and 2016/2017, health insurance premiums accounted for approximately 70% of private or household expenditures on health. This indicates that a large majority of health spending in Rwanda is prepaid and pooled, with the benefit of shared financial risk of ill-health.
- **Disease prevention and control (as HIV, TB and Malaria) consumed the highest**

**portion of Medium-Term Expenditure Framework (MTEF) program expenditures in FY2015/2016 and FY2016/17:** Disease prevention and control accounted for 28% and 46% of THE in FY2015/2016 and FY2016/2017 respectively. In FY 2015/2016, domestic resources contributed the biggest portion (36%) of expenditures on disease prevention and control followed by multilateral agencies (32%), bilateral agencies (24%) and NGOs (8%). In FY2016/17, multilateral agencies contributed the biggest portion of 54% towards disease prevention and control, followed by bilateral agencies with 30%, domestic resources (11%) and NGOs (6%). This shows the prioritization of preventive interventions in health spending for efficiency gains and improvements in health outcomes.

## 1. Introduction and Methodology for HRTT Data Collection and Analysis

### 1.1. Background

The Paris and Busan declarations on Aid Effectiveness encourage countries and development partners to develop a new partnership founded on shared principles of ownership, coordination, harmonization, result-oriented, and accountability for all committed institutions.

In line with the two declarations, Heads of State, Ministers and representatives of developing and developed countries, heads of multilateral and bilateral institutions, representatives of different types of public, civil society, private, parliamentary, local and regional organizations committed to implement or support implementation of national development plans, according to national priorities, using, wherever possible, own planning and implementation systems.

The fulfilment of these commitments depend on the availability of appropriate mechanisms and tools to support the coordination and monitoring of the country-owned planning and reporting process. Rwanda's Health Sector has developed different mechanisms and tools to support the planning, monitoring and evaluation of health-related interventions and programs. One of these tools is the HRTT. This is system fully owned by all national and international stakeholders, who recognize it as a tool that promotes working together between government and Development Partners" to achieve set goals, sustainability of health programs, resource mobilization, allocation and efficient use; and to strengthen coordination and mutual accountability among sub-national, national and international stakeholders.

The successful establishment and rollout of HRTT is embedded in a comprehensive policy reform and long term national strategies<sup>2</sup> undertaken by Rwanda of the last two decades, with an emphasis on a sustainable, equitable and efficient health financing system that ensures equity in health resources allocation. .

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<sup>2</sup> such as Vision 2020, the National Strategy for Transformation (NST1) and Rwanda Vision 2050 which together express the country's overarching commitment to the attainment of high standards of living for all people in Rwanda. The Fourth Health Sector Strategic Plan (HSSP IV) and the National Health Financing Strategic Plan 2018 – 2024.

## 1.2. Overview of the Health Resource Tracking Tool (HRTT)

### a. Features

The Health Resources Tracking Tool (HRTT) is a web-based data reporting tool which collects and hosts detailed health financing data and information from health sector stakeholders including partners and government agencies active in the health sector. The first version of HRTT was developed and institutionalized by the Ministry of Health in 2010, with features that allow to harmonize data collection, and enable routine tracking of budget and expenditure data from the national, project and activity levels of public health sector institutions and development partners active in the health sector. The latest of version of HRTT has integrated interoperability features that allow it to communicate with a number of other systems. With the latest upgrades made to the system, data collected for the Fiscal Years 2015-2016 and 2016-2017 incorporate data on the private sector and households' out-of-pocket expenditures.

### b. Data collection processes

- HRTT collects financial data from institutions and organizations' validated annual operational plans(Budget) and approved annual financial statements (expenditures).
- Data entry is done by individuals working in the finance unit of each institutions or organizations which use HRTT. New users are annually trained on the system data entry forms and processes, and are given credentials to access and use the system.
- HRTT collects data from public institutions, private sector (private health insurances, private health facilities, etc.), health development partners, international and national NGOs intervening in the health sector.
- During the reporting and data entry period, a team of the Ministry of Health supervises and monitors the process and provides technical assistance to institutions and organizations which face challenges in data entry. Data verification and validation in the tool is done the same day during the data entry by HRTT coordinator.
- Regarding data cleaning and analysis, a template within the tool facilitates the data cleaning using internal controls and helps to produce the initial report in HRTT dashboard.
- In terms of challenges and limitations for the systems, for some reasons, some NGOs and private organizations may overreport or underreport their financial data. One of measures being envisaged to mitigate that risk is harmonization and strengthening HRTT

interoperability with other systems where these organizations report their financial data.

**c. Institutions that reported into HRTT for the FYs 2015-2016 and 2016-2017**

- Below is the list of institutions and organizations reported into HRRT for the concerned reporting period.

Organization type	# of Institutions Reported
Administrative District	30
Bilateral agencies	2
District hospitals	43
GoR institutions	1
International NGOs	38
Local companies	1
Local NGOs	9
Ministries	1
Referral hospitals	5
UN agencies	4
Health Centers ( 509)*	30
Social Insurances	4
Private insurances	3
<b>Grand Total</b>	<b>171</b>

(\*) Data collected from the 509 different health centers were aggregated to align with the 30 Administrative districts.

**d. HRTT Output Report: Expenditure for FY 2015/16 and FY 2016/17**

The HRTT report is produced annually since FY 2010/2011. However, the current HRTT report combined two FYs: 2015-2016 and 2016-2017. The reason behind combining the two FYs is that they are the first two years of HRTT data collection that incorporated private sector and households' out-of-pocket expenditure data. Unlike previous HRTT reports, this one include internally generated revenues by health facilities, resource flows in the private sector (private health facilities and pharmacies, health insurance) and households' out-of-pocket expenditures.

Except for out of pocket expenditures (OOP), all other expenses data were accessed through the HRTT. Since the OOP expenditure is not collected by HRTT, it was estimated based on Internally Generated Revenue (IGR) reported by health facilities and payments reported by health insurance schemes. Health insurance payments were deducted from facility IGR after inflows that are not from patient payments were discounted. This report shows the findings of a generalized analysis of the FY 2015/16 and FY 2016/17 expenditures, as well as highlighting key policy implications.

## **2. Health Expenditure Analysis**

This section comprises results and discussions of analyses of health spending separated by funding sources, financing agents and implementers, and MTEF programs and subprograms.

### **2.1. Trends in Total Health Expenditure**

Total expenditure on health in absolute terms, per capita and as a percentage of GDP provide insights into the level of spending on health. These measures indicate the magnitude of spending and the relative share of health expenditure in the economy and provide insights on how country spending compares with national and international targets and benchmarks. Table 1 presents an overview of indicators relating to how much money was spent on health disaggregated by the mix of funding sources, and macroeconomic and population data. Discussion of total health spending by funding source is discussed in the subsequent subsection.

**Table 1: Summary statistics of the Rwanda Health Expenditure**

Indicators	2010/2011	2011/2012	2013/2014	2014/2015	2015/2016	2016/2017
GDP at constant (2014) <sup>3</sup> (in Billion RWF) <sup>3</sup>	4,192	4,917	5,466	5,951	6,307	6,693
Total population <sup>4</sup>	10,209,683	10,515,973	10,831,452	10,996,891	11,262,564	11,809,300
Current GDP per capita (\$) <sup>5</sup>	650	709	728	736	735	774
Exchange rate (USD/RWF) <sup>6</sup>	580	595	680	689	710	819
Total Government Expenditure (in Billion RWF) <sup>7</sup>	1,194	1,678	1,678	1,969	1,956	1,946
Total Health expenditure as % of GDP	6.4%	6.2%	6.0%	5.8%	6.4%	6.2%
Total Health expenditure per capita (RWF)	26,115	29,083	30,306	31,461	35,953	35,071
Total Health expenditure per capita (\$)	45	49	45	46	51	43
Total Health expenditure per capita (\$ Current)	27	31	32	33	38	37
Total Health Expenditure (in thousand RWF)	266,627,774	305,838,694	328,256,961	345,973,784	404,923,461	414,167,363
Domestic Expenditure (in thousand RWF)	85,470,591	83,225,820	133,098,426	134,758,890	208,874,557	209,436,394
Public Expenditure on Health (Tax rev. etc. (in thousand RWF)					<b>117,216,699</b>	<b>109,011,978</b>
Private Expenditure on Health (in thousand RWF)					<b>91,657,858</b>	<b>100,424,415</b>
External (On & off budget)/ (in thousand RWF)	181,157,183	222,612,874	195,158,535	210,573,583	196,048,901	204,730,969
Out-of-pocket (OOP)					-	32,835,351
Government Health expenditure as % of GDP					1.9%	1.6%

<sup>3</sup> National Institute of Statistics Rwanda (NISR): (<http://www.statistics.gov.rw>).

<sup>4</sup> National Institute of Statistics Rwanda (NISR): (<http://www.statistics.gov.rw>).

<sup>5</sup> National Bank of Rwanda (BNR) (<https://www.bnr.rw/news-publications/reports/annual-reports/>).

<sup>6</sup> Generated by HRTT tool.

<sup>7</sup> Ministry of Finance and Economic Planning (MINECOFIN): (<http://www.minecofin.gov.rw/>).

Government budget on Health as a share of Total Government budget	14%	16.7%	17.8%	16.2%	16.2%	15.8%
Domestic resources for health as a share of THE	32%	27%	41%	39%	52%	51%
External resources for health as a share of THE	68%	73%	59%	61%	48%	49%
OOP (% of THE) <sup>8</sup>	11%		8%	8%	8%	9%

<sup>8</sup> Source for OOP for 2010/11 is the NHA 2010, Source for OOP for 2014/15 was estimated using EICV4 household data.

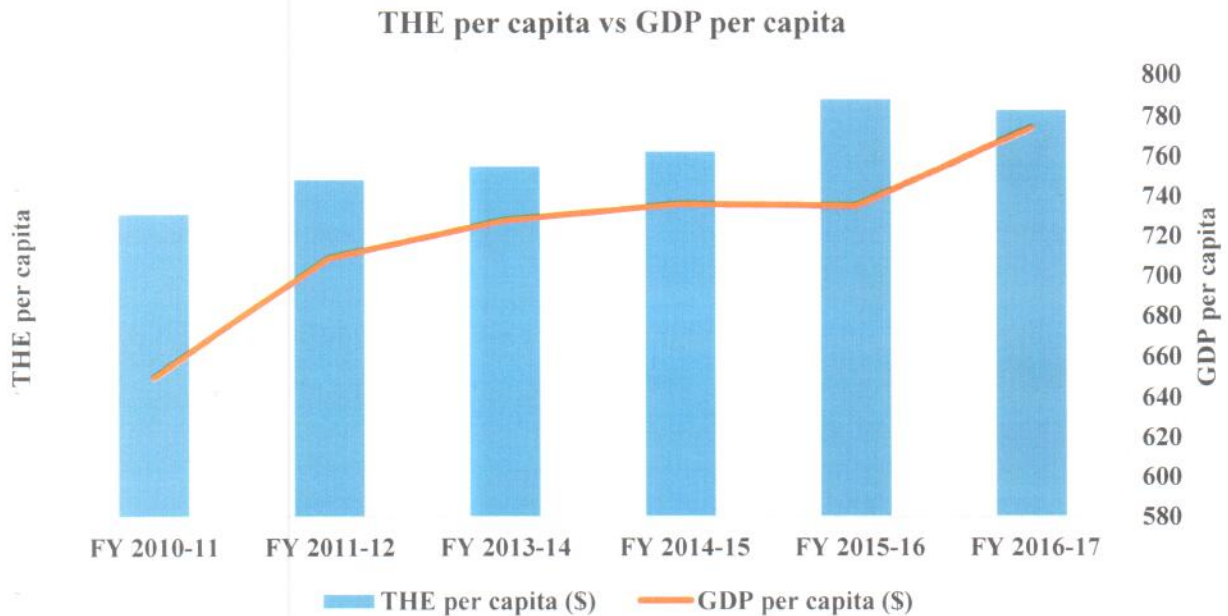
Rwanda's total health spending per capita increased at a CAGR of 7.1% from RWF 26,115 (USD \$45) in FY 2010/2011 to RWF 36,825 (USD \$43) in FY 2016/17. The average of Rwanda's total health spending per capita for the past two years (USD \$37) is above the median for the Low-Income Countries (LICs) (USD \$33.6)<sup>9</sup> in 2017. At the historical growth rate of total health expenditure however, Rwanda would fall RWF 1,593 (USD \$1.67) per capita below the HSSP IV target (See projection in Annex). In order to reach the target of RWF56,000 per capita, THE should be growing at a rate of 8% per year.

The observed increase in THE may be partly explained by the improvement in data collection for HRTT. However, an expansion of Rwanda's fiscal space consequent upon improvements in the macroeconomic environment may have also contributed to this trend. For instance, the CAGR of GDP per capita over the period 2010/2011 to 2016/2017 is 3%. The pattern of health spending per capita tended towards the same direction of increase as GDP per capita (Figure 1). However, as THE as a percentage of GDP does not appear to have changed significantly over this period, the increase in THE per capita may have been driven by increases in overall government expenditures. Nevertheless, the trend of health expenditure per capita in relation to GDP per capita seems to be an indication that as the national financial envelope increases, health spending increases too, and the prospect of achieving total health expenditure target improves.

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<sup>9</sup> See World Bank Data (2017): <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=1W-XM-ZG>.

**Figure 1 Trend in Total Health Expenditure (THE) per capita Versus GDP per capita (FY 2010/2011 to FY 2016/2017)**



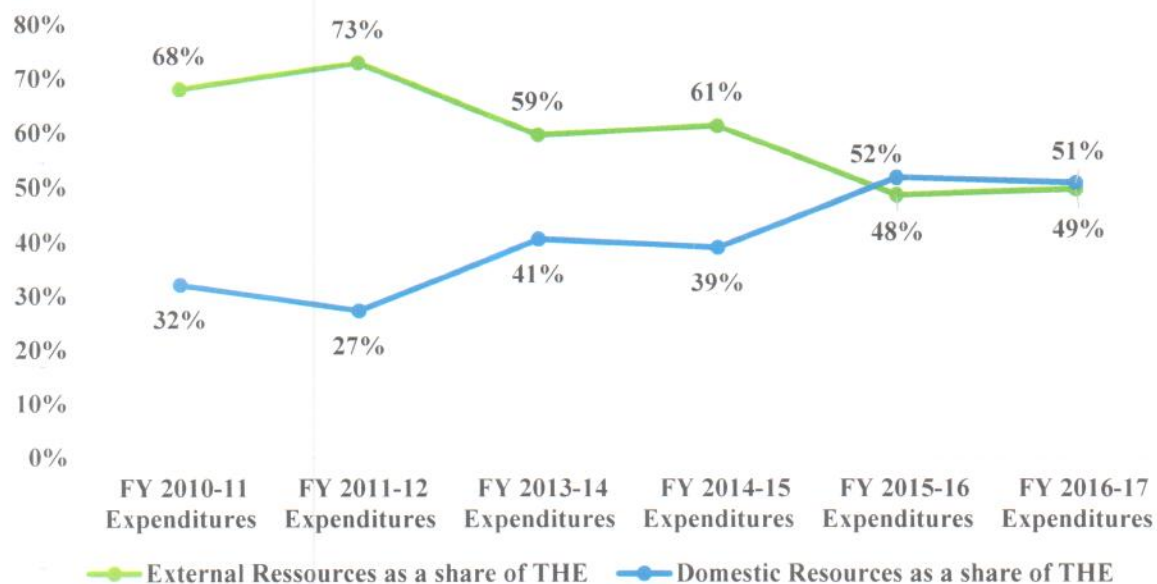
## 2.2. Health expenditure by sources of financing

The levels and trends of how the mix of financing sources have changed over time was examined to provide insights relevant to ensuring equity, efficiency and sustainability of financing.

### 2.2.1. Domestic versus External Sources

Between FY 2010/11 and FY 2016/17, spending trends from external sources was uneven but, on the decline, overall. Figure 2 shows a progressive shift in the relationship between expenditures funded from external sources and those covered by domestic sources. The share of external funding in total health expenditures declined from 68% in FY2010/11 to 49.4% in FY2016/17; whereas the domestic funding rose from 32% in FY2010/11 to 51% in FY2016/17. The share of domestic sources of THE increased by 19 percentage points over six years and the share of external funding on THE declined by the same magnitude during the period. However, the trend appears to be levelling off between FY2015/FY16 and FY2016/17.

**Figure 2: Percent Share of Domestic and External Expenditure Trend**



In nominal terms, expenditures from external sources went from RWF 181,157 million in FY 2010/11 to RWF 204,730 million in FY 2016/17 with a peak of RWF 222,612 million in FY 2011/2012 (Figure 3). Conversely, spending from domestic sources increased steadily over the same period. It rose almost three times between FY 2010/2011 and FY 2016/2017 from RWF 85,470 million in FY 2010/2011 up to RWF 209,436 million in FY 2016/2017, which represents an average annual increase of 9% for the same period (Figure 3).<sup>10</sup>

<sup>10</sup> It should be noted that the exceptional surge in public funding in FY 2015/2016 is mostly due to funds paid to health facilities to settle CBHI arrears before the transfer of CBHI's management from MOH to RSSB in FY 2016/17.

**Figure 3 YOY Expenditures Trends by Domestic and External Funding Sources**

RWF

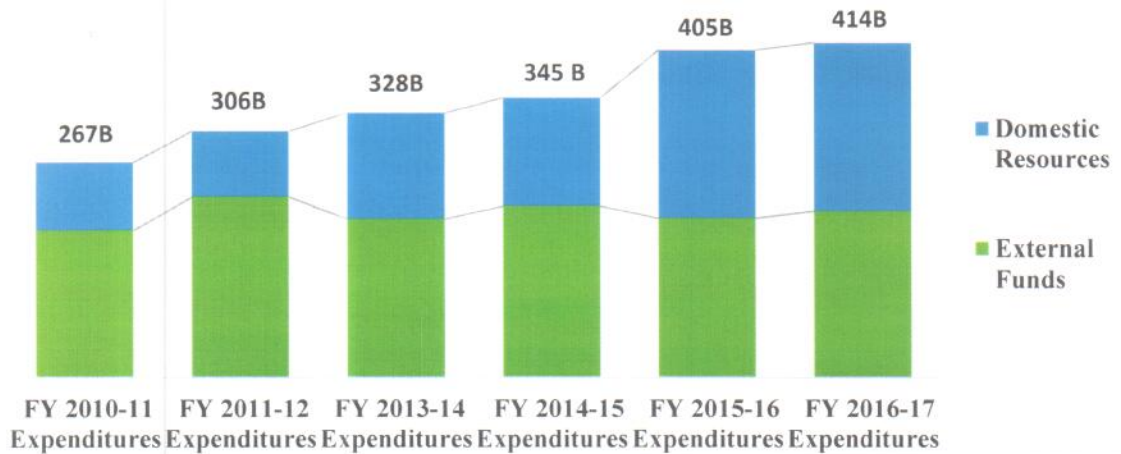
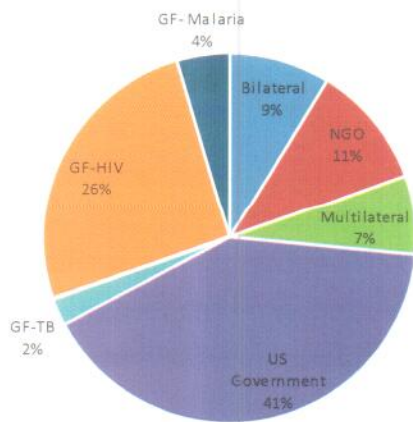


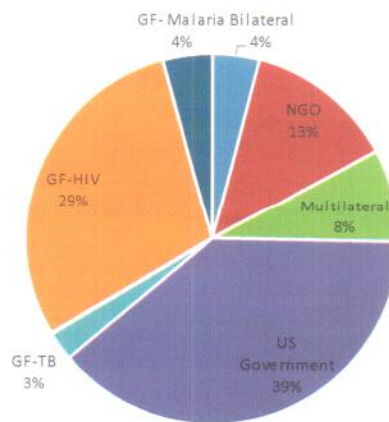
Figure 4 shows the distribution of external expenditure by funding source. Global Fund and the US Government together account for most of the sources of external funding of health in Rwanda with a total share of approximately 74%.

**Figure 4: FY 2015/16 and FY 2016/17 External Expenditures**

External Expenditures by Source financing  
FY15-16



External Expenditures by Source financing  
FY16-17



Overall, the growth in domestic spending demonstrates the country's constant efforts to reduce the level of the reliance of the health care system on external financing. The progressive decline in expenditures from external sources also calls for intensified efforts and active engagements to identify and implement innovative solutions to mobilize domestic resources needed to sustainably finance the Rwanda health care system.

### **2.2.2. Share of Public Health Spending in Domestic and Total Health Expenditure**

When budgets for health-related activities channeled through different ministries are combined with the Ministry of Health budget, the total budget to spend on health-related activities accounts for 17% and 15% respectively of the national budget in FYs 2015/2016 and FY 2016/2017. This results in a total budget for health that is aligned with the Abuja Declaration, which recommends that at least 15% of the national budget be allocated to health. It also demonstrates the prioritization of health in government budget.

### **2.2.3. Out-of-Pocket Expenditure as a share of Total Health Expenditure**

During FY 2015/2016 and FY 2016/2017, OOP expenditures represented on average 17% of the total domestic resources for health. It stood at RWF 32,835 million in FY 2015/2016 and RWF 36,573 million in FY 2016/2017 (Table 1). OOP per capita spending increased from RWF 2,915.44 to RWF 3,097.03 during the same period. OOP remained at an average of 8% of total health spending per annum over 2015/2016 and 2016/2017.

The larger the proportion of OOP expenditure of a country's total health expenditure (an indicator in Table 1), the higher the proportion of households that are exposed to unplanned health expenditures and the risk of financial hardship. Out-of-pocket payments as a share of total health expenditure thus provides important insights into likely levels of financial protection. Conversely, pooled prepaid mechanisms increase financial protection. The level of OOP expenditure in Rwanda is one of the lowest in Africa and that can be attributed to Rwanda's mandatory and heavily subsidized contributory pre-paid approach to coverage. This means that the risk of catastrophic and impoverishing health expenditure in Rwanda is low. To maintain this, there would be a need to ensure the sustainability of the CBHI scheme.

### 2.3. Total Expenditures by Financing Agents and Implementers

Domestic expenditure flows from three categories of spending agents: (1) Public entities (includes revenues collected through taxes as well as on-budget support); (2) Private entities (includes out of pocket payments as well as health insurance premiums); and (3) Development Partners (off-budget grants). Table 2 shows the split of domestic spending between these three spending agent categories. Public entities managed RWF 117,216 million and RWF 109,011 million in FY2015/16 and FY2016/17 respectively, followed by private entities<sup>11</sup> with RWF 107.860 million and RWF 121,793 million for the same period. Development partners managed WF 196,048 million and RWF 204,730 million in FY2015/16 and FY2016/17 respectively. It is worth noting that of the private entities' share, approximately 70% is made up of health insurance premiums.

**Table 2: FY 2015/16 and FY2016/17 Domestic Expenditure (in million RWF)**

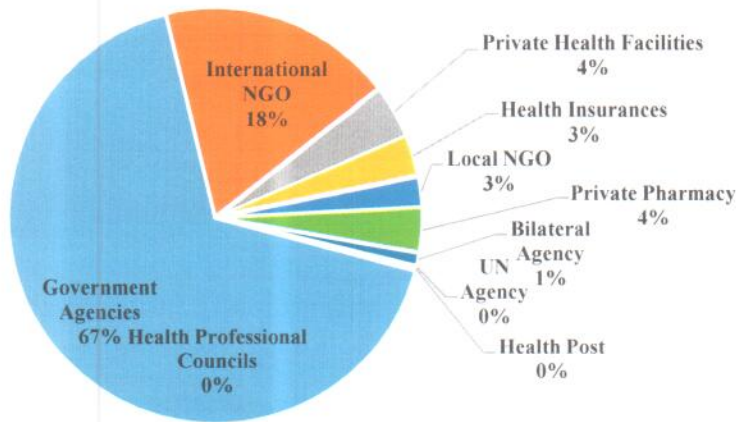
<b>Funding Source</b>	<b>FY2015/16</b>	<b>% share of THE</b>	<b>FY2016/17</b>	<b>%share of THE</b>
Public entities	117,216	29%	109,011	26%
Private entities	91,657	23%	100,424	24%
Development Partners	196,048	48%	204,730	49%
<b>Total</b>	<b>404,923</b>	<b>100%</b>	<b>414,167</b>	<b>100%</b>

As Figure 5 illustrates, in FY 2015/16 and FY 2016/17, expenditures are mostly implemented by government agencies (68% and 67% respectively), of which health providers account for 53% in FY15/6 and 38% in FY16/17. RBC accounts for approximately 29%, and the Ministry of Health approximately 19%.

<sup>11</sup> Private entities include CBHI and RAMA

**Figure 5: FY 2015/16 and FY2016/17 Expenditures by Implementers**

**FY2015/16**



**FY2016/17**

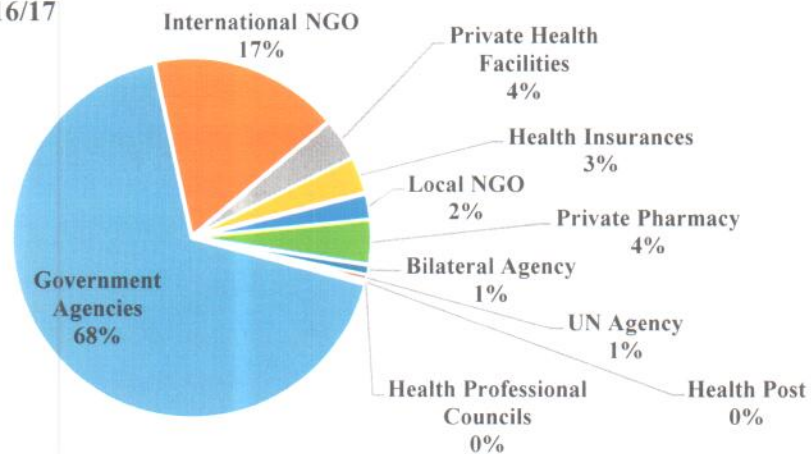
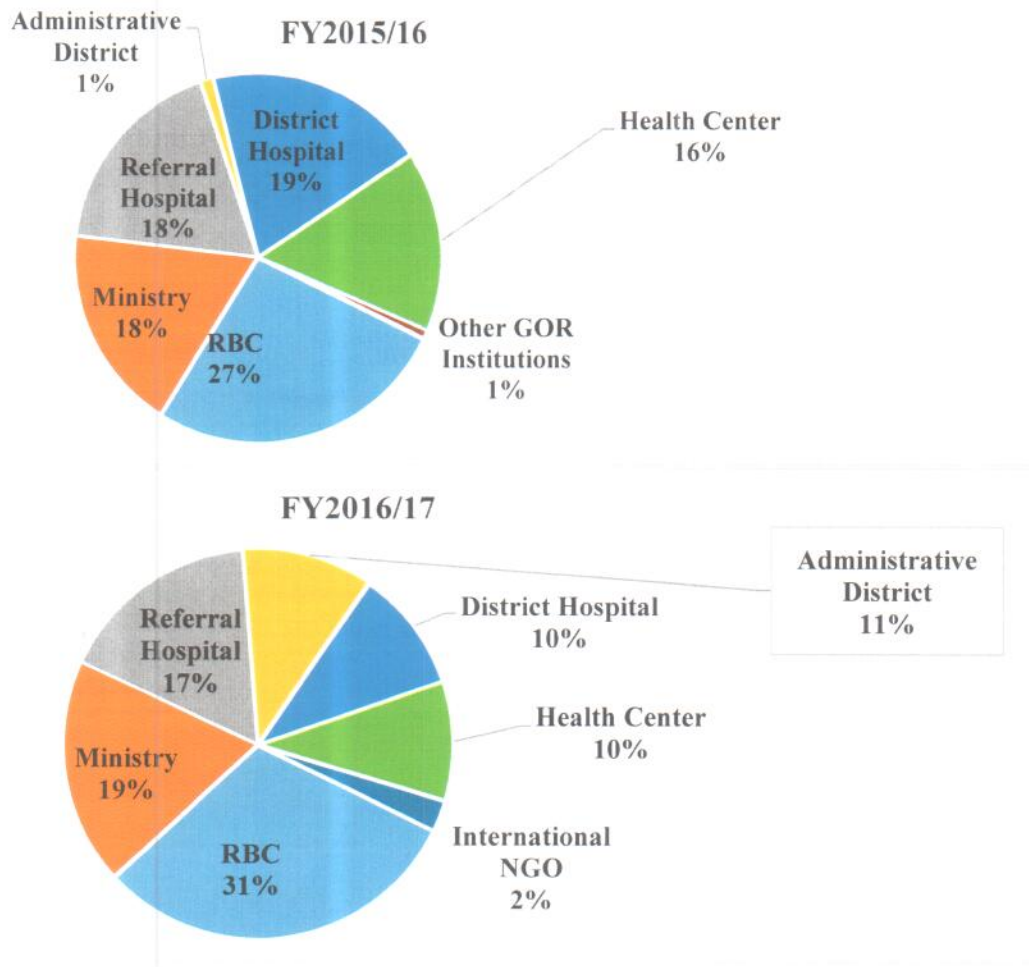


Figure 6 shows expenditures by government agencies. The 10% increase in the district administration expenditure from the previous year reflects a change in Government's remuneration policy which shifted the responsibility of the payment of health centre staff salaries from health centres to district administration.

**Figure 6: FY 2015/16 and FY2016/17 Expenditures by Government Agencies**

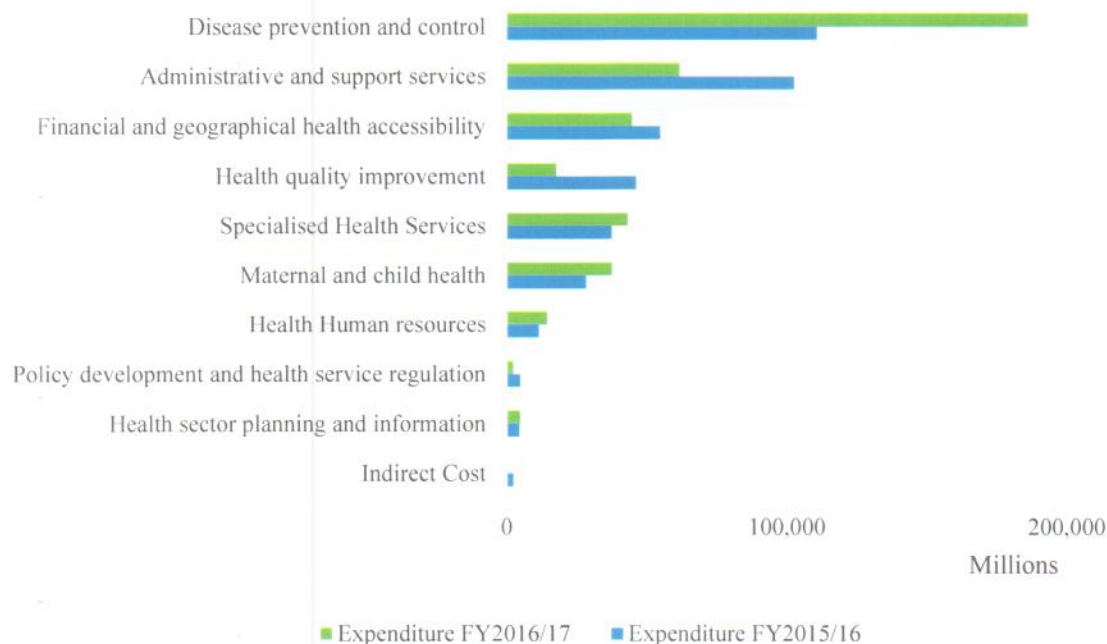


In summary, public agencies are the principal financing agents in Rwanda and Government maintains a high level of control and decision making over how funds are spent. This positively impacts progress towards health policy objectives since the government is in the best position to formulate and implement policies in the best interest of the public interest.

## 2.4. FY 2015/16 and FY 2016/17 Expenditures by MTEF Program and Sub-Program

This section focuses on analyzing institutional total health expenditures by MTEF Programs and Sub Programs during financial years 2015/16 and 2016/17.<sup>12</sup>

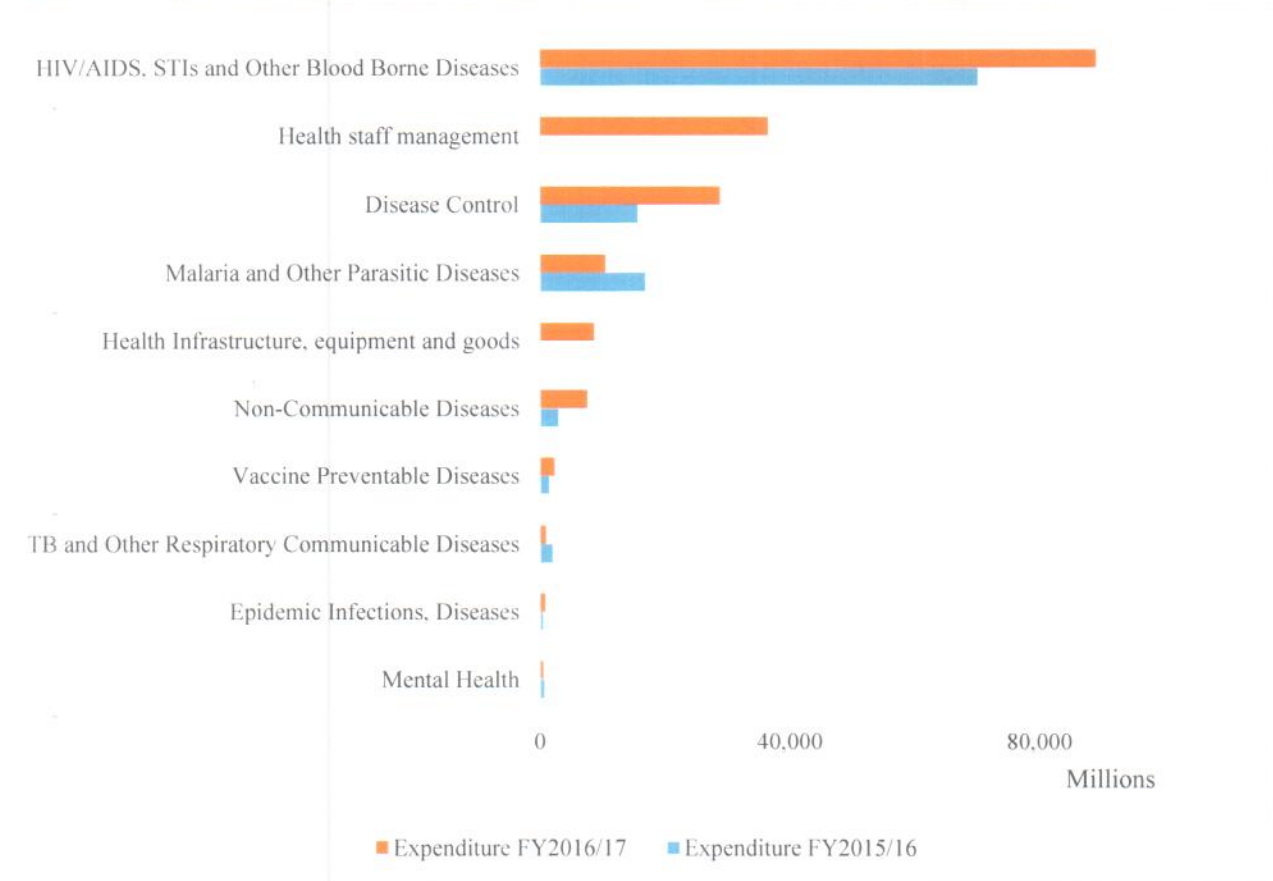
**Figure 7: FY 2015/16 and FY 2016/17 Expenditures by MTEF Programs**



As shown in Figure 7 above, investment in disease prevention and control has increased by 40%, from RWF 110 billion in FY 2015/16 to RWF 186 billion in FY 2016/17. Increased expenditure was also registered in specialized health services (13% increase), Maternal and child health (24% increase), human resources (20% increase) and Health sector planning (7% increase). However, there has been a considerable decline in expenditure for policy development and regulation, health quality improvement, financial and geographical access and administrative support.

<sup>12</sup> It should be noted that FY 2015/16 expenditures in disease prevention and control appear to have been underestimated when compared to the FY2015/16 budget. Same for FY 2015/16 expenditures in administrative support services that seem to have been overestimated when compared to the budget for the same year. This situation could be due to manual data entry errors.

**Figure 8 Breakdown of Disease Prevention and Control Program for FY 2015/16 and FY 2016/17**



In FY 2015/16, three programs (HIV/AIDS, STIs and Other Blood Borne Diseases, Malaria and Other Parasitic Diseases, and Disease Control) consumed 92% of the Disease Prevention and Control Program expenditures. Of this, HIV/AIDS, STIs and Other Blood Borne Diseases alone constituted 63%, followed by Malaria and Other Parasitic Diseases (15%) and Disease control which constituted 14%.

As illustrated in Figure 9 below, in FY 2016/17, the same three programs, along with Health staff management represented 91% of the Disease Prevention and Control Program expenditures. HIV/AIDS, STIs and Other Blood Borne Diseases constituted the biggest portion (48%) followed by Health staff management (20%), Disease control (16%) and Malaria and Other Parasitic Diseases (7%).

During both fiscal years, expenditure was highest for HIV/AIDS, STIs and Other Blood Borne Diseases and lowest for Mental Health. Despite reduction in terms of portions (from 63% to 48%), expenditure on HIV/AIDS, STIs and Other Blood Borne Diseases increased by RWF 18.9 billion between FY 2015/16 and FY 2016/17. Mental Health and Epidemic Infections both registered less than 2% of the Disease Prevention and Control Program expenditures. In addition to mental health, reduced expenditure was evident for TB and Other Respiratory Communicable Diseases (from RWF 2 billion in FY2015/6 to RWF 963 million in FY2016/17). Similarly, expenditure towards Malaria reduced from RWF 16.8 billion to RWF 10.5 billion.

Figure 9: Breakdown of sources of financing by MTEF Programs for FY 2015/16 and FY 2016/17



As demonstrated in Figure 10 below, during FY 2015/16 and FY 2016/17, domestic resources were spent primarily on Administrative and support services, disease prevention and control, financial and geographical access and specialized health services.

Resources from bilateral agencies were primarily geared towards Disease prevention and maternal and child health programs. In general, resources from bilateral agencies reduced from RWF 93 billion in FY 2015/16 to RWF 84 billion in FY 2016/17. This may explain the reduced expenditure on disease prevention from 55 billion in FY 2015/16 to 41 billion in FY 2016/17. However, expenditures for the maternal and child health program increased from RWF 12 billion to RWF 18 billion in FY 2015/16 and FY 2016/17.

A large portion of resources from multilateral agencies was similarly spent on disease prevention with 40% of expenditures in FY 2015/16 and 61% in FY 2016/17. This was followed by the Maternal and Child health and Health quality improvement programs.

During FY 2015/16, expenditures from NGOs were mainly geared towards administrative and support services, disease prevention and maternal and child health. In FY 2016/17, resources from NGOs were mainly spent on Disease prevention and Maternal and Child health.

Generally, disease prevention and control consumed the highest portion of MTEF program expenditures with RWF 104 billion in FY2015/16 and RWF 172 billion in FY 2016/17. In FY2016/17, multilateral agencies contributed the biggest portion (54%) towards disease prevention and control followed by bilateral agencies with 30%, domestic resources (11%) and NGOs (6%). In FY 2016, Domestic resources contributed the biggest portion (36%) of expenditures on disease prevention and control followed by multilateral agencies (32%), bilateral agencies (24%) and NGOs (8%).

There has been a drastic decline in expenditures towards Administrative and support services from RWF 102 billion in FY 2015/16 to RWF 61 million. In both years, domestic resources remained the leading source of funding for this MTEF program.

Figure 10: Breakdown of MTEF program, domestic and external sources FY 2015/16 and FY 2016/17



During FY 2015/16, Administrative and support services received the biggest portion (43%) of domestic expenditures, followed by Financial and geographical access (25%) and Specialized healthcare (17%). Generally, these three programs consumed over 85% of domestic resources whereas the remaining 15% was split between the remaining programs i.e. disease prevention and control (5%), Health quality improvement (4%), Health Human resources (2%), Maternal and child health (2%), Health sector planning and information (1%) and Policy development and health service regulation (1%). In FY 2016/17, the biggest portion (32%) of domestic resources was geared towards disease prevention and control compared to 5% in the previous financial year. This was followed by specialized healthcare (22%), financial and geographical access (21%) and Administrative and support services (19%).

Generally, 90 % of domestic resources in FY 2015/16 were geared toward four major programs: Administrative and support services, Specialized healthcare, Financial and geographical access and Disease prevention and control. The same programs consumed 94% of domestic resources in FY 2016/17 with more focus on disease prevention and control.

On the other hand, external resources from NGOs, multilateral and bilateral agencies were geared towards Disease prevention and control with RWF 93 billion in FY2015/16 and RWF 109 billion in FY2016/17. External resources towards Maternal and child health also increased from RWF 25 billion FY2015/16 to RWF 34 billion in FY2016/17. Similarly, administrative and support services external resources increased from RWF 13 billion to RWF 23 billion in FY2015/16 and FY2016/17 respectively. External resources towards health quality improvement amounted to RWF 37 billion in 2015/16 but reduced to RWF 13 billion in FY 2016/17.

In FY 2015/16, over 87% of external resources were geared towards four programs: Disease prevention and control, Maternal and child health, Health Quality improvement and Administrative and support services whereas 91% of external resources in FY2016/17 was geared towards the same programs, with more focus on Disease prevention.

Overall, this demonstrates the commitment of Government and its partners to investing smartly in line with national policies and plans to derive the highest possible value for money in terms of improved health status for the people of Rwanda and sustainable socioeconomic development of the country.

## References

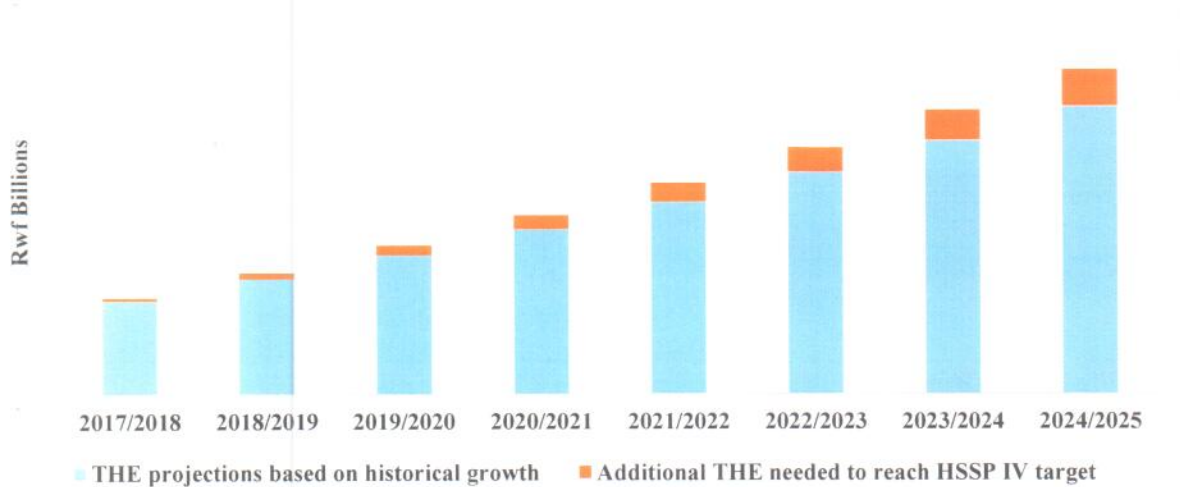
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**Annex**

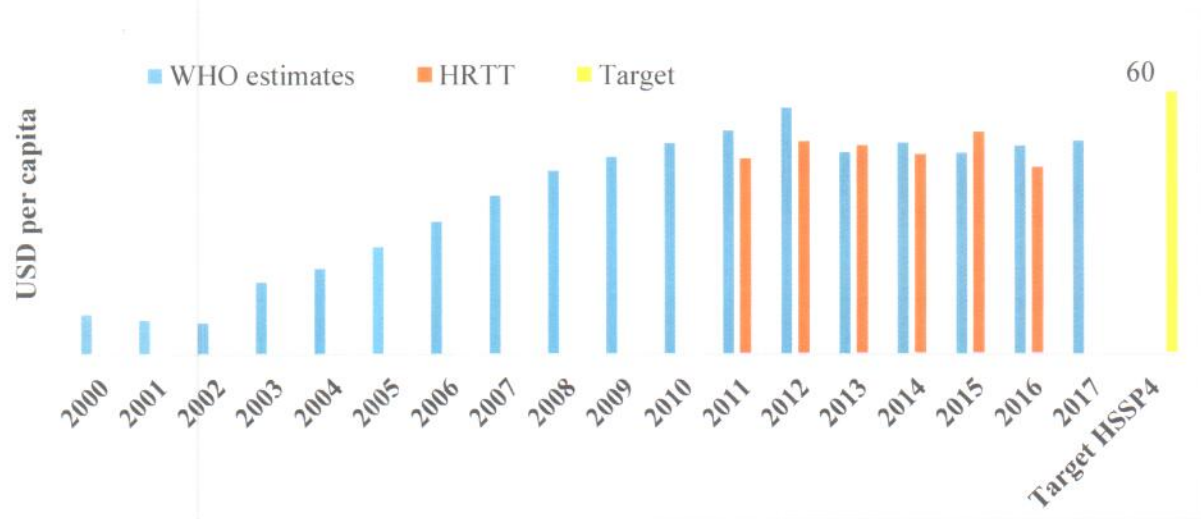
**Annex 1: Analysis and Projections of Total Health Expenditure**

**HRTT data vs World Bank/WHO\* projection and HSSP(IV) target<sup>13</sup>**

**THE projection based on historical growth vs THE needed to reach HSSP IV**

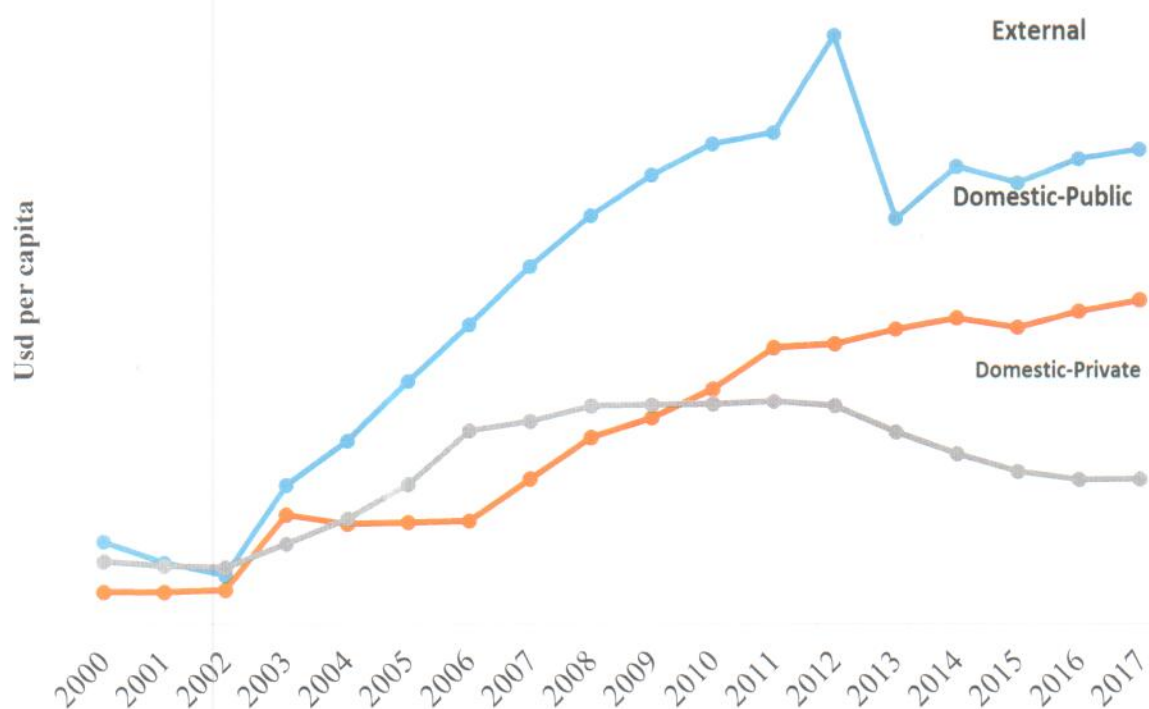


The below projection displays that the HSSP IV target will be almost attained by 2024/2025, in particular that THE per capita will be US \$ 56 when the HSSP IV target is at US \$60.



<sup>13</sup> <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD> – Current health expenditure per capita (current US\$) – Rwanda; World Health Report 2010 - Target *High-Level Taskforce on Innovative International Financing for Health Systems (updated to 2012 US dollar terms)*

## Breakdown total health expenditure per capita in Rwanda (USD current)



Source:

The above W.H.O projection above shows that the external total health expenditure per capita (USD current) has been decreasing since 2012 while the domestic public expenditure per capita are increasing. Domestic private expenditure per capita is decreasing because OOP payments have been shrinking thanks to the existence of health insurance schemes.

### Annex 2: Exchange Rates

Fiscal Year	Exchange Rate 1 USD = RWF
FY 2010/11	580
FY 2011/12	595
FY 2012/13	630
FY 2013/14	680
FY 2014/15	689
FY 2015/16	710
FY 2016/17	819

a. Budget allocated to the health sector interventions

Contribution to health sector from Health sector agencies						
Institutions/Interventions	2013/14 Revised	2014/15 Revised	2015/16 Revised	2016/17 Revised	2017/18 Revised	2018/19 Revised
<b>Contribution to health sector from Health Agencies</b>						
MINISANTE	76,072,983,514	66,130,266,825	57,475,015,740	58,398,946,720	64,083,891,319	59,747,294,150
CHUK	4,083,143,529	4,650,590,816	4,496,809,401	4,658,463,266	4,563,278,730	4,511,542,445
CHUB	2,867,421,306	2,931,481,733	2,912,992,121	3,025,264,048	3,162,537,408	3,307,768,101
HNN	659,860,481	781,768,115	781,768,115	792,860,151	962,547,256	1,062,547,256
KPH	1,315,693,643	902,704,953	905,809,058	272,708,276	-	-
RBC	34,666,478,826	92,248,123,364	102,195,885,757	87,701,305,044	86,554,564,922	122,754,579,478
RFDA	-	-	-	-	-	747,608,909
RMH	1,125,051,798	5,176,371,128	8,628,553,018	7,900,941,159	6,646,221,935	3,983,071,308
<b>Sub-total</b>	<b>20,790,633,097</b>	<b>172,821,306,934</b>	<b>177,396,833,210</b>	<b>162,750,488,664</b>	<b>165,973,041,570</b>	<b>196,114,411,647</b>
<b>Contribution to health sector from other agencies</b>						
DISTRICTS-One cup of milk per child (Nutrition support)	1,500,000,000	1,950,000,000	2,100,000,000	1,476,476,000	1,996,000,000	1,950,000,000
LODA-Nutrition support to health centres	-	1,800,000,000	2,544,647,232	2,158,103,793	2,562,281,784	126,696,000
FARG-Health assistance program	1,006,474,476	2,291,177,428	1,999,354,856	2,500,000,000	3,885,556,000	3,998,672,945
MIGEPROF-Great Lakes Emergency Sexual And Gender Based Violence And Women's Health Project	-	594,496,568	594,496,568	4,601,340,460	3,324,776,344	4,802,694,687
Improving Water and sanitation (Access to clean water)	22,500,006,895	14,014,278,016	25,209,514,496	18,490,665,841	27,158,250,112	39,013,762,120
Mental health support and rehabilitation services (Drug abuse and addiction)	-	-	-	-	3,039,830,114	4,842,889,259

Nutrition support for extremely poor children in schools	5,804,083,853	5,905,376,146	4,678,612,538	8,111,386,625	6,030,751,458	7,282,847,135
NCDP-Support to Persons with disabilities	1,183,444,933	520,045,532	685,930,331	630,226,911	625,448,506	666,933,458
DISTRICTS-Rural water distribution and improvement of sanitation	1,976,303,476	7,109,569,973	8,072,886,331	10,029,439,813	12,823,868,891	9,018,188,850
DISTRICTS- Support to Pregnant women from Vulnerable families to improve maternal and child health	-	-	-	-	-	2,646,661,861
DISTRICTS- Salaries for Director of Health in Districts	191,041,200	191,041,200	191,041,200	257,717,520	257,717,520	257,717,520
DISTRICTS- Support to adolescent sexual and reproductive health program in schools	319,000,060	319,000,000	348,073,076	365,476,728	372,786,262	249,634,804
Government resource mobilization to Community based Health Insurance	13,921,445,906	15,290,051,509	17,492,080,774	19,917,191,180	21,027,877,881	21,238,156,600
MYICT (Redline drone project for blood transportation)	-	-	-	50,000,000	-	-
NECDP- Stunting Program	-	-	-	-	396,094,832	10,440,593,522
MINIYOUTH (Sensitization of HIV prevention among the youth )	-	866,524,126	479,868,162	465,124,102	189,880,999	328,055,726
NYC (Sensitization and awareness on TB in youth centers)	-	-	30,030,097	67,321,702	39,021,232	43,024,208

RNP (Sensitization and awareness on HIV among police officers)		587,734,350	86,052,161	40,371,306	42,680,779	30,852,029
RCS (To support the health dispensaries in prisons)		157,079,851	87,525,823	88,440,192	64,386,206	35,777,926
MINEDUC (To support Anti-HIV Clubs in schools)	-	53,000,000	-	-	-	-
NCC (To support HIV orphans)	-	2,741,749,391	1,803,358,145	1,722,676,723	959,449,608	437,780,042
DISTRICTS- (Health staff salaries, infrastructure and equipment for health facilities & support to community health workers)	29,869,087,313	32,611,265,494	35,256,092,350	34,435,121,277	38,036,467,182	40,287,184,980
UR-College of Medicine and Health Sciences- Students' loans	4,396,874,890	3,608,535,729	3,162,388,899	2,440,350,000	3,071,250,000	6,612,000,000
UR-College of Medicine and Health Sciences-Salaries		3,123,456,219	3,384,163,886	3,389,819,771	3,997,151,986	4,149,508,818
UR-College of Medicine and Health Sciences- Operation costs		3,378,676,466	2,886,728,576	1,929,252,455	2,419,786,592	4,872,658,241
<b>Sub-total</b>	<b>82,667,763,002</b>	<b>97,113,057,998</b>	<b>111,092,845,501</b>	<b>113,166,502,399</b>	<b>132,321,314,288</b>	<b>163,332,290,731</b>
<b>Contribution to the health sector from health and medical insurances</b>						
Military Medical Insurance (MMI)	2,676,786,636	2,586,034,949	2,925,883,557	8,631,871,983	10,011,090,818	10,723,240,622
RSSB-Health Insurances (RAMA)	20,101,339,345	22,111,473,279	31,310,769,490	32,647,436,649	34,477,426,550	37,203,192,648
<b>Sub-total</b>	<b>22,778,125,981</b>	<b>24,697,508,228</b>	<b>34,236,653,047</b>	<b>41,279,308,632</b>	<b>44,488,517,368</b>	<b>47,926,433,270</b>
<b>TOTAL</b>	<b>226,236,522,080</b>	<b>294,631,873,160</b>	<b>322,726,331,758</b>	<b>317,196,299,695</b>	<b>342,782,873,226</b>	<b>407,373,135,648</b>

TOTAL APPROVED BUDGET	1,653,467,462.173	1,762,418,647.531	1,808,812,969.876	1,954,247,251.046	2,115,391,665.081	2,585,150,586.717
% Allocation	14%	16.7%	17.8%	16.2%	16.2%	15.8%

b. FY2015/16 Expenditure

Organization type	Organization Reported	Detailed Funding Source (Without double count)	FY2015/16 Expenditure
<b>Administrative District</b>	Bugesera District	Rwanda Government	968 521 001
	Burera District	Partners in Health (PIH)	8 800 000
	Gakenke District	Rwanda Government	1 157 517 986
	Gasabo District	Rwanda Government	1 572 902 946
		Rwanda Government	1 494 531 389
		US Government	1 636 548
	Gatsibo District	Rwanda Government	1 191 836 101
	Gicumbi District	Belgian Government	180 980 443
		Rwanda Government	1 172 166 908
	Gisagara District	Global Fund	5 476 590
		Rwanda Government	1 095 203 439
	Huye District	Rwanda Government	818 829 103
	Kamonyi District	Netherlands Government	95 991 553
		Rwanda Government	971 288 360
	Karongi District	Global Fund	72 461 074
		Rwanda Government	1 521 705 392
		Swiss Development Cooperation	205 244 120
		UNFPA	34 567 000
	Kayonza District	Rwanda Government	1 116 995 554
		US Government	4 921 030
Kicukiro District	Rwanda Government	1 324 005 876	
Kirehe District	Rwanda Government	916 282 070	
Muhanga District	Rwanda Government	1 315 479 042	
	US Government	1 695 482	

Musanze District	Rwanda Government	1 239 231 098
Ngoma District	Rwanda Government	946 475 547
	US Government	2 716 010
Ngororero District	Rwanda Government	1 007 106 155
	UNFPA	14 224 480
Nyabihu District	Germany Government	40 934 458
	Rwanda Government	829 186 904
Nyagatare District	Rwanda Government	865 211 256
	US Government	3 370 415
Nyamagabe District	Rwanda Government	1 431 456 909
	Rwanda Government	1 401 769 247
Nyamasheke District	Swiss Development Cooperation	236 661 840
	UNFPA	14 000 000
Nyanza District	Rwanda Government	998 659 664
Nyarugenge District	Rwanda Government	1 112 443 811
Nyaruguru District	Rwanda Government	927 676 029
Rubavu District	Rwanda Government	906 319 935
Ruhango District	Rwanda Government	1 421 518 102
Rulindo District	Rwanda Government	1 273 483 970
	US Government	15 474 645
Rusizi District	Rwanda Government	1 271 780 370
Rutsiro District	Global Fund	3 135 776
	Rwanda Government	782 362 330
	Swiss Development Cooperation	180 935 473
	WFP	20 912 674
Rwamagana District	Germany Government	11 215 727
	Rwanda Government	957 442 112

	US Government	3 122 855
<b>Bilateral Agency</b>	Belgian Government	8 320 000 000
	Swiss Development Cooperation	630 739 369
	US Government	3 494 447 847
<b>District Hospital</b>	Bushenge PH	613 209 435
	Global Fund	48 764 911
	RBC	82 813 277
	Rwanda Government	394 892 773
	Swedish International Development Agency	23 810 080
	US Government	396 893 639
	World Vision	4 105 000
	Bank of Kigali	196 423
	Butaro DH	12 423 736
	GAVI ALLIANCE	6 043 801
	Global Fund	64 250 321
	Military Medical Insurance (MMI)	3 388 292
	MoH	2 026 645
	Mutuelle UNR	147 317
	One UN	15 926 000
	Out Of Pocket	70 270 225
Partners in Health (PIH)	450 038 751	
RBC	56 320 159	
RSSB	403 108 509	
Rwanda Government	410 019 760	
SAHAM	343 740	
SORAS	343 740	

	UAP Rwanda	343 740
	UNICEF	51 261 943
	US Government	42 729 040
	Radiant Insurance Company	540 162
Byumba DH	Byumba DH	642 516 712
	Rwanda Government	418 643 592
	US Government	470 346 337
Gahini DH	Gahini DH	717 215 913
	Global Fund	199 584 961
	MoH	87 411 119
	Rwanda Government	319 946 144
	The Fred Hollows Foundation	3 800 477
	US Government	82 849 744
Gakoma DH	Gakoma DH	4 548 947
	GAVI ALLIANCE	3 569 550
	Global Fund	163 563 861
	Military Medical Insurance (MMI)	1 326 776
	MoH	23 271 779
	Out Of Pocket	26 328 752
	RSSB	139 845 651
	Rwanda Government	258 951 940
	SAHAM	68 923
	SORAS	103 385
	Radiant Insurance Company	86 154
Gihundwe DH	GAVI ALLIANCE	8 728 100
	Gihundwe DH	416 011 974
	Global Fund	90 239 587

	MoH	15 715 575
	RBC	19 856 716
	Rwanda Government	357 614 217
	The Fred Hollows Foundation	4 215 800
	UNFPA	1 516 599
Gisenyi DH	GAVI ALLIANCE	33 503 064
	Gisenyi DH	607 926 654
	Global Fund	60 350 913
	MoH	116 129 245
	RBC	117 521 728
	Rwanda Government	527 632 136
	US Government	351 437 554
	World Bank	31 101 557
Gitwe DH	Gitwe DH	506 060 209
	Global Fund	53 067 605
	MoH	8 966 581
	Rwanda Government	368 890 608
	US Government	153 392 694
Kabaya DH	GAVI ALLIANCE	9 949 150
	Global Fund	57 003 641
	Kabaya DH	27 122 245
	Military Medical Insurance (MMI)	2 442 881
	MoH	18 989 494
	Out Of Pocket	121 580 319
	RBC	135 099 055
	RSSB	161 136 204
	Rwanda Government	253 208 886

SAHAM	62 638
SORAS	219 233
The Fred Hollows Foundation	3 914 144
UNICEF	3 392 900
US Government	179 428 784
Radiant Insurance Company	626 380
CBM	100 569 274
Global Fund	89 694 413
Kabgayi DH	1 357 812 842
Light for the World	166 105 682
Marigerit fondation funds	13 840 000
MoH	77 287 696
RBC	54 268 868
Rwanda Government	566 758 607
US Government	468 788 488
AIDS healthcare foundation	8 166 496
GAVI ALLIANCE	7 724 000
Global Fund	111 926 067
Kabutare DH	368 130 596
RBC	4 854 180
Rwanda Government	379 724 904
GAVI ALLIANCE	5 085 834
Global Fund	65 594 024
Kaduha DH	10 300 775
MoH	22 577 853
Out Of Pocket	17 462 556
RBC	106 233 352
Kabgayi DH	
Kabutare DH	
Kaduha DH	

RSSB	124 614 993
Rwanda Government	238 651 176
US Government	179 619 467
Kibagabaga DH	
GAVI ALLIANCE	27 510 055
Global Fund	113 146 932
Kibagabaga DH	794 359 979
MoH	273 535 291
RBC	78 595 628
Rwanda Government	849 179 437
The Fred Hollows Foundation	1 830 000
UNICEF	7 180 000
US Government	47 708 281
Kibilizi DH	
GAVI ALLIANCE	2 132 280
Global Fund	73 955 838
Kibilizi DH	995 874
Military Medical Insurance (MMI)	22 759 356
MoH	26 331 708
Out Of Pocket	13 189 253
RSSB	205 951 525
Rwanda Government	310 784 944
Kibogora DH	
Kibogora DH	575 751 416
Kibungo RH	
GAVI ALLIANCE	32 153 730
Global Fund	92 267 587
Kibungo RH	3 116 570
Out Of Pocket	81 437 326
RBC	5 781 475
RSSB	592 961 294

	Rwanda Government	459 063 284
	The Fred Hollows Foundation	5 870 548
	US Government	279 000 388
	World Bank	41 426 818
Kibuye RH	Kibuye RH	392 883 060
	Rwanda Government	375 212 214
Kigeme DH	GAVI ALLIANCE	5 179 350
	Global Fund	63 514 966
	Kigeme DH	508 708 904
	MoH	43 850 883
	RBC	17 723 300
	Rwanda Government	331 559 386
	UNICEF	5 168 800
	UNWOMEN	4 044 566
	US Government	134 488 055
	World Relief	762 000
Kinihira PH	Britam Insurance	-
	GAVI ALLIANCE	9 565 200
	Global Fund	144 604 337
	Kinihira PH	2 163 413
	Military Medical Insurance (MMI)	1 564 314
	MoH	19 889 238
	Out Of Pocket	42 003 499
	RSSB	285 770 240
	Rwanda Government	351 440 246
	SAHAM	199 700
	SORAS	1 131 632

	The Fred Hollows Foundation	2 322 000
	US Government	134 340 426
	Radiant Insurance Company	33 283
Kirehe DH	Global Fund	89 010 838
	Kirehe DH	507 446 824
	MoH	37 000 000
	Partners in Health (PIH)	550 748 778
	RBC	1 517 800
	UNICEF	17 493 864
Kirinda DH	Global Fund	44 810 876
	Kirinda DH	300 133 081
	RBC	2 557 000
	Rwanda Government	257 999 536
	Swiss Development Cooperation	1 738 572
	The Fred Hollows Foundation	957 000
	US Government	108 219 316
Kiziguro DH	Global Fund	267 412 433
	Kiziguro DH	458 161 918
	MoH	36 051 774
	Rwanda Government	275 059 063
	US Government	241 834 252
Masaka DH	Compassion International	2 144 000
	Global Fund	80 157 105
	Masaka DH	670 658 107
	MoH	292 975 846
	RBC	145 415 050
	Rwanda Government	750 406 736

	The Fred Hollows Foundation	4 459 500
	UNICEF	8 885 600
	US Government	97 516 336
Mibilizi DH	FK Norway	218 601 180
	Global Fund	77 391 752
	Mibilizi DH	541 561 566
	MoH	37 383 536
	MSV	10 596 580
	RBC	43 747 094
	Rwanda Government	296 317 248
	The Fred Hollows Foundation	538 000
	US Government	45 075 245
	Vision for a Nation Foundation	1 357 500
Mugonero DH	Global Fund	49 880 019
	Mugonero DH	157 136 285
	Rwanda Government	242 770 742
	The Fred Hollows Foundation	2 400 000
	US Government	92 058 671
Muhima DH	Global Fund	43 746 062
	Muhima DH	820 121 444
	Rwanda Government	605 420 026
	US Government	592 662 771
Muhororo DH	Global Fund	190 063 727
	Military Medical Insurance (MMI)	2 351 882
	MoH	30 623 368
	Muhororo DH	64 931 328
	Out Of Pocket	20 900 226

	RBC	22 794 367
	RSSB	154 084 612
	Rwanda Government	259 334 166
	SAHAM	96 985
	SORAS	24 246
	The Fred Hollows Foundation	5 300 777
	UNICEF	3 392 900
	US Government	233 230 570
	Radiant Insurance Company	72 739
	GAVI ALLIANCE	16 066 500
	Global Fund	71 865 476
	MoH	372 086 840
	Munini DH	220 808 328
	Rwanda Government	320 865 933
	US Government	305 137 694
	Global Fund	63 949 197
	Military Medical Insurance (MMI)	2 159 338
	MoH	106 739 032
	Murunda DH	1 227 859
	Out Of Pocket	75 873 199
	Private Employers	1 016 159
	RBC	83 422 400
	RSSB	342 487 894
	Rwanda Government	286 987 776
	SORAS	635 099
	Swiss Development Cooperation	41 895 086
	The Fred Hollows Foundation	5 646 230

	UNICEF	15 993 800
	US Government	448 277 597
	Vision for a Nation Foundation	15 534 000
	WHO	23 883 404
Nemba DH	Global Fund	72 696 095
	Medicus Mundi	79 187 960
	MoH	9 708 360
	Nemba DH	233 606 824
	Rwanda Government	290 396 676
Ngarama DH	Ngarama DH	343 776 465
	Rwanda Government	272 782 551
Nyangatare DH	GAVI ALLIANCE	189 619 460
	Global Fund	184 444 879
	Nyangatare DH	554 910 161
	RBC	98 952 385
	Rwanda Government	350 775 864
	The Fred Hollows Foundation	1 541 600
	US Government	111 743 554
	World Bank	35 000 471
Nyamata DH	Global Fund	653 879 449
	Nyamata DH	642 375 224
	RBC	31 750 070
	Rwanda Government	355 094 616
	The Fred Hollows Foundation	3 502 600
	UNICEF	13 820 314
	US Government	2 939 598
	WaterAid	41 025 610

Nyanza DH	AIDS healthcare foundation	8 424 769
	Compassion International	3 440 000
	GAVI ALLIANCE	7 482 300
	Global Fund	134 311 420
	MoH	55 264 193
	Nyanza DH	766 481 294
	RBC	181 853 580
	Rwanda Government	363 497 602
	UNICEF	4 065 141
Remera-Rukoma DH	GAVI ALLIANCE	20 382 365
	Global Fund	37 427 743
	MoH	24 203 546
	Remera-Rukoma DH	418 920 038
	Rwanda Government	334 217 075
Ruhango PH	MoH	7 136 571
	RBC	57 074 815
	Ruhango PH	273 899 368
	Rwanda Government	296 358 156
	Swedish International Development Agency	23 810 080
	US Government	409 934 245
	Vision for a Nation Foundation	767 000
Ruhengeri RH	AIDS healthcare foundation	12 725 492
	GAVI ALLIANCE	27 971 517
	Global Fund	308 775 388
	ONE SIGHT	3 248 200
	Ruhengeri RH	1 403 467 915
	Rwanda Government	541 878 193

	Swedish International Development Agency	12 803 000
	The Fred Hollows Foundation	31 238 600
	UNICEF	18 604 550
Ruli DH	Access Project	8 388 300
	GAVI ALLIANCE	4 237 200
	Global Fund	164 781 198
	RBC	83 807 217
	Ruli DH	165 476 233
	Rwanda Government	258 496 860
	The Fred Hollows Foundation	2 399 600
	UNICEF	5 991 800
Rutongo DH	Global Fund	74 049 922
	MoH	323 688 078
	Rutongo DH	301 159 436
	Rwanda Government	312 837 637
Rwamagana PH	GAVI ALLIANCE	6 576 000
	Global Fund	12 913 149
	MoH	79 008 643
	RBC	109 379 475
	Rwamagana PH	634 333 910
	Rwanda Government	502 791 696
	The Fred Hollows Foundation	10 256 520
	US Government	308 645 744
Rwinkwavu DH	Global Fund	161 553 530
	Partners in Health (PIH)	303 073 526
	RBC	22 501 517
	Rwanda Government	262 048 236

	Rwinkwavu DH	302 236 345
Shyira DH	GAVI ALLIANCE	3 580 800
	Military Medical Insurance (MMI)	5 006 500
	Out Of Pocket	3 003 900
	RSSB	253 012 700
	Rwanda Government	326 326 496
	SAHAM	790 500
	Shyira DH	210 800
	SORAS	1 001 300
	US Government	119 832 274
	Radiant Insurance Company	500 650
<b>GoR institution</b>	Belgian Government	2 877 056 000
	Canada	392 890 643
	Damian Foundation	72 271 485
	France	51 083 127
	GAVI ALLIANCE	1 211 737 547
	Global Fund	51 271 187 302
	Netherlands Government	40 159 786
	RBC	9 966 952 339
	Rwanda Government	12 844 769 883
	Stanford University	81 291 863
	UNFPA	335 626 653
	UNICEF	19 392 120
	United Kingdom (UK)	2 498 260 454
	UNWOMEN	535 790 613
	US Government	4 556 275 048
	WHO	349 338 187

	World Bank	1 194 345 800
	UR/College of Medicine and Health Sciences	900 864 212
	Bugesera Health Centers	153 095 216
	RSSB	468 232 770
	Burera Health Centers	221 148 667
	RSSB	620 681 051
	Gakenke Health Centers	151 026 985
	RSSB	412 927 401
	Gasabo Health Centers	255 901 572
	RSSB	558 812 123
	Gatsibo Health Centers	359 257 090
	RSSB	423 871 675
	Gicumbi Health Centers	276 270 388
	RSSB	468 468 197
	Gisagara Health Centers	126 632 983
	RSSB	408 586 725
	Huye Health Centers	73 079 242
	RSSB	415 092 046
	Kamonyi Health Centers	145 646 659
	RSSB	395 844 878
	Karongi Health Centers	214 702 002
	RSSB	442 079 894
	Kayanza Health Centers	202 188 080
	RSSB	477 435 717
	Kicukiro Health Centers	103 567 142
	RSSB	263 952 878

Kirehe Health Centers	Out Of Pocket	190 339 815
	RSSB	426 245 267
Muhanga Health Centers	Out Of Pocket	219 941 048
	RSSB	409 360 949
Musanze Health Centers	Out Of Pocket	176 358 021
	RSSB	349 612 814
Ngoma Health Centers	Out Of Pocket	195 476 618
	RSSB	374 592 260
Ngororero Health Centers	Out Of Pocket	89 138 044
	RSSB	340 193 028
Nyabihu Health Centers	Out Of Pocket	183 158 128
	RSSB	373 947 846
Nyagatare Health Centers	Out Of Pocket	200 392 199
	RSSB	444 785 518
Nyamagabe Health Centers	Out Of Pocket	198 868 695
	RSSB	425 130 975
Nyamasheke Health Centers	Out Of Pocket	278 188 732
	RSSB	587 364 260
Nyanza Health Centers	Out Of Pocket	141 161 356
	RSSB	202 464 146
Nyarugenge Health Centers	Out Of Pocket	166 212 036
	RSSB	311 683 410
Nyaruguru Health Centers	Out Of Pocket	211 446 334
	RSSB	294 285 151
Rubavu Health Centers	Out Of Pocket	160 984 677
	RSSB	358 372 664
Ruhango Health Centers	Out Of Pocket	109 717 949

	RSSB	500 226 022
Rulindo Health Centers	Out Of Pocket	135 339 529
	RSSB	428 340 309
Rusizi Health Centers	Out Of Pocket	195 310 912
	RSSB	444 842 847
Rutsiro Health Centers	Out Of Pocket	180 915 868
	RSSB	360 856 448
Rwamagana Health Centers	Out Of Pocket	93 033 290
	RSSB	501 428 629
<b>International NGO</b>		
Abt Associates	US Government	5 930 354 821
ADRA	ADRA	407 764 550
AHA	Netherlands Government	1 034 820 650
	AHA	65 645 242
	UNHCR	1 077 836 143
AIDS healthcare foundation	AIDS healthcare foundation	1 030 098 776
American Refugees Committee	UNHCR	906 419 906
	US Government	502 377 105
AVSI	AVSI	422 608 769
Better world Rwanda	Better world Rwanda	142 634 333
Breast Cancer Initiative East Africa (BCIEA) Inc.	Breast Cancer Initiative East Africa (BCIEA) Inc.	26 643 854
CARE International	UNICEF	93 442 966
Catholic Relief Service	Catholic Relief Service	74 788 583
	Netherlands Government	345 145 531
	US Government	252 304 568
CBM	CBM	379 881 200

CDI (CHAI)	ELMA	281 741 187
	New Zealand AIDS	440 894 049
	Swedish International Development Agency	74 973 312
	United Kingdom (UK)	615 752 963
CHF-Global Communities	US Government	879 442 278
Compassion International	Compassion International	4 774 514 600
Cure International	Cure International	83 597 017
Drew Cares International	US Government	742 803 221
EGPAF	US Government	387 059 211
fADA	fADA	99 942 336
FHI 360	US Government	2 083 499 537
Gardens for Health International	Gardens for Health International	243 558 378
Handicap International	Belgian Government	141 717 659
Health Development Performance	Swiss Development Cooperation PACKARD Foundation	131 405 786 77 619 883
IHANGANE Project	IHANGANE Project	81 348 432
Institute for Reproductive Health	Institute for Reproductive Health	332 642 690
JHPIEGO	UNICEF	38 814 730
JSI	US Government	8 202 340 163
Management Sciences for Health (MSH)	US Government	22 015 593 435
Maryland Global Initiatives Corporation	US Government	5 558 494 029
	US Government	676 129 377

Medicus Mundi	Medicus Mundi	101 690 507
Millennium Villages Project	Millennium Villages Project	168 886 542
MSPH Rwanda LLC	Columbia University	494 370 377
Partners in Health (PIH)	Partners in Health (PIH)	6 997 218 427
SAN FRANCISCO	Emory University	1 076 424 311
	US Government	407 962 500
Save the Children	Bill and Melinda Gates Foundation	192 647 009
International Rwanda		
	JHPIEGO	223 698 965
	Save the Children International Rwanda	456 639 167
	UNFPA	36 811 698
	UNHCR	251 402 854
	United Kingdom (UK)	307 303 543
	US Government	117 948 699
Society for Family Health	Global Fund	222 692 177
	US Government	1 752 546 004
STARKEY HEARING FOUNDATION	STARKEY HEARING FOUNDATION	12 182 172
The Fred Hollows Foundation	The Fred Hollows Foundation	337 100 592
Vision for a Nation Foundation	Vision for a Nation Foundation	395 076 711
WaterAid	WaterAid	75 061 352
World Relief	UNICEF	74 367 053
	United Kingdom (UK)	880 901 965
World Vision	World Vision	263 983 665

<b>Laboratory</b>	Rwanda Lancet medical laboratories	Out Of Pocket	196 498 857
<b>Local company</b>	One Family Health - CFW	One Family Health - CFW	593 401 225
<b>Local NGO</b>	Access to Health	Global Fund	37 101 080
	African Evangelistic Entrepriise	US Government	1 006 082 338
	ARBEF	UNFPA	17 768 497
	CARITAS RWANDA	US Government	918 992 646
	FXB RWANDA	US Government	766 073 402
	Imbuto Foundation	Global Fund	43 566 717
		PACKARD Foundation	80 976 155
		Segal Family Foundation	32 253 234
		UNFPA	104 168 339
		UNICEF	104 419 981
		United Kingdom (UK)	669 090 938
	OneDollarGlasses	OneDollarGlasses	35 500 000
	RINDA UBUZIMA	European Developing Countries Trial Partnership	102 245 312
	UPHLS	University of Liverpool	92 751 360
		Global Fund	101 946 721
		US Government	485 454 090
	We Actx for Hope	AIDS healthcare foundation	9 019 395
		Keep a Child Alive	29 992 725
		We Actx USA	407 537 880
<b>Ministry</b>	MoH	Global Fund	10 709 108 830
		Rockefeller Foundation	72 378 224
		Rwanda Government	47 755 344 585
		US Government	23 484 865 196

	WHO		15 035 000
<b>Private Health Facilities</b>	Private Health Facilities not disaggregated	Britam Insurance	1 331 379 369
		Military Medical Insurance (MMI)	1 103 990 318
		Mutuelle UNR	84 035 084
		Out Of Pocket	2 768 214 529
		PRIME LIFE INSURANCE	6 590 987
		Private Employers	1 138 593 000
		RSSB	6 284 506 080
		SAHAM	713 474 340
		SORAS	1 255 583 019
		UAP Rwanda	1 191 320 896
		Radiant Insurance Company	599 779 815
<b>Private Insurances</b>	Britam Insurance	Primitums	2 866 532 005
	SAHAM	Primitums	1 629 551 000
	SORAS	Primitums	1 941 884 653
<b>Referral Hospital</b>	CHUB	CHUB	1 912 593 954
		MOPACUR	7 520 791
		RBC	1 936 000
		Rwanda Government	3 289 532 654
		US Government	151 784 262
	CHUK	CHUK	7 863 113 047
		RBC	1 200 000
		Rwanda Government	4 658 891 260
		US Government	296 134 002
	KACYIRU POLICE Hospital - KPH	Global Fund	46 033 082

	KACYIRU POLICE Hospital - KPH	1 010 094 976
	Rwanda Government	1 062 979 490
	US Government	33 347 698
	King Faisal Hospital - KFH	9 183 304 387
	Rwanda Government	2 028 511 612
	Brothers of charity	207 953 620
	NEURO PSYCHIATRIC HOSPITAL OF NDERA (HNN)	
	NEURO PSYCHIATRIC HOSPITAL OF NDERA (HNN)	950 696 610
	Rwanda Government	1 021 768 115
	US Government	89 333 400
	Rwanda Military Hospital - RMH	3 311 184 795
	Global Fund	
	Rwanda Government	5 674 631 329
	Rwanda Military Hospital - RMH	6 752 355 681
	Primums	4 039 461 000
<b>Social Insurances</b>	Military Medical Insurance (MMI)	
	Mutuelle UNR	490 618 905
	RSSB	3 773 922 314
	Rwanda Government	14 496 338 541
	Primums	47 191 760 145
<b>UN Agency</b>	UNAIDS	622 196 025
	UNFPA	1 302 314 211
	UNICEF	6 028 679 664
	WHO	739 731 086
<b>Grand Total</b>		<b>521 661 591 749</b>

c. FY2016/17 Expenditure

Organization type	Organization Reported	Funding Source (Double count included)	FY2016/17 Expenditure
Administrative District	Bugesera District	Domestic Resources	774 691 756
	Burera District	Domestic Resources	1 231 348 777
	Gakenke District	Domestic Resources	1 418 882 743
	Gasabo District	Domestic Resources	1 661 183 537
	Gatsibo District	Domestic Resources	1 249 905 106
	Gicumbi District	Domestic Resources	1 206 714 088
	Gisagara District	Domestic Resources	889 870 659
	Huye District	Domestic Resources	1 013 836 279
	Kamonyi District	Domestic Resources	801 141 949
	Karongi District	Domestic Resources	1 431 640 583
	Kayonza District	Domestic Resources	984 988 307
	Kicukiro District	Domestic Resources	1 234 270 407
	Kirehe District	Domestic Resources	741 131 211
	Muhanga District	Domestic Resources	1 120 888 762
	Musanze District	Domestic Resources	1 450 713 367
	Ngoma District	Domestic Resources	993 692 767
	Ngororero District	Domestic Resources	898 000 571
	Nyabihu District	Domestic Resources	685 552 921
	Nyagatare District	Domestic Resources	833 393 617
	Nyamagabe District	Domestic Resources	1 329 255 332
Nyamasheke District	Domestic Resources	1 257 056 668	
Nyanza District	Domestic Resources	1 073 986 073	
Nyarugenge District	Domestic Resources	1 093 602 396	
Nyaruguru District	Domestic Resources	855 805 755	

<b>Rubavu District</b>	Domestic Resources	924 012 466
<b>Ruhango District</b>	Domestic Resources	1 356 298 969
<b>Rulindo District</b>	Domestic Resources	1 126 463 742
<b>Rusizi District</b>	Domestic Resources	1 156 879 238
<b>Rutsiro District</b>	Domestic Resources	766 354 688
<b>Rwamagana District</b>	Domestic Resources	1 055 012 610
<b>Bilateral Agency</b>	Swiss Development Cooperation	556 586 345
<b>US Government</b>	US Government	3 593 004 938
<b>District Hospital</b>	Domestic Resources	751 250 115
<b>Bushenge PH</b>	US Government	287 357 371
	Global Fund	58 599 727
	GAVI ALLIANCE	21 957 075
	Vision for a Nation Foundation	3 128 000
<b>Butaro DH</b>	Domestic Resources	782 472 870
	Partners in Health (PIH)	468 830 668
	Global Fund	53 987 063
	UNICEF	25 599 631
	GAVI ALLIANCE	20 605 671
	US Government	7 054 703
	The Fred Hollows Foundation	20 370
<b>Byumba DH</b>	Domestic Resources	823 731 003
	Global Fund	116 416 538
	US Government	79 421 205
	UNICEF	38 525 070
	GAVI ALLIANCE	10 304 346
<b>Gahini DH</b>	Domestic Resources	1 159 607 727
	US Government	180 044 766

Global Fund	133 873 114
GAVI ALLIANCE	15 667 300
The Fred Hollows Foundation	3 242 667
<b>Gakoma DH</b>	
Domestic Resources	199 887 692
Global Fund	78 266 990
GAVI ALLIANCE	9 479 968
UNICEF	2 010 900
One UN	445 853
Concern Worldwide	360 000
Vision for a Nation Foundation	245 000
<b>Gihundwe DH</b>	
Domestic Resources	731 534 891
Global Fund	202 083 297
World Bank	16 211 242
GAVI ALLIANCE	4 373 693
UNICEF	2 821 800
<b>Gisenyi DH</b>	
Domestic Resources	1 269 969 897
US Government	320 045 073
Global Fund	221 603 221
UNICEF	116 255 190
World Bank	15 498 703
GAVI ALLIANCE	15 351 202
Vision for a Nation Foundation	6 585 000
<b>Gitwe DH</b>	
Domestic Resources	645 801 097
Global Fund	216 552 858
US Government	129 834 590
GAVI ALLIANCE	5 005 965
World Bank	12 530

<b>Kabaya DH</b>	Domestic Resources	339 103 886
	US Government	133 615 560
	Global Fund	115 428 783
	UNICEF	36 800 704
	GAVI ALLIANCE	15 224 290
	The Fred Hollows Foundation	9 325 390
	Vision for a Nation Foundation	3 829 000
	World Bank	605 000
	Domestic Resources	863 767 676
	US Government	316 404 367
<b>Kabgayi DH</b>	Global Fund	216 819 339
	GAVI ALLIANCE	24 767 790
	Domestic Resources	618 044 787
	Global Fund	492 425 253
<b>Kabutare DH</b>	UNICEF	38 687 300
	GAVI ALLIANCE	19 368 043
	World Bank	189 000
	Domestic Resources	1 199 658 181
<b>KACYIRU POLICE Hospital - KPH</b>	Global Fund	85 413 701
	US Government	62 483 597
	World Bank	3 000
	Domestic Resources	209 747 612
	Global Fund	42 556 642
	US Government	42 349 530
<b>Kaduha DH</b>	UNICEF	22 517 753
	GAVI ALLIANCE	2 799 710
	Domestic Resources	1 270 840 731

US Government	259 195 583
Global Fund	160 869 081
GAVI ALLIANCE	23 077 700
The Fred Hollows Foundation	60 000
World Bank	3 000
<b>Kibilizi DH</b>	
Domestic Resources	538 676 187
Global Fund	130 354 361
GAVI ALLIANCE	11 598 701
UNICEF	10 861 627
Domestic Resources	839 168 922
US Government	370 298 270
Better Together	65 633 179
Global Fund	61 301 843
GAVI ALLIANCE	16 668 904
The Fred Hollows Foundation	1 589 850
Domestic Resources	729 309 935
US Government	267 013 393
Global Fund	143 666 286
GAVI ALLIANCE	27 502 969
Swedish International Development Agency	23 174 576
UNICEF	5 219 900
The Fred Hollows Foundation	4 432 379
World Bank	3 923 100
Domestic Resources	474 532 157
Domestic Resources	598 982 084
US Government	320 607 022
<b>Kibungo RH</b>	
Domestic Resources	474 532 157
Domestic Resources	598 982 084
US Government	320 607 022
<b>Kibuyeye RH</b>	
Domestic Resources	474 532 157
Domestic Resources	598 982 084
US Government	320 607 022
<b>Kigeme DH</b>	
Domestic Resources	474 532 157
Domestic Resources	598 982 084
US Government	320 607 022

Global Fund	62 510 149
UNICEF	51 090 310
GAVI ALLIANCE	10 778 751
Vision for a Nation Foundation	1 330 000
World Bank	1 095 072
<b>Kinihira PH</b>	
Domestic Resources	671 069 663
AIDS healthcare foundation	110 098 134
Global Fund	74 855 246
GAVI ALLIANCE	18 118 061
UNICEF	2 764 100
Vision for a Nation Foundation	1 528 000
<b>Kirehe DH</b>	
Domestic Resources	723 631 014
Partners in Health (PIH)	230 414 932
Global Fund	123 385 621
GAVI ALLIANCE	29 033 559
UNICEF	17 502 000
The Fred Hollows Foundation	3 125 280
<b>Kirinda DH</b>	
Domestic Resources	337 769 539
US Government	111 634 765
Global Fund	51 864 600
GAVI ALLIANCE	14 864 768
<b>Kiziguro DH</b>	
Domestic Resources	829 650 099
Global Fund	256 695 689
US Government	116 013 414
GAVI ALLIANCE	23 316 739
World Bank	446 022
The Fred Hollows Foundation	417 800

<b>Masaka DH</b>	Domestic Resources	1 238 653 305
	US Government	338 632 559
	Global Fund	133 185 337
	GAVI ALLIANCE	20 042 085
	UNICEF	11 120 250
	Vision for a Nation Foundation	552 840
<b>Mibilizi DH</b>	Domestic Resources	671 857 645
	Global Fund	169 765 599
	GAVI ALLIANCE	30 497 816
	The Fred Hollows Foundation	1 974 825
	World Bank	1 572 658
<b>Mugonero DH</b>	Domestic Resources	374 944 616
	US Government	198 543 568
	Global Fund	90 803 489
	GAVI ALLIANCE	10 058 653
	UNICEF	6 035 600
	World Bank	280 000
<b>Muhima DH</b>	Domestic Resources	928 091 659
	US Government	298 350 769
	Global Fund	165 257 141
	GAVI ALLIANCE	13 209 592
<b>Muhororo DH</b>	Domestic Resources	386 957 733
	US Government	187 442 715
	Global Fund	99 454 893
	UNICEF	79 306 937
	UNFPA	23 195 903
	GAVI ALLIANCE	18 659 017

	The Fred Hollows Foundation	4 245 002
	World Bank	11 265
<b>Munini DH</b>	Domestic Resources	321 556 603
	Global Fund	261 297 648
	UNICEF	44 766 300
	GAVI ALLIANCE	26 818 433
	WFP	12 457 725
	Vision for a Nation Foundation	2 976 000
	Concern Worldwide	870 000
<b>Murunda DH</b>	Domestic Resources	601 660 489
	US Government	276 772 416
	Global Fund	71 547 158
	GAVI ALLIANCE	22 372 910
	UNICEF	14 700 950
	Swiss Development Cooperation	3 830 360
	Vision for a Nation Foundation	2 420 000
	The Fred Hollows Foundation	398 200
<b>Nemba DH</b>	Domestic Resources	573 928 850
	Global Fund	135 847 534
	Medicus Mundi	76 338 748
	GAVI ALLIANCE	24 834 662
	The Fred Hollows Foundation	3 710 000
	World Bank	30 000
<b>Ngarama DH</b>	Domestic Resources	692 234 936
	US Government	147 383 117
	Global Fund	52 170 211
	GAVI ALLIANCE	14 666 602

<b>Nyagatare DH</b>	World Bank	18 622
	Domestic Resources	1 043 859 597
	Global Fund	216 676 795
	US Government	156 981 591
	World Bank	80 171 248
	UNICEF	47 739 214
	GAVI ALLIANCE	35 491 014
	Abt Associates	19 135 320
<b>Nyamata DH</b>	Domestic Resources	866 143 677
	US Government	255 475 065
	UNICEF	106 967 596
	WaterAid	99 711 885
	Global Fund	78 241 312
	GAVI ALLIANCE	32 293 507
<b>Nyanza DH</b>	Domestic Resources	779 184 833
	Global Fund	412 431 145
	UNICEF	96 770 870
	AIDS healthcare foundation	26 548 123
	US Government	19 503 514
	World Bank	2 100 000
<b>Remera-Rukoma DH</b>	Domestic Resources	660 351 579
	US Government	318 775 835
	Global Fund	243 142 927
	GAVI ALLIANCE	14 513 356
	UNICEF	5 652 848
	Vision for a Nation Foundation	3 780 000
	World Bank	616 087

<b>Ruhango PH</b>	Domestic Resources	477 330 176
	US Government	207 644 171
	Global Fund	60 580 152
	GAVI ALLIANCE	3 106 900
<b>Ruhengeri RH</b>	Domestic Resources	1 953 766 155
	Global Fund	179 461 453
	UNICEF	41 242 265
	GAVI ALLIANCE	40 142 971
<b>Ruli DH</b>	AIDS healthcare foundation	22 144 620
	The Fred Hollows Foundation	1 705 892
	Domestic Resources	539 202 999
	Global Fund	162 766 198
<b>Rutongo DH</b>	GAVI ALLIANCE	13 886 641
	UNICEF	6 751 250
	The Fred Hollows Foundation	1 597 567
	World Bank	746 754
<b>Rwamagana PH</b>	Domestic Resources	442 054 716
	Global Fund	149 745 708
	US Government	91 648 109
	GAVI ALLIANCE	19 241 686
<b>Rwamagana PH</b>	Domestic Resources	839 327 529
	Global Fund	357 359 664
	US Government	37 348 237
	GAVI ALLIANCE	21 537 972
<b>Rwamagana PH</b>	UNICEF	19 851 900
	The Fred Hollows Foundation	2 781 225
	UNAIDS	1 933 500

	UNFPA	976 360
<b>Rwinkwavu DH</b>	Domestic Resources	467 958 498
	Partners in Health (PIH)	328 400 722
	Global Fund	122 412 281
	World Bank	11 965
<b>Shyira DH</b>	Domestic Resources	394 428 494
	US Government	185 521 020
	Global Fund	103 037 329
	UNICEF	51 284 566
	GAVI ALLIANCE	30 597 455
	Vision for a Nation Foundation	8 981 000
	AIDS healthcare foundation	5 739 164
	One UN	595 000
<b>GoR institution</b>	Global Fund	59 062 353 072
	Domestic Resources	26 009 388 963
	US Government	4 193 609 976
	United Kingdom (UK)	2 880 426 739
	World Bank	1 085 089 035
	Belgian Government	1 070 723 199
	GAVI ALLIANCE	938 003 186
	UNFPA	380 347 810
	Danish Red Cross	115 960 774
	UNWOMEN	108 301 294
	WHO	105 912 104
	Bloomberg	85 581 796

	International Development Research Center (IDRC- CANADA)	81 558 890
	Bill and Melinda Gates Foundation	80 697 851
	Damian Foundation	70 056 668
	UNICEF	19 974 337
<b>Health Center</b>	<b>Bugesera Health Centers</b>	<b>1 066 381 612</b>
	<b>Burera Health Centers</b>	<b>1 111 525 171</b>
	<b>Gakenke Health Centers</b>	<b>909 275 754</b>
	<b>Gasabo Health Centers</b>	<b>1 159 895 813</b>
	<b>Gatsibo Health Centers</b>	<b>1 311 135 308</b>
	<b>Gicumbi Health Centers</b>	<b>1 085 004 283</b>
	<b>Gisagara Health Centers</b>	<b>905 146 566</b>
	<b>Huye Health Centers</b>	<b>882 564 071</b>
	<b>Kamonyi Health Centers</b>	<b>891 281 697</b>
	<b>Karongi Health Centers</b>	<b>996 727 213</b>
	<b>Kayonza Health Centers</b>	<b>955 575 334</b>
	<b>Kicukiro Health Centers</b>	<b>625 838 491</b>
	<b>Kirehe Health Centers</b>	<b>896 499 217</b>
	<b>Muhanga Health Centers</b>	<b>879 662 526</b>
	<b>Musanze Health Centers</b>	<b>964 048 730</b>
	<b>Ngoma Health Centers</b>	<b>979 991 335</b>
	<b>Ngororero Health Centers</b>	<b>486 470 761</b>
	<b>Nyabihu Health Centers</b>	<b>717 423 497</b>
	<b>Nyagatare Health Centers</b>	<b>1 001 915 311</b>
	<b>Nyamagabe Health Centers</b>	<b>966 233 875</b>

Nyamasheke Health Centers	Domestic Resources	1 116 366 810
Nyanza Health Centers	Domestic Resources	769 812 226
Nyarugenge Health Centers	Domestic Resources	652 642 577
Nyaruguru Health Centers	Domestic Resources	858 286 578
Rubavu Health Centers	Domestic Resources	713 201 188
Ruhango Health Centers	Domestic Resources	869 684 837
Rulindo Health Centers	Domestic Resources	885 920 379
Rusizi Health Centers	Domestic Resources	988 612 021
Rutsiro Health Centers	Domestic Resources	988 577 687
Rwamagana Health Centers	Domestic Resources	999 995 782
Abt Associates	US Government	5 197 983 782
ADRA	Canada	713 934 646
AHA	UNHCR	1 320 614 714
AIDS healthcare foundation	AIDS healthcare foundation	1 412 842 596
American Refugees Committee	UNHCR	1 306 760 560
	US Government	855 237 435
	WFP	90 899 901
	UNFPA	50 724 660
AVSI	AVSI	339 069 461
Better world Rwanda	Better world Rwanda	74 193 106
Bixby Center	Bixby Center	144 256 184
Breast Cancer Initiative East Africa (BCIEA) Inc.	Breast Cancer Initiative East Africa (BCIEA) Inc.	23 449 621
Catholic Relief Service	US Government	3 106 844 411
	UNICEF	560 001 712
	Catholic Relief Service	34 090 738
CBM	CBM	1 729 631 482

<b>CDI (CHAI)</b>	United Kingdom (UK)	1 408 360 620
	New Zealand AIDS	354 634 521
	Swedish International Development Agency	117 283 258
	ELMA	116 489 538
	Netherlands Government	39 943 389
<b>Chemomics International / GHSC-PSM</b>	US Government	7 512 444 706
<b>CHF-Global Communities</b>	US Government	7 874 051 610
<b>Compassion International</b>	Compassion International	3 891 243 576
<b>Cure International</b>	Cure International	132 892 082
<b>EGPAF</b>	EGPAF	380 741 746
<b>fADA</b>	fADA	112 469 440
<b>Gardens for Health International</b>	Gardens for Health International	227 151 859
<b>Global Health Corps</b>	SANFORD HEALTH	239 307 229
	Bill and Melinda Gates Foundation	197 343 393
	BANK OF AMERICA FOUNDATION	24 403 196
	ROBERTSON FOUNDATION	19 886 490
	CARIS FOUNDATION	12 824 750
<b>Handicap International</b>	Swiss Development Cooperation	213 734 639
	Belgian Government	128 410 766
<b>IHANGANE Project</b>	IHANGANE Project	73 265 405
<b>JHPIEGO</b>	US Government	11 213 086 118
	UNICEF	46 418 591
<b>Management Sciences for Health (MSH)</b>	US Government	4 588 014 792
<b>Maryland Global Initiatives Corporation</b>	US Government	644 194 175

Medicus Mundi	Medicus Mundi	286 412 146
<b>ONE SIGHT</b>	ONE SIGHT	2 173 273 052
<b>Partners in Health (PIH)</b>	Partners in Health (PIH)	10 014 353 870
<b>SAN FRANCISCO</b>	US Government	549 007 038
	Emory University	521 298 027
	Wellcome Trust Fund	81 880 000
<b>Save the Children International Rwanda</b>	US Government	919 887 975
	UNHCR	870 429 385
	United Kingdom (UK)	64 957 418
<b>Society for Family Health</b>	US Government	1 783 775 337
<b>STARKEY HEARING FOUNDATION</b>	STARKEY HEARING FOUNDATION	62 751 211
<b>Team Heart, Inc</b>	Team Heart, Inc	279 210 800
<b>The Fred Hollows Foundation</b>	The Fred Hollows Foundation	324 719 704
<b>Vision for a Nation Foundation</b>	Vision for a Nation Foundation	748 135 701
<b>WaterAid</b>	WaterAid	63 053 837
<b>World Relief</b>	United Kingdom (UK)	688 540 684
	World Relief	309 073 835
<b>World Vision</b>	World Vision	1 432 385 714
<b>One Family Health - CFW</b>	One Family Health - CFW	761 977 500
<b>African Evangelistic Enterprise</b>	US Government	1 137 842 145
<b>CARITAS RWANDA</b>	US Government	674 731 321
<b>FXB RWANDA</b>	US Government	672 858 726
<b>Health Builders Rwanda</b>	Health Builders Rwanda	504 258 722
<b>Imbuto Foundation</b>	United Kingdom (UK)	917 147 287
	PACKARD Foundation	155 301 655
	Segal Family Foundation	80 953 205

	UNFPA	68 631 266
	Global Fund	52 421 401
	UNICEF	52 196 121
<b>RINDA UBUZIMA</b>	European Developing Countries Trial Partnership	189 249 885
<b>Society for Family Health</b>	Global Fund	283 958 284
<b>UPHLS</b>	US Government	328 337 981
<b>We Actx for Hope</b>	Global Fund	112 367 109
	We Actx USA	514 360 044
	UNAIDS	5 983 956
<b>Ministry</b>	Domestic Resources	30 192 934 503
	US Government	25 600 977 115
	Global Fund	11 669 774 989
	Belgian Government	633 729 715
<b>Private Health Facilities</b>	Domestic Resources	16 037 617 959
<b>Private Insurances</b>	Domestic Resources	10 138 120 766
<b>Referral Hospital</b>	Domestic Resources	5 718 131 006
	Global Fund	168 418 793
	US Government	149 842 033
<b>CHUK</b>	Domestic Resources	10 614 756 356
	Global Fund	392 473 503
	US Government	302 837 892
<b>King Faisal Hospital - KFH</b>	Domestic Resources	5 096 023 286
<b>NEURO PSYCHIATRIC HOSPITAL OF NDERA (HNN)</b>	Domestic Resources	2 166 867 499
	Brothers of charity	162 235 137

	US Government	112 036 436
<b>Rwanda Military Hospital - RMH</b>	Domestic Resources	10 894 026 906
	US Government	3 251 208 992
	Global Fund	2 542 938 994
<b>Social Insurances</b>	Domestic Resources	5 560 422 000
<b>Military Medical Insurance (MMI)</b>	Domestic Resources	662 221 634
<b>Mutuelle UNR</b>	Domestic Resources	39 719 042 761
CBHI	Global Fund	2 503 033 600
RAMA/Medical Scheme	Domestic Resources	26 254 876 980
<b>UN Agency</b>	UNAIDS	304 754 085
	UNFPA	1 702 937 784
	UNICEF	7 710 722 459
	WHO	791 321 891
<b>Grand Total</b>		<b>512 261 843 042</b>

#### Annex 4: HRTT Data Structure

##### e. Summary of Information Collected by HRTT

Reporting Organization	Project	Activity
<b>Organization Name</b>	Name of project	Name of activity
<b>Contact Person</b>	Description of project	Description
<b>Fiscal Year</b>	Funding sources for the project	Expenditures in past FY by implementer
<b>Default Currency</b>	Disbursements received in past FY by funding source	Budget in current FY by implementer
	Expected disbursements in current FY by funding source	Disaggregation of spending by location (districts or national level)
	Project-specific administrative costs	Disaggregation of spending by purposes
		Disaggregation of spending by beneficiaries

##### f. Summary of Financial Flows Captured by the HRTT

	Past Fiscal Year	Current Fiscal Year
<b>Funds Received</b>	Disbursements received from each funding source for a given project	Disbursements expected from each funding source for a given project
<b>Funds Spent</b>	Expenditures by each implementer of an activity	Budget for each implementer of an activity

## Annex 5: Classification Tree - Activity Purposes Structure

Domain of Intervention	Sub domains of Intervention	Activity Purposes
<b>Administration and support Services</b>	<b>Business strategy</b>	Identification and functionality of business opportunities
	<b>Corporate services</b>	Capacity Development and technical assistance
		Distribution of human resources for health in all health facilities
		functioning support services
		Management Support
		Procurement and Logistical support
		Public Financial Management
		Staff remuneration and incentive
		Support all councils, professionals bodies and other institutions
		<b>Planning and M&amp;E</b>
<b>Clinical Services</b>		Development of new policies and strategies
		Development, dissemination and implementation of planning documents
		Monitoring and evaluation of programmes
	<b>Accreditation</b>	
		Assessment of meeting standards for accreditation
		Develop policy and procedures for accreditation
		Monthly accreditation facilitation
		The use of updated data for evidence based

	Training of surveyors and facilitators on different aspect of accreditation(Quality, IPC...)
	Update of accreditation standards
<b>Environment Health</b>	
	Increased sensitization of the community on hygiene and sanitation for behavioural change through mass media
	Reinforce community based environmental Health program
	Reinforce legal framework, planning and M&E of environmental health program
	Reinforce water quality, food safety, infection safety health care waste management
<b>Nursing</b>	
	Improving the quality of nursing and midwifery education and training
	Strengthening Nursing and Midwifery Services
<b>Pharmacy</b>	
	Ensure pharmaceutical products
	Inspection and supportive supervision of pharmaceutical establishment both public and private
	Pharmaceutical regulation and quality control
	Policy, law and guide lines development and reviews
	Regional harmonization and cooperation
	Regulation and institutionalization of traditional medicine
<b>Private Health Facilities</b>	
	Authorization to open a private health facilities and to start activities
	Coordination of private health facilities
	Formulation of norms and standards regarding private health facilities

	Regulation of private health facilities
	Supervision and Inspection of private health facilities
	<b>Public Health Facilities</b>
	Guides and protocols that govern public health facilities
	Health policy that governs public health facilities
	Monitoring of the implementation guides, protocols and health policy
	Support the health management team at Districts
	<b>Specialized Health Services</b>
	Clinical and operational research
	Mentorship and supervision of District hospitals
	Specialised health services delivery
	Teaching and Training
	<b>Disease Prevention and Control (Other)</b>
	<b>Epidemic Surveillance and Response (ESR)</b>
	Appropriate management of diseases outbreaks and others events of public health importance
	Appropriate management of Emerging, outbreaks Diseases and other events of public health importance
	Capacity building for conducting operational research for EID staff
	Emerging and re-emerging Disease outbreaks and other events of public health importance
	Integrating all public and private health facilities and the community into IDSR
	Promoting Human capacity for EID operation research
	Public is aware of the mode of transmission and prevention of epidemic prone diseases

	Staff remuneration and functioning support services6 Strengthening the capacity of the center for treatment and research on other epidemic Strengthening vaccination interventions. Sustaining Influenza Surveillance Networks and Response to seasonal and Pandemic
	<b>Mental Health</b>
	Improving Mental Health care services Improving Mental health care services in referral and decentralised level Increasing Awareness on drug use prevention and control Increasing Awareness on mental health to reduce the stigma towards mental disorders Staff remuneration and functioning support services5 Strengthening fighting against drug abuse
	<b>Rwanda Health Communication Center (RHCC)</b>
	General population is reached by mass media on diseases prevention and control Health sector communication materials edited, produced and disseminated Staff remuneration and functioning support services are provided
	<b>District Operations</b>
	<b>Disease control</b>
	CHW cooperatives Clinical Operations

	Support CBHI
<b>Health Infrastructure, equipment and goods</b>	
	Management support.
	Support CBHI.
<b>Health staff management</b>	
	Staff remuneration and incentive.
<b>Geographic Accessibility</b>	
	Health Equipment
	Health Infrastructure.
<b>Health Financing</b>	
	Financing of pooling risk
	Human Resources
	Management of technical support CBHI staff
	Management system of CBHI at district and national level
	Monitoring and evaluation of CBHI
	Payment of annual subscription to CBHI for Indigents
	Planning and Administration
	Produce and disseminate IEC materials
	Research and publication activities
	Sensitization of CBHI & media campaign
<b>PBF</b>	
	Coordination Meeting and Workshop
	Human Resource

	Living Support to Clients/Target Populations
	Maintenance and overheads
	Monitoring & Evaluation PBF activities
	Research
<b>Health Service Delivery</b>	
	<b>Medical Research Center (MRC)</b>
	Ensure research in Rwanda is following rules and regulations
	General population can access health information on web
	Improve Clinical research practice and regulatory framework in Rwanda
	Improve evidence based decision making in prevention, diagnostic, care and treatment of diseases
	Increase Capacity of MRC and other RBC divisions in grant and proposal writing and management
	Staff remuneration and functioning support services <sup>3</sup>
	<b>National Center for Blood Transfusion (NCBT)</b>
	Effective management of blood and transfusion activities
	Increase availability of quantity and quality of blood products
	Increase blood donations
	Increase blood donors
	Increase new blood donors
	Increase regular blood donors
	Reduce blood transmitted infections markers
	Staff remuneration and functioning support services <sup>2</sup>
	Strengthening of blood transfusion services

<b>National Reference Laboratory (NRL)</b>	<p>Ensure Laboratory infrastructure meets required National Norms and standards</p> <p>Quality of laboratory services is delivered and stock out avoided</p> <p>Skilled laboratory technologist to provide lab services (human resources)</p> <p>Staff remuneration and functioning support services are provided.</p> <p>Strengthening Supply chain management system of reagents and equipment</p> <p>Testing of all outbreak and referred specimens</p>
<b>SAMU</b>	<p>Assure rapid transportation of all casualties and patients with any kind of emergency problem towards an appropriate health institution providing ongoing care</p> <p>Immunisation of samu staff from communicable diseases, use of PPEs</p> <p>Improve reception and regulation of calls, actions, and follow up of ambulances all over the country</p> <p>Pre-hospital care protocols and disasters contingency plans used by pre-hospital care providers</p> <p>Staff management and administration</p> <p>Train regularly PH, HC and DHs emergency personnel for an adequate care of emergencies</p>
<b>Health Support Systems</b>	
<b>Decentralization</b>	

Regulatory Framework, and Decentralization
<b>Human Resource for Health (HRH)</b>
Build the capacity of SOM, SON and SPH faculty
Continuing Professional Development (CPD) Programme is implemented and monitored
Facilitate recruitment of US Institution faculty to strengthen the management and administration of CMHS schools and sites
Medical doctors admitted for specialization are remunerated every month
Medical internship policy development and government administration
Midwives admitted for A1 level are remunerated every month
Provide equipments and supplies to CMHS schools and sites
Recruit US Institution faculty to work in Rwanda's health professional education institutions and sites
Strengthen HR in management of HIV, MCH and other infections in infants and children
Strengthen HR in management of MCH, HIV and other diseases in pregnant women for nursing and midwifery services
Strengthen HR in management of MCH, HIV and other infectious US and Rwandan diseases in adults care
Strengthen HRH in management of MCH transmission of HIV and other infectious disease in pregnant woman
Strengthen HRH in management of MCH, HIV and other surgical conditions
Strengthen HRH in management of MCH, HIV provision of surgical care

	Strengthen the management of hospitals for better integration of HIV services within the health system
	Support the development and implementation of academic programs (SOM,SON ,...)
	Support US Institution faculty before and after arrival in-country
	Utilize monitoring and evaluation data
	<b>Medical Technology and Infrastructure (MTI)</b>
	Control the local health technologies market
	Ensure Preventive and curative maintenance of medical infrastructures and equipments
	Improve medical maintenance financing
	Improve the regulatory and institutional framework of medical maintenance field
	Staff remuneration and functioning support services
	Upgrading and Strengthening Medical maintenance center staff capacities
<b>Leprosy</b>	
	<b>Care and Treatment</b>
	Develop the referral system
	Reduce the new cases with grade 2 disability by leprosy
	<b>M&amp;E</b>
	Improve the quality of leprosy services
	<b>Prevention</b>
	Increase sensitisation, information and communication in order to reduce stigma against people affected by leprosy
	<b>social support for leprosy Patients</b>

<p><b>Non communicable Diseases</b></p>	<p>Strengthen leprosy activities in endemic sites</p>
<p><b>Community sensitization for behavioral change and early detection</b></p>	<p>Community awareness Health facilities awareness Screening and Outreach program</p>
<p><b>Prevention and control of NCDs risk factors</b></p>	<p>Develop partnership for research Improve national response for prevention and control of NCD Multisectoral coordination and fund mobilization Strengthening the Monitoring and Evaluation system for NCDs</p>
<p><b>Primary and specialized health care and treatment</b></p>	<p>Decentralization of NCD service to DHs, HCs, Community Ensure quality of NCD services Ensure readiness of NCD services</p>
<p><b>Planning &amp; Information</b></p>	<p><b>Information &amp; Technology</b></p> <p>Better data recording, collection and archiving. E-health planning and administration Ensure E-Health Systems are Utilized in Health Facilities Health Information Management HIS (Health Information System) planning and administration</p>

	Human Resources.
	ICT Infrastructure available and functional at Central level and Health Facilities
<b>Planning and M&amp;E</b>	
	Capacity strengthening
	Decentralized guidelines for operational plan developed
	M & E of Programs
	Planning document developed , disseminated and implemented
	Planning/budgeting
	<b>SWAP</b>
	Intersectoral activities
	Mobilizing funds and M&E for HRH increased capacity
	Sector coordination and partnership
<b>Resource Mobilisation</b>	
	<b>Pooled Financing</b>
	Financial Support.
	<b>Sector Budget Support</b>
	Financial support
<b>Maternal Child and Community Health</b>	
	<b>Adolescent Sexual Reproductive Health and Rights</b>
	Coordination, evidence based planning M&E, resource mobilization, and ownership strengthened
	Expand access and utilization of quality adolescent and young adult friendly sexual and RH services and products

<p>Improve RH knowledge, skills and attitudes</p> <p>Supportive legal and socio-cultural environment for ASRH &amp; R enhanced</p>
<p><b>Child Health</b></p> <p>Coordination and implementation of the strategy</p> <p>Creation of institutional and economic environment favourable to the transition to the scale of intervention package</p> <p>Extension of the coverage of integrated interventions quality package for the health of the mother, the newborn baby and the child.</p> <p>Increase services demand and use</p>
<p><b>Community Health</b></p> <p>Community full participate in all community health programs</p> <p>Improve knowledge and skills for CHWs to deliver quality integrated community health package</p> <p>Strengthen CHWs cooperatives motivation through community PBF</p> <p>Strengthen quarterly integrated meeting (mainly on evidence based planning, resource mobilization and M&amp;E) with partners</p>
<p><b>Family Planning</b></p> <p>Condom Family Planning Programmes</p> <p>Family Planning &amp; RH not disaggregated</p> <p>FP programs that could not be disaggregated</p> <p>Identify and apply innovations to support effective practices in FP</p> <p>Implant-related Family Planning programmes</p> <p>Increase the correct knowledge, acceptability and use of the full range of FP methods and services in the community (Demand)</p>

	Injectable-related Family Planning programs
	IUD Family Planning programmes
	Promote the use of natural method of FP
	Strengthen and sustain a supportive environment for comprehensive FP programs
	Support sustainable FP service delivery systems in both the public and private sectors (Supply)
	<b>Gender Based Violence (GBV)</b>
	Provide comprehensive services to victims of GBV
	<b>Maternal and Neonatal Health</b>
	Ensure availability of sustainable MNH programming and funding mechanism at all levels
	Increase access to high quality MNH services along the continuum of care
	Increase community mobilization for, participation in, and use of MNH services
	Lesson learned and generated and used for national or international MNH programming, evaluated, disseminated, and scaled up
	<b>Nutrition</b>
	Behaviour Change Communications
	Coordination of Nutrition Partners
	Elimination of micronutrient deficiencies
	M & E for Nutrition activities at all levels
	Multi-sectoral District Plans to Eliminate Malnutrition (DPEMs)

	Prevent and manage malnutrition in children under the age of 5 years (focus on those aged less than two years, and in pregnant and lactating mothers.
	Prevention and management of nutritional deficiency and excess-related diseases
	Strengthen identification and management of under nutrition
	<b>Vaccination Program</b>
	Ensure Management of vaccines supply chain
	Improve NTD prevention
	Reinforce Immunization system
	Staff remuneration and functioning support services  strengthening Vaccination interventions
	Support HCs & DHs
	Vaccine preventable diseases division will be moved from KACYIRU to Juakali
	<b>Malaria and Other Parasitic Diseases</b>
	<b>Care and Treatment</b>
	Malaria Drug Supply and Pharmaceutical Management
	Malaria in Pregnancy
	Malaria treatment in the community
	<b>Coordination</b>
	Staffing and Administration
	<b>IEC</b>
	Behavior Change Communication (BCC)
	<b>M&amp;E</b>
	Epidemic preparedness and response



	Staffing and Administration.
<b>IEC</b>	
	Advocacy, communication and patients' charter
	Community DOTS and social mobilization
<b>M&amp;E</b>	
	Logistics, programme management, and supervision
	Monitoring and evaluation, Etb
<b>Prevention</b>	
	Childhood TB control interventions
	Infection control
<b>System strengthening</b>	
	Cross-cutting HSS relevant beyond TB control: Performance Based Financing (PBF)
	HRD (Human resource development)
	Programme-based operational research
	Sharing innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
	TB Engage private sector
<b>HIV/AIDS and STIs Diseases</b>	
<b>Care and Treatment</b>	
	Adherence follow up
	Adult antiretroviral treatment
	ARV not disaggregated
	Community-Based Medical Care
	Enrollment and bio-chemical follow up
	Enrollment of people tested HIV positive

HIV Clinical Laboratories
Infection control
Management OI
Management STI
Mental health support
Nutritional service for household at risk
Nutritional service for moderately malnourished
Nutritional service management
Nutritional service to severely malnourished
Paediatric antiretroviral treatment
Pre-ART care and palliative care
Prophylaxis for adults
Prophylaxis for children
Provider-initiated testing and counselling (PITC)
Psychosocial counseling
TB screening and diagnostics for PLHIV
TB treatment for PLHIV
<b>Coordination</b>
AIDS-specific institutional development / Community mobilization
CSO
Other ministry
Planning
RBC
<b>Health System Cost</b>
Health infrastructure
Human resource for health
Laboratory Strengthening

Procurement and logistics
Supervision & mentoring
Synergies with health sector
<b>Impact Mitigation</b>
Awareness campaign on rights of PLHIV and gender equity
Child participatory approach
Cooperatives are established, operational and functional
Education Support
Empowerment of PLHIV on their rights
Gender programmes
Health Services for OVC
HIV Policy Advocacy
Income Support for PLHIV
Innovative and inclusive approaches to access to finance and resources
Law reform and enforcement
Management and coordination OVC program
Nutrition Support for OVC
Orphans and Vulnerable Children Support
Promote good nutritional practices
Psychosocial Support for OVC
Shelter support
Social economic Support for PLHIV
Social protection
Social Protection for OVC
Socio Economic Support for OVC
Special social economical empowerment to young people living with HIV

Start up Kit
Stigma reduction
Workplace
<b>M&amp;E</b>
Advocacy, communication and culture for HIV M&E
Data dissemination and use
HIV Evaluation and Research Agenda
Human Capacity for HIV M&E
National and sub-national HIV databases
National, Multi-sectoral HIV M&E Plan
Organizational Structures for HIV M&E Systems
Partnerships to plan, coordinate, and manage the HIV M&E system
Routine HIV programme monitoring
Strategic Information for HIV
Supportive supervision and data auditing
Surveys and Surveillance
<b>Prevention</b>
Blood safety
Community mobilization
Condom Distribution
Condom procurement
EMTCT surveillance
Family planning integrated HIV services
GBV
HIV counseling and testing
IEC for HIV
Male Circumcision

Management of STI general population
Non ARV's related component of PMTCT
PMTCT services
Post Expose Prophylaxis
Pre-exposure prophylaxis for serodiscordant couples
Prevention services for other key populations
Programmes for children and adolescents
Programmes for men who have sex with men
Programmes for sex workers and their clients
Universal precautions
Vaccination
<b>Medical Procurement and Production</b>
<b>Medical Procurement</b>
Adequate storage and efficient inventory management
Ensure availability of Pharmaceutical products
Ensure Continuity of supply chain services
Ensure good management
Implement Health care technology management programs
Improve Stakeholders Relationship and information share
Staff remuneration and functioning support services <sup>4</sup>
<b>Medical Production</b>
Conduct Research on Haemodialysis solution in MPD
Equipment readiness to produce according to GMP
GLP training of staff
Produce Infusions

Quality control of production and validation of selected MPDD imports

Reduced blood transmitted infections markers

**Annex 6: Funding Sources**

<b>Funding Source</b>	<b>Funder type</b>	<b>FY 2014/15</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>
Abt Associates	International NGO			19 135 320
Access Project	International NGO	299 339 089	8 388 300	
ADRA	International NGO		407 764 550	
AHA	International NGO		65 645 242	
AIDS healthcare foundation	International NGO	778 921 097	1 068 434 928	1 577 372 637
American Red Cross	International NGO	91 431 001		
AVSI	International NGO	457 861 998	422 608 769	339 069 461
BANK OF AMERICA FOUNDATION	International NGO			24 403 196
Belgian Government	Bilateral Agencies	9 736 437 454	11 519 754 102	1 832 863 680
Better Together	International NGO	220 911 842		65 633 179
Better world Rwanda	International NGO	111 797 062	142 634 333	74 193 106
Bill and Melinda Gates Foundation	International NGO	459 649 778	192 647 009	278 041 244
Bixby Center	International NGO			144 256 184
Bloomberg	International NGO			85 581 796
Breast Cancer Initiative East Africa (BCIEA) Inc.	International NGO	14 262 982	26 643 854	23 449 621
Brothers of charity	International NGO	220 478 903	207 953 620	162 235 137
Canada	Bilateral Agency	16 985 486		713 934 646
CARIS FOUNDATION	International NGO			12 824 750
Catholic Relief Service	International NGO	18 264 117	74 788 583	34 090 738
CBM	International NGO	604 679 437	480 450 474	1 729 631 482
CHEMONICS / Rwanda Family Health Project	International NGO	651 290 006		
Columbia University	International NGO	271 862 640	494 370 377	
Compassion International	International NGO	681 723 528	4 780 098 600	3 891 243 576
Concern Worldwide	International NGO	14 247 512		1 230 000
Cure International	International NGO	83 123 831	83 597 017	132 892 082
Damian Foundation	International NGO	87 532 596	72 271 485	70 056 668

Danish Red Cross	International NGO	155 208 328	115 960 774
Domestic Resources	Domestic Resources	168 125 306 542	296 391 831 135 278 991 228 592
Drew Cares International	International NGO	22 886 376	
Duke University	International NGO	-	
EGPAF	International NGO	375 766 574	380 741 746
ELMA	International NGO	461 299 272	281 741 187 116 489 538
Emory University	International NGO	497 368 015	1 076 424 311 521 298 027
European Developing Countries Trial Partnership	Multilateral Agencies	93 607 848	102 245 312 189 249 885
European Union	Multilateral Agency	112 821 173	
fADA	International NGO	73 565 088	99 942 336 112 469 440
FHI 360	International NGO	45 000	
FK Norway	International NGO		218 601 180
France	Bilateral Agencies		51 083 127
Gardens for Health International	International NGO	308 598 527	243 558 378 227 151 859
GAVI ALLIANCE	Multilateral Agencies	3 224 141 023	1 638 797 803 1 669 839 663
Germany Government	Bilateral Agencies	42 698 619	52 150 185
Global Fund	Multilateral Agencies	126 371 764 235	73 872 466 681 84 339 628 995
Health Builders Rwanda	Local NGO		504 258 722
Health Development Performance	International NGO	198 549 085	
Hewlett Packard	International NGO	247 588 492	
IHANGANE Project	Local NGO	100 409 820	81 348 432 73 265 405
Imbuto Foundation	Local NGO	20 113 964	
Institute for Reproductive Health	International NGO	469 436 561	332 642 690
International Development Research Center (IDRC-CANADA)	International NGO		392 890 643 81 558 890
International Federation of Red Cross and Red Croissant	International NGO	10 696 153	
International Rescue Committee	International NGO	5 520 000	

Irland Government	Bilateral Agency	280 343 857	
Japanese Government	Bilateral Agency	50 833 276	
JHPIEGO	International NGO	223 698 965	
Keep a Child Alive	International NGO	29 992 725	
Light for the World	International NGO	144 995 345	166 105 682
Mairie Leioa	Bilateral Agency	4 751 150	
Mairie Zuia	Bilateral Agency	4 137 814	
Marigerit fondation funds	NGOs	9 245 059	13 840 000
MATRES MUNDI	International NGO	3 198 813	
Medicus Mundi	International NGO	123 667 514	180 878 467 362 750 894
Millennium Villages Project	International NGO	229 767 149	168 886 542
MOPACUR	International NGO	16 932 880	7 520 791
MSV	International NGO		10 596 580
Netherlands Government	Bilateral Agencies	2 637 550 782	1 516 117 519 39 943 389
New Zealand AIDS	Bilateral Agencies	174 573 660	440 894 049 354 634 521
Norwegian Red Cross	International NGO	35 607 582	
One Family Health - CFW	International NGO		593 401 225 761 977 500
ONE SIGHT	International NGO		3 248 200 2 173 273 052
One UN	Multilateral Agencies	200 112 716	15 926 000 1 040 853
OneDollarGlasses	International NGO	44 628 487	35 500 000
PACKARD Foundation	International NGO	119 424 413	158 596 038 155 301 655
Partners in Health (PIH)	International NGO	7 623 360 832	8 309 879 482 11 042 000 192
ROBERTSON FOUNDATION	International NGO		19 886 490
Rockefeller Foundation	International NGO	147 638 081	72 378 224
SANFORD HEALTH	International NGO		239 307 229
Save the Children International Rwanda	International NGO		456 639 167
Segal Family Foundation	International NGO		32 253 234 80 953 205
Spanish Red Cross	International NGO	72 381 482	

Stanford University	International NGO	81 291 863	
STARKEY HEARING FOUNDATION	International NGO	12 182 172	62 751 211
SUN (Scale Up Nutrition Movement)	International NGO	89 450 936	
Swedish International Development Agency	Bilateral Agencies	88 750 564	135 396 472
Swiss Development Cooperation	Bilateral Agencies	1 324 421 677	1 428 620 246
Team Heart, Inc	International NGO		279 210 800
The Fred Hollows Foundation	International NGO	427 535 298	427 293 988
UNAIDS	Multilateral Agencies	106 963 413	622 196 025
UNFPA	Multilateral Agencies	2 287 003 072	1 860 997 477
UNHCR	Multilateral Agencies	1 463 245 311	2 235 658 903
UNICEF	Multilateral Agencies	6 759 766 080	6 514 368 126
United Kingdom (UK)	Bilateral Agencies	4 191 395 974	4 971 309 863
University of Liverpool	International NGO	104 198 872	92 751 360
UNWOMEN	Multilateral Agencies	539 835 179	108 301 294
US Government	Bilateral Agencies	91 453 322 434	91 763 576 836
Vision for a Nation Foundation	International NGO	424 962 447	412 735 211
WaterAid	International NGO	46 757 780	116 086 962
We Actx USA	International NGO	407 537 880	514 360 044
Wellcome Trust Fund	International NGO		81 880 000
WFP	Multilateral Agencies	20 912 674	103 357 626
WHO	Multilateral Agencies	920 150 259	1 127 987 677
World Bank	Multilateral Agencies	1 201 238 013	1 301 874 646
World Relief	International NGO	132 402 622	762 000
World Vision	International NGO	939 472 984	268 088 665
<b>Total general</b>		<b>439 622 379 681</b>	<b>521 661 591 749</b>
			<b>512 261 843 042</b>

**Annex 7: MTEF Sub program**

<b>MTEF sub program</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Administrative and support services		138 657 753	
Blood transfusion	96 761 333	1 520 153 773	363 463 031
Business strategy	278 395 747	5 717 833	3 590 724
Clinical and operational research	150 377 637	215 908 913	279 900 360
Community Health	7 958 531 753	3 901 077 231	4 148 450 785
Corporate services	30 323 410 454	121 005 285 630	67 187 572 497
Disease Control	6 378 284 676	9 014 325 369	15 392 225 268
District Hospital mentoring and supervision	1 056 734 841	244 361 088	54 651 000
Epidemic Infections, Diseases	649 836 954	903 255 130	985 835 690
Family planning and reproductive health	9 254 618 620	8 521 123 717	9 809 470 251
Health Communication	808 769 105	476 047 619	258 140 725
Health Information and Technologies	1 627 234 082	821 934 061	958 921 297
Health infrastructure equipment and transport	15 553 177 088	11 718 600 166	15 138 385 855
Health Infrastructure, equipment and goods	12 187 983 442	209 985 660	9 673 974 965
Health profession Regulation	965 705 868	2 970 319 255	645 556 688
Health professional development	24 516 441 945	12 534 328 579	18 252 747 334
Health research Regulation	6 196 287	424 209 850	524 038 614
Health Sector Planning, Monitoring and Evaluation	1 099 251 958	3 628 578 701	3 175 378 363
Health service policy development and regulation	1 735 243 746	1 631 464 423	1 612 740 330
Health service subsidisation	7 471 871 506	21 035 103 097	3 646 092 296
Health staff management	48 349 958 184	198 062 536	36 633 601 245
HIV/AIDS, STIs and Other Blood Borne Diseases	141 200 920 256	79 484 857 670	107 828 024 824
Hygiene and environmental health	2 504 290 587	749 027 245	2 328 072 552
Indirect Cost		2 507 491 917	
insurance system organisation	1 189 972 708	77 937 007 607	85 232 798 319
Lab diagnostic quality assurance	2 556 613 522	2 403 737 541	1 469 460 883

Malaria and Other Parasitic Diseases	23 773 799 341	18 040 345 453	11 123 229 959
Maternal and child health improvement	6 586 040 880	9 783 513 738	9 038 334 509
Medical infrastructure and Equipment maintenance	1 176 134 098	6 700 532 464	924 505 686
Medical procurement and distribution	10 248 094 957	39 510 585 641	18 092 720 037
Medical Research	1 332 361 127	1 580 231 745	4 333 420 750
Mental Health	428 701 627	728 410 118	540 062 287
Non-Communicable Diseases	3 446 875 316	3 053 886 781	7 781 655 854
Nutrition	7 260 990 187	9 149 354 790	15 514 432 157
Partnerships coordination and mobilisation	217 470 833	467 278 007	887 667 540
Performance-based financing	7 818 482 441	6 633 247 570	8 248 192 237
Planning and M&E	630 587 934	856 798 866	619 128 554
Specialised service delivery	38 417 407 738	47 560 438 119	44 769 745 027
TB and Other Respiratory Communicable Diseases	7 752 332 083	2 551 214 055	1 680 400 568
Teaching and Training	469 730 083	333 316 972	140 841 402
Vaccine Preventable Diseases	4 672 788 736	2 191 815 069	2 964 412 579
<b>Total general</b>	<b>432 152 379 681</b>	<b>513 341 591 749</b>	<b>512 261 843 042</b>