COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment*, Dar-es-Salaam, Tanzania, February 13-15, 2012

RWANDA

Policy Context	Situation Analysis
Global strategy on women and children/ commitment	Rwanda commits to increasing heath sector spending from 10.9% to 15% by 2012; reducing maternal mortality from 750 per 100,000 live births to 268 per 100,000 live births by 2015 and to halve neonatal mortality among women who deliver in a health facility by training five times more midwives (increasing the ratio from 1/100,000 to 1/20,000). Rwanda will reduce the proportion of children with chronic malnutrition (stunting) from 45% to 24.5% through promoting good nutrition practices, and will increase the proportion of health facilities with electricity and water to 100%.
National Health policy/National Health Plan/Strategies	The most influential International commitments providing direction to the HSSP-II are the MDGs, the African Health Strategy 2007-2015, the Paris Declaration, Accra Accord and Abuja Declaration. The strategic objectives of the Rwandan health sector include all components, services and programs related to: 1. maternal and child health, family planning, reproductive health and nutrition; 2. prevention of diseases and promotion of health; and 3. treatment and control of diseases. Although the different interventions of MCH/FP/RH/Nutrition can be classified as prevention or treatment programs, they have been separated into their own objective to illustrate their critical importance to the health sector for the next three years. A special focus is placed on these areas as they contain many of the indicators related to MDGs and GoR priority areas and much effort is needed to ensure these targets are met.
M&E platform	The main sources of data for monitoring, review and evaluation of the sector are: the HMIS, sentinel site surveillance systems, household surveys such as DHS, EICV, SPA, MICS, CWIQ, supervision reports, specially commissioned surveys and studies such as NHA, PETS and Health PER, citizen report cards, and disease program reports. Sector performance reviews will be carried out annually, led by the Ministry of Health, as part of the joint health sector review with internal and external stakeholders. Annual and periodic performance indicators as well as process indictors and MTEF monitoring reports are used as the basis for assessment.

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Country team present at the Tanzania Accountability Workshop, Feb 13-15, 2012

GOVERNMENT

Felix SAYINZOGA
Maternal and Child Health
Ministry of Health
Email: fsayinzoga@yahoo.fr

WHO COUNTRY OFFICE

Mugabo MUJAWAMARIYA
Email: mugabom@rw.afro.who.int

Stella TUYISENGE
Email: tuyisenges@rw.afro.who.int

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

RWANDA

Civil registration & vital statistics systems	Situation Analysis	Possible actions
Assessment Plan Coordinating Mechanism Commitment Hospital reporting Community reporting Vital statistics Local studies	No civil registration and vital statistics (CRVS) assessment has been done, but a law has been passed and small initiatives have been undertaken in some areas. The software to be used is available at the National Institute of Statistics (NISR). There is a comprehensive plan to strengthen the CRVS and the management is under the RNIS (Ministry of Finance). The status of this plan is to be confirmed. An interagency coordinating committee meets regularly and involves all key stakeholders. The committee deals with all data collection, not only CRVS. The government is highly committed to strengthening CRVS and there is a law that requires registration, but the compliance of data reporting is not known. All hospitals are reporting deaths and causes of death, but they are not using ICD. There is good systematic community reporting of birth and maternal and child death only. Verbal autopsy is done for maternal, newborn and child death in 1/3 of the whole country. No data quality checks are currently done . There is an annual statistical book available on the RNIS website which includes information on vital statistics.	1. Conduct civil registration and vital statistics (CRVS) assessment 2. Check if the plan to strengthen CRVS is implemented and costed. Disseminate the plan. 3. Put in place a sub-committee dealing with CRVS 4. To conduct an assessment regarding government commitment 5. Adopt ICD tool 6. Discuss the possibility to cover all deaths and to do verbal autopsies (VA) in the whole country 7. A needs assessment is required including a systematic data quality review 8. Include other indicators in the existing sites for malaria and HIV

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

RWANDA

Monitoring of results	Situation Analysis	Possible actions
National M&E Plan M&E Coordination Health Surveys Facility data (HMIS) Data sharing Analytical capacity Equity MNCH indicators	There is an operational national monitoring and evaluation (M&E) plan, but it needs to be improved. Focus should be placed on how to improve analysis of data and dissemination and communication of information. National M&E coordination exists but it needs to be improved by integrating parallel information systems.	1. Improve dialogue 2. Integrate equity elements 3. Integration of data from survey and study in health management information system (HMIS) 4. Improve capacity building for analyzing data using standardized tools through national training and workshop 5. Creation of a national health observatory to improve access to national and sub-national information for a more informed policy planning process

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

RWANDA

Maternal death surveillance & response	Situation Analysis	Possible actions
Notification Capacity to review and act Hospitals / facilities Quality of care Community reporting & feedback Review of the system	All maternal death in health facilities are notified but in communities it may take more than 24 hours, especially if rapid sms is not used . It was planned to have a national committee, but this was delayed due to the integration of neonatal and child death review. Most health facilities report on time and provide cause of death using ICD. Very few deaths occur in private hospitals and these deaths are not reviewed. Maternal death audit (MDA) evaluation was conducted last year. The report was disseminated to all representatives of hospitals and partners. Rapid sms do not yet cover the whole country. Where there is no rapid sms it may take more than 24 hours to receive notification of maternal death. 8 out 30 districts are implementing verbal autopsies. There are ministerial instructions recommending the discussion and dissemination of information on maternal and child health (MCH) indicators and recommendations coming from maternal, neonatal, and child death review during monthly community work. There is a database at the national level. Each semester, there is a dissemination meeting with district hospitals.	1. Reinforce the notification process at community level 2. Put in place a national surveillance committee for maternal, child and neonatal death 3. Strengthen the reporting system, especially in private hospitals 4. Institutionalize quality of care (QoC) assessment 5. Strengthen reporting system by scaling up the use of rapid sms and verbal autopsy in whole country; reinforce the feedback with community 6. Organize regular meeting focused on maternal death reviews with road map for specific interventions

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

RWANDA

Innovation and eHealth	Situation Analysis	Possible actions
Policy Infrastructure Services Standards Governance Protection	Internet and mobile connectivity is available and reports are sent through them, but the coverage is not uniform for the whole country. Reports sent are related to maternal and child health. Information systems coverage is good and covers nearly the whole country. There are m-ubuzima (monthly report by community health workers (CHW)) and health facilities reports which are both sent by e-mail. There is a plan to have one system to collect all data. An active coordination mechanism in place, with MOH leadership and stakeholder engagement. There is no data protection legislation and regulatory frameworks.	1. Include other indicators 2. Improve monitoring and evaluation . Include civil society (consumer association) 3. Develop the policy, legislation, and regulatory framework on data protection
Monitoring of resources	**Situation Analysis**	**Possible actions**
National health accounts Compact and coordination Production capacities Data use	National health accounts (NHA) framework is present and built upon international guidelines, but it is not institutionalized. There is a national expenditure tracking tool (across government and partners). Health account specific indicators, including expenditure on reproductive, maternal, neonatal, and child health (RMNCH), are not produced every year . Many relevant partners are involved in the production of key financial indicators. Sector-wide Approach (SWAp), mutual accountability and the ministry of finance and economic planning (MINECOFIN) generate the report. MINECOFIN coordinates the production process and data use and dissemination. The MOH has a new unit (health financing unit) and the staff need to be trained. The NHA database is accessible, but not produced annually. RMNCH budgets are based on the NHA.	1. Assessment for the new health financing unit 2. Insure systematic use of NHA for any planning

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RWANDA

Accountability processes	Situation Analysis	Possible actions
Annual reviews Synthesis informs reviews From review to planning Compacts or equivalent	The MOH insures good coordination and leadership. Partners are aligned with national priorities, but some earmarked funding remains (instead of sector budget support). There is a need for improved participation of the private sector and civil society. Validation, disaggregation, and coverage of data needs improvement.	1. Strengthen the coordination of parliamentary activities and improve communication 2. Extend parliamentary activities to child health and better involve civil society and private sector 3. Improve the dissemination system and quality analysis 4. Strengthen media involvement 5. Conduct regularly a national countdown event and improve the quality of the report

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Advocacy & outreach	Situation Analysis	Possible actions
Parliament active in RMNCH Active RMNCH civil society RMNCH progress report/review Media role National Countdown meeting	There is a forum of parliamentarian women, network for parliamentarian for population and development, and the social commission who are in charge of RMNCH. During community work, there are discussions about MCH indicators. The WRA is led by the president of women parliamentarian association and meet regularly but they advocate only on maternal health. There is an annual statistical booklet and it is available at the MOH website. The review is done every year. Media are not actively engaged in the accountability process. A countdown event is held, but not regularly and quality need to be improved.	1. Strengthen the coordination of parliamentary activities and improve communication 2. Extend parliamentary activities to child health and better involve civil society and private sector 3. Improve the dissemination system and quality analysis 4. Strengthen media involvement 5. Conduct regularly a national countdown event and improve the quality of the report

KEY:
- Needs to be developed/done
- Needs a lot of strengthening
- Needs some strengthening
- Already present/no action neede

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