

# Republic of Rwanda



## Ministry of Health

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## Annual Report 2005

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## 2. Abbreviations

ACAME	: Association des Centrales d'Achats Africaines des Médicaments Essentiels
ACM	: Atelier Central de Maintenance
ACTs	: Artemisinin Combination Therapy
AIDS	: Acquired Immuno Deficiency Syndrome
ARV	: Anti Retroviral
CHU	: Centre Hospitalo-Universitaire
CHUB	: Centre Hospitalo-Universitaire de Butare
CDC	: Centre for Disease Control
CDT	: Centre for Diagnosis and Treatment
CNTS	: Centre National de Transfusion Sanguine
CPR	: Contraceptive Prevalence Rate
CTB	: Coopération Technique Belge
DH	: District Hospital
DHS+	: Demograph and Health Survey with HIV Testing
DRC	: Democratic Republic of Congo
DOTS	: Direct Observed Treatment Scheme
ECSA-HC	: Eastern, Central and Southern African- Health Community
EPI	: Enlarged Programme for Immunisation
FED	: Fonds Européen de Développement
FP	: Family Planning
FSP	: Financial Sustainability Plan
GAVI	: Global Alliance for Vaccines and Immunization
GoR	: Gouvernement of Rwanda
GTZ	: Coopération Technique Allemande
HAMS	: Hygiène et Assainissement en Milieu Scolaire
HECA	: Healthy Environment for Children Alliance
HIV	: Human ImmunoDeficiency Virus
HSSP	: Health Sector Strategic Plan
ICT	: Information Communication Technology
IEC	: Information, Education et Communication
IMCI	: Integrated Management for Child Illnesses
IOs	: Infections Opportunistes
IOV	: Indicateurs Objectivement Vérifiables
ITN	: Impregnated Treated Net
IPT	: Intermittent Prevention Treatment
MAP	: Multi AIDS Project
MBB	: Marginal Budgeting for Bottlenecks
MDGs	: Millennium Development Goals
MIS	: Management Information System
MoH	: Ministry of Health
MSF	: Médecins sans Frontières
MTEF	: Medium Term Expenditure Framework
NEPAD	: New Partnership for African Development
NICI	: National Information and Communication Implementation Plan
NRL	: National Reference Laboratory

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PBC	: Performance Based Contracting
PEPFAR	: President Emergency Plan for AIDS Relief
PEV	: Programme Elargi de Vaccination
PHAST	: Participatory Hygiene and Sanitation Transformation
PMTCT	: Programme de la Transmission Verticale du VIH de la Mère à l'Enfant
PNBC	: Programme Nutritionnel à Base Communautaire
PNILP	: Programme National Intégré de Lutte contre le Paludisme
PNILT	: Programme National Intégré de lutte contre la lèpre et la Tuberculose
PSI	: Population Services International
RCHC	: Rwanda Centre for Health Communications
RED	: Reach Every District
RITA	: Rwanda Information and Technology Authority
TB	: Tuberculosis
TB-MR	: Tuberculosis Multi Resistance
TRAC	: Treatment and research AIDS Centre
UNFPA	: United Nations Funds for Family and Population
UEPM	: Unité d'Epidémiologie et Prévention des Maladies
UNICEF	: United Nations Children's Fund
URPGRI	: Unité de Relations Publiques et Gestion des Ressources Internes
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counselling and Testing
WHO	: World Health Organization

### **3. Executive Summary**

The Annual Report of the Ministry of Health details the progress of the units of the Ministry and its affiliated programmes and institutions. For each one, an executive summary is given, key successes and challenges are identified, areas for improvement for 2006 named, and key partners named.

To align reporting with the structures and goals of the Health Sector Strategic Plan, all activities named in the HSSP are being reported on in detail in the annexed Progress matrix for 2005. Contained in this matrix are all activities structured by objective and output, and if applicable, sub programme. Furthermore, responsibilities for these actions are identified at the unit or programme level, and their progress in terms of objectively verifiable indicators is being reported on.

This matrix will also serve to map out the activities for the health sector over the next three years, to help the sector close the gap between the activities and actions identified in the HSSP and annual work plans. A second function will be to aid the yearly development of an MTEF, and its monitoring through the Ministry of Finance and Economic Planning.

## 4. Introduction

This past year has been one of great developments and changes for the Ministry of Health and the health sector in general, laying the ground for institutional- and policy reform. Major progress has been made in three key areas: the development and reform of the policy framework, the initiation of key policy initiatives and the improvement of coordination of actors in the sector.

### *Development and Reform of the Policy Framework*

In February of this year, the Government of Rwanda adopted the Health Sector Policy and the Health Sector Strategic 2005 – 2009. This new framework puts the sector on a strong footing to reach the long term development goals of the country in area of health, as laid out in the NEPAD agreement and the Millennium Development Goals. Its clear structure of objectives and the logical framework for implementation create clear targets and responsibilities for implementation.

The second important development has been the process of decentralisation in the country: increasingly, the newly formed districts will assume responsibility for planning and implementing activities, whilst the unit of service delivery will be at the sector level. This changed structure demands an adaptation of approach, with the central level increasingly shifting towards planning, guidance, monitoring, evaluation and regulation activities and decreasing its activities in the domain of service provision and implementation.

### *Key Policy Initiatives*

Three important policy initiatives have been mainstreamed this year and will change the functioning of the health sector significantly: firstly, Mutuelles de Santé, or community based health insurance, will be rolled out to the entire country, with the aim of achieving complete coverage of the population by the end of 2007. This will greatly reduce financial access barriers to health services that have previously kept the population from seeking treatment.

To ensure that the demand created through Mutuelles is met with quality services, Performance Based Contracting at the health centre level will be rolled out in further districts, and this approach will also be extended to community based services and district hospitals.

Lastly, but importantly, a revised family planning strategy has been developed and adopted, which will aid the country address the pressing problems of maternal- and child mortality and provide much needed access to modern methods family planning, fulfilling an unmet demand.

### *Improvement of Coordination of Actors*

The existence of the Health Sector Strategic Plan and Policy call for an improved method of cooperation and coordination between the Government of Rwanda and its partners in the health sector. The Health Sector Cluster Group has been re-launched and invigorated, creating a strong and stable platform for coordination and joint technical work in the seven working groups that have been formed.

Furthermore, a mapping exercise has been implemented for the sector, which will help orient joint planning between the government and its partners in 2006, to lead the sector further towards the goal of a Sector Wide Approach in health.

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### *Vision for 2006*

As 2005 has been a year of reorientation and launching of new approaches in the sector, 2006 will be a year of consolidation and implementation. In the field of policy framework, the priority will be translating the strategic plan into operational plans for the Ministry and districts, and to assist the districts in their new, evolved role.

The Key Policy Initiatives will need strong efforts from the Government and its partners to be successful, so Mutuelles, Performance Based Contracting and Family Planning will receive increased attention and the necessary inputs from Government and its partners to be successful.

Lastly, and very importantly, the Ministry will encourage its partners to align their plans and activities with priorities and actions identified in the Strategic Plan, and to harmonise their planning, implementation and reporting framework with that of the Government, with view to achieving a Sector Wide Approach.

Kigali, November 2005

Dr. Jean Damascène NTAWUKULIRYAYO  
Minister of Health  
Republic of Rwanda

## 5. Unit Progress Reports

### 5.1. Unit of Planning and Research

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

#### 5.1.1. Executive Summary of Unit's Progress for 2005

The major breakthrough for 2005 was the approval and dissemination of the Health Sector Strategic Plan, which forms the basis for rational policy and improved implementation of activities in the sector. It is linked to international strategies like the NEPAD and the MDGs and should, over the course of 2006, be established as the overarching framework for planning for central government, districts and development partners. The planning activities of districts are being supported by the dissemination of the strategy.

In this new planning environment, the key challenge remains the link between high level policy and strategy and annual work plans at the unit levels, which should be aligned with the sector's strategy.

A further key development was the invigoration of activities of the Health Sector Cluster Group, which has taken key steps to harmonising and aligning partners with the Ministry's strategy and plays an important role in technical work in areas like Performance Based Contracting and Mutuelles.

Steps will need to be taken to improve further the harmonisation and alignment activities in the sector, especially with the large share of project oriented development partners active in the field.

Progress of the unit was challenged by the fluctuation of staff and general lack of planning personnel. Resources are needed in the area of strategic planning, coordination and monitoring to assure the success of the HSSP.

#### 5.1.2. Key Successes in 2005

- Strategic Plan and Policy completed and approved
- Dissemination of Strategy and Policy towards districts
- Advancement of Sector Wide Approach through Health Cluster and Working Groups
- Mapping of interventions by partners for improved coordination and alignment
- Strong progress in construction activities: 3 health centres and 2 hospitals completed

#### 5.1.3. Key Challenges in 2005

- Personnel fluctuation and lack of planning staff
- Development and implementation of management and monitoring tools for the entire Ministry
- Human resource strategic plan not yet completed
- Institutionalisation and decentralisation of MBB remains incomplete
- SIS not yet integrated with other systems and not yet extended to CHUs



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### **5.1.4. Key Areas for Improvement for 2006**

- Improved coordination and alignment of partners through harmonised planning along HSSP
- Improved flow of health information
- Management and decision making in the health sector is done on the basis of indicators and data and follows a strategic framework

### **5.1.5. Main External Partners and Links of Planning and Research Unit**

1. *Health Sector Cluster Group and Technical Working Groups*: Coordination and harmonisation of activities; joint technical work
2. *World Bank*. Development of PBC, results oriented MTEF through MBB, key studies and general budget support
3. *Lux Development Project*: from the bilateral cooperation from Luxembourg for their Technical and financial support
4. *WHO (via Taskforce on Macroeconomics and Health and Biannual Plan)*: dissemination of policy and strategy and execution of macro and health taskforce activities
5. *USAID*. National Health Accounts, decentralisation assistance (Twubakane) and financing of HMIS assessment
6. *European Union (via BTC)*: Support to SIS, leadership of health cluster and technical working groups; support of PBC unit
7. *GTZ*: Key contributor to coordination and planning of mutuelle system

## **5.2. Unit of Pharmacy**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.2.1. Executive Summary of Pharmacy unit's Progress for 2005**

During 2005, legislation and regulation of the pharmaceutical sector have been reinforced. This has been reflected in five Ministerial decrees that were adopted and published over the course of the year, and that are starting to be implemented. Other important decrees, such as the one regarding the creation, organization and functioning of the Council of Pharmacists and the one regarding the registration of drugs, have been authored and are scheduled for adoption before the end of the year.

The system of inspections has been reinforced by an increase in the number of pharmacy inspectors. The list of essential drugs has been revised and key components for its implementation, such as the national drug formula and treatment standards are being finalized.

The import report regarding internationally controlled narcotics and psychotropic substances has been submitted to the international narcotics control board on time.

### **5.2.2. Key Successes in 2005**

- Five decrees for regulation of pharmaceutical sector approved and disseminated
- National Essential drugs list updated
- Development and implementation of management and monitoring tools for antiretroviral
- The paper of National Pharmaceutical Policy elaborated

### **5.2.3. Key Challenges in 2005**

- The majority of pharmacy personnel are new
- Pharmacy strategic plan not yet completed
- National Drug Authority not yet autonomous

### **5.2.4. Key Areas for Improvement 2006**

- Pharmaceutical and therapeutic committees operational
- An autonomous National Drug Authority setting up
- Registration of drugs operational
- Pharmaceutical inspection strengthened
- The tools for rational drugs use in place.

### **5.2.5. Main Partners and Links of Pharmacy Unit**

*External Partners and Links:*

- *World Health Organisation:* implementation of pharmaceutical policy
- *Management Sciences for Health/RPM Plus:* supports the Unit to train pharmacy workers and to develop tools for good pharmaceutical management.

### **5.3. Unit of Public Relations and Internal Affairs**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

#### **5.3.1. Executive Summary of Unit's Progress for 2005**

The year 2005 has been marked by a real decentralisation of health personnel at provincial level excluding management of incentives attributed to health personnel working in remote areas.

According to the staffing activity, the year 2005 is exceptional. i.e. the total number of new comers as health professionals [nurses A1 and A1 paramedics] is 132 while the number of new physicians is 163 including foreign staff coming from the DRC (8), Nigeria (5) and Cuba (17). Qualified nurses from Cuba are 8 while those from Nigeria are 15. The total medical staff is 298 physicians working at public facilities and a number 30 physicians working at private sector. The population ratio physician per population is 1/26500 inhabitants and that of nurses is 1/3400 inhabitants (2200 nurses in public facilities and 300 nurses in the private sector).

#### **5.3.2. Key Successes in 2005**

- Dissemination of budgeting procedures at district level
- Training of high top staff in management
- Budget allocation to health facilities' accounts
- Decentralisation of qualified staff at rural areas
- Regular budget execution at all levels
- Zero balance approach
- Status of different boards (Nursing, Physicians...)

#### **5.3.3. Key Challenges in 2005**

- Human resource capacities at district level
- Networking between districts and the central level
- Retardation of incentives for all professionals

#### **5.3.4. Key Areas for Improvement 2006**

- Accountability from different programmes
- Justification on time at all levels
- Updated the accountancy system

#### **5.3.5. Main External Partners and Links of URPGRI Unit**

- WHO for training and recycling of health personnel and CTB for institutional support

## **5.4. Unit of Epidemiology and disease control**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.4.1. Executive Summary of UEPM's Progress for 2005**

During the year 2005, the unit has launched hand washing facilities. We have also promoted hygiene in primary schools and in public establishments. Through the EPI, we have been able to maintain the immunization coverage above 80%. We have also supported community initiatives materially and in capacity building. We have also put an emphasis on PHAST, HAMS and we are preparing PHAST training tools adapted to school perspective. We have also received a go ahead from the PM to work on HECA project in Gatare District, Cyangugu province.

### **5.4.2. Key Successes in 2005**

- GAVI found decentralised at district level
- Implication of the Honourable Minister of Health in Public Hygiene and food hygiene promotion
- WHO emphasised on environmental health services

### **5.4.3. Key Challenges in 2005**

- Health environmental policy and strategy not yet adopted
- To increase budget for purchasing the Pentavalent vaccines
- Personal and community hygiene protocol not yet elaborated
- IEC/BCC programme en public hygiene and sanitation not yet adopted
- Legal framework on environmental health not yet updated

### **5.4.4. Key Areas for Improvement 2006**

- PEV as an autonomous facility
- Food hygiene: Training of food handlers
- Strengthening Food hygiene in food establishments
- Water quality analysis and management
- Promoting proper hand washing
- Improve participatory approaches in regard to hygiene promotion in schools and communities

### **5.4.5. Main External Partners and Links of UEPM Unit**

- GAVI for vaccines (Pentavalent), UNICEF for purchasing vaccines and maintain the cold chain, WHO for PHAST and capacity building, CUBA for Technical Assistance, ROTARY Club for vaccines and cold chain equipment and USAID for Technical Assistance

## **5.5. Unit of Maternal and Child Health**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.5.1. Executive Summary of Unit's Progress for 2005**

This unit was created during the year 2005 to respond to the big issues in the health sector. Indeed, Rwanda is facing two health sector issues i.e. The under five mortality rate (196/1000 live births), Infant mortality rate was estimated at 107/1 000 live births and maternal mortality ratio of 1071/100 000 live births and finally, the CPR was estimated at 4.2% according to the DHS 2000.

But, according to the DHS+ preliminary reports, it seems that those figures are changing drastically, meaning that the infant mortality rate is around 86/1000 live births whilst the under five mortality rate is around 152/1 000 live births. The maternal mortality ratio is estimated to be 846/100 000 live births. In order to achieve the MDGs, the Ministry of Health has decided to put in place such unit. The CPR is estimated at 10%.

In this year 2005 also, the MoH has developed a nutrition policy and strategic plan to be adopted soon. However, the Family Planning policy and strategic plan have already sent to the PM office waiting for submission to the Cabinet.

### **5.5.2. Key Successes in 2005**

- Putting in place the MCH unit
- Development of different policies and strategies : Nutrition and Family Planning
- Nutritional programmes at community level e.g. Muhororo health district, Kabaya, Gakoma and Nyanza health districts.
- Launching of IMCI strategy

### **5.5.3. Key Challenges in 2005**

- Extend the training of health personnel at district level in Emergency obstetric care and neonatal care
- Modules of training are not completed to enable the MoH train decentralised levels in sexual violence, reproductive health of adolescents ( prevention and care of victims)
- Not enough resources for IMCI implementation

**5.5.4. Key Areas for Improvement in 2006**

- Sexual violence management
- Reproductive health for adolescent
- Nutrition policy and strategy implementation
- IMCI management at health facilities and at community level

**5.5.5. Main External Partners and Links of MCH unit**

- UNFPA for FP modern method and motherhood management
- UNICEF for Immunization and PNBC ( Nutritional Programme at community level)
- USAID for FP policy and strategy and its implementation, procurement of FP materials
- GTZ for policy and strategy development, research and for contraceptives security
- WHO for international conferences and workshops, motherhood management and nutrition programmes
- PSI for policy and strategy development

## **5.6. Unit of Health care**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.6.1. Executive Summary of Health care unit's progress 2005**

The Health care unit has developed a price policy of health care services. Furthermore, the eye mobile clinic was launched and implemented hoping to reach 2500 cataract operations by the end of December 05. Much more, during the year 2005, the unit was able to integrate HIV services in the health system. Trauma prevention in all health facilities and in secondary and high schools highlighted the year 2005. Rwanda is one of the first countries to regulate tobacco control. During the year 2005, the mutuelles coverage is estimated at 150% according to the expected results for the year i.e. the estimated coverage was around 30% but we have reached 45% in October 05.

### **5.6.2. Key Successes in 2005**

- Cells in place to support mutuelles and contractual approach
- Full commitment of all senior staff
- Commitment of our partners such as World Bank, CTB, USG, WHO
- Strong support from the GoR : sensitization for mutuelles and legal framework

### **5.6.3. Key Challenges in 2005**

- Extend the training of health personnel at district level in mutuelles management
- Scarce human resources in remote areas
- Low ordinary budget for health facilities at decentralised level

### **5.6.4. Key Areas for Improvement in 2006**

- Reinforcement of Mutuelles and contractual approaches
- Strengthening integration of HIV\AID in the whole health system
- Cataract surgery reinforced
- Regulation of prices for the health services

### **5.6.5. Main External Partners and Links of H C unit**

- World Bank support to Mutuelles and contractual approach
- CTB support to contractual approach and mental health
- USG support to integration of HIV into services
- WHO for tobacco control
- Strong support from the GoR : sensitization for mutuelles
- CBM for Mobile clinic and handicap survey

## **5.7. Unit of Nursing and Midwifery**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.7.1. Executive Summary of Unit's Progress for 2005**

The year 2005 has been marked by a real decentralisation of health personnel at provincial level and district level. According to the staffing activity of nurses and midwives, the year 2005 is exceptional. i.e. the total number of new comers as health professionals [ nurses A1 and A1 paramedics] is 132. Qualified nurses from Cuba are 8 while those from Nigeria are 15. The nurse ratio to population is 1/3400 inhabitants (2200 nurses in public facilities and 300 nurses in the private sector). The number of nursing schools has been reduced to six due to poor performance.

### **5.7.2. Key Successes in 2005**

- Putting in place the Nursing and Midwifery unit
- Inventory of all nurses and midwives
- The drafts of the nurses and midwives law was accepted by the Cabinet
- Reduction of nursing schools for better quality of outputs
- Training curriculum for training teachers for nursing schools was developed

### **5.7.3. Key Challenges in 2005**

- Limited human resources at central level
- Modules of in- services training are not completed
- Limited resources in the five nursing schools
- Development of human resource policy not yet adopted

### **5.7.4. Key Areas for Improvement in 2006**

- Nursing schools management and equipment
- Curricula updated at all levels of education
- Training curricula updated
- Commencing preparations of training midwives in the five nursing schools

### **5.7.5. Main External Partners and Links of Nursing and Midwifery**

- CTB/APEFE support to improve the nursing and midwifery schools, TA
- WHO : Laws, in-services training, international conferences, TA
- USAID/Intrahealth: Modules, in-service training, computers, TA.



## **5.8. Unit of ICT**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **5.8.1. Executive Summary of ICT Unit's Progress for 2005**

Main units are connected to internet. The staff is completed and highly motivated and committed. The website is functioning adequately and all districts hospitals were visited just to assess their needs in ICT tools. We are Putting emphasis on wireless network infrastructure which will be completed by the end of this year.

### **5.8.2. Key Successes in 2005**

- Putting in place the ICT unit
- NICI plan II updated
- Highly motivated personnel

### **5.8.3. Key Challenges in 2005**

- Limited human resources at decentralized levels
- Shifting from one place to another where the place we left was already equipped with IT tools and the network was very good.
- New technology among others seeking for new creativity

### **5.8.4. Key Areas for Improvement in 2006**

- Telemedicine centres to be availed with network infrastructure
- Networking with district hospitals
- Implementation of NICI plan II
- Public IP address for the Ministry of Health and electronic medical records
- Expanded wireless network infrastructure
- High capacity to host Ministry of Health's addresses, web server,

### **5.8.5. Main External Partners and Links of ICT**

- Columbia University, for Technical Assistance
- CDC for ICT equipment
- Voxiva for Joint Technical Assistance

## **6. Progress Reports of Programmes and Affiliated Institutions**

### **6.1. National Integrated Leprosy and TB control Programme (PNILT)**

#### **6.1.1. Executive Summary of PNILT's Progress for 2005**

The screening test rate of TB cases has increased considerably from 43% to 55%. The treatment successful rate has increased from 62% to 72%.

The year 2005 was the starting point of HIV screening and testing of TB patients using the collaborative approach with TRAC. Furthermore, because of the Multi drugs resistance phenomenon, we have put in place a centre for managing the cases in Butare province (Kabutare health district hospital).

The community DOTS strategy was launched in three health districts Mibirizi (Cyangugu), Kiziguro (Umutara) and Kibirizi (Butare).

#### **6.1.2. Key Successes in 2005**

- Training TB and leprosy health personnel
- Formative Supervision, monitoring and evaluation
- Treatment successful rate increased from 62% to 72%
- TB-MR cases care management
- The community DOTS strategy
- Updating the technical manual of TB and VIH cases management and other data collection tools such as registers

#### **6.1.3. Key Challenges in 2005**

- Health districts implication in TB cases management is still challenging
- Instability of trained health personnel in TB case management
- Behavioural change for better life

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### **6.1.4. Key Areas for Improvement**

- Extension of the Community DOTS strategy
- Strengthening TB-MR cases management
- Management of referral TB cases from health centres to health centres

### **6.1.5. Main External Partners and Links of PNILT**

- Damian Foundation for anti leprosy drugs and lab materials and equipment
- Global Fund for institutional support and capacity building at all levels
- WHO for policy and strategy development (TB and Leprosy) and assist in international seminars/conferences
- Columbia University for integrating TB VIH into some surveillance sites such as Gisenyi and Kicukiro health centres
- Global Drugs Facility for the first line TB drugs support.

## **6.2. National Integrated Malaria Control Programme (PNILP)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.2.1. Executive Summary of PNILP's Progress for 2005**

During the year 2005, PNILP has developed a new policy and a new strategic plan for seven years. We have also put in place some sub sector plans for IEC, BCC, IPT, home-based management and epidemiological surveillance. Furthermore, PNILP provided assistance to all districts when preparing their operational plans. We carried out four operational researches that allow us to review and revise the treatment schemes. We have also prepared a three-year working plan emphasising on ACTs and ITNs. This project was submitted to Global Fund for financing aspects.

Furthermore, the Malaria Early Warning System was developed and will be endorsed soon. The Long Lasting Nets strategy was introduced and promoted for under five children and pregnant women.

The home-based management strategy was introduced in six districts (Nyanza, Gitwe, Kibirizi, Kirehe, Kibogora and Remera Rukoma).

The IPT (Intermittent Prevention Treatment) strategy was introduced throughout the country. Let's say the Quality Assurance Approach was also introduced in eight districts (Nyanza, Gitwe, Kibirizi, Kibogora, Mibirizi, Mugonero, Muhororo and Gahini.)

### **6.2.2. Key Successes in 2005**

- Implementation of the strategic plan
- Technical and Financial Assistance from CTB, WHO and Global Fund
- Introduction of new strategies: Home-based management of malaria, IPT

### **6.2.3. Key Challenges in 2005**

- ITNs shortage
- Epidemy in Kibungo Province

**6.2.4. Key Areas for Improvement 2006**

- Case management
- Epidemiological surveillance
- Vector control and distribution of ITNs

**6.2.5. Main External Partners and Links of PNILP**

- Belgium Cooperation for Financial and Technical Assistance
- WHO, Global Fund, UNICEF for their Financial and Technical Assistance
- GTZ for Financial Assistance
- USAID for financial Assistance

### **6.3. Treatment and Research AIDS Centre (TRAC)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

#### **6.3.1. Executive Summary of TRAC's Progress for 2005**

The year 2005 was marked by the improvement of monitoring of data collection using TRAC net tools. This tool was endorsed by the cabinet and was recommended to be a model for other institutions. Furthermore the number of patients under ARV drugs was increasing drastically from 8355 in 2004 up to 16000 in 2005. The number of VCT sites increased from 120 in 2004 to 217 in 2005. PMTC sites raised from 105 in 2004 to 250 sites in 2005. According to the preliminary results from DHS+, the HIV prevalence rate is estimated at 3%.

During the year 2005, many activities were carried out related to VCT for released prisoners, private enterprises, universities. TRAC is planning to measure the incidence of VIH among pregnant women by the end of 2005. We have also started to monitor the ARVs resistance phenomenon in Rwanda.

#### **6.3.2. Key Successes in 2005**

- Implementation of the strategic plan
- Technical and Financial Assistance from PEPFAR, World Bank (MAP), Luxembourg, Global Fund and Clinton Foundation
- Introduction of new strategies for data collection: TRAC net
- Implications of top senior managers and Leaders
- Implications of UNICEF for PMTCT support
- WHO for PMTCT support and IOs and VCT/PMTCT support

#### **6.3.3. Key Challenges in 2005**

- No clear nutritional protocol for people under ARVs
- Paediatric AIDS patients care not reinforced
- VCT sites excluding under 18 persons except accompanied by parents
- No monitoring system for ARVs resistance

**6.3.4. Key Areas for Improvement 2006**

- Paediatric Cases management
- Epidemiological surveillance
- Increase VCT and PMTCT sites at decentralized levels
- Operational research

**6.3.5. Main External Partners and Links of TRAC**

- USG for Technical and Financial Assistance
- World Bank (MAP) for Technical and Financial support
- Luxembourg for Technical Assistance
- Global Fund for Financial assistance
- Clinton Foundation for Technical and Financial support
- UNICEF for PMTC support
- WHO for Technical and Financial support

## **6.4. National Transfusion Blood Centre (CNTS)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.4.1. Executive Summary of CNTS' progress 2005**

During the year 2005, CNTS has elaborated its policy and strategic plan for five years. New procurement plan was elaborated and there is no longer a shortage of blood.

The number of blood units collected was interesting according to the estimates expected e.g. in 2004, CNTS collected only 28777 blood units and it is expected to collect more than 36000 blood units.

### **6.4.2. Key Successes in 2005**

- Budget support from CDC
- Good procurement plan
- Budget support from European Union (VIII FED)

### **6.4.3. Key Challenge in 2005**

- Vehicles for blood collection

### **6.4.4. Key Areas for Improvement 2006**

- Blood collection in Kigali City
- Incentives mechanisms for blood collectors
- Safety transport
- Put in place a unit to produce platelet
- Implementation of Blood Transfusion policy
- Quality assurance implementation throughout the country
- Rehabilitation of infrastructures and replacement of equipment

### **6.4.5. Main External Partners and Links of CNTS**

- PEPFAR through CDC for Financial and Technical Assistance
- WHO for Technical Assistance



## **6.5. National Reference Laboratory (NRL)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.5.1. Executive Summary of NRL's Progress for 2005**

During the year 2005, NRL has developed a new policy and a new strategic plan for five years, even though they are not adopted. We have also provided assistance to all districts in training lab technicians. The main activity of the year was to test all samples from DHS+ and make regular control for all samples collected from districts for quality control. NRL has carried out a situation analysis of laboratories throughout the country. NRL has introduced a new strategy for infant HIV diagnosis using dried blood spot instead of whole liquid blood.

### **6.5.2. Key Successes in 2005**

- Introduction of Facscalibur instrument for CD4 testing
- Introduction of Real time instrument for PCR for HIV diagnosis in infancy
- Introduction of a new strategy for infant HIV diagnosis using dried blood spot instead of whole liquid blood.
- Establishment of 4 CD4 count test in upcountry sites
- Countywide quality control of HIV testing in 176 well established sites, TB and malaria.
- Diagnosis of all potential epidemics
- Training of district hospital and health centre technicians

### **6.5.3. Key Challenges in 2005**

- Shortage of human resources at all levels
- Capacity building at central level and peripheral level in the decentralisation process
- Lack of laboratory space: infrastructure

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### **6.5.4. Key Areas for Improvement 2006**

- Epidemiological surveillance of all diseases
- Expanded quality control of samples collected
- Constructing a new laboratory

### **6.5.5. Main External Partners and Links of NRL**

- Belgium Cooperation for Financial and Technical Assistance
- Colombia University for Technical and Financial assistance
- WHO, Global Fund for their Financial and Technical Assistance
- CDC for Financial Assistance
- Clinton Foundation for Technical Assistance
- Lux Development for Technical and Financial Assistance

## **6.6. Teaching Hospitals (CHU)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.6.1. Executive Summary of CHU's Progress for 2005**

During the year 2005, CHU updated their curricula of training physicians and added two new programmes in the agenda of specialisation. Now, five areas are available for specialisation (Surgery, Gynaecology and obstetric, Paediatric, internal medicine and anaesthesia). The specialisation branch was re-launched in October 2005. The internship programme was reviewed and some mechanisms of collaboration with foreign universities are established. The new agenda encourages the partnership with "Diaspora".

### **6.6.2. Key Successes in 2005**

- Behavioural change from the Ministry of health in regard to internship issues
- Commitment of the Rector and the faculty to update the curricula of training
- Basket funding mechanisms for the specialised programmes

### **6.6.3. Key Challenges in 2005**

- Shortage of National Teachers
- Not defined incentives mechanisms for National Professors
- Not enough budget for running costs of the Teaching hospitals e.g. CHUB

### **6.6.4. Key Areas for Improvement 2006**

- Update the status of teachers
- Establishment of incentives mechanisms
- Needs assessment study

### **6.6.5. Main External Partners and Links of CHU**

- Belgium Cooperation for Financial and Technical Assistance
- GTZ for Technical Assistance

## **6.7. Essential Drugs Purchasing Centre (CAMERWA)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.7.1. Executive Summary of CAMERWA's Progress for 2005**

During the year 2005, CAMERWA drafted its strategic plan for five years 2006- 2010. In collaboration with ECSA-HC, CAMERWA participated in meetings to strengthen collaboration with other members of ECSA in the pharmaceutical sector. Furthermore, CAMERWA has updated the management procedures and has got a new server for MIS (Management Information System). CAMERWA set up also a website for sharing information. During the year 2005, CAMERWA experienced a reshuffle of the board and new comers in the General Assembly. CAMERWA received all assets from the Government and has endorsed the Memorandum of Understanding between the GoR and CAMERWA.

### **6.7.2. Key Successes in 2005**

- Strong will of the management team
- Strong partnership with all HIV programmes
- Technical Assistance from PEPFAR via MSH
- Strong support from GoR

### **6.7.3. Key Challenges in 2005**

- Limited space of warehouse
- Insufficient revolving funds

### **6.7.4. Key Areas for Improvement 2006**

- Warehouse expansion
- Surveys on distribution system, on revolving funds, on quality control (lab availed in Rwanda)
- Regional warehouses
- Capacity building (Human Resource Development)

### **6.7.5. Main External Partners and Links of CAMERWA**

- PEPFAR via MSH for Technical assistance and procurement
- Global Fund for Procurement
- World Bank via MAP for procurement
- MSF for procurement
- ECSA-HC and ACAME for share of experiences

## **6.8. Pharmaceutical Laboratory (LABOPHAR)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.8.1. Executive Summary of LABOPHAR's Progress for 2005**

During the year 2005, LABOPHAR drafted its strategic plan for five years 2006- 2010. During the same year, LABOPHAR is preparing its business plan just to fulfil its mission of producing local essential drugs. Furthermore, LABOPHAR has opened a new unit of producing sterile products (solutés stériles) of high capacity. LABOPHAR is one of the best industries in the Eastern Region of Africa when it comes to quality control of essential drugs and medicines.

### **6.8.2. Key Successes in 2005**

- Strong will of the management team
- Strong partnership with MoH for advocacy

### **6.8.3. Key Challenges in 2005**

- Limited space of warehouse
- There is no meeting room
- Insufficient revolving funds because of low budget allocated to the institution

### **6.8.4. Key Areas for Improvement 2006**

- Transformation of the industry
- Produce much more products for dialysis
- Open a new unit for ARVs
- Capacity building (Human Resource Development)

### **6.8.5. Main External Partners and Links of LABOPHAR**

- None

## **6.9. KING FAISAL HOSPITAL (KFH)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.9.1. Executive Summary of KFH's Progress for 2005**

During the year 2005, KFH solved the issue of its legal status to a non-profit organisation. Patients' activity increased from 44% of bed occupancy in Dec. 2004 to 68% by Sept. 2005. New services in 2005 include Ophthalmology, Neurosurgery with support from a visiting surgeon, although this needs strengthening and opening of a new URUSARO Ward to cater for VIPs. A telemedicine facility has been introduced with limited funding from UNDP to fully equip it to the desired level. In addition to new services, KFH has strengthened the existing services; Paediatric Cardiology, Physician in Pulmonology, and Orthopaedic. These have had an ultimate impact on the quality delivery and reduction in referrals abroad by 28% as of Sept.2005.

In Sept. 2005 an appointment system for out patient services was inaugurated. This is a major cultural change for both our patients and staff and the benefit is a substantial reduction in waiting time for patients.

In line with its new mandate of a teaching hospital, KFH embarked on a capacity building programme in which 4 medical officers went for post graduate courses, and 32 staff members attended refresher courses. Internship programmes have been strengthened and are on going for both medical and nursing students from UNR and KHI respectively.

With regard to capital investment, KFH has virtually committed all the budget allocated (1Billion Rwf) for capital equipment and a number of equipment have been delivered and commissioned including the CT Scan, Echocardiography, Ophthalmology, Ultrasound and orthopaedic equipments. Other equipment continue to arrive as planned.

The approved Saudi Fund for Development (SFD) is being utilised; four tender documents (*Medical Equipment, Laboratory Equipment, Architectural Services for the rehabilitation and Procurement Advisory Services*) have been granted a No Objection for the tendering process to commence. These have been advertised and due for opening of bids in Nov. and Dec. 2005. Another three tender documents have been forwarded to SFD seeking a No Objection namely; Medical Equipment and Medical Furniture, Dialysis and Ophthalmology Equipment and Bio-medical and Medical Tools.

Tremendous progress has been made in the planning process for the future development of KFH. A master plan for KFH is at its final stage by OZ architects and covers rehabilitation and extension of the hospital to improve existing and accommodate planned new services. A five years Strategic Plan (2006-2010) is being finalised and due for submission to the ministry of Health by first week of December. 2005. The document highlights strategies to consolidate the existing services and develop the new ones in a bid to improve health service provision and reduce referrals abroad.

The Quality Assurance Programme in preparation for future accreditation of the hospital is in progress. A master plan to this effect has been designed and an international firm (COHOSAHSA) experienced in the accreditation of health services is due to start baseline survey for the hospital in Feb. 2006.

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### **6.9.2. Key Successes in 2005**

- Commitment of Government of Rwanda and all other stakeholders.
- Availability of Funding (SFD and GoR)
- New status resulting into a creation of a Board of Directors which provides advise, guidance and direction to management of KFK
- Recruitment of Medical Specialists
- Development of new services

### **6.9.3. Key Challenges in 2005**

- Achieving the Accreditation status by 2007.
- Further reduction in the referrals abroad
- Progressive reduction in GoR operating subsidy
- Implementation of the teaching mandate
- Realisation of the five years strategic plan
- Implementation of the Hospital Master plan
- Managing the hospital on cost centre approach

### **6.9.4. Key Areas for Improvement 2006**

- Streamlining and Improving the Appointment System
- Quality Care
- Marketing and Public Relations

### **6.9.5. Main External Partners and Links of KFH**

- Saudi Fund for Development Agency

## **6.10. Maintenance Workshop Centre (ACM)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.10.1. Executive Summary of ACM's Progress for 2005**

During the year 2005, ACM elaborated its policy and strategic plan, it holds regular meetings of the General Assembly and reinforces its capacity by training the staff in maintaining Anaesthesia equipment and management of the test quality for biomedical equipment, scanner and in English course. Its mission has been accomplished through installation, repair, expertise of gifts availed at the MoH. We satisfied needs of our clients at 75% level. During the year 2005, the ROI, the manual of procedures and the legal framework were approved. We have also prepared a memorandum of understanding between the GoR and ACM.

### **6.10.2. Key Successes in 2005**

- Development of the strategic plan and the business plan
- Technical and Financial Assistance from Lux Development Project
- Introduction of new strategies: training focal point at district level and users of materials and health facilities' equipment.
- Gain of maintenance contracts

### **6.10.3. Key Challenges in 2005**

- Shortage of qualified personnel at all levels
- No definition of incentives mechanisms
- Low budget allocated to the centre
- Limited market at peripheral levels
- No support for transport, communication and financing in general

### **6.10.4. Key Areas for Improvement 2006**

- Capacity building at all levels
- Social marketing and quality maintenance (preventive and care) of equipment
- Dissemination of the legal framework
- Put in place the unit of architecture
- Recruitment of qualified personnel
- Contacts with external manufacturers

### **6.10.5. Main External Partners and Links of ACM**

- Luxembourg through its project RWA018 for Financial and Technical Assistance



## **6.11. Rwanda Centre for Health Communications (RCHC)**

*Note: The detailed matrix of activities, targets and achievements can be found in the annex of this document*

### **6.11.1. Executive Summary of RCHC's Progress for 2005**

The year 2005 was mainly a period of restructuring the RCHC since the Centre changed its management team through the nomination of a New Director and ended the contracts of a good number of employees.

Currently, the RCHC is preparing its business plan and has contracted an external firm to audit the management of the Centre for the last five years (2000-2005). The undergoing activities will allow the centre to review its management and re-launch its activities in order to better achieve its mission and attain the desired financial sustainability. This centre is in charge of health communication related activities for the Ministry of Health and has gained experience in producing IEC/BCC materials for health promotion.

### **6.11.2. Key Successes in 2005**

- Change in the top management
- Ongoing Business Plan Design and External Management and Financial Audit
- Willingness to reenergize the Centre and attain financial sustainability

### **6.11.3. Key Challenges in 2005**

- Salaries arrears for the retailed personnel and debts to various institutions
- Dysmanagement of the centre by the former management
- Lack of sustainable financial support from the GoR

### **6.11.4. Key Areas for Improvement 2006**

- Business plan elaborated and implemented
- Procurement plan established and implemented
- Recruitment of new staff
- Health Communication Activities reenergized and increase in the printing production

### **6.11.5. Main External Partners and Links of ACM**

- World Bank and USAID the for equipment through ex PSP project

## **7. Annex**

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
1: HR	1.1:	1. Basic training and in-service training expanded	1.1 Develop and implement a human resource development plan for health professionals	maintained	URPSA	development plan developed and implemented	Policy and strategic plan drafted	75%	Policy and strategic plan drafted and not yet adopted
1: HR	1.1:	1. Basic training and in-service training expanded	1.2 Develop in-service training modules and an operational plan to integrate the in-service training needs of all programmes (malaria, IMCI)	maintained	URPSA	# modules developed, operational plan developed	none	..	
1: HR	1.1:	1. Basic training and in-service training expanded	1.3 Review and revise the teaching programmes of health professionals	maintained	UNM	# teaching programmes reviewed and revised	1	100%	Training for teachers programme, ready to be adopted by MINEDUC
1: HR	1.1:	1. Basic training and in-service training expanded	1.4 Provide internship training for newly graduated doctors	maintained	URPSA	Internship provided	completion of the activity	100%	
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.1 Carry out a health worker labour market study to cover both private and public sector	maintained	URPSA	Feasibility study carried out	completion of the activity	100%	World Bank provided Technical Assistance
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.2 Develop criteria for recruitment, allocation and distribution of personnel	maintained	URPSA	criteria developed	completion of the activity	75%	Those criteria are not yet published
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.3 Determine the material needs of health professionals	maintained	URPSA	Needs determined	none		Planned in 2007
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.4 Put in place an incentive structure of salaries and allowances in rural areas	maintained	URPSA	salaries structures available	completion of the activity	100%	
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.5 Transfer responsibility for management of salary supplements for people working in remote areas to provinces	maintained	URPSA	responsibility transferred	completion of the activity	100%	
1: HR	1.1:	2. Equitable geographical distribution of health professionals established	2.6 Establish a scheme requiring minimum service for new graduates in public sector	maintained	URPSA	scheme established	completion of the activity	50%	Scheme already exists but requires a ministerial decree or note/ New graduates have to contract with GoR
1: HR	1.1:	3. Management of human resources	3.1 Define job descriptions for each position at all levels	maintained	URPSA	job descriptions defined	completion of the activity	100%	
1: HR	1.1:	3. Management of human resources	3.2 Put in place a transparent system of career advancement based on meritocracy	maintained	URPSA	A system of career implemented	completion of the activity	50%	Feasibility study is available and the process is going on
1: HR	1.1:	3. Management of human resources	3.3 Put in place an integrated system of supervision, defining the role of national referral hospitals		CHU				
1: HR	1.1:	3. Management of human resources	3.4 Establish boards and councils for all categories of health professionals		UNM	boards and councils established	6	100%	
1: HR	1.1:	3. Management of human resources	3.5 Develop a computerised personnel information system	maintained	URPSA	Personnel information system computerised	completion of the activity	50%	Hard copy already exists and the system is computerised at central level only
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood	1.1 Define, adopt and disseminate laws and decrees regarding the pharmaceutical sector	maintained	UPH	Completion of laws and decrees planned for the year	9 decrees	100%	
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.2 Determine the national needs for drugs and consumables	maintained	UPH	Approved information collection system in place; 2 quantifications per year executed on time	none	xx	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.3 Develop and implement drug procurement plan integrating needs of all programmes and levels of the health system	maintained	CAMERWA	Procurement plan developed	completion of activity	100%	To be implemented in 2006
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.4 Decentralise the distribution of pharmaceutical products and consumables	maintained	UPH	Functionality of district pharmacies	Each district has a district pharmacy	100%	
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.5 Make a mapping of pharmacies	maintained	UPH	Electronic map available for public and private sector	none	xx	
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.6 Carry out inspections of pharmacies in public and private sectors to enforce standards	maintained	UPH	Number of pharmacies inspected each year following norms	All pharmacies inspected	20%	Insufficient numbers of inspectors
2: D, V, C	2.1:	1. Procurement and distribution system of pharmaceutical products, consumables and blood strengthened	1.7 Screen and distribute units of safe blood to district and national referral hospitals	maintained	CTS	# units distributed, # days of shortage	36000	100%	Enough budget for 5 years
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.1 Develop pharmaceutical pricing policy, including subsidies of key essential drugs and consumables	maintained	UPH	Pricing policy developed and adopted and implemented for public	Completion of OVI	50%	
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.2 Supervise implementation of pricing policy through supervision of price margins in public sector pharmacies	maintained	UPH	All public sector pharmacies supervised	Completion of OVI	20%	Monitoring done as part of pharmacy inspections
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.3 Publish annually list of prices of essential drugs in newspaper and/or radio	maintained	CAMERWA	list published	none		Policy and strategic plan were the main activities for 2005
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.4 Draft a plan and national policy for the pricing of pharmaceuticals in collaboration with CAMERWA and implement	scrapped	UPH				repetition of activity 2.1
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.5 Revise and distribute list of essential drugs as governed by national policy to promote generic drugs	maintained	UPH	List revised, approved and published	Revision of list, approval and publishing	100%	Activity is completed every 3 years
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.6 Put in place a registration system for drugs	maintained	UPH	Standardised system developed, procedures enforced and amount of drugs registered	Completion of registration decree text	90%	Text completed and transmitted to government for adoption
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.7 Elaborate national directive regarding donations of drugs	maintained	UPH	Directive developed, approved by ministry, published and enforced	none	xx	
2: D, V, C	2.1:	2. Access to and quality of essential pharmaceutical products improved	2.8 Monitor the manufacture of drugs to ensure compliance with standards	maintained	UPH	inspections of producers to conform to GMP	none	xx	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
2: D, V, C	2.1:	3. Rational use of pharmaceuticals ensured	3.1 Develop and distribute a national drug formula to health professionals	maintained	UPH	approved by Ministry; dissemination of formula	Completion of document	80%	
2: D, V, C	2.1:	3. Rational use of pharmaceuticals ensured	3.2 Set up a national pharmaceutical board	maintained	UPH	board in place and functioning according to ToRs	Completion of OVI	30%	
2: D, V, C	2.1:	3. Rational use of pharmaceuticals ensured	3.3 Establish a monitoring system of psychotropic and addictive drugs and the side effects of newly introduced drugs	maintained	UPH	Monitoring executed on annual basis	Completion of OVI	100%	
2: D, V, C	2.1:	3. Rational use of pharmaceuticals ensured	3.4 Develop national treatment standards with regard to drugs	maintained	UPH	National treatment Standards approved and enforced	Completion of document	20%	
2: D, V, C	2.1:	3. Rational use of pharmaceuticals ensured	3.5 Carry out operational research	maintained	UPH	Completion of 1 research project per year	Completion of OVI	0%	
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.1 Construct 20 health centres and 6 district hospitals in accordance with health infrastructure mapping plan	maintained	UPR	# HC and DH constr.	4 HC, 2 DH	83%	
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.2 Rehabilitate x health centres and y district hospitals	maintained	UPR	# HC and DH rehabilitated	4 HC, 2 DH	33%	Target: 4 HC, 2 DH; 2 completed rehabilitations, 3 more pending for early 2006
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.3 Provide ambulances, motorbikes and bicycles for district hospitals, health centres and community health workers	maintained	URPSA	# ambulances, # motorbikes	20 Am, 200 motos	80%	200 motos and 14= GoR, othera Malaria and TB programmes trough Global Fund
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.4 Establish standards and norms for construction and rehabilitation of health infrastructure	maintained	UPR	# documents	1 for norms, 1 for standards	100%	
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.5 Develop guidelines for monitoring and control of construction and rehabilitation	maintained	UPR	Guidelines developed	none		This activity is planned for 2006 by ACM
3: Geogr	3.1:	1. Health infrastructure development plan implemented	1.6 Develop and adopt regulation for the maintenance of biomedical equipment	maintained	UPR	Maintenance policy and strategy developed and approved	completion of activity	100%	Monitoring of regulation will be assured by ACM
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.1 Develop a national laboratory policy	maintained	NRL	lab policy developed	completion of activity	75%	Policy and strategic plan not yet adopted
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.2 Develop and adopt laboratory norms and standards	maintained	NRL	lab norms developed			Policy is prerequisite
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.3 Provide equipment, consumables and reagents	maintained	NRL	Provision done	completion of activity	80%	
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.4 Construct and rehabilitate laboratory services	maintained	NRL	# services constructed, # services rehabilitated	5	60%	
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.5 Train laboratory technicians	maintained	NRL	# personnel trained	400	100%	
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.6 Develop a protocol for procurement of materials	maintained	NRL	Protocol developed	none		Planned for 2006
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.7 Supervise laboratory activities at all levels	maintained	NRL	# supervisons	4	75%	
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.8 Carry out quality control of laboratories	maintained	NRL	# controls	176	75%	
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.9 Affiliate the national laboratory network to the international laboratory accreditation	maintained	NRL	NRL affiliated	completion of activity	100%	Entebbe, South Africa
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.10 Train personnel in quality assurance and control	maintained	NRL	# personnel trained	400	63%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
3: Geogr	3.1:	2. Laboratory support system functioning at all levels	2.11 Put in place an accreditation system for private laboratories	maintained	NRL	Accreditation system in place	none		Planned for 2006
3: Geogr	3.1:	3. Health facilities at district level are fully functioning	3.1 Develop and put in place a procurement procedure for equipment	maintained	ACM	Procurement procedures developed and approved and in use	none	xx	This activity is scheduled for 2006
3: Geogr	3.1:	3. Health facilities at district level are fully functioning	3.2 Establish a programme of regular inspection and maintenance of health infrastructures	maintained	UPR	Programme established	completion of activity	100%	
3: Geogr	3.1:	3. Health facilities at district level are fully functioning	3.3 Support the functioning costs of district hospitals and health centres	maintained	USS	# DH supported	44	100%	All district hospitals are supported
4: Fin Acc	4.1:	1. Financial resources to health sector increased	1.1 Re-establish health sector cluster to coordinate stakeholders, manage external resources and expand budgetary support to	maintained	UPR	Health cluster reestablished	completion of activity	100%	
4: Fin Acc	4.1:	1. Financial resources to health sector increased	1.2 Carry out an actuarial analysis to determine sustainability of RAMA including (i) actuarial estimate of contributors, (ii) cost of entitlement,	updated	USS	study carried out	none		This activity is scheduled for 2006, just for health insurance schemes
4: Fin Acc	4.1:	1. Financial resources to health sector increased	1.3 Assess feasibility of expanding RAMA to include formal labour market (private sector)	maintained	USS	study carried out	completion of activity	100%	
4: Fin Acc	4.1:	1. Financial resources to health sector increased	1.4 Lobby MINECOFIN to increase government expenditures in health in accordance with Abuja agreement	maintained	USS	Lobby done	completion of activity	100%	Lobby is done by the Seniors of the MoH
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.1 Expand financial protection against health risks in a sustainable manner through the implementation of the mutuelle support	maintained	USS	Increased membership in mutuelles	Targeted 30%	150%	
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.2 Establish a national coordination unit for mutuelles with appropriate legal framework	maintained	USS	Mutuelles coordination unit in place	completion of activity	100%	
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.3 Develop a best practice study on mutuelles and adopt legal and regulatory framework	maintained	USS	study carried out	completion of activity	100%	legal framework endorsed by cabinet
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.4 Contract mutuelles for the poorest through direct transfers of block grants to administrative districts from central level	maintained	USS	block grants transferred	completion of activity	100%	
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.5 Study user fees and unit costs of basic health services in a representative sample of health facilities and hospitals	maintained	UPR	# studies	1	100%	One study every year
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.6 Dissemination of policy on price of high impact health services benefiting from public subsidy, including pricing policy and exemptions on drugs and services to fight major diseases	maintained	USS	Policy disseminated	completion of activity	100%	
4: Fin Acc	4.1:	2. Equity in the financing and utilisation of health services improved	2.7 Put in place incentive mechanisms to improve utilisation of health services amongst	maintained	USS	Incentives mechanisms in place	completion of activity	100%	
4: Fin Acc	4.1:	3. Allocation and management of financial resources optimised	3.1 Implement MTEF financial and output monitoring at central and province level on a quarterly basis and disseminate reports	maintained	UPR	Financial MTEF implemented	completion of activity at central level	100%	Financial MTEFusing MBB tool
4: Fin Acc	4.1:	3. Allocation and management of financial resources optimised	3.2 Carry out a Public Expenditure Tracking Survey periodically	maintained	UPR	Public expenditure carried out	none		
4: Fin Acc	4.1:	3. Allocation and management of financial resources optimised	3.3 Conduct National Health Accounts and Public Expenditure Review bi-annually	maintained	UPR	# papers	2	50%	Interim NHA in between (every year)

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
4: Fin Acc	4.1:	3. Allocation and management of financial resources optimised	3.4 Set up a database of donor funded activities and publish the mapping of their interventions	maintained	UPR	Database set and mapping of interventions published		75%	Database of donors exist and the mapping of interventions is ready
5: Health	5.1: Mal	1. Prevention measures strengthened	1.1 Introduce progressively intermittent presumptive treatment for pregnant women	maintained	PNILP	Intermittent presumptive treatment introduced	completion of activity	100%	All districts have implemented the strategy
5: Health	5.1: Mal	1. Prevention measures strengthened	1.2 Promote the use of subsidised long-lasting impregnated mosquito nets, targeting children under five and pregnant women	maintained	PNILP	use promoted	completion of activity	40%	ITNs shortage during the year 2005 and we targeted some districts
5: Health	5.1: Mal	1. Prevention measures strengthened	1.3 Create awareness and behavioural change through IEC activities	maintained	PNILP	awareness activities done	completion of activity	100%	
5: Health	5.1: Mal	1. Prevention measures strengthened	1.4 Initiate a multisectoral environmental response to vectors	maintained	PNILP	approach initiated	none		Planned for 2006 in collaboration with the Government of Japan and USAID
5: Health	5.1: Mal	1. Prevention measures strengthened	1.5 Implement community based distribution programme of ITNs and re-impregnation kits	maintained	PNILP	programme implemented	none		ITNs shortage
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.1 Provide subsidised anti-malarial drugs and equin laboratories	maintained	PNILP	subsidy done	completion of activity	100%	
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.2 Introduce community based care for fever cases in conjunction with IMCI strategy	maintained	PNILP	Programme introduced	none		IMCI not operational
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.3 Train health workers in malaria treatment at health facility level	maintained	PNILP	# health workers trained	none		Planned for 2006 after updating the policy
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.4 Establish a referral and patient feedback system	maintained	PNILP	system established	none		Planned for 2007
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.5 Develop a mechanism of collaboration with private sector	maintained	PNILP	mechanism of collaboration developed	completion of activity	100%	
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.6 Carry out regular integrated supervision	maintained	PNILP	#supervisions	4	100%	
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.7 Revise anti-malaria drug policy based on results of operational research	maintained	PNILP	policy revised	completion of activity	100%	introduction of ACTs
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.8 Develop and implement home based treatment of fever cases	maintained	PNILP	Programme introduced	6	100%	
5: Health	5.1: Mal	2. Treatment of malaria cases improved	2.9 Publish policy on anti-malarial drug (ACT) pricing and subsidy scheme	maintained	PNILP	policy published	none		Planned for 2006
5: Health	5.1: Mal	3. Epidemics detected and controlled	3.1 Make an epidemiological mapping of malaria	maintained	PNILP	Mapping developed	completion of activity	100%	The programme started in Byumba Province and in 10 sentinel sites
5: Health	5.1: Mal	3. Epidemics detected and controlled	3.2 Develop and put in place a malaria epidemic early warning and control system	maintained	PNILP	system in place	completion of activity	100%	The programme started in Byumba Province
5: Health	5.1: Mal	3. Epidemics detected and controlled	3.3 Expand epidemiological surveillance to private sector	maintained	PNILP	surveillance expanded to private sector	completion of activity	100%	
5: Health	5.1: Mal	4. Institutional capacity strengthened	4.1 Finance health district planning in malaria	maintained	PNILP	District planning financed	none		Planned for 2006
5: Health	5.1: Mal	4. Institutional capacity strengthened	4.2 Integrate malaria reporting and analysis into health information system (HMIS)	maintained	PNILP	malaria integrated in HMIS	2	50%	one bulletin published
5: Health	5.1: Mal	4. Institutional capacity strengthened	4.3 Provide means of transport and communication at district level	maintained	PNILP	means provided	40	**	Charroi zero policy
5: Health	5.1: Mal	4. Institutional capacity strengthened	4.4 Carry out operational research on drug resistance and resistance of insecticides for malaria vector control	maintained	PNILP	Operational researches carried out	4	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.1 Develop a national IEC/BCC strategy for HIV/AIDS	maintained	CNLS	strategy developed	1	100%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.2 Develop an operational plan for prevention of HIV/AIDS/STI	maintained	TRAC	operational plan developed	1	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.3 Expand testing and early treatment of STIs within primary health care system	maintained	TRAC	Testing expanded	completion of activity	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.4 Train health care providers to integrate VCT services into activities of health facilities	maintained	TRAC	# personnel trained	1000	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.5 Construct and/or rehabilitate health infrastructure to provide VCT services	maintained	TRAC	# facilities constructed	120	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.6 Provide drugs, materials, reagents and consumables for VCT services	maintained	TRAC	# VCT drugs and materials provided	117	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.7 Supervise activities at all levels of service provision	maintained	TRAC	# supervisions	4	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.8 Put in place provision and distribution structures to promote the utilisation of male and female condoms	maintained	TRAC	# structures put in place	none		Planned for 2006
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.9 Increase the number of blood collection sites in both urban and rural zones	maintained	CNTS	# sites	10	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.10 Provide blood transfusion centres in materials and reagents	maintained	CNTS	# provided		100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.11 Construct a new building for blood transfusion centre in Butare and rehabilitate existing ones	maintained	CNTS	# constructed, # rehabilitated	3 for rehabilitation	50%	Going on activity
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.12 Put in place a programme of blood quality assurance	maintained	CNTS	Programme put in place	none		Planned for 2006
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.13 Integrate PMTCT services into antenatal consultative services in all health centres	maintained	TRAC	PMTCT services integrated	250	92%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.14 Develop directives on the protection of health professional from HIV exposure	maintained	TRAC	Directives developed	completion of activity	100%	
5: Health	5.2: HIV	1. Measures to prevent the transmission of HIV and STIs strengthened	1.15 Distribute instructions on post exposure prophylaxis in case of accidental exposure	maintained	TRAC	instructions distributed	completion of activity	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.1 Provide ARV drugs	maintained	TRAC	ARV drugs provided	14500	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.2 Train health professionals in administration of ARV drugs in all hospitals	maintained	TRAC	# personnel trained		100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.3 Put in place committees to select and monitor those persons under ARV drugs	maintained	TRAC	committees in place	67 sites	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.4 Ensure the biological monitoring of people on ARV treatment	maintained	NRL	monitoring ensured	completion of activity	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.5 Train health professionals in the treatment and management of opportunistic infections	maintained	TRAC	# personnel trained	250	100%	



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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.6 Provide training, drugs and an STI treatment protocol for care and treatment of STIs in health facilities	maintained	TRAC	# facilities with them	67	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.7 Put in place an integrated system of supervision	maintained	TRAC	system in place	none		Planned for 2006
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.8 Put in place a home-based care system	maintained	TRAC	system in place	completion of activity	100%	
5: Health	5.2: HIV	2. Care for those infected and affected by HIV/AIDS expanded and improved	2.9 Put in place a procurement system for HIV/AIDS/STI related drugs and products	maintained	TRAC	Procurement system in place	completion of activity	100%	
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.1 Standardise data collection tools and indicators relevant to HIV/AIDS in health sector	maintained	TRAC	data collection standardised	completion of activity	100%	TRACnet operational in some districts
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.2 Integrate HIV/AIDS data into the health information system	maintained	UPR	System integrated	none		planned for 2006
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.3 Carry out second generation epidemiological surveillance	maintained	TRAC	epidemiological surveillance carried out	completion	50%	protocols available
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.4 Carry out surveillance of ARV resistance	maintained	TRAC	ARV surveillance carried out		40%	Protocols available, labo equipment available
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.5 Carry out operational and epidemiological research	maintained	TRAC	# operational research	3	67%	
5: Health	5.2: HIV	3. Decision based information systems for HIV/AIDS/STI strengthened	3.6 Conduct experimental research into vaccines	maintained	TRAC	research conducted		50%	san francisco, planned for 2006, recruitment done, train personnel
5: Health	5.2: HIV	4. Response of health sector partners to HIV/AIDS coordinated	4.1 Make a mapping of partner interventions in HIV/AIDS within health sector	maintained	CNLS	Mapping developed	completion of activity	100%	
5: Health	5.2: HIV	4. Response of health sector partners to HIV/AIDS coordinated	4.2 Ensure the monitoring and evaluation of partner activities	maintained	TRAC	Monitoring ensured	completion of activity	100%	
5: Health	5.3: TB	1. Treatment of tuberculosis improved	1.1 Train health personnel in DOTS implementation for treatment at facility level	maintained	PNILT	# personnel trained	28	68%	Districts provided a few personnel to train
5: Health	5.3: TB	1. Treatment of tuberculosis improved	1.2 Develop and implement a community based DOTS strategy, including providing performance based incentives	maintained	PNILT	DOTS strategy developed and implemented	Completion of the activity	100%	
5: Health	5.3: TB	1. Treatment of tuberculosis improved	1.3 Provide first line anti-TB drugs	maintained	PNILT	First line anti-TB drugs provided to health facilities	completion of the activity	100%	
5: Health	5.3: TB	1. Treatment of tuberculosis improved	1.4 Implement a referral system for TB patients to access HIV testing	maintained	PNILT	# sites with CDT	152	100%	CDT stands for Center for Diagnosis and Treatment. Nine of them are prisons centers
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.1 Create awareness and behavioural change at population level through intensive IEC and social mobilisation	maintained	PNILT	# spots, # emissions, # depliants	72	100%	24 national radio emissions, 12 communiqués, 24 local radio emissions ( Gisenyi and Cyangugu), 12 spots
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.2 Expand sputum smear preparation to all health facilities	maintained	PNILT	# Facilities	251	100%	All health facilities do a follow up of TB Patients under treatment excluding 162 sites for CDT
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.3 Train health staff and laboratory technicians for early detection	maintained	PNILT	# trained personnel	413	100%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.4 Create partnerships with private sector for TB detection	maintained	PNILT	# meetings	3	100%	
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.5 Put in place a referral system for access to TB testing for HIV/AIDS patients	scrapped	PNILT				repetition of the activity
5: Health	5.3: TB	2. Infectious tuberculosis, especially in women effectively detected	2.6 Expand communication network between health facilities and health districts	maintained	PNILT	none			Planned for 2007
5: Health	5.3: TB	3. Multi-drug resistant TB cases effectively detected and treated	3.1 Elaborate and introduce a protocol for the detection and treatment of MDR cases	maintained	PNILT	protocol elaborated and introduced	1	100%	
5: Health	5.3: TB	3. Multi-drug resistant TB cases effectively detected and treated	3.2 Establish a treatment centre for MDR cases	maintained	PNILT	TB MR cases center established	1	100%	This must be changed into TB- MR, this center is located at Kabutare district hospital
5: Health	5.3: TB	3. Multi-drug resistant TB cases effectively detected and treated	3.3 Train health staff in improving treatment adherence of PTB+ cases to reduce risk of MDR TB development	maintained	PNILT	# staff trained	12	100%	
5: Health	5.3: TB	4. TB institutional capacity reinforced	4.1 Simplify and strengthen procedures for case recording, follow-up, referral, tracing and reporting at hospital, prison, health centre and	maintained	PNILT	case recording procedures revised	Completion of the activity	100%	
5: Health	5.3: TB	4. TB institutional capacity reinforced	4.2 Integrate the TB reporting system into the national health information system	maintained	PNILT	TB reporting integrated into HIMS	Completion of the activity	100%	
5: Health	5.3: TB	4. TB institutional capacity reinforced	4.3 Strengthen management and carry out supervision at the national, health district and health centre level	maintained	PNILT	# supervisions	160	88%	
5: Health	5.3: TB	4. TB institutional capacity reinforced	4.4 Establish a quality assurance system for microscopic diagnosis of TB	maintained	PNILT	# examens	9720	93%	
5: Health	5.3: TB	4. TB institutional capacity reinforced	4.4 Perform operational research on seven topics	maintained	PNILT	# topics	4	75%	Memoirs carried out
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.1 Conduct vulnerability study	maintained	UEPM	study carried out	1	100%	
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.2 Put in place a disaster management unit (DMU)	updated	UEPM	DMU in place	1	100%	Transferred at the PM office
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.3 Maintain an emergency stock of essential drugs, materials and food	maintained	UEPM	Emergency stock maintained	1	100%	
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.4 Equip emergency services in national referral hospitals and hospitals in high risk districts	maintained	UEPM	Emergency services equipped	none		SAMU is created and personnel is in training outside the country- France-
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.5 Sensitise authorities and communities as to the risks of disasters, and to recognise the signs	maintained	UEPM	# sessions	none		Planned for 2007
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.6 Create a budget line for disaster relief in MoH annual budget and establish a bank account to finance disaster relief	updated	UEPM	Budget line exists	1	100%	Transferred at the PM office

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.7 Make an inventory of personnel to respond to emergencies	maintained	UEPM	inventory done	none		Planned for 2007
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.8 Put in place an intersectoral committee for the management of disasters	updated	UEPM	Committee in place	1	100%	Transferred at the PM office
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.9 Carry out IEC campaigns at community level on the causes and prevention measures for epidemic diseases	maintained	UEPM	IEC campaign carried out	none		
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.10 Train members of rapid response teams	maintained	UEPM	# personnel trained	100	75%	
5: Health	5.4: Epid	1. System of disaster and epidemic prevention, preparedness and response in	1.11 Inform population about and provide free treatment for epidemic cases	maintained	UEPM	Information done	none		planned 2007
5: Health	5.4: Epid	2. Disease surveillance system functional	2.1 Assess disease notification system and propose mechanism of expansion of system to include all diseases of epidemic potential	maintained	UEPM	disease notification assessed	completion of activity	100%	
5: Health	5.4: Epid	2. Disease surveillance system functional	2.2 Update and standardise tools to register and collect data on epidemics	maintained	UEPM	tools updated	completion of the activity	100%	
5: Health	5.4: Epid	2. Disease surveillance system functional	2.3 Computerise surveillance system at health district level	maintained	UEPM	surveillance system computerised	none		planned for 2006
5: Health	5.4: Epid	2. Disease surveillance system functional	2.4 Put in place a system of data analysis and feedback	maintained	UEPM	system of data analysis in place	completion of activity	100%	
5: Health	5.4: Epid	2. Disease surveillance system functional	2.5 Reinforce the capacity of investigation teams and health personnel in disease detection	maintained	UEPM	Capacity reinforced	none		
5: Health	5.4: Epid	2. Disease surveillance system functional	2.6 Carry out operational research on the prevalence and risk factors of different transmissible diseases	maintained	UEPM	Operational researches carried out	none		Planned for 2006
5: Health	5.5: IMCI improved	1. Skills of health workers in IMCI improved	1.1 Train relevant health personnel in the implementation of IMCI at all levels	maintained	MCHU	# personnel trained	20	100%	Strategy in Rwanda not yet adopted
5: Health	5.5: IMCI improved	1. Skills of health workers in IMCI improved	1.2 Produce and distribute training modules for IMCI	maintained	MCHU	# modules	7	100%	
5: Health	5.5: IMCI improved	1. Skills of health workers in IMCI improved	1.3 Integrate IMCI into the curricula of nursing schools	maintained	MCHU	Curricula integrating IMCI	none		This activity is planned for 2006
5: Health	5.5: IMCI improved	1. Skills of health workers in IMCI improved	1.4 Develop monitoring and evaluation tool for IMCI activities	maintained	MCHU	monitoring and evaluation tool developed	none		This activity is planned for 2006
5: Health	5.5: IMCI strengthened	2. Health system support to IMCI strengthened	2.1 Provide health facilities with recommended drugs and consumables for IMCI	maintained	MCHU	# districts with drugs	40	100%	
5: Health	5.5: IMCI strengthened	2. Health system support to IMCI strengthened	2.2 Provide districts and health facilities with transport and communications (ref: ICT)	maintained	MCHU	# districts with transport	40	75%	
5: Health	5.5: IMCI strengthened	2. Health system support to IMCI strengthened	2.3 Integrate IMCI campaign into school curriculum	maintained	MCHU	# schools		none	This activity is planned for 2006
5: Health	5.5: IMCI	3. Family and community practices improved	3.1 Develop communication tools (flyers, posters, presentation packs etc)	maintained	MCHU	# tools developed	2	100%	Guidelines for health community workers and messages for the community
5: Health	5.5: IMCI	3. Family and community practices improved	3.2 Train community health workers and health personnel in essential family practices	maintained	MCHU	# trainees		none	IMCI policy and strategy in Rwanda not yet elaborated

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.5: IMC	3. Family and community practices improved	3.3 Carry out formative supervision of community health workers	maintained	MCHU	# formative supervision		none	This activity is planned for 2006
5: Health	5.5: IMC	3. Family and community practices improved	3.4 Provide community health workers with IMCI kits (ORT, anti-malaria drugs, mosquito nets...) and necessary materials (balance, registers...)	maintained	MCHU	# kits	20	100%	PNBC kits and mosquito nets
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.1 Purchase and distribute vaccines and injection equipment	maintained	UEPM	vaccines and injection materials purchased and distributed	Completion of the activity	100%	
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.2 Carry out national immunisation campaigns, targeting those communities poorly served (hard to reach districts)	maintained	UEPM	campaign carried out	none		This activity is planned for 2006
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.3 Provide outreach services to those communities poorly served	maintained	UEPM	# HC with outreach services	366	100%	All health centres have outreach activities
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.4 Carry out formative supervision at district level	maintained	UEPM	# districts supervised	40	100%	
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.5 Conduct a review of the EPI and reinforce monitoring system appropriately	maintained	UEPM	EPI reviewed	none		This activity is planned for 2006
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.6 Conduct a survey every two years to evaluate immunisation coverage	maintained	UEPM	survey conducted	none		This activity is planned for 2006
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.6 Sensitize administrative and political authorities and community leaders annually	maintained	UEPM	sensitization carried out	completion of the activity in 40 districts	100%	
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.8 Train community health workers	maintained	UEPM	# community workers trained	366	100%	Every health centre has received an amount for carrying out this activity
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.9 Carry out IEC campaigns targeting parents	maintained	UEPM	# campaigns	none		This activity is planned for 2007
5: Health	5.6: EPI	1. Immunisation coverage maintained nationwide and increased in hard to reach	1.10 Integrate the distribution of vitamin A into the EPI	maintained	UEPM	VitA integrated into EPI	366	55%	There is a weak monitoring system but the activity is somewhat done
5: Health	5.6: EPI	2. High quality of service provided by EPI maintained	2.1 Produce training and technical guidelines	maintained	UEPM	DTC3 coverage	90	87%	
5: Health	5.6: EPI	2. High quality of service provided by EPI maintained	2.2 Train EPI personnel at all levels	maintained	UEPM	# personnel trained	80	100%	It was planned to train 2 persons per health district in RED
5: Health	5.6: EPI	2. High quality of service provided by EPI maintained	2.3 Construct incinerators at health facilities	maintained	UEPM	# incinerators constructed	none		This activity is for 2006, we have only constructed one model incinerator
5: Health	5.6: EPI	2. High quality of service provided by EPI maintained	2.4 Purchase, replace and repair cold chain equipment according to needs	maintained	UEPM	# Facilities with functioning cold chain	366	100%	
5: Health	5.6: EPI	2. High quality of service provided by EPI maintained	2.5 Integrate the EPI into the curriculum of nursing schools	maintained	UEPM	EPI integrated in nursing curriculum	none		Planned for 2007

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.6: EPI	3. System of surveillance and monitoring fully functional	3.1 Train community health workers in active surveillance	maintained	UEPM	# health workers trained	3660	100%	
5: Health	5.6: EPI	3. System of surveillance and monitoring fully functional	3.2 Conduct investigations of cases of polio, neonatal tetanus and measles	maintained	UEPM	investigation done regularly	completion of the activity	100%	
5: Health	5.6: EPI	4. Share of Government financing for EPI increased	4.1 Develop and incorporate immunisation financial sustainability plan into MTEF	maintained	UEPM	Epi in MTEF	completion of the activity	100%	
5: Health	5.6: EPI	4. Share of Government financing for EPI increased	4.2 Organise national symposium on immunisation to advocate for ESP	updated	UEPM	# meetings	4	75%	
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.1 Provide health facilities with basic and/or comprehensive obstetrical medical equipment	maintained	MCHU	# facilities	10	80%	This activity is supported by UNICEF, USAID, UNFPA, GTZ sante covering 50% of the country.
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.2 Train health care providers in maternal and child health care, especially in obstetrical care and complications	maintained	MCHU	# facilities	10	80%	This activity is supported by UNICEF, USAID, UNFPA, GTZ sante covering 50% of the country.
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.3 Train and regular supervision of health staff and home birth attendants in pre-natal counselling	maintained	MCHU	# facilities	10	80%	This activity is supported by UNICEF, USAID, UNFPA, GTZ sante covering 50% of the country.
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.4 Procure home-birth kits	maintained	MCHU	# kits		none	IMCI policy and strategy in Rwanda not yet elaborated
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.5 Sensitise community health workers, TBA, healers, teachers and community leaders	maintained	MCHU	# sensitised	10	80%	IMCI policy and strategy in Rwanda not yet elaborated
5: Health	5.7: RH	1. Maternal and infant health care in health facilities and in the community improved	1.6 Increase number of midwives in rural districts	maintained	MCHU	# A1 in rural areas	none	none	Number is still low at central level
5: Health	5.7: RH	2. Utilisation of modern contraception methods, especially amongst women of reproductive age increased	2.1 Distribute family planning products to all health facilities	maintained	MCHU	# facilities		100%	Activity supported by UNFPA, USAID, PSI, CTB, UNICEF, GTZ
5: Health	5.7: RH	2. Utilisation of modern contraception methods, especially amongst women of reproductive age increased	2.2 Update training tools for family planning training of health personnel	maintained	MCHU	# tools developed	4	100%	Manual of the participants, Evaluation sheets for participants and supplements of all those guides
5: Health	5.7: RH	2. Utilisation of modern contraception methods, especially amongst women of reproductive age increased	2.3 Expand training in family planning to providers of health	maintained	MCHU	# facilities	200	100%	IMCI policy and strategy in Rwanda not yet elaborated
5: Health	5.7: RH	2. Utilisation of modern contraception methods, especially amongst women of reproductive age increased	2.4 Carry out an IEC campaign advocating use of modern methods of contraception	maintained	MCHU	campaign carried out	completion of activities	100%	National Health animators' day: T-shirts, awards, flyers, posters, pamphlets, radio spots.
5: Health	5.7: RH	3. Adolescent and reproductive health services improved	3.1 Integrate adolescent targeted reproductive health services into all health facilities, including distribution of condoms and contraceptives, and testing and treatment of STIs	maintained	MCHU	# facilities with integration	4	100%	Four youth centers: Gikondo, Kibuye, Cyanguu and Umutara
5: Health	5.7: RH	3. Adolescent and reproductive health services improved	3.2 Carry out IEC campaign targeting community leaders to promote adolescent reproductive health services	maintained	MCHU	IEC campaign	none		
5: Health	5.7: RH	3. Adolescent and reproductive health services improved	3.3 Integrate adolescent reproductive health into primary, secondary and high school curricula	maintained	MCHU	# curricula with integration	none		
5: Health	5.7: RH	4. Prevention and care of victims of sexual violence strengthened	4.1 Develop a protocol for the care of victims of sexual and domestic violence in collaboration with relevant institutions	maintained	MCHU	Protocol developed	completion of activity	50%	Restitution is scheduled by the end of November

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.7: RH	4. Prevention and care of victims of sexual violence strengthened	4.2 Train health care providers in the care of victims of sexual violence	maintained	MCHU	# personnel trained	none		The module is not yet elaborated
5: Health	5.7: RH	4. Prevention and care of victims of sexual violence strengthened	4.3 Elaborate tools and train TBAs in sexual violence care	maintained	MCHU	# personnel trained	none		This activity is well carried out by MIGEPROF/UNFPA
5: Health	5.7: RH	5. Gender equality in the utilisation of health care promoted	5.1 Develop advocacy tools for gender mainstreaming in the community	maintained	MCHU	# tools developed	none		This activity is well carried out by MIGEPROF/UNFPA
5: Health	5.7: RH	5. Gender equality in the utilisation of health care promoted	5.2 Carry out IEC campaigns for behavioural change to mainstream gender equality in the community	maintained	MCHU	IEC campaign carried out	none		This activity is well carried out by MIGEPROF/UNFPA
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.1 Distribute the protocol for the community nutrition programme	maintained	MCHU	protocol developed and distributed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.2 Train health professionals in severe malnutrition case management, good feeding practices and control of iron deficiencies	maintained	MCHU	# personnel trained	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.3 Train community health workers in community based nutrition	maintained	MCHU	# personnel trained	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.4 Provide community health workers with anthropometric and cooking materials	maintained	MCHU	# community workers with materials	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.5 Evaluate the community based nutrition programme and develop mechanisms for extension	maintained	MCHU	Programme evaluated	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.6 Finalise and distribute protocol to integrate community-based growth monitoring and promotion into IMCI programme	maintained	MCHU	protocol finalised and distributed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.7 Develop and distribute protocol regarding care of patients with moderate and mild malnutrition at community level and referral of	maintained	MCHU	Protocol developed and distributed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.8 Update and distribute the protocol regarding nutritional rehabilitation in health facilities	maintained	MCHU	protocol updated and distributed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.9 Develop and print IEC materials promoting breastfeeding	maintained	MCHU	IEC materials developed and printed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.10 Define a national directive regarding infant feeding practices and for PLWHA and those on ARV drugs	maintained	MCHU	National directive exists	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.11 Elaborate a new directive on female nutrition	maintained	MCHU	New directive elaborated	none		The nutrition policy and strategy is elaborate but not yet adopted

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.12 Develop a national legislation regarding the commercial sale of breastfeeding milk substitutes	maintained	MCHU	National legislation developed	none		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.13 Purchase and distribute vitamin A supplements through EPI	maintained	MCHU	Vit A distributed during Immunization activities	completion of activities		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.14 Monitor vitamin A coverage	maintained	MCHU	Vit A monitored	completion of activities	52	The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.15 Elaborate and implement an anaemia strategy	maintained	MCHU	Anaemia strategy implemented	completion of activities		This activity is completed with assistance of PNILP
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.16 Purchase and distribute micronutrient supplements (iron)	maintained	MCHU	Iron distribution	completion of activities		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.17 Carry out IEC activities about local food production and consumption	maintained	MCHU	IEC campaign carried out	completion of activities		The nutrition policy and strategy is elaborate but not yet adopted
5: Health	5.8: Nut	1. Nutritional status of population, particularly children, pregnant women and PLWHA	1.18 Promote use of iodised salt in households and schools	maintained	MCHU	Use promotion in Rwanda	completion of activities		This activity is carried out in collaboration with MINICOM
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.1 Develop and disseminate a protocol, standards and guidelines for the integration of mental health into primary health care	maintained	USS	protocol developed	none		planned for 2007
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.2 Review the Mental Health Policy and develop a detailed Mental Health Strategic Plan	maintained	USS	policy revised	completion of activity	100%	
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.3 Establish a children's mental health service in health facilities	updated	USS	integrated activity	completion of activity	100%	Integrated system in Rwanda
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.4 Put in place a mechanism for collaboration between the Ministry of Health, Ministry of Education, Ministry of Gender and the Ministry of Local Government and Social Affairs	updated	UPR	social cluster operational	4	100%	
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.5 Put in place coordination mechanism between the Ministry of Health and NGOs carrying out mental health and psychosocial support activities	maintained	UPR	social cluster operational	4	100%	
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.6 Carry out IEC activities in relation to mental health and promoting the communities' abilities to provide support to people with mental disorders	maintained	USS	IEC activities carried out	completion of activity	100%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.7 Revise the Mental Health legislation	maintained	USS	Mental health legislation revised	completion of activity	50%	
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.8 Integrate national mental health data collection, analysis, utilization and dissemination into HMIS	maintained	USS	Mental health into SIS	none		Planned for 2006
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.9 Train health personnel in mental health care	maintained	USS	# trained personnel	386	100%	All operational health facilities have at least one staff trained
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.10 Provide essential mental health drugs	maintained	USS	Drugs provided	387	100%	All operational health facilities have at least one staff trained
5: Health	5.9: Mer	1. Quality mental health services that are accessible to the whole population through their integration into primary health	1.11 Supervise primary and secondary level health care workers	maintained	USS	health care workers supervised		100%	
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.1 Develop standards for eye care services at health centre and district hospital levels	maintained	USS	standards developed	none		Planned for 2006
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.2 Train health professionals in eye care	maintained	USS	# personnel trained		100%	
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.3 Provide health facilities with relevant equipment and consumables for eye care	maintained	USS	# facilities equipped		100%	
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.4 Establish a mobile eye clinic	maintained	USS	Mobile clinic established	completion of activity	100%	
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.5 Develop a protocol for treatment of glaucoma	maintained	USS	Protocol developed	none		planned for 2007
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.6 Integrate data collection regarding ocular disease into the health information system	maintained	UPR	Data collection integrated	completion of activity	100%	A workshop on harmonization carried out in Ruhengeri Province
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.7 Set up a central buying and maintenance service of eye care equipment	updated	USS	a centre set up	none		Planned for 2008, CAMERWA mission
5: Health	5.10: Bli	1. Eye care services progressively integrated into primary and secondary health care packages	1.8 Develop a strategy to provide socio-economic support to blind people	maintained	USS	strategy developed	none		planned for 2007



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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.1 Carry out a study on the prevalence, type and degree of handicapped in the country	maintained	UPR	study carried out	completion of activity	75%	Preliminary results by the end of December 05
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.2 Define norms for provision of physical handicapped services within the primary and secondary health care packages	maintained	USS	norms defined	none		Planned for 2007
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.3 Train health professionals	maintained	USS	# personnel trained	none		planned for 2008
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.4 Put in place central buying unit of equipment for physical handicapped	updated	USS	a centre set up	none		Planned for 2008, CAMERWA mission
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.5 Put in place 'Community Based Readaption' initiatives	maintained	USS	initiatives in place	none		Planned for 2007
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.6 Develop treatment protocols for all causes of physical handicapped and establish pricing norms for these services	maintained	USS	protocols developed	none		Planned for 2006
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.7 Supervise physical handicapped health care services	maintained	USS	# supervisons		100%	
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.8 Set up a maintenance service for orthopaedic equipment	updated	ACM	a centre set up			ACM mission
5: Health	5.10: Bli	2. Health care services for physically handicapped progressively integrated into primary and secondary health	2.9 Develop a strategy for the provision of socio-economic support to physical handicapped persons	maintained	USS	strategy developed	none		Planned 2007
5: Health	5.11: En	1. Policy and capacity in environmental health strengthened	1.1 Develop a national policy on environmental health	maintained	UEPM	national policy on environmental developed	completion of activity	75%	Draft zero is ready by the end of the year
5: Health	5.11: En	1. Policy and capacity in environmental health strengthened	1.2 Develop and adopt an environmental health code	maintained	UEPM	Environmental health code developed	none		Policy is the prerequisite
5: Health	5.11: En	1. Policy and capacity in environmental health strengthened	1.3 Support technical training schools in environmental health (KHI, College St Andre)	updated	UEPM	# schools supported	1	100%	KHI has received books, audio equipments, TV, water testing equipment. St Andre is suspended
5: Health	5.11: En	1. Policy and capacity in environmental health strengthened	1.4 Provide in-service training for personnel	maintained	UEPM	# personnel trained	38	100%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.11: En	2. Hygiene quality of water and food improved	2.1 Put in place a water quality surveillance system	maintained	UEPM	water quality surveillance in place	none		Planned for 2006
5: Health	5.11: En	2. Hygiene quality of water and food improved	2.2 Put in place a food quality surveillance system	maintained	UEPM	food quality surveillance in place	none		Planned for 2006
5: Health	5.11: En	2. Hygiene quality of water and food improved	2.3 Train hygiene inspectors in the surveillance of water and food quality	maintained	UEPM	# inspectors trained	completion of the activity	100%	
5: Health	5.11: En	2. Hygiene quality of water and food improved	2.4 Establish a protocol for handlers of food	maintained	UEPM	Protocol established	none		Planned for 2006
5: Health	5.11: En	2. Hygiene quality of water and food improved	2.5 Promote the use of water purification products	maintained	UEPM	use promotion in Rwanda	completion of the activity	100%	
5: Health	5.11: En	3. Personal and community hygiene promoted	3.1 Train trainers on new participative approaches for behavioural change in the community and schools (HAMC)	maintained	UEPM	# trainers trained	32	100%	Trainers from only Cyangugu Province
5: Health	5.11: En	3. Personal and community hygiene promoted	3.2 Organise PHAST training sessions (participatory hygiene and sanitation transformation)	maintained	UEPM	# sessions	2	100%	Kigali City by Icyuzuzo NGO, in Cyangugu Gatare District by the end of november
5: Health	5.11: En	3. Personal and community hygiene promoted	3.3 Carry out IEC activities to promote better hygiene practices using media including radio spots	maintained	UEPM	# radio spots	4	50%	
5: Health	5.11: En	3. Personal and community hygiene promoted	3.4 Carry out a KAP (knowledge, attitude and practices) study in environmental health	maintained	UEPM	study carried out	none		Planned for 2004
5: Health	5.11: En	3. Personal and community hygiene promoted	3.5 Prepare guides, directive and tools to monitor for health inspections	maintained	UEPM	inspection tool developed	1	100%	
5: Health	5.11: En	3. Personal and community hygiene promoted	3.6 Make an inventory of all public and private establishments	maintained	UEPM	inventory done	none		Planned for 2006
5: Health	5.11: En	3. Personal and community hygiene promoted	3.7 Make regular inspections of all establishments	maintained	UEPM	Food Inspections done	60	67%	
5: Health	5.11: En	3. Personal and community hygiene promoted	3.8 Supervise health inspectors at all levels	maintained	UEPM	# inspectors supervised	none		Planned for 2006
5: Health	5.11: En	3. Personal and community hygiene promoted	3.9 Carry out operational research in environmental health (latrines, methods of handwashing, waste management)	maintained	UEPM	Operational researches carried out	none		Planned for 2007
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.1 Develop and implement an operational plan integrating IEC / BCC activities of all programme areas of health sector	maintained	UEPM	Operational plan developed and implemented	none		Planned for 2006
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.2 Update and distribute guidelines for developing IEC / BCC messages	maintained	UEPM	guidelines developed and distributed	completion of activity	50%	Guidelines are developed not yet distributed
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.3 Develop and distribute a summarised national IEC / BCC policy and strategic plan to local authorities and community leaders	maintained	UEPM	policy & plan developed and distributed	none		Planned for 2007
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.4 Facilitate the participation of journalists in national and regional health issues	maintained	UEPM	Journalist facilitation	completion of activity	100%	
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.5 Train teams of trainers in development of IEC / BCC messages at district level	maintained	UEPM	# trainers trained	none		Planned for 2006
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.6 Develop a communication reference guide with an emphasis on counselling and interpersonal communication for health care	maintained	UEPM	communication reference guide developed	none		Planned for 2007
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.7 Develop and broadcast distance training by radio for health community workers	maintained	UEPM	distance training carried out	none		Planned for 2008
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.8 Produce IEC / BCC materials for health community workers in accordance with integrated operational plan	maintained	UEPM	# materials produced	none		Operational plan is a prerequisite, planned for 2007
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.9 Organise thematic open days and sensitisation campaigns targeting families	maintained	UEPM	# open days	none		Planned for 2006

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
5: Health	5.12: IEC	1. IEC / BCC programme strengthened at all levels	1.10 Mobilise community based organisations to carry out gender responsive IEC / BCC activities, targeting in particular women associations, religious groups and teacher associations	maintained	UEPM	# sessions	none		Planned for 2007
6: Referra	6.1:	1. Cases treated at tertiary levels in Rwanda increased	1.1 Develop binding policy and procedures for international referrals	maintained	CHU	Policy and procedures developed	none		Planned for 2006
6: Referra	6.1:	1. Cases treated at tertiary levels in Rwanda increased	1.2 Identify areas of skill gaps related to international referrals to be filled through improved training output	maintained	CHU	areas identified	completion of the activity	100%	
6: Referra	6.1:	1. Cases treated at tertiary levels in Rwanda increased	1.3 Provide necessary means to increase number of locally treated cases	maintained	CHU	means provided	completion of the activity	60%	1 scanner available and much more equipment including Telemedicine in KFH and CHUK
6: Referra	6.1:	2. Capacity in specialist medical areas Improved	2.1 Develop curriculum for additional specialised medical training areas	maintained	CHU	Curriculum developed	completion of the activity	100%	in collaboration with SIDA SADEC and regional universities
6: Referra	6.1:	2. Capacity in specialist medical areas Improved	2.2 Develop human resource and motivation plan for specialist medical employees	maintained	CHU	Motivation plan developed	completion of the activity	67%	Particular status of health professionals developed, ready to be endorsed
6: Referra	6.1:	2. Capacity in specialist medical areas Improved	2.3 Create centres of excellence to increase training of specialist medical staff	maintained	CHU	# centers	3	100%	
6: Referra	6.1:	3. Research capacity for clinical studies reinforced	3.1 Develop curriculum for clinical research training	maintained	CHU	Curriculum developed	none		Planned for 2006
6: Referra	6.1:	3. Research capacity for clinical studies reinforced	3.2 Develop human resource and motivation plan for clinical researchers	maintained	CHU	Motivation plan developed	none		
6: Referra	6.1:	3. Research capacity for clinical studies reinforced	3.3 Implement policy on treatment and research centres in Rwanda	maintained	CHU	Policy implemented	none		Planned for 2006
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.1 Develop results oriented MTEF, ensuring linkages with planning, costing, monitoring tools & annual budget and integrating results of simulations from planning and costing tool (Marginal Budgeting for Bottlenecks) in 2005	maintained	UPR	Results oriented MTEF developed	completion of activity	100%	World Bank and UNICEF provide technical assistance
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.2 Publish decree clarifying roles and responsibilities of health centres in the autonomous management of facilities, and develop new accountability and voice	updated	USS	Decentralisation law	completion of the activity	100%	
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.3 Develop a decentralization plan for the health sector, including appropriations and transfer mechanisms & an allocation formula for	maintained	USS	Plan developed	none		Planned for 2006
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.4 Reform budget by increasing block grants to decentralised units (provinces and municipalities)	maintained	UPR	Budget reformed and block grants increased	completion of activity	100%	World Bank and Minecofin carried out an annual evaluation (triggers)
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.5 Design and implement performance based payment contracting schemes for high impact services (e.g. immunisation, assisted deliveries) with government funding including monitoring	maintained	USS	Contractual approach initiated	completion of activity	100%	This activity 5 provinces
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.6 Transfer hospital and health centres to corresponding decentralized authority including physical assets, operational responsibilities, including human resource responsibilities.	maintained	URPSA	Transfert mechanisms set up	completion of activity	100%	
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.7 Develop accreditation & purchasing mechanisms for provision of hospital package	maintained	USS	Accredittation system in place	none		Planned for 2006

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.8 Strengthen capacity of districts to develop proposals to access funds from the Community Development Fund for health projects	maintained	UPR	Capacity reinforced	none		planned for 2006
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.9 Institutionalise planning at national and decentralised levels through annual joint sector planning and review missions and district workshops	maintained	UPR	District workshop	completion of activity	100%	Conclusions and recommendations related to investing in health for macro economic development
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.10 Develop annual operational plans at all levels in health system	maintained	UPR	Annual operational plan developed	completion of activity at central level	100%	Format of annual operational plan at all levels was developed during the last quarter of 2005
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.11 Implement MTEF financial and output monitoring at central and province level on a quarterly basis and disseminate reports	maintained	UPR	MTEF implemented	1	100%	MTEF implemented at central level and for districts, this is planned for 2006
7: Inst Ca	7.1:	1. Health planning, management and supervision reinforced at central and district levels	1.12 Carry out a Public Expenditure Tracking Survey periodically	maintained	UPR	Public expenditure carried out	none		Planned for 2006
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.1 Develop an ICT policy statement	updated	ICT	ICT policy implemented	done	100%	RITA has a NICI plan for all departments
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.2 Develop and implement a 5-year IT plan	updated	ICT	NICI plan updated	done	100%	
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.3 Introduce a telemedicine system at district hospital level	updated	ICT	# sites chosen	5	60%	Akagera summit recommendation
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.4 Pilot continuing medical education using the resource of telemedicine	maintained	ICT	Activity launched	done	100%	
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.5 Implement a basic computing and internet usage training from directors down	maintained	ICT	Internet implemented	4	75%	Change of the MoH headquarters
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.6 Connect the Ministry of Health to Gov-net	maintained	ICT	MoH connected	done	100%	
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.7 Develop a Ministry of Health website linked to GOR website with online document centre included	maintained	ICT	Website developed	done	100%	
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.8 Develop the national nutrition and epidemic surveillance information system	scrapped	ICT				wrong activity
7: Inst Ca	7.1:	2. ICT development plan revised and implemented	2.9 Install a wide area network (WAN) linking health facilities and health districts nationwide	maintained	ICT	WAN installed			Planned for 2007
7: Inst Ca	7.1:	3. Health management information system fully functional in public and private	3.1 Conduct an assessment of the data needs of Ministry of Health programmes and districts	maintained	UPR	ToR	completion of activity	100%	The Preparatory work of this assessment is going on
7: Inst Ca	7.1:	3. Health management information system fully functional in public and private	3.2 Integrate recommendations of assessment into HMIS by updating data collection tools and computer systems	maintained	UPR	none			
7: Inst Ca	7.1:	3. Health management information system fully functional in public and private	3.3 Produce and distribute data collection tools at all levels	maintained	UPR	data collection tools distributed	completion of the activity	100%	Activity on an annual basis
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.4 Publish quarterly HMIS bulletin for all stakeholders and as feedback down to districts	maintained	UPR	HMIS bulletin published	4	75%	The third bulletin will be published by the end of November
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.5 Carry out formative supervision of HMIS at all levels	maintained	UPR	Formative supervision carried out	2	50%	

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Strat. Axis	Sub Prog.	Output	Activity	Update status	Unit Resp.	OVI	Target 2005	Result 2005	Comment
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.6 Train selected personnel in analysis of health data at central and provincial level	maintained	UPR	# personnel trained	130	50%	Gikongoro, Byumba, Umutara and Kibungo). UNFPA, 8 FED, GTZ provided Financial assistance
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.7 Put in place a dynamic mapping of health information	maintained	UPR	Dynamic mapping group	1	100%	ONUSIDA, WHO provided Technical and Financial assistance
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.8 Develop data collection tools to integrate private sector and national referral hospitals into HMIS	maintained	UPR	Data collection tools developped	completion of the activity	25%	One meeting for contact with the private sector sponsored by PNILP
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	3.9 Train personnel in national referral hospitals and private sector for integration into HMIS	maintained	UPR	none			
7: Inst Ca	7.1:	4. Health personnel are trained in public health, accountancy and management skills	4.1 Train relevant MINISANTE staff in management, basic accountancy and public health	maintained	URPSA	# staff trained	completion of the activity	80%	All senior staff did not attend the SBF course on management