



World Health
Organization
Rwanda



United Nations
RWANDA
Unity in Diversity

WHO BIENNIAL REPORT 2016 – 2017



The work of WHO Rwanda in the domestication of the SDGs,
the Transformation Agenda, Emergency Preparedness and Response



WHO BIENNIAL REPORT
2016 – 2017



Table of Contents

Foreword	4
Acknowledgements	5
Acronyms	6
Executive summary	9
1. Introduction	12
1.1 Background.....	12
1.2 Current health situation in Rwanda.....	12
2. Key achievements	15
2.1 Communicable & Non-Communicable Diseases.....	15
2.2 Promoting Health through the Life Course.....	17
2.3 Health Systems Strengthening.....	18
2.4 Health Promotion and Social Determinants of Health.....	18
2.5 Disaster Risk Reduction, Epidemic Preparedness & Response.....	19
2.6 Corporate Services.....	20
2.7 Transformation Agenda.....	20
2.8 Partnerships.....	21
3. Conclusions	24
3.1 Overall office performance.....	24
3.2 Enabling factors.....	24
3.3 Challenges.....	24
3.4 Lessons learned.....	25
3.5 Recommendations.....	25
4. Strategic directions for the future	27
Annexes	28

Foreword



The WHO Country Office in Rwanda during this biennium 2016/2017 contributed to the development of Health Sector Strategic Plan 4 (HSSP 4) after evaluation of HSSP3, and was active in the domestication of Sustainable Development Goals (SDGs)

The Overall implementation rate of the Plan of work 2016/2017 with the awarded budget was of 92% and 96% for activities. The major issue was a lack of flexibility and unpredictable funding for activities. The Office continued to work closely with partners, especially UN Agencies and

concluded jointly the UNDAF 2018-2023. The work was accomplished by a dedicated staff. They improved health of communities with effectiveness and commitment.

During the biennium 2018-2019, WHO Country Office will continue to support the Ministry of Health in collaboration with other partners to improve health and the well-being of the communities. A new Country Cooperation Strategy 2019-2023 will be developed, under the guidance of the WHO Global Programme of Work 13, AFRO Transformation Agenda, the National Transformation Strategy and the new HSSP4, in line with SDGs.

Thank you

Dr Olu Olushayo, Olusehun
WHO Representative

Acknowledgements

The biennial Report 2016-2017 was produced in close collaboration with the Rwandan Ministry of Health (MoH). All achievements in the health sector were guided by the strategic work coordinated by the Ministry of Health, WHO and other stakeholders' active support. We are very grateful to all of you.

Our thanks also go to the UN Agencies gathered under the slogan “Delivering as one” which allowed WHO and sisters Agencies to support jointly the Government’s action, especially the Ministry of Health in order to harmonize and optimize synergy in UN efforts in the health sector.

We are very grateful to our donors during this period, especially the Swiss Development Cooperation, the Swedish Export Credit Agency, the Embassy of the Kingdom of the Netherlands (EKN), and the United Nations Trust Fund for Human Security. Their support contributed to adequately tackle major issues encountered by the country such as malnutrition or refugees.

We are convinced that this strong collaboration with the Ministry of Health and its different partners in the health sector will continue during the new biennium 2018/2019. On our side, we will commit with our active guidance and availability.



Rubavu, assessing Hospitals, Health Centers and Health Posts with MoH, WHO and Donors

Acronyms

AFRO	: Africa Regional Office
AHO	: African Health Observatory
AMR	: Antimicrobial resistance
ANC	: Antenatal care
PB	: Program Budget
ART	: Antiretroviral therapy
CCD	: Care for child development
CCM	: Country Coordinating Mechanisms
CCS	: Country Cooperation Strategy
CERF	: Central Emergency Response Fund
CERF	: Central Emergency Response Fund
CHW	: Community Health Worker
CIAT	: International Centre for Tropical Agriculture
CPR	: Cardiopulmonary Resuscitation
CSO	: Civil Society Organization
CRVS	: Civil Registration and Vital Statistics
CVCA	: Core Voluntary Contributions Account
DFC	: Direct Financial Cooperation
DFID	: UK's Department for International Development
DHS	: Demographic and Health Survey
DI	: Direct Implementation
DTP	: Diphtheria, tetanus and pertussis (whooping cough)
EAC	: East African Community
EKN	: Embassy of the Kingdom of the Netherlands
EPI	: Expanded Programme on Immunization
FCTC	: Framework Convention on Tobacco Control
FIC	: Fully Immunized Children
GoR	: Government of Rwanda
GPW	: General Programme of Work
GRATM	: Global Fund
GSRRS IV	: Global Status Report on Road Safety IV (GSRRS IV)
GSM	: Global Management System

GTCR V	: The Global Tobacco Control Survey V
HBV	: Hepatitis B Virus
HBC	: Hepatitis C Virus
Hib	: Hemophilic influenza type B
HIV/AIDS	: Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HMIS	: Health Management Information System
HPV	: Human papillomavirus
HQ	: Headquarters
HRH	: Human Resources for Health
HSSP III	: Third Health Sector Strategic Plan
IAEA	: International Atomic Energy Agency
IARC	: International Agency for Research on Cancer
ICATT	: IMCI Computerized Adaptation and Training Tool
ICD	: International Classification of Diseases
IMCI	: Integrated Management of Childhood Illness
IST/ESA	: Inter-country Support Team/Eastern and Southern Africa
JANS	: Joint Assessment of National Health Strategies
JHSR	: Joint Health Sector Review
LLINs	: Long-Lasting Insecticide-treated Nets
M&E	: Monitoring and Evaluation
MEC	: Medical Eligibility Criteria
MDGs	: Millennium Development Goals
MDR-TB	: Multidrug-resistant Tuberculosis
MDSR	: Maternal Death Surveillance and Response
MIS	: Malaria Indicator Survey
MoH	: Ministry of Health
MTR	: Mid-Term Review
NCDs	: Non-Communicable Diseases
NHO	: National Health Observatory
NIDA	: National Identity Agency
NISR	: National Institute of Statistics of Rwanda
NST	: National Strategy for Transformation
NTDs	: Neglected Tropical Diseases
NTD&OPD	: NTD and Other Parasitic Diseases
OPV	: Oral Poliovirus Vaccine

PCR	: Polymerase Chain Reaction
PBF	: Performance Based Financing
PHEIC	: Public Health Emergencies of International Concern
PMTCT	: Prevention of mother-to-child transmission (PMTCT) of HIV
PRISM	: Performance of Routine Information System Management
QC/QA	: Quality Assurance and Quality Control
RBC	: Rwanda Biomedical Center
REC	: Reach Every Child
RMNCAH	: Reproductive, maternal, newborn, child and adolescent health
RRP	: Regional Refugees Response Plan
RRP+	: Rwanda Network of People Living with HIV/AIDS
rSIS	: real time Strategic Information System
SDC	: Swiss Agency for Development and Cooperation
SDG	: Sustainable Development Goals
SDH	: Social Determinants of Health
SIAs	: Supplementary Immunization Activities
SMoL	: Start-up Mortality List
STEPS	: STEPwise approach to surveillance
TB	: Tuberculosis
ToRs	: Terms of Reference
UHC	: Universal Health Coverage
UN	: United Nations
UNHCR	: United Nations High Commission for Refugees
UNDAP	: United Nations Development Assistance Plan
VCT	: Voluntary Counselling and Testing
WATSAN	: Waste Management and Water and Sanitation
WCO	: WHO Country Office
WHO	: World Health Organization
WHO/AFRO	: WHO Africa Regional Office
WISN	: Workload Indicators of Staffing Needs
7YGP	: 7-Year Government Programme



Resuming the field visit in Rubavu. Dr Juliette Bataringaya (blue cap), Health Strengthening Systems, WHO Rwanda

Executive summary

Rwanda has made outstanding socioeconomic progresses in the last two decades. Significant betterments in health outcomes and other key development indicators have been observed, especially in achieving nearly all the MDGs. Despite significant gains and improvements, malnutrition is still a problem among children aged under-five, among which 38 % are stunted. This challenge is being addressed by the Government of Rwanda (GoR) and its partners.

This biennial report 2016/2017 outlines the work of the WHO Country Office (WCO) in cooperation with the Government of Rwanda using eight strategic priorities that guided the Country Office's work, namely:

- I. Communicable and Non-Communicable Diseases;
- II. Promoting health through the life course (RMNCAH and immunization);
- III. Health System Strengthening;
- IV. Health Promotion and the Social Determinants of Health;
- V. Disaster Risk Reduction, Preparedness and Response;
- VI. Corporate services;

VII. Transformation Agenda;

VIII. Partnerships.

In the area of *Communicable and Non-Communicable Diseases*, in the fight against HIV, WHO Country Office in Rwanda assisted the Ministry of Health (MoH) in assessing the community-based peer education, a program designed to improve patient level adherence. The Office also supported the development of the operational plan of elimination of mother-to-child transmission of HIV 2016-2018, which is operational countrywide. Moreover, the mid-term review of HIV National Strategic Plan 2013-2018 was conducted, along with the development of an extended HIV National Strategic Plan 2013-2020.

WCO supported the mid-term review of the Tuberculosis National Strategic Plan and the development of the extended Tuberculosis Strategic Plan 2013-2020. Furthermore, through DFID's support, the Office worked with the Ministry of Health to elaborate various documents, including the mid-term review of the Malaria National Strategic Plan 2013-2018, the Malaria Indicator Survey (MIS) protocol, and the first Malaria Meta Dictionary of malaria data.

The Country Office assisted the MoH in conducting its first national STEPwise approach to non-communicable disease (NCDs) and risk factor surveillance (STEPS) survey. Support was also provided to enhance the National Protocol on Prevention and Management of Malnutrition. The Office oversaw the training on operational research in ten districts with high stunting prevalence, in order to improve their skills on identification of malnutrition problems.

In the areas of *Maternal, Neonatal, Child and Adolescent health* and *Immunization*, the WCO provided technical support to the Ministry of Health to develop, review and update several guiding documents.

The 2015 WHO Medical Eligibility Criteria (MEC) wheel was adapted for contraceptive use in the national context. The capacity of health providers in management of mother and under-five children was also strengthened.

The Expanded Programme on Immunization (EPI) supplied technical support for the rotavirus vaccine impact. The rotavirus study showed that the positivity rate was of 49.8% before the rotavirus vaccine introduction, and fell down to 19% three years after.

The Office provided support to investigate and control two measles outbreaks in Nyabihu and Nyanza districts. Additionally, a national immunization coverage survey showed that the coverage of OPV3, DTP3 and Measles/Rubella first dose were estimated at 97.5%; 97.8%; 97.9%; respectively.

The *Health System* was strengthened through the following activities:

Major policies and their strategic plans were developed in the Leadership and Governance area to ensure the integration of the Sustainable Development Goals (SDGs) into national documents and plans. The Country Office also developed an SDG policy brief designed to guide the domestication of the Health SDGs at country level.

Moreover, the WCO dispensed technical support for the development of the law pertaining to the establishment of Rwanda Food and Drug Regulatory Authority. In the Health Information domain, the Office rendered technical support to the Ministry of Health in the implementation of the National Health Observatory. Technical support was also delivered to strengthen the Civil Registration and Vital Statistics (CRVS) system, including advocacy for the implementation of Medical Certification of Causes of Deaths (MCCOD).

Health Promotion and Social Determinants of Health were addressed through the following actions:

A Study on Social Determinants of Health and Intersectoral action contributed to the improvement and achievement of the SDGs. The Office also supported the review and implementation of several national working documents; and various global reports were produced. Regarding the protection of the human environment, the organization supported, amongst others, the development of the Water and Sanitation (WATSAN) Sector Strategic Plan 2018-2024.

As for the *Disaster risk reduction, Preparedness and Response*, WHO Country Office in Rwanda provided technical and financial support to carry out a meningitis risk assessment tools in order to strengthen case-based meningitis surveillance. The WCO supported the Government of Rwanda by providing equipment and supplies, and initiated Home Based Management of Malaria (HBM) in the Mahama Burundian refugee camp.

During the reporting period, the *Corporate Services* reported an overall implementation rate of the granted budget of 92% and 96% for activities. The major issue was the lack of flexible and predictable funding. But, 89 % of the outputs were fully achieved.

Regarding the *Transformation Agenda*, a WCO staff retreat took place from 3rd to 6th February 2016, which resulted in several recommendations related to the implementation of the AFRO Transformation Agenda and an operational plan to monitor them. The following year, the Office continued to implement its transformation agenda operational plan and several interventions took place, including an office risk assessment.

The WCO organized a staff retreat in early February 2017 to review the progresses made towards the implementation of the AFRO Transformation Agenda, which was attended by the Honourable Minister of Health and senior officers.

With regards to *Partnerships*, the WHO Regional Director for Africa (AFRO), Dr Matshidiso Moeti visited Rwanda from 23rd June to 1st July 2017. The WHO Regional Office for Africa, in collaboration with the Rwandan Ministry of Health, organized the First Africa Health Forum in June 2017. The Country Office participated in the final evaluation of Rwanda's first United Nations Development Assistance Plan (UNDAP 1) 2013-2018 and in the development of the second one (UNDAP 2) for 2018-2023.

1. Introduction

1.1 Background

The Country Office in Rwanda provided leadership on critical health matters, partnered with the Ministry of Health and other health development partners to contribute to the health goals which are articulated in its Country Cooperation Strategy (CCS) and in the national health policy and health sector strategic plan.

This Report outlines the Office's key achievements regarding the 2016 to 2017 targets and all expected outcomes collectively set and agreed upon by the Ministry of Health (MoH) and the Country Office. It also highlights the challenges, lessons learnt and provides perspectives for the 2018/19 biennium, in line with global, regional and national commitments and orientations, especially the implementation of the Sustainable Development Goals (SDGs), the Universal Health Coverage (UHC), the alignment with the National Transformation Strategy (NTS) and the 4th Health Sector Strategic Plan (HSSP).

1.2 Current health situation in Rwanda

Rwanda's population was projected to reach 11,274,221 in 2015 (1), life expectancy reached 64 years in 2012 (2); and although the country's Human Development Index (HDI) was ranked 159 out of 188 countries in 2015, the annual Growth Domestic Product (GDP) has been around 8 % since 2001 (1); while poverty reduced from 45 % in 2011 to 39 % in 2014 (1). In 2012, the percentage of the population who never attended school was of only 19 % (2), whereas access to clean water reached 73 % (2).

This is the result of key interventions aiming at recovering from the 1994 Genocide against the Tutsi, such as education, access to drinking water and enhancement of road networks. This demonstrates the commitment of the Government of Rwanda in improving the lives of all Rwandans as declined in the Vision 2020 Plan which is three years away from of implementation, Vision 2050 which aims at reaching high-income status by 2050 and its implementation instruments: the National Strategy for Transformation 2018-2024 (NST1). NST1, embraces the SDGs, the Africa Union Agenda 2063 and is built on three pillars: Economic Transformation, Social Transformation, and Transformational Governance.

During the last years, specialized health services have improved steadily in the areas of maternal and child health and communicable and non-communicable diseases (3).

The Millennium Development Goals (MDGs) 4 and 5 have been fulfilled (4–6). The under-five and maternal mortality rates were cut by three; passing from 152 deaths per 100,000 live births in 2005 to 50 deaths per 100,000 live births in 2015. Furthermore, in 2015, 93 % of children aged 12-23 months were fully immunized (1).

However, the neonatal mortality rate is still high. The main strategies retained to reverse this trend are:

An (i) Increase in number and quality of antenatal care (ANC) visits; (ii) Training in Emergency Obstetric and New-born care and (iii) Maternal Neonatal and Child Death Surveillance and Response to stunting also remains a critical issue. As a result, 38 % of under-five children were too short for their age in 2015 (6). To prevent stunting, the Government of Rwanda (GoR) started distributing Fortified Blended Foods (FBF) to the most-at-risk population (under-five children, pregnant and lactating women of the poorest socio-economic quintiles) in 2017 (8). By the end of 2017 the GoR launched the National Early Childhood Development (ECD) program, that will serve as an entry-point to deliver multi-sectoral interventions at community level (7). High impact interventions are still needed in these areas (4), as well as adequate monitoring (8).

The HIV prevalence amongst individuals aged 15-49 years remained stable and around 3% since 2005 (1). However, an upsurge of malaria cases has been observed nation wide since 2012, with an increase of malaria cases from 481,868 in 2012 to 2,456,091 in 2015 (9). A Malaria Contingency Plan was consequently developed and is under implementation since January 2016 (4).

A shift in the epidemiological profile is expected in the coming years, passing from a predominance of communicable diseases to a larger proportion of Non-Communicable Diseases (NCDs) (7). The country needs to prepare for this transition, ensure the early detection of NCDs and increase access to specialized treatment at district level (7).

In addition, mental health services have also been expanded to district hospitals and health centres through an increase of psychiatrists and mental nurses (3), but still need to reach the community level (7), in order to address Drug abuse, especially among young people (3).

The following achievements and challenges still concern the Rwandan health systems:

Regarding Leadership and Governance: the Health Sector Working Group (HSWG) and the Technical Working Groups (TWGs) are operational and both convey a strong coordination at central level. However, the Districts Health Units (DHUs) capacity need to be strengthened (7) along with the health professional council in order to safeguard the quality of health services (7). There is also a need to reinforce the policy dialogue amongst all health stakeholders (3), as well as across the concerned various sectors.

Regarding Human Resources for Health (HRH), the health professionals population ratio recommended in the Third Health Sector Strategic Plan were met in 2015 (3,7). However, the high turnover of health professionals is high (7). It is critical to develop a Retention Strategy for Community Health Workers (CHWs) and health professionals to reduce the attrition rate (7).

Regarding Medical Products and Health Technologies: the improvements in quality control and availability, the rational use of essential commodities and medicines have been noticed (7). But the pharmaco-vigilance system needs to be strengthened (7).

Regarding Health Financing, the country attained the Abuja Declaration recommendations by allocating 15 % of the government budget to the health sector (7). Performance-based financing (PBF) has brought tremendous benefits (7) and by June 2017 83.6% of the

population was covered by Community-Based Health Insurance (CBHI). This rate could go up to 90 % if all insurance schemes were considered) (7).

However, the CBHI registered important financial deficit, as funding collected from its members is insufficient compared to the cost of their health care (7). The high dependency on external financing (61% in 2015) (3) coupled with the decline in external funding remains a critical challenge. The most efficient strategies need to be identified through proper planning and costing (3, 7), especially regarding the expected increase of services due to NCDs resurgence and the scale-up of health posts at community level (7).

Regarding *Service Delivery*, there is a well-established network of health facilities and an adequate fleet of ambulances (7). However, some sectors still need health centers and specialized services to be expanded at both secondary and tertiary levels (7).

About Health Information Systems and Research (HISR), the Health Management Information System (HMIS), which collects data from every health facilities is operational countrywide (7). Data management will help strengthen the health system at all levels (7). Also, in order to implement and track progress towards the SDGs, it is critical to:

(i) scale-up Civil Registration and Vital Statistics (CRVS) within communities (ii) expand full Electronic Medical Record (EMR) to all public hospitals; and (iii) link together the information systems from various sectors (7). The Rwanda Health Observatory (RHO), an online platform for the generation, analysis and sharing of high quality health information, will serve the afore mentioned purposes by coordinating and linking different data sources together (7).

○ **Some Key Health Indicators in Rwanda**

Some key national health indicators and targets are shown below (as per HSSP III and IV):

	Indicators	2000	2005	2010	2016-17	Target 2020-21	Target 2023-24	Data source(s)
1	Under-five Mortality Rate/1000 live births	196	152	76	50	48	35	DHS
2	Prevalence of stunting among under 5 children	42	51	44	38	29.9	19	DHS
3	HIV prevalence among people aged 15–49 years	N/A	3	3	3	<3	<3	DHS
4	Doctor/pop ratio (GP and Specialists as well)	1/75,000	1/50,000	1/16,001	1/10,055	1,9000	1,7000	Annual Statistical Booklet
5	Proportion of population covered by health insurance (all types)	N/A	12	91	76	>95	>95	EICV and HRTT report

2. Key achievements

2.1 Communicable & Non-Communicable Diseases

2.1.1 HIV/AIDS/Hepatitis programme

The WHO Country Office in Rwanda supported the development of the operational plan of elimination of mother-to-child transmission of HIV edition 2016-2018. Operational countrywide it aims at reducing mother-to-child transmission from 1.8% to 1%.

The Country Office also offered technical assistance to conduct the mid-term review of the HIV National Strategic Plan 2013-2018 to develop an extended HIV National Strategic Plan edition 2013-2020. HIV and hepatitis guidelines were revised, and training provided to 24 pharmacists, and 24 nutritionists were trained for improved management of HIV and TB patients.

In addition, the Office brought technical and financial support to the Ministry of Health and the Rwanda Biomedical Center (RBC) in organizing the World AIDS Day, the World Hepatitis Day 2017 and a campaign for the provision of hepatitis B vaccine amongst adults in two districts: Kayonza and Musanze. A screening of 250,000 people for HCV and HBV vaccines and provision of HBV vaccine to 400,000 people were successfully conducted.

2.1.2 TB programme

During the biennium, the WCO supported the development of the following documents and action: (i) the mid-term review of the TB National Strategic Plan and the Extended Tuberculosis Strategic Plan 2013-2020; (ii) the assessment of the Programmatic Management of Drug-Resistant Tuberculosis; and (iii); the revised national TB guidelines.

Based on the aforementioned documents, a funding request for HIV, TB and Malaria was also developed and submitted to the Global Fund to fight Tuberculosis and Malaria with the WHO Country Office's guidance. As a result the MoH received USD 154 million for HIV, USD 14 million for TB and USD 41 million for Malaria programs.

WHO Rwanda also provided technical support for training on Programmatic Management of Drug-resistant TB at the School of Public Health's Centre of Excellence of the University of Rwanda. The training was attended by 25 participants from Kenya, Nigeria, Rwanda, South Sudan and Uganda.

2.1.3. Malaria programme

WHO Country Office facilitated the organization of the Malaria Symposium which developed the road map on prevention, diagnosis and treatment of malaria at all levels of the health system. WHO/AFRO provided financial and technical support (5 technical staff & consultants) to conduct the mid-term review of Malaria National Strategic Plan 2013-2018. Through DFID support, WCO contributed to the development of the following different national documents: (i) the extended Malaria Strategic Plan 2013-2020 document, (ii) the

Malaria Case Management Guidelines, (iii) the Malaria Indicator Survey (MIS) protocol, (iv) the Malaria Diagnosis QC/QA Guidelines and also (v) the first Malaria Meta Dictionary of Malaria Data.

2.1.4 Neglected Tropical Diseases

The Country office delivered technical support to develop the Neglected Tropical Diseases Strategic Plan (Master Plan) 2017-2020. In order to bridge the knowledge gap in Neglected Tropical Diseases (NTDs) prevention and transmission of the diseases, WHO donated 5000 schistosomiasis booklets to the Ministry of Health that were distributed to schools located in 19 endemic districts.

During the period ranging from 2016 to 2017, WHO Office in Rwanda donated a total of 3,939,604 Praziquantel and 6,925,000 Albendazole tablets to the MoH to support the deworming programme aiming at reducing NTDs in the country. In this context, WCO coordinated different mass drug administration activities.

A total of 4,682,315 children from 1 to 15 years were reached. Technical and financial support was provided for training on human African trypanosomiasis surveillance, which allowed 28 staff members from NTDs and Other Parasitic Diseases Unit (NTD & OPD), the National Reference Laboratory and health facilities to be trained.

2.1.5 Non-Communicable Diseases and Nutrition

The WHO Country Office was supported the Rwandan Ministry of Health to conduct its first national STEPwise survey for NCDs risk factors. Key results will subsequently inform decision-makers for a better prevention of NCDs in the country.

In the area of tobacco control, the Ministry of Health with the Country Office's support strengthened the capacity of different public and private sectors stakeholders on tobacco law enforcement. More than 100 participants from government institutions, hospitality establishments and 31 from civil society were trained. They are now supporting enhanced implementation of tobacco control measures against second-hand smoking in their premises.

Support was provided to review the National Protocol on Prevention and Management of Malnutrition. In addition, WHO supported the Ministry of Education to produce and distribute 35.000 copies of a nutrition comic book in primary and secondary schools across the country.

The Office also assisted the Ministry of Health in training health care providers in 10 districts with high prevalence of stunting to conduct operational research, and improve their skills in identifying nutrition problems in communities. In that course 40 Health Care providers were trained on different topics and conducted different operational studies in their respective districts, which led to the elaboration of recommendations now used to develop corrective measures in fighting malnutrition.

2.2. Promoting Health through the Life Course

2.2.1 Maternal and Child Health

In the area of Maternal and Child health, the Country Office offered technical support to the MoH to develop, review and update the following documents: (i) the national, maternal newborn and child health strategic plan 2017-2022, (ii) the IMCI booklet, and (iii) the community-based maternal and newborn health training manuals, which are now used at community level.



Vaccinated children at the Mahama Refugee Camp in Rwanda

WHO Rwanda supported the Ministry of Health in adapting the 2015 WHO Medical Eligibility Criteria (MEC) and wheel for contraceptive use in the national context. In consequence 27 Health providers from districts hospitals and partners involved in family planning (FP) were trained with the national MEC wheel; 2645 copies were produced with the WCO support and are now in use in 300 Health Facilities.

The Office also supported strengthening capacity of different health providers at all levels to improve the management of mother and under-five children as presented in the table in annex.

2.2.2 Expanded Programme on Immunization

The Country Office provided technical support to conduct a rotavirus vaccine impact study by recruiting 3 SSA staff who worked in 8 sentinel sites. This study showed that the rotavirus positivity rate, which was of 49.8% before the rotavirus vaccine introduction, fell down to 19% three years after introduction.

The Office offered technical support the Ministry of Health to investigate and respond to two outbreaks. A total number of 43 and 69 measles cases were confirmed in laboratory in Nyabihu and Nyanza districts. Supplementary immunization activities (SIAs) were consequently conducted targeting children aged between 9 months and 15 years, covering a total of 17,307 children in Nyabihu district 93,893 children in Nyanza district. This action resulted in the interruption of measles transmission.

A national immunization coverage survey conducted countrywide in 2017 also showed that the coverage of OPV3, DTP3 and Measles/Rubella first dose was of 97.5%; 97.8%; 97.9%; respectively.

2.3 Health Systems Strengthening

WHO Office in Rwanda provided technical and financial support to the MoH to develop several policies and strategies to strengthen the national health system.

National policies and strategic plans were developed to reinforce the Leadership and Governance, such as: (i) the HSSP3 policy actions and updated targets to fast track the attainment of HSSP3 targets for 2018; (ii) the development of the Fourth Health Sector Strategic Plan (HSSP4) and (iii) the National Strategy for Transformation 2017-2024 (NST1). Through its support, WCO fostered the integration of the SDGs into the major policy documents aforementioned, which was mainly done through working sessions with the Health Sector Working Group (HSWG). In addition, the organization developed an SDG policy brief to guide the domestication of Health SDGs in the country.

In the area of Health products and technologies, the Country Office provided technical support for the development of the following documents: (i) the National Action Plan for Prevention and Management of the Antimicrobial Resistance (AMR); (ii) the law and operational framework for establishment of Rwanda Food and Drug Regulatory Authority; (iii) the Pharmaceutical Policy and its Strategic Plan; (iv) the Health Service Quality Assurance Policy; (v) the National Strategic Plan for Health Service Accreditation 2016-2021; (vi) the Primary Health Care Policy Standards and its Regulatory Framework, (vii) the Traditional Medicine Policy, and (viii) the National List of Essentials Medicines.

In the Health Information domain, WCO delivered technical support to the Ministry of Health for the operationalization of the National Health Observatory (NHO), a Web-based platform which facilitates the monitoring of health trends and the SDGs across the country. Technical support was also provided for training on the use of the WHO Start-up Mortality List (SMoL) for 75 staff members of the National Institute of Statistics of Rwanda (NISR), the National Identity Agency (NIDA), and data managers from districts, provincial and referral hospitals, in order to strengthen the Civil registration and Vital Statistics (CRVS) system. The Office also advocated towards the Ministry of Health for the use of the International Classification of Diseases (ICD) and for the recording of both mortality and morbidity data. As a result, a decision was taken to implement the Medical Certification of Causes of Deaths (MCCOD) in all public hospitals across the country.

2.4. Health Promotion and Social Determinants of Health

2.4.1 Health promotion

WHO Rwanda supported the development of the Study on Social Determinants of Health and Intersectoral action to evaluate progress in implementing the Rio Declaration on Social Determinants of Health. This study was widely disseminated, and the recommendations will contribute to improvement on intersectoral action and achievement of SDGs.

The Office gave assistance in the reviewing and implementation of the following documents: (i) the School Health Training manuals for primary and secondary schools; (ii) the Social and Behaviour Change Communication Strategic Plan for Malaria 2017-2020, all to enhance community capacities in fighting malaria.

The Country Office assisted in the production and sharing of the following global reports: (i) the Global Status Report on Road Safety IV (GSRRS IV) completed and shared with Regional Head Quarters in Brazzaville for dissemination; (ii) the Global Tobacco Control Report VI (GTCR VI) for 2017 completed and shared with AFRO; (iii) the 2017 Non-Communicable Diseases Country Capacity Survey completed and shared with AFRO; (iv) the E-survey of eye health indicators in country conducted and shared with AFRO.

2.4.2 Health Promotion and Communications

WHO Rwanda reinforced the organization of the Annual WHO official Health Days. These included: Cancer, Tuberculosis, World Health Day, Malaria, No Tobacco, Alcohol and Drug Abuse, Blood Donation, Heart Day, Mental Health, Diabetes, and AIDS days.

In addition, WHO Rwanda supported the commemoration of four Mother and Child Health Weeks integrated to Polio Day, Measles and Rubella vaccine, UN Day, and NCDs Weeks combined with the monthly “Car Free Days”.



Community Health Worker in action. Mrs Diane Muhongerwa (center) Health Economics Programme Officer, WHO Rwanda

2.4.3 Protection of Human Environment

In collaboration with other stakeholders, WCO supported the review and updating of the Food Safety Implementation Strategic Plan 2018-2024; (ii) the Environmental Health Policy Implementation Strategic Plan 2018-2024; (iii) the Health Care Waste Management Implementation Strategic Plan 2018-2024; and the development of the Water and Sanitation (WATSAN) Sector Strategic Plan 2018-2024.

2.5 Disaster Risk Reduction, Epidemic Preparedness & Response

Being one of the 27 countries in the extended African meningitis belt, WHO Rwanda provided technical and financial support (USD 10,000) to carry out a meningitis risk assessment. As a result, the implementation of case-based meningitis surveillance is ongoing and the country is in the process of joining the Enhanced Meningitis Surveillance Network Group of the African meningitis belt.

The Country Office also provided the Government of Rwanda with USD 40,000 for the provision of equipment and supplies and coordinated training of laboratory technicians to enable yellow fever case-based surveillance in the country. Since then the MoH has started to ensure active yellow fever surveillance.



In response to the sudden increase of malaria morbidity and mortality in Mahama Burundian refugee camp and to reduce malaria dissemination in the selected hotspots of malaria transmission, the Country Office supported the initiation of a Home Based Management of Malaria (HBM). The Office's support was estimated at USD 100,000. As a result, the malaria increase in pre-epidemic phase was quickly contained and controlled in the camp.

2.6. Corporate Services

At the end of the biennium 2016-2017, the overall implementation rate of the awarded budget was of 92% and 96% for activities. The major issue was the lack of flexible and predictable funding, which delayed the implementation of activities and timely response to partners' expectations. Out of 62 outputs, 55 were fully achieved, 2 were partially achieved and 5 were not achieved. This represents 89% of fully achieved outputs, 3% of partially achieved and 5% of outputs not achieved.

2.7 Transformation Agenda

WHO Rwanda staff Retreat took place from 3rd to 6th February 2016 with the goal of making reflections on more strategic and innovative approaches to better deliver the organization's mandate. At the end of the Retreat, a number of recommendations and an operational plan to implement the AFRO Transformation Agenda were developed.

The following year, the Office continued to implement its Transformation Agenda Operational Plan; and the following interventions took place during the reporting period:

- a. Finalization of process of recruitment of HSS and NPO/PHE-UNDAP staff;
- b. In line with corporate risk management policy, WCO conducted the office risk

assessment and has identified 9 risks that were submitted to the Office of Compliance Risk Management and Ethics (CRE);

- c. The Office's Compliance and Risk Management Committee was also conducted which updated the status of the Country Office's internal control of self-assessment. The overall performance of WHO control and risks assessment indicated a satisfactory scoring of 3.55 which is a sign of adequate controls in place.

The Country Office organized a staff Retreat in early February 2017 in order to review the work done in 2016 and to plan for 2017 in line with the Transformation Agenda. During the retreat, the Minister of Health, Dr Diane Gashumba with some senior officials joined the team to discuss and agree on how to strengthen cooperation between the Ministry of Health and WHO Rwanda.

2.8. Partnerships

The WHO Regional Director for Africa, Dr Matshidiso Moeti visited Rwanda from 23 June to 01 July 2017; she was received by the President of Republic of Rwanda, His Excellency Paul Kagame. WHO Regional Office for Africa in collaboration with the Government of Rwanda organized the “First Africa Health Forum” in Kigali from 27 to 28 June 2018. The theme was “Putting People First; The Road to Universal Health Coverage”. At the end of the Forum, a call for action was adopted with eleven recommendations and nine commitments by different stakeholders such as Governments, WHO, UN Agencies, Development Partners, the African Union Commission and the Private Sector.



Dr Daniel Nyamwasa Director General Kacyiru Hospital (left), Dr Patrick C. Ndimubanzi Minister of State in Charge of Public Health and Primary Healthcare, Dr Olushayo Olu WHO Representative in Rwanda, Dr Jose Nyamusore Rwanda Biomedical Center (RBC)

Note:

- I. To ensure a coherent, efficient and results-oriented management of the One Programme aligned to the Rwanda One UN Business Operations Strategy (BoS), the Office contributed to the final evaluation of Rwanda's first United Nations Development Assistance Plan (UNDAP 1) 2013-2018 and to the development of the current one (UNDAP 2) for the period 2018-2023. The 2018-2023 UNDAP final document is a joint work of all UN Agencies. It outlines the One UN areas of support to the national development agenda in Rwanda for the above-mentioned period;
- II. The WHO Country Office in Rwanda also participated in the following outstanding events and/or activities;
- III. Visit of the UN Foundation along with the American Congressional learning trip to Rwanda on immunization programme. The Country Office presented an overview on Rwanda immunization programme focusing on measles and rubella elimination and the role played by the Office in supporting the Ministry of Health in the area of immunization;
- IV. WHO professionals participated in the 7 Year Government Programme (7YGP) evaluation meetings. The meetings were organized around the themes of the 7YGP in view to assess the progress and impact made in its implementation. Inputs from participants to the meeting (Government and Partners) were also retained into a comprehensive report delivered by the Prime Minister's Office. This will help to enrich the next national development policy documents;
- V. Meeting and initiating discussions with a civil society organization called Rwanda Network of People Living with HIV (RRP+) in order to better support in the implementation of its activities and other HIV prevention activities at community level. The WCO also met with the International Centre for Tropical Agriculture and agreed on keys areas of collaboration which included operations research in the areas of nutrition and food security;
- VI. Providing financial and technical support for the Annual Conference for the Rwanda Medical Association. The theme of the 2017 annual conference was 'Scaling up Universal Health Coverage' and resulted in raising awareness among physicians and medical doctors including medical general practitioners to increase their key role in achieving UHC and their core mission in Rwanda and the East African Region;



- VII. Dispensing financial and technical support to the preparation and organization of the 7th World Healthcare Students Symposium, around the theme: “Towards the SDGs Agenda 2030: The role of a multidisciplinary approach in healthcare”. The WHO Representative participated and delivered WHO guidance in the introductory panel discussions on “The role of Multidisciplinary Healthcare in SDGs Agenda 2030”;
- VIII. Participating in the Global Fund CCM (Country Coordinating Mechanisms) Retreat from 07 to 08 December 2017. The objectives were to explain the roles of the CCM, to understand the changing environment (structures and funding mechanisms) and the need for a structured response in the context of the CCM evolution, and to discuss the governance documents. As a principal outcome, a roadmap was established to organize the Oversight Committee Membership, to review the CCM Code of Conduct and the CCM Framework document, to evaluate CCM secretariat staff’s performance, and to organize initial dialogue on sustainable financing strategy under the leadership of the government of Rwanda.

3. Conclusions

3.1 Overall office performance

In general, WHO Office in Rwanda achieved most of its set targets for the biennium 2016-2017. The main achievements include amongst others: (i) Domestication of the SDGs, (ii) 96% per cent implementation rate of the 2016/17 biennial work plan, and (iii) support to Ministry of Health to deliver the following products and services:

- Support evaluation of HSSP3 and development of HSSP4;
- Development, review and update of various policy and strategic documents;
- Implementation of various assessments and research;
- Maintenance of the certification level of polio eradication activities;
- Implementation of several capacity building activities;
- Establishment of a National Health Observatory;
- Support epidemic surveillance, disaster management and refugees response;
- Contribution to the overall One UN coordination mechanism in the country.

3.2 Enabling factors

The above achievements were made possible due to a number of enabling factors such as:

- Good coordination of the health sector by the Ministry of Health and availability of its technical staff and committed health partners;
- Strong and dedicated technical support from WHO at all levels (HQ, AFRO and Inter-Country Support Team);
- Focus on the comparative advantage of the organization through efficient use of available resources to deliver technical support;
- Strong workforce with a high level of maturity, professionalism, passion, responsibility and commitment;
- Good collaboration between UN Agencies through UNDP to mobilize funds such as CERF, SDC and UNTFHS.

3.3 Challenges

The following challenges were met during the reporting period:

- Inadequate capacity to produce high quality results and a lack of commitment to improve technical capacity, leading sometimes to poor planning, inadequate

support for efficient implementation, poor quality reports regarding technical activities and their documentation. Action was taken via continuous training and coaching on professional capacity, improving result-based management through staff development learning;

- Inadequate communication resulting in insufficient resources mobilization, poor external relations and visibility of the Organization. Action was taken via advocacy to AFRO to provide technical support and improve the Office's capacity in communication by recruiting the first External Relations and Resource Mobilization Officer;
- Predictability of funding, inadequacy of the work plan funding and high dependency on voluntary contributions all hindered the implementation WCO Rwanda activities. Action was taken via advocacy to AFRO and Head Quarters in Geneva for more predictability of work plan funding;
- Low fund absorption capacity of some Ministry of Health programmes.

3.4 Lessons learned

- The leadership of the Ministry of Health and the Government of Rwanda was integral and reflected in the excellent accomplishments reflected in the health sector in the country. The Active Health Sector Working Group (HSWG) and different Technical Working Groups (TWGs) contributed strongly to the multisectoral collaboration and successes of the health sector;
- Flexible policy dialogue is essential for exchanging ideas, information, and alternative visions at each stage of the policy reform processes. To be effective in the development of national strategies, programs and tools. The dialogue must take place in a variety of settings and must include a various of parties. Policymakers must be encouraged to engage these diverse interests at all steps of the process.

3.5 Recommendations

- Capacity building for the SDGs domestication;
- Scaling up local resource mobilization;
- Scaling up staff development, learning, capacity building to improve the quality and quantity of the technical delivery;
- Advocating to Member States during the Governing Body meetings (RC and PSC), meeting their Direct Financial Cooperation (DFC), reporting obligations and improving their fund absorption capacity;
- Sustain funding of NPO/NHO-position. The initial funding of the project ends in June 2018;

- Establishing an additional portfolio for an External Relations/Resource Mobilization as well as scaling up Strategic Planning, Monitoring and Evaluation activities;



Health Sector Working Group visiting the Kabaya Hospital to assess the supply chain of family planning commodities, finance, human resource management; postpartum contraception methods; HIV strength and limitations

4. Strategic directions for the future

In the 2018/19 biennium, WHO Rwanda will work to sustain its achievements and break new grounds. Efforts will be made to reinforce the enabling factors and resolve the challenges experienced in the course of the previous biennium. The strategic direction of the Office will continue to be guided by its priorities as highlighted in its Country Cooperation Strategy 2019-2014, the 13th Global Programme of Work, the WHO Regional Office for Africa Transformation Agenda, and UNDP 2018-2023. Efforts will be made to support the Government of Rwanda in implementing the SDGs, advance Universal Health Coverage insure financial sustainability of health care programmes, address the challenges of both Communicable and Non-Communicable Diseases, increase access to good quality and affordable medical products, address the social, economic and environmental determinants of health and respond to public health emergencies.

To achieve this, the Transformation Agenda will be used as a platform to improve the technical capacity, competence and accountability of the Office, strengthen effective partnerships with all government sectors, development partners and donors, the UN, academia and civil society in order to improve communication visibility and dissemination of our results within and outside the organization.

Specifically, the Country Office will support:

1. The Ministry of Health in implementing the SDGs, in line with the National Transformation Strategy, AFRO Transformation Agenda, Country Cooperation Strategy and strengthen the health systems including policy and strategy development and health information generation for decision making;
2. The national efforts addressing the problem of malnutrition (especially stunting);
3. The gains made in primary health care, improvements in the quality of care, the strengthening of secondary health care and delivery towards Universal Health Coverage;
4. The strengthening of the Ministry of Health's oversight and coordination functions in line with HSSP4;
5. The strengthening of institutional capacity of district health management teams and health training institutions;
6. Intersectoral collaboration for a more integrated approach, especially in addressing challenges related to malnutrition and other inequities;
7. The strengthening of communications and resources mobilization activities and guidance on emerging health issues.

Annexes

Table of Trainings

Training	Number of trained people	Purpose
Revised HIV and TB guidelines	24 pharmacists and twenty-four 24 nutritionists	Improved management of HIV and TB patients
Programmatic Management of Drug-resistant TB	25 participants from Kenya, Nigeria, Rwanda, South Sudan and Uganda.	Improved management of Drug-resistant TB
Human/African trypanosomiasis surveillance	28 staff from NTD & OPD Unit, National Reference Laboratory and health facilities	Improved surveillance of Human/African trypanosomiasis
Tobacco law enforcement	131 participants from governmental institutions and CSOs	Enhanced implementation of tobacco control measures
Community-based maternal and newborn health care management:	35 national trainers and 24 health providers from Kabaya District	Improved management of mothers and new born during the post-partum period at community level;
Verbal autopsy in context of the new MDSR approach.	38 staff from 38 district hospitals	Death audit at community level
IMCI	21 health providers from Musanze District	Improved management of child hood illnesses at health facilities. e
Family Planning on Medical Eligibility Criteria (MEC) wheel for contraceptive use	27 participants from Districts Hospitals	National MEC wheel for contraceptive use respecting different health conditions and characteristics and also for training of health care providers.

Training	Number of trained people	Purpose
“Care for child development (CCD)”	12 IMCI trainers	Improve the management of under five children. This workshop was followed by integration of CCD into IMCI Chart booklet, including the review of management of malnutrition in under five;
Maternal deaths surveillance and response (MDSR)	31 Journalists	Reporting and creation of the RMNCH journalist network
Reach Every Child approach	42 EPI supervisors from districts	Improved universal access to immunization
Training on the use of the WHO’s Start-up Mortality List (SMoL) tool	75 data managers from NISR, NIDA and public hospitals	Improvement of the Web-based CRVS system.
Community mobilization	58 persons from districts	Communities are better supported in health promotion.

WHO Staff List as of December 2017

International Staff

N°	Last Name	First Name	Nationality	Sex	Title	Mob N°.	E-mail
1	BATARINGAYA	Juliet Evelyn	Ugandan	Female	Technical Officer/ HSS	0788380055	bataringayaj@who.int
2	OLU	Olushayo Oluseun	Nigerian	Male	WHO Representative	0788300989	oluo@who.int

National Staff

N°	Last Name	First Name	Nationality	Sex	Title	Mob N°.	E-mail
1	BITIHINDA	Charles	Rwandan	Male	Diver	0788462020	bitihindac@who.int
2	GASHEREBUKA	Jean Bosco	Rwandan	Male	NPO/HIP	0788380083	gasherebukab@who.int
3	HABIMANA	Innocent	Rwandan	Male	NPO/PHE	0788380089	habimanai@who.int
4	KABANDANA	Innocent	Rwandan	Male	NPO/Operations officer	0788380091	kabandanai@who.int
5	KAMAGAJU	Emerthe	Rwandan	Female	HR Clerk	078 8427744	kamagajue@who.int
6	KANIMBA	Innocent	Rwandan	Male	Driver	078 8470492	kanimbai@who.int
7	MUGABO	Maria	Rwandan	Female	NPO/FHP	0788380084	mugabom@who.int
8	MUGABO SEMAHORE	Jules	Rwanda	Male	NPO/HIV/AIDS	0788380092	mugabosemahorej@who.int
9	MUHONGERWA	Diane	Rwandan	Female	NPO/HEC	0788380078	muhongerwad@who.int
10	MUKANSIGAYE	Jeanne	Rwandan	Female	Program, Budget and Finance Clerk	078 8430342	mukansigayej@who.int
11	MUTESI	Georgette	Rwandan	Female	Program, Budget and Finance Assistance	0788380079	mutsig@who.int
12	NASABWE	Alice	Rwandan	Female	Logistics, Procurement and Travel Clerk	078 8442186	nasabwea@who.int
13	NYANDWI	Alphonse	Rwandan	Male	NPO/ICT Focal Point	0788380076	nyandwia@who.int
14	RUGAMBWA	Celse	Rwandan	Male	NPO/EPI	0788380087	rugambwace@who.int
15	RUSANGANWA	André	Rwandan	Male	NPO/DPC	0788380059	rusanganwaa@who.int
16	RUTAGONYA	Gabriel	Rwandan	Male	Driver	0788470797	rutagonyag@who.int
17	RWABUYONZA	Jean Pierre	Rwandan	Male	Senior Driver	0788419376	rwabuyonzaj@who.int
18	SINGIRANKABO	Marcel	Rwandan	Male	Logistics, Procurement and Travel Assistant	0788380073	singirankabom@who.int
19	TRAN NGOC	Candide	Rwandan	Female	NPO/AHO-rSiS	0788380056	tranngocc@who.int
20	TUYISENGE	Stella Matutina	Rwandan	Female	NPO/EDM	0788380069	tuyisenges@who.int
21	UWAMWEZI	Jacqueline	Rwandan	Female	Sec/ WHO Representative	0788380052	uwamwezij@who.int

Special Service Agreement Staff

N°	Last Name	First Name	Nationality	Sex	Title	Mob N°.	E-mail
1	IRAGUHA	Gisele	Rwandan	Female	SSA/EPI Rotavirus Field Coordinator	0788512993	iraguha11@yahoo.fr
2	KALISA	RUKUNDO Ina	Rwandan	Female	SSA/CBHI	0788525430	inakalisa@who.int
3	KAYITARE	Augustin	Rwandan	Male	SSA/Driver	0788535834	augustin.sezibera@gmail.com
4	NAHIMANA	Marie Rosette	Rwandan	Female	SSA/EPI- Immunization coverage survey	0788763036	nahimanai@who.int
5	NIYIBAHU	Jeanne	Rwandan	Female	SSA/EPI Support Staff	0788503136	niyibajane@yahoo.fr
6	TUYISHIME	Yvette	Rwandan	Female	SSA/EPI Support Staff	0785814724	yvettetuyishime@yahoo.com
7	UMUHOZA	Jean de Dieu	Rwandan	Male	SSA/Driver	0788922602	umuhoza.jeandecieu01@gmail.com
8	UMULISA	Irene	Rwandan	Female	SSA/ Epidemiologist	0788589300	umulisai@who.int
9	UWIMANA	Nathalie	Rwandan	Female	SSA/EPI Rotavirus Field Staff	0788418650	uwatha@yahoo.fr

Interns

N°	Last Name	First Name	Nationality	Sex	Title	Mob N°.	E-mail
1	MANIRAKIZA	Noella	Belgian	Female	SSA/EDM	0739849851	flonoria@hotmail.com

References

1. National Institute of Statistics of Rwanda. Rwanda Demographic and Health Survey 2014-15 [Internet]. 2015. Available from: <http://www.statistics.gov.rw/publication/demographic-and-health-survey-20142015-final-report>
2. (NISR) NI of S of R. Fourth Population and Housing Census, Rwanda, 2012, Population size, structure and. 2012;
3. Rwanda Ministry of Health. Mid Term Review of the Third Health Sector Strategic Plan [Internet]. Kigali; 2015 [cited 2016 Nov 5]. Available from: http://www.MoH.gov.rw/fileadmin/templates/Docs/HSSP_III_MTR_final_report.pdf
4. Rwanda Ministry of Health. Health Sector Annual Report July 2015-June 2016 [Internet]. [cited 2018 Apr 19]. Available from: http://MoH.gov.rw/fileadmin/templates/MoH-Reports/Health_20Sector_20Annual_20Report_202015-2016_25082016.pdf
5. National Institute of Statistics of Rwanda (NISR). Integrated Household Living Conditions Survey/ Enquête Intégrale sur les Conditions de Vie des Ménages (EICV) 2013/14 Main Indicators Report [Internet]. 2015 [cited 2017 Jan 13]. Available from: <http://www.statistics.gov.rw/publication/main-indicators-report-results-eicv-4>
6. National Institute of Statistics of Rwanda (NISR). Rwanda Demographic and Health Survey 2014-15 [Internet]. 2016 [cited 2018 Apr 19]. Available from: <https://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>
7. Ministry of Health (Rwanda). Fourth Health Sector Strategic Plan (July 2018- June 2024) [Internet]. 2018 [cited 2018 Apr 19]. Available from: http://MoH.gov.rw/fileadmin/templates/Docs/FINALH_2-1.pdf
8. Rwanda Ministry of Health. Concept note: General Data quality verification on FBF program in health centers. 2018.
9. Rwanda Ministry of Health. 2015 Annual Health Statistics Booklet [Internet]. 2017 [cited 2017 Jan 12]. Available from: http://MoH.gov.rw/fileadmin/templates/hmis_reports/2015_20Annual_20Statistical_20booklets_20V13_20Signed.pdf

