Republic of Rwanda

Ministry of Health

FY 2023/2024 BACKWARD-LOOKING JOINT HEALTH SECTOR REVIEW MEETING REPORT

December 2024

Contents

List of tables

List of Acronyms

ANC	Antenatal Care
BLJSR	Backward-Looking Joint Sector Review
CHW	Community Health Worker
CRVS	Civil Registration and Vital Statistics
CSB	Corn-Soya Blend
DHIS	District Health Information Software
DHIS	District Health Information Software
DHS	Demographic and Health Surveys
DHMT	District Health Management Team
DPs	Development Partners
cEMR	Community-Electronic Medical Records
FY	Fiscal Year
HC	Health Center
HMIS	Health Management Information System
H-NAP	Health National Adaptation Plan
HRTT	Health Resource Tracking Tool
HSSP	Health Sector Strategic Plan
HSWG	Health Sector Working Group
MINECOFIN	Ministry of Finance and Economic Planning
MCCH	Maternal Child and Community Health
MCCOD	Medical Certification of Cause of Death
MMR	Maternal Mortality Rate
HSWG	Health Sector Working Group
MNP	Micronutrient Powder
MOH	Ministry of Health
NCDA	National Child Development Agency
NMR	Neonatal Mortality Rate
NST	National Strategy for Transformation
PHC	Primary Health Care
PHFTWG	Planning Health Financing Technical Working Group
PPH	Postpartum Hemorrhage
PPFP	Post-Partum Family Planning
RBC	Rwanda Biomedical Centre
RISA	Rwanda Information Society Authority
RUTF	Ready-to-Use Therapeutic Food
SACA	School-Aged Children and Adolescents
SEDO	Social and Economic Development Officers
SPIU	Single Project Implementation Unit
SWG	Sector Working Group
TWG	Technical Working Group

Background and rationale

The Health Sector Working Group's Joint Sector Review (JSR) forum is a cornerstone platform for fostering collaboration among stakeholders in the health sector. This forum brings together representatives from government institutions, development partners, and other key actors to engage in critical policy discussions.

The JSR serves as an essential mechanism to promote ownership, accountability, and transparency in the implementation and monitoring of both the National Strategy for Transformation (NST1) and the Health Sector Strategic Plan (HSSP4). It plays a vital role in identifying bottlenecks and challenges in implementation, highlighting areas that are lagging or experiencing delays, and developing targeted catch-up plans to address identified gaps. Furthermore, the forum is instrumental in setting actionable priorities for the upcoming fiscal year to align with national goals. The JSR ensures that the health sector remains on track to deliver transformative and sustainable results through its inclusive and solution-oriented approach.

In line with the Terms of Reference for the JSR issued by the Ministry of Finance and Economic Planning (MINECOFIN), the Health Sector Working Group convened the Backward-Looking Joint Sector Review (BLJSR) meeting for the fiscal year 2023/2024 on December 9, 2024, at Four Points by Sheraton, Kigali.

The 2023/2024 BLJSR was structured to align with the requirements set forth by the Ministry of Finance and Economic Planning (MINECOFIN). Hence, the objectives of the 2023-2024 BLJSR were:

1. To assess progress against targets under the NST1 and HSSP4
2. To validate the new HSSP 5 aligned to NST2, and
3. To agree on priorities for the fiscal year 2025/2026 and the medium-term Expenditure Framework.

Additionally, this JSR served as a critical opportunity to validate the new Health Sector Strategic Plan 5 (HSSP5), which will guide health sector priorities over the next five years. During the meeting, the key priorities for the upcoming five years were presented, along with the projected cost of implementing the strategic plan for the fiscal year 2025/2026.

Furthermore, the JSR provided a platform to share crucial findings on the functionality of the health sector's technical working groups. These findings aimed to stimulate reflections on strategies to reinforce the effectiveness of these platforms, as they play a pivotal role in efficiently tracking the implementation of strategic interventions outlined in the new HSSP5.

Methodology

The BLJSR meeting was attended by 162 participants from government institutions, development partners, NGOs, and Civil Society Organizations, which actively participated in the progress review discussions and policy dialogue. A series of working sessions by the Health Sector Working Group (HSWG) technical team preceded the JSR meeting and developed the working documents as per the 2023-2024 BLJSR terms of reference. The BLJSR meeting was chaired by the Permanent Secretary of the Ministry of Health and co-chaired by the Director of Health Office – USAID/Rwanda, representing development partners in the health sector.

Section I. Progress on implementation of the previous 2022-2023 BLJSR recommendations

The HSWG reviewed the implementation of the recommendations issued during the 2022-2023 BLJSR meeting and progress was as follows:

Table I Progress on the implementation of the 2022-2023 BLJSR recommendations

#	Topic	Area	Recommendation	Status
I.	Progress against 2022/23 sector policy actions.	General	To have specific interventions with measurable performance indicators.	The recommendation was addressed in the HSSP V (2024–2029) through the establishment of seven strategic pillars, 24 strategic objectives, 44 priority areas, and 37 outcome indicators.
			To include climate change agenda to make health facilities greener (solar energy) and reduce negative impacts on the environment	The climate change agenda was integrated into the HSSP V- as one of the priority areas for the coming five years. MoH has created the climate and Health desk with the Department of Planning, M&E, and Health Financing to coordinate the climate and health efforts and strategies in the health sector. Creation of the TWG for Climate and Health that meets monthly from August 2024. There is an ongoing vulnerability and adaptation assessment (VAA) to inform the health national adaptation plan (H-NAP). The development of guidelines for energy-efficient infrastructure in primary healthcare infrastructure is underway to strengthen climate-resilient infrastructure standards

#	Topic	Area	Recommendation	Status
I.	**Progress against 2022/23 sector policy actions cont'd**	General		The recommendation was addressed in the HSSP Currently, the climate data is integrated into the HMIS (automated push to enable routine data analysis for the effect of the climate on health issues and its prediction).
			To organize meetings with Districts and Provinces to discuss strategies and practical actions to address key health challenges including maternal deaths, neonatal deaths, and stunting	Weekly meeting on maternal death with hospitals reported maternal death – every Wednesday (District hospitals) and Friday (Tertiary and referred facilities) The quarterly meetings between Districts – under DHMTs and RBC are often conducted Coordination meeting with all hospital DGs and clinical directors every semester to discuss the MCCH and newborn challenges
		No woman should die while giving life	To quantify the technology hardware needed in all Health Facilities with emphasis on MCH.	The integrated assessment of all facilities in line with the EMR Scale that includes MCH Services has been done and the quantification of hardware by MoH/ Digitalization Unit
			To mobilize resources to procure and distribute sufficient hardware/ IT equipment with emphasis on MCH.	We have raised around US$ 9.3 Million from different partners in cross-cutting areas (both procuring equipment, implementation (i.e., capacity building), and technical assistance to support the health centers
			Operationalize RapidPro to enhance surveillance for risk pregnancies.	Currently, we are no longer using RapidPro. We started using cEMR and the particular functionalities of communication using messages will be integrated in both cEMR and EMR.

#	Topic	Area	Recommendation	Status
I.	**Progress against 2022/23 sector policy actions cont'd**	General	To provide coaching and mentoring to health care workers in digital literacy, for Electronic Medical Records and antenatal care tracking tools.	For the Antenatal Care tracking tool, training has been on hold until the scale-up phase, as this digital tool of tracking high-risk pregnancies in ANC is being integrated into the New Electronic Medical record to ensure its additional features/functionalities are captured in EMR/ ANC and Delivery modules and interoperability with Community -EMR will be established for follow up by CHWs.
		Data quality and use	To improve the quality of all routine data instances (HMIS, CRVS, ELMIS, etc.) for real-time decision-making.	Real-time support from the HMIS M&E Team to the health facilities, including training of the Data managers
			To establish a Sub-TWG for data use under the Planning and Health Financing TWG.	The terms of reference were developed providing the roles and responsibilities of members as well as the scope of work. The next step is to present it to the coming PHF TWG for approval
			Conduct data quality reviews at least twice per year at district level via the District Health Management Teams (DHMTs).	Data Quality Audit was conducted in June 2024 in sampled Health Facilities by the M&E Team jointly with the OIG. The audit focused on assessing compliance with SOPs and conducting audit trials in DHIS2.
			To integrate quality of care indicators in program monitoring and evaluation.	The Health Sector Strategic Plan 5 (HSSP 5) has incorporated various quality of care indicators within its Monitoring and Evaluation (M&E) matrix. At both the Ministry of Health (MOH) and Rwanda Biomedical Center (RBC) levels, these quality-of-care indicators are regularly monitored to ensure continuous improvement in service delivery and patient outcomes.

#	Topic	Area	Recommendation	Status
1.	**Progress against 2022/23 sector policy actions cont'd**	**Nutrition**	To work with NCDA to strengthen nutrition programs in schools.	National nutrition guidelines for school-aged children and adolescents (SACA) are being implemented primarily in 5 districts (Kayonza, Rwamagana, Rulindo, Nyarugenge, and Nyamasheke) since this year, this includes anemia testing in schools for adolescent girls 10-19 years, and regular Iron Folic Acid supplementation coupled with anthropometric measurements for nutrition screening.
			To work with the Ministry of Labor to develop a policy for a baby-friendly workplace with a private area for mothers to breastfeed. (Breast Feeding Space).	Not yet initiated. However, NCDA held a stakeholders meeting including PSF advocating for Breastfeeding spaces to be integrated into different institutions.
2.	**2022/2023 Budget Execution**	**Budgeting**	To increase budget execution through regular meetings with Donors to monitor execution.	Meetings with Donors happened through SPIU on budget use focusing on budget redirection/ reallocation to new priorities which boosted the budget execution. However, the budget execution on external funding is still low with a decrease of around 15% from 85% budget execution in 2022/23 to 75% budget execution in 2023/24.
3.	**Status of Health SDGs**	**SDGs/ CRVS**	To increase birth and death registration in Civil Registration and Vital Statistics (CRVS) data.	A total of 43 master trainers at Nyamata and 85 trainers of trainers (TOTs) at the National Institute of Statistics of Rwanda (NISR) completed physical training on the Medical Certification of Cause of Death (MCCOD). This training also included 63 clinical directors from both public and private hospitals, ensuring comprehensive capacity building across the health sector.

#	Topic	Area	Recommendation	Status
3.	**Status of Health SDGs**	**SDGs/ CRVS**	To increase birth and death registration in Civil Registration and Vital Statistics (CRVS) data.	A total of 43 master trainers at Nyamata and 85 trainers of trainers (TOTs) at the National Institute of Statistics of Rwanda (NISR) completed physical training on the Medical Certification of Cause of Death (MCCOD). This training also included 63 clinical directors from both public and private hospitals, ensuring comprehensive capacity building across the health sector. A total of 2,148 cell executive secretaries and 1,940 Social and Economic Development Officers (SEDOs) were trained on birth and death registration processes as well as the application of verbal autopsy methods. This training aims to strengthen the accuracy and completeness of civil registration data at the community level. The Ministry of Health has initiated the development of the National Mortality Profile as of December 9, 2024. Field visits are underway to mentor hospital coders on the Medical Certificate of Cause of Death (MCCD), supported by master trainers. Additionally, an M&E staff member received training in Tanzania on CRVS data analysis using ANACOD to improve data quality, including maternal death reporting.

#	Topic	Area	Recommendation	Status
3.	**Status of Health SDGs**	**SDGs/ CRVS**	Deploy the updated EMR in all health facilities.	In Kigali, all 22 health centers have been digitized using the enhanced Electronic Medical Records (eBuzima), along with 20 health centers in Rulindo. Additionally, two health centers each in Rutsiro, Nyagatare, and Musanze have been integrated with eBuzima, 41 health centers, and 3 health posts have MEDISOFT, while 100 health posts are using eFiche, 2 health posts piloting the new EMR system. Plans are underway to extend the rollout to 230 health centers. C-EMR has been deployed to 938 CHWs with complete system modules in 16 HCs (Nyabihu District); Piloted the C-EMR for 600 CHWs from 36 HCs in Muhanga, Rwamagana, Kicukiro, Gasabo and Nyarugenge District. In total, 1,538 CHWs received smartphones to enroll in the C-EMR
			Provide the necessary hardware, and training to health workers on the updated EMR in 200 health facilities (targeting HCs)	HCs upgraded to the new enhanced EMR and received IT equipment to facilitate the digitalization process. This includes PCs, UPS, Switches, and Access Points (both indoor, outdoor, and Zone Controller) for 48 Health Centers. Currently, there are 40 HCs to upgrade for a new enhanced EMR with secured funding from RBC and RISA.

#	Topic	Area	Recommendation	Status
3.	**Status of Health SDGs**	**SDGs/ CRVS**	Provide the necessary hardware, and training to health workers on the updated EMR in 200 health facilities (targeting HCs)	The equipment mobilized includes 2,550 computers, 40 Starlink, and network hardware for 320 facilities; the distribution is ongoing in HCs.
			Discontinue gradually the use of paper-based records such as registers in hospitals with EMR as the tool gets scaled up in all HFs	Fifty-two (52) Hospitals have fully transitioned from paper-based records to a digital system using EMR but all of them are semi-automated
4.	**TWGs functionality**	**Governance**	All TWGS are to meet as per TORs and submit reports to M&E MOH	Most of the TWGs have met at least twice a year. TWGs report to M&E Unit
			TWGs and M&E unit to monitor the implementation of JHSR and TWG recommendations	Focal persons from the Planning, M&E, and Health Financing Department at the Ministry of Health have been assigned the responsibility of monitoring the implementation of recommendations for both the Joint Sector Review (JSR) and Technical Working Groups (TWGs). To improve efficiency, the adoption of a more digitalized approach to monitoring these activities is now being prioritized.

Section 2. Reflection on the progress against NST1/SSP targets 2023/24

This section provides a concise overview of progress toward achieving sector objectives based on the 2023/24 NST1 indicators, HSSP4 indicators, and associated policy actions. The evaluation was conducted using a scoring methodology outlined in the MINCOFIN Terms of Reference (Table 2). A total of 9 performance indicators were selected and assessed against the 2023/24 targets, marking the conclusion of NST1 and HSSP4 (Table 3).

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

To combat malnutrition, a comprehensive set of interventions was implemented to address both preventive and therapeutic aspects of nutrition across the country. School-based nutrition programs were expanded to cover all districts, ensuring that children in educational institutions received adequate nutrition support. This initiative aimed to improve dietary diversity and combat nutrient deficiencies among school-going children.

Capacity building on the use of the Electronic Logistic Management System (eLMIS) was provided to end-users at the Health Facility to ensure efficient supply chain systems for essential nutrition supplements such as zinc, enabling consistent treatment of common nutrition-related illnesses like diarrhea. Community outreach activities were intensified, focusing on educating mothers and caregivers about proper nutrition practices. This included sessions on balanced diets, complementary feeding, and the importance of regular health checkups for children.

Additionally, targeted deworming programs for children were conducted alongside the provision of essential micronutrients like Vitamin A, which are critical for boosting immunity and preventing deficiency-related diseases. To address acute malnutrition, nutrition commodities such as Corn-Soya Blend (CSB), Ready-to-Use Therapeutic Food (RUTF), and ONGERA micronutrient powder (MNP) were made widely available to the most vulnerable populations.

Quality assurance was prioritized through an annual nutrition data quality assessment to monitor and evaluate the effectiveness of nutrition programs and ensure data accuracy for decision-making. Supportive supervision was conducted as part of the Community Health package, focusing on both health facilities and community-level interventions. This comprehensive approach not only provided immediate relief to those suffering from malnutrition but also built long-term resilience within communities to sustain better nutrition outcomes.

By the end of NST1 and HSSP4 (2023-2024), the prevalence of chronic malnutrition (stunting) among children under five was 33.1%, according to the DHS 2020, compared to the target of 19% and a baseline of 38%. This represents a performance level of 25.8% against the NST1 target, categorizing this indicator as lagging based on the MINECOFIN scoring criteria.

2.2 Reduced maternal mortality to ensure "No woman should die while giving life"

To improve maternal and newborn health outcomes, implementing targeted and strategic interventions remains a priority. Key initiatives include the rollout of the Antenatal Care (ANC) Bundle, which integrates comprehensive services to address maternal and fetal health, and the Postpartum Hemorrhage (PPH) Prevention and Treatment Bundles to reduce the leading cause of maternal mortality. These evidence-based approaches ensure that essential care is consistently delivered across all levels of the health system.

Scaling up digital pregnancy tracking systems offers an innovative solution to monitor high-risk pregnancies in real-time. By leveraging digital tools, healthcare providers can identify complications early, improve follow-up care, and facilitate timely interventions, especially for women in remote or underserved areas.

Strengthening emergency referral systems is another critical focus. Ensuring the availability of ambulances in remote regions can significantly reduce delays in accessing emergency obstetric care, thereby improving survival rates for both mothers and newborns.

Finally, implementing workforce retention strategies with a focus on midwives in underserved regions is essential to addressing staffing gaps. By providing incentives, professional development opportunities, and supportive working conditions, the health sector can enhance service delivery and equity in maternal healthcare, ultimately achieving better health outcomes nationwide.

By the end of NST1 and HSSP4 (2023-2024), the maternal mortality rate stood at 105 deaths per 100,000 live births, as reported by RHMIS routine data. We used DHIS2 routine data to calculate the maternal mortality rate because it provides current and high-quality data, reflecting the most recent performance outcomes, unlike DHS data, which dates back to 2020 and does not capture recent progress; furthermore, DHIS2 data is derived from a larger and more representative sample size, offering greater accuracy and reliability for assessing maternal health indicators at the end of NST1 and HSSP4.

This outcome surpassed the target of 126 deaths per 100,000 live births, with the baseline at the start of NST1 being 210. Achieving a performance score of 125% against the target, this indicator is classified as achieved according to MINECOFIN scoring standards.

2.3 Reduced Under 5 mortality

Ensuring a consistent supply of essential resources is critical to improving child health outcomes. This includes the introduction of novel interventions such as Neonatal Care Bundles, which provide a comprehensive package of evidence-based practices to improve newborn survival.

Additionally, making oxygen readily available at Primary Healthcare Centers and ensuring the availability of zinc and other essential medicines at the community level are vital steps to address preventable conditions like respiratory distress and diarrhea effectively. These measures ensure that lifesaving resources are accessible, even in underserved areas, reducing delays in care and improving health outcomes for children.

Equally important is engaging communities in awareness campaigns to promote child health interventions. By educating caregivers and community members about preventive measures, proper feeding practices, and the importance of timely healthcare-seeking behavior, these campaigns empower families to take proactive steps in safeguarding their children's health. Such community-level engagement fosters trust, encourages participation, and creates a strong foundation for sustained improvements in child health.

At the conclusion of NST1 and HSSP4 (2023-2024), the under-five mortality rate was recorded at 45 deaths per 1,000 live births, as per the 2020 DHS data, with a baseline of 50 at the start of NST1. This corresponds to a performance level of 33.3% relative to the NST1 target of 35 deaths per 1,000 live births, highlighting that this indicator falls short based on MINECOFIN scoring standards.

2.4. Increased modern contraceptive prevalence rate

Strengthening the capacity of Community Health Workers (CHWs) is critical to expanding access to family planning services and counseling. By equipping CHWs with the necessary skills and resources, they can provide accurate information and support to communities, ensuring that individuals and families make informed decisions about their reproductive health.

To reach underserved populations, deploying mobile family planning units has proven to be an effective strategy. These units bring services directly to remote and hard-to-reach areas, reducing barriers such as distance and limited transportation while improving accessibility to contraceptives and reproductive health education.

In addition, addressing stigma and cultural resistance through targeted awareness campaigns is essential. These campaigns focus on educating communities about the importance of family planning for individual well-being and overall public health, fostering acceptance and reducing misconceptions. Together, these interventions create an enabling environment for improved access to and uptake of family planning services.

At the close of NST1 and HSSP4 (2023-2024), modern contraceptive use among women aged 15-49 was reported at 56% based on RHMIS routine data. This figure, set against a target of 60% and a baseline of 48% at the start of NST1 and HSSP4, reflects a performance achievement of 66.7%. According to MINECOFIN scoring criteria, this indicator is flagged as being under observation.

2.5 Enhanced access to basic infrastructure for health facilities

Health Facilities with Electricity

To improve healthcare delivery, it is crucial to adopt renewable energy solutions, such as solar power, for health facilities in rural areas. These sustainable energy sources can ensure that healthcare centers operate efficiently even in remote regions, where access to the national power grid may be unreliable or non-existent. By harnessing solar energy, rural health facilities can maintain essential services without interruption, improving the overall quality of care for underserved populations.

Additionally, increasing investments in power reliability for urban healthcare centers is essential. Urban facilities often face power fluctuations or outages that disrupt patient care and complicate medical procedures. Strengthening the power infrastructure in these centers through consistent and reliable energy solutions will ensure that healthcare services are provided without delay, ultimately enhancing the capacity to deliver high-quality care to urban populations.

By the end of NST1 and HSSP4 (2023-2024), 100% of health centers had access to electricity, achieving the target set for the period. This marks a significant improvement from the baseline of 82.8% at the start of NST1. According to the MINECOFIN scoring criteria, the achievement of 100% performance for this indicator is classified as fully achieved, reflecting the successful efforts made during the implementation of NST1 and HSSP4.

Health Facilities with water

To ensure the consistent delivery of quality healthcare, it is essential to prioritize infrastructure investments aimed at providing universal access to water in healthcare facilities. Water is fundamental for maintaining hygiene, ensuring safe surgeries, and providing essential care for patients. Without reliable access to clean water, healthcare facilities face increased risks of infections, compromised sanitation, and overall reduced quality of care.

Equally important is the incorporation of water systems maintenance into regular facility management plans. Establishing clear protocols for the upkeep of water systems ensures that healthcare facilities remain equipped with functioning water sources, minimizing disruptions in service delivery. Regular maintenance helps prevent breakdowns, reduces operational costs, and supports a safe and hygienic environment for both patients and healthcare workers.

By the end of NST1 and HSSP4 (2023-2024), the percentage of health facilities with access to water reached 97.5%, a significant improvement from the baseline of 84% recorded at the start of NST1. While this performance falls short of the target of 100%, it demonstrates notable progress over the period. According to MINECOFIN scoring criteria, with the baseline at 84%, the performance of this indicator is categorized as "on watch," signaling the need for continued efforts to fully achieve the target.

2.6 Increased human resources for quality health

To address the shortage and distribution of healthcare professionals, it is essential to implement the "4by 4" strategy, which aims to quadruple the number of healthcare providers in four years. This approach focuses on training, deploying, and retaining healthcare professionals across the country, ensuring that every region is adequately staffed to meet the healthcare needs of the population. By expanding the training programs and deploying healthcare workers to underserved areas, the strategy aims to address regional disparities in healthcare access and improve service delivery nationwide.

In addition, offering competitive remuneration packages is critical to retaining skilled professionals in the face of global competition. As the demand for healthcare workers rises internationally, it is important to ensure that local professionals are provided with attractive salaries, benefits, and career growth opportunities. This will not only help retain top talent within the country but also reduce the brain drain, ensuring a stable and skilled workforce to meet the growing healthcare demands.

The progress in the ratio of midwives to women aged 15-49 is noteworthy, with the actual performance reaching 1 midwife per 1,614 women by the end of FY 2023-2024, surpassing the target of 1 per 2,500. This achievement, exceeding the target by over 100%, is classified as successful according to the MINECOFIN scoring criteria. However, given the new "4 by 4" strategy aimed at increasing the number of midwives over the next four years, it can be argued that the initial target of 1 midwife per 2,500 may not have been fully realistic, especially considering the ambitious pace required to meet this goal. The success in surpassing the target, however, demonstrates strong progress in addressing the need for skilled midwives, and the new strategy provides a more adaptable framework to further strengthen this critical aspect of maternal healthcare.

By the end of NST1 and HSSP4 (2023-2024), the ratio of medical practitioners to the population improved significantly, reaching 1 doctor per 6,578 individuals, surpassing the target of 1 per 7,000. This represents an achievement of over 100%, as classified under MINECOFIN scoring criteria. Starting from a baseline of 1 doctor per 10,055 individuals at the beginning of NST1, this progress highlights commendable strides in enhancing healthcare staffing levels. However, given the "4 by 4" strategy, it is evident that the original targets were not ambitious enough to align with the sector's evolving needs and strategic vision.

Table. 2. Methodology to score indicators vis-a-vis their targets

Achieved	>_ 100%
On-Track	85%-99%
On-Watch	50%-84%
Lagging Behind	<50%

Table 3. Methodology to score indicators vis-a-vis their targets

No	Indicators	Units	Baselines 2018/2019	NST1/HSSP IV End Targets (2023/2024)	Actual Performance	>_ 100%
1	Prevalence of chronic malnutrition (stunting) among under 5 Children	Percent	38	19	33.1	25.8%
2	Maternal mortality	Per 100,000	210	126	105	125.0%
3	Under 5 mortality	Per 1,000	50	35	45	33.3%
4	Percentage of health facilities with water	Percent	84	100	97.5	84%
5	Percentage of health facilities with electricity	Percent	82.8	100	100	100.0%
6	Ratio of medical practitioners, general specialists, nurses, and qualified midwives per population	Ratio Doctor/ population	1/10,055	1/7,000	1/6,578	121.1%
		Ratio Nurses/ population	1/1,094	1/800	1/951	40.9%
		Ratio Midwives/ women aged between15-49	1/ 4,064	1/1,2500	1/ 1,614	242.6%
7	Prevalence of modern contraceptive use among women in reproduction age (15-49)	Percent	48	60	56	66.7%

Lessons Learned

Nutrition

Screening children under two years of age during Maternal and Child Health (MCH) weeks has been instrumental in facilitating timely interventions to address nutritional and health challenges at an early stage. The collection and tracking of individual data enabled personalized follow-ups, improved health condition management, and contributed to better health outcomes. Decentralized follow-up mechanisms further enhanced accountability, amplifying the impact at the community level. Additionally, leveraging MCH campaigns optimized resources and expanded outreach, ensuring broader access to essential health services.

Reducing Maternal Mortality

Strengthening routine data systems for monitoring and evaluation has been crucial in tracking key maternal health indicators. Reliable and timely data empower healthcare providers and policymakers to make informed decisions, ensuring targeted interventions where they are most needed. Digital tracking systems have further improved maternal health outcomes by enabling real-time monitoring of pregnancies, prioritizing high-risk cases, and facilitating timely care to reduce preventable maternal deaths. These tools bridge communication gaps and improve response efficiency, proving invaluable in maternal healthcare. Furthermore, providing incentives and continuous training for midwives, particularly in districts with high maternal mortality rates, has enhanced their ability to deliver quality care. Equipped with updated skills and motivation, midwives have significantly improved maternal health outcomes, even in underserved areas. Together, these efforts underscore the importance of integrating technology, capacity-building, and data-driven strategies to reduce maternal mortality.

Reducing Under-Five Mortality

Community engagement has been a cornerstone of successful child health interventions, as gaining acceptance significantly enhances health outcomes. Ensuring timely access to life-saving resources, such as oxygen, has directly contributed to reducing under-five mortality rates. Additionally, removing user fees at the community level has increased access to care, as evidenced by the rise in treatment for diarrhea and pneumonia cases. These measures highlight the importance of eliminating barriers and fostering community trust to achieve better health outcomes for children.

Increasing Modern Contraceptive Prevalence Rate

Integrating family planning services into maternity and postpartum care has significantly boosted the uptake of modern contraception by providing women with timely access to reproductive health options. Family planning education campaigns have also been effective in raising awareness and positively influencing contraceptive use among women aged 15-49, empowering them to make informed reproductive health decisions.

Availability of Electricity in Health Facilities

A continuous and reliable electricity supply is essential for the uninterrupted delivery of critical medical services, directly contributing to improved quality of care. Health facilities rely on consistent power to operate life-saving equipment, maintain sterile environments, and ensure patient comfort. Renewable energy solutions, such as solar power, have effectively addressed electricity shortages, especially in rural and off-grid areas.

By providing a sustainable and reliable alternative, solar energy ensures uninterrupted health services, even during power instabilities, thereby enhancing healthcare access and service delivery.

Availability of Clean Water in Health Facilities

Reliable access to clean water has significantly improved infection prevention and control (IPC) practices in healthcare settings, leading to better patient outcomes. Consistent water supply allows healthcare workers to uphold high hygiene standards, creating a safer environment for patients and staff while reducing healthcare-associated infections. Expanding water infrastructure in health facilities is critical to achieving universal access to clean water and sustaining these improvements. Investments in water systems not only bolster IPC efforts but also enhance the overall quality of care and patient satisfaction.

Human Resources for Health

Expanded training programs have improved healthcare worker-to-population ratios in urban centers, leading to better access to quality healthcare. However, rural areas continue to face shortages of healthcare professionals, highlighting the need for targeted interventions to address these disparities. Professional development initiatives and retention-focused policies are essential for sustaining the healthcare workforce and mitigating workforce deficits. By offering ongoing training, career growth opportunities, and measures to improve job satisfaction, healthcare systems can build a stable and committed workforce capable of delivering consistent, high-quality care in both urban and rural settings.

Challenges

Nutrition

Despite progress in improving child nutrition, gaps in caregiver education on optimal feeding practices remain a persistent challenge. Many caregivers lack the knowledge and skills necessary to ensure proper feeding during critical stages of child development. This issue is exacerbated by limited community outreach and health education programs, leaving many families unaware of balanced diets, breastfeeding techniques, and complementary feeding. Supply chain inefficiencies for critical micronutrients, such as zinc, further disrupt essential nutrition interventions. These delays affect the availability of key supplements at health facilities and hinder timely treatment for conditions like diarrhea, where zinc plays a pivotal role in recovery and prevention. Addressing these challenges through improved caregiver education and streamlined supply chain systems is essential for enhancing nutrition service delivery and achieving better child health outcomes.

Reducing Maternal Mortality

Equitable access to maternal healthcare remains a challenge, particularly in rural areas where shortages of midwives and skilled healthcare professionals leave many communities underserved. This limits timely access to essential maternal health services during pregnancy and childbirth, worsening health disparities. Delays in receiving quality care at health facilities are another critical issue. Factors such as overcrowding, inadequate staffing, and resource constraints prolong waiting times and hinder optimal care delivery. These delays are especially dangerous during emergencies, increasing the risk of maternal and newborn complications. Strengthening the healthcare workforce and enhancing care efficiency are vital steps toward addressing these challenges and improving maternal health outcomes.

Reducing Under-Five Mortality

Inconsistent availability of critical resources, such as oxygen, at Primary Healthcare (PHC) facilities remains a significant barrier to timely and effective care for children under five. Addressing these gaps is crucial for reducing under-five mortality and improving child health outcomes.

Modern Contraceptive Uptake

Stigma and cultural resistance are significant barriers to the widespread adoption of family planning services. Societal norms and misconceptions discourage individuals and couples from seeking contraception, limiting program effectiveness. A key aspect of this resistance is the low involvement of men in family planning decisions, driven by cultural norms and misconceptions about gender roles. Additionally, gaps in comprehensive data on family planning utilization hinder the ability to identify areas of need, monitor program outcomes, and design targeted interventions. Without robust data, efforts to reach underserved populations and maximize the impact of family planning services are constrained.

Availability of Electricity in Health Facilities

Health posts (HPs) located far from the main electric grid face significant challenges in providing consistent healthcare services. Unreliable or inadequate power supplies hinder essential medical care, compromise the storage of medicines and vaccines, and disrupt procedures reliant on electricity. Many hospitals and health centers (HCs) operate with outdated infrastructure and old electrical systems, leading to frequent breakdowns, inefficient resource use, and higher maintenance costs. Modernizing equipment and facilities is critical to delivering high-quality care, particularly during emergencies when timely interventions are crucial.

Availability of Clean Water in Health Facilities

Some health centers (HCs) face challenges with low water pressure, affecting their ability to maintain proper sanitation, clean medical equipment, and provide safe drinking water for patients and staff. Damaged plumbing systems further exacerbate the issue, causing leaks, poor water quality, and service disruptions. For health posts (HPs) far from main water pipelines, the challenges are even greater. These remote facilities often lack reliable water sources, relying on alternative, less sustainable delivery methods. This complicates daily operations and jeopardizes the hygiene and safety standards necessary for quality care.

Human Resources for Health

Insufficient funding for scholarships limits opportunities for aspiring healthcare professionals to pursue advanced studies, while shortages of local faculty and gaps in training equipment hinder the development of critical subspecialties. These challenges impede the growth of a skilled workforce capable of addressing complex healthcare needs. Non-competitive salary structures for subspecialists make it difficult to attract and retain highly skilled professionals, as more lucrative opportunities abroad contribute to brain drain and expertise shortages.

Additionally, the delayed implementation of Level 2 Teaching Hospital tariffs has negatively affected income generation, limiting financial sustainability and investments in specialty programs. Without adequate funding, hospitals struggle to support advanced training and meet healthcare demands.

Section 3: Validation of the Fifth Health Sector Strategic Plan (HSSP 5)

3.1 Alignment of the NTS2 with HSSP5

The 2023-2024 BLJSR held particular significance as it coincided with the conclusion of both the NST1 and the HSSP4. This presented a unique opportunity to validate the HSSP5, as it was guided by MINECOFIN through the Standard Operating Procedures (SOPs). The draft HSSP 5 was presented to the Sector Working Group (SWG) members, highlighting its alignment with Rwanda's NST2.

NST2 is structured around three key pillars, with the social transformation pillar focusing on enhancing the quality of health, strengthening health systems, and reducing stunting. The Head of the Department outlined the key elements of HSSP5, emphasizing that the plan sets a clear vision and strategic objectives to guide the country's healthcare efforts for the next five years. The plan is anchored in five major pillars: health promotion and disease prevention, quality and accessible healthcare services, strengthening health systems, equity and inclusivity, and financial sustainability. Additionally, two enablers—leadership and governance, and partnerships and resource mobilization—are embedded throughout the plan.

HSSP5 details 24 strategic objectives, each with its priorities and interventions, addressing a broad spectrum of healthcare areas, including maternal and child health, infectious diseases, non-communicable diseases, mental health, and emergency preparedness. To ensure effective monitoring and tracking of progress, the plan includes 37 key performance indicators (KPIs).

The presentation was finalized with the formal validation of HSSP5 by the SWG members, marking a crucial step toward its implementation.

3.2. Priorities for FY 2025/26 and Medium-Term Expenditure Framework

The estimated cost of implementing HSSP5 for FY 2025-2026 was presented to the SWG, totaling USD 951.4 million, with a 30% resource gap. The total investment for HSSP5 from 2024 to 2029 is projected at USD 4.92 billion. Health infrastructure modernization, identified under Pillar 2 of HSSP5, was highlighted as the costliest component, accounting for 42.8% of the total investment.

Proposed Priorities from SSP Theory of Change

The following outlined strategic priorities for FY 2025/26, emphasizing:

- Continuously Improving the Access to and Quality of Health Services through Primary HealthCare
- Improving Child Nutrition
- Strengthening Health Systems and Preparedness for Public Health Emergencies
- Expanding the Health Workforce
- Continuing to Expand Health Infrastructure and Equip Health Facilities
- Promoting Medical Tourism and Positioning Rwanda as a Hub for Specialized Healthcare Services

Section 4: Recommendation from the 2023-2024 BLJSR

Agenda Item	Topics/Areas of Focus	Identified gaps	Key Actions/Recommendations	Responsible (TWG)	Timeline
Overview and Objectives of the BLJSR	BLJSR Engagement- Stakeholder involvement in health sector improvement	Low engagement and follow-up mechanisms affect the success of BLJSR recommendations.	1. Schedule quarterly review meetings to track the progress of implemented recommendations.	JSR Organizing Committee (HSWG)	Immediate and Continous
			2. Find a way to Introduce a digital feedback mechanism to allow stakeholders to provide input on BLJSR processes and recommendations.		
Presentation of Previous JSR 2022/23 Recommendations	HRTT-	Some users still require training to effectively use the HRTT system.	3. Organize training sessions for all remaining HRTT users, focusing on practical challenges and solutions.	Planning and Health Financing TWG	End of Q2 FY 2024/25
	Training and operational support for users		4. Assign technical support teams to each district and partners Develop a user manual and video tutorials to support ongoing learning.		
	eBUZIMA- Operationalization functionality	Low pace in the rolling out of the eBUZIMA at the Health Center level.	5. To secure partner funding and technical assistance for scaling up eBUZIMA operationalization in underserved areas.	Digital Health TWG	End of FY 2024/25
			6. To ensure district hospitals are actively engaged in rollout planning and set up structured feedback loops within the digital health deployment task force to enhance coordination and implementation.	Digital Health TWG	Q2 2025

Agenda Item	Topics/Areas of Focus	Identified gaps	Key Actions/Recommendations	Responsible (TWG)	Timeline
Presentation of Previous JSR 2022/23 Recommendations	Health Posts-Capacity strengthening	Health posts are underperforming, with limited contributions to the health sector.	7. Expand gradually the scope of services provided by health posts to include basic diagnostic tests and maternal and child health services.	Community Health TWG	End of FY 2024/25
			8. Train health post staff on essential services and equip them with modern tools and technology for improved service delivery.		Continuous
Performance against HSSP4 and NST1 targets	Maternal Mortality-Action plans for high maternal mortality facilities and identify root causes in high-burden hospitals	Facilities with high maternal mortality cases need targeted interventions and action plans.	9. Conduct hospital-specific maternal death reviews; implement tailored interventions; allocate resources for critical needs Allocate additional resources (staff, equipment, supplies) to underperforming facilities.	Maternal & Child Health TWG	Continuous
			10. Establish mentorship programs where high-performing facilities provide peer support and learning collaboration to those with higher maternal mortality rates.	RBC MCCH/ DPs	Continuous
			11. Conduct facility-specific maternal death audits to identify root causes and develop corrective strategies.	RBC MCCH/ DPs	Continuous
	Harmonization of health estimates and data sources	Mismatch in data sources for indicators (MMR using routine data vs stunting using DHS); lack of data alignment	12. Establish a centralized data harmonization framework; build capacity for data validation; align stakeholders on data use	Health estimates TWG	Q1–Q2 2025

Agenda Item	Topics/Areas of Focus	Identified gaps	Key Actions/Recommendations	Responsible (TWG)	Timeline
Performance against HSSP4 and NST1 targets	Malnutrition-Addressing root causes and expanding interventions	Health posts are underperforming, with limited contributions to the health sector.	13. Work with local governments to engage with families of malnourished children to identify root causes and provide tailored solutions, such as livelihood programs or social support services.	Nutrition & Child Health TWG	End of FY 2024/25
			14. Partner with the Ministry of Education to expand school-based nutrition programs to all districts.	MOH Health Workforce Development Department	Continuous
			15. Introduce food aid programs that are paired with household-level nutritional education to ensure proper utilization of food packages.		
	Root causes and interventions for stunting and malnutrition	Disparities in stunting rates across regions; influence of parental education on child nutrition; need for tailored plans	16. Conduct a deep-dive analysis; design region-specific, evidence-based interventions; enhance multi-sectoral coordination	Nutrition and Food Security TWG	Q1–Q2 2025
	Healthcare Workers-Addressing staffing shortages and motivation	Healthcare worker shortages and lack of motivation were highlighted as major challenges, particularly in maternal health.	17. Conduct a workforce gap analysis to determine staffing needs for all health facilities, Design tailored incentive packages; implement mentorship programs; provide rural-specific career development opportunities	Human Resources for Health TWG	End of Q2 FY 2024/25
			18. Improve mentorship and training programs for midwives and other essential health workers.	MOH-RBC MCCH	Continuous

Agenda Item	Topics/Areas of Focus	Identified gaps	Key Actions/Recommendations	Responsible (TWG)	Timeline
HSSP5costing and financial gap	funding foundations	Challenges with identifying strong and sustainable sources of funding for HSSP5 priorities.	19. Develop a multi-year financial plan outlining resource needs and potential funding sources. 20. Leverage public-private partnerships (PPPs) for priority programs, such as maternal health and NCD prevention.	Finance & Budgeting TWG	Q3 FY 2024/25
		Health centers unable to cover PBF costs; accumulation of debts related to medications and consumables	21. Conduct financial audits; develop tailored financial recovery plans; advocate for targeted subsidies	Health Financing TWG	Q1 2025
Presentation of TWG functionality assessment findings	TWGs-Capacity building and engagement	Challenges in data utilization, resource management, and limited engagement among TWG members.	22. Conduct regular capacity-building workshops for TWG members on data analysis, resource management, and evidence-based decision-making.	HSWG All TWGs	Continuous
			23. Enhance TWG coordination by holding biannual review meetings to assess progress and discuss challenges.	PMEHF Dpt.	Immediate
			24. Establish an online platform for TWG collaboration to facilitate information sharing and reduce the need for frequent physical meetings.	PMEHF Dpt.	Immediate

Conclusion:

The development of NST2 and HSSP5 presents a unique opportunity for all stakeholders—government, development partners, civil society organizations, the private sector, and the community—to actively engage in shaping and executing Rwanda's healthcare strategies.

By leveraging lessons learned and focusing on identified priorities, Rwanda is poised to advance on its path toward a healthier and more prosperous future for all citizens. This collective commitment underscores a shared vision for achieving improved health outcomes and fostering overall well-being for the nation. The BLJSR effectively facilitated a review of health sector performance, identified challenges, and set clear priorities for the upcoming fiscal year. By implementing the recommendations and strengthening collaboration, Rwanda's health sector is poised to achieve its strategic objectives and contribute significantly to national development goals.

Approved by

Ministry of Health(Permanent Secretary)

Zachee IYAKAREMYE

Chair of HSWG