Republic of Rwanda
Ministry of Health

Rwanda Biomedical Centre
Healthy People, Wealthy Nation

Transition strategy to sustain key interventions of MCH week campaign in routine care

February 2025

TABLE CONTENTS

LIST OF ACRONYM

CEHO	Community Environmental Officer
C-EMR	Community Electronic Medical Record
CHW	Community Health Worker
DH	District Hospital
DHMT	District Health Management Team
DQA	Data Quality Audit
ECD	Early Childhood Development
EHO	Environmental Health Officer
EPI	Expanded Program on Immunization
E-Tracker	Electronic Tracker
GMP	Growth Monitoring Program
HC	Health Center
HMIS	Health Management Information System
HP	Health Post
IEC	Information Education and Communication
IT	Information Technology
MCCH	Maternal Child and Community Health
MCH	Maternal and Child Health
PBF	Performance Based Financing
RBC	Rwanda Biomedical Center
SBC	Social Behavior Change
SISCOM	System d'Information Sanitaire Communautaire
SMM	Senior Management Meeting
TOR	Terms Of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UNICEF	United Nation Children's Funds
VAS	Vitamin A Supplementation
Vit A	Vitamin A
WASH	Water Sanitation and Hygiene

FOREWORD

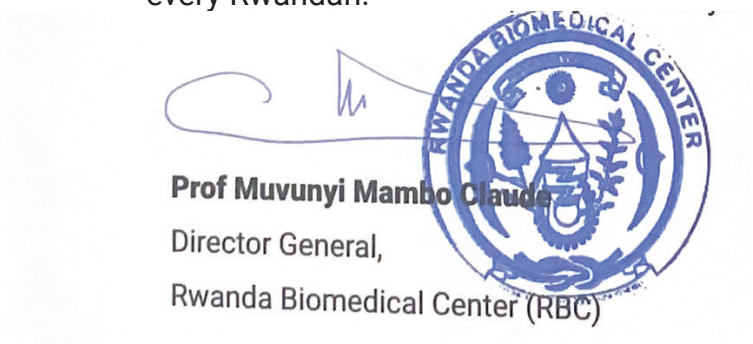
Rwanda's commitment to achieving Universal Health Coverage (UHC) is both ambitious and commendable. As we continue to strengthen our health system, the transition from periodic, campaign-based health interventions to integrated, routine service delivery marks a critical evolution in how we serve our communities. This strategy represents more than a shift in delivery method; it reflects a national vision rooted in sustainability, efficiency, and equity.

For healthcare providers and government stakeholders, this transition strategy calls for renewed leadership, collaboration, and coordination across all levels of care. The integration of Maternal and Child Health (MCH) Week services into routine health delivery is not merely an operational change, but a strategic enhancement of how we reach our most vulnerable populations, mothers, newborns, and children, with essential services such as Vitamin A supplementation, deworming, and nutrition screening.

This document offers a comprehensive roadmap for that transition. Developed through a collaborative process involving key informants, technical experts, and service providers, the strategy underscores the importance of a decentralized, community-anchored approach. It outlines the steps needed to institutionalize high-impact interventions within routine care while maintaining, and even improving, coverage, quality, and community trust.

To our dedicated healthcare providers: your role is central in this transformation. Your expertise, consistency, and connection with the community will determine the success of this shift. To government stakeholders and policy leaders: your guidance and support are crucial for ensuring the structural, financial, and policy frameworks are in place to sustain this effort.

Together, we have the opportunity to build a more resilient and responsive health system, one that delivers quality care not just during campaigns, but every day, to every Rwandan.



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INTRODUCTION

Rwanda aims to achieve Universal Health Coverage (UHC) as one of the sustainable development goals. While doing so, Rwanda pursues transformation from vertical campaign-based service delivery to integrated and decentralized routine mass and individual health services delivery by enhancing primary and community health care, in line with UHC principles.

Given Rwanda's strong community health program and health posts service levels, as well as the effectiveness of existing frontline health workers in providing a range of preventive, promotive, and curative health and nutrition services, it is time for the country to transition from vertical campaigns to routinely decentralized mass and individual service delivery at the community and health facility levels. This shift will increase cost efficiency and sustainability, while also strengthening the health system [(1)].

Transitioning from a biannual national campaign to routine coverage for unreachable populations can be through the integration of individual interventions or packages of services. Many strategies to strengthen the system and foster integration should be applied including a well-coordinated, facility and community-based strategy. This includes strengthening Community Health Worker (CHW) programs, integrating services into existing health and non-health systems/ platforms, engaging communities, using data-driven targeting, fostering partnerships and collaboration, securing sustainable financing, and advocating for supportive policies.

In that regard, MoH/ Rwanda Biomedical Centre requested the United Nations Children's Funds (UNICEF) to support the development of a transition plan to integrate MCH week services into routine care. The initial phase of desk review and key informant interviews has informed the transition strategy into routine service delivery. This plan will help to maintain the coverage and quality of care for mothers, newborns, and children as well as the general community sustainably and improve the behavior change and awareness of MCH services as well as other health services in general.

A well-structured health service transition strategy is essential for ensuring that changes in health services are effective, sustainable, and aligned with the needs of the community. This transition strategy is a comprehensive plan designed to guide the transition of the MCH week health services from a periodic campaign model of service to a routine health delivery model. It involves changes in service delivery, organizational structure, funding, and technology. By following these components, the system can navigate the complexities of transition while improving health outcomes and patient satisfaction.

This strategy was carefully prepared through a participatory process involving key informants from stakeholders and technical experts as well as service providers in two phases. First, as an individual participation in the key informant interviews; and second, as group contribution as part of the consultative workshop to revise the strategy draft document. All aspects of the service package provided in the MCH campaign week were revised for effective and efficient integration in the routine health care delivery system in Rwanda. This strategy provides the guide for planning and implementation of the services at both facility and community levels.

Vision

A customer-focused transition of services that minimizes disruption, maximizes value, and aligns with the health system's goals.

Mission

To ensure equitable, patient-centered health services that are seamlessly integrated into routine health system through improved coverage and access to health services, community involvement and innovative care models.

Goal

To contribute to the improved MCH services coverage by integrating MCH Week campaign services into the routinely delivered services.

Guiding Principles

The following underpinning principles will guide the process of planning, implementation, monitoring and evaluation of this strategic plan for integration of the MCH week campaign services in to routine health care delivery system.

- **Commitment**: MOH leadership and commitment towards integration of services in to routine health care delivery system.
- **Partnership**: Strengthening partnerships to cover the entire continuum of health care delivery of the provided services in Rwanda, for effective and efficient implementation.
- **Multidisciplinary approach**: Coordinated multidisciplinary involvement of all sectors at all levels of care.
- **Equitable access**: Equitable access to quality health services for all population including vulnerable groups.
- **Education and population awareness**: Health professionals' education and community awareness about MCH issues and services.
- **Innovation**: Leverage new technologies and approaches to enhance health care delivery.

The Strategic Objectives

1) To strengthen the governance structure to achieve effective integration of Maternal and Child Health Week services (Vitamin A, Deworming, Growth and malnutrition screening including height for age using height boards by CHWs), resulting in improved coordination, service delivery, and increased access to maternal and child health interventions.

2) To improve the performance of the health system in the delivery of routine MCH services.

3) To improve awareness about the positive individual, family, and community benefits of routine MCH services delivered.

Outcome 1: Strengthened governance structure to achieve effective integration of Maternal and Child Health Week services (Vitamin A, Deworming, Growth and malnutrition screening including height for age using height boards by CHWs), resulting in improved coordination, service delivery, and increased access to maternal and child health interventions.

This strategic objective focuses on strengthening governance to enhance integration and delivery of key maternal and child health services. Improving the governance in this service integration strategy involves establishing clear oversight mechanisms, accountability, and processes to ensure the effective coordination and management of the integrated services.

Output 1: Improved/strengthened leadership and oversight mechanisms established at all levels of the Ministry of Health for the effective planning and delivery of integrated Maternal and Child Health (MCH) services.

Strategy 1.1: National dialogue. Planning and polices

Activities:

1. Organize national and district-level health and nutrition meetings to integrate Vitamin A, deworming, growth and malnutrition screening including height for age using height boards by CHWs into the routine national plan.
2. Organize a quick assessment of the existing logistics especially height board at HCs that was procured by UNICEF and AU, which will then be distributed to villages (CHWs) under HC catchment area.
3. Strengthen the gradual procurement of Vitamin A (from UNICEF to RMS), Albendazole/Mebendazole, Praziquantel, Ongera, and other commodities into the national-level quantification exercise and procurement planning.
4. Integrate needed drugs, medicine, and supplies into the national Fiscal Year budget.
5. Procure annual quantified Vitamin A, Albendazole/Mebendazole, Praziquantel, Ongera, and other commodities such as scissors for routine MCH activities
6. Procure for all CHWs, height/length measurement board, appropriate containers for keeping routine MCH drugs, and appropriate cupboard for safe storage of medicine
7. Develop and avail growth reference tables, at the health facility level as job aids for the health workers
8. Digitalize job aids and adding them to the smartphones being given to CHWs.
9. Disseminate reviewed tools (services package, learning packages, PBF indicators, Job aids) to all community and facility level stakeholders
10. Review the list of PBF indicators for facility and CHWs to include the new MCH service indicators integrated into routine services (Vitamin A, deworming, Growth and malnutrition screening including height for age using height boards by CHWs)
11. Incorporate newly integrated MCH services into PBF budgeting exercise, evaluation, and remuneration of facilities and CHWs based on quarterly performance.

Strategy 1.2: Human Resources Development

Activities:

1. Develop standardized training materials on routine MCH services for health workers and CHW, considering the integration of gender sensitive issues in health service delivery.
2. Conduct capacity building at district level regarding routine MCH services planning, data registration, monitoring and evaluation and data use for decision making
3. Incorporate Vitamin A, deworming, and height for age measurements in the learning resources packages and Job aids for polyvalent CHWs
4. Organize national and district-level health and nutrition meetings to integrate Vitamin A, deworming, growth and malnutrition screening including height for age using height boards by CHWs into the routine national plan.

Output 2: Strengthened a robust stakeholder coordination mechanism involving the MOH and key implementing partners at the national and district level.

Strategy 2. 1: Coordination and communication

Activities:

1. Develop the ToRs of the national coordination (Advisory group) for the integrated MCH routine service and identify key stakeholders to be members.
2. Present newly integrated indicators for routine MCH services into existing TWGs at the national level.
3. Present newly integrated indicators for routine MCH services into existing DHMT and technical coordination meetings at the district level.

Output 3: Improved data reporting through digital technology to support implementation of integration including setting up different Digital systems for health service delivery.

Strategy 3.1: Digital systems for health service delivery

Activities:

1. Review HMIS and the C-EMR reporting formats to include indicators for routine MCH services.
2. Present newly integrated indicators for routine MCH services into existing SMM.
3. Identify reporting tools/systems for Vitamin A Supplementation and deworming and Incorporate Vitamin A, deworming, and height for age measurements by CHWs into C-EMR and in the routine community data collection tools for CHWs.
4. Conduct monthly monitoring of newly integrated MCH services using HMIS
5. Conduct mid-term and final evaluation of the transition plan to integrate MCH week services into routine services
6. Incorporate newly introduced indicators for routine MCH activities into the quarterly data review and cleaning exercise at RBC-MCCH.
7. Incorporate newly integrated MCH indicators into the annual DQA exercise Organize working sessions to review data collection tools at all levels and ensure constant availability on the field
8. Procure and avail digital tools (gadgets) to the Community Health Workers”

Strategy 3.2: Capacity building on the use of troubleshooting of digital tools

Activities:

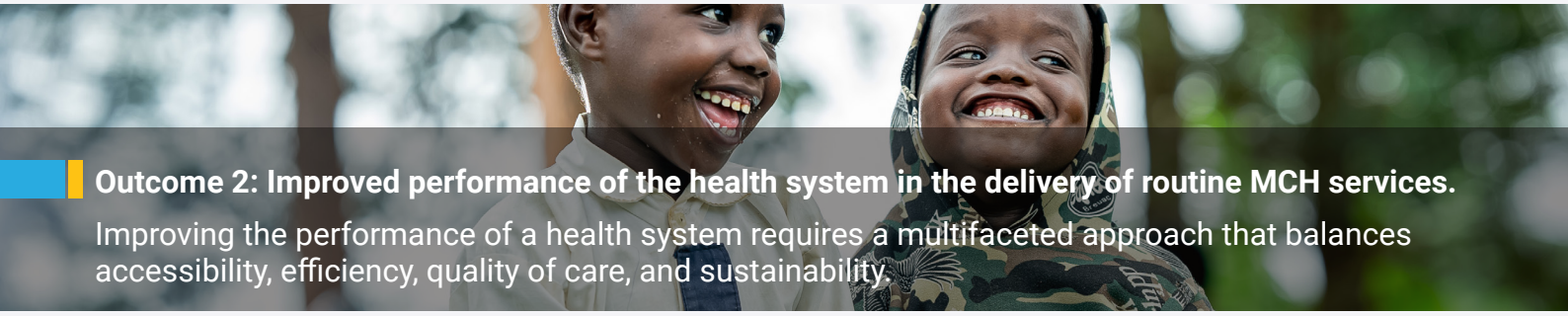
1. Build the capacity of the district-level team on the use and troubleshooting of digital tools availed for integrated MCH services into routine services (C-EMR, E-Tracker, SISCOM)
2. Conduct quarterly facility-level supportive supervision visits by the hospital IT personnel for troubleshooting and maintenance of IT equipment.

Output 4: Strengthen implementation of SBC including gender messages by CHWs

Strategy 4. 1: Harmonized Social Behavioral Changes messages

Activities:

Incorporate new SBC messages related to Vitamin A, deworming and screening of malnutrition using height-for-age measurements, WASH into the workshop to develop harmonized SBC messages, engaging men in MCH Services.



Outcome 2: Improved performance of the health system in the delivery of routine MCH services.

Improving the performance of a health system requires a multifaceted approach that balances accessibility, efficiency, quality of care, and sustainability.

Output 2. 1: Strengthened evidence-based planning at district level for the integrated MCH services at all levels (starting from the community, health posts, health centers, and hospitals to district administration).

Strategy 2.1.1: Evidence based planning at district level

Activities:

1. Incorporate new MCH services (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A in the CHWs plan to generate the needed quantity of drugs and supplies per village
2. Develop HC level annual operational plan integrating CHW estimated quantities of Vit A and Deworming drugs and supplies
3. Incorporate newly integrated MCH services (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A into hospital annual operational planning
4. Disseminate district-level annual operation plan integrating (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A with all stakeholders (local leaders, partners, etc.)

Output 2.2: Improved /Strengthened capacity of the health workers at the delivery points of the integrated MCH week services into a routine system considering gender issues in routine service delivery

Strategy 2.2.1: Capacity building at the facility level

Activities:

1. Conduct cascade training for all EHOs and CEHOs and CHWs on SBC messages related to Vitamin A, deworming and screening of malnutrition using height for age by CHWs, WASH.
2. Avail/Printing key tools including learning resource packages, IEC/SBC materials, and job aids to all CHWs
3. Disseminate approved SBC messages into community gatherings (umuganda, inteko z'abaturage, umugoroba w'ababyeyi, etc.)
4. Conduct training of trainers at district level (nurses in charge of vaccination, nutritionist, store manager, data manager, MCH supervisor, EHO, data manager and CEHO) on newly integrated MCH service package (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting).
5. Train facility staff (HC and HP) on newly integrated MCH service package (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.

6. Train all CHWs on newly integrated MCH service package (Vit A, Deworming and screening of malnutrition using Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.
7. Conduct quarterly Supportive Supervision by MCH officer, and nutritionist, from central to Hospitals to ensure implementation of the new integrated MCH services in routine.
8. Conduct quarterly integrated supportive supervision by the EPI supervisor, nutritionist, data manager, and CHW supervisor from the hospital to HC staff.
9. Conduct quarterly integrated supportive supervision by CEHO and nutritionist from HC to CHWs

Strategy 2.2.2: Dispensing of needed medicines

Activities:

1. Provide Vitamin A, deworming, Ongera, and growth monitoring through immunization at the facility level and through monthly Growth monitoring by CHWs and during CHWs routine services provision

Strategy 2.2.3: Awareness raising

Activities:

1. Orient facility and district leaders on newly services integrated in routine care (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.
2. Orient school teachers, ECD caregivers, parasocial, and community volunteers on the new MCH services integrated in routine care Vit A, Deworming and screening of malnutrition using height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.

Strategy 2.2. 3: Integrated service delivery

Activities:

1. Deliver Vit A supplementation from 6 months, and every 6 months until 59 months;
2. Organize growth monitoring including height for age using height board by CHWs through routine growth monitoring activities as per the following schedule:
   - Infants (0-12 months): Every month during routine monthly growth monitoring sessions.
   - Toddlers (1-2 years): Every 3 months to monitor growth.
   - Those who are not in normal range in the growth monitoring chart will be referred to the facility for further management and follow-up.
   - Mothers and caregivers of newborn with special needs such as preterm and low-birth-weight babies, and those with congenital malformations need a special message regarding the current growth status of their babies.
   - Give health center staff (CEHO, nutritionist, EPI nurse) access to C-EMR for monitoring the provision and reporting of the services delivered to eligible children.
   - Health centers will perform growth monitoring for all eligible children during routine vaccination sessions, and enter the records in C-EMR. At this point, the list of eligible children will be updated automatically in the C-EMR account of a CHWs.
3. **Deworming:**
   - Organize deworming for high burden sectors done 3 times a year October, January, June,
   - Organize deworming for low and moderate districts (deworming will be given 2 times a year October, June),
   - Organize deworming for 5- 15 to be done at school during the same period
   - Arrange the > 16 years and Adults will be reached during outreaches in households or during community meetings;

- Organize the delivery of Praziquantel in October in endemic cells.

Note: All service delivery will be done during the nutrition screening weeks (second and third week of the month) however this may be subject to adjustments and get communicated to de-centralized levels by Ministry of Health through Rwanda Biomedical Centre.

Strategy 2.2.4: Quality assurance

Activities:

1) Conduct targeted monthly field visits to ensure compliance with guidelines/protocols for newly integrated MCH week services

Output 2.3: Improved availability of needed supplies and equipment to implement the integrated services

Strategy 2.3.1: Supplies procurement

Strategic actions:

1. Conduct a quick need assessment of supplies height boards (toise), scale, packaging of praziquantel, spoons, scissors) in the community and facilities.
2. Procure height/length measurement boards, scale, packaging of praziquantel, spoons, scissors for all CHWs and in facilities according to the need assessment.
3. Procure appropriate containers for keeping Vit A 100 capsules

Strategy 2.3.2: Capacity building on supply chain management at facility level

Activities:

1. Conduct training for the nurse in charge of distribution, and a refresher training for the store manager, on supply chain system and Quantification of medicine and supplies at the level of health facility.
2. Review, and update the CHW and facilities service packages including the integrated services from the MCH campaign and the ToRs of different structures such as CEHO, CHW supervisors, Community officers at MCCH.
3. Conduct training of CHWs on Quantification of medicine and supplies at the level of community through digitalization training.

Strategy 2.3.3: Outreach services

Activities:

1. Conduct outreach activities through home visits by CHWs to trace defaulters of integrated routine MCH service packages.

Outcome 3: Improved awareness about the positive individual, family, and community benefits of routine MCH services delivered.

Improving awareness about the positive impact of the services available for individuals, families, and communities requires strategic efforts across multiple channels.

Output 3.1: Community engagement and mobilization to improve demand for service and utilization, considering integration of gender in service delivery and health and nutrition-seeking behavior.

Strategy 3.1.1: Advocacy meetings

Activities:

1. Conduct a one-day advocacy meeting with Local leaders, and community personnel including, youth volunteers, Disability groups, women groups, Leaders for associations/ cooperatives, religious leaders, ECDs managers, and Headteachers, to discuss newly integrated MCH services, disseminate key SBC messages and request their support in term of community mobilization, demand creation and service provision.
2. Conduct a one-day advocacy meeting with health facility personnel including Hospital DGs, Head of health centers, CHWs representatives, and district partners to discuss newly integrated MCH services (Vit A, Deworming, height for age done by CHWs), disseminate key SBC messages and request their support in term of community mobilization, demand creation, and service provision.

Strategy 3.1. 2: Leverage media, community and digital Platforms

Activities:

1. Leverage the existing community platforms (umuganda, inteko z'abaturage, umugoroba w'ababyeyi etc.), to support community mobilization and behaviour change.
2. Leverage Media engagement to support community mobilization and behaviour change, including through community radios, social media, TVs, Drama series, and more.

Strategy 3.1.3: Social behavior messages

Activities:

1. Conduct supportive supervision by CEHO to ensure that CHWs are disseminating key SBC messages.
2. Disseminate SBC messages, and guidelines related to newly integrated MCH services.
3. Monitor the implementation of SBC messages, and guidelines related to newly integrated MCH services.

Strategy 3.1.4: Awareness evaluation

Activities:

1. Conduct rapid studies every year to assess the perceptions, knowledge, and practices to inform SBC interventions.

A detailed plan log frame is attached (annex 1)

IMPLEMENTATION ARRANGEMENTS

INTRODUCTION

To achieve the goal of this strategy i.e. to contribute to the improved MCH services coverage by integrating the MCH Week campaign services into the routinely delivered services, effective and efficient implementation of the three strategic objectives is required. Arrangements to enhance strategy implementation include the identification of the context-specific enabling and inhibiting factors, management of change, the monitoring and evaluation framework as well as the financial costing arrangements to support strategy implementation.

THE STRATEGY ENABLERS

The following are identified as factors supporting the successful implementation of this strategy:

1) Existence of the Community Health Worker (CHW) Program and service package
2) Presence of some already integrated services in the system
3) Community digitalization of services (Community Electronic Medical Record c-EMR)
4) The use of performance-based financing to motivate the CHW.

THE STRATEGY INHIBITORS

Some factors were identified through the process of development of this strategy as potential threats to the achievement of the strategic objectives as follows:

1) Insufficient staff number and capacity
2) Inactive performance management tools
3) Low staff motivation.
4) Resistance to change and building trust in CHWs
5) Incomplete service tracking and registration tools.
6) Insufficient population mobilization and awareness activities.

CHANGE MANAGEMENT

Change management in healthcare delivery can help to ensure that the new model of service delivery and processes are implemented smoothly and successfully. Some strategies for change management are known from best practices and were used in this transition plan to foster the implementation of services integration into routine health care delivery system. Strategies like establishing leadership roles specifically for managing change, developing clear communication plans to involve all stakeholders, providing ongoing training and support for healthcare staff as well as implementing incremental and phased changes to ensure adaptability were used to achieve the strategic objectives.

IMPLEMENTATION PHASES

To allow the effective realization of the prime goal of this strategy, a phased implementation approach was adopted, beginning with one district. Insights and lessons learned from this initial phase will inform a coordinated and sustainable nationwide scale-up. The first phase is set to launch in Nyabihu District in June 2025, followed by expansion to additional districts thereafter in July 2025.

MONITORING AND EVALUATION

Monitoring and evaluation of the plan implementation will be conducted by **the MCCH division at RBC** using the following indicators as detailed in the Monitoring and Evaluation framework annex 3. Implementation of this plan will take place in **one** year. The mid-term review will be conducted in December 2025, when the indicators will be reviewed and targets will be reset based on information available. The review will suggest corrective actions and recommendations for effective and efficient implementation of the remaining strategic actions and activities.

THE FINANCIAL ARRANGEMENTS

The total cost estimate for implementing this plan was made based on the identified strategic actions. Shares of costing were made on the basis of price estimation.

The total cost of the action plan was estimated at **$ 2,359,859** as detailed in the 1st sheet of costed plan for the first year. For the subsequent years while implementing MCH services in routine, the cost will be reduced from **$2,359,859 to $ 1,303, 059** (see 2nd sheet of the costed plan). **The cost includes the procurement of drugs which was not included in the MCH week budget before.**

LIST OF ANNEXES

Annex. 1 : Log frame

LOG FRAME OF MCH WEEK SERVICES INTEGRATED INTO ROUTINE HEALTH SERVICES

Log frame	Indicators	Means of Verification	Assumptions
Goal: To contribute to the improved MCH services coverage by integrating MCH Week campaigns (Vit A, Deworming, Height for age using height boards) into routine services for CHWs			
Outcome 1: Strengthened governance structure to achieve effective integration of Maternal and Child Health Week services (Vit A, Deworming, Height for age using height boards), resulting in improved coordination, service delivery, and increased access to maternal and child health interventions			
	1.1. Proportion of service delivery points including CHW complying with most recent guidelines and protocols for routine MCH services	National DQA; Evaluation report	_Political support and commitment to implement MCH services _Availability of the budget by the government _Acceptability of beneficiaries _ Government supply chain and logistics including all MCH services drugs/medicines
	1.2. % of CHW reaching 80% of targeted annual profit for routine MCH services	PBF assessment report	
	1.3. Average time for delivery of requests of drugs/medicines (Vit A, Deworming) for routine MCH services	Supply Chain Tracking System	
	1.4. Average number of days of stock out for routine MCH services drugs/medicines, within the last month or last quarter (depending on the supplies distribution schedule).	Supply Chain Tracking System	
Output 1. 1: Improved/strengthened leadership and oversight mechanisms established at all levels of the Ministry of Health for the effective planning and delivery of integrated Maternal and Child Health (MCH) services			
Activities			
1.1 1. Organize national and district-level health and nutrition meetings to integrate Vitamin A, deworming, growth and malnutrition screening including height for age using height boards by CHWs into the routine national plan.	1.1.1. Proportion of service delivery points including CHW complying with most recent guidelines and protocols for routine MCH services.	Workshop report	
1.1.2 Incorporate Vitamin A, Albendazole/Mebendazole, Praziquantel, Ongera and other commodities into the national level quantification exercise.	1.1.2. Existence of national quantification document that incorporate Vitamin A, Albendazole/ Mebendazole, Praziquantel, Ongera, containers for keeping drugs and cupboard for safe storage of medicine and other commodities for routine MCH services.	Review report	

Log frame	Indicators	Means of Verification	Assumptions
1.1.3 Integrate needed drugs, medicine, and supplies (Vit A capsules, deworming tablets, anthropometric equipment, etc.) into the national Fiscal Year budget.	1.1.3. The FY budget 2025-2026 includes the procurement of Vit A, deworming tablets and height gauge for CHWs	The MOH budget plan 2025-2026	
1.1.4 Procure annual quantified Vitamin A, Albendazole/Mebendazole, Praziquantel, Ongera, and other commodities such as scissors for routine MCH activities.	1.1.4. Approved procurement plan that include needed drugs, medicine and supplies for routine MCH services (Vitamin A, Albendazole/ Mebendazole, Praziquantel, Ongera, containers for keeping MCH drugs and cupboard for safe storage of medicine.	Activity report	
1.1.5 Procure height/length measurement boards, scale, packaging of praziquantel, spoons, scissors for all CHWs and in facilities according to the need assessment	1.1.5. Number of items procured	Delivery note	
1.1.6. Develop and avail growth reference tables, at the health facility level as job aids for the health workers	1.1.6. # of developed growth reference tables at the facility level)	Program record	
1.1.7 Disseminate reviewed tools (services package, learning packages, PBF indicators, Job aids) to all community and facility level stakeholders	1.1.7. Proportion of districts who organized at least one meeting for dissemination of all tools reviewed	Minutes meeting	
1.1.8. Review the list of PBF indicators for facility and CHWs to include the new MCH service indicators integrated into routine services (Vitamin A, deworming, height-for-age measurement, etc.)	1.1.8. # of PBF indicators related to MCH week campaign services integrated into routine	List of PBF indicator	
1.1.9 Incorporate newly integrated MCH services into PBF budgeting exercise, evaluation, and remuneration of facilities and CHWs based on quarterly performance	1.1.9. MCH services incorporated into PBF	Activity report	

Log frame	Indicators	Means of Verification	Assumptions
1.1.10 Develop standard training materials on routine MCH services for health workers and CHW, considering the integration of gender sensitive issues in health service delivery	1.1.10. # of training materials on integrated MCH week services for CHW developed	Activity report	
1.1.11. Conduct capacity building at district level regarding routine MCH services planning, data registration, monitoring and evaluation and data use for decision making	1.1.11. #r of DH leaders and chief of services oriented on planning, data registration, M&E, and data use of MCH week services integrated in routine, with >80% positive results	Training report	
1.1.12 Incorporate Vitamin A, deworming, and height for age measurements in the learning resources packages and Job aids for polyvalent CHWs	1.1.12. Existence of polyvalent CHWs learning resource packages that includes Vitamin A, deworming, height for age	Activity report	
1.1.13 Train national-level master trainers on newly routine MCH service packages	1.1.13. Number of master trainers on newly routine MCH service packages developed	Training report	
Output 1. 2: Strengthened a robust stakeholder coordination mechanism involving the MOH and key implementing partners at national and district level			
Activities			
1.2.1. Develop the ToRs of the national coordination (Advisory group) for the integrated MCH routine service and identify key stakeholders to be members.	1.2.1. Existence of routine MCH services advisory group	Review report	
1.2.2 Present newly integrated indicators for routine MCH services into existing TWGs at the national level.	1.2.2. Number of national-level TWGs where newly integrated indicators for routine MCH services were presented	Minutes meeting	
1.2.3. Present newly integrated indicators for routine MCH services into existing DHMT and technical coordination meetings at the district level.	1.2.3. Proportion of districts where newly integrated indicators for routine MCH services were presented to DHMTs members	Minutes meeting	

Log frame	Indicators	Means of Verification	Assumptions
Output 1. 3: Improved data reporting through digital technology to support implementation of integration including setting up different Digital systems for health service delivery.			
Activities			
1.3.1. Review HMIS and the C-EMR reporting formats to include indicators for routine MCH services.	1.3.1. # of CHW and Facility service package reviewed/updated	Activity report	
1.3.2. Present newly integrated indicators for routine MCH services into existing SMM.	1.3.2. Number of national-level TWGs where newly integrated indicators for routine MCH services were presented	Minutes meeting	
1.3.3. Identify reporting tools/systems for Vitamin A Supplementation and deworming and Incorporate Vitamin A, deworming, and height for age measurements by CHWs into C-EMR and in the routine community data collection tools for CHWs.	1.3.3. Updated digital tools for Community and facility levels	Activity report	
1.3.4. Conduct monthly monitoring of newly integrated MCH services using HMIS	1.3.4. % of national quarterly data review and cleaning where indicators for routine MCH services were reviewed	Activity report	
1.3.5. Conduct mid-term and final evaluation of the transition plan to integrate MCH week services into routine services	1.3.5. Number of evaluations of the transition plan to integrate MCH week into routine services completed	Evaluation report	
1.3.6. Incorporate newly introduced indicators for routine MCH activities into the quarterly data review and cleaning exercise at RBC-MCCH	1.3.6. % of national quarterly data review and cleaning where indicators for routine MCH services were reviewed	Activity report	
1.3.7. Incorporate newly integrated MCH indicators into annual DQA exercise	1.3.7. Number of DQA exercises where indicators for routine MCH services were integrated	DQA report	
1.3.8 Procure and avail digital tool (gadgets) to the community Health Workers"	1.3.8 % of community health workers who have digital tools (gadgets)		

Log frame	Indicators	Means of Verification	Assumptions
1.3.9. Build the capacity of the district-level team on the use and troubleshooting of digital tools availed for integrated MCH services into routine services (C-EMR, E-Tracker, SISCOM)	1.3.9 Proportion of districts with all CEHO trained on the use of digital tools availed	Training report	
1.3.10 Conduct quarterly facility-level supportive supervision visits by the hospital IT personnel for troubleshooting and maintenance of IT equipment	1.3.10. Proportion of districts with all CEHO trained on the use of digital tools availed	Training report	
Output 1.4: Strengthen implementation of SBC including gender messages by CHWs			
Activities			
1.4.1 Incorporate new SBC messages related to Vitamin A, deworming and screening of malnutrition using height-for-age measurements, WASH into the workshop to develop harmonized SBC messages, engaging men in MCH Services.	1.4.1. Existence of national document with harmonized SBC and gender sensitive messages that include messages on routine MCH services (Vitamin A, deworming and screening of malnutrition using height for age by CHWs, WASH)	Workshop report	
Outcome 2: Improved performance of health system for routine MCH services			
	2.1. Proportion of beneficiaries of routine MCH services (Vit A, Deworming) with side effects that were referred by CHWs and successfully managed at facility level	HMIS, SISCOM, E-Tracker	_Political support and commitment to implement MCH services _Availability of the budget by the government _Acceptability of beneficiaries _Government supply chain and logistics including all MCH services drugs/medicines
	2.2. % of under five years children identified with malnutrition that were referred and seen at facility level as result of routine MCH services	HMIS, SISCOM, E-Tracker	
	2.3. Prevalence of children diagnosed with intestinal worms	HMIS, SISCOM, E-Tracker	
	2.4. Prevalence of stunting (low height-for-age) among children under 5 years (6–23 months)	HMIS, SISCOM, E-Tracker	
	2.5 Proportion of children aged 6–59 months who received two age-appropriate doses of vitamin A supplements in the last 12 months	HMIS, SISCOM, E-Tracker	

Log frame	Indicators	Means of Verification	Assumptions
Output 2.1 Strengthened evidence-based planning for the integrated MCH services at all levels (starting from the community, health posts, health centers, and hospitals to district administration).			
Activities			
2.1.1 Incorporate new MCH services (Deworming for Soil-Transmitted Helminthiasis and Schistosomiasis) and Vit A in the CHWs plan at the district level to generate the needed quantity of drugs and supplies per village	2.1.1. Proportion of villages with annual plan including Vit A and Deworming (for Soil-Transmitted Helminthiasis and Schistosomiasis)	Activity report	
2.1.2 Develop HC level annual operational plan integrating CHW estimated quantities of Vit A and Deworming drugs and supplies	2.1.2. Proportion of facilities with annual operational plan integrating (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A	Workshop report	
2.1.3 Incorporate newly integrated MCH services (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A into hospital annual operational planning	2.1.3. Proportion of districts with annual operational plan integrating Vit A and Deworming in routine care	Workshop report	
2.1.4 Disseminate district-level annual operation plan integrating (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A with all stakeholders (local leaders, partners, etc.)	2.1.4. % Of district that have organized at least one dissemination meeting of annual operation plan integrating (Deworming for Soil Transmitted Helminthiasis and Schistosomiasis) and Vit A with all stakeholders (local leaders, partners etc.)	Minutes meeting	
Output 2.2 Improved /Strengthened capacity of the health workers at the delivery points of the integrated MCH week services into a routine system considering gender issues in routine service delivery			
Activities			
2.2.1 Conduct cascade training for all EHOs and CEHOs and CHWs on SBC messages related to Vitamin A, deworming and screening of malnutrition using height for age by CHWs, WASH	2.2.1. Proportion of districts with all EHOs and CEHOs trained on SBC messages	Activity report	
2.2.2 Avail/Printing key tools including learning resource packages, IEC/SBC materials and job aids to all CHWs	2.2.2. % of CHWs equipped with IEC/SBC tools	Program record	

Log frame	Indicators	Means of Verification	Assumptions
2.2.3 Disseminate approved SBC messages into community gathering (umuganda, inteko z'abaturage, umugoroba w'ababyeyi etc.)	2.2.3. Number of people attending community platform sensitization meeting by CHW polyvalent to discuss routine MCH services	Minutes meeting	
2.2.4. Conduct training of trainers at district level (nurses in charge of vaccination, nutritionist, store manager, data manager, MCH supervisor, EHO, data manager and CEHO) on newly integrated MCH service package (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting).	2.2.4. % of districts with at least 8 trainers on newly integrated MCH services	Training report	
2.2.5 Train facility staff (HC and HP) on newly integrated MCH service package (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting	2.2.5. % of HCs and Health posts with at least 4 staff trained on newly integrated MCH services	Training report	
2.2.6 Train all CHWs on newly integrated MCH service package (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting	2.2.6. Proportion of CHWs polyvalent trained on newly integrated MCH services	Training report	
2.2.7 Conduct targeted quarterly Supportive Supervision by MCH officer, nutritionist, community, and WASH from central to Hospitals to ensure implementation of the new integrated MCH services in routine	2.2.7% of hospitals receiving supportive supervision from RBC	Activity report	
2.2.8 Conduct targeted quarterly integrated supportive supervision by the EPI supervisor, nutritionist, data manager, and CHW supervisor from the hospital to HC staff	2.2.8 % of HC, HP receiving quarterly supportive supervision by EPI supervisor, nutritionist, data manager and CHW supervisor	Activity report	

Log frame	Indicators	Means of Verification	Assumptions
2.2.9. Conduct targeted quarterly integrated supportive supervision by CEHO and nutritionist from HC to CHWs	2.2.9 % of CHWs that have received at least 2 integrated supportive supervision from CEHO and nutritionist annually	Activity report	
2.2.10. Provide Vitamin A, deworming, Ongera, and growth monitoring through immunization at the facility level and through monthly GMP by CHWs and during CHWs routine services provision	2.2.10. Proportion of targeted people receiving integrated routine MCH services	HMIS, SISCOM, E-Tracker	
2.2.11 Orient facility and district leaders on newly services integrated in routine care (Vit A, Deworming and Height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.	2.2.11 proportion of leaders oriented on newly MCH integrated services	Meeting report	
2.2.12 Orient school teachers, ECD caregivers, parasocial, and community volunteers on the new MCH services integrated in routine care Vit A, Deworming and screening of malnutrition using height for age measurement for CHWs) including SBC messages and the use of digital tools availed for reporting.	2.2.12. % of school teachers, ECD care givers, parasocial, community volunteers oriented on the new MCH services integrated in routine care (Vit A and Deworming)	Meeting report	
2.2.13 Deliver Vitamin A supplementation from 6 months, and every 6 months until 59 months;	2.2.13 % of districts implementing Vit A supplementation in routine care as per the protocol	HMIS, SISCOM	
2.2.14 Organize growth monitoring including height for age using height board in the 2nd and 3rd week of the month by CHWs,	2.2.14 % of districts implementing growth monitoring in routine care as per the protocol	HMIS, SISCOM	
2.2.15 Organize deworming for high burden sectors done 3 times a year October, January, June,	2.2.15 % of districts implementing deworming in routine care as per the protocol	HMIS, SISCOM	
2.2.16 Organize deworming for low and moderate districts (deworming will be given 2 times a year October, June),	2.2.16 % of districts implementing deworming in routine care as per the protocol	HMIS, SISCOM	

Log frame	Indicators	Means of Verification	Assumptions
2.2.17 Organize deworming for 5- 15 to be done at school during the same period	2.2.17 % of districts implementing deworming in routine care as per the protocol	HMIS, SISCOM	
2.2.18 Arrange the > 16 years and Adults will be reached during outreaches in households or during community meetings;	2.2.18 % of districts implementing deworming in routine care as per the protocol	HMIS, SISCOM	
2.2.19 Organize the delivery of Praziquantel in October in endemic cells.	2.2.19 % of districts implementing deworming in routine care as per the protocol	HMIS, SISCOM	
2.2.20 Conduct targeted monthly field visits to ensure compliance with guidelines/protocols for newly integrated MCH week services	2.2.20 % of facilities receiving supportive supervision from RBC	Activity report	
Output 2.3 Improved availability of needed supplies and equipment to implement the integrated services			
Activities			
2.3.1. Conduct a quick need assessment of supplies (height boards (toise), scale, packaging of praziquantel, spoons, scissors) in the community and facilities	2.3.1. Need assessment report available	Activity report	
2.3.2. Conduct training for the nurse in charge of distribution, and refresher training for the store manager, on Supply Chain tracking System and Quantification of medicine and supplies at the level of health facility	2.3.4. % of facilities with nurses in charge of distribution facility managers trained on Supply Chain tracking System and quantification for routine MCH services % of facilities which received refresher training for store manager on quantification of medicine at facility level	Training report	
2.3.3. Conduct training of CHWs on Quantification of medicine and supplies at the level of community through digitalization training	2.3.6. Proportion of polyvalent CHWs trained on quantification for routine MCH services through digital training	Training report	
2.3.4. Conduct outreach activities through home visits by CHWs to trace defaulters of integrated routine MCH service packages.	2.3.7 Proportion of identified defaulters reached by polyvalent CHWs through home visits and provided with needed MCH services	HMIS, SISCOM, E-Tracker	

Log frame	Indicators	Means of Verification	Assumptions
Outcome 3: Improved awareness about the positive individual, family, and community benefits of routine MCH services delivered			
	3.1. Percentage of audience with a positive perception of routine newly integrated MCH services (Vit A, Deworming)	KAP survey report	_Political support and commitment to implement MCH services _Availability of the budget by the government _Acceptability of beneficiaries _ Government supply chain and logistics including all MCH services drugs/medicines
	3.2. Percentage of respondents who know the correct answer to a question about services provided during routine MCH services	KAP survey report	
	3.3. Level of agreement of beneficiaries on the fact that intestinal worms and lack of Vitamin A could negatively affect nutritional status	KAP survey report	
Output 3.1. Community engagement and mobilization to improve demand for service and utilization supported considering integration of gender in service delivery and health and nutrition-seeking behavior			
Activities			
3.1.1. Conduct a one-day advocacy meeting with Local leaders, and community personnel including, youth volunteers, Disability groups, women groups, Leaders for associations/cooperatives, Religious leaders, ECDs managers, and Headteachers, to discuss newly integrated MCH services, disseminate key SBC messages and request their support in term of community mobilization, demand creation and service provision	3.1.1. Number of people attending advocacy meeting to discuss newly integrated MCH services, disseminate key SBC messages and request their support in term of community mobilization and service provision	Minutes meetings	
3.1.2. Conduct a one-day advocacy meeting with health facility personnel including Hospital DGs, Head of health centers, CHWs representatives, and district partners to discuss newly integrated MCH services (Vit A, Deworming, height for age done by CHWs), disseminate key SBC messages and request their support in term of community mobilization, demand creation, and service provision	3.1.2 Proportion of district that organized at least one advocacy meeting with facility leaders and health workers		

Log frame	Indicators	Means of Verification	Assumptions
3.1.3. Leverage the existing community platforms (umuganda, inteko z'abaturage, umugoroba w'ababyeyi etc.), to support community mobilization and behaviour change	3.1.3. Number of people attending community platform sensitization meeting by CHW polyvalent to discuss routine MCH services	Activity report	
3.1.4. Leverage Media engagement to support community mobilization and behaviour change, including through community radios, Social media, TVs, Drama series, and more.	3.1.4. Number of drama series on vitamin A and deworming developed; number of messages on Vit A and deworming aired on radio, number of social media that disseminated messages on Vit A and Deworming	Program record	
3.1.5. Conduct targeted quarterly supportive supervisions by CEHO to ensure that CHWs are disseminating key SBC messages	3.1.5. % of CEHOs who conducted at least 2 supportive supervision of CHWs at each facility to ensure that CHWs are disseminating key SBC messages	Activity report	
3.1.6. Conduct rapid studies every year to assess the perceptions, knowledge, and practices to inform SBC interventions	3.1.8 Number of KAP survey conducted	KAP survey report	

Annex 2. M&E Framework

M&E framework for MCH week services integrated into routine

M&EFRAMEWORK

The M&E framework aims to utilize a results-based logical framework (a tool for improving the planning, implementation, management, monitoring and evaluation of projects) that includes measurable outcome, and output indicators reflecting interventions for routine MCH services in Rwanda, and is to be monitored and evaluated by all levels. A monitoring and evaluation framework is a systematic approach to measuring and assessing the effectiveness of your programs, projects, or policies. It helps you understand what is working well and what needs improvement, allowing you to make data-driven decisions and achieve your goals.

This M&E framework is aligned with strategic areas, outcomes, strategic interventions and activities for the national strategy designed for the successful integration of MCH week activities into Rwanda's routine health services. It is aligned with the strategic areas, outcome and outputs, including:

- **Strategic area with outcome and outcomes indicators**
- **Strategic intervention with outputs indicators**

The selection of indicators was based on activities to be implemented, key priorities and routine data availability (SISCOM, DHIS-2 and E-Tracker, RapidSMS and C-EMR).

Baseline and Target setting: This is to be done by all levels starting by each village then health facility aggregation of target from villages covered thereafter a compilation at district level then and national level. National targets are to be aligned with national targets (HSSP 5 etc.), including annual sub-targets. Districts and health facilities will set realistic annual sub-targets, aiming to reach the national targets for newly integrated MCH services.

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
Goal: To contribute to the improved MCH services coverage by integrating MCH Week campaign services into the routinely delivered services.							
Outcome 1: Strengthened the governance structure to achieve effective integration of Maternal and Child Health Week services (Vitamin A, Deworming, Growth and malnutrition screening including height for age using height boards by CHWs), resulting in improved coordination, service delivery, and increased access to maternal and child health interventions.							
1. Outcomes indicators							
1.1. Proportion of CHW polyvalent complying with the latest ministerial instructions allowing CHWs to measure height for age, Vitamin A supplementation, deworming and modality for MCH routine services	Total polyvalent CHWs complying with the ministerial instruction/Total CHWs assessed	Facility type, District	Annual	National DQA; Evaluation report	RBC-MCCH Director of community health		
1.2. % of CHW reaching 80% of targeted annual profit for routine MCH services	CHWs reaching 80% of annual profit/Total CHWs	District	Annual	PBF assessment report	RBC-MCCH Director of community health		
1.3. Average number of days of stock out in 6 months for routine MCH services drugs/medicines	Number of days of stock out/Number of days for 6 months	District, facility type, Vitamin A, Deworming and Ongera	Bi-annual	Supply Chain tracking System	RBC-MCCH Director of community health		
1. Outputs indicators							
Output 1. : Improved/strengthened leadership and oversight mechanisms established at all levels of the Ministry of Health for the effective planning and delivery of integrated Maternal and Child Health (MCH) services.							
1.1. Proportion of service delivery points (SDPs) and CHWs offering the full package of revised MCH services through routine	Number of SDPs and CHWs offering the full package of the revised MCH services through routine/Total SDPs and CHWs assessed	Facility type and District	Annual	National DQA; Evaluation report	DG of Hospital/ CHWs supervisors		
1.2. # of DH leaders and chief of services oriented on MCH services planning, data registration, monitoring and evaluation and data use for decision making	Count the number of participants to training	District, facility type and occupation	Annual	Training report	DG of Hospital/ CHWs supervisors		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
1.3. % of polyvalent CHW with most recent ministerial instructions allowing CHWs to measure height for age, Vitamin A supplementation, deworming and modality for MCH routine services	Number of polyvalent CHWs with most recent ministerial instructions /Total CHWs assessed	Facility type and district	Annual	National DQA; Evaluation report	DG of Hospital/ CHWs supervisors		
1.4. # of new routine MCH indicators integrated into PBF	Count new indicators integrated into PBF	FP, Nutrition, vaccination etc.	Annual	PBF digital tool, activity report	RBC-MCCH Director of community health		
1.5. The proportion of the amount budgeted for medical supplies for newly routine MCH services including Vitamin A, deworming and Ongera that have been included in the annual national procurement plan	Amount budgeted/Amount in national procurement plan document	Vit A, deworming tablets	Annual	The annual MOH budget plan	RBC-MCCH Director of community health		
1.6. Proportion of medicines, drugs, equipment and commodities for routine MCH services quantified that were procured	Quantity quantified per item/Quantity procured per item	Job aids, learning resource packages, IEC/SBC tools, Vitamin A, Deworming and Ongera	Annual	National quantificati on document and Delivery notes	RBC-MCCH Director of community health		
Output 2 : Strengthened and robust stakeholder coordination mechanism involving the MOH and key implementing partners at national and district level							
2.1. Number of national-level TWGs where newly integrated indicators for routine MCH services were presented	Minutes meetings	RMNCH TWG, Child Sub TWG; Community sub TWG, FP sub TWG, Nutrition sub TWG	Annual	Minutes meeting	RBC-MCCH Director of community health		
2.2. Proportion of districts where newly integrated indicators for routine MCH services were presented to DHMTs members	Minutes meetings	None	Annual	Minutes meeting	DG of Hospital/ CHWs supervisors		
Output 3: Improved data reporting through digital technology to support implementation of integration including setting up different Digital systems for health service delivery.							
3.1. Number of national and district level staff trained on newly routine MCH service packages developed	Count the number of staff trained	National, District	Annual	Program record	DG of Hospital/ CHWs supervisors		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
3.2. # of community and facility levels (HMIS, E-Tracker, C-EMR, PBF etc.) digital tools updated to include related MCH services missing nutrition indicators among others.	Verify existence of reviewed digital tools	SISCOM, C-EMR and E-Tracker	Annual	Program record	RBC-MCCH Director of community health		
3.3. Proportion of polyvalent CHWs and facilities using most recent data collection tools for routine MCH services	Number of polyvalent CHWs using most recent data collection tools/Total polyvalent CHWs	District, type of tools (digital and paper based)	Annual	DQA report	DG of Hospital/ CHWs supervisors		
3.4. % of national quarterly data review and cleaning where new indicators for routine MCH services were reviewed to inform decision	Quarterly data review where indicators for routine MCH services were included/Data review held	Vitamin A, Deworming, FP, Nutrition	Annual	Activity report	RBC-MCCH Director of community health		
3.5. # of supportive supervision visits conducted by hospital level IT staff for troubleshooting and maintenance of facility and community level IT equipment	Count the number visits by IT	Vitamin A, Deworming, FP, Nutrition	Annual	Activity report	DG of Hospital/ CHWs supervisors		
Output 4.: Strengthen implementation of SBC including gender messages by CHWs							
4.1. Existence of national SBC strategy document revised to incorporate SBC messages for the new routine MCH services including nutrition	Documentation review of the latest SBC strategy document	None	Annual	SBC strategy document	RBC-MCCH Director of community health		
4.2. % of polyvalent CHWs equipped with IEC/SBC tools	Number of polyvalent CHWs equipped with IEC/SBC tools/Total polyvalent CHWs	District	Annual	Program record	DG of Hospital/ CHWs supervisors		
4.3. Number of drama series on vitamin A and deworming developed	Count dram series developed for routine MCH services	None	Annual	Program record	RBC-MCCH Director of community health		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
Outcome 2: Improved performance of the health system in the delivery of routine MCH services.							
2. Outcomes indicators							
2.1. Prevalence of Intestinal worms	# of sample of stool taken where intestinal worms were confirmed among age group for MCH routine services /Number of sample of stool tested	0-4 years; 5-15 years; 16 years and above and type of worm	Annual	HMIS	RBC-MCCH M&E Specialist		
2.2. Percent of children age 6-59 months who received vitamin A supplements in the past 6 months	# of children age 6-59 months who received Vitamin A supplement in the past 6 months/ Expected children age 6-59 months	District	Annual	HMIS	RBC-MCCH M&E Specialist		
2.3. Prevalence of stunting (low height-for-age) among children under 2 years (6–23 months)	Auto generated once data is entered into the digital tool	District and national	Annual	HMIS, SISCOM	RBC-MCCH M&E Specialist		
2.4. Prevalence of underweight (low weight-for-age) among children under 5 years (0–59 months)	Auto generated once data is entered into the digital tool	District and national	Annual	HMIS, SISCOM	RBC-MCCH M&E Specialist		
2.5. Prevalence of wasting (low weight-for-height) among children under 5 years (0–59 months)	Auto generated once data is entered into the digital tool	District and national	Annual	HMIS, SISCOM	RBC-MCCH M&E Specialist		
2.6. Proportion of beneficiaries of routine MCH services (Vit A, Deworming) with side effects that were referred by CHWs and successfully managed at facility level	Number of cases referred by CHWs and successfully managed/Total cases referred by CHWs	District and national	Annual	HMIS, SISCOM	RBC-MCCH M&E Specialist		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
2. Outputs indicators							
Output 2.1: Strengthened evidence-based planning at district level for the integrated MCH services at all levels (starting from the community, health posts, health centers, and hospitals to district administration).							
2.1.1. Proportion of villages with annual micro plan for new MCH services	Number of polyvalent CHWs in a village with micro planning/Total CHWs	None	Annual	Planning tool	DG of Hospital/ CHWs supervisors		
2.1.2. Proportion of facilities with annual operational plan integrating new MCH services	HFs with annual OP/Total HFs	Facility type	Annual	Annual operation plan	DG of Hospital/ CHWs supervisors		
2.1.3. Proportion of districts with annual operational plan integrating deworming for Soil Transmitted Helminthiasis and Schistosomiasis and Vitamin A	Districts with annual OP/Total districts	None	Annual	Annual operation plan	DG of Hospital/ CHWs supervisors		
2.1.4. % of district that have organized at least one dissemination meeting of the annual operation plan integrating deworming for Soil Transmitted Helminthiasis and Schistosomiasis and Vitamin A, with all stakeholders (local leaders, partners, etc.)	# districts that organized dissemination meeting/Total districts	None	Annual	Minutes meeting	DG of Hospital/ CHWs supervisors		
Output 2.2: Improved /Strengthened capacity of the health workers at the delivery points of the integrated MCH week services into a routine system considering gender issues in routine service delivery							
2.2.1. % of districts with at least 4 trainers on newly integrated MCH services	# districts with 4 trainers/Total districts	SBC messages, the use of digital tools and routine services	Annual	Training report	DG of Hospital/ CHWs supervisors		
2.2.2. % of facilities with at least 4 staff trained on newly integrated MCH services	# HFs with 4 staff trained/Total HFs	SBC messages, the use of digital tools and routine services	Annual	Training report	DG of Hospital/ CHWs supervisors		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
2.2.3. Proportion of CHWs polyvalent trained on newly integrated MCH services	# CHWs trained/Total CHWs	SBC messages, the use of digital tools and routine services	Annual	Training report	DG of Hospital/ CHWs supervisors		
2.2.4. % of facilities with pharmacist and facility managers trained on LMIS and quantification for routine MCH services	# HFs with pharmacists trained/ Total HFs	Facility type	Annual	Training report	DG of Hospital/ CHWs supervisors		
2.2.5. Proportion of districts with all EHOs and CEHOs trained on SBC messages	Number of EHO and CEHOs trained on SBC messages/Total EHOs and CEHOs	District, EHOs and CEHOs	Annual	Activity report	DG of Hospital/ CHWs supervisors		
2.2.6. Proportion of districts with M&E staff (data managers, statisticians, M&E planners) trained on routine MCH services data management, data use and the use of digital tools availed	M&E staff trained on the use of digital tools/Total targeted M&E staff	M&E planner, statisticians and data managers	Annual	Training report	DG of Hospital/ CHWs supervisors		
2.2.7. Proportion of hospitals supervised by MCH officer, and nutritionist to ensure implementation of the new integrated MCH services in routine.	#of Hospitals receiving at least bi-annual supervision/Total Hospitals	None	Annual	Activity report	RBC-MCCH Director of community health		
2.2.8. % of HCs receiving at least bi-annual integrated supervision by hospital level EPI supervisor, nutritionist, data manager, and CHW supervisor to ensure implementation of the new integrated MCH services in routine.	#of HCs receiving at least bi-annual supervision/Total HCs	District	Annual	Activity report	DG of Hospital/ CHWs supervisors		
2.2.9. % of HC level CEHOs and nutritionist who conducted at least 2 integrated supportive supervision of CHWs to ensure implementation of the new integrated MCH services in routine.	CEHOs and nutritionist that have conducted 2 integrated supervisions of CHWs/Total HCs with CEHO and nutritionist	District	Annual	Activity report	DG of Hospital/ CHWs supervisors		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
2.2.10. % of identified defaulters reached by polyvalent CHWs through home visits and provided with needed MCH services	# defaulters for routine MCH services identified in digital tools during facility level monthly data review orMvalidation meeting that were provided with routine MCH services through home / # defaulters for routine MCH services identified in digital tools during facility level monthly data review or validation meeting	District, facility, Vitamin A, Deworming, screening for malnutrition	Monthly	HMIS, SISCOM	DG of Hospital/ CHWs supervisors		
2.2.11. Coverage for routine MCH services: Proportion of targeted people receiving integrated routine MCH services	Number of people receiving the integrated routine MCH services/Targeted population	**Service type:** • Vitamin A 6-11 months, and every 6 months until 59 months • Deworming 1-4 years; 5-15 years; >16 years; October, June • Ongera • Nutrition screening 6-23 months • Referrals **Approach:** • Routine services • GMP • Outreach for defaulters	Annual	Training report	DG of Hospital/ CHWs supervisors		

Indicators	Calculation	Disaggregation	Frequency	Data source	Responsible	Baseline FY24	Target FY25
3. Outputs indicators							
Output 3: Community engagement and mobilization to improve demand for service and utilization, considering integration of gender in service delivery and health and nutrition-seeking behavior.							
3.1. Number of people attending advocacy meeting to discuss newly integrated MCH services, disseminate key SBC messages and request their support in term of community mobilization and service provision	Count the number of people attending advocacy meeting	Local leaders, ECDs and school managers, Women and youth groups, Disability group and Church's	Annual	Activity report	DG of Hospital/ CHWs supervisors		
3.2. Number of people attending community platform sensitization meeting by CHW polyvalent to discuss routine MCH services	Count the number of people attending community gathering meeting	Umuganda, inteko z'abaturage, umugoroba w'ababyeyi	Monthly	Activity report	DG of Hospital/ CHWs supervisors		
3.3. % of CHWs and health facilities with approved SBC messages, and guidelines related to newly integrated MCH services.	Number of HFs and CHWs with SBC guidelines /Total HFs and CHWs assessed	District	Annual	DQA report	DG of Hospital/ CHWs supervisors		

ANNEX 3: SUMMARY OF PRACTICAL OPERATIONAL GUIDE ABOUT INTEGRATION MCH WEEK SERVICES INTO ROUTINE

Intervention	Age group	Service	Period (justification)	Platforms (Integration and justification)	Service provider	Responsible (Preparation & Implementation	Observation
Vitamin A Administration	6 to 11 months	Vit A, 100,000	Once	Nutrition screening weeks	CHWs Immunization provider		
	12-59 months	Vit A, 200,000	Every 6 months	Nutrition screening weeks	CHWs		
Mass Deworming (**Main channels**)	1 - 4 years months	ALB/MEB	Round 1: June, 2nd and 3rd week -without PZQ (before school examination) Round 2: October, 2nd and 3rd week -with PZQ Round 3 in defined high endemic areas: 2nd and 3rd week of January -without PZQ	1)Inteko z'abaturage/ community weekly gathering at ISIBO (Nutrition screening, Tujyanemo mu isuku) 2) Door-to-door (Household WASH assessment, Inspect WASH and solve the gaps within HH means (Tujyanemo mu Isuku)	CHWs Immunization provider	ES Sector supported by Head of Health Centre	MoH official request to MINALOC to allow community weekly gatherings at ISIBO Level
	=>16 years	ALB/MEB + PZQ (where required in October)					
	=>5 years						
				Schools	Teachers	Head Teacher, supported by in-charge of the health club	Refresher training for all
Mass Deworming (**Other supplementary delivery channels**)	Adults	ALB + PZQ	October, 1st & 2nd week -with PZQ	Cooperatives like rice plantation, etc.	CHWs working in / close to those cooperatives	1President of the cooperative supported by the Head of Health Centre	Engagement of cooperatives by ES sectors supported by the Head of HC or DHU
Nutrition screening	6 to 23 months	Height for age	During 2nd and 3rd week of the month	1) nutrition screening weeks	CHWs	ES Sector supported by Head of HC	