The accreditation system and other IH-SSP interventions have made a positive impact on the quality of care in Rwanda. Each quarter, the ministry uses a structured checklist to measure facilities’ compliance with treatment guidelines, physical infrastructure, availability of medicines and supplies, and other indicators of service delivery quality. In 2009, health centers’ average score was 85 percent. By 2013, it had increased to 91 percent (Figure 3).

![Image](image1.png)

**Figure 3.** Average health center quality assessment scores

In just six months since the January 2014 accreditation assessment, the staff of Kibungo District Hospital in the Eastern Province have implemented changes that have made noticeable improvements in patient outcomes. “Before, we didn’t have the habit of analyzing data,” said Jean Marie Vianey Ukizentaburuwe, the hospital’s Quality Improvement Focal Person. “We didn’t know the rates of neonatal infection, neonatal asphyxia, or the infection rate from cesarian sections. But now we know these rates and have a plan to reduce them.”

In the first six months of implementing their plan, the percentage of deaths due to neonatal infection at Kibungo dropped from 24 to 18 percent. The hospital has plans to reduce this number to nine percent over the next six months. Similarly, Kibungo staff have decreased the incidence of incision-site infections after cesarian sections from 3 to 2.3 percent. The infection prevention committee is now reviewing the charts of every cesarian section infection case to find commonalities that could lead to corrective actions, with the goal of decreasing the rate by 1.5 percent over the next six months.

![Image](image2.png)

**Photo by MARY K. BURKET**

**Data-Driven Decisions Save Lives at Kibungo District Hospital**

**SYSTEMATIZING AND SUSTAINING QUALITY OF CARE**

Launched in 2009, the Integrated Health Systems Strengthening Project (IH-SSP) expanded on work initiated by the HIV Performance-Based Financing Project (2005 – 2009), also funded by the US Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH). IH-SSP’s goal was to improve the health of all Rwandans through better access to quality health services. In its five years of implementation, IH-SSP improved Rwanda’s information management, health financing, human resources for health, and quality of health services, and helped decentralize the country’s health services and management.

The Government of Rwanda’s vision for its health system is that every citizen will consistently use health services that are easily accessible, meet international standards of care, and directly respond to individuals’ perceived and actual needs. Although there have been several initiatives in Rwanda to improve the quality of health care in specific areas such as HIV and maternal health, prior to the launch of the Integrated Health Systems Strengthening Project (IH-SSP) in 2009, the country had not undertaken a comprehensive approach to quality improvement in the healthcare system.

**Accreditation**

In most of the developed world, hospitals are accredited by external agencies that holistically assess facilities’ operations against national or international standards. This process ensures that the quality of care is standardized and of sufficient quality. But in Rwanda, only the top referral hospitals had even begun to work toward accreditation prior to IH-SSP’s launch. So in 2009, IH-SSP began laying the groundwork to accredit Rwanda’s facilities. In partnership with Joint Commission International (JCI), an organization that facilitates accreditation of hospitals throughout the world, IH-SSP worked with Rwanda’s Ministry of Health to develop the Rwandan Essential Hospital Accreditation Standards, which will govern all aspects of Rwandan hospitals’ operations.