REPUBLIC OF RWANDA

MINISTRY OF HEALTH

THE DISTRICT HEALTH SYSTEM RE-ORGANISATION GUIDELINE

FROM A MANAGERIAL PERSPECTIVE

Kigali, June 2011

FOREWARD

The Ministry of Health is pleased to present the District Health System guidelines for the reorganization of the district health system from a managerial perspective.

These guidelines are the official guide to the management of a functional district health system.

The concepts contained in this document are based on the Rwanda Decentralization policy as well as on the Decentralization Implementation Plan 2011-2015 under the health sector strategic decentralization area prepared under the lead of the Ministry of Local Government.

These guidelines were developed with the technical support of local authorities, staff, and partner such as vice mayors, In charges of health, RALGA and development partners involved in the management of district health facilities in Rwanda. Specifically, we acknowledge the support from the core group composed by CHAI, Lux Dev, USAID-MSH, and CTB.

It is designed as a daily guide for the duties of the district health team. The note also traces the key roles and responsibilities of each and every actor, as well as providing clear guidance of a functional district health system.

These guidelines are a good reference and are required of all partners involved in the management of health facilities in Rwanda.

The Ministry of Health believes that users of this guide will be equipped with superior skills in the day to day management of health facilities in districts.

We congratulate the team who took part in the development of this concept note and we thank all partners who have supported both technically and financially.

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Minister of Health

Contents

Glossary of Acronyms

CDLS	Comité de District de Lutte Contre le Sida
COGE	Comité de Gestion
COSA	Comité de Santé
CHPA	Community Health Package of Activities
CPA	Complementary Package of Activities
CHW	Community Health Worker
DH	District Hospital
DHB	District Health Board
DHMT	District Health Management Team
DHU	District Health Unit
DDH	District Director of Health
EDPRS	Economic Development and Poverty Reduction Strategy
HC	Health Centre
HD	Hospital Director
HSS	Health System Strengthening
HSSP II	Health Sector Strategic Plan II
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MPA	Minimum Package of Activities
MPH	Master of Public Health
SWAP	Sector Wide Approach

Terminology in transition

Generic function	Current Title	Proposed Title / function
Committees / teams:	**Notes**	
Accountability and steering mechanism for the health sector at district level	No specific body. Functions fragmented between committees e.g. PBF committees	**JADF Health Commission**
Coordination of health actors and partners	No specific body Different districts have adopted different models to coordinate partners	
Technical coordination of health sector at district level	No specific body. Attempts evident in Karongi, Rwamagana	**District Health Management Team**
District health unit	Functioned under previous district reforms	**District Health Unit**
Coordination of health sector at district level	In Charge of Health	**District Director of Health (DDH)**
Planning of the Health sector at District level	CDLS	**District Health Planning officer**
Monitoring of the Health sector at District level	To be deployed by MOH	**District Health M&E officer**
Oversight for prevention and promotion activities	CDLS	**Health prevention and promotion officer**

Introduction and context

The World Health Organization has over time acknowledged the district[1] as the most practical unit to achieve universal health coverage, while implementing a wide variety of international level health policies like Health –for-All by 2000, Primary Health Care, and Sector Wide Approaches (SWAPS) that underpin the development of local health policy, and health sector reforms. This has therefore raised the profile of the district health system[2] which has gradually evolved to meet the growing and complex needs of local populations.

In Rwanda, the district health system functions under the GOR decentralization policy and framework. This framework has been implemented in three phases[3]. Under this policy, the GOR envisions;

- Greater participation by the local population in the planning and implementation of development activities that respond to local needs, and priorities through the transfer of power, authority and resources from central to local government to lower levels
- Increased accountability and transparency by making local leaders accountable to the communities they serve
- Enhanced sensitivity and responsiveness of the local administration to the local environment by placing the planning, financing, management and control of service provision at the point where services are provided
- Enhanced effectiveness and efficiency in the planning, monitoring and delivery of services by reducing the burden from central government officials who are distanced from the point where needs are felt and services delivered

The goals for health decentralization in Rwanda are not any different. Health decentralization should therefore result in improved service delivery, greater coverage, improved quality, cost-effectiveness, as well as greater local control over health activities at all the levels of the district health system. All these should be in line with Health Sector Strategic Plan II (2009-2012) and

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[1] In 1985, the African Member States adopted the three-phase African health development scenario under which the district became the focus for health development (WHO, 2003).

[2] The district health system consists of an administrative office, a district hospital and a network of health centers that are either public, government assisted not for profit, or private. Its key functions are to organize the delivery of the minimum and complementary services, manage logistics and resources as well as supervise community health workers (National Health Policy, 2005)

[3] First phase (2000-2005) established the primary democratic and community structures and reinforced the core local government body, the district government. The second phase (2006-2010) focused on enhancing system effectiveness by making the sector (Umurenge) the focal point of service delivery. The third phase starting 2011 will examine additional tasks that can be decentralized to lower levels of administration. With a focus on the cell (umudugudu) as the service delivery point

contribute to wider developmental goals like the district development plans, Vision 2020, EDPRS 2008-2012.

Background to the Concept Note

While the merits of decentralization are clear, the degree to which health goals are achieved is largely dependent on how the district health system is organized and managed. In responding to this challenge the, MOH decentralization unit is continuously looking for opportunities to improve the management of the district health system within the overall framework of the decentralization policy. At its request, the governance and decentralization technical working group is developing a concept note that explores potential opportunities for the improvement of management and organizational aspects of the district health system. This concept note will support the MOH to further develop the health sector decentralization strategy.

The discussion space has since been widened from the technical group members to include ideas from other stakeholders in the health sector, while drawing useful insights from forums such as the SWAP workshop (March, 2011), HSS group meeting on financing mechanisms (April, 2011), the Karongi and Rulindo district field visits facilitated by RALGA (April, 2011). Partner experiences on district health system management have also been leveraged to provide further insights, and enrich the concept note.

A validation workshop was conducted in May 2011 to gain further insights into the management of the district health system with this document forming the basis of that discussion.

This note will map areas where quick gains can be achieved in the short run to improve the management of the health system, and plan for long term management improvements for other areas. **Empowering the key district health system actors** will be a common thread that will run along both the short and long term plans. At the same time, the concept note will identify potential bottlenecks and risks to implementing the district health system improvements, and plan to ameliorate these threats.

Current state of district health system management

In the absence of an extensive district health system management performance analysis, insights from selected district assessments[4] as well as anecdotal accounts have been used to assess the current challenges facing management of the district health system.

- Relationships between the In Charge of Health and other health system management actors (e.g. pharmacy, mutuelle, and hospital directors) are not always well understood. This includes reporting lines and supervisory responsibilities.
- There is lack of clarity on the relationship between the In Charge of Health, and the district executive committee as well as the executive secretary
- There is no uniform understanding on the roles and responsibilities of the In Charge of Health following changes in October 2009 and April 2010
- The district unit has a limited role in determining how health financial resources are spent in the district[5]
- Weak health management capacity on the part of the In Charge of Health limits oversight, planning, coordination and monitoring of health system activities.
- The In charge of health is spending large proportion of time on activities not related to responsibilities as currently defined in their job description.
- Some responsibilities currently assigned to the In Charge of Health are not addressed in their work.
- The criteria for evaluating the performance of the In Charge of Health is not clear and does not always reflect assigned responsibilities

The validation workshop using SWOT analysis of district health system management was conducted in May 2011.
Strengths, weakness and suggestions were identified and are taken into account in this document.

[4] The MOH in collaboration with Clinton Health Access Initiative (CHAI) conducted a rapid assessment of four districts in July 2010 (one in each province) as well as a more in depth assessment of one district in November 2010 (see annex). Insights are also drawn from the Rwanda Health Governance Assessment conducted in August 2010 (USAID) as well as the Rwanda HSS Consolidated Strategic Plan 2009-2012.

[5] An Interim report from a BTC commissioned study indicate that a large percentage of funds flowing from the central level for health are already earmarked, leaving limited financial decision space for the district

Envisioning the optimal district health system management

Based on existing evidence and shared experiences, the Governance and Decentralization Working Group conducted an exercise to determine what optimal district health system management in Rwanda should look like. Under the guidance of WHO working documents on district health management systems, the various functions of the district health system were broken down, and roles assigned to the respective system players that are currently available in the district. These helped to reorganize the overall district health system management structure. Moving forward, an additional step will be required to translate the clarified roles into clearly defined job descriptions that will guide the daily activities of each player. While doing this, performance metrics will also be identified against which their success will be measured.

1. Core functions of the district health system management

Planning and Management

- Develop the overall strategic plan for improved health outcomes at the district level, and incorporate into the District Action Plan and District Health Operational Plan
  (District Director of Health)
- Develop an evidence-based, and integrated District Health Operational plan
  (District Director of Health)
- Develop a district-wide human resource management plan to ensure health care worker availability and skills at all facilities in the district at all times
  (District Director of Health)
- Set district targets for the entire spectrum of prevention, treatment and care services in line with national priorities such as Health Sector Strategic Plan II, Economic Development and Poverty Reduction Strategy
  (District Director of Health and Hospital Director)
- Ensure that health system performance gaps (clinical and management/administrative) identified during supervision are addressed through appropriate capacity building and quality improvement interventions
  (District Director of Health)
- Support and develop commodities, pharmaceutical supply chain systems at all levels of the health system
  (Director of Pharmacy)

- Ensure consolidation and timely production of quality HIS data, and relevant reports to facilitate decision making at the district and upward reporting to Ministries of Health and Local Government
  (Monitoring and Evaluation Officer)
- Ensure use of evidence from HIS and other sources to evaluate the impact of various programs and services
  (District Director of Health)

Coordination (sector-based and inter-sectoral)

- Provide district-wide partner coordination and alignment with district priorities to prevent duplication and gaps in health service delivery and to maximize on available resources (SWAP)
  (District Director of Health)
- Work with partners in other sectors (e.g. education, agriculture, infrastructure) on initiatives aiming to promote health
  (District Director of Health)
- Support and develop patient referral, care networks at all levels of the health system
  (Hospital Director)

Supervision of Health Services

- Ensure delivery of care at Community level (CHPA), Health Center level (MPA), District Hospital level (CPA)
  (Hospital Director)
- Ensure integration of (vertical) programs to accomplish the overall health objectives of the district (Hospital Director)
- Technical and administrative supervision of health professionals/workers (CHW, HC, DH)
  (Hospital Director)
- Assessment of health services, providers' and health facility performance using appropriate and defined quality assurance mechanisms
  (District Director of Health)

Participation

- Monitor sector performance on the adherence of mutuelle payments within communities (Mutuelle Director)
- Enable and encourage local people to participate in initiating, devising, implementing and monitoring decisions and plans that consider their local needs, priorities, capacities and resources (District Director of Health)

Financing and resource allocation

- Ensure financial accessibility for the local population by monitoring and managing the district risk pool
  (Mutuelle Director)
- Advocate for, identify and mobilize resources to address current and future gaps in health service delivery
  (District Director of Health and Hospital Director)
- Ensure accountability of all stakeholders in terms of resources and results
  (District Director of Health)

Regulation (norms and standards)

- Oversight of deployment of services, resources/staff to ensure equitable distribution and quality of health services within the district
  (District Director of Health)
- Dissemination and implementation of national guidelines
  (District Director of Health)
- Ensure that all relevant health committees are in place and functioning
  (District Director of Health)

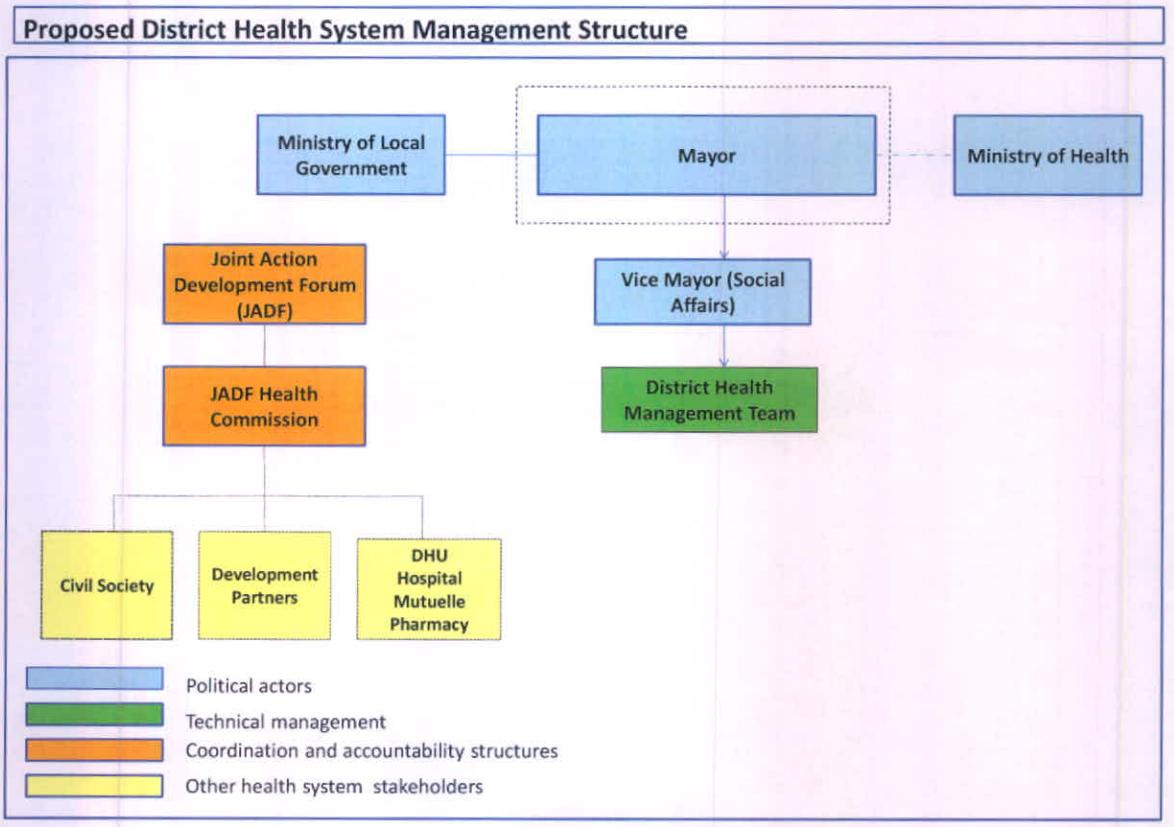
2. Proposed Structures to Implement the Decentralized District Health System Functions

Coordinated effort is required to effectively implement the clarified functions of the district health management system. Three entities will play a key role in ensuring that this is done. These actors will play complementary and supportive roles.

1. The District Health Unit (DHU)
2. The District Health Management Team (DHMT)
3. The JADF Health Commission

These are discussed in a greater level of detail in subsequent sections (2.1 - 2.3) of this document.

In order to appreciate how these entities relate within the decentralized district health system, the schema below provides a graphic representation of these relationships.



2.1. The District Health Unit

The District Health Unit (DHU) will play an operational management role to serve the overall district health system. The DHU will comprise the Director of Health (DDH), two technical assistants from CDLS[6](which will became respectively planning and coordination officer and health promotion and disease prevention officer)and a District M&E Officer deployed by MOH, making it a team of four. With increased funds flow in the future, the DHU can expand its current staffing to respond to the growing district health system management needs.

District Director of Health (DDH)

Though responsible for oversight of planning, implementation and coordination of health activities in the district, the District Director of Health will perform the following tasks:

[6] CDLS is now moving from providing oversight for HIV/AIDS only to a more horizontal mandate in line with MOH focus on integration rather than vertical programmes. One of the CDLS positioned will be transitioned from the current A2 level to A0 in conformity with the other CDLS. Their job descriptions will also be re-oriented to mirror MOHs integration objective

- Ensure that health system performance gaps (clinical and management/administrative) identified during supervision are addressed through appropriate capacity building and quality improvement interventions
- Supervise the DHU staff
- Enable and encourage local people to participate in initiating, devising, implementing and monitoring decisions and plans that consider their local health needs, priorities, capacities and resources
- Provide district-wide partner coordination and alignment with district priorities and planning to prevent duplication and gaps in health service delivery and to maximize on available resources (SWAp)
- Work with partners in other sectors (e.g. education, agriculture, infrastructure) on initiatives aiming to promote health
- Advocate for, identify and mobilize resources to address current and future gaps in health service delivery

It is envisioned that based on the nature of responsibilities assigned, that the DDH's profile will increase significantly from what it currently is as the In Charge of Health.

Planning and coordination

This role will be implemented by the Planning and Coordination Officer to achieve the following:

- Develop the overall strategic plan for improved health outcomes at the district level, and incorporate into the District Action Plan and District Health Operational Plan, promote a joint planning exercise integrating health facilities and projects.
- Develop an evidence-based and integrated District Health Operational plan
- Develop a district-wide human resource management plan to ensure health care worker availability and skills at all facilities in the district at all times
- Dissemination and implementation of national guidelines
- Ensure that all relevant health committees are in place and functioning
- Support the DDH to coordinate partner activities in the district

Monitoring and Evaluation

This role will be implemented by the District Monitoring and Evaluation Officer to achieve the following;

- Assessment of health services, providers and health facility performance using appropriate and defined quality assurance mechanisms
- Assist the DHMT to set district targets for the entire spectrum of prevention, treatment and care services in line with national priorities such as Health Sector Strategic Plan II, Economic Development and Poverty Reduction Strategy
- Ensure consolidation and timely production of quality HIS data, and relevant reports to facilitate decision making at the district and upward reporting to Ministries of Health and Local Government
- Ensure use of evidence from HIS and other sources to evaluate the impact of various programs and services
- Ensure accountability of all stakeholders in terms of resources and results

Health promotion and disease prevention officer

This role will be implemented by the Health Promotion and Prevention Officer to achieve the following;

- Lead in the planning and execution of integrated disease prevention and health promotion activities in the district
- Build the capacity of community health workers to respond to preventable diseases and epidemics
- Lead in the development of campaigns and health information, and education for regular programs such as immunization, HIV/AIDS, family planning, public hygiene as well as emerging diseases etc
- Ensure that all health prevention and promotion programs are prioritized and integrated in the district health strategic and annual operational plan
- Work together with designated hospital staff to provide facility-level supervision for health promotion and prevention activities

Requirements:

The following requirements will guide the implementation of DHU activities

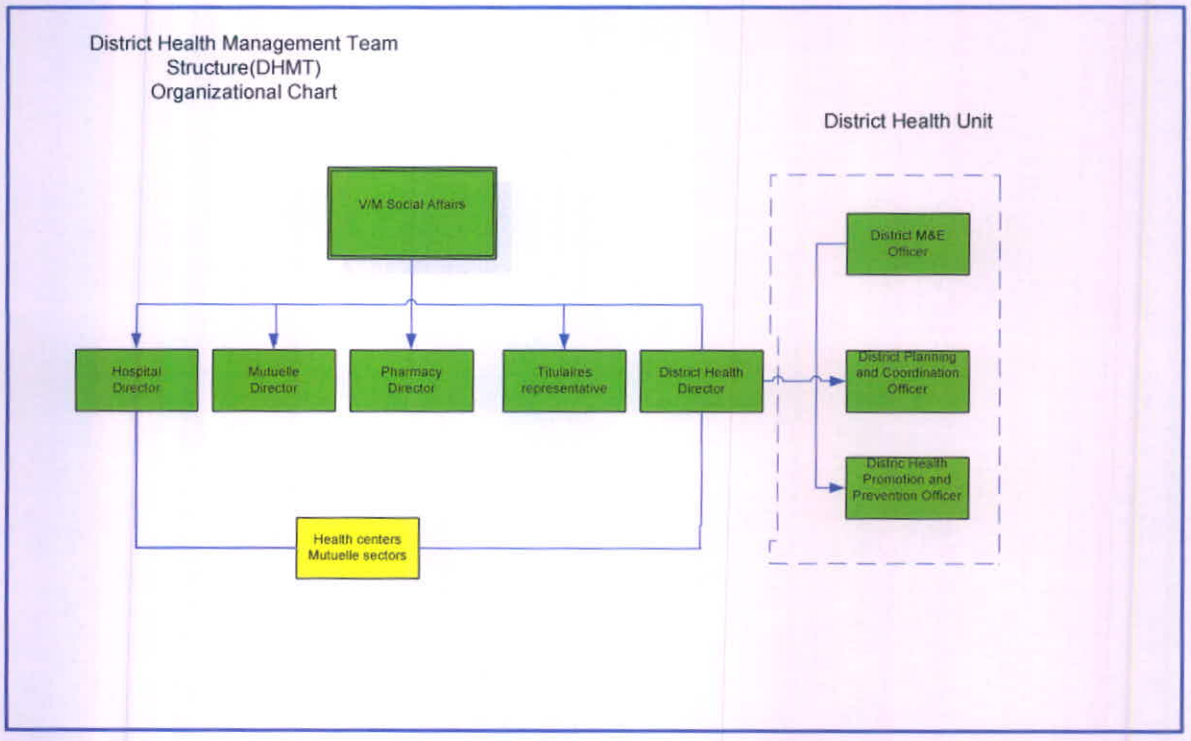
- Planning guidelines- These are currently not in place but will be developed by the decentralization and governance working group
- Infrastructure norms- These are available from the MOH
- Health Management Information System and reporting guidelines- These are already in place and are progressively evolving to meet the dynamic needs of the health system.

2.2. The District Health Management Team

The establishment of the District Health Management Team is one of the key health management decentralization reforms.
The District Health Management Team (DHMT) mechanism has been adopted by many countries as one of the key pillars to support the implementation of decentralization of health services. DHMTs across countries vary in size and structure[7], depending on what the local needs and health priorities are.

In Rwanda, a formalized DHMT coordination structure or mechanism is the key change proposed in this document thought there have been attempts by some districts to improve management and coordination through various mechanisms;(Karongi district has established the District Health System Strengthening Team (DHSST), In Rwamagana a District Health Coordination mechanism (UCSD) has been established, Other districts have a district health clusters to facilitate coordination

[7] WHO does not prescribe any particular structure for DHMTs but highlights key functions and memberships for DHMTs. Some of the key functional areas for DHMTs include public health nursing, data management, health financing, laboratory services, pharmacy services, HIV/AIDS etc. (WHO, 2007)



DHMT Roles and Responsibilities

DHMT roles will revolve around planning and management, supervision, coordination, financial and resource oversight, regulation, and increasing participation of the local community in the delivery and management of health services. Specific deliverables under each of these themes are articulated in pp10-11 of this document.

DHMT Membership

The proposed membership draws from already existing district-level health managers and leadership will therefore include;

1. Vice Mayor in charge of social affairs (as DHMT chair)
2. District Director of Health
3. Hospital Director
4. District Health Planning and Coordination Officer
5. District Health M&E Officer
6. Health promotion and prevention officer
7. Director of Pharmacy
8. Director of Mutuelle

9. Representative from the titulaires in the district
10. Representative from CHWs

The DHMT will meet on a quarterly basis, i.e once in three months, treating all files related to health promotion and fight against AIDS, pharmacy, Mutuelles, staff performance based financing as well as all health related issues regrouping then all committees previously in place.

The participation of other directors (e.g director of education, director of youth...) in the DHMT meetings should be on invitation, when needed, while cross cutting health related issues are worthy to be discussed.

Implications for Establishment

The DHMT is a coordination mechanism and not a new district structure. It therefore does not require ministerial policy action. Its establishment can therefore be effected immediately.

Other Implications (Terms of reference, reporting Lines, Supervision, new staff)

In the medium term, the Vice Mayor in charge of social affairs, along with the District Director of Health (DDH), should provide leadership to the DHMT. A majority of current In Charge of Health professionals do not have either management or public health qualifications to respond to the complexity of district health system management needs. These inadequacies further compromise their position when interacting with the directors of the hospitals, mutuelle and pharmacy as they are perceived to be of lower academic standing and qualification. It is therefore critical that in future, those recruited to the position of DDH are either trained in public health or management. It should be made clear that it is not necessary that the DDH have clinical training. Equally it is important that this position be elevated to be equal in stature to the Director of the District Hospital.

In the long term, the DDH (District Director of Health) should become the person primarily responsible for health in the district, taking responsibility for the district hospital in addition to their other responsibilities. The DDH will co-chair the Vice Mayors in charge of social affairs the DHMT over that time period.

The functions of the directors of Pharmacy and Mutuelle will remain the same. A key difference will be increased accountability to other health actors, the community and to the overall district health plan. The two Directors are currently supervised by the Executive Secretary. Bringing them under the DHMT will help to enhance a common vision for health in the district.

Performance Monitoring

Success criteria will be developed to evaluate the performance of the DHMT based on the functions identified in p 10-11. The DHMT will develop internal performance assessment tools to facilitate self-evaluation, identify performance gaps and determine ways to fill in the gaps. At the same time the district executive committee will develop mechanisms to incentivize and support well performing DHMTs. In addition, exchange visits will be done to expose weak DHMTs to well performing ones on a consistent basis for support.

Capacity building

Developing management and leadership capacity of the DHMT will be prioritized. Lessons from Gambia indicate that unless a management development program for DHMTs put in place, the envisaged district health improvements will not be realized. The DHMT will therefore;

- Develop a clear roadmap for management development, targeting members of the DHMT with a mix of improved academic upgrades, mentoring support , targeted short trainings etc
- Cost the capacity building plan, and advocate with the districts to have funds availed or raised.

Accountability

A well functioning DHMT requires accountability at various levels;

- Peer to peer -Members of the DHMT will on a consistent basis hold each other accountable for results, and commitments made while giving each other constructive feedback
- Upward –The DHMT will provide timely reports and updates to the District Executive Committee as well as the JADF Health Commission on the health status of the district, and provide explanations on district health system performance gaps
- Downward –The DHMT will ensure that each administrative sector's health priorities, voices, and rights are considered in the overall planning of district health activities

2.3 JADF Health Commission

A health commission under the Joint Action Development Forum is proposed. The Commission will play two key roles to promote the implementation of SWAP;

- Help coordinate all health stakeholders (health facilities, mutuelle, pharmacy, district hospital and development partners), and ensure that all activities are aligned to the overall district plan and MOH priorities
- Act as an accountability mechanism where stakeholders where all health stakeholders report on their progress against financial and programmatic commitments

The JADF Health Commission will comprise representation from the district executive committee, mutuelle, pharmacy and hospital boards, development partners, titulaires representative(s) from the health centers and the DHMT.

Additional Structures/Personnel to consider for the Future

1. The establishment of a District Health Board to improve on the overall governance of the district health management system is key. Some of the specific roles of this board would include development of the district health strategic plan with the DHMT, advocating for and raising funds to address health system gaps, resolving disciplinary issues for senior health managers etc. Its establishment however requires gazette notice with the Ministry of Local Government (MINALOC), and therefore not feasible in the short run. It is however worth pursuing in the long run.
2. The DHMT stands to benefit by including a Public Health Nurse in its team to provide Nursing services leadership in the district. Some of the roles would include, providing leadership for continuous medical education, advocating for better quantity and quality of nurses etc. This may be a mid to long term goal depending on availability of district funding for this position.

Background Documents

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