
District Health SWAp Reference Guide

The application of Health SWAp in
Rwanda's District Health
Management

Contents

Acronyms and Glossary..... 2

Introduction and Background 6

 1.1 What is SWAP? 6

 1.2 A needs assessment by the Districts..... 7

 1.2.1 Workshop Results: Consolidated Group Work Results according to 4 Key District Health Functions and SWAp Principles:..... 8

 1.3 Result highlights of the MINECOFIN Assessment of SWAp in Health 10

 1.4 Rational for District Health SWAp Guidelines 10

2. Operationalising the Health SWAP at District Level: A Reference Guide on SWAp for District Health Stakeholders 12

 2.1 Policy Framework..... **Error! Bookmark not defined.**

 2.3 District Health Management Steering Structure 12

 2.3 Planning, Implementation and M&E 17

2.4 Budgeting 20

Central Level 20

District Level 20

Overall References..... **Error! Bookmark not defined.**

Acronyms and Glossary

AOP	Annual Operational Plan
CBHI	Community Based Health Insurance
CDPF	Capacity Development Pooled Fund
CHW	Community Health Worker
COSA	
CPAF	Common Performance Assessment Framework
CSO	Civil Society Organization
DAF	Director of Administration and Finance
DDP	District Development Plan
DGPHIS	Directorate General Planning and Health Information Systems
DH	District Hospital
DHP	District Health Plan
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DHU	District Health Unit
DPs	Development Partners
DPAF	Donor Performance Assessment Framework
DQAS	District Quality Assurance
EDPRS	Economic Development and Poverty Reduction Strategy
EICV	Integrated Household Living Conditions Survey
FOSA	Health Centers
GoR	Government of Rwanda

HC	Health Center
HD	Health District
HMIS	Health Management Information System
HRT	Health Resource Tracker
HRTT	Health Resource Tracking Tool
HSSP	Health Sector Strategic Plan
HSWG	Health Sector Working Group
JADF	Joint Action Development Forum
JADF HC	Joint Action Development Forum Health Commission
JHSR	Joint Health Sector Review
MDG	Millennium Development Goal
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINISANTE	Ministry of Health
MoH	Ministry of Health
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NGO	Non-Governmental Organization
PEFA	Public Expenditure and Financial Accountability
RGB	Rwanda Governance Board

SBS	Sector Budget Support
SMM	Senior Management Meeting
SPIU	Single Project Implementation Unit
SWAp	Sector-Wide Approach
ToR	Terms of Reference
TWG	Technical Working Group
VUP	Vision 2020 Umurenge Program

Alignment: Donors base their overall support on partner countries’ national development strategies, institutions and procedures

Civil Society: the set of actors independent of government that represent constituencies and engage in the public sphere. This includes nongovernmental organizations, social movements, and informal groups seeking to influence government decisions and policies. Civil society does generally not include elected officials or political parties, which are considered part of political society.

Coordination: Coordinating effectively the alignment of technical support from DPs

Decentralization: the process by which power and resources are transferred from central governments to appointed or elected subnational units. Decentralization is comprised of multiple dimensions (political, fiscal, and administrative) and has three principal forms (devolution, delegation, and deconcentration).

Harmonization: Donors’ actions are more harmonised, transparent and collectively effective.

Imihigo: Performance contracts that are signed between the President of Rwanda and local government institutions and line ministries. Through this approach local governments articulate their own objectives which reflect priorities of the local population and develop realistic strategies to achieve these objectives.

Managing for Results: Managing resources and improving decision-making for results.

Mutual Accountability: Donors and partners are accountable for development results

Ownership: Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions.

Paris Declaration on Aid Effectiveness: The Paris Declaration was developed at a forum in Paris in 2005. It looks at the responsibility of developed and developing countries for delivering and managing aid in terms of five principles: ownership, alignment, harmonization, managing for results and mutual accountability.

Pooled Funding: This is an aid modality offered by the MOH SWAp, where development partners bring their funds together into a joint basket to fund a jointly agreed work plan.

Results-orientation: better applying management for results of district health sector

Ubudehe: The *Ubudehe* program was launched in 2001 as part of a partnership between MINECOFIN and MINALOC and refers to the process of mutual assistance and conviviality whereby the community comes together at cell level to address its problems and plays an active role so as to work for its own development.

Umurenge: Vision 2020 Umurenge Programme (VUP) is an integrated local development program to accelerate poverty eradication, rural growth, and social protection. This is an initiative by the Government of Rwanda in collaboration with development partners and NGOs. It is led by the MINALOC and supported by the MINECOFIN. The Vision 2020 Umurenge Program uses the existing decentralization system and leverages technical and financial assistance to accelerate the rate of poverty reduction in Rwanda. The aim is to eradicate extreme poverty by 2020.

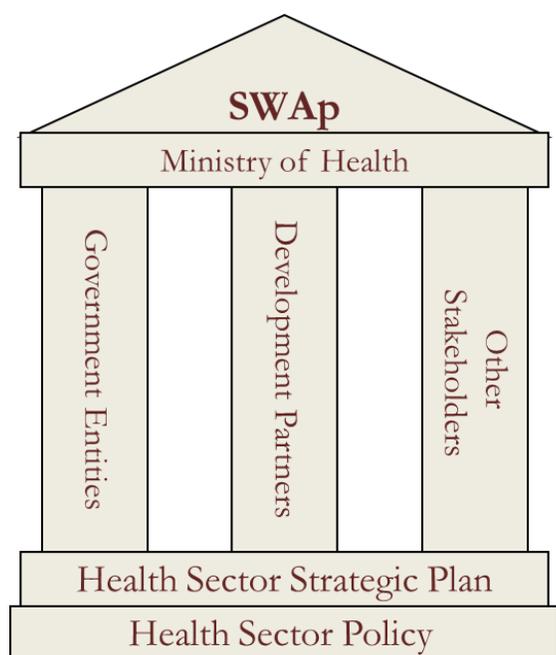
Introduction and Background

1.1 What is SWAP?

SWAp is an approach in partnership with all stakeholders which aims to support and finance a nationally owned program for a coherent sector in a comprehensive and coordinated manner, moving increasingly toward the use of Rwandan country systems. The SWAp aims to increase efficiency at all levels (centrally & decentralized).

SWAp Principles as per the Paris Declaration 2005

The Rwandan Health SWAp was born in 2007 and has since been constantly developing and shaping itself in orientation of the Rome 2003 and Paris 2005 Declarations on Aid Effectiveness. In 2010 the Health SWAp Roadmap and Manual were developed with the goal of enhancing the SWAp environment of the health sector in Rwanda. The Roadmap aims to function as a guideline to facilitate the establishment of an environment of open dialogue between health stakeholders under the leadership of the Ministry of Health (MOH).



The Health SWAp is owned by the Ministry of Health and supported by Government entities, Development Partners and other stakeholders. The guiding framework of the Health SWAp is based on a coherent, well-defined health sector strategy anchored on national priorities.

The concepts of **harmonization of processes and accountability** are reflected in the way the health system is organized vertically and decentralized down to village level with specific roles and responsibilities. The levels are interlinked and each level is accountable for their performance to the next higher level.

The application of the SWAp principle “**management for results**” is reflected in the strong orientation of MOH toward performance/ results -incentives and sanctions (financial and reputational) at all levels. **Accountability** is ensured through various mechanisms such as:

- Data Management Systems:
 - Health Management Information System;
 - Health Resources Tracking Tool
- MOH, Districts & DPs mutual accountability measured through:
 - annual Accountability Days with the people/DPs,
 - IMIHIGO performance contracts of Mayors with the President,
 - Annual Audits (internal MOH Auditor, District Auditors), External
 - Health DP meetings, Quarterly Health Sector Working Group (EDPRS, HSSP II)
 - JADF meeting, District Health Management Teams (DHMT)
 - Joint Biannual Health Sector Review (EDPRS, CPAF) for both levels
 - District Joint field visit for all sectors at least once a year: PS JADF, DPs representatives, District technicians(ref.JADF mandate/Ministerial instruction)
 - District Annual evaluation by District immigration officer(DIO) who is under V/Mayor affaire economique
 - Recommendation: All sectors should be represented in the field visit team

1.2 A needs assessment by the Districts

In October 2012 a District focused SWAp Workshop was held, as follow-up to the "District SWAp Session" of the Joint Health Sector Review (JHSR) held in Kigali on the September 2011, where it was recognized that SWAp has so far been implemented formally at central level, but would have to be further developed for the Districts by following the SWAp principles of:

- Increasing Districts’ **Ownership** by assuming the lead in implementing policies, strategies, planning and coordination;
- **Coordinating** effectively the alignment of technical support from DPs;
- By strengthening **Harmonization** between the districts, DPs and other stakeholders;
- Better applying **Management for Results** of District Health Sector;
- Improving **Mutual Accountability**.

The SWAp roadmap and manual and their application to the Districts, discussed at the JHSR session 2011, were taken up-again during the workshop, that gave District representatives the opportunity to provide their recommendations in assistance of the central level. The ongoing strategic district health

planning process, introduced by the Decentralization and Planning Unit of MOH was used as an entry point to this process.

The District SWAp Workshop successfully brought together all Health Partners in the District Health Sector and gave them the opportunity to contribute their valuable experiences to the development process of this District Health SWAp Guideline. The workshop can be seen as one part of the already existing “new way” of working together at District level. Partners and District actors were given a forum to enhance their working relationship by collecting new knowledge from their day-to-day work to help produce better outputs, strengthen ownership of Districts and address the needs and the rights of local populations. The District Health SWAp Guidelines following are based exactly on those outputs collected.

1.2.1 Workshop Results: Consolidated Group Work Results according to 4 Key District Health Functions and SWAp Principles:

The table below (Table 1) shows the summarized outputs collected by District Stakeholders in relation to the different District Health Management Process against the main SWAp principles of aid effectiveness. The table highlights gaps, needs and recommendations as perceived by District players in the health sector:

Table 1: Results from the workshop held in September

SWAp	Planning & Implementation	M&E and reporting	Joint Steering and coordination	Policy and regulatory framework
Ownership	<ul style="list-style-type: none"> • More district ownership in the DP selection / distribution process 	<ul style="list-style-type: none"> • Districts should provide M&E operational budget (running costs) 	<ul style="list-style-type: none"> • MoH should consult district before signing an MoU with a partner 	<ul style="list-style-type: none"> • Involve local community in policy development • Increase ownership of national health policies and priorities (DHMT and partners) • Align policies with the decentralized level's real needs / requirements
Coordination	<ul style="list-style-type: none"> • MOU's with partners should be developed in consultations with the Districts • Better distribution of DPs across districts (mapping and district consultation) 	<ul style="list-style-type: none"> • Conduct regular evaluation at central and district level of DP's interventions in order to inform the distribution decision process 	<ul style="list-style-type: none"> • Strengthen coordination of DHU , JADF and health commission • Operationalize DHMT in all districts / include partners and link to JADF • Establish District HTWGs chaired by District, co-chaired by DP representative • Strengthen JADF at sector level (Umurenge) • Improve communication at all level • Strengthen inter sectorial collaboration 	<ul style="list-style-type: none"> • Need for consultation mechanism btw line ministries in developing / reviewing consistent policies / regulations • Better communication of instructions from MoH to districts prior implementation • All stakeholders to be involved in health policies / guidelines development • Officialize DHMT
Harmonization	<ul style="list-style-type: none"> • Encourage DPs to align with GoR cycles 	<ul style="list-style-type: none"> • Harmonize M&E tools at all level • Harmonize and integrate different Program's Reporting Systems 	<ul style="list-style-type: none"> • Integrated planning of districts and partners 	<ul style="list-style-type: none"> • Harmonize existing laws with MoH instructions • Adjust discrepancies between partner's and Govt/Districts policies • Harmonize policies btw Districts and DPs
Result oriented	<ul style="list-style-type: none"> • Technical and financial capacity building for District Health planning process • Strengthen collaboration btw all the stakeholders during the planning and implementation processes • Efficient use of data 	<ul style="list-style-type: none"> • Increase capacity for regular supervision from DS to health facilities • Increase financial resources for M&E activities in DS • Reinforce the data quality audit system at all district levels • M&E capacity building needed 	<ul style="list-style-type: none"> • Organization of regular joint steering committees coordination meeting 	<ul style="list-style-type: none"> • Better dissemination of some policies • Review existing policies / regulations that need to be updated
Accountability		<ul style="list-style-type: none"> • Better data and information sharing among district health stakeholders • Better reporting of DPs on their activities and budget 	<ul style="list-style-type: none"> • All DPs to share / submit their action plans to JADF 	

1.3 Result highlights of the MINECOFIN Assessment of SWAp in Health

The results of the MINECOFIN assessment of the Health SWAp 2012 largely reflects the issues raised above by the District Stakeholders in health from a broader sector perspective. It points out, that there has been strong government leadership and ownership over the development agenda in the health sector and that it was characterized by a high degree of coordination and partnership between the GoR and DPs. The existence of joint work plans with NGOs (who are outside the MTEF structure) was positively noted and pointed out as unique for Rwanda.

As critical the assessment pointed out that only 4.7% of DP support used GoR's budget execution procedures in 2010/11 and thus reduced the predictability of aid in the same year. Over half of DP support comes from one DP source and a large amount is conducted as off-budget project support. The M&E framework of the sector is considered comprehensive but also complex and does not capture the work plans of the private sector.

At District level District Health Officers produce annual, costed, operational plans in collaboration with the MOH. The assessment does, however, point out that the health component of the plans could be emphasized more. Another recommendation of the assessment in regard to the District level was that communication with Districts could be improved in order to strengthen their annual operational planning process and better link it to the HSSP M&E framework. Furthermore the report encourages the further strengthening of the role of JADF and the coordination of its actors in order to better support the District in its health sector coordination function.

The assessment results overall highlight the importance and support the rational of District Health SWAp Guidelines as described in further detail in the following section.

1.4 Rational for District Health SWAp Guidelines

The 10 Priority Areas¹ outlined in the MOH Health SWAp Roadmap can be seen as part of the overall sector strategic framework. These areas are the core of sector development and the SWAp cannot succeed if these aspects are not taken into account at all levels and by all actors. The District Health SWAp Guidelines are an effort to translate the SWAp Roadmap and Manual into an operational guideline for the Districts taking into account the different steps of District Health Planning, Implementation, Budgeting, M&E and Reporting. Furthermore this guideline is an attempt to facilitate the process for DPs to better adhere to the overall SWAp aim of achieving 1 Plan-1Budget-1Report.

¹1. MOH institutional Framework, 2. HR Development, 3. Legal framework, 4. Sector Policy/ Strategy, 5. Consolidated +bottom-up planning, 6. Health District development, 7. Fiduciary Framework, 8. DP & Stakeholder Coordination, 9. Partnerships & Coordination with public actors 10. Sector M&E, information management

Who will use the guidelines:

USERS OF SWAP GUIDELINES	INTERESTS OF SWAp USERS
<ul style="list-style-type: none"> District authorities 	<p>To facilitate steering and oversight of SWAp in the District health sector</p>
<ul style="list-style-type: none"> Civil society (local NGOs, organization, etc.) 	<p>To enhance participation in the Health SWAp, in a better and coordinated way and to clarify on SWAp procedures, particularly alignment and harmonisation</p>
<ul style="list-style-type: none"> DPs (NGOs, bilateral, multilateral, academics, decentralized, faith-based etc...) 	<p>To inform newcomers and existing, to clarify on SWAp procedures, particularly alignment and harmonisation</p>
<ul style="list-style-type: none"> Private Health sector 	<p>To enhance participation in the Health SWAp, in a better and coordinated way and to clarify on SWAp procedures, particularly alignment and harmonisation</p>
<ul style="list-style-type: none"> JADF 	<p>To inform and align partners on/with the SWAp environment in the Health District</p>
<ul style="list-style-type: none"> Local actors (DHMT, Hospitals, Health Centers, COSA, FOSAs) 	<p>To enhance participation and ownership of local actors, to better access resources and adhere to principles of SWAp</p>
<ul style="list-style-type: none"> Representatives of other sectors (Education...) 	<p>Inform about the Health SWAp at District level and enable inter-sector exchange and alignment of procedures</p>
<p>At Central Level</p>	
<ul style="list-style-type: none"> MOH, MINECOFIN, MINALOC and other line Ministries Policy makers and HSWG/TWGs Centrally Managed Programs SPIU New DPs joining the sector 	<p>As reference guide for policy dialogue, decision making and planning relating to policies and activities at district level</p>

2. Operationalising the Health SWAP at District Level: A Reference Guide on SWAp for District Health Stakeholders

The following section is divided into the main different **District Health Management Functions** offering a one-glance overview of the areas of **Policy Framework, Steering Structure, Planning and M&E and Budgeting** and what relevance they have against the 5 principles of Aid Effectiveness: Ownership, Harmonization, Coordination, Results-Oriented and Mutual Accountability as found in the reality of present District Health Sector in Rwanda.

2.1 District Health Management Steering Structure

Purpose

To describe the steering structure for the Rwandan health sector within a sector wide approach environment focusing on the district level. This chapter aims to clarify the roles and responsibilities of main players within the sector towards a coordinated, aligned, effective and participatory implementation of district plans.

Responsible Entities

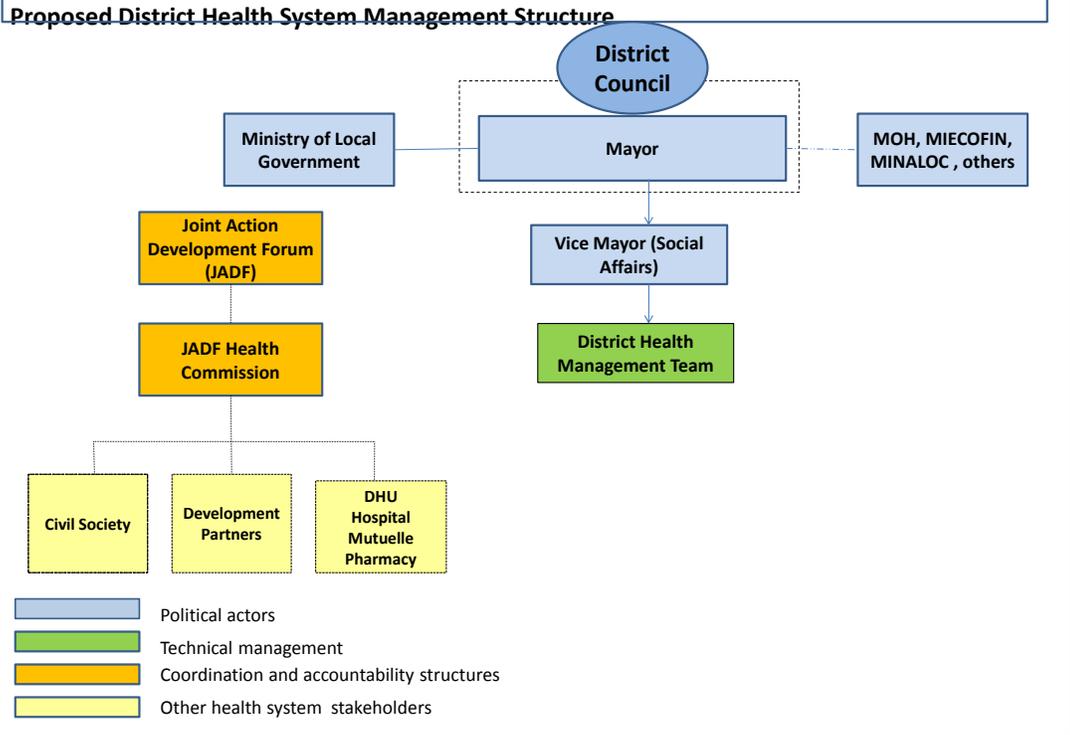
- The MINECOFIN , MINALOC and MOH at central level through its technical departments of decentralization and planning
- District Executive Committee of the district is responsible for the implementation of the steering structure through the functioning of the Joint Action Development Forum (JADF)/ JADF Health Commission

- District Health Management Team

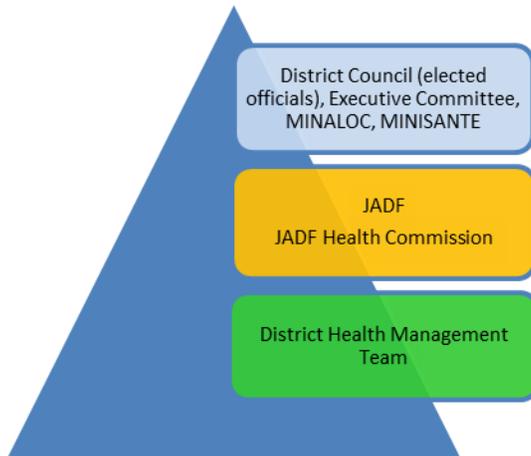
Policy Statement

- Decentralization policy and Health Decentralization Strategic Plan
- Aid Policy
- TORs of JADF and DHMT

Steering Structure



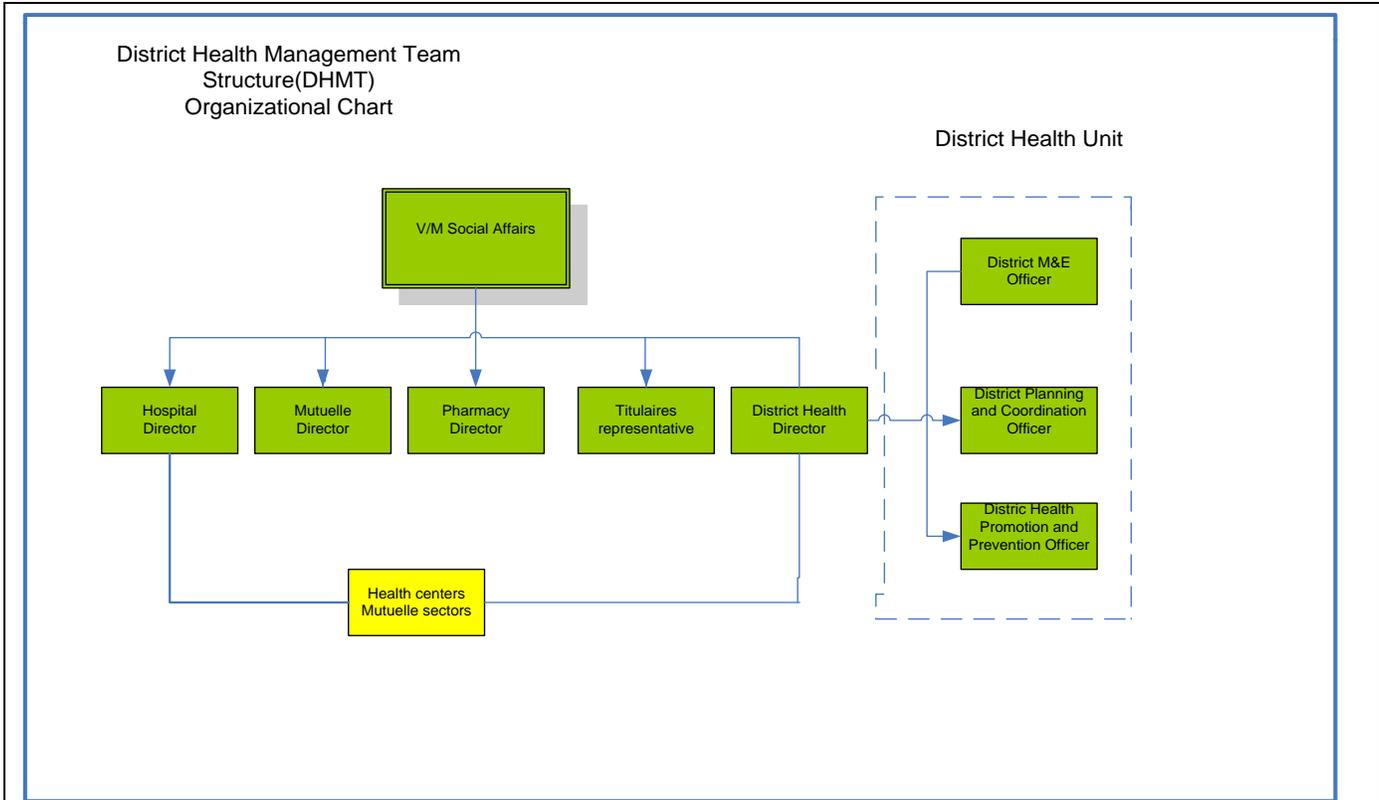
The steering structure at the district has three levels:



(1) **Political Steering** by the elected District Council, Mayor and its Executive Committee and inter-sectoral engagement with MINALOC and MINISANTE on strategies, policies and regulations;

(2) **Operational steering** to implement and improve service delivery lies with the DHMT.

The establishment of DHMT is one of recent decentralization reforms and was proposed to be chaired by the VM of Social Affairs and with membership as shown below:



At the **central level**, steering for coordinated and harmonized support is mainly done through the working group structure. The HSWG chaired by the MoH Permanent Secretary meets on a quarterly basis and twice a year for Joint Health Sector Review. Specific program areas in the HSSP is covered under TWGs, chaired by MoH Officials and co-chaired by DPs. At central MOH level partner coordination and SWAp processes are further strengthened and assured through the DGPHIS Partner’s Coordination/ SWAp desk. Single Projects are managed by MOH Single Project Implementing Unit, contributing to the alignment of individual projects to MOH tools and management systems, bringing them this way largely on budget.

At the **district level**, the JADF Health Commission (JADF-HC) is the main steering structure for coordination of health actors and partners. Likewise, it will act as an accountability mechanism where all health stakeholders report on their progress against financial and programmatic commitments.

The commission will comprise representation from Executive Committee, CBHI, Pharmacy, Hospital, Health Centre, DHMT and development partners. Vice Mayor Social Affairs and District Director of Health chair meetings of the health commission of the JADF. And within the DHMT it is the District Health Director.

SWAp Principles	Central Level	District
1. Ownership	The District health system within the Health SWAp environment is overall guided and	The Districts also own steering functions within their Health Management and as part of the

	<p>steered by the MOH from central level. The MOH does this by:</p> <ul style="list-style-type: none"> • consulting with concerned Districts before signing any MoUs for partnership involving a respective District • supporting the establishment and functioning of a JADF HC and DHMT, including capacity development 	<p>District SWAp:</p> <ul style="list-style-type: none"> • Districts will be represented in negotiations for partnerships (public and private) involving their District • Districts recognize the importance of a steering structure in implementing their district health plans (<i>see graph above on District Health Management Structure</i>)
2. Coordination	<p>Inter-sectoral collaboration among MoH, MINALOC, MINECOFIN and other relevant agencies to ensure coherent, realistic and streamlined implementation of programmes through:</p> <ul style="list-style-type: none"> • regular Government retreats as forum for inter-sectoral exchange • local-central government consultations, joint supervision and field visits <p>Coordination and Communication for better alignment between MOH and Health Sector Partners/ Stakeholders is ensured through the following steering mechanisms:</p> <ul style="list-style-type: none"> • National Dialogue (where DPs are included) • Coordination among MOH and DPs through HSWGs, JHSRs and the MTEF process: <ul style="list-style-type: none"> ○ an MoH defined and implemented functioning communication channel between the central level and the district (upward and downward), including the communication of key decisions of HSWG to districts is given through the JHSR 	<p>The District steers its inter-sectoral and partner coordination through:</p> <ul style="list-style-type: none"> • active exchange of information and strategic decision making via the District coordination structures of District Council and Executive Committee, JADF/ HEALTH COMMISSION and DHMT
3. Harmonization	<ul style="list-style-type: none"> • MOH through the DGPHIS Partner's Coordination/ SWAp desk and MOH technical departments ensure Partner projects/ aid are in harmony with government plans and directives: <ul style="list-style-type: none"> ○ through establishment of clear MOUs with partners (requiring the cross checking of AOPs, 	<ul style="list-style-type: none"> • JADF/ Health Commission organizes joint district health planning with development partners, including NGOs/ CSOs • The JADF HC will ensure that all activities in the district health plan are aligned to the over-all district plan, HSSP and MoH priorities in general • JADF ensures representation/participation

	<p>budgets, implementation plans for alignment to MOH priorities and sector plans)</p> <ul style="list-style-type: none"> ○ by means of the HRT and the DGPDIS equitable distribution of external support from DPs among the districts is ensured ● MOH-SPIU harmonizes single partner projects ● On budget funding/ aid modalities like CDPF (TA-pool) and SBS as a means of steering DP funds into joint/ harmonized financial sector pools 	of non-state actors (CSO, private sector) in the JADF HC
4. Result-Orientation	<ul style="list-style-type: none"> ● MOH through the HSWG/ TWG and technical departments of DGPDIS enables close oversight and monitoring of sector performance including district performance ● DPAF and CPAF 	<ul style="list-style-type: none"> ● JADF-HC meets regularly to give updates on district performance in key health areas (with minutes) ● DHMT regular meetings ● Reports on district performance
5. Accountability	<ul style="list-style-type: none"> ● Reporting on sector results at JHSR 	<ul style="list-style-type: none"> ● “Open Day” with DPs

References

1. District SWAp Workshop Report, MoH Nov 2012
2. The District Health System Re-organization Guideline from a Managerial Perspective, June 2011
3. Health Sector Decentralization Strategic Plan, 2012-2016 (draft)
4. Assessment of SWAp Final Report, MINECOFIN 2012
5. MoH Rwanda, The District Health System Re-organization Guideline from Managerial Perspective, June 2011

Recommendations

- The district shall be informed of strategies, policies and directives in a clear and systematic way by relevant line Ministries
 - Harmonized and coordinated dissemination and implementation of policies at District level
 - Include as topic/ discussion point for government retreats
 - Through active consultation with concerned Ministries and JADF
- The Districts should have the capacity to balance national priorities/ IMIHIGO versus district priorities to achieve DDP objectives through
 - Capacity needs assessment of stakeholders
 - Development of a capacity development plans for Districts
- Conduct annual performance evaluations of the functioning of the JADF/ JADF HC/DHMT; identify key areas of improvement

2.2 Planning, Implementation and M&E

<p><u>Purpose</u> To ensure that the District health activities are planned, implemented and monitored in a coordinated and participatory way and aligned to District health priorities.</p> <p>To move towards one plan, one budget and one report in line with Aid effectiveness principles.</p>	
<p><u>Responsible Entities</u> Political: District advisory and executive committees. Strategic level: JADF Technical: District health management team</p> <p>Other actors: MINECOFIN, MINALOC/RGB, MOH, DPs, CSOs</p>	
<p><u>Policy Statement</u> Reference to :</p> <ul style="list-style-type: none"> • <i>National Planning, Budgeting and MTEF Guidelines</i> • <i>Draft law on decentralization</i> 	
<p>Central Level</p> <p><u>Ownership:</u></p> <ul style="list-style-type: none"> - GOR plays stewardship role in joint strategic planning. - Planning tools and guidance are developed by the GoR. - Sector priority setting defined by senior management and discussed in JHSRs - Sector annual performance contracts - MoH approves stakeholder plans and reports <p><u>Coordination</u></p> <ul style="list-style-type: none"> - HSWG and Sub-sector TWGs coordinating overall sector and sub-sector planning and monitoring processes - Sector priorities and performance reports discussed in JHSRs - Periodic Joint budget execution meetings 	<p>District Level</p> <p><u>Ownership</u></p> <ul style="list-style-type: none"> - The District Health Plan is owned by the District - District IMIHGO : priority setting implementation and monitoring - Use of GoR planning tools and guidelines - MINALOC strengthen District capacity in Planning - District authorities oversee alignment of stakeholders to District priorities. - District (DHMT and JADF/HC) participate in DP planning <p><u>Coordination</u></p> <ul style="list-style-type: none"> - JADF/ HC oversee the stakeholder alignment to District priorities - Joint Annual planning , monitoring and Reporting Forum (JADF health commission and DHMT organizes regular joint supervision visits) - District and partners follow the implementation of District plans and IMIHIGO. - District health unit consolidate plans and reports from stakeholders - JADF health commission organizes regular joint supervision visits.

<p><u>Harmonization</u></p> <ul style="list-style-type: none"> - Development and adherence of harmonized national planning and reporting tools - Strengthen District capacity for the use of national tools - MTEF classification followed by every partner - Harmonized planning and M&E through existing MOH aid modalities (SPIU, CDPF) <p><u>Results-Oriented</u></p> <ul style="list-style-type: none"> - Strengthen results based planning using National Surveys and Routine data from HMIS - HSSP III result matrix (CPAF/ DPAF) - Monitoring of MDGs, Vision 2020, EDPRS indicators - MTEF structure developed in a results based logic <p><u>Accountability</u></p> <ul style="list-style-type: none"> - Ministry of Health promotes mutual accountability through joint planning and reporting on results and expenditures (annual sector performance report, HRTool, publication of annual statistical bulletin, annual budget execution report, National health observatory - Discussion on Financial audits and PEFA findings with Stakeholders during JHSRs - DQA findings shared in central and Districts Review Forum 	<ul style="list-style-type: none"> - District (DHMT and JADF/HC) participate in DP planning. <p><u>Harmonization</u></p> <ul style="list-style-type: none"> - One DDP: comprehensive health priorities at district level reflected from district needs. - Harmonised DHP across Districts and aligned to HSSP - Use of national planning and reporting tools - Harmonized reporting systems. <p><u>Results-Oriented</u></p> <ul style="list-style-type: none"> - District-based data management (collection, analysis and use) - Mainstream result oriented principle in the planning system e.g. result-based frameworks already utilized in DHP - District Health AOPs - Evidence based priority setting : Imihigo - Joint evaluation of IMIHIGO <p><u>Accountability</u></p> <ul style="list-style-type: none"> - Resource tracking - Regular reports from DPs to Maires - District develop and publish annual health report - District develop and disseminate quarterly progress report on key selected indicators - Development partners and District present annual budget execution report - Annual accountability days jointly organized by JADF - Financial audit published - DQAS findings shared in central and Districts Review Forums
<p>References</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> • Strive to link budgets to results especially for off budget projects 	

- Harmonization of planning tools and mechanism so that there is no duplication of tools at Districts

2.4 Budgeting

Purpose

Since more than a decade the MTEF has become an overall budgeting tool, composed of internal and external funding. Recently, it has started including health insurance reimbursements, the fiscal decentralization revenues as well as off-budget support.

In the general framework of SWAp (Paris, Bussan Declarations) and in close collaboration with DPs, the District ensures that its budgeting process is based on national guidelines and on health sector priorities

Responsible Entities

The budgeting process is under responsibility of:

- MINECOFIN: Prepare and provide the District Budget Call Circular, and defines national priorities to guide resource allocation as well as ceilings
- MINALOC: Ensure compliance to Decentralization policy and principles like by moving their planning activities "closer to the people"
- Ministry of Health: Ensure HSSP programs are catered for in the District budget
- District: District council and Executive Committee to collect and prioritize District needs, esp. at community level, value and integrate them in the district budget. Ensure implementation of national budgeting policies, standards and tools

Policy Statement

The budgeting at District level shall be based on the following documents:

- Health Sector Strategic Plan (HSSP - MINISANTE)
- Organic Budget Law (MINECOFIN)
- District Budget Call Circular (MINECOFIN)

Central Level

Ownership

- GoR ensures ownership through MoH leadership in the sector budgeting process via DAF and technical depts. (MTEF/ Budget planning and revisions)
- MINECOFIN: follows up the right implementation of the District Budget Call Circular
- MINECOFIN: Ensures adequate balance between national goals and

District Level

Ownership

- The budgeting process is owned by the District Executive Committee and the District Council through its Planning Department,
- JADF assesses the District's and community budget needs; Districts prepare a draft budget to be submitted to the JADF meeting
- JADF: Organizes meetings to review the District health plan, and matches the plan with stakeholders plans and budget;
- The District provides health priorities to be

<p>available funds</p> <ul style="list-style-type: none"> • MINALOC: Ensures decentralization policy is fully implemented <p><u>Coordination</u></p> <ul style="list-style-type: none"> • MoH/MINECOFIN/DPs to insure linkage of both on and off budget support to national and local health sector priorities • MINECOFIN: Provides tools and guidelines to fully implement SWAp principles at District level • MINALOC: Through JADF, creates synergy and empathy around health sector programs • An institutionalized HRT provides a common platform in which central level MoH and DPs share information on respective financial contributions • HSWG as forum to discuss budgeting principles with partners <p><u>Harmonization</u></p> <ul style="list-style-type: none"> • MINALOC: District JADF to timely organize budgeting meetings and distribute budgeting tools to health sector stakeholders • MINECOFIN to ensure that MoH and all its affiliated institutions use appropriate standards of budgeting, budget execution and reporting • MoH/MINECOFIN to encourage the use of MTEF as a "one" budgeting tool by health partners [Could also fit in "Results oriented" section] • MoH/MINECOFIN: Mitigate discrepancies between GoR and DPs budgeting calendars • HRT helps in the prioritization of budget allocation across programs at District level • MoH provides different health sector aid modalities (SPIU single 	<p>financed, based on needs at community level;</p> <p><u>Coordination</u></p> <ul style="list-style-type: none"> • District ensures the budgeting process is a DPs - Local Government joint exercise • District fully implements the Budget Call Circular calendar • District encourages grass roots participation in priority identification and budgeting. Encouragement of realistic goals and community commitment is essential. • District to adequately mobilize local resources for its programs • Institutionalize the use of HRT at District level to provide a common platform in which the District and DPs share information on respective contributions <p><u>Harmonization</u></p> <ul style="list-style-type: none"> • JADF organizes joint budgeting sessions to review stakeholders' approaches and budget • The District ensures that all health institutions in the District use appropriate standards of budgeting, budget execution and reporting • JADF matches District planning and budgeting calendar to those of DPs operating in the health sector • JADF ensures linkage between local Government and partner's budgets into one encompassing District budget; it ensures the integration of off-budget funds into District budgeting, while keeping responsible off-budget programs implementers • HRT helps in the prioritization of budget allocation across health programs
--	--

managed projects, CDPF, SBS) for different DPs to channel funding into the sector

Results-Oriented

- MoH provides norms, standards, targets and source of funds (earmarked, projects, ...) to Districts
- MoH/MINECOFIN defines cost effectiveness strategies, best practices (like bulk purchasing, procurement plan, etc) at District level (DH, HC, Community)
- MoH/MINECOFIN encourages the use of MTEF as a budgeting tool among health DPs, a compatible and comparable format for greater results follow up
- MoH/MINECOFIN/DPs increase comprehensiveness and transparency of their budgets (respect of classification of the budget lines, extent of unreported operations...)

Accountability

- MoH/MINECOFIN build on existing or develop new accountability mechanisms
- HRT is institutionalized as a national tool to provide a comprehensive picture of the available resources in the health system
- MoH/MINECOFIN develop a "one reporting" system
- In SWAp spirit, MoH/MINECOFIN/ HSWG to set up mechanisms for proper/efficient use of available funds

Results-Oriented

- JADF, maps interventions at Districts, identifying gaps and proposes resource mobilization strategies
- In conjunction with MoH and DPs, JADF informs all District partners about targets, standards, norms, and source of funds (earmarked, projects, ...)

Accountability

- Costing of health activities
- HRT to be used as a tool that provides a comprehensive picture of the available resources in the health system at District level
- District and DPs plan, organize and support supervisions and M&E to document cost effectiveness of health sector performance at community and District level
- District council to encourage "one report" mechanism by local Government together with all DPs in the District.

References

- Health Sector Strategic Plan III (HSSPIII)
- District Health Sector Strategic Plan
- SWAp guidelines
- Earmarked Transfer Guidelines for Ministry of Health

- Public Finance Management (PFM)
- Annual Budget Call Circular
- Rwanda Fiscal Decentralization Strategy (FDS)
- Rwanda Decentralization Strategic Framework (RDSF)

Recommendations:

- Sector Stakeholders should consider the alignment and harmonization principles as indicated in the Paris, Accra, Bussan declarations (predictability of support, financial info provided by donors for budgeting/reporting on project/program aid, proportion of aid that is managed by use of national procedures) in their budgeting processes
- Off-budget partners should regularly report to MOH and to any other relevant institution on their budgeting and budget execution
- Make sure that budgeting is aligned with the political decentralization process
- Promote ownership of the budgeting cycle through the national systems through DG budget and planning (domestic resources) and/or SPIU (external financing)
- Systematically link results to budget; budget assorted with clear indicators
- Define cost effectiveness strategies, best practices (like bulk purchasing, procurement plan, etc) at District level (DH, HC, Community)
- All District partners, including off-budget ones, to be encouraged to use the MTEF tool for better follow up and M&E
- Off-budget health partners to regularly report to the District