



# Update to the DHSP 2 Development

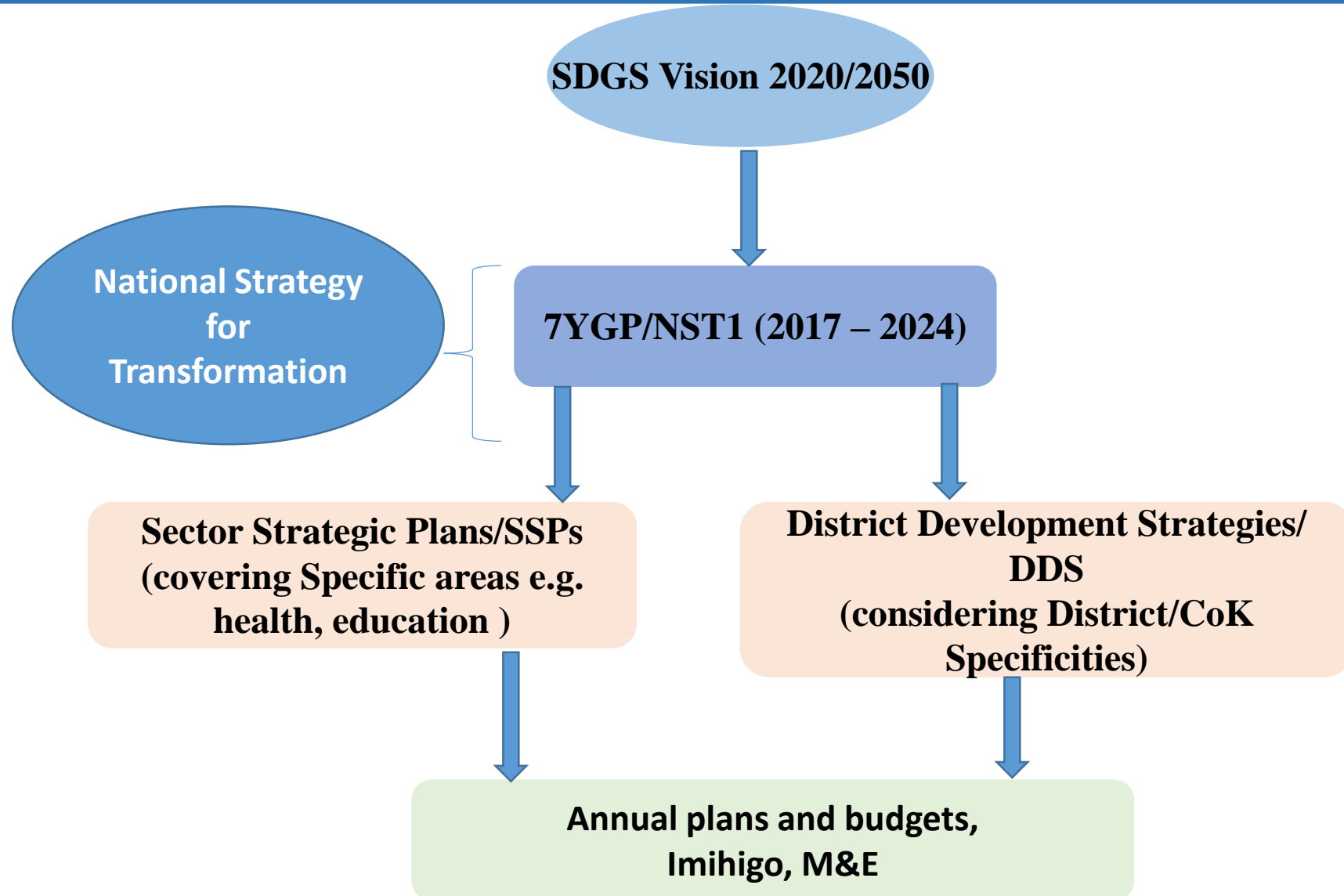
**DGPHFIS**

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# Development Planning Framework



# Background

- The National Strategy for Transformation (NST ) have been developed and will be implemented through sectors strategic plans and District Development Strategy.
- The HSSP IV has been developed in alignment with national guiding documents and was recently approved by MINECOFIN, while the DDS are in process of development
- The next stage is now to mainstream the implementation of HSSPIV by all stakeholders
- The main stakeholders we are targeting include:
  - Administrative Districts and Health Facilities and under their coordination structure
  - Programs (RBC)
- One way to engage stakeholders for the implementation of HSSP IV is to ensure that their sub-strategic plans are aligned to HSSP IV and DDS.
- It is in that perspective the DHSP are being updated to be aligned with the HSSPIV and DDS

# Background

- The 1<sup>st</sup> District Health Strategic Plans were developed in 2012-2013 after developing the Health Sector Strategic Plans.
- The Mid-term Review (MTR) of HSSP III was conducted in 2015, and in the same framework the DHU Conducted the MTR of DHSP
- It was realized some limitations and weakness: all Districts Health Strategic Plans were not harmonized, some of them were not aligned with HSSPIII etc.
- Basing on this experience and reference to MINECOFIN guidelines, the new District Health Strategic Plans are being developed in alignment with the HSSPIV, the DDS, the NST and the Vision 2050.
- The workshop for district health strategic plan development was the initial stage of the process.

# Methodology for the DHSP

- Elaboration of District Health Strategic Plans process is led by the DHU in collaboration with Health facilities and others stakeholders working in respective District
- The Members of TWG of Planning, Health Financing and Information System will provide tools and technical support across the process.
- Different workshop will be organized at Central level and each district shall organize different workshop and consultations at District level.
- For Situation analysis:
  - The DHU shall collect information using the existing documentation :the HSSPIII and DHSP midterm review report, the research conducted at National and District level, the routine health data tools including HMIS etc....

# The orientation workshop

In December 2017, a workshop was organized with purpose to :

- Introduce HSSP IV to District Health Units and explain to them what contributions are expected from each district to achieve national target stated in HSSP IV;
- Advocate for Districts to start budgeting for healthcare services and health systems strengthening for their own districts;
- Support District Health Units to prepare relevant health sectors strategic interventions and targets to be considered in the entire Districts Development plans
- Brainstorm and best practices that can used to fast-track health indicators that are lagging behind

# Preliminary outcomes from the DHSP workshop

- Situation analysis conducted and District Health Profile described ( List of Health Facilities and Population covered, Socio-economic status of Population, infrastructure needs, Human Resource for Health status, top ten diseases of OPD, top ten diseases of hospitalization)
- Methodology and guidance discussed to set baseline and target
- A comprehensive list of health sector key indicators (48) has now been discussed to appear in DHSP
- The keys health indicators are being integrated in the DDS of all Districts
- The purchase and management of ambulances have been captured in DHSP and Districts will make follow up
- The national target of health post have been captured in DHSP and will be in targets districts priorities



# **Example of key contribution of the DHSP to HSSPIV and DDS**

## Sector Performance Indicators

Impact Indicators	Baseline 2014/15	MTR 2020	End 2024	Frequency/ reporting	Source of data
Population of Rwanda (millions) (estimates)	12 (2017)	13	14.5	Annual	NISR
Population Growth Rate	2.4	EDPRS III targets	EDPRS III targets	Annual Projection	Census and NISR Projections
Neonatal Mortality Rate/1000 LB	20	18	15.2	5 years	DHS
Under five mortality rate	50	48	35		
Infant Mortality Rate/1000 LB	32	28	22.5	5 years	DHS

# Sector Performance Indicators

OUTCOME/OUTPUT INDICATORS	BASELINE 2016	TARGETS 2020	TARGETS 2024
Prevalence of Stunting	38	29.9	19
ANC coverage (4 standards visits )	44	47	51
Percentage of births attended by skilled health professionals	91	>90	>90
Percentage of new-borns with at least one PNC visit within the first two days of birth	19	25	35
Modern contraceptive prevalence rate	48	54.6	60
Percentage of Children 12-23 months fully immunized	93	>93	>93
Exclusive Breastfeeding < 6 months	87%		
Teenage pregnancy and motherhood rate (15-19 years )	7.3	<7	<7
Unmet need for Family Planning	19	17	15

## Sector Performance Indicators

HIV Outcomes / Outputs Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Proportion of persons diagnosed with HIV infection receiving sustained ART	82.7	90%	90%
HIV prevalence among people aged 15-49 years	3	3	3
Percentage of infants born to HIV + mothers free from HIV by 18 months	95	>95	>95
TB OUTCOMES/ OUTPUTS	BASELINE 2016	TARGETS 2020	TARGETS 2024
TB treatment coverage rate	84	86	88
TB Treatment success rate	89	87%	≥87
Proportion of newly diagnosed leprosy with grade 2 disability	19%	13%	10%

## Sector Performance Indicators

<b>Malaria- Outcomes/Outputs Indicators</b>	<b>BASELINE 2016</b>	<b>TARGETS 2020</b>	<b>TARGETS 2024</b>
Proportion HH with at least one LLIN	81	84	85
Malaria incidence per 1,000 population	308	200	122
Malaria proportional mortality rate	5.7	4.5	3
Proportion of children under five years old who slept under a LLIN the previous night	80	84	85
Proportion of targeted population who received MDA	96*	97	98
<b>NCD - Outcomes / Outputs Indicators</b>	<b>BASELINE 2016</b>	<b>TARGETS 2020</b>	<b>TARGETS 2024</b>
Teeth and gum diseases morbidity rate at health facility level	4%	2.07%	1,84%
Prevalence of uncorrected refractive Error disaggregated by age, sex and socioeconomic status	2.3%	2.07%	1,84%
Cataract Surgical Rate (number of cataract surgeries per million population per year)	400	700	1200
Eye diseases problem morbidity rate at health facility level	3	<2	<2

## Sector Performance Indicators

Mental Health Outcome/Outputs Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Proportion of new cases treated in health facilities (HC+DH+PH+RH) for mental disorders”	0.1	0.2	0.6

Health Promotion & environment OUTPUTS / OUTCOMES HSSP 4	BASELINE 2016	TARGETS 2020	TARGETS 2024
Percentage of Health centres without water	16	0	0
Number of Hospitals with water treatment plants according to standards			
% public Health Facilities (RH,PH,DH and HC) with effective waste management systems according to standards	76	84	100

HRH - INPUT/PROCESS Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Doctor/pop ratio (GP and Specialists as well)	1/10,055	1/ 10,000	1/7,000
Nurse/pop ratio	1/1,094	1/ 900	1/ 800
Midwife/pop ratio (women aged from 15-49)	1/ 4,064	1/ 3,500	1/ 2,500
Pharmacist /pop ratio	1/ 16,871	1/16,000	1/15,500
Lab Technicians /pop ratio	1/ 10,500	1/ 9,000	1/ 7,500

QAHS- OUTPUT Indicators f	BASELINE 2016	TARGETS 2020	TARGETS 2024
% malpractice cases assessed and responded to	N/A	>95	>95

## Sector Performance Indicators

Access to services- OUTPUT Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
Number of sectors without health centres	17	8	0
Ratio ground ambulance / population	1/50,505	1/50,000	<1/50,000
Average time to walk to a nearby HF (in minutes)	56.5	50	45
Number of hospitals with functional basic maintenance system (trained manpower, available tools and space for operations)	8	42	50
Percentage of health centres without electricity (not connected to a nearby grid)	17.2	0	0
Percentage of Health centres with functional internet and local area network connectivity	36.5	50	60
Medical Products- OUTPUT Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
% HFs with < 5% of vital medical products stock-outs	87	>95	>95
HIS & Research- OUTPUT/ PROCESS Indicators	BASELINE 2016	TARGETS 2020	TARGETS 2024
% of public health facilities (HC,DH,PH and RH) using EMR full package system	4%	43%	72%
% of private facilities regularly reporting through national data collection systems (DHIS-2 and e-IDSR)	54%	100%	100%

# Example of key contribution of the DHSP to DDS

- Plan for Health Posts through DHSP 2 and DDS up to 2024,
  - Eg: Nyabihu: 20
  - Nyaruguru: 14
- Plan for Ambulances through DHSP 2 and DDS up to 2024
  - Eg: Nyabihu: 7
  - Nyaruguru: 6

**Good Practice:** *Due to the Importance of the DHSP, some districts requested other units/sector in the districts to learn from Health Sector and their sector strategic plan; eg. Nyaruguru*



# Road map of the development of DHSP 2

<b>No</b>	<b>Activities</b>	<b>Deliverables</b>	<b>Proposed Time frame</b>
1	Workshop for situation analysis and data collection	Initial Draft for Discussion	Week of 12 <sup>th</sup> and Week of 18 <sup>th</sup> December 2017
2	Presentation of draft roadmap and Progress of the work to the District Management Meeting for consideration	Final Road map	Week of 27 <sup>th</sup> Dec 2017(All Districts)
3	Internal Consultation with Districts Stakeholders and Drafting 1 <sup>st</sup> DHSP	Draft 1 of the DHSP 2	Jan 2018
4	Workshop with districts stakeholders to discuss and finalize the draft	Final Draft available	Feb 2018
5	Submission of DHSP 2 draft to District authorities for approval	Approved DHSP 2	1 <sup>st</sup> and 2 <sup>nd</sup> Week of March
6	Submission of the approved DHSP 2 to MoH	Submitted DHSP 2	End March

# Way forward

- Submit official request of financial support to MOH( 27/30 Districts have submitted)
- Share the draft Strategic Plans with MOH( 8 Districts have shared their drafts)
- Provide both technical and financial Support to the development of the DHSP 2 by MOH and DPs
- A workshop is planned from 12<sup>th</sup> -16<sup>th</sup> February to support 6 Districts (***Kamonyi, Muhanga, Nyabihu, Kayonza Burera and Rulindo*** )
- Follow up the approval and ensure the implementation of District Health Strategic Plan at Decentralized level.

# Thank you

