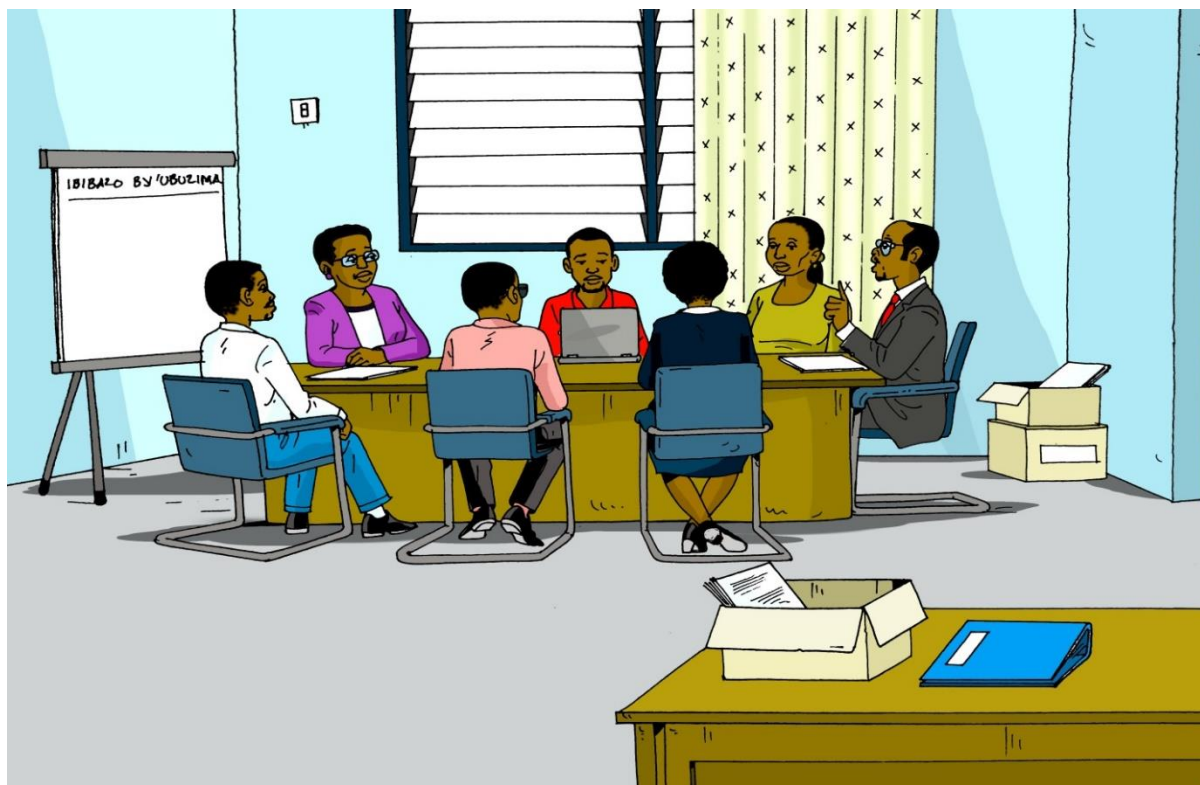


Unit 2

District Health Management and Planning



Learning outcomes:

- Awareness creation on health sector management and planning
- Present key indicators for the District health profile
- Discuss how health interventions will be integrated into district plan and performance contract (*imihigo*).

Assessment approach

- Use formal and informal procedures in gathering information on learning and making judgment about what participants know and can do and how that will change participants' attitudes. It should be an integral part of the training.
- At the beginning of the session, verify what participants already know or can do and check whether participants are at the same level.
- During the session verify if the participants understand and give support and feedback when necessary.
- At the end of the unit and the session verify if the objectives set have been achieved.

- Different techniques of assessment should be used: Questions, activities, homework etc.

Objectives :

Identify At the end of this unit, participants should be able to:

- the main groups of determinants of the district health status.
- Define planning and district health planning.
- Relate district health planning to national policy and strategies.
- Distinguish between short- medium- and long-term planning.
- Outline the planning cycle.
- Identify participants in the district health planning team.
- Identify the main important issues to take into account during the planning process.

Activity, Define the terms:

- Planning,
- Imihigo in health
- District health planning team(DHMT)
- Monitoring and Evaluation in health

NOTES TO USERS



Introduction

This unit introduces the DHMT members to the important task of district health planning. It gives an overview and introduces the basic concepts of health planning at district level.

For an improved health care service delivery, a well-established network of health facilities with good geographical coverage exists with an adequate fleet of ambulances for the pre-hospital and emergencies services:

- Health care packages have been defined for each level;
- Accreditation standards developed, disseminated and implemented;
- Quality assurance teams established in each health facility; and

- Coordination mechanisms are in place at each level.

Strategic direction

Future efforts need to address further expansion of the health infrastructure to sectors without health centres or cells without Health Posts; improving IT infrastructure in health facilities; provision of specialized services at secondary and tertiary levels; strengthening emergency and pre-hospital services.

Strategies

- All these points should be considered during the process of planning at district level and discussed through DHMT and JADF meetings.
- The expansion of Health Posts seems therefore a necessary priority in the coming years.

Key innovations:

- Additional innovation will include
- improving efficiency in service delivery through use of tele-medicine to offer consultancy services;
- improving management of emergencies and trauma at hospital level;
- establishment of mental health services at community level (including psychologists);
- expansion of the clinical outreach program in peripheral health facilities.



Points to Remember

The district level equivalent of Health Sector Working Group is the Joint Action Development Forum (JADF), where all important development issues are discussed and inter-sectoral collaborative interventions are designed and monitored. The District Health Unit (DHU) coordinates the different actors of the health sector. It also clarifies and allocates the tasks of the different actors, and ensures an adequate integration of the multidimensional determinants of the health status of the population.

2.1. District Health Profile

Objectives

At the end of this session, participants should be able to:

- Identify key information to include in the district health profile.
- Update the district health profile on a regular basis.

Learning Activities

- ✓ Story telling about benefits of good sexual conduct
- ✓ Group discussion on consequences of sexually misbehaving
- ✓ Debate on ways and benefits of gender balance preventions

NOTES TO USERS



The district health profile provides information about the district in an organized manner and in one document and assists one to pick up and interpret important features of the district. Considering the importance of the district health profile in the planning and management of district health services, it should be updated regularly, preferably on an annual basis, and before the planning session starts. The district health profile should include information and data on:

- Geographical features;
- Economic activities, including food production;
- Literacy rates;
- Demographic data (total population, women of child bearing age, children under one and under five, population growth rate, crude birth rate, crude death rate, infant mortality rate, under-five mortality rate, maternal mortality rate, etc.);
- Epidemiological data (top 10 causes of morbidity and mortality) for inpatients and outpatients;
- Health services provision and use (patient bed ratio, bed occupancy, etc.) ;
- Access to water and sanitation facilities;
- Health resource data (human, material, financial) including distribution and gaps;
- Physical health infrastructure, e.g. status of buildings;
- Major health status and health service problems by priority;
- Membership of district health board and facility committees;
- Communication facilities (transport, telephone, radio, roads);

- A district map with the necessary details, including divisions, wards, roads, health facilities, etc.
- Major key partners in health in the district, e.g. NGOs, private (for profit and non-profit) community;
- Medical equipment;
- Existing training institutions and training resources;
- Available/functional health committee.



Points to Remember

The DHMT can obtain information and data for the preparation of the district health profile from a number of sources including:

- Health Management Information System (HMIS) and Health Statistics Abstracts or Records from the health facilities.
- Survey and research reports.
- Project and programme plans and reports.
- Vital statistics record.
- Census.
- District annual reports and financial reports.
- Community felt needs (these are either expressed by people or their leaders on their own feelings, needs and priorities).
- Your own experience as a health worker.
- An assessment of the operationality of your district health system.
- Any other relevant and available source of information.

2.2. Planning

Objectives

At the end of this session, participants should be able to:

- Identify activities and responsibilities to be performed by the team members before the planning process commences and resources sought.
- Use the district health profile for planning.

Activity,

- *In a group work, discuss the preparation of the health planning process at district level and needs for a better planning.*

NOTES TO USERS

Introduction

Preparation for planning is the first step towards the development of the plan. Planning itself requires considerable time and resources. It should, therefore, be planned and budgeted for and funds made available. The planning team is expected to set aside adequate time for preparation, which may take two weeks as proven by some experiences.

Preparatory Activities

The important preparatory activities to be considered are:

- Determining when planning has to be carried out.
- Identifying persons to perform this important work of planning.
- Determining the budgetary requirements for planning and comparing same with the available funds in the current annual work plan.
- Establishing a time frame for planning.
- Assigning specific tasks and responsibilities to each member of the planning team.
- Developing a methodology for evaluating the planning process and output (these are commonly known as indicators).
- Securing funds for the planning activity and arranging for logistics, e.g. inform the team members of the planning session; request permission from their supervisors; arrange for transport; and arrange for stationery and equipment (computer/ typewriter, projectors,...).
- Collecting documents for review (include an updated district health profile).

Health Planning at district level

The health sector reform policy recognizes that the district is the most important operational level for implementing the primary health care (PHC) strategy. Financial and managerial responsibilities will therefore be decentralized to the district level. This new role poses a challenge to the district health managers, who are responsible for the planning and management of district health services. One important new task for the district health managers is decentralized planning which allows a closer understanding of different needs and demands of communities. This in turn allows effective community participation and equity in the provision of health services.

However, effective district health planning depends on a number of conditions such as:

- planning skills, planning structure, planning processes, planning culture and planning horizons at the district level.



Points to Remember

Decentralization in planning should be integrated with decentralization of functions, resources and authority to the district. District health planning also requires effective health management information systems that are of fundamental importance in assessing district health needs; allocation of resources and monitoring of their use; monitoring of the utilization of services, their quality and coverage; and policy formulation and programme evaluation. To develop such a system, the district must review its information base and develop skills and systems in the collection, analysis, presentation and use of such information. This can be achieved through appropriate training and supervision. Planning is an integral part of operational district health management. It involves a number of processes such as situation analysis, programming, implementation, monitoring, evaluation and re-programming. This module aims at strengthening the capacities of DHMTs and other related bodies to plan, implement, monitor and evaluate programmes in their districts.

Note: The preparation of the planning process should take into consideration the planning cycle of the district council or any other technical institution at such level (e.g. Health facilities).

2.3. District Health Management Team (DHMT)

Learning outcome:

- To have in place DHMT members with adequate managerial skills and capacities for the implementation of Health Sector Reforms.

Objectives:

It is expected that DHMT members will be able to:

- develop indicators;
- identify means of verification; and
- plan for monitoring and evaluation of the district health plan.

Activity,

Think of the management&planning team at your district.

- Is membership similar to the example given above? If not why?
- Will it make a difference to have additional members as suggested above?
- Does your current district health planning take into consideration all the levels listed above? Discuss these questions in a group.

NOTES TO USERS

The District Health System (DHS) encourages managers to take charge and make decisions about health services and the allocated resources. The role of the District Management Team (DMT) is to: Mix and allocate the available resources in the best possible way to meet the basic health needs of the community they serve. The district health office is usually managed by a team of health workers, called the district health management team (DHMT). A typical team consists of the district health officer, public health nurse, hospital administrator, nutritionist and environmental health officer. The health services extend from the community health workers to the hospitals. The district hospital may be the main centre for curative health care and is commonly referred to as the first referral level. As well as organizing the health services, the DHMT also has to collaborate with local government and non-governmental organizations, to liaise with community representatives and to practice intersectoral coordination.

In Rwanda, the DHMT meets on a quarterly basis and the proposed membership include:

- Vice-Mayor in charge of Social Affairs (as DHMT Chair)
- District Director of Health
- Hospital Director(DG)

- District health Planning and Coordination Officer
- District health M&E Officer
- Health promotion and prevention Officer
- Director of Pharmacy
- Director of Mutuelle
- Representative of Heads of Health centres
- Representative of CHWs.

2.4. Imihigo in Health Planning

Learning outcome:

At the end of this unit, participants should be able to:

- Identify activities and responsibilities to be performed by the team members before the planning process commences and resources sought.
- Update the district health profile.

Activity,

- List reasons for planning. Are there any other reasons which necessitated planning at your district/work place? Discuss them in a group.
- Discuss, in groups, the difference and relationship between objective (real) health needs and subjective (felt) health needs, with reference to your district.

Imihigo was designed as a Rwandan approach to performance management, as described in a policy note published by the minister of local government in 2006: “The *Imihigo* approach shares many characteristics with results-based management tools. First, each *Imihigo* identifies a set of clear priorities. Second, each *Imihigo* presents a set of specific targets backed by measurable performance indicators. Third, each *Imihigo* undergoes a well-defined process of performance monitoring and evaluation. Fourth, each *Imihigo* constitutes an efficient accountability mechanism and an incentive for local government leaders and their population to implement the decentralization policies and to meet local and national development targets.”

The *Imihigo* program had several ambitious aims, including to:

- Speed up implementation of the local and national development agenda
- Ensure stakeholder ownership of the development agenda
- Promote accountability and transparency
- Promote results-oriented performance

- Encourage competitiveness
- Ensure stakeholders' participation and engagement in policy formulation and evaluation
- Instill a culture of regular performance evaluation (Government of Rwanda 2010).

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District planning is an integral part of operational district health management. It involves a number of processes such as situation analysis, programming, implementation, monitoring, evaluation and re-programming. This module aims at strengthening the capacities of DHMTs and other related bodies to plan, implement, monitor and evaluate programmes in their districts.

The Planning Cycle for health performance

The planning cycle is a sequence of steps which must be followed in deciding what is to be included in the plan. The cycle seeks to answer the following questions:

- **Where are we now?** This requires a situational analysis to identify current health and health-related needs and problems.
- **Where do we want to go?** This requires the selection of priorities and identification of objectives and targets to be met in order to improve the health situation and/or service delivery in a district.
- **How will we get there?** This details and organizes the tasks or interventions to be carried out, by whom, during what period, at what costs and using what resources in order to achieve set objectives and targets.
- **How will we know when we get there?** This requires the development of measurable indicators for monitoring progress and evaluating results.

Eight points to consider for health performance:

1) Use of local (district) data : Evidence-based planning emphasizes the importance of using local data or information available in the district. The district health planning team is required to analyse and use existing data in the planning process, for example, data from the Health Management Information System (HMIS).

2) Community information: Think of community-based information on health and health-related issues like deaths, maternal deaths, prevalence of malnutrition in the

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under-fives, etc. Various epidemiological methods and tools could be designed such as community surveys to gather more of such useful information for planning.

3) Local research information and data : Often there are studies conducted in the district but the results are rarely incorporated into a comprehensive district health plan. Research is carried out by different parties such as students, research institutions and training institutions. Such useful information or data is available but lies idle and is not used. DHMTs have a duty to actively search for this kind of information and use it for planning. Data should be used to feed into the continual monitoring and evaluation process. It should be utilized to address the issues of equity of service provision in the community in terms of: Geographical accessibility; Gender/social accessibility; Economic accessibility.

4) Essential services: Services that are likely to produce the greatest impact on the overall disease burden in the district should be included in the plan.

5) Delegation of planning and implementation: Managers and/or those in charge of district health facilities (dispensary, health centre, and hospital) should be key players in the planning process and will be responsible for implementing their health plans and budgets.

6) Community partnership : The various health committees should link up with communities to enable the latter to have mechanisms for participating in setting priorities. A variety of feedback mechanisms should be put in place to ensure that the health system as a whole is responsive to community, patient and client needs.

7) Cost-effectiveness : If there is more than one feasible way of achieving results, the least costly but most effective health intervention should be selected. Cost consideration should be part of the planning process. It means that health interventions should be implemented at the feasible lowest level of care system. E.g. normal deliveries or treatment of simple cases of malaria are best managed at the health centre than at the hospital where costs will be much higher.

8) Accountability : Accountability both in finances and performance should be emphasized. Each level of health care should have its own plan with clearly defined activities which are costed and which have quantifiable or measurable outcomes and output indicators. Such activities should try to address disease burden and epidemiological concerns.

2.5. M&E (Coordination Meeting, Supervision, Data Management)

ACTIVITY,

- List important issues to keep in mind during the planning management and monitoring and evaluation process at district level,
- Discuss the difference between Monitoring and Evaluation.

Learning Activities

- ✓ Story telling about benefits of good sexual conduct
- ✓ Group discussion on consequences of sexually misbehaving
- ✓ Debate on ways and benefits of gender balance preventions

Monitoring

Monitoring is a systematic and continuous assessment of the progress of an activity over time. Monitoring can be done through the process of collecting, coordinating, processing, measuring and communicating information to assist management in decision-making. Monitoring encompasses follow up of Inputs (vaccines, funds, personnel, etc.), the Process (activities/tasks being done according to accepted norms and standards), Outputs (products meet specifications, services are delivered as planned, training results in new skills, etc.) and finally the Outcome (the short-term effect of the programme or campaign). Monitoring ensures that:

- work progresses according to schedule;
- standards such as storage and administration of vaccines are maintained;
- resources are used rationally and as planned;
- the required information is available and used, etc.;
- problems are detected during implementation period so as to undertake corrective measures; and
- plans are verified to ascertain that they are being implemented in the way and manner planned.



Points to Remember

Monitoring is carried out internally by the district health management team in the course of implementation of the district health plan. Implementation of the district health plan should be the main focus of deliberations during the DHMT meetings.

Tools for monitoring are:

- Health Management Information System and periodical reports.
- Supervision reports.
- Programme progress reports.
- Project plan of action.

Evaluation**ACTIVITY,**

- List important issues to keep in mind during the planning management and monitoring process at district level.

Learning Activities

- ✓ Story telling about benefits of good sexual conduct
- ✓ Group discussion on consequences of sexually misbehaving
- ✓ Debate on ways and benefits of gender balance preventions

Evaluation is the systematic assessment of actions in order to improve planning or implementation of current and future activities. Evaluation includes areas of context, input, process and impact to assess whether the set objectives have been achieved. It can be internal, that is carried out by the implementers, or external. The essence of evaluation is to determine programme performance, effectiveness and efficiency. In other words, an evaluation can be carried out to:

- Decide whether an activity was worth doing.
- Determine whether the objectives set were achieved.
- Determine (formative evaluation) whether activities should be continued or not.
- Determine whether the project should be extended elsewhere, etc.

When to evaluate

- Before implementation: to assess development needs and potentials; and to determine feasibility of the plan.
- During implementation (formative evaluation): to identify areas for changes or modifications and to detect deficiencies and ensure immediate redesign of intervention strategies.

- At the end of programme (summative evaluation): to assess programme or project effect and outcomes with a view to obtaining information on effectiveness of the programme in achieving its stated objectives, its contribution to developmental goals, efficiency of the programme or project in utilization of resources, sustainability of the project results, and whether to continue, modify or terminate the project.



Points to Remember

Evaluation is a process that critically examines a program. It involves collecting and analyzing information about a program's activities, characteristics, and outcomes. Its purpose is to make judgments about a program, to improve its effectiveness, and/or to inform programming decisions (Patton, 1987).

Principles of Evaluation:

- It must be clearly stated what is to be evaluated,
- A variety of evaluation techniques should be used for a comprehensive evaluation,
- An evaluator should know the limitations of different evaluation techniques.

Monitoring and Evaluation (M&E)

What are monitoring and evaluation techniques?

- Monitoring and Evaluation (M&E) is used to assess the performance of projects, institutions and programmes set up by governments, international organizations and NGOs.
- Its goal is to improve current and future management of outputs, outcomes and impact.

What is the process of monitoring and evaluation?

- Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans.
- Evaluations appraise data and information that inform strategic decisions, thus improving the project or programme in the future.

What is the main difference between monitoring and evaluation?

- Monitoring refers to an organized process of overseeing and checking the activities undertaken in a project, to ascertain whether it is capable of achieving the planned results or not.
- Conversely, evaluation is a scientific process that gauges the success of the project or program in meeting the objectives.

M&E for district health programmes

- **Coordination meetings:** These meetings are to discuss on the Performance of Health Centers and hospitals in each district. The participants include heads of hospitals and health centers and local government members. In all districts, stakeholders participated actively in the meetings and are keen to work collaboratively with the district to improve future results.
- **Supervision:** Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff. Supportive supervision has been defined in several ways as 'provision of guidance and feedback on matters of personal, professional and educational development ; as an approach that emphasises mentoring, joint problem solving, two-way communication and as a process that promotes quality at all levels of the health care.
- **Data Management and use:** Data management is the practice of collecting, organizing, protecting, and storing an organization's data so it can be analyzed for business decisions. Data allows organizations to visualize relationships between what is happening in different locations, departments, and systems. Looking at these data points side-by-side allows us to develop more accurate theories, and put into place more effective solutions.



Key points to consider for an effective health management, planning and performance:

1) Use of local (district) data : Evidence-based planning emphasizes the importance of using local data or information available in the district. The district health planning team is required to analyse and use existing data in the planning process, for example, data from the Health Management Information System (HMIS).

2) Community information: Think of community-based information on health and health-related issues like deaths, maternal deaths, prevalence of malnutrition in the under-fives, etc. Various epidemiological methods and tools could be designed such as community surveys to gather more of such useful information for planning.

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- Geographical accessibility;
- Gender/social accessibility;
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7) Cost-effectiveness : If there is more than one feasible way of achieving results, the least costly but most effective health intervention should be selected. Cost consideration should be part of the planning process. It also means that health interventions should be implemented at the feasible lowest level of care system. For example, normal deliveries or treatment of uncomplicated cases of malaria are best managed at the health centre or dispensary than at the hospital where costs will be much higher.

8) Accountability : Accountability both in finances and performance should be emphasized. Each level of health care should have its own plan with clearly defined activities which are costed and which have quantifiable or measurable outcomes and output indicators. Such activities should try to address disease burden and epidemiological concerns