

Decentralization and Local-Level Governance in Health

Some Experiences from Rwanda and the Philippines

Catherine Fort, RTI International

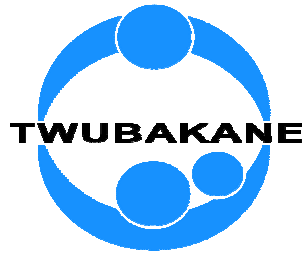
Health Governance Workshop

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USAID
FROM THE AMERICAN PEOPLE



TWUBAKANE

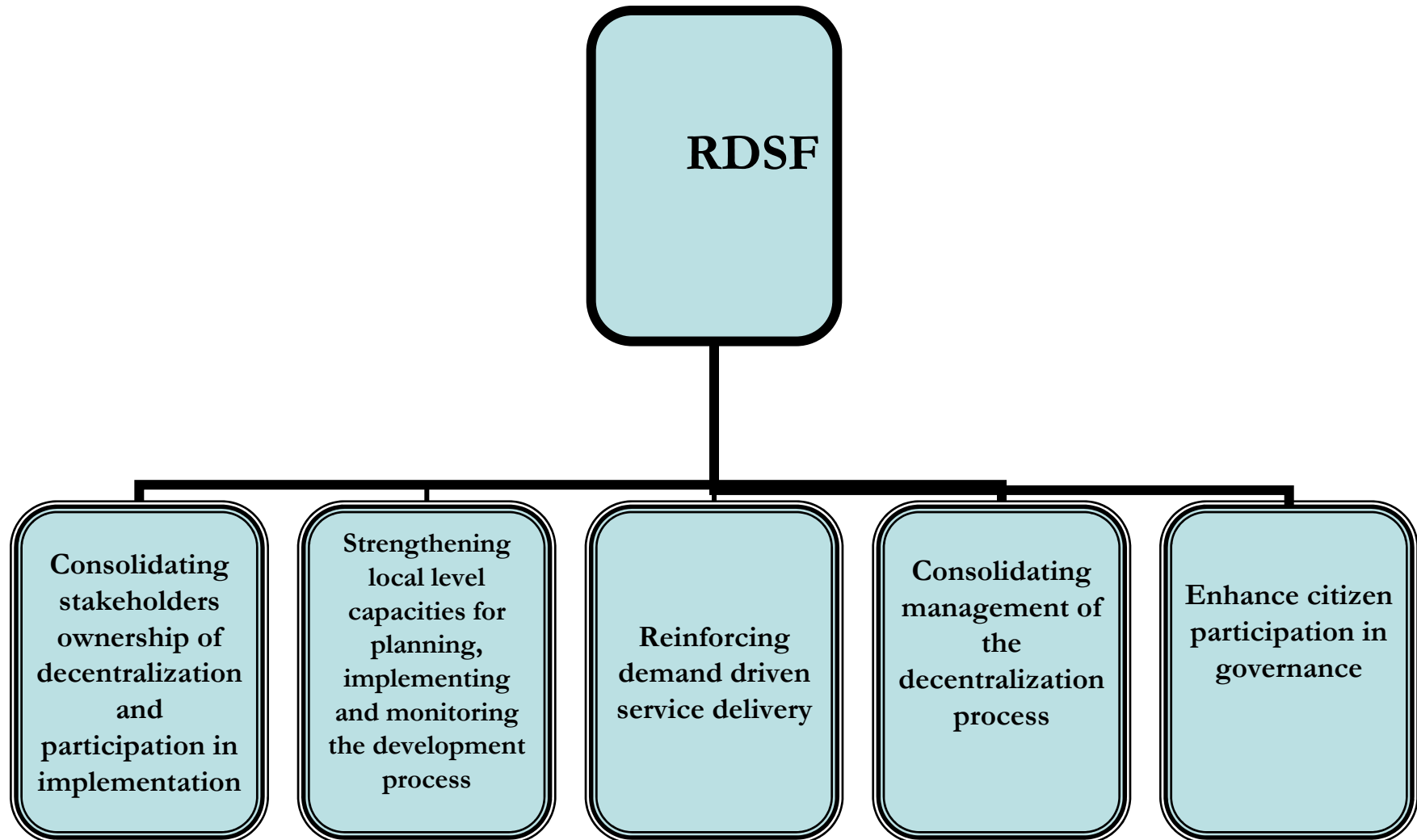
**Decentralization and Health Program
Rwanda**

HealthGov

**Strengthening Local Governance for
Health
Philippines**

Rwanda Decentralization Strategic Framework

(Government of Rwanda)



2005/06 GOR Restructuring

Before

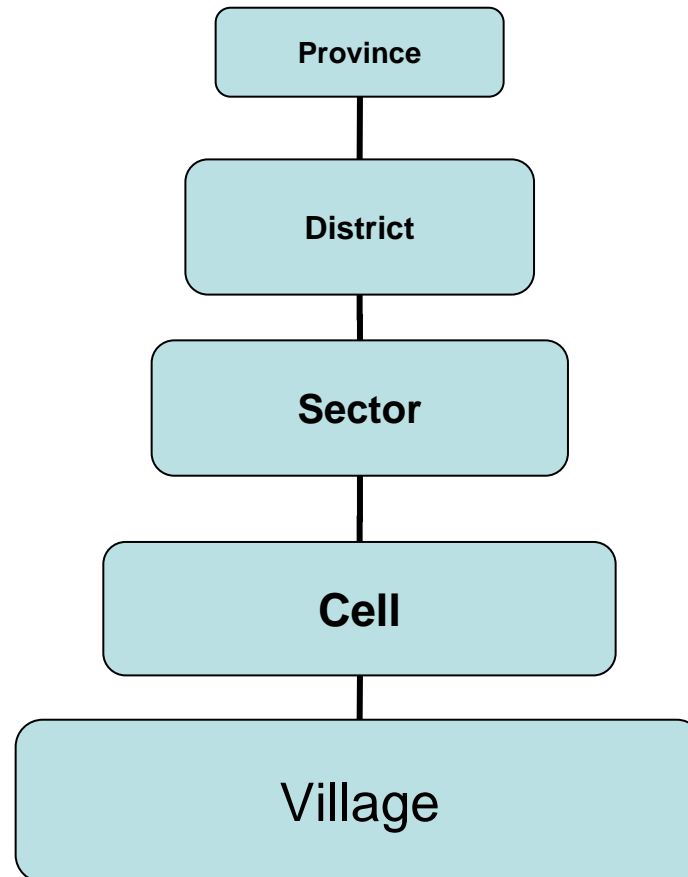
12

106

1550

9,500

14,975



After

4

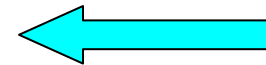
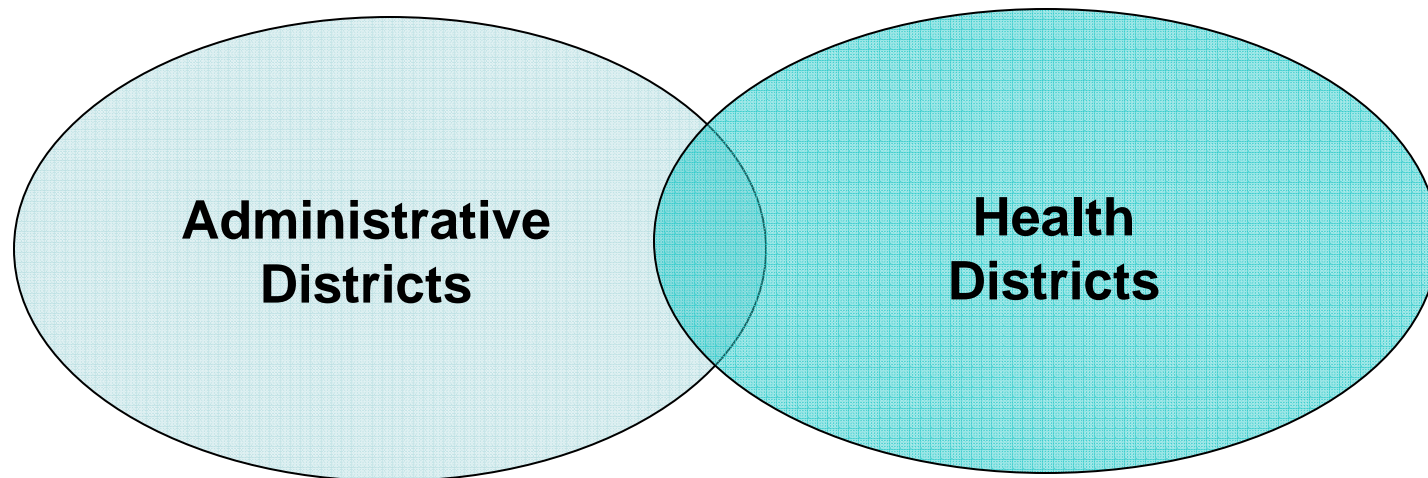
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416

2,148

14,975

Merged Districts = New Local Government Structure & Functions



MINALOC

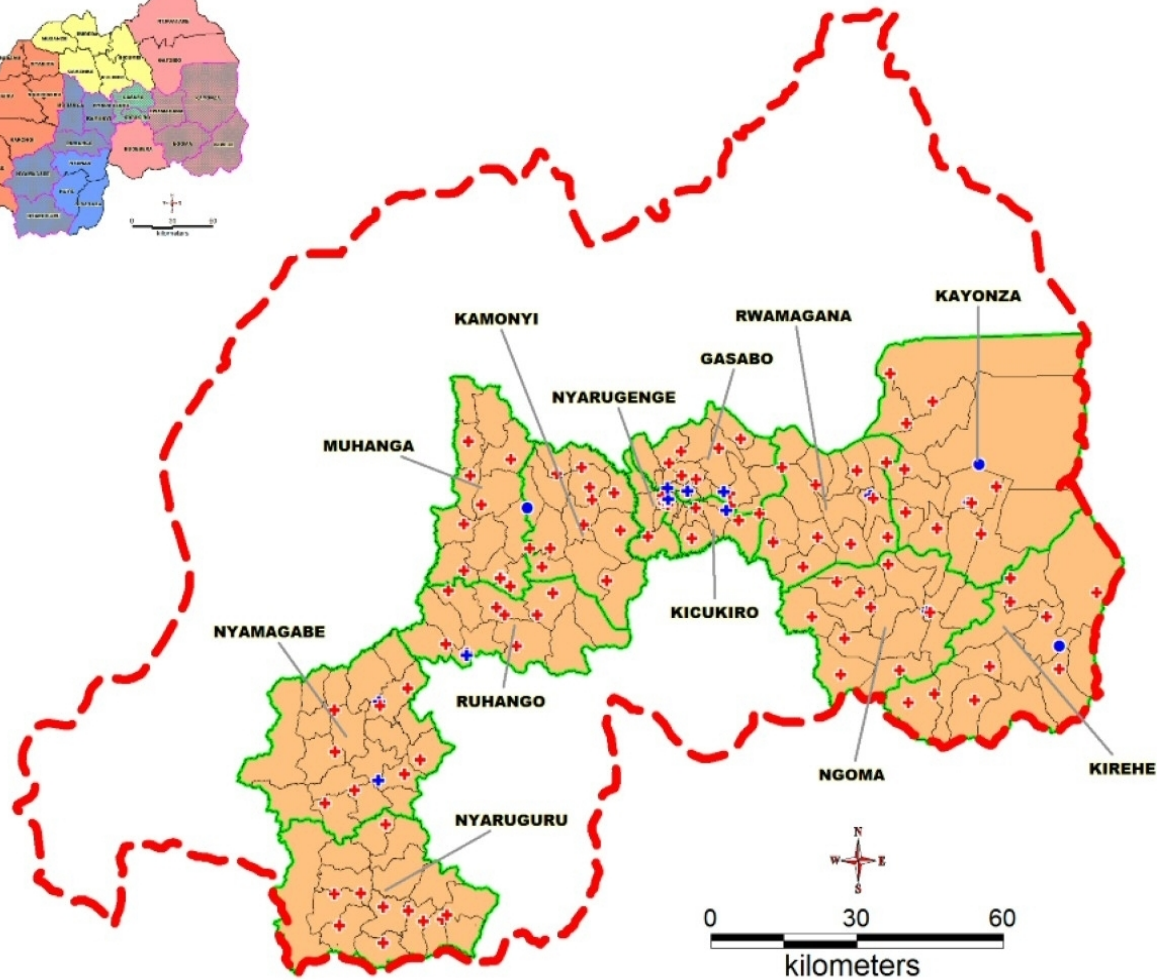
MINISANTE



Twubakane: Program Info

- **Project:** Rwanda Decentralization and Health
- **Bi-lateral project agreement between:** USAID/Rwanda and the Government of Rwanda
- **Length of the program:** 5 years (2005 - 2010)
- **Program Funding:** US\$ 24,000,000 +
- **Financing:** USAID
- **Prime Technical Contractor:** IntraHealth
- **Partners of IntraHealth:** RTI International, Tulane University, VNG, Engender Health, RALGA, Pro-Femmes
- **Local Government of Rwanda Partners:** MINALOC, MINISANTE, MINECOFIN, MIGEPROF

Rwanda



Twubakane – 12 Districts

Twubakane Activities (with State Actors) Strengthen National Systems and Capacity to Support Decentralization

- Improve national systems and capacity to plan, finance & monitor services
- Link health planning, budgeting & management to evolving decentralized fiscal systems.
- Strengthen policy framework to support health services
- Build capacity of the RALGA

Strategic Interventions

- Build MINALOC's & MINISANTE's capacity for strategic analysis, policy support and action
- Improve / increase national resource transfers
- Fiscal policy support for local resource mobilization
- Organizational development, training & mentoring support to RALGA
- Support Information Communication Technology needs and infrastructure.

Twubakane Activities (with State Actors)

Strengthen District Planning, Budgeting and Management

- Improve district capacity to plan, finance, and monitor district-level services.
- Improve district capacity to incorporate health activities into integrated annual and MTEF plans.
- Establish and monitor District Incentive Funds (DIF)

Strategic Interventions

- Develop district goals & objectives performance measures to improve their effectiveness in health;
- Improve ability of Districts to raise local revenue
- Promote regular communication with the population on district issues and activities;
- Build capacity of LG admin and health officials to collaborate on planning, monitoring and evaluation of integrated health services.

Twubakane Activities (with Citizen Actors)

Increase Community Engagement and Oversight

- Increase and strengthen community participation in the accessibility and quality of health care services.
- Foster dynamic partnerships with officials, health facilities and other stakeholders.

Strategic Interventions

- Support health & community development committees
- Strengthen CSO role in health planning & priority setting
- Expand and reinforce Community Quality Assurance Partnership committees
- Support expansion of community-based distribution and services
- Expand membership and strengthen *mutuelles*



Twubakane Activities (with Provider Actors) Improve Performance and Management

- Improve FP/RH, Child Survival, malaria & nutrition service access and quality
- Build capacity of District hospitals & health centers to manage resources more effectively
- Develop guidelines & tools to support decentralization & improved health care management

Strategic Interventions

- Provide competency-based in-service training
- Hold participatory workshops with providers, health officials to integrate services into annual work plans and long-range strategic plans
- Provide leadership training to hospital & health center directors & managers -- involve them in district health planning

Issues and Challenges

- **Serious manpower constraints** at central levels
- **Overabundance of donors** – not always coordinating on ground
- **Corruption not pervasive but more transparency needed** -- minutes of LG meetings not shared
- **Weak understanding of civil society's role** in government among officials (Civil Society = NGO service providers)
- **Citizens have high expectations but need more info** about their rights & how to hold officials accountable

Issues and Challenges *(continued)*

- **Confusion** over new LG functions and roles & responsibilities – central ministries also not collaborating
- **Budget constraints** affecting LG staffing plans
- **Lack of reliable data along with weak understanding of importance of data** for decision-making
- **Officials need more experience listening to / working with** communities and other stakeholders
- **Weak financial management & accounting** – skills need strengthening

Successes and Innovations

- **USAID/Rwanda D&G Office sees Twubakane as important entry point** for new activities: anti-corruption, fiscal policies, local tax reform
- **Important planning deliverables completed** (Performance-based contracts, Medium Term Expenditure Frameworks & 2007 annual plans) — **Positive results:**
 - Health & admin officials more willing to collaborate & see advantages of collaboration
 - Officials more aware of link between planning, interventions & health outcomes
 - Provided avenue for increased CSO participation
- **Civil society playing increased role in quality monitoring** of health services

Successes and Innovations *(continued)*

- **More women participating** -- serving in government & engaged in civil society activities
- **Less R&R confusion** – better central level collaboration; procedures manuals; leadership training
- **New supportive central-level policies** in place
- **Positive fiscal impact** – more resources available to districts
- **Data issues beginning to be addressed**—(HMIS assessment; CBIS field test; new data collection tools & indicators; NHA institutionalization; better service cost data)
- **RALGA playing increasingly important role** in LG capacity building and advocacy

Philippines Decentralization and Local Government Code of 1991

- 50,000 health service providers transferred to LGU payrolls (62% of DOH staff)
- Management of 90% of public hospitals transferred along with all health centers
- Fiscal reforms & formulae put into place to ensure revenue transfers & increased local tax revenue to LGUs

15 Years Later...

- Weak understanding of health and governance link
- Lack of broad participation —Health Boards do not function well or not at all; civil society has little voice
- Health officials remain isolated from larger LGU operations
- Health low priority with many Local Chief Executives
- Evidenced-based planning & decision-making not widespread
- More resources needed for LGU health services
- Health provider morale & staff turnover still a problem
- LGUs not accessing local sources of technical services
- DOH still powerful player in LG—FOURmula One



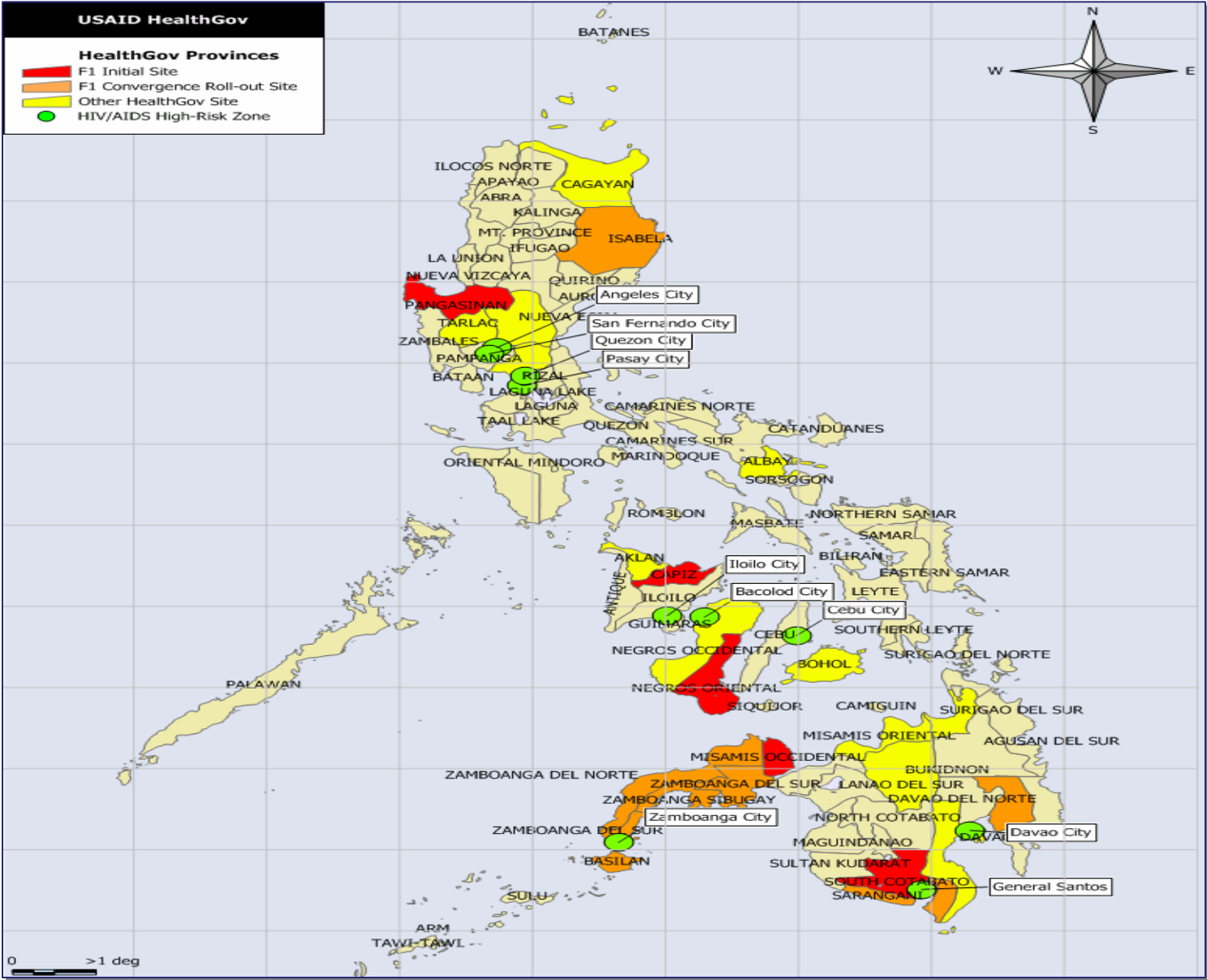
HealthGov Program Info

- **Project:** Strengthening Local Governance for Health
- **Bi-lateral project agreement between:** USAID/Philippines and the Government of the Philippines
- **Length of the program:** 5 years (2006 - 2011)
- **Program Funding:** US\$ 23,000,000
- **Financing:** USAID
- **Prime Technical Contractor:** RTI International
- **Partners of RTI:** JHPIEGO, CEDPA, PNGOC, OIDCI
- **GOP Partners:** DOH, 23 Provinces, Approx 500 municipalities & cities (including 12 high risk HIV/AIDS zones), DILG, DOF



Philippines

(HealthGov Program in approx 550 LGUs)



HealthGov Goal

To strengthen LGUs'

- Commitment to and **support** for public health services
- Capacity to provide, manage and finance quality health services sustainably

HealthGov Roadmap

Conceptual Approach Elements

- Synergy with FOURmula One
- Promoting good governance for health
- Market-driven framework
- Strategic use of Technical Assistance Providers
- Going wholesale versus retail

Project Intermediate Result Activities

- IR 1.1: Key management systems to sustain delivery improved
- IR 1.2: LGU financing for key health programs improved
- IR 1.3: Performance among service providers improved
- IR 1.4: Advocacy for the financing and delivery of health services at the local level increased

LGU Health Sector Impact

- Health reforms are sustained by LGUs*
- Sustainable Replication Agents are supporting LGU health reforms*
- Civil society, public health champions and LGU officials are advocating for LGU health reforms*

* FOURmula One Health Reform Components: Health Financing, Health Regulation, Health Service Delivery, Good Governance in Health

USAID Strategic Objective 3

Desired family size and improved health is sustainably achieved

HealthGov Activities (with State Actors) Strengthen LGU Management Systems

- Integrate health planning & budgeting in LGU systems
- Improve management systems
- Establish coordination mechanisms

Strategic Interventions

- Improve health officials knowledge of planning & budgeting processes
- More participatory planning
- Integrate investment planning into LGU systems & budget cycles
- Assess HMIS & recommend improvements
- Empower LGUs to make the call for help
- Develop “how-to” guides
- Peer-to-peer learning with best practice workshops
- Integrated provincial health planning & coordination
- Use technology to disseminate info

HealthGov Activities (with State Actors)

Improve and Expand LGU Financing for Health

- Strengthen LGU financing for health services
- Explore performance-based budgeting (PBB)
- Help LGUs diversify financial base
- Encourage LGUs to complete market segmentation as basis for introducing user fees

Strategic Interventions

- Integrate priorities into multi-year investment plans
- Ensure GAD planning includes health
- Expand national-local partnerships for resource sharing
- Increase PhilHealth accreditation
- Ensure DOH/F-1 budget reform guidelines include PBB opportunities
- Increase development funds for health investments
- Promote “health enterprise” concepts & policies
- Standardize good revolving trust account practices

HealthGov Activities (with State Actors)

Improve and Expand LGU Financing for Health *(continued)*

- Strengthen LGU financing for health services
- Explore performance-based budgeting (PBB)
- Help LGUs diversify financial base
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Strategic Interventions

- Public-private partnerships (CSR)
- Provide assistance with client classification / poverty mapping
- Provide client referral guidelines to health providers (to private sector)
- Enroll more indigents in PhilHealth (small co-payments from poor; collaboration with Provincial government)
- Increase access to loan & grant opportunities collaborating with other donors

HealthGov Activities (with Citizen Actors)

Increase Advocacy for Service Delivery and Financing

- Improve officials' commitment to improving access to key health services
- Increase civil society advocacy and participation in program planning & monitoring
- Increase partnerships between health providers and civil society

Strategic Interventions

- Engage LGU Leagues for health advocacy
- Provide advocacy training to NGOs & CSOs
- Provide grants to NGOs & CSOs for advocacy initiatives
- Introduce advocacy concepts in LGU orientation & participatory planning workshops
- Develop advocacy skills of LGU health board members
- Develop policy skills of community advocacy champions

HealthGov Activities (with Provider Actors)

Improve Service Provider Performance

- Increase health providers ability to advocate to LGU officials
- Improve human resources management
- Ensure high quality health service delivery
- Strengthen health provider training system
- Improve response to HIV/AIDS, TB, avian influenza, SARS

Strategic Interventions

- Advocacy for Health HR Management & Development in DOH & improve databases
- TA to CHDs & LGU Health Officers in HHRMD
- Improve DOH definitions of worker competencies & update learning resource packages
- Develop LGU capacity in provider benefits & incentive programs
- Develop provider network for health worker refresher training, cross-training & task shifting



HealthGov Activities (with Provider Actors)

Improve Service Provider Performance *(continued)*

- Increase health providers ability to advocate to LGU officials
- Improve human resources management
- Ensure high quality health service delivery
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Strategic Interventions

- Advocacy training to providers
- TA to conduct job analyses that reflects community needs
- Strengthen work in Public Service Excellence Program & Sentrong Sigla
- Introduce / train in provider performance improvement approaches
- Improve HIV/AIDS education & surveillance
- Improve TB lab efficiency
- Improve AI & SARS preparedness & surveillance

Early Issues and Challenges

- **DOH reluctant to let HealthGov engage in broad participatory multi-stakeholder collaboration** (e.g., with Leagues other Departments)
- **Need for balance between central DOH (F-1) and LGU priorities** -- DOH wants HealthGov to focus more on its initiatives; HealthGov approach is more LGU demand-driven
- **“Advocacy” work needs to expand beyond health promotion messages** – need to give CSOs proper tools
- **Political uncertainty** from expected turnover of some elected officials -- national elections were held in May

Early Successes and Innovations

- **Medium-term planning and budgeting for health** – stakeholder consultations, civil society training & participation in local health forums
- **Improvements in health management systems** – new tools for budget analysis, poverty mapping, service delivery performance reviews
- **Mobilization of local resources** – government agencies, universities, NGOs as service providers
- **Collaboration with other USAID health projects** – joint responsibilities for achieving results