



Picture 2: Executive Secretary of Eastern Province, Kizito Hakizimana, addressing the peer to peer learning session held in Rwamagana. RHSS Provincial Technical advisor Julius Kamwesiga looks on from behind (Photo: Irene Nambi).

6. CBHI management. The Gicumbi DHMT shared how it improved CBHI membership in the district by following up with families to ensure that each family pays its membership fee on time. The uniqueness of this experience is that the district used sector-level administration and community health workers (CHWs) to reach those families and encourage them to pay.

7. Improved management of CHWs' cooperatives. The management of the CBHI cooperative is a unique success for Karongi district, which they shared with other districts. Karongi improved management of CHWs' cooperative money and invested it. This gives hope for retaining CHWs and improving their performance.

At the end of each provincial learning session, participants adopted recommendations based on these best practices and decided to hold peer-to-peer learning sessions at least twice a year to share best practices and follow-up on the implementation of these recommendations in each district. Through these meetings, district leaders and health managers are learning to combine their efforts to improve the health of their population.



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REPUBLIC OF RWANDA



MINISTRY OF HEALTH



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Picture 1: Participants at DHMT peer-to-peer workshop in Rwamagana District, Eastern Province (Photo: Irene Nambi)

Strengthening DHMT through peer-to-peer learning sessions

The Rwanda Health Systems Strengthening (RHSS) Project (2014–2019) represents the US Agency for International Development's (USAID) continued commitment to supporting Rwanda on its journey to sustainable improvements in the health of its 12 million people. The overall goal of RHSS is to improve population health outcomes by strengthening the performance of the health system at the national and decentralized levels and by increasing the resilience of the health sector to respond to new health challenges. Implemented by Management Sciences for Health (MSH) and its partners, the project supports implementation of Rwanda's Fourth Health Sector Strategic Plan (2018–2024) and contributes to Rwanda's Vision 2020 for a health system that guarantees universal and equitable access to quality health care for all people in Rwanda.

In 2000, the Government of Rwanda decentralized health and other services to the district level as described in the decentralization policy. However, decentralization of operational decisions and resources in the health sector took almost 10 years to materialize and required creating the 2011 District Health System Re-Organisation Guideline. The process of disseminating the guideline to the districts' leadership began in 2012 and continued through 2014 with support from development partners

When the RHSS Project began in 2015, a baseline assessment on the functionality of DHMTs was conducted. All 10 districts that were assessed conducted DHMT meetings that were chaired by the vice mayor in charge of social affairs.

Even though DHMTs were holding meetings in most districts, the way they were performing their key functions (planning, monitoring, and coordinating district health activities) was not effective, and many local leaders did not understand their role in the management of decentralized health services. One of the RHSS Project's main objectives was to promote health system thinking approaches to

Authors: Ahabwe, M. Dongier P (MSH)

strengthen decentralized health services governance.

Initial Capacity-Building Interventions

With the support of the RHSS Project's provincial officers (provincial embedded technical advisors), DHMT functionality was enhanced to do more than just convene meetings and discuss issues. With the help of provincial technical advisors (PTAs), the DHMTs started to prepare meeting agendas to consistently plan, manage, and be held accountable for health services in the district. Provincial-based consultative meetings were organized to involve all stakeholders and discuss specific issues, especially around poor communication and coordination of the health sector. Such meetings improved the knowledge and understanding of provincial and district leaders about the health system and services and challenges within the districts.

“DHMTs serve as an accountability platform for health providers and district authorities. We share our progress and challenges and receive full support from district officials,” Dr. Marcel Uwizeye, Director General, Masaka Hospital.

With technical support from project leadership and Ministry of Health (MoH) and Rwanda Biomedical Center (RBC) technical staff, individual capacity-building sessions for provincial and district teams and orientation workshops on health systems functionality for local leaders and health managers were conducted by the PTAs. The orientation meetings clearly defined the roles and responsibilities of district staff and received positive feedback from participants, including one from the administrative sector who said, “This is truly an orientation for us”. That participant clearly understood his role of linking with development partners in his sector to query health data from the health centers and organize health sector meetings at the sector level. Previously, he did not know this was part of his mandate.

The PTAs' actions plans were integrated into the district plans to support districts both technically and financially and advocate for a district to own and lead its DHMT sessions. This enables directors of health and vice mayors to own the DHMT agen-

da of being accountable for district health services.

Introduction of the peer-to-peer learning approach

Three years down the road, RHSS project, in collaboration with the provincial authorities, deemed it necessary to bring the DHMTs together province by province to share experiences using a peer-to-peer learning model. As teams discussed challenges encountered and how they innovatively resolved them, other teams discovered how the same approach could have worked for them, thereby activating them to think constructively, take charge and identify possible solutions for the challenges in their health system.

Introduction of the Peer-to-Peer Learning Approach

After three years, the RHSS Project, in collaboration with provincial authorities, deemed it necessary to engage the DHMTs, one province at a time, in an experiential sharing practice through a peer-to-peer learning model. Initial expectations were low, but over time leaders realized that these sessions might be the best strategy for building the capacity of local leaders and health managers through their health governing bodies. As teams discuss challenges encountered and how they resolved them, other teams discover how the same approach could have worked for them, pushing them to think, take charge, and identify possible solutions for their own challenges.

Purpose and Objectives of the Provincial Workshop

The purpose of these provincial workshops was to better coordinate and harmonize health interventions through DHMT peer-to-peer learning and provide solutions by identifying challenges and lessons learned from district health facilities.

The specific objectives of the DHMT peer-to-peer learning workshops were to:

- Enhance a common understanding of Rwanda's health system strengthening strategy
- Reach consensus on specific actions for strengthening district health systems
- Strengthen development partners' (DPs) coordination and team spirit
- Agree on priorities, joint actions, and a timeframe for all health actors in the province
- Disseminate and use best practices, recommenda-

tions, and lessons learned

Methodology

The DHMT peer-to-peer learning sessions were organized as workshops at the provincial level to bring together all district teams.

The districts shared their experiences through presentations on successes and functional challenges of DHMTs, improvements made in institutionalization and ownership of health systems at the decentralized level, and the capacity or skills gained by these teams. Each district was expected to prepare a presentation on its own best practices. There were additional presentations from provincial leadership on the level of performance of hospitals in delivering continuous quality services according to standards. The RHSS Project gave a brief presentation on the roles and functionality of DHMTs.

These workshop sessions brought together health managers from district authorities, health facilities, and other governing bodies within the districts and health institutions. Participants included DHMT members; DPs from the districts; and the central level agencies such as the RGB, RSSB, and the early childhood development program.

Output of DHMT Peer-to-Peer Learning Session

The expected output was health managers with improved leadership knowledge and a better understanding of the health system, including:

- Coordination (including governing bodies)
- Planning and monitoring and evaluation
- Supervision
- Medical products management
- Community-based health insurance (CBHI) management
- Public finance management (PFM)
- Health services and systems accessibility and improving quality of services (e.g., malnutrition, family planning)

The output of these workshop sessions was very impressive and helpful to each DHMT. Districts had many similarities and differences that enabled them to learn from one another. Lessons learned included:

1. Improving accessibility to care. During Gatsibo DHMT quarterly meetings, the issue of service inaccessibility was discussed. DHMT members made a decision to advocate for construction of additional health facilities. Members shared how they convinced the district authority and the central level to build more health centers and health posts.

2. Increasing family planning uptake. Gakenke district, which struggles with a high fertility rate, was able to increase family planning uptake through DHMT engagement and advocacy to promoting family planning at all district community gatherings.

3. Resources allocation. With facilitation from the RHSS Project, all districts have organized integrated planning for health services, but few have done it consistently. Nyanza district shared how the DHMT platform brought together DPs and health facility teams to coordinate the planning sessions and put resources into the district health annual action budget to respond to district health priorities. Through the peer-to-peer learning session, participants learned that DHMTs can convene meeting between DPs and the districts to share action plans, agree on district priorities, and guide DP work plan development.

4. Fighting malnutrition. The Rubavu DHMT platform has helped the district fight malnutrition using the meeting forums organized by district authorities to mobilize communities and strengthen the monitoring system for malnourished children and their families. The Kayonza district health unit and hospitals in the district, with support from Partners in Health, carried out a research study in the entire district to identify the root causes of malnutrition of children under five. The study concluded with strong recommendations to the district on increasing family planning campaigns, refresher trainings for service providers, and mass education on the relationship between family planning and malnutrition.

5. Supply chain management. Most districts reported a challenge with using the electronic logistics management information system in health facilities. Nyamagabe district mentioned how pharmacists consistently mentor health facilities to use the system. With active and motivated pharmacists, the supply chain can be improved in the district and help decrease stock-outs in health facilities.