

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

**RWANDA HEALTH SECTOR WIDE  
APPROACH (SWAP)  
PROCEDURES MANUAL**



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# PREFACE

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This manual presents the regulations of the Sector Wide Approach for the Rwanda Health Sector. The regulations were endorsed by all Health Sector Development Partners as well as other stakeholders. The regulations provide mechanisms for procurement of both services and supplies using funds meant for the health sector emanating from financial and technical aid.

In order to achieve the core objectives of the Health Sector, the financial and technical aid must be aligned with the established goals and targets embodied under the Rwanda Vision 2020, Millennium Development Goals, EDPRS as well as the HSSP II in as far they concern the Health

## **Vision 2020**

Developed in 2000, the Vision 2020 sets out the long term vision for the country in terms of goals and objectives by the year 2020. By that year Rwanda should be a middle-income country, have halved the percentage of people living in poverty, raised life expectancy to 55 years and have reduced its aid dependency. It expects to reach these goals by means of 7 strategies/pillars, to be attained by decreasing population growth, by education and by improving the health of the people.

## **MDGs**

The GoR has committed itself to achieving the Millennium Development Goals by 2015. Five MDGs contain targets related to health:

- Eradicate extreme poverty and hunger (malnutrition)
- Reduce child mortality
- Improve maternal health
- Combat AIDS, malaria and other diseases
- Ensure environmental sustainability including access to safe water

## **EDPRS 2008-2012**

The EDPRS provides a medium-term (5-year) framework for achieving the goals set out in the GoR 2020 Vision and provides the national priorities within which the sector strategic plans are operationalised. It describes the status quo, the targets for 2012 and what Rwanda is going to do to meet these targets. It contains three Flagship Programmes:

1. Sustainable growth for jobs and exports
2. Vision 2020 Umurenge – poverty reduction in rural areas
3. Governance

Additionally the document describes interventions for each sector, including health. In order to achieve EDPRS health related objectives, the health sector has revised and updated its strategic plan (HSSPII 2009-2012)

**HSSPII (2009-2012)**

As Rwanda has now joined the EAC, it was necessary in July 2009 to harmonise it's planning and budget cycle with that of EAC. It was in this spirit that the action plan commenced on 1st July 2009 and ended on 30<sup>th</sup> June 2010.

Dr. Richard SEZIBERA

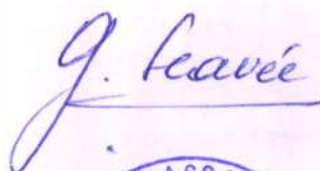
Minister of Health


Gaëtane Scavée

Co-chair of the Health Sector

Working Group.



# GLOSSARY

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## DEFINITION

**Accra Accord:** Ministers of developing countries responsible for promoting development and Heads of multilateral and bilateral development institutions endorsed statement in Accra, Ghana, on 4 September 2008 to accelerate and deepen implementation of the Paris Declaration on Aid Effectiveness (2 March 2005).

**Aid Instruments:** These are the financial management tools that are used to manage funds coming from both the Government and Development Partners.

**Bilateral Cooperation:** Refers to the economic and development related exchanges between two nations.

**Civil Society:** Civil society refers to the arena of uncoerced collective action around shared interests, purposes and values. In theory, its institutional forms are distinct from those of the state, family and market, though in practice, the boundaries between state, civil society, family and market are often complex, blurred and negotiated.

**Development Partners:** Development Partners are both implementing agencies and donors. A donor is an entity that gives funds for projects of a development nature, and the implementing partners receive donor funding to execute projects or programmes.

**Economic Development & Poverty Reduction Strategy (EDPRS) 2008 – 2012:** The EDPRS 2008 – 2012 is Rwanda's second medium-term strategy towards attainment of the long-term Vision 2020 objectives. The EDPRS aims to consolidate and extend the strong achievements in human development while promoting three flagship programmes: Sustainable Growth for Jobs and Exports, Vision 2020 Umurenge (integrated rural development programme to eradicate extreme poverty and release the productive capacities of the poor), and Good Governance.<sup>1</sup>

**Health sector envelope:** Funds designed to support interventions in the health sector.

**Health Sector Strategic Plan:** This is a 5 years strategic plan for the health sector developed by the MoH and its Development Partners.

**International NGOs:** An international nongovernmental organization (INGO) is any non-profit, voluntary citizens' group or association of organizations or individuals which is organized on an international level for worldwide or regional action.

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<sup>1</sup> Economic Development and Poverty Reduction Strategy 2008 – 2012, September 2007, [http://www.rwandainvest.com/pdfs/EDPRS\\_2008.pdf](http://www.rwandainvest.com/pdfs/EDPRS_2008.pdf)



**Memorandum of Understanding:** This is an agreement signed between parties that delineates the roles and responsibilities of both parties indicating intended collaboration in a specified area.

**Millennium Development Goals (MDGs):** These are eight international development goals that 192 United Nations member states and at least 23 international organizations have agreed to achieve by the year 2015

**Multilateral Cooperation:** refers to international institutions with governmental membership which conduct all or a significant part of their activities in favour of development and aid recipient countries. They include multilateral development banks (e.g. World Bank, regional development banks), United Nations agencies, and regional groupings (e.g. certain European Union and Arab agencies).

**Non-governmental Organization (NGO):** This has become widely accepted as referring to a legally constituted, non-governmental organization created by natural or legal persons with no participation or representation of any government. In cases in which NGOs are funded totally or partially by governments, the NGO maintains its non-governmental status and excludes government representatives from membership in the organization. Unlike the term *intergovernmental organization*, "non-governmental organization" is a term in general use but is not a legal definition. In many jurisdictions, these types of organization are defined as "civil society organizations" or referred to by other names.

**Paris Declaration on Aid Effectiveness:** In February 2005, more than 100 signatories - from governments, multilateral donor agencies, regional development banks and international agencies - endorsed this declaration to demonstrate their commitment to help governments of developing countries formulate and implement their own national development plans, according to their own national priorities, using, wherever possible, their own planning and implementation systems.

**Pooled Funding (Basket Fund):** This is a mechanism in which individual Development Partners aggregate funds to support a common objective.

**Private Sector:** The part of the economy that is run for private profit and is not controlled by the state. Private, non-profit organizations are regarded as part of the voluntary sector.

**Vision 2020:** This is Rwanda's integrated rural development programme to eradicate extreme poverty and release the productive capacities of the poor. Vision 2020 targets require an annual growth rate of at least 7% to make it possible for the average Rwandan to live in a decent home, access quality healthcare and basic infrastructure (i.e., water and electricity) and educate their children.

# ACRONYMS

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CDC	United States Centers for Disease Control and Prevention
CDP	Community Development Plan
DED	Deutscher Entwicklungsdienst (German Development Service)
DFID	Department For International Development
DPs	Development Partners
EC	European Commission
EDPRS	Economic Development & Poverty Reduction Strategy
GoR	Government of Rwanda
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HMIS	Health Management Information Systems
HSCG	Health Sector Cluster Group
HSSP	Health Sector Strategic Plan
IHP+	International Health Partnership +
INGO	International Non-Governmental Organization
KFW	Kreditanstalt für Wiederaufbau ( German Financial Cooperation)
MDGs	Millennium Development Goals
M&E	Monitoring & Evaluation
MINALOC	Ministry of Local Gov't, Good Governance, Community Development & Social Affairs
MINECOFIN	Ministry of Finance & Economic Planning
MINIJUST	Ministry of Justice

MoH	Ministry of Health
MoU	Memorandum of Understanding
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PBA	Programme-Based Approach
SWAp	Sector-Wide Approach
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government

# 1.0 INTRODUCTION

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## 1.1 The Government (MDGs, Vision 2020, EDPRS)

The GoR for the past decade registered impressive milestones in its health sector. The Rwanda health sector policies are aligned with the Millennium Development Goals. The health sector relevant goals include:

- Reducing Child Mortality;
- Improving Maternal Health;
- Combating HIV/AIDS, Malaria and other diseases.

Responding to the government's ambitious plans for sustainable development featured in Vision 2020, and the Economic Development and Poverty Reduction Strategy (EDPRS 2008-2012), the MoH is operationalizing the EDPRS through the 2009 - 2012 Health Sector Strategic Plan II (HSSP II).

## 1.2 Ministry of Health and the Health Sector Strategic Plan (HSSP)

After adopting the Health Sector Policy in 2004, the Health Sector Strategic Plan 2005-2009 (HSSP I) was developed by the MoH with the support of Development Partners which was later updated at the end of 2007 to include new programs. The MoH and partners evaluated the HSSP I in 2008 and developed the HSSP II (2009 – 2012). Key features of the HSSP II include:

- Developing an informative framework on health sector reforms and interventions that supports the GoR mission to improve the well being of the Rwandan population;
- Developing a logical framework for priority objectives, outputs and activities;
- Costing of the strategy and financial gap analysis;
- Planning for the entire health sector, including previous achievements and gaps, given the available resource envelope;
- Ensuring that all stakeholders share a common vision for developing the health sector; and
- Clarifying roles of stakeholders and promoting coordination of resources (human, financial, logistical, etc.) thus reducing duplication of efforts and promoting synergy and increasing accountability.

## 1.3 Development Partners (DPs)

### 1.3.1 Definition of Development Partners (DPs)

Development Partners include implementing agencies (INGOs, FBOs, etc.), civil society organizations and donors. A donor is an entity that gives funds for projects of a

development nature. Implementing agencies and civil society partners receive donor funding to execute projects and programmes.

Development partners are made up of four categories namely:

- Multilateral Organizations: e.g. the World Bank, UN agencies, the African Development Bank, regional organizations (GLIA)
- Bilateral Agencies: e.g. Belgian Cooperation, DFID, German Development Cooperation (DED, GTZ, KfW), Swiss Development Cooperation, USG agencies (USAID, CDC)
- International NGOs: e.g. Care International, Family Health International, Save the Children, World Vision, private Foundations
- Local Civil society organizations: e.g., Rwanda NGO Forum, Imbuto Foundation

## **1.4 Concept and Definition of Sector-Wide Approach (SWAp)**

There is no single agreed definition of a SWAp though there are common themes.

### **1.4.1 International Definition of SWAp**

Following a definition by EC, 2003 / OECD, 2004: SWAp is a form of Programme-Based-Approach (PBA) with the following features:

#### **1. OECD 2004:**

- leadership by the host country or organisation;
- a single comprehensive programme and budget framework;
- a formalised process for donor coordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement;
- increased reliance on the use of local systems for the programme design and implementation, financial management and accountability, monitoring and evaluation.

#### **2. EC 2003**

*- The European Commission, for example, defines the SWAp as:*

"...a way of working together between government and Development Partners. The aim is to broaden government ownership over public sector policy and resource allocation decisions within the sector, to increase the coherence of a comprehensive plan between policy, spending and results, and to reduce transaction costs. It involves progressive development of a comprehensive and coherent sector policy and strategy, of a unified

public expenditure framework for local and external resources, and of a common management planning and reporting framework”

Sustained improvements in health and well-being requires long-term partnerships in which development assistance is used to support nationally defined policies and strategies. SWAp is organized around a negotiated program of work and offers a better prospect for success than the piecemeal pursuit of separately financed projects. It is successful where there is sufficient commitment to a shared goal between government and key players in the donor community.

Within this SWAp development process, the following issues are considered:

- A common management arrangement is established by the MoH and DPs;
- A joint annual work plan, including planned programmatic and financial information, is developed based on HSSP priorities under the leadership of GoR and in respect of decentralization;
- Expenditure reports are developed and shared with the leadership of GoR and in respect of decentralization;
- A joint annual monitoring and evaluation plan is developed under the leadership of GoR and in respect of decentralization;
- A joint annual report is developed under the leadership of GoR and in respect of decentralization;
- A common plan for capacity building priorities is developed by MoH and DPs.

In order to increase confidence in policies and management systems resulting from the SWAp, a wider group of Development partners will explore the use of national systems for availing funds.

#### **1.4.2 Rwanda Health SWAp Definition and Process**

The SWAp concept is a situation where all significant funding for a sector supports single sector policies and expenditure programs, thereby adopting a common approach for coordination and harmonization of planning, implementation, monitoring and evaluation and reporting under government leadership.

Since 2004, the MoH informally worked in a SWAp mechanism associated with other far reaching reforms in the sector, as observed in the establishment of a Health Sector Working Group that encompasses all health sector partners.

As a result, the health sector SWAp Development Partners have formalized the SWAp mode through a signed Memorandum of Understanding (MoU) between the Ministry of Health and SWAp Development Partners. This approach reflects the need for a mutual understanding in supporting common programs of work in which strategies, policy development, planning, monitoring, and review shall be undertaken as a joint effort through consultations between parties to this MoU.

## **1.5 The SWAp Manual**

The SWAp manual (hereafter “The Manual”) provides guidance to the Rwandan Health Sector stakeholders in order to improve development effectiveness in Rwanda. It provides clear guidance on the roles and responsibilities of the MoH, the DPs and other stakeholders and acts as a mode of operation and procedures. The Manual sets out roles and responsibilities for all stakeholders to operate within a SWAp, including sector policies and strategies; operational planning and implementation; monitoring, evaluation and reporting; institutional and individual Capacity Development; and partnership agreements. This provides clarity on Health SWAp processes to the Ministry of Finance and other Ministries. This manual will need to be updated at regular intervals by SWAp signatories when necessary given the changing aid environment, both at the national (e.g. revision of the aid policy, decentralization policy) and international levels (e.g. lessons coming out of high-level fora such as the Accra Accord or Paris Declaration).

## **2.0 AID MODALITIES**

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Aid is delivered to the GoR by multilateral and bilateral organizations through loans, donations in cash/grants, and in kind/direct provision of goods and services. The GoR maintains a 'mixed portfolio' of aid support in alignment with its priorities.

### **2.1 Aid Instruments**

#### **2.1.1 Loans**

Loans are funds borrowed on the condition that they will be reimbursed or repaid with interest in a determined time period.

##### **2.1.1.1 Concessional Loans**

These are loans with little interest that are usually taken by the government.

##### **2.1.1.2 Non-Concessional Loans**

These are loans that with higher rates of interest. The GoR usually minimizes the use of such loans. It is important to note that MINECOFIN determines the terms of interest and maturity where the loans are highly concessional.

### **2.2 Donation in cash/grants**

A grant is a form of financial aid that does not need to be repaid. Donations and gifts are given as goods/services for free.

### **2.3 In kind/ Direct Provision of Goods and Services**

Goods and services are provided directly do not require reimbursement or repayment.

### **2.4. Aid modalities**

Health Development Partners use four approaches to provide support:

1. General budget support
2. Sector budget support
3. Project support
4. Pooled funding

#### **2.4.1. General Budget Support**

General Budget Support refers to funding channeled through the National Treasury, in which the allocation and management of these funds respect national priorities and procedures. The assessments, dialogue and conditionality are linked with the overall national priorities.

#### **2.4.2. Sector Budget Support**

Sector Budget Support refers to funding channeled through the National Treasury, in which the allocation and management of these funds respect national priorities and



procedures. The assessments, dialogue and conditionality are linked with the sector priorities.

### **2.4.3. Project Support**

Project Support refers to funding directly to projects (e.g. INGOs and NGOs) to meet national priorities. It includes USG direct agreements with GoR institutions, in which funding is provided directly to GoR against an agreed set of activities.

### **2.4.4 Pooled Funding (Basket Funding)**

Pooled Funding refers to funds that individual Development Partners aggregate for a common purpose (e.g. the Capacity Development Pooled Fund).

## **3.0 SECTOR WIDE APPROACH**

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### **3.1 National leadership**

National leadership is central to the SWAp concept. The MoH takes the lead in ownership of its policies and strategies, and allows a joint review of policy and spending priorities.

All DPs align their funds with MoH priorities in key health areas. Once an agreement is reached on priorities, both parties assume collective responsibility for subsequent achievements and failures (See Paris Declaration of Aid Effectiveness).

### **3.2. Planning and Budgetary Cycles**

Planning and budgeting has to respect the national budget cycle and DPs harmonize with GoR national and decentralized planning, monitoring and reporting to facilitate the implementation of a common work plan.

It is recognized that Rwanda and some donors have different budget cycles/ financial years that can not be changed. Where planning budgeting cycles / financial years are not in line with the Rwandan financial year, planning and budgeting will be harmonized as per prior agreement with GOR and the relevant DP. Therefore, the reporting system of the GoR will respect the budget cycle and financial year of Rwanda and Development Partners will also report according to the budget cycle and financial year of the GoR.

### **3.3. Collective Responsibilities in applying SWAp Aid Instruments**

Aid instruments for SWAp are developed by the MoH with the support from the DPs, who review the appropriate channels and systems that are currently used to provide development assistance in order to harmonize with the MoH proposal.

#### **3.3.1 Collective Responsibilities of SWAp Partners: (See Rwanda Aid Policy)**

The SWAp partners have the following shared responsibilities:

- Fund activities related to objectives as defined in the HSSP and related sub-sector strategies (eg: National HIV/AIDS Strategic Plan);
- Disburse funds in a timely manner, matching the agreed commitments specified in the budget and the annual work plan;
- Ensure that health policies and strategies are consistent with national development plans as expressed in Vision 2020 and the EDPRS;
- Aim to increase the efficiency of the utilization of resources and thus the impact;
- Manage future development assistance, to the extent possible, using existing structures to reduce transactions costs and improve sustainability;

- Carry out meetings, deliberations and communications between the GoR and DPs with mutual respect;
- Ensure information on all relevant interventions in the Health Sector (including consultancies, project and program initiatives, requests for assistance made by GoR, project appraisals, implementation and progress reports, technical assistance reports, evaluation reports, reports on budget and expenditures) is freely available to all partners;
- Strive for an increasing number of joint and harmonized activities (e.g. joint planning and evaluation missions).
- Recognize the Health Sector Cluster Group as the highest advisory and coordination body within the Health Sector; and
- Promote active participation of all relevant stakeholders in the Health Sector Cluster Group.

### **3.3.2 Role and Responsibilities of SWAp Partners**

The viability and success of the SWAp depends on levels of political support received from government and its DPs. The role of each SWAp partner is clearly defined below.

#### **3.3.2.1 The Government**

The MoH agrees to the following roles and responsibilities:

- Assumes overall leadership of the development, planning, administration, implementation and monitoring and of the HSSP, ensuring that it is aligned with the EDPRS;
- Ensures that all resources for the HSSP are reflected in the Medium Term Expenditure Framework (MTEF);
- Make available details about the financial resource requirements and gaps detailed in the MTEF and annual budget in a timely manner
- Ensures that there is consistency between health district plans and the HSSP;
- Ensures that the joint review of the health sector takes place each year;
- Communicates major amendments to the health policy or the strategic plan in accordance with agreed means of consultation to DPs; and
- Communicates to partners that are on budget if significant change in the budget allocation to the health sector is necessary in the course of a financial year (see Memoranda of Understanding between MoH and health sector DPs).
- Increases funding to the health sector annually in line with the EDPRS target of 10% of the total budget.

#### **3.3.2.2 Development Partners (DPs)**

DPs carry out the following roles and responsibilities:

- Align and harmonize their own planning, implementation, performance monitoring, and reviewing activities with those processes established in the SWAp;
- Plan, negotiate and implement future initiatives or new programs regarding support to the health sector in cooperation with the MoH and other partners in line with the HSSP and sub sector plans.;
- Function within the systems that have been approved, e.g. training curriculum, treatment guidelines, norms and standards.
- Support and avoid distortion of the existing GoR health systems and strategies;
- Align policy dialogue, consultation and information sharing;
- Support an aligned approach to capacity building; and
- Share with the MoH and other DPs the nature, value, timing and financing modalities of the future support as part of formal reporting requirements.
- Insure that financial information including details of procurement and technical assistance are provided in a timely manner

### ***3.3.2.3 Role of the Private Sector in the SWAp***

The involvement of all stakeholders means that communities, civil society, and both the private and public sector are involved. The MoH strengthens its relationship with the private and not-for-profit sectors. Their collaboration is based on:

- Greater participation of the private sector in the provision of services to the entire population;
- Improved accessibility of this sector to facilities offered by the MoH;
- Improved supervision of the sector particularly in terms of health information; and
- Reinforcement of the unit in charge within the Ministry.

The GoR, therefore, values Public Private Partnership as a way to increase services to the Rwandan population. Presently, the private sector has not been fully integrated into the SWAp initiative. However, all participants in SWAp intend to involve the private sector in planning, implementing and monitoring the HSSP. A formal agreement detailing the nature of cooperation between the MoH and the private sector has been established. The private sector includes the private clinics that support the public facilities to offer services to the population.

### ***3.3.2.4 Role of the Civil Society in SWAp***

The GoR values the role of the civil society in the health sector as a way to accelerate the process of attaining its MDGs. In that area, special attention is given to the umbrella organizations to fight HIV/AIDS and promote health. MoUs with these umbrellas will highlight clearly the roles and responsibilities of parties in the planning, implementation, monitoring and evaluation and reporting process. The umbrellas will guarantee the management of public funds according to the rules and regulations of the republic of Rwanda. Civil society includes local NGOs, faith based organizations facilities, etc. DPs use national systems for monitoring performance, financial reporting, and procurement of goods and services to the maximum extent possible.

### **3.4.1 Partnership Agreements**

Given the wide range of issues addressed by DPs and the MoH in initiating and implementing a SWAp, it is unlikely that they can all be accommodated in a single Memorandum of Understanding (MoU). An MoU cannot accommodate all issues, but must follow national rules and procedures or rules that are specifically stated in the MoU.

MoUs regarding activities are agreed upon by the MoH and DPs. However, agreements that concern finance issues must seek approval of the MINECOFIN and or MINIJUST.

### **3.4.2 Working Arrangements**

SWAp partners develop several agreements, each of which serves a different purpose. These agreements include among others:

- A statement of intent to proceed with a sector-wide approach;
- A joint work plan that includes annual agreements on performance objectives and milestones for each of its main components; and
- A formal memorandum of understanding between partners entering into a joint management arrangement

### **3.4.2 Handling Disagreements/ Conflict Management**

The GoR and Partners cooperate with the intention of reaching a mutually acceptable resolution to any problem arising out of the interpretation or implementation of SWAp agreements.

Any communication presented by a party, and the accompanying documents, must be accompanied by as many paper copies as the number of parties, plus one additional copy for each arbitrator, plus a copy in digital format. The Health Sector Cluster Group, at the request of the parties and having regard to the circumstances of the case, may waive the requirement for submission of a copy in digital format.

In its first written submission, each party must designate an address for communication. All communication which must be sent to that party during the course of the arbitration shall be sent to that address.

Until a party designates an address for purposes of communication, and if that address has not been stipulated in the MoU, the communication to that party shall be sent to MoH.

In the event that it proves impossible, after reasonable enquiries, to ascertain any of the locations referred to in the preceding paragraph, the communication to that party shall be sent to the last known registered address/office of the recipient.

It is the responsibility of the party filing a request for arbitration to inform the Health Sector Cluster Group of the data indicated in paragraphs two and three in relation to the

respondent that it knows or may know, until the respondent appears or designates an address for communications.

Communication may be given by delivery against receipt, certified post, courier service, fax or electronic communication that leave record of their issuance and receipt. An effort shall be made to favor electronic communication.

A communication shall be deemed to have been received when:

- a) It has been delivered personally to the addressee;
- b) It has been delivered at the addressee's registered office, habitual residence, place of business or known address;
- c) Its delivery has been attempted according to paragraph four of this article.

### **3.5 Health Sector Policies and Strategies**

#### **3.5.1 Policy Development:**

The MoH with support of DPs, develops policies and strategies, including policy frameworks that clearly define respective roles of the public and private sector in the financing and provision of health care. The MoH, with the DPs, develop plans that indicate how available resources will be used.<sup>2</sup>

#### **3.5.2 Strategic Planning**

Under the leadership of the MoH and with support of DPs the planning process will be carried out as follows:

- Develop an annual workplan, and Medium Term Expenditure Framework (MTEF) that are submitted to all participants for review in the joint health sector review carried out every October of each year;
- Partner representatives contribute to the planning process of the SWAp; and
- The health sector projects respond to needs identified in HSSP, EDPRS, reported in the MTEF and annual workplan is done for HSSP and EDPRS in the joint sector review.<sup>3</sup>

#### **3.5.3 Health Sector Resource Envelope and Projection:**

Preparation and subsequent revision of the spending program takes into account the health sector needs, the changes in overall resource development, and the priorities defined in the health sector strategic plan.<sup>4</sup>

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<sup>2</sup> Prioritization of expenditure: See Articles 10 (4) Organic Law on State Finance and Property Year 45 n°special of 12<sup>th</sup>/ 09/2006

<sup>3</sup> See Article 4 Organic Law on State Finance and Property Year 45 n°special of 12<sup>th</sup>/ 09/2006

<sup>4</sup> See p.37 A guide to sector-wide approaches for health development

DPs are required to provide the GoR with indicative planning figures on which to base estimates for future year's commitments as it may be stipulated in the bilateral agreements signed with GoR.

### **3.6. Operational Planning and Implementation**

The MoH will share priorities and financial gaps to the DPs for support. This process should include updated information about sources and uses of funds, and may prompt a review of relative contributions of different types of finance.<sup>5</sup>

#### **3.6.1 Health Sector Financing and Spending Plan (Financial cash flow and Disbursement)**

General and sector budget support funds are channeled through the National Treasury. Health related funds are subsequently allocated through national budget procedures to the MoH, other ministries or the district accounts. The chief budget manager (the Permanent Secretary) is the signatory for the MoH account, and district budget managers (the Executive Secretaries) are signatories for the district accounts.

For project support, funds are channeled through project accounts where they are managed. Project support funds provided directly to the GoR for pre-determined activities are under the management of the GoR (e.g. USG cooperative agreements).

#### **3.6.2 Procurement of Goods and Services**

The GoR uses the public procurement procedures elaborated in the law on public procurement when procuring goods and services. Funds received through General Budget Support, Sector Budget Support, Pooled Funding and direct Project Support to the GoR must use national procurement processes to the extent possible.

Procurements made directly by DPs using funds that are not under direct control of the government should adhere to the respective national procurement laws.<sup>6</sup> Any funds passing through the national accounts or spent under the responsibility of GoR must conform to the national procurement law.

Where procurement is not provided through a government system, DPs have to follow the national norms, specifications and standards for procurement of goods and services. In that case, DPs have to provide detailed information on the cost, cost effectiveness and implementation status of the health programs and projects in a standardized format agreed between the GoR and DPs.

#### **3.6.3 Financial Management**

Consistent with the GoR Aid Policy and the Paris Declaration, DPs are committed as far as possible to increasingly employ GoR disbursement and financial systems. Where

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<sup>5</sup> See Article 35 (1) Organic Law on State Finance and Property Year 45 n°special of 12<sup>th</sup>/09/2006

<sup>6</sup> See Articles 23-59 on procurement procedures of goods and Articles 60-67 on procurement procedures of services. Law on Public Procurement Year 46 n°8 15<sup>th</sup>/04/2007

necessary, they will support the GoR to further strengthen these systems. DPs unable to employ GOR disbursement and financial systems will operate within the laws of the respective countries after a signed agreement with the GoR.

DPs endeavor to ensure that while managing funds, they disburse funds in a timely manner and, where possible, synchronize their support with the GoR financial year (1 July- 30 June). Where financial years are not aligned, the DP will disburse funds according to their respective national laws, informing GOR. They will ensure that reporting to the national entity is aligned to the national fiscal year.

DPs will ensure that all external support to the health sector aligns with the HSSP and sub-sector strategies (on plan) and, where possible, the MTEF (on budget) and, where possible, is reflected in the health sector financial plan as it is indicated in the budget law.<sup>7</sup>

The MoH and DPs agree on the format, speed and frequency with which accounts are presented and develop the capacity for taking remedial action when problems arise.

The Auditor General's office (a public agency) will carry out auditing or a private agency may be contracted by MoH or Development Partners to provide sufficient levels of accountancy and auditing support.<sup>8</sup>

### **3.6.4 Coordination at central and decentralized level**

The MoH draws together all health sector DPs at the central level to carry out planning, implementation, monitoring and evaluation and reporting in a harmonized manner under the leadership of the GoR. MoH ensures coordination of the whole process while considering the priorities identified in the HSSP and sub-sector strategic plans.

At the district level, DPs are organized in a Joint Action Forum (JAF) where the health sector DPs discuss planning, implementation, monitoring and evaluation and reporting in a harmonized manner under the district leadership and coordination, while considering priorities identified in the HSSP and sub-sector strategic plans.

## **3.7 M&E and reporting**

### **3.7.1 Health Performance Monitoring Framework**

In the Monitoring and Evaluation process, the following principles are considered:

- The MoH and DPs approve a common monitoring and evaluation (M&E) framework for the health sector under the leadership of GoR. The M&E framework consists of a common set of performance indicators and targets for the health sector presented in the HSSP and EDPRS, and a system for collection,

<sup>7</sup> See Article 5 Law on State Finance and Property Year 45 n °special of 12<sup>th</sup>/ 09/2006

<sup>8</sup> See Article 74 Organic Law on State Finance and Property



analysis and dissemination of information on the progress against these indicators. Data is provided by the Health Management Information System (HMIS). This may be supplemented by independent monitoring and evaluation teams (comprising of external contracted experts) who carry out field visits and report as per the agreements signed ;

- The joint annual review assesses the budget and MTEF proposal for the MoH in the coming financial year, reviews priorities, and endorses the annual operational workplan and budget. Prior to the MTEF and the budgeting process and joint health sector review, DPs confirm the levels of financial support they avail to the health sector in the coming year, together with the expected quarterly disbursement, in applicable, in order to facilitate budget finalization and preparation of cash flow forecast for the coming year; and
- A joint mid-term review is held in the third year of implementation of HSSP, led by the MoH.

### **3.7.2 Reporting Modalities**

In the reporting process, the following principles are considered:

- The MoH produces and submits annual reports reviewing performance of the health sector; and either jointly with DPs or with review and endorsement by DPs
- The representative of the DPs takes responsibility for submitting to the joint sector review an annual report on partner performance covering disbursement procedures, and compliance with GoR reporting requirements.
- Partners should report annually and quarterly how they use money dedicated to Rwanda
- DPs will endeavour to harmonise with the national M&E framework as closely as possible
- A joint health sector review is held annually led by the MoH to review:
  - I. Progress in the previous year, based on the MoH and DP reports, which utilizes agreed monitoring framework and reports on the agreed performance indicators.
  - II. The budget execution report of the MoH and DPs for the previous year, including analysis of the outputs achieved as well as resources expended.

### **3.8 Institutional and Individual Capacity Development**

MoH has a mandate to develop institutional and individual capacity building in the health sector and DPs will endeavor to support a commonly agreed Capacity Development Plan conceived under the leadership of GoR. Weak institutional capacity is one of the main constraints affecting the implementation of SWAp. The following principles are important:

- Short-term technical assistance (TA) will be identified on a demand or needs-driven basis, and terms of reference will be formulated according to GoR priorities in consultation with DPs;
- Long-term TA will be identified on a needs basis according to the capacity limitations of the health sector, and should always include capacity transfer to a GoR counterpart. These terms of reference will be developed and agreed upon between MoH and the DPs;
- To the extent possible, technical assistants will be managed by the nationally supported entities and the nature and outcome of the capacity building they bring should be fully described in the contract; and
- The MoH and DPs will develop a long term TA plan under the leadership of the MoH, assuring alignment and harmonization and its contribution to the development of the health sector. This plan should be updated annually according to progress and needs.

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8. Andrea Cassels, World Health Organization (1997). "A guide to sector-wide approaches for health development: concepts, issues and working arrangements."

### **Laws:**

9. Organic Law on State finances and Property, N°37/2006 of 12/09/2006
10. Law on Public Procurement N°12/2007 of 29/03/2007
11. Law on Decentralization (2006)
12. Ministry of Health, Memoranda of Understanding

### **Interviews:**

13. Ministry of Finance and Economic Planning (MINECOFIN)
14. Ministry of Health

# ANNEX A

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## **Legal Entity:**

Legal entity is granted to a non-profit making association by the Minister having justice in his portfolio. It is acquired on the signing date of the ministerial decree granting it which should take place and be communicated to the association's representatives within six months from the application's deposit date.

## **Conditions and documents required:**

Every association of persons applying for legal entity so as to constitute a non-profit making organization must before hand present its aims and plan of action to the Local Authority at the place it intends to settle, in order for it, to get the provisional agreement.

The application requesting the legal entity shall be addressed to the Minister having Justice in his portfolio within six month following the day the organization is provisionally granted permit by the local authorities of the area where the organization intends to have its headquarters, short of which it officially ceases to be valid.

The application must be filed with the following:

1. The original of the provisional agreement or proof that the period prescribed has expired;
2. The statutes making up the organization;
3. The nominative list of duly registered members;
4. A statement showing the duly registered member(s) who is(are) the legal representative(s) of the organization;
5. Minutes of the constituting meeting of the association with the signatures of the duly registered members;
6. A copy of the criminal record of all members point 4 here above;
7. Documents under points 2 to 5 are to be authenticated and presented each in four copies.

## **Statutes:**

Statutes of a non-profit making organization mention the following :

1. The name;
2. The headquarters and complete address;
3. The objective(s) for which the organization was formed;
4. The area's of activity;
5. The assets;
6. The assets disposal in case of dissolution;
7. The rules to be followed in modifying these statutes;
8. The procedure to convene a General Assembly even in case of joint absence or unforeseen circumstances of one or several legal representative(s) and of one or several

legal substitute(s);

9. Modalities to gain or to loose membership.

More details are contained in Law N° 20/2000 of 26/07/2000 in Official Gazette, N° 7 of 1er April 2001.

You can also consult [www.amategeko.net](http://www.amategeko.net)

## ANNEX B

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### PROCEDURE FOR REGISTRATION OF INTERNATIONAL NON GOVERNMENTAL ORGANIZATIONS (INGO)

#### a) Registration of the INGO for the first time:

1. Application Letter addressed to the Director General of Immigration and Emigration
2. Action Plan according the format of number 8 (Inventory form)
3. Memo presenting the source of funding of the INGO
4. Annual Budget
5. Recommendation letter from the line Ministry (ies)
6. Certified/Notarized Statute of the INGO
7. Memo presenting the relationship between the INGO program with Vision 2020, Economic Development Poverty Reduction Strategy (EDPRS) and Community Development Plan (CDP)
8. Correctly completed Inventory form
9. Plastified document (Binding with Glue)

Districts also require the following:

- Moh to list all requirements

#### b). Extension of Registration

1. Application Letter addressed to the Director General of Immigration and Emigration
2. Annual Report according the format of number 8(Inventory form)
3. Action Plan of the following year according the format of number 8(Inventory form)
4. Memo presenting source of funding of the INGO
5. Annual Budget
6. Recommendation letter from the line Ministry (ies).
7. Memo presenting the relationship between the INGO program with Vision 2020, EDPRS(Economic Development & Poverty reduction Strategy) and CDP(Community Development Plan)
8. Correctly filled Inventory form
9. Plastified document(Binding with Glue)

## ANNEX C

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### **PROCEDURE FOR ENTRY IN SWAp:**

DPs are required to present the following documents in order to join SWAp:

- A letter of intent to join SWAp to the MoH;
- Immigration , MINALOC or MINIJUST registration certificates, where applicable; and
- Budget envelope and its source.

The MoH examines documents presented by DPs and approves or denies entry into SWAp.

