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REPUBLIC OF RWANDA



MINISTRY OF HEALTH

Standard Operating Procedures of the Directorate General of Planning and Health Information System

DIRECTORATE GENERAL OF
PLANNING AND HEALTH
INFORMATION SYSTEM

FOREWORD

The Directorate General of Planning and Health Information System (DGPHis) was created in the Ministry of Health to ensure coordination in terms of the overall development of comprehensive health policies, sustainable strategic plans, monitoring and evaluation, Health Information Systems as well as the coordination of the Stakeholders' interventions in the Health Sector.

Effective coordination in this area requires the availability of guidelines and tools to support the implementation of both management and technical activities. It is in this perspective that the present Standard Operating Procedures (SOPs) have been developed.

The Standard Operating Procedures will serve as a standard working tool that is aimed at providing guidance on policy development, planning, monitoring & evaluation (M&E) and Health Information System processes. It articulates the various planning, M&E and HIS activities that are crucial to generate high quality of health programs. It provides information on timelines for conducting the routine planning and M&E activities as well as a clear direction on the roles and responsibilities for all stakeholders involved. It replaces the "*Selected Standards Operating Procedures*" adopted in July 2009.





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ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
CDPF:	Capacity Development Pooled Funds
CHD:	Community Health Desk
DF:	Director of Finance
DG:	Director General
DGPHIS:	Directorate General of Planning and Health Information System
DHS:	Demographic Health Survey
DHU:	District Health Unit
DHSST:	District Health Systems Strengthening Tool
DPs:	Development Partners
EDPRS:	Economic Development Poverty Reduction Strategy
FBOs:	Faith Based organization
GoR:	Government of Rwanda
GSMM:	General Senior Management Meeting
HIS:	Health Information System
HMIS:	Health Management Information System
HRD:	Human Resources Development
HRIS:	Human Resource Information System
IDSR:	Integrated Disease Surveillance and Responses
ISMM:	Inner Senior Management Meeting
JADF:	Joint Annual Development Forum
JHSR:	Joint Health Sector Review
MCH:	Maternal and Child Health
M&E:	Monitoring and Evaluation
MDG:	Millennium Development Goal
MINECOFIN:	Ministry of Finance and Economic Planning
MoH:	Ministry of Health
PBF:	Performance Based Financing
PS:	Permanent Secretary
QA:	Quality Assurance
RBC:	Rwanda Biomedical Center
RHRT:	Rwanda Health Resources Tracking Tool
SISCom:	Community Based Health Information System
SWAp:	Sector Wide Approach
SOPs:	Standard Operating Procedures
SMM:	Senior Management Meeting
TWG:	Technical Working Group
WHO:	World Health Organization

1. GENERAL OVERVIEW

1.1 Introduction

In order to achieve the MoH mission, the Rwandan Health Sector's stakeholders need to ensure they practice effective coordination within the Ministry and between institutions operating within this sector. Effective coordination helps to produce national strategies and plans consistent with national and international goals and to ensure duplication of work efforts do not occur within the health sector. Increased collaboration will also help to assess the progress of projects, programmes and policies – which are key vehicles to deliver health outcomes.

The Directorate General of Planning, Monitoring and Evaluation and Health Information System (DGPHIS) is responsible for facilitating this coordination, through the development of health sector and sub sector policies, strategic plans and guidelines as well as tools necessary for planning, monitoring and evaluation. These processes are carried out by all entities in the Rwandan Health Sector and the guidelines and tools will therefore provide consistency within the activities. The Standard Operating Procedures outlines the different roles of the DGPHIS in the processes in which they oversee and coordinate.

1.2. Objectives of the Directorate General of Planning and Health Information System

- To ensure the development of comprehensive operational policies, sustainable strategic plans, systems, programmes and budgets across the Ministry of health to cover all the activities of the Rwandan Health Sector and its implementing partners in collaboration with its stakeholders, MoH departments, affiliated institutions, other Ministries, and Development Partners.
- To coordinate the Health Sector financial and technical aid according to the Paris Declaration Principles on Aid Effectiveness and ensure their alignment to the established goals and targets embodied under the Rwanda Vision 2020, Millennium Development Goals, EDPRS and the HSSP III.
- To oversee the design and application of monitoring and evaluation systems and tools in the purposes of assessing the operational effectiveness of the programmes of the Rwandan Health system, including the programmes of its implementing partners.
- To coordinate the production and management of health system data and health information to make them accessible to the users.

1.3. Core Functions

- The coordination, formulation, update, review, harmonization and implementation of policies, strategies, protocols, norms, guidelines and standards for the Rwandan health sector;
- The development of guidelines for strategic planning and implementation for the Rwandan Health System after an analysis of national and international policies in collaboration with other MOH affiliated Institutions, divisions, departments and partners

- The documentation of findings of studies and research and subsequent preparation of recommendations for the implementation of new systems, policies, procedures or health sector organizational changes.
- The coordination, guidance and development of short, medium and long-term planning- and budgeting for the Rwanda Health system; ensuring adherence to the Sector-Wide/Multi-Donor Budget Approaches.
- The coordination of action plan development of the MoH and its departments and units; links with the budget, regular review process and the development of key health sector indicators from them.
- The production and management of health information as a support system for effective decision making and to make accessible to all officials. This includes collecting, collating, analyzing and disseminating data related to health.
- Coordination and application of capacity building guidelines for MOH staff.

1.4. The Units and services under Directorate General of Planning, M&E &HIS

The Directorate General of Planning and Health Information System is composed of the following units and services:

- Planning, Monitoring & Evaluation
- Health Sector Reporting
- Policies and health system Analysis
- E -health
- Health Information System
- Sector Wide Approach
- Human Resource Development
- Decentralization and Integration
- Human Resource for Health Program

1.5. Purpose of Standard Operating Procedures

The purpose of these SoP is to provide guidance on the planning, monitoring, evaluation (M&E) processes and Health Information system ; the roles and responsibilities of all MOH and RBC departments as well as all stakeholders working in health sector area. This document aims to articulate the various planning, M&E and HIS activities that are crucial to generate high-quality of health programmes results.

The SoP will provide guidance on how to develop key health sector documents, coordination requirements within and outside of the MoH and will harmonize the format and templates used. This will prevent the delays within activities which are executed on a regular basis and enhance the knowledge and efficiency of the Planning processes.

This document is intended for use by all persons working on national health programme activities within the MOH, at the community, health center, district and national levels. This includes all stakeholders supporting the GoR activities in the health sector, including

implementing partners at all levels of the Health system. It is an effort to strengthen the linkages between the MoH and its departments.

This SoP can be used as a quick guide on the various health sector activities to be conducted at the community, facility, district and national levels. It provides information on timelines for conducting the routine M&E activities as well as clear direction on the roles and responsibilities for each specific staff member. It is focused on identifying and describing routine activities and tasks that should be conducted for the proper conduct of programme development and monitoring and evaluation at the Central and decentralized level. The SoP outlined below cover six key areas:

- Development of policies, plans, budgets
- M&E processes
- HIS development, data use and data management
- Coordination requirements (including internal meeting coordination)
- NGO registration and TA visa application processes
- Scholarship training needs and distribution

2. STANDARD OPERATING PROCEDURES FOR DIRECTORATE GENERAL OF PLANNING, M&E & HIS.

2.1. STANDARD OPERATING PROCEDURES FOR HEALTH POLICY DEVELOPMENT.

Policy can be defined as a formal statement of intent which defines priorities and parameters for action in response to needs and in context of available resources and other considerations to guide and determine present and future decisions aimed at achieving rational outcomes. Everything action is therefore expected to derive its rationale from this policy.

Before developing a specific health policy, the concerned MOH department/Unit or institution has to develop a concept paper justifying the need of the policy and a literature proof showing that the policy aim has not being addressed in any other existing policy in the MOH. It must also show the source or the major reason that motivates the need for this policy, as stated in the cabinet manual in Rwanda : *the "Policies originate from the need to implement the national development Vision 2020, the Government programme, the Economic Development and Poverty Reduction Strategy, internationally agreed upon objectives or programmes such as the Millennium Development Goals or NEPAD, the regional integration agenda, the President's priorities as stated in his speeches or otherwise communicated, or the desire to address new challenges or take advantages of new opportunities. The Prime Minister can also commission for a policy proposal to address certain challenges, from a minister or team of ministers. (Cabinet Manual, office of the Prime Minister, Ministry of cabinet affairs, second edition January 2013; P43)*

The concept paper will also describe the methodology that will be undertaken, the people to be involved, the funding source as well as the road map for the elaboration of this policy. The

concept paper should be presented and discussed with the Directorate General of Planning, M&E and HIS and will be approved by the SMM before proceeding to the elaboration.

To develop a health policy, six main phases will be followed in order to make sure that the body of the policy is well structured :(1) Establishment of Coordination Structure, (2) Conduct a situation analysis (3) the priority setting (4) Setting of Vision, Mission and Goal and General policy Objectives (5) Development of General Policy directions (6) Development of an governance framework (6) Developing a Monitoring & Evaluation framework. The above components of a policy are detailed in annex1.

After developing a policy, the draft will be shared among the all MOH and RBC technical staff for the comments and inputs, within two weeks. The responsible unit/department will take one week to integrate the comments and then the document will be presented and validated by the concerned TWG. The final draft will be presented to the GSMM and thereafter a workshop of all stakeholders will be organized for validation. The validation period within the MOH and its stakeholders should not go beyond two months.

The policy will be submitted to Honorable Minister for approval and signature. Each policy must have at least one strategic plans before being forwarded to the Prime Minister Office for approval.

STANDARD OPERATING PROCEDURES FOR HEALTH SECTOR POLICY DEVELOPMENT					
Step	Activity/Task Process	Time/Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	Develop a concept Paper	1week	Head of Concerned Department	Concerned Department	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGs/ Cabinet decision document
II.	Approval of a concept paper by Planning & HIS and ISMM	1week	DG Planning and HIS	Planning Team	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGs/ Cabinet decision document
III.	Identification of task team to draft the Policy	1 week	Head of Concerned Department	DG Planning and HIS	Appointment letter
IV.	Elaboration of roadmap of consultations of all stakeholders in the whole process of planning	1 week	DG Planning and HIS	Concerned Department & Planning team	
V.	Collection of reference documents , available data, new data and information.	One month	Concerned Department & Planning team	DG Planning and HIS	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS/ • Cabinet decision document, • Health Sector Policy and others national and International documents
VI.	Development of Health Sector or sub sector Policy	1 Month	Task team for policy development	Concerned Department & Planning team	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS/ • Cabinet decision document, • Health Sector Policy and others health sector documents

VII.	Preliminary validation of Policy (ISMM, TWG, GSMM,)	1 Month	Concerned Department & DG Planning team	Directorate General of Planning & Health Information System	Draft plan
VIII.	Official signing of policy by MOH	1 week	Office of the Minister	Office of the Minister	
IX.	Final Validation of Draft policy by cabinet	1 week	Office of the Minister	DG Planning and HIS	Cabinet Reports
X.	Printing of copies of documents	1 Month	Department responsible & Planning team		
XI.	Elaborate a dissemination Plan of Policy		Department responsible & Planning team		Dissemination Plan
Dissemination of the policy			Department responsible & Planning team	DG Planning and HIS	List of recipients and document posted on MOH web site

2.2. STANDARD OPERATING PROCEDURES FOR DEVELOPING A HEALTH SECTOR AND SUB SECTOR STRATEGIC PLAN.

A strategic plan is a document that provides more details to the objectives of the policy and sets precise priorities, targets and expected results as well as the means to be used to achieve them.

Before developing a health sector and sub sector strategic plan, each department or division should review the current health sector strategic plan in order to identify national strategic goals related to health. This will help in aligning the new strategic plan to the updated HSSP. The institution has to discuss with the Planning Team a list of reference documents that is needed in developing their strategic plan. The MOH Planning team will provide checklist that has to be followed in developing and validating the document (*see Annex 2*). The institution has to provide to the Planning Team a roadmap of consultations of all stakeholders in the whole planning process and the task team members that will draft the document. These members should have appointment letters from the institution stating their tasks. If the institution hires a consultant, it has to provide a copy of his contract to the Permanent Secretary and Director General of Planning in the Ministry of Health for a follow up of the process *vis a vis* to the determined time frame.

Once the document is developed, a draft should be shared among the MOH and RBC senior management team members and all the people involved in the process, for feedback within a period of two weeks. Then after that period, all feedback should be considered according to their relevance and a penultimate draft should be prepared and presented to the Senior Management Meeting members for internal validation. The duration for collecting SMM feedback should take two weeks maximum.

After the approval of SMM, a final draft should be presented to all stakeholders for getting comments on the draft. Thereafter, a hard copy should be sent to Honorable Minister of Health for official signature and then submitted for cabinet approval. The signed hard copies of the document will be disseminated to the key stakeholders and a soft copy will be uploaded to the MOH website.

STANDARD OPERATING PROCEDURES FOR SUB-SECTOR STRATEGIC PLANS					
Step	Activity/Task Process	Time/Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	Definition and Approval of National strategic goals	2 weeks	Office of the Minister	Department responsible & Planning team	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS/ Cabinet decision document
II.	Identification of strategic areas of the sector	1 week	Department responsible & Planning team	DG Planning and HIS	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS/ Cabinet decision document, • Health Sector Policy/ Recommendation of SMM
III.	Identification of task team to draft the plan	1 week	Department responsible & Planning team	DG Planning and HIS	Appointment Letter
IV.	Elaboration of roadmap of consultations of all stakeholders in the whole process of planning	1 week	Department responsible & Planning team	DG Planning and HIS	
V.	Collection of reference documents, available data, new data and information.	1 month	Department responsible & Planning team	DG Planning and HIS	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGs/ Cabinet decision document, • Health Sector Policy and others national and International documents

VI.	Development of Health Sector strategic Plan	1Month	Task team for strategic plan development	Department responsible & Planning team	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGs • Cabinet decision document, • Health Sector Policy and others national and International documents
VII.	Preliminary validation of Strategic plan(SMM, and stakeholders)	1Month	Department responsible & Planning team	DG Planning and HIS	Draft plan
VIII.	Official signing of strategic plan	1 week	Office of the Minister		Strategic Plan document
IX.	Final Validation of draft by Cabinet	1 week	Office of the Minister	DG Planning and HIS	Cabinet Reports
X.	Printing of copies of documents	1 Month	DG Planning and HIS	Department responsible & Planning team	1 Month
XI.	Avail a dissemination Plan of Strategic Plan		DG Planning and HIS	Department responsible & Planning team	Dissemination Plan
XII.	Disseminate a Strategic Plan		DG Planning and HIS	Department responsible & Planning team	List of recipients and document posted on MOH web site

2.3. STANDARD OPERATING PROCEDURES FOR OPERATIONAL PLANNING, MONITORING , EVALUATION AND HIS.

Operational Planning, Monitoring and Evaluation

Operational plans, also known as implementation plans, are the detailed actions that are identified to achieve the intended results of the strategic plans. It indicates what is to be done, when it is to be done, who will do it, how it will be done and how one will track progress to the desired targets. It also provides the budget for each action.

Planning, Monitoring and evaluation (M&E) are fundamental components of any program that aims to continuously improve and provide better outputs and outcomes. Both components are highly dependent on high quality data to ensure appropriate decisions are made, and both require adherence to a high standard data management process. Furthermore, the persons responsible for each aspect of the M&E plan should be clearly defined to avoid any ambiguity.

Health information System

Health Information System (HIS) is the process and mechanism through which health related data is collected, analyzed and made accessible to users, through networking within and outside the Health Sector. HIS has several sub-systems, each with specialized roles and responsibilities based on their comparative advantage. HIS sub-systems in Rwanda comprise of Health Management Information system (HMIS), Human Resource Information System (HRIS), Integrated Disease Surveillance and Responses (IDSR), Rwanda Health Resources Tracking Tool (RHRT), Community Based Health Information System(SISCom), Rapid SMS, Logistics Management Information System (LMIS), etc.

Creation of health database, tools and software.

For a better coordination and harmonization of health sector data collection and use, the creation or update of the data base, software or any other health system data collection has to be authorized by the Directorate General of Planning and Health Information System. This ensures the quality, efficiency and effectiveness of the health information systems and avoids duplications of data collection and software within the HIS framework. Before developing the new health information system, the MOH department or MOH affiliated institutions have to submit an official request with a concept paper defining the need and the added value of this. The concept paper must explain how the new system is different from those that exist, how the information will be collected and how the Directorate general of Planning and Health Information System; HIS unit, will be involved.

The concept paper will be analyzed by the Planning, M&E and HIS Directorate General and feedback in the form of approval, orientation request or denial will be communicated to the applicant within two weeks of the receipt of the request.

- All national health sector databases, software and data collection tools from central and decentralized levels must be developed and managed by the Planning, M&E and HIS Directorate General.

- Each request for a new health information system from the Development Partners must go through the MOH departments responsible for the area in which the new HIS intends to operate.

Sharing of health sector data

The Planning, M&E and HIS Directorate is responsible to ensure appropriate and sufficient access, while at the same time ensuring the privacy, security and confidentiality of an individual's identifiable health data from which it is often derived. Permission to access health information, therefore, should be granted to authorized personnel and stakeholders for all legitimate and reasonable purposes. All authorized personnel and stakeholders; producers and users of data are expected to ensure that there is security and confidentiality of institutional data, in accordance with the prevailing codes of conduct and/or laws governing personal information protection. No personnel or stakeholder will abuse this principle. The transmission of institutional data between any levels should ensure that institutional data is protected.

Requests for data

Aside from data that are classified as public, requests for data from non-Government of Rwanda staff or departments must be addressed to the Planning, M&E and HIS directorate which will process the request with the relevant Ministry departments. The request must identify the specific purpose for which it will be used, who will use the data and describe the data sets required. Requests can be made for multiple data sources, for one-time access or for a recurrent request (i.e. monthly or quarterly updates of the same data). The requests should be made officially at least 7 days before the data are required to allow time for review and preparation of the data set. Individual requests will be logged by the Directorate General of Planning, and Health Information System through its HMIS desk.

A sample request for data format is included in Annex 5. Requests for data from multiple data sources are to be coordinated by the Planning, M&E and HIS directorate through the HMIS department. Requests are for the specific purpose for individuals or departments that requested the data. Non-public data may not be passed on to third parties without prior approval. Such requests for data do not replace the requirement of seeking ethics committee approval for human subject research (policy and procedures covered in the Health Sector Research Policy).

The tables below represents the different core functions for which standard operating procedures (SoP) are needed to guide the work of planning, M&E, reporting and HIS staff at the central and decentralized level of Ministry of Health for the following areas:

- Action Planning & Budgeting
- Data Collection
- Data base administration and analysis
- Data quality assurance
- Conducting Research/Impact Evaluation
- Knowledge sharing
- M&E planning/Coordination

2.3.1. Standard Operating Procedures for annual action planning and budgeting					
Step	Activity/Task Process	Time/Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	Design Action Plan Format	1 week	Professional in charge of planning with MINECOFIN guidance	DG Planning and HIS	Health Sector Strategic Plan Prime Minister and MINECOFIN Guidelines,
II.	Provide Action Plan Guidelines	1 week	DG Planning and HIS	Professional in charge of planning	List of Guidelines
III.	All Institutions develop their Action plans	3 weeks	All MOH departments and affiliated institutions	Professional in charge of planning	Strategic Plan
IV.	All Stakeholders submit their Action plans	1 week	DG Planning and HIS	Professional in charge of planning	List of stakeholders
V.	Analysis of all Submitted Action plans	2 weeks	DG Planning and HIS	Professional in charge of planning	Data base of stakeholder
VI.	Feed back to all Stakeholders	1week	DG Planning and HIS	Professional in charge of planning	Records of all feed backs
VII.	Submission of Action Plan input	1week	All MOH departments and affiliated institutions	Professional in charge of planning	List of all institution that submitted plans
VIII.	Integration of all Stakeholders input to actions plan	1week	DG Planning and HIS	Professional in charge of planning	action plans
IX.	Consolidate all Action Plans	2 weeks	DG Planning and HIS	Planning team	
X.	Consensus and validation of Action Plan	1week	Permanent Secretary	Planning & Health Information System Directorate General	Meeting recommendations on Action Plan
XI.	Finalization of Joint Action Plan	1week	DG Planning and HIS	Professional in	Final Document

	document			charge of Planning	
XII.	Dissemination of MOH action plan	1 week	DG Planning and HIS	Professional in charge of Planning	Records of all that received MOH Action Plan
Budget plans					
XIII.	Obtain Budget Call Circular from Ministry of Finance	1 week	Minister Office	Permanent Secretary	Ministry of Finance recommendations
XIV.	Identify Ministry of Health Priorities	1 week	DG Planning and HIS	Professional in charge of Planning and Budget	List of Budget Priorities
XV.	Set ceilings by Priorities	1 week	DG Planning and HIS	Professional in charge of Planning and Budget	Budget Set ceilings
XVI.	Provide Budget Format & Budget ceiling to Institutions & Guidelines	1 week	DG Planning and HIS	Professional in charge of Planning and Budget	Budget Templates
XVII.	Submission of institutional/Units Budgets	1 week	DG Planning and HIS		Record of institutions that submitted budget
XVIII.	Analyze all budgets	2 weeks	DG Planning and HIS	Professional in charge of Planning and Budget	Budget Analysis Report
XIX.	Provide feed-back to institution/Units	1 week	DG Planning and HIS	Professional in charge of Planning and Budget	Records of feed back
XX.	Institutions/Units submit their input	1 week	DG Planning and HIS	Directorate of Finance	Records of institutions that submitted
XXI.	Integrate institutional/Units input to budget	1 week	DG Planning and HIS	Professional in charge of Planning and Budget	updated budget

XXII.	Consolidate all submitted Budget	2 weeks	Directorate of Finance	Professional in charge of Planning and Budget	
XXIII.	Consensus and validation of Budget Plan by MOH and Institution/Units	1 week	Directorate of Finance	SMM	SMM Recommendations
XXIV.	Seek Budget Plan approval from Ministry Finance	3 weeks	DG Planning and HIS	DF Unit	reports of budget approval by Ministry of Finance
XXV.	Dissemination of MOH Budget	1 week	Directorate of Finance	charge of Planning and Budget	Records of all that received MOH budget.

2.3.2. Standard Operating Procedures for managing routine data collection

Step	Activity/Task Process	Time/ Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	Harmonization of registers, questionnaires, monthly reporting forms, patients file (both electronic and papers)	November-December	RBC programs and HMIS	Department responsible, DG Planning and HIS and Partners	<ul style="list-style-type: none"> • Reporting template • Format • Patient file template • Registers template
II.	Pre-testing revised data collection tools	1 month	RBC programs and HMIS	Department responsible & Partners	<ul style="list-style-type: none"> • Draft tools and pre-test protocol
III.	Development of guidelines data collection	3 months	Department responsible & Planning team	HMIS and RBC	<ul style="list-style-type: none"> • WHO guidelines template • Registers template • Evaluation report
IV.	Training on tools and use of data and guidelines	1 week	HMIS	Department responsible	<ul style="list-style-type: none"> • Data collection guidelines • Report

				&Planning team	
V.	Organize logistics for data collection tool printing and distribution	2 weeks	HMIS and RBC programs	Department responsible &Procurement office	<ul style="list-style-type: none"> Finalized reporting forms and registers

2.3.3 Standard Operating Procedures for database administration

Step	Activity/Task Process	Time/ Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	Data sharing policy <ul style="list-style-type: none"> Manage requests for information Implement procedures for getting data (researchers, partners and stakeholders) 	-	E- Health coordinator HMIS Coordinator	DG Planning and HIS	<ul style="list-style-type: none"> R-HMIS Other databases
II.	Create and approve new users as per approved data access request	1 hour	Database Administrator	DG Planning and HIS	<ul style="list-style-type: none"> Data access request form User Database
III.	Develop and update Data entry modules	2 weeks per module	<ul style="list-style-type: none"> Data Analyst Biostatistician Data manager 	DG Planning and HIS	<ul style="list-style-type: none"> R-HMIS TracNet Rapid SMS
IV.	Train new users for specific systems <ul style="list-style-type: none"> Initial orientation for those who have been given access Annual refresher training for new data managers 	2 days 1 week	<ul style="list-style-type: none"> HMIS team Program data managers 	DG Planning and HIS	<ul style="list-style-type: none"> E-Health Systems

V.	<p>Data Cleaning:</p> <ul style="list-style-type: none"> • Verify completeness of data items (missing) • Verify reporting rate (% of HF reported) • Look for outliers • Communicate with HF reporting late or with errors • Error correction: transcription errors, poor calculation, duplication, problems, inconsistencies,...) 	Monthly or weekly according to reporting period	HMIS Coordinator	<p>Health facility (HC or DH)</p> <p>Data managers and DH M&E team</p> <p>Programs M&E and data managers team (Malaria, TB, HIV, EPI, Lab, MCH, CHD,...)</p>	<ul style="list-style-type: none"> • R-HMIS (DHIS2), • TRACnet • OpenMRS • Open clinic • SIScom • Rapid SMS
VI.	<p>Managing Health Facilities data base:</p> <ul style="list-style-type: none"> • Request completed copies of health facility registration form • Search existing facilities to make sure the facility doesn't already exist under different name or spelling. • If new facility, add to health facility registry and assign next available FOSAID. • Communicate FOSAID to PBF database manager and add new record in RHMIS. • Confirm by email to District and health facility titulaire that the facility has 	Daily	Database Administrator	DG Planning and HIS	<ul style="list-style-type: none"> • E-Health Division

	<p>been created.</p> <ul style="list-style-type: none"> • Add health facility to data sets that they are required to complete. • Arrange for training of data manager if new. 				
VII.	<p>Back up:</p> <ul style="list-style-type: none"> • Back up data bases as per guidelines • Check to make sure that data backup has completed correctly and Correct if necessary. • Conduct annual test of restore procedure to local server. 	<p>Daily</p> <p>2 days a year</p>	<p>Database Administrator</p>	<p>DG Planning and HIS</p>	<ul style="list-style-type: none"> • R-HMIS • TracNet • Rapid SMS
VIII.	<p>Respond to data requests:</p> <ul style="list-style-type: none"> • Confirm approval of data request • Log request in request register • Discuss with requestor to confirm data requirement • Develop SQL query as required • Send data to requestor 	<p>Daily</p>	<ul style="list-style-type: none"> • Database Administrator • Data Manager • Analyst/Biostatistician 	<p>E-Health</p>	<ul style="list-style-type: none"> • R-HMIS • TracNet • Rapid SMS
IX.	<p>Develop reports in Database (SQL Queries and Report soft ware)</p> <ul style="list-style-type: none"> • If not based on report table, create and test SQL query 	<p>2 days per report (5 per month)</p>	<ul style="list-style-type: none"> • Database Administrator • Data Manager • Analyst/Biostatistician 	<p>E-Health</p>	<ul style="list-style-type: none"> • R-HMIS • TracNet • Rapid SMS

	<ul style="list-style-type: none"> • Design Report • If not a system Report (e.g. not for public use) send report definition file to requester so that they can add it to their Reports list. • If report is useful for all users, save as system report and integrate report in systems. 				
X.	<p>Help desk support for Data Managers and other end users</p> <ul style="list-style-type: none"> • Log request ticket in register • Respond by phone, email or within user group. • Record solution in log in case similar issues are requested later 	On demand	<ul style="list-style-type: none"> • Database Administrator • Data Manager 	E-Health & helpdesk	<ul style="list-style-type: none"> • R-HMIS • TracNet • Rapid SMS
XI.	<p>Monitoring of web server:</p> <ul style="list-style-type: none"> • Set up monitoring system (to send alert to system admin) • Check that server is running every morning. • Check server logs for errors once a week and take required action 	Weekly	<ul style="list-style-type: none"> • ICT Director MOH/RBC • Database Administrator 	R-HMIS	<ul style="list-style-type: none"> • E-health systems
XII.	<p>Manage interoperability between systems: Run scripts to upload/import data between</p>	Monthly	<ul style="list-style-type: none"> • Database Administrator • Data Manager 	E-Health, R-HMIS	E-health systems

	<p>systems and check to ensure that data are properly transferred:</p> <ul style="list-style-type: none"> • Tracnet to Data Warehouse • PBF to R-HMIS • R-HMIS to Data Warehouse • iHRIS to Data Warehouse • mUbuguzima to R-HMIS 				
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2.3.4 Standard Operating Procedures for M&E and coordination

Step	Activity/Task Process	Time/ Duration	Primary/Responsibility	Matrix Responsibility	Data Source/ tools / Templates
I.	<p>Define key health Indicators :</p> <ul style="list-style-type: none"> • Work with program or other stakeholder requesting data to properly define indicator, • Decide on appropriate data source and add indicator and data elements to National Data Warehouse metadata dictionary. • Assign unique data element/indicator codes • If data to be collected in R-HMIS send request to HMIS to include in next round of updates to reporting forms and data entry system 	1 week	DG Planning and HIS	M&E Team (MOH/RBC) HMIS team	WHO standards indicators Vision 2020 EDPRS HSSP 7 yrs government
II.	Set and update national indicator targets	One week	DG Planning and HIS	M&E Team (MOH/RBC)	WHO standards indicators Vision 2020 EDPRS

					HSSP 7 yrs government
III.	Validate harmonized M&E tools at central and decentralized levels	End of the year (2 months)	DG Planning and HIS	M&E Team (MOH/RBC) HMIS Team	Existing tools
IV.	Capacity building on M&E system at central and decentralized levels <ul style="list-style-type: none"> • Develop and update the curricula for M&E and data management training • Train masters trainers • Establish continuing education program for M&E and data management staff at district and health facility levels. 	3 days per quarter	DG Planning and HIS	M&E Team (MOH/RBC)	
V.	Organize M&E coordination meeting: <ul style="list-style-type: none"> • Elaborate and update continuously a format for quarterly District Health activities calendar • Organize quarterly meeting of ME /MOH& RBC • Organize quarterly meetings for data quality checking • Organize Planning and M&E TWG 	1 day/quarter	DG Planning and HIS	M&E Team (MOH/RBC)	HSSP III, Annual Plan

Coordination of Health activities at decentralized levels					
VI.	Elaborate and update continuously a format for quarterly District Health activities calendar	One week	DG Planning and HIS	District health Coordination Officer	Calendar template
VII.	Prepare a consolidated quarterly District Health activities plan at Central level	Each quarter	DG Planning and HIS		Activity plan template
VIII.	Capacity building of DHU in M&E system	Every year	DG Planning and HIS	District health Coordination Officer	Training modules
IX.	Conduct regular analysis of District Health reports and provide feedback	Each quarter	DG Planning and HIS	District health Coordination Officer	District Report
2.3.5 Standard Operating Procedures for joint health sector review.					
STEP	ACTIVITY/TASK IN THE PROCESS	DURATION/TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Prepare a list of participants	One day	DG Planning and HIS	SWAp Coordinator & M&E Specialist	Last JHSR
II.	Review progress on last JHSR recommendations	2 days	PS	DG Planning and HIS	Last JHSR
III.	Prepare agenda	One day	DG Planning and HIS	SWAp Team M&E Expert	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS • HSSP • MINECOFIN Guidelines • Health sector action plan
IV.	Requesting authorization to PM	Within 2 weeks	Minister of Health	DG Planning and HIS	Cabinet Manual, MOH plan of meetings/Workshop/

V.	Conference organization including funding, venue and logistics	Two weeks	DG Planning and HIS	SWAp , Planning&M&E and DF team	Cabinet Manual, MOH plan of meetings/Workshop
VI.	Sending an invitation letter with last JHSR recommendations and agenda	At least 2 weeks before the meetings	Minister of Health	DG Planning and HIS	
VII.	Submission of planned Presentations to Directorate General of Planning & HIS	7 days before the meeting	Presenters	SWAp Team M&E Expert	
VIII.	Feedback on presentations	4days before the meeting	DG Planning and HIS	SWAp and Planning Team	<ul style="list-style-type: none"> • Vision 2020 • EDPRS • MDGS • HSSP • MINECOFIN Guidelines
IX.	Participant Confirmation	2 days before the meeting	DG Planning and HIS	SWAp and Planning Team	Presentations
X.	Finalizing presentations	2 days before the meeting	Presenters	SWAp and Planning Team	Presentations
XI.	One day meeting for the health sector review	1 day	MOH & Partners		
XII.	Preparation/ Finalizing report	One Week after the meeting	DG Planning and HIS	SWAp Team ,Professional in charge of M&E	

XIII.	Sending report to all participants and to PM	Within two Weeks after the JHSR meeting.	Permanent Secretary	DG Planning and HIS	Cabinet Manual , MINECOFIN Guidelines
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2.3.6. Standard Operating Procedures for annual report

STEP	ACTIVITY/TASK IN THE PROCESS	TIMING/DURATION	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Design Report Format	1 week	DG Planning and HIS	Sectoral Reports Expert	HSSP/ Prime Minister Guidelines/Vision 2020/ EDPRS/MDGs
II.	Provide Report Guidelines	1 week	DG Planning and HIS	Professional in charge of Planning, M&E, HMIS and Data QA	List of Guidelines
III.	All stakeholders develop their annual reports	3weeks	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	Quarterly reports, M&E/supervision reports, special studies
IV.	All stakeholders submit their annual reports	1 week	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	List is of institutions
V.	Analysis of all submitted reports and data triangulation	1 week	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	Data bases and reports of institutions
VI.	Feed back to all stakeholders	1 week	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	Records of all feed backs
VII.	Receive feedback from all stakeholders	1 week	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	List of all institution that submitted plans
VIII.	Integration of all new information and cleaning of reports	1 week	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	Final annual reports of institutions

IX.	Consolidation and report writing	3 weeks	DG Planning and HIS	Sectoral Reports Expert Professional in charge of M&E	Draft report available
X.	Validation of MoH Annual Report	1 week	Minister	DG Planning and HIS	Record of validation of Annual Report
XI.	Approval and sign of MoH Annual Report	1 week	Minister	DG Planning and HIS	Final Document
XII.	Submission of MoH Annual Report to the PM's Office and all stakeholders	1 week	Minister	DG Planning and HIS	Record of all institutions that received the report available

2.3.7 Standards Operating Procedures for HIS data request

STEP #	ACTIVITY/TASK IN THE PROCESS	DURATION /TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Address an official request to the MOH planning and HIS with required information		Person/Institution seeking health data		Format in annex 5
	Analyze the request	3 days	DG Planning and HIS	HIS team	
	Send a feedback letter either granting the permission to access data or refusing it	Within one Week	DG Planning and HIS	HIS team	
II.	Present a letter to Database Manager		Person/Institution seeking health data	HIS data manager	
III.	Records the details of the person/Institution in computer, and then the data request is processed	2 days	HMIS team	HIS data manager	

IV.	Provide the data requested to the person/institution	Within two weeks of requesting	HMIS team	HIS data manager	
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2.4. STANDARD OPERATING PROCEDURES FOR ORGANIZING MEETINGS, CONFERENCES WORKSHOPS AND TRAININGS

2.4.1. Conferences/Meetings/Workshop and Training to be organized at National level

According to the Prime Ministers instructions of 09/02/2012 regarding the organization of meetings, workshops and trainings at national level, all Ministries have to send a quarterly consolidate plan to the Prime Minister by 15th of last month of each quarter. This plan include only the conferences, meetings, workshops or trainings which are organized at national level. Before the organization of the meeting, workshop or training, each Ministry has to request an authorization to the Prime Minister, and this should be sent 15 days preceding the date of meeting.

2.4.2. Meetings, trainings, workshops for MOH staff and health professionals from Districts (which requires the travel clearance).

The Ministry of Health and Rwanda Biomedical Center organize meetings and training with health professionals from Central and Districts levels for the purpose of capacity building, information sharing and decision-making process. Every MOH Department should consolidate it's quarterly plans and validate it within department before sending the validated plan to the Planning & HIS Directorate General for consolidation. The plans from RBC departments will be sent to the P MEC for consolidation. In order to avoid the duplication of activities and participants, the DGPHIS/MOH will meet with P MEC/RBC and make consultation before sending the consolidated plan to SMM for approval.

2.4.1 Standard Operating Procedures for Conferences/Meeting/Workshop/Training to be held at National level					
STEP #	ACTIVITY/TASK IN THE PROCESS	DURATION/TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Share the template with all MOH department and affiliated institutions	1st of last month of previous quarter	DG Planning and HIS	Planning Team	Prime Minister Office Guidelines and instructions
II.	Prepare and submit the Quarterly plan of Conferences/ Meetings/Workshop/Training	By 3rd of last month of previous quarter	All staff		HSSP III , MOH Annual action Plan
III.	Compilation of Units/department Conferences/ Meetings/Workshop/Training and submit to Planning, HIS plan Directorate	By 5th of last month of previous quarter	Head of Units/Departments	M&E or appointed staff	HSSP III , MOH Annual action Plan
IV.	Analyze and Compilation of all MOH Conferences/ Meetings/Workshop/Training plans	By 8th of last month of previous quarter	DG Planning and HIS	Planning, M&E Team	Plans from MOH departments
V.	Presentation of a consolidated plan in SMM	By 10 th of last month of previous quarter	DG Planning and HIS	Planning, M&E Team	Plans from MOH departments
VI.	Submission of final consolidated plan for signature	10th of last month of previous quarter	DG Planning and HIS	Planning, M&E Team	Consolidated plan
VII.	Approval and signature of Conferences/ Meetings/Workshop/Training Plan	By 14th of last month of previous quarter	Permanent Secretary	PS/Minister's Assistants	Consolidated plan
VIII.	Submit the consolidated plan to the PM Office and share the official version with all	By 15th, of last month of previous quarter	Central Secretariat	DG Planning and HIS	Consolidated plan

	departments				
2.4.2. Standards Operating Procedures for travel plan and field visit					
STEP #	ACTIVITY/TASK IN THE PROCESS	DURATION/TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
Plan of travel field visit					
I.	Share the template with all MOH department	1st of last month of previous quarter	DG Planning and HIS	DG Planning and HIS	Annex
II.	Each staff to prepare and submit the quarterly travel plan	By 5th of last month of previous quarter	All staff	All MOH Departments and Desks	HSSP III MOH Annual action Plan
III.	Compilation of Units/department travel plan and submit to Directorate General of Planning and HIS	By 10th of last month of previous quarter	Head of Units/Departments	All staff	HSSP III MOH Annual action Plan
IV.	Analyze and Compilation of all MOH travel plans and submission to PS	By 15th of last month of previous quarter	DG Planning and HIS	Planning Team	MOH Annual action Plan
V.	Meeting between Planning & HIS and P MEC/RBC for checking and consolidation	By 20th of last month of previous 25th of previous Month quarter	DG Planning and HIS		
VI.	Approval of Travel Plan	By 30 of last month of previous 25th of previous Month quarter	Permanent Secretary		HSSP III MOH Annual action Plan
VII.	Circulation of approved travel plan among all MOH staff	By 30 of last month of previous 25th of previous Month	Permanent Secretary Office	DG Planning and HIS	

		quarter			
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2.5. STANDARD OPERATING PROCEDURES FOR DEVELOPMENT PARTNERS COORDINATION(SWAP).

Introduction

The Partner's Coordination/ SWAp desk of the DGPHIS supports the coordination of joint strategy development and implementation by MoH and Partners in line with the Paris Declaration on Aid Effectiveness. It assists the MOH in strengthening the SWAp process and helps to identify and address areas of the health system procedures which need strengthening. The Partner's Coordination/ SWAp desk ensures that the health sector partner's action plans are better coordinated and facilitates the formal process of establishing and renewing Partnerships with the MOH by:

- Supporting the proper implementation of SWAp principle across multilateral and bilateral cooperation at central and decentralized levels
- Regularly supporting the updating of multilateral and bilateral cooperation mapping interventions (including DPs, FBOs, NGOs and other Government Institutions)
- Assuring geographic equity of multilateral and bilateral cooperation intervention is taking place
- Supporting the MOH in coordination of all activities concerning the negotiation with multilateral and bilateral agencies which include drafting or renewing MoUs with those agencies.
- Contributing to the evaluation of multilateral and bilateral interventions and report on it on regular basis
- Supporting the MOH in planning, monitoring and evaluation activities in coordination with multilateral and bilateral agencies
- Supporting the MOH in organizing meetings with multilateral and bilateral agencies on a regular basis
- Following and producing, on regular basis, reports on multilateral and bilateral cooperation
- Assuring proper filing of all documents related to multilateral and bilateral cooperation
- Assist the Ministry of Health in organizing and documenting the JHSR, the HSWG, CDPF Steering Committee Meetings and SWAP Task force meetings.

Registration and Extension of Registration for local and international NGOs in Rwanda

The registration and re-registration process of an NGO takes approximately 1 month and the successful registration's MoU is valid for 3 years.

For registration of international NGOs, an application letter for an MoU with MoH, needs to be submitted by the NGO to the Minister. Upon receipt of this request, the Partners' Coordination/ SWAp desk will request the NGO to submit a set of required documents to MOH (See ANNEX 7).

After submission and assessment of all documents, the Partner's Coordination/ SWAp desk facilitates a meeting between the NGO and the relevant MOH technical and legal department to discuss the mission and objective of the organization, action plan and the capacity building transfer plan. The Partner's Coordination/ SWAp Desk thereafter sends the agreed MoU, to the Minister for review, approval and signature. If no modification is necessary, the Minister signs the MOU. All communications and documents for the approval process are filed and kept by the Central Secretariat.

Should an NGO need an extension of their registration, it will be asked to submit an application for extension letter addressed to the Hon. Minister, this is then routed via the Partner's Coordination/ SWAp Desk for further assistance. The Partner's Coordination/ SWAp desk will request the NGO to submit a new draft MOU, a copy of the previous MoU, a copy of the registration certificate for the previous year delivered by Immigration, a technical and financial annual report of the previous year approved by MOH technical departments and concerned Districts represented by District Committees, an annual capacity building transfer report approved by MOH technical department and partners coordination desk, annual work transfer plan and a memo describing the source of funds, financial capacity and new program if any, and evidence of appearance in resources tracking tool of the Ministry, to the MOH via the Partner's Coordination/ SWAp desk.

The file is reviewed by the Partner's Coordination/ SWAp desk in collaboration with the relevant MOH technical department. After review and approval of the legal department and MoH technical department, the MOU to be signed is sent by the legal department to the Minister's office for signature and approval. Central Secretariat makes a copy of the MOU and files it in the archives and sends the MOU to the NGO.

The process for registering and re-registering local NGOs is the same as for international NGOs, with slight variation of document requirements (see ANNEX 7).

Visa for TA and Volunteers for Health.

To obtain a technical assistance card and Visa/Work permit for an expatriate employee or volunteer, an application letter should be addressed to the Minister of Health and submitted via the Partner's Coordination/ SWAp desk. Annex 7 outlines the additional documentation which is to be submitted to the MoH reception. From here, the documentation will be logged by the Central Secretariat, forwarded to the Minister. The Minister's office will send it to be reviewed by the Partner's Coordination/SWAp desk in collaboration with the MoH technical departments. After this review, and with approval of the legal department and MoH technical departments, the Partner's Coordination/ SWAp Desk sends a document to the Minister. The Minister signs and sends a recommendation letter to the Central Secretariat. Central Secretariat makes a copy of the recommendation; provides a copy to Partners Coordination/SWAp desk, files it in the archives. Central Secretariat also submits a copy to the Migration Office (and the concerned party can pick it up at the Central Secretariat or it is alternatively sent to the relevant Organisation/ Project/ NGO).

For an extension of the technical assistance card and work permit/ visa the same procedure is applied, with additional submission of an approved report (by the relevant MOH technical department) on previous activities by the technical assistant.

2.5.2 standards operating procedures for NGO registration

STEP #	ACTIVITY/TASK IN THE PROCESS	DURATION/TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Application letter addressed to the Minister with all required documents (Cfr Annex 7)	One week	NGO		Annex 7
II.	Technical analysis of the request	One -two weeks	DG Planning and HIS	SWAp Team	
III	Legal analysis	One week	Legal Advisor	Legal Advisor	
III.	Compile and provide the feedback to the Partner	One week	DG Planning and HIS	SWAp Team	
IV	Signing the Approval	One week	Minister	DG Planning and HIS	
V	Forwards the request to the Immigration.		Partner	SWAp Team	

2.5.2 Standards Operating Procedures for visa /work permit/volunteers

STEP #	ACTIVITY/TASK IN THE PROCESS	DURATION/TIME	PRIMARY RESPONSIBILITY	MATRIX RESPONSIBILITY	DATA SOURCES/TOOLS/TEMPLATES
I.	Letter for demand to Minister of Health with form well filled And Action Plan (See ANNEX 7 for required documents to be submitted with application letter)		Development Partners	Secretariat	Annex 7

II.	Analyze the request	W I T H I N O N E M O N T H	DG Planning and HIS	Partner's Coordination/ SWAp team	
III.	Provide the feedback to the Project/ NGOs Directors		DG Planning and HIS	Partner's Coordination/ SWAp team	
IV.	Memorandum of Understanding between MOH and project/ NGOs		Project/ NGOs Directors	Project/ NGOs Directors	
V.	Checking and Write a Request letter to Immigration through MINAFET		Planning & Health Information System Directorate General	Partner's Coordination/ SWAp team	
VI.	Signing Request letter to Immigration through MINAFET(Work Permit for Diplomats)		Minister of Health	DG Planning and HIS	
VII.	Sending a letter to Immigration through MINAFET		DG Planning and HIS	Central Secretariat	
VIII.	Follow up to immigration and send a signed letter to Project/NGO		Partner's Coordination/ SWAp team	Central Secretariat	

2.6. HUMAN RESOURCE AND INSTITUTIONAL DEVELOPMENT (HRD)

The Human Resource and Institutional Development (HRD) is a desk under the Directorate General of Planning, M&E &HIS. It is responsible for coordination of the capacity building, including in-service training courses of the Ministry of Health's staff according to the MoH policies and guidelines.

The HRD desk provides guidance on the process of determining scholarship areas and selecting candidates according to the Ministry's priorities. According to the mission of the Ministry of Health, the priority of training course is given to the health professionals: doctors, nurses and allied professionals. In the most of cases, scholarships are advertised through e-mails group of MOH and its affiliated institutions and Medical, Nursing and health professionals councils (ISMM, SMM, GSMM, RBC, Rwanda medical Council, Nursing Council and Rwanda Allied Health professional Council). The Student Financing Agency for Rwanda (SFAR) is an important partner for the Ministry of health in terms of financial of human resources development. The MoU signed between MOH and SFAR defines clearly the responsibilities of each part in case MoH employees have to be granted a scholarship by SFAR. Here below is the standard operating procedure for capacity building of human resource for health with the support of Ministry of Health.

Standard Operating Procedures for Human Resource Development					
Step	Activity/Task Process	Time/Duration	Primary/Responsibility	Matrix Responsibility	Data Source/tools/Templates
I	MoH Units/Agencies/Projects assess training needs and thereafter prepare their capacity building plans according to MoH priorities	1,5 month (before the start of the following fiscal year)	Head of the each Department	HRD Desk	<ul style="list-style-type: none"> • Health Sector Strategic Plan • Human Resource for Health Strategic Plan • MIFOTRA policies and guidelines
II	Submit to HRD Desk the Capacity building plans for MoH Units, Agencies and Projects	1 month before the starting of the fiscal year	Head of each Department	HRD Desk	<ul style="list-style-type: none"> • Health Sector Strategic Plan • Human Resource for Health Strategic Plan • MIFOTRA policies and guidelines
III	HRD Desk to compile the Capacity Building plans from Units and submit them to the DG of Planning & HIS	3 weeks	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • MIFOTRA policies and guidelines
IV	Advertisement of scholarships through news papers, radio or MoH group e-mails (ISMM, GSMM, RBC e-mail group of Rwanda Medical Council and Allied Health professionals)	2 months before the start of the Academic year	<ul style="list-style-type: none"> • NUR/Fac. of Medicine/SPH • MoH 	<ul style="list-style-type: none"> • NUR/Fac. of Medicine/SPH • MoH 	
V	Candidates submit request for scholarship to the concerned institution (MoH, NUR/Faculty of Medicine or NUR/School of Public Health).	2 weeks after announcement	<ul style="list-style-type: none"> • NUR/Fac. of Medicine/SPH • MoH 	<ul style="list-style-type: none"> • NUR/Fac. of Medicine/SPH • MoH 	

VI	Prepare an entry test for long training courses abroad or in the country/ training needs assessment	2 months before the start of the academic year	<ul style="list-style-type: none"> • NUR/Faculty of Medicine or SPH 	<ul style="list-style-type: none"> • NUR/Faculty of Medicine or SPH • The Head of the Department Responsible 	
VII	The selection committee proceeds with the selection of applicants who succeed the entry test and prepares a report on to be sent to the Hon. Minister of Health for approval.	One week?	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • Results of test
VIII	Applicants are notified of their status	One day after the approval	DG Planning and HIS	The in charge of HRD	
IX	Selected candidates are invited to sign a retention contract with MoH and then wait for the date of reporting to the University	One week after notification of candidates	DG Planning and HIS	HRD Desk	
X	In case there are candidates sent by MoH to specialization/Master's Programme abroad, they are requested to sign a retention contract and send a request for "A qui de droit" to the MoH	Just after notification (less than a week)	DG Planning and HIS	HRD Desk	
XI	For private scholarship to undergo specialization/Master's or Bachelor degree abroad, candidates send a request for an MoH recommendation letter. If the request is accepted, candidates are requested to sign a retention contract and send a request for "A qui de droit" to the MoH	Just after notification (less than a week)	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • Health Sector Strategic Plan • Human Resource for Health Strategic Plan • MIFOTRA policies and guidelines

XII	Following the request for “A QUI DE DROIT” from candidates, the HRD Desk handles the file and submits it for signature before to be sent to MIFOTRA through MINEDUC in favor of candidates going for further studies.	Less than 3 days after receiving the file	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • Health Sector Strategic Plan
XIII	There is also a retention contract to be signed between the applicant and MIFOTRA in order to be granted “A qui de droit”. But previously the candidates have to sign another contract with SFAR	1 to 2 weeks	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • Human Resource for Health Strategic Plan
XIV	The “A QUI DE DROIT” is granted by MIFOTRA (after signing a retention with MoH, another contract with MIFOTRA & then a 3rd contract with SFAR)	3 to 4 weeks	DG Planning and HIS	HRD Desk	<ul style="list-style-type: none"> • Health Sector Strategic Plan • Human Resource for Health Strategic Plan • MIFOTRA policies and guidelines

3. ANNEXES:

Annex1: Checklist for developing a policy.

Policy Development Steps Checklist: A Guide for Users					
Steps	Keys elements to focus on	Strong score	Moderate	Weak score	Observation/Comments
1. Conduct consultative meeting	<p>a stakeholders are consistently engaged throughout the policy process in dialogue and consultation. Their collaboration is critical to ensure:</p> <ul style="list-style-type: none"> • A common vision of the goals and objectives • Funding sources can be secured • Implementing partners adhere to a common work plan and align their mandates 				
2. Situation Analysis					
2.1 <i>Understand the population and service environment</i>	<ul style="list-style-type: none"> • Scan the environment • Profile the population • Profile and understand the health status of the population • Profile the geographical context • Profile current service arrangements • profile service activity (current and projected) 				
2.2 <i>Identify the health service needs</i>	<ul style="list-style-type: none"> • Identify health issues (current and projected) • Identify health service issues (current and projected) • Develop an approach to categorize and analyze needs 				
2.3 <i>Stakeholder analysis</i>	<ul style="list-style-type: none"> • Primary stakeholders who are those affected by the work; • Secondary stakeholders who are those that affect the work; • Key stakeholders who can directly influence, or are important to, the work; • External stakeholders who are those that are interested in the outcome but who are not directly involved 				

<p>2.4. <i>Assessment of health systems strengthening building blocks</i></p>	<ul style="list-style-type: none"> • Service Delivery • Health Workforce • Health Information • Medical Products, Vaccines and technology • Financing • Leadership and Governance 				
<p>2.5. <i>Problem Analysis /Cause effect analysis</i></p>	<ul style="list-style-type: none"> • Identify the problems and their root causes: <ul style="list-style-type: none"> ➤ Quantify, be specific about problem's scope and magnitude: who is affected and specific nature of the problem ➤ Past history ➤ Causes <ul style="list-style-type: none"> ○ Key factors (separate into actionable vs. not) ○ Factors associated with action vs. inaction ➤ Current action being taken to address the problem, ➤ Existing gaps in relation to the knowledge, interventions or the coverage of existing services ➤ External support to address the problem 				
<p>2.5. <i>Problem Analysis /Cause effect analysis</i></p>	<ul style="list-style-type: none"> • Identify the problems and their root causes: <ul style="list-style-type: none"> ➤ Quantify, be specific about problem's scope and magnitude: who is affected and specific nature of the problem ➤ Past history ➤ Causes <ul style="list-style-type: none"> ○ Key factors (separate into actionable vs. not) ○ Factors associated with action vs. inaction ➤ Current action being taken to address the problem, ➤ Existing gaps in relation to the knowledge, interventions or the coverage of existing services ➤ External support to address the problem 				
<p>2.6 <i>Priority Setting</i></p>	<ul style="list-style-type: none"> • Criteria on which to compare options • Processes to vote/score/rank • Roles and processes to make the final choice/s. 				

3. Policy orientation (Vision, Mission, Goal and General Objectives and policy directions)					
3.1. Policy Vision:	<ul style="list-style-type: none"> • Tangible and descriptive : an image of the future that people can easily visualize • Compelling and inspiring(a powerful call to action) , • Challenging enough to demand the best efforts of everyone • Achievable so that people will work toward it. 	•			
3.2. Policy Mission	<p>The mission has to answer to the 4 questions:</p> <ul style="list-style-type: none"> • What do we do? <ul style="list-style-type: none"> ➢ Defines the needs of the populations to be served and ➢ Specify which of those needs the organization/programs intends to address. • Whom do we serve : define the target population • How do we do it? <ul style="list-style-type: none"> ➢ The means, resources, ➢ Strategies by which the organization intends to reach its goals.) • Why do we do it? : the basic reasons behind the organization's decision 	•			
3.3. Goal	<ul style="list-style-type: none"> • Description of ideal states or results to be achieved in the future (long-term) that are in line with the set vision and mission 	•			
3.4. General Objectives	<ul style="list-style-type: none"> • Describe what one aims to do to achieve the set goals • They have to be SMART (Specific, Measurable, Achievable, Relevant and Time-bound) • They should be established in relation to priority needs identified in the situation analysis 	•			
3.5. Policy directions	<ul style="list-style-type: none"> • Should be determined in relation to previously stated priorities • Should reflect for each policy objective what 	•			

	strategic direction needs to be pursued in order to achieve that particular objective				
4. Governance Framework.	<ul style="list-style-type: none"> • Should describe how the policy will be implemented • In this framework, the following should be highlighted: <ul style="list-style-type: none"> ➤ Organization & Management of sector or sub-sector to deliver results ➤ Governance and accountability mechanisms ➤ Management and stewardship structures ➤ Partnership and coordination structures ➤ Roles and responsibilities of stakeholders 	•			
5. Monitoring and Evaluation	<ul style="list-style-type: none"> • Monitoring of programme inputs, processes and results required for management of Health system investments • Health systems performance assessment • Evaluation of the results of the health reform investments and identify which approaches work best 	•			
6. Approvals	<ul style="list-style-type: none"> • Submit for endorsement to the different levels(TWG, ISMM,GSM, All stakeholders) • Ensure that the policy also has the strategic plan for it's Implementation • Submit for approval to the Minister's office • Submit for final approval to the cabinet (if required) 				

Annex 2: Checklist for developing a strategic plan.

Policy Development Steps Checklist: A Guide for Users					
Steps	Keys elements to focus on	Strong	Moderate	Weak	Observation/Comments

		score		score	
1. Conduct a consultative meeting	The same as policy				
2. Executive summary	<p>The executive summary of the strategic plan should contain brief and concise data and information about:</p> <ul style="list-style-type: none"> • Where we are and what do we want/ where we want to be? • What are we going to do and how this is different than what we used to do? • What will this get us (numbers in terms of life benefits (deaths and or infections averted...) at what cost and in how much time? • Who will be doing it? (implementation arrangement/governance) 				
3. Overarching Goals	<ul style="list-style-type: none"> • Linkages to the policy and to other national development frameworks • Process for SP development 				
2. Situation analysis	<ul style="list-style-type: none"> • Context (socio-economic and political context) • Health and services status • Recent achievement, Gaps and key health issues 				
3. Setting of Vision, Mission, and key strategic Objectives	<ul style="list-style-type: none"> • The vision and mission section in the strategic plan should well align the vision and mission statements defined in the policy that governs the strategic plan • SMART outcomes/objectives to be achieved by the program over its defined lifespan 				
4. Comprehensive	<ul style="list-style-type: none"> • Universe of possible interventions • Choice of what we will do and not do, and 				

Strategic Framework	<p>why</p> <ul style="list-style-type: none"> ➤ Definition of the initial log frame of activities . ➤ What is working? ➤ What will be the end -state impact of what we have chosen to do 				
5.Ressourcing Plan (Cost , people)	<ul style="list-style-type: none"> • How much would that cost to do what is decided? • What is the range of budget we estimate to have? • Based on how good is the impact of the initial log frame of activities when compared to the programs' goals? 				
6. Implementation and risk mitigation	<ul style="list-style-type: none"> • Governance, coordination and implementation arrangement (Who will do what and when, How to mobilize resources) • M&E Plan ; Develop comprehensive M&E plan that addresses <ul style="list-style-type: none"> ➤ What are the indicators ➤ Periodicity for indicator monitoring ➤ Sources of data and methods of data collection ➤ How will we measure progress, plan for strategic plan refreshment ➤ How will we learn and adjust from what we measure ➤ Periodicity of reviews and evaluations (annual reviews, mid-term reviews, end evaluation). 				
7.Risks& Assumptions	<ul style="list-style-type: none"> • Risk Analysis <ul style="list-style-type: none"> ➤ Identify both internal and external risks 				

	<ul style="list-style-type: none"> ➤ Identify alternative strategies that may be needed to manage the risk • Analysis of Assumptions 				
8. Approvals	<ul style="list-style-type: none"> • Submit for endorsement to the different levels(, TWG, ISMM,GSM, stakeholders) • Ensure that the policy also has the strategic plan for Policy Implementation • Submit for final approval to the Minister's office 				

Annex 3: Template for Health Sector Annual action plan.

Department	Outcome	Program	Output	Indicator	Baseline	Target	Activities	Stakeholders	Budget

Annex 4: Template for meetings/workshop/training/ campaigns organized at the district level

Date/Time	Title of Meeting/Workshop /Training/ Campaigns	Department/Unit/Desk/Institution	Co-organizer(District Hospital)	Target number	Participants Category (e.g.doctors, nurses, supervisors etc...)	Venue	Budget	Observation from SMM

Annex 5: Format for request for Data Access:

Name of individual requesting data		Date of request	
Email		Telephone	
Institutional affiliation and intended users			
Request to (Department/Unit Name):			
Purpose of request			
Intended use			
Data required: refer to specific reporting formats and data elements			
Geographic coverage	<input type="checkbox"/> National <input type="checkbox"/> Selected districts <input type="checkbox"/> Selected health facilities,		
Format of data requested			
Type of request	<input type="checkbox"/> One time <input type="checkbox"/> Recurrent access	From:	To:
Reviewed by		Department/Unit	
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> More details required <input type="checkbox"/> Refused	Signature	Date

Annex 6 Template for Quarterly travel plan (in &out country).

Activities	MOH Department /UNIT					
	Field visit location	Scheduled time(starting and ending date	Purpose of the travel	Added value/expected results	Estimated cost in rwf	Expected Participants Staff members

Annex 7. international NGOs requiring a memorandum of understanding and registration certificate for the first time (required documents):

The INGO is requested to submit an application letter addressed to the Hon. Minister, this is then routed via the Partners' Coordination desk for further assistance. The Partners' Desk will request the INGI to submit:

- a. Submit notified constitution/by-laws of the INGO
- b. Submit a memo describing the long-term Objectives and Mission of the INGO and its experience worldwide in general and in Africa in particularly (if any)
- c. Submit a memo describing the strategic plan and action plan of the NGO to Rwanda and its link to the Health System Strategic Plan, Vision 20/20 and EDPRS
- d. Submit a Memo describing the resources of funds and financial capacity of the INGO
- e. Draft and submit a capacity building transfer plan to the national Health system structure and government staff

INTERNATIONAL NGO REQUIRING AN EXTENSION TO THEIR REGISTRATION (required documents):

The INGO is requested to submit an application letter addressed to the Hon. Minister, this is then routed via the Partners' Coordination desk for further assistance. The Partners' Desk will request the INGI to submit:

- a. a copy of the MoU,
- b. a copy of the registration certificate for previous year delivered by Immigration,
- c. a technical and financial annual report of the previous year approved by the relevant MOH technical department and concerned Districts represented by District Committee
- d. an annual capacity building transfer report approved by MOH technical department and partners coordination desk
- e. Annual work transfer plan
- f. a memo describing the source of funds, financial capacity and new program if any to the MOH via the Partner's Coordination/ SWAp desk.

LOCAL NGO REQUIRING FIRST-TIME REGISTRATION

The local NGOs needs to submit to the MOH:

- a. request letter to the Ministry, together with
- b. their constitution/by-laws,
- c. minutes of the initial meeting in which the president, vice president and the secretary of the organization are elected,
- d. list of founding members and their signatures,
- e. statement showing the duly registered members who are the legal representatives of the organization,
- f. annual work plan that provides information on resources available to achieve objectives set by the NGO,
- g. preferably accompanied by documents on current and future projects
- h. Documentation on the availability of funds or agreement of funding for the NGO
- i. Letter of collaboration from the district for this year (obtained by submitting to the district the MOU with the MOH request letter and the action plan for the

- district)
- j. Memo describing the program's relation to the Vision 2020 and the Economic Development and Poverty Reduction Strategies
- k. Memo describing the financial capacity of the organization (sources of financing)

LOCAL NGOs REQUIRING AN EXTENSION TO THEIR REGISTRATION:

The local NGO needs to submit with their application letter to the Hon. Minister:

- a. A Copy of the MoU
- b. Copy of the registration certificate for previous year delivered by Immigration
- c. Technical and financial annual report of the previous year approved by MOH technical department and partners coordination desk
- d. Annual capacity building transfer report approved by MOH technical department and partners coordination desk
- e. Annual work transfer plan.
- f. Appear in resource tracking tool from MOH
- g. Memo describing the source of funds, financial capacity and new program if any.

OBTENTION OF TECHNICAL ASSISTANT CARD AND VISA FOR EXPATRIATE TECHNICAL ASSISTANT OR VOLUNTEER WORK WITHIN PUBLIC HEALTH SECTOR UNDER INGOs AND COOPERATION

An application letter needs to be addressed to the Hon. Minister of Health with the following documents:

- a. Copy of the Memorandum of understanding between MOH and project/NGOs or Cooperation agreement
- b. Copy of passport of the person(s) requesting the card and VISA
- c. Police clearance and certified copies of diplomas/ degrees for Volunteers working in technical cooperation
- d. 2 passport pictures of the person(s) requesting the card and VISA
- e. Clear ToR if the Technical Assistant
- f. Contract of the Technical Assistant
- g. Capacity building transfer plan of the Technical assistant to National health structure of government staff
- h. Recommendation from Health Professional body (If candidate is Health Professional)

OBTENTION OF AN EXTENSION OF TECHNICAL ASSISTANT CARD AND VISA FOR EXPATRIATE WORK UNDER INGOs AND COOPERATION

An application letter needs to be addressed to the Hon. Minister of Health with the following documents:

- a. Copy of passport of the person(s) requesting the card
- b. Police clearance and certified copies of diplomas/ degrees for Volunteers working in technical cooperation
- c. 2 passport pictures of the person(s) requesting the card
- d. Copy of the MoU with the NGO or Organization
- e. Clear ToR if the Technical Assistant/Volunteer
- f. Contract of the Technical Assistant/Volunteer
- g. Capacity building transfer plan of the Technical assistant /Volunteer