

**QUARTERLY PERFORMANCE MONITORING REPORT #16  
OCTOBER - DECEMBER 2008**

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## ACRONYMS

<b>AMTSL</b>	Active Management of Third Stage of Labor	<b>MINISANTE</b>	Ministry of Health
<b>ANC</b>	Antenatal Care	<b>MIS</b>	Management Information System
<b>ARBEF</b>	<i>Association Rwandaise du Bien-Etre de la Famille</i>	<b>MPA</b>	Minimum Package of Activities
<b>CHIS</b>	Community-Based Health Information System	<b>MSH</b>	Management Sciences for Health
<b>CHW</b>	Community Health Worker	<b>MTEF</b>	Medium Term Expenditure Framework
<b>CNLS</b>	<i>Commission Nationale de lutte contre le SIDA</i>	<b>NDIS</b>	National Decentralization Implementation Structure
<b>COPEGOL</b>	<i>Compétition pour l'Excellence dans la Gouvernance Locale</i>	<b>NHA</b>	National Health Accounts
<b>CS/M/N</b>	Child Survival/Malaria/Nutrition	<b>OJT</b>	On-the-Job Training
<b>CTAMS</b>	<i>Cellule Technique aux Mutuelles de Santé</i>	<b>PAC</b>	Postabortion Care
<b>CYP</b>	Couple Years of Protection	<b>PAQ</b>	<i>Partenariat pour l'Amélioration de la Qualité</i>
<b>DDP</b>	District Development Plan	<b>PBF</b>	Performance-Based Financing
<b>DED</b>	<i>Deutscher Entwicklungsdienst</i> /German Development Service	<b>PMI</b>	President's Malaria Initiative
<b>DIF</b>	District Incentive Fund	<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>DIP</b>	Decentralization Implementation Plan	<b>PNBC</b>	Community Based Nutrition Program
<b>EGPAF</b>	Elizabeth Glaser Pediatrics Aids Foundation	<b>PNILP</b>	<i>Programme National Intégré de Lutte Contre le Paludisme</i>
<b>EONC</b>	Emergency Obstetric and Neonatal Care	<b>PNP</b>	Policies, Norms and Protocols
<b>EPI</b>	Expanded Program of Immunization	<b>RALGA</b>	Rwandese Association of Local Government Authorities
<b>FARN</b>	<i>Foyers d'apprentissage et de réhabilitation nutritionnelle</i>	<b>RH</b>	Reproductive Health
<b>FC</b>	Field Coordinator	<b>RPRPD</b>	Rwandan Network of Parliamentarians for Population and Development
<b>FHI</b>	Family Health International	<b>RTI</b>	Research Triangle Institute
<b>FP</b>	Family Planning	<b>SWOT</b>	Strengths Weaknesses Opportunities and Threats
<b>GBV</b>	Gender-Based Violence	<b>TWG</b>	Technical Working Group
<b>HBM</b>	Home-Based Management	<b>UNFPA</b>	United Nations Population Fund
<b>HEARTH</b>	Hearth Nutrition Model	<b>UNICEF</b>	United Nations Children's Fund
<b>HF</b>	Health Financing	<b>USAID</b>	United States Agency for International Development
<b>HIV</b>	Human Immunodeficiency Virus	<b>USG</b>	United States Government
<b>HMIS</b>	Health Management Information System	<b>VCT</b>	Voluntary Counseling and Testing
<b>IEC</b>	Information, Education and Communication	<b>VNG</b>	Netherlands International Cooperation Agency
<b>IMCI</b>	Integrated Management of Childhood Illness	<b>WB</b>	World Bank
<b>IUD</b>	Intrauterine Device	<b>WHO</b>	World Health Organization
<b>JADF</b>	Joint Action Development Forum		
<b>LGA</b>	Local Government Authority		
<b>MIGEPROF</b>	Ministry of Gender and Family Promotion		
<b>MINALOC</b>	Ministry of Local Government		

**TWUBAKANE PROGRAM HIGHLIGHTS  
OCTOBER-DECEMBER, 2008**

**Component 1: Family Planning/Reproductive Health/Gender**

- Training of 89 providers in Emergency Obstetrics and Neonatal Care and Focused Antenatal Care in Muhanga, Kirehe and Nyaruguru districts
- Validation of two trainers of Kayonza District in family planning through training of 25 providers
- Training of 13 supervisors in supportive supervision
- Completion and dissemination of assessment of acceptability of permanent methods of contraception

**Component 2: Child Survival/Malaria/Nutrition**

- HEARTH Model extended to 17 sites in the Rwamagana District
- 142 technicians trained in cold chain management in Kamonyi, Muhanga, Nyaruguru and Nyamagabe districts

**Component 3: Decentralization Policy, Planning, and Management**

- Collaboration with MINALOC on District Capacity-Building Needs Assessment
- Support to MINISANTE and MINALOC with management information systems and M&E framework
- Production of first draft of health financing policy

**Component 4: District Capacity Building**

- Support to districts for the preparation of their 2009 budgets and work plans and *imihigo* contracts
- Support to districts for the regular operations of Joint Action Development Forums
- Training of district auditors in Eastern Province
- Supervision, monitoring and evaluation of the implementation of 2008 District Incentive Fund grants activities and support for preparation of proposals for 2009 grant activities

**Component 5: Health Facilities Management and *Mutuelles***

- Ongoing supervision of *mutuelles* and *mutuelle* managers
- Support to MINISANTE and health facilities to strengthen health facilities management, preparation of strategic health plans and budgets
- Support to MINISANTE to produce a revised *mutuelles* policy document, review of the financial viability of *mutuelles*.

**Component 6: Community Engagement, Participation, and Oversight**

- Support for two training sessions in androgogy for 56 community health worker trainers in Ruhango District
- Training of CHWs in the integrated community health package in Ruhango District
- Support to MINISANTE in development of the terms of reference for the national CHW database
- PAQ team coordination meetings in 10 of the 12 Twubakane-supported districts

## 1. INTRODUCTION

The Twubakane Decentralization and Health Program is a five-year, more than \$30+ million program funded by the U.S. Agency for International Development (USAID) and the Government of Rwanda. The goal of this USAID/Rwanda partnership is to increase access to and the quality and use of family health services by strengthening the capacity of local governments and communities to improve health service delivery. The program is implemented by IntraHealth International, Research Triangle Institute (RTI) International and Tulane University in partnership with the Government of Rwanda. Twubakane also works with the RALGA, EngenderHealth, VNG (Netherlands International Cooperation Agency) and Pro-Femmes.

The Program has six integrated components: 1) FP and reproductive health (RH); 2) child survival, malaria and nutrition; 3) decentralization policy, planning and management; 4) district-level capacity building; 5) health facilities management and *mutuelles*; and 6) community engagement and oversight.

Twubakane's strategy focuses on improving the capacity to offer decentralized services but also includes selective support for the development of health and decentralization policies, protocols and strategy guidelines at the national level. Working closely with ministries and other partners on nationally adopted manuals and programs, Twubakane supports the use of these materials in program districts.

The name Twubakane, "let's build together" in the Kinyarwanda language, reflects the effort of our many partners—the Government of Rwanda, USAID, members of our team, public and private sectors, health care providers, communities—to join forces to build a solid base for an effective decentralized health care system in Rwanda.

### **Twubakane Program Participating Districts**

- 1) Nyarugenge, Kigali
- 2) Kicukiro, Kigali
- 3) Gasabo, Kigali
- 4) Ngoma, Eastern Province
- 5) Kayonza, Eastern Province
- 6) Kirehe, Eastern Province
- 7) Rwamagana, Eastern Province
- 8) Kamonyi, Southern Province
- 9) Muhanga, Southern Province
- 10) Nyaruguru, Southern Province
- 11) Nyamagabe, Southern Province
- 12) Ruhango, Southern Province

## 2. KEY ACCOMPLISHMENTS AND PROGRESS

During the last quarter of 2008, the Twubakane team worked closely with district teams and technical units of the Ministry of Health (MINISANTE) and Ministry of Local Administration (MINALOC) to finalize the Twubakane 2009 workplan, ensuring harmonization at the central and decentralized levels. Twubakane organized a staff retreat in November that focused on prioritizing activities for the final year of the project, and ensuring that mechanisms are in place to ensure that the workplan is respected and results fully documented during the last year of this five-year project.

To ensure full documentation of the impact of and lessons learned by the Twubakane Program, in December 2008, an evaluation was conducted of the community-provider partnership, or PAQ (*Partenariat pour l'Amélioration de la Qualité*) approach.

Also in December, Twubakane conducted a Rapid Facilities Assessment of all in all Twubakane-supported 136 health centers and 14 hospitals. Finally, preparations were made for a health governance assessment that will take place in January-February 2009.

## **2.1 TWUBAKANE PROGRAM FIELD OFFICES**

The Twubakane Program field coordinators continue to play pivotal roles in the program, acting as liaisons between the Twubakane office and operations in Kigali and local program activities in districts. A significant contribution of the field offices is notifying the technical staff in Kigali when there is a problem with stockouts or equipment that needs to be addressed. This quarter, field coordinators continued to support the implementation of DIF Grants in their respective districts. Field coordinators worked closely with their districts by participating in district management meetings and district activity planning through the development of MTEFs and annual workplans. They also participated in *mutuelle* management system reorganization meetings and JADF meetings. The field coordinators in the southern province worked with local authorities this quarter during the *imhigo* performance contract evaluation. It was noted by provincial authorities that three of the four highest performing districts nationally are Twubakane-supported districts.

## **3. PERFORMANCE REVIEW BY PROGRAM COMPONENT**

### **3.1 FAMILY PLANNING/REPRODUCTIVE HEALTH ACCESS AND QUALITY/GENDER**

- ***Increase access to and quality/use of FP and RH services in health facilities and communities***

To support increased access to quality FP/RH services, the Twubakane Program works in close collaboration with the Government of Rwanda and a variety of partners. At the central level, Twubakane participates actively in technical working groups, including FP, safe motherhood and prevention of and response to gender-based violence. This quarter, Twubakane also participated in the launch of the White Ribbon Alliance in Rwanda, and helped facilitate meetings of the Inter-Ministerial Task Force on Population and Development and the Rwandan Network of Parliamentarians for Population and Development. At decentralized levels, Twubakane continued this quarter to support districts and health facilities through training and support to trainers and providers in FP, Emergency Obstetric and Neonatal Care (EONC), focused antenatal care, supportive supervision and mobilization activities, as well as ongoing procurement of equipment and supplies for FP secondary posts. In addition, activities stemming from the GBV prevention and readiness assessment recommendations have included planning meetings with policymakers, implementers and the National Police of Rwanda officials.

In October, a Twubakane team member participated in a regional workshop in Senegal on post-abortion care (PAC) as a member of the Rwandan delegation. During the workshop, best practices and success stories were shared, and the Rwandan delegation developed an action plan that includes conducting a situational analysis of post-abortion care in Rwanda and strengthening of PAC services at the hospital level.

This quarter, Twubakane also participated in a workshop led by the WHO and UNFPA to prepare tools for the audit of maternal deaths in Rwanda, and will support the rollout of the audit process to better identify causes of maternal deaths and means of preventing them.

**Repositioning family planning (FP):** The Twubakane Program continues to support repositioning of FP in Rwanda through its active participation in the FP technical working group and various technical sub-committees, and through activities supported by the Hewlett Foundation's grant to support the family planning policy environment.

To expand the package of contraceptive methods in the 12 Twubakane-supported districts, this quarter the program conducted a needs assessment on permanent surgical methods of contraception in Rwanda (both vasectomy and tubal ligation). The assessment includes the availability of services in the district hospitals and private clinics, the cost of these services, and the acceptability of surgical contraceptive methods by the population. The tools for data collection were pretested at Rukira Health Center in Ngoma and data collection was carried out in Rwamagana and Nyamagabe districts. In total, 199 people participated in focus group discussions and 12 health workers participated in in-depth interviews. The results of the assessment were disseminated in December at a workshop during which the 50 participants made suggestions that were incorporated into the final report. Next steps were also discussed and specific activities regarding training of health care providers and sensitization of clients have been integrated into Twubakane's 2009 workplan.

**Training and supervision of FP providers:** To improve capacity in the provision of FP services, Twubakane supported training for a total of 25 health care providers from seven districts, including two FP trainers from Kayonza District who became officially certified as trainers. The health care providers practiced their new skills during the practicum phase, providing 160 clients with pills, 270 with Depo-Provera injections, 38 with intrauterine devices (IUDs), 231 with *Jadelle* implants and 6 with condoms. Participants' scores from pre- to post-test increased from 30% to 80%.

As supervision is key to the learning process and quality service delivery, this quarter Twubakane trained 13 district hospital supervisors in supportive supervision. In addition, an orientation to on-the-job training (OJT) was provided to FP trainers and supervisors in Ruhango during the month of December and 32 health center-level trainers were trained in OJT. This next quarter, OJT for FP will be introduced in Ruhango District to ensure that entire teams of health center staff are available to offer FP counseling and services.

**FP secondary posts:** To improve access to FP services for clients of Catholic-supported facilities, the Twubakane Program has supported the establishment of FP secondary posts. This past quarter, Twubakane supported the installation of seven secondary posts in Muhanga District and one in Kayonza District. To complete full coverage of secondary posts for Catholic health centers' catchment areas in the 12 Twubakane-supported districts, Twubakane will support two additional posts in Kamonyi, one in Gasabo, one in Kirehe and two in Ruhango (bringing the total number of secondary posts to 32). The secondary posts continue to have challenges, including sustained support from local leaders and the restocking of consumable products. The Twubakane team continues to work with local leaders and districts to overcome these challenges.

As noted below in the Monitoring and Evaluation section, progress has been made on ensuring data collection from the secondary posts.

**Emergency Obstetrics and Neonatal Care (EONC) training and supervision:** To address the need to expand and improve the quality of maternity services in hospitals and health centers, and to address the need for fistula prevention, Twubakane trained a total of 89 health care providers in integrated EONC and focused antenatal care from Muhanga (30 providers), Kirehe (29), and Nyaruguru (30) districts.

This quarter, Twubakane participated in and supported supervision visits for health workers trained in EONC in Nyarugenge District. Results of this supervision illustrated that many changes had been made in the overall quality of care provided at the health center since the training. Specifically, it was noted that health care providers systematically use partograms while monitoring women in labor, provide active management of the third stage of labor (AMTSL), and transfer knowledge to colleagues that have not been trained in EONC. It was also noted that certain equipment and materials have been purchased to allow the providers to practice their new skills. Recommendations from the supervision visits include the need to train all staff that work in the maternity in EONC and the importance of regularly consulting the EONC training documents for those who have been trained. The supervision team also advised the health center staff to involve the local authorities and notify the community of the changes that have been made to further encourage women to deliver at health centers.

**Technical assistance for information, education and communication/behavior change communications (IEC/BCC) activities:** In collaboration with the MINISANTE and other partners, including ACCESS/JHPIEGO and UNICEF, information materials on maternal and neonatal health were developed and pre-tested. These materials include training modules for community health workers (CHWs), informational pamphlets, birth plan pamphlets, and tools for health care providers and CHWs. After being pre-tested, these materials will be printed and distributed to target audiences. Twubakane also supported the organization of, in collaboration with the MINISANTE, ACCESS and UNICEF, a workshop to develop training modules and messages for CHWs that will focus on maternal health (*animatrices de santé maternelle*).

Also this quarter, several FP sensitization activities were conducted. In collaboration with Muhanga District authorities, Twubakane staff participated in a sensitization activity in FP for 96 leaders and local government authorities. Twubakane also provided FP information for participants of a health mobilization day at the end of October for US government employees and their families.

**Prevention of and response to gender-based violence (GBV):** Twubakane continues to support GBV-related policy development, strategic planning and awareness in Rwanda. This quarter, several retreats and meeting were held as part of the process to implement recommendations from the readiness assessment. Twubakane supported a retreat of legal and political decision makers to define strategies to reinforce the legal and political environment for GBV prevention and care.



Twubakane participated in several partners meetings and retreats to develop strategies for GBV case management in the health sector, revise the National Gender Policy at the Ministry of Gender and Family Promotion (MIGEPROF), validate the East African Gender Integration Strategy, and disseminate the Strategic Plan for GBV prevention in Ngoma District. Twubakane staff also attended the 15<sup>th</sup> International Conference on HIV/AIDS and STIs in Africa which took place in Dakar, Senegal. The team had the opportunity to present the GBV Readiness Assessment that had been disseminated in Rwanda in May 2008.

In collaboration with the GBV team, an advocacy day to sensitize people on the fight against GBV was held in Gikomero Health Center on December 5, 2008, as part of the 16 Days of Activism Against Gender-Based Violence. The theme of the day was “Collaboration between Police, Health Facilities and Communities in the Fight against GBV.” Key messages on that day focused on sensitizing people to break the silence concerning GBV and on the importance of multisectoral collaboration in fighting GBV (e.g., bringing health care providers, police and community together). Representatives from the US Embassy in Rwanda, USAID, the National Police, the MIGEPROF, district officials led by the District Mayor and health care providers from Gikomero health center were present. The Twubakane team and Pro-Femmes Twese Hamwe also were present as key partners in the fight against GBV. The community-provider partnership team (PAQ) of Gikomero health center supported community mobilization for the event.

Also this quarter, the GBV team met with representatives of the national police and the Kigali City police to further develop activities planned for 2009. Twubakane will work with the police to build its capacity to respond and manage GBV cases in collaboration with the community and the health sector. During the first quarter of 2009, an instructional design consultant will support Twubakane to finalize the adaptation of joint GBV sensitization module for health care providers and police; meet with police and service providers to confirm desired performance as it relates to GBV-response; develop training objectives and protocol outlines for police and health care providers; adapt the training curriculum for police and adapt the training curriculum for health care providers.

### ***3.2 Child Survival, Malaria and Nutrition Access and Quality***

- ***Increase access to and quality/use of malaria, nutrition and child health services in health facilities and communities***

Twubakane continues to work closely with the MINISANTE and other partners to support a variety of child survival activities. At the central level, Twubakane participates actively in a variety of technical working groups including integrated management of childhood illness (IMCI), nutrition, community health and malaria. This quarter, Twubakane staff continued to support HBM supervision, training of trainers and of CHWs in the integrated community package (principally in Ruhango District), training of cold chain maintenance technicians, trainings in clinical IMCI and extension of HEARTH sites in Rwamagana. Steps towards effective supervision of community health interventions have been taken through revision of performance-based financing (PBF) indicators and inclusion of supervision indicators at the health center level.

**President's Malaria Initiative (PMI):** Twubakane continues to assist the United States Government (USG) PMI team and the National Malaria Control Program (PNILP) in the implementation of PMI activities including home-based management (HBM) of malaria, community IMCI, and the community-based health information system (CHIS). This quarter, Twubakane participated in the planning, implementation, coordination and monitoring of PMI activities at the national and district level and revised its PMI workplan to fit the needs of the PNILP. Twubakane staff also supported the MINISANTE in the collection of HBM data in the five Twubakane-supported HBM districts.

**Home-based management (HBM) of malaria fever:** Twubakane continues to provide support for HBM activities in Ruhango (as a part of the integrated community health package), Bugesera, Gasabo, Kicukiro and Nyarugenge districts. This quarter, Twubakane assisted the MINISANTE by providing one-day refresher trainings for 210 community health workers in Nyarugenge. Twubakane also provided technical and financial support for supervision of health centers and community health workers in HBM. Twenty-two health centers and 1161 CHWs in Bugesera, Kicukiro, Nyarugenge and Gasabo Districts were supervised in collaboration with health center staff. All of the CHWs in Ruhango District and newly trained CHWs in Nyarugenge, Kicukiro and Gasabo districts received kits for HBM and community IMCI. The materials included 1070 umbrellas, boots, bags and stickers distributed to CHWs in Ruhango and 571 boots, 650 umbrellas, 650 bags, 650 stickers, 79 flashlights and 79 batteries distributed to the CHWs in the three districts of Kigali.

**Clinical and community IMCI:** Twubakane continues to support the Maternal and Child Health (MCH) Task Force's IMCI working group. During the past quarter, research was conducted by the MINISANTE in Kirehe and Bugesera districts to analyze the quality of case management for children at the health center level. The results of the research demonstrated that the quality of care is good in the health centers where clinical IMCI is being implemented (Kirehe District). To address the problem of staff turnover and improve the quality of case management of children in all health centers, Twubakane trained 32 providers from all 12 Twubakane-supported districts in clinical IMCI. Following these trainings, Twubakane conducted monitoring of IMCI-trained providers in Nyaruguru, Nyamagabe, Ruhango, Muhanga and Kamonyi districts. Hospital supervisors appreciated that the trained providers in Nyaruguru, Nyamagabe and Ruhango districts were accurately following IMCI protocols. Challenges were noted in Kamonyi and Muhanga districts, where IMCI-trained providers had problems respecting the clinical IMCI approach due to lack of follow up by the district supervisors. These issues were discussed with the district hospital supervisors, who agreed to provide more regular supportive supervision.

Twubakane continues to support MINISANTE's community health desk in its implementation of community IMCI and play an active role in the community health technical working group. Last quarter, all CHWs in Ruhango were trained in community IMCI. This quarter, Twubakane conducted and supported supervision visits of these trained CHWs in Ruhango. A total of 168 CHWs were visited in their homes by their health center supervisor, and 911 others met the supervision team during their monthly meeting at the health centers. Overall, the health center supervisors noted that the CHWs were offering high-quality and appropriate services. Some problems were noted with filling out reports; coaching was provided during the home visits and a review of reporting during the monthly meetings to address these problems.

**EPI and Cold Chain Management:** Twubakane continues to support the Expanded Program of Immunization (EPI) desk in the training of cold chain technicians. This quarter, Twubakane provided technical and financial support to train two people as cold chain technicians from each health center in four districts. Each three-day training covered vaccine procurement, vaccine management, and refrigerator maintenance. A total of 142 technicians were trained from health centers in Kamonyi, Muhanga, Nyaruguru and Nyamagabe districts.

**Nutrition:** The Twubakane Program continues to participate in the nutrition working group in the MINISANTE and the implementation of the HEARTH approach. Last quarter, Twubakane staff, in collaboration with a team of supervisors from Rwamagana hospital, health providers and CHWs from Muyumbu and Karengye health centers organized the monitoring of HEARTH site implementation. When this approach was launched, there were two sites in Karengye and three in Muyumbu. This quarter, the approach was expanded to include nine sites in Karengye and eight in Muyumbu. Thanks to implementation of the HEARTH approach, 45 children under five with malnutrition were treated at HEARTH sites in Muyumbu health center zone, and 60% have fully recovered. Likewise, 65 children with malnutrition were treated in HEARTH sites in Karengye, and 66% have fully recovered. There was useful exchange between supervisors, CHWs and model mothers (or *mamans lumières*) during these monitoring visits.

Also this quarter, Twubakane staff trained 29 CHW trainers in the community-based nutrition program and the HEARTH Model in Nyamagabe District. Two providers were trained in each health center, four providers in the district hospital and two district authorities. Twubakane also trained 198 CHWs on the community-based nutrition program and the HEARTH model in Kamonyi and Nyamagabe districts.

### **3.3 Decentralization Planning, Policy and Management**

- ***Improve the capacity of the Ministry of Local Administration (MINALOC) and the MINISANTE to put policies and procedures in place for decentralization, with a focus on health sector integration and decentralization***

The MINALOC and the MINISANTE have developed effective procedures, manual and guidelines to support the decentralization of health services and to consolidate gains made during this second phase of decentralization. The MINALOC and its partners are on target for reaching objectives outlined in the Decentralization Implementation Plan. Remaining challenges include identification of funding, mechanisms for the flow of funding, and ensuring sufficient staffing at all levels. MINALOC is preparing to put into place the third phase of decentralization, with greater emphasis on sector-level roles and responsibilities concerning service delivery, and development partners are striving to align to the upcoming changes.

**Collaboration with MINALOC on District Capacity-Building Needs Assessment:** Twubakane has continued to work closely with the MINALOC's National Decentralization Implementation Strategy (NDIS) unit, other development partners and local government authorities to support the district capacity-building mapping exercise, identify key recommendations and produce and disseminate the report. In the 12 Twubakane-supported

districts, Twubakane worked with district teams to ensure that key capacity-building activities were included in 2009 workplans. Twubakane will continue to assist the MINALOC to support the district capacity-building action plan for 2009, as well as contributing to development of procedures to establish funding mechanisms to support the action plan.

**Collaboration with MINALOC and partners on management information system (MIS):** In November and December 2008, with financial support from GTZ, the MIS Fair Group advanced in finalizing and validating the district monitoring and evaluation and management information system (M&E and MIS) framework and manual. Twubakane staff participated in monthly meetings and a two-day workshop to review and validate the manual, to develop a strategy for dissemination of the manual, to harmonize baseline indicators (87 core indicators on which districts and sectors will report on a quarterly basis in a web-based reporting system) and to plan for the Annual Plan Monitoring System. Participants recognized some of the challenges for this activity, and made some key recommendations. MINALOC must coordinate the dissemination of the manual and the subsequent follow-up of its implementation. As such, the M&E and MIS framework needs a strong institutional anchoring within the MINALOC as it is primarily intended to reduce the data collection and analysis burden on districts and sectors. To accomplish this, an M&E and MIS unit has been recommended, which would have the complete overview and understanding of information collection and treatment systems and requirements in the districts and sectors.

**Collaboration with MINISANTE and partners on national Health Management Information System (HMIS):** This quarter, Twubakane staff participated in several workshops and technical work group meetings to review health information system indicators on health and community performance-based financing (PBF), data collection tools for the *mutuelles* information system, and other monitoring and evaluation systems. Several workshops were conducted by MINISANTE with development partners with the intention of simplifying and harmonizing the various data collection systems for reporting on health sector activities and indicators. This proves to be a challenging activity as there still are multiple systems in place and different understandings and definitions of specific indicators. Another challenge that still needs to be fully addressed is linking management information systems for health to other information systems, including the MINALOC's M&E and MIS Framework.

Related to the HMIS effort described above, a series of workshops were held at the end of October 2008 to define, review and validate the community PBF indicators, of which a core set has to be incorporated into the HMIS software and data collection system. As indicators that will be rewarded through community PBF will, to a certain extent, determine the behavior and priorities of CHWs, it was important that both preventive and curative services be taken into consideration. The challenge of this activity was not to lose or eliminate any key indicators or oversimplify their definitions and means for collecting the data.

Twubakane staff noted that there was potential for a duplication of effort as the set of community health indicators and data collection tools that were worked on by Twubakane staff and validated by the community health desk at MINISANTE in 2007, were not systematically taken into consideration.

In December 2008, the MINISANTE organized workshops to prepare the national HMIS strategic plan. The first workshop, facilitated by Management Sciences for Health and the MINISANTE, focused on using the Health Metrics Network assessment of the current system and indicators, and to come up with a set of practical recommendations for improvement. Results from the 2006 Twubakane-supported HMIS assessment were presented and used a reference document during the workshop.

**Support to MINISANTE for revision of national Policies, Norms and Protocols (PNP):**

This quarter, Twubakane continued to provide technical assistance to finalize the document of PNP for the health sector. This continues to be a slow process, partially due to competing priorities of the MINISANTE desk and local consultants. Final drafts have been prepared and submitted to the MINISANTE for review, along with a proposed field testing and dissemination strategy. The Permanent Secretary of the MINISANTE requested that norms for school health care and opportunistic infections related to HIV/AIDS be included. The detailed guide to the field-testing strategy of the document clearly explains step-by-step how to develop a simple field-test strategy including a list of major activities during the process. Twubakane staff is working to ensure that the MINISANTE and development partners work together to get this important task completed.

**Support to health financing:** The MINISANTE's priority this quarter was the production of the first draft of the national health financing policy. Twubakane worked in collaboration with other partners to support this effort. This policy provides the overall framework for the financing of health services and other activities related to health in Rwanda. The policy is designed to facilitate an institutional environment for sustainable financing of the health sector, the health components of the Economic Development and Poverty Reduction Strategy (EDPRS), the Health Sector Strategic Plan (HSSP) II, and operational plans. The health financing policy will focus on two main dimensions of health performance and service delivery in Rwanda: achieving the health MDGs and financial equity at all levels. Twubakane continues to support the health financing user group, whereby documents and information are posted for the MINISANTE and stakeholders to use for various health financing activities. A health financing desk and health financing technical working group are soon to be formalized within the MINISANTE, following specific recommendations of the Joint Health Sector Review meeting in November 2008 and HSSP II planning sessions. Twubakane staff have committed to participating actively in this technical work group.

**Collaboration with the Rwanda Association of Local Government Authorities (RALGA) for district capacity building:**

This quarter, Twubakane collaborated with RALGA to support the Local Government Authorities (LGA) Innovations Day, and the Local Government Competition for Excellence (*Compétition pour l'Excellence dans la Gouvernance Locale*, COPEGOL) best practices contest. Twubakane provided technical and financial assistance for the organization of the COPEGOL event. The contest aims at identifying and promoting good practices and innovations in local governance and provides incentives, including monetary awards and other technical and material support, to local governments that document success in promoting better governance. This year's Rwandan awards were announced at a Rwanda Innovation Day event for local government authorities in Kigali on November 21, 2008. The event, managed by RALGA, drew 428 participants, including LGAs, governors, ministers and

permanent secretaries, and members of the parliament. The ceremonies were presided over by the Minister of Local Administration, the Minister of Finance, and the President of RALGA. A total of 300 cells, 14 sectors and five districts submitted their best practices and innovations. A total of eight cells, eight sector and four districts were considered semi-finalists. Each of the semi-finalist best practices were visited and documented for possible replication in other areas. Several of winners are in the Twubakane-supported districts, including Rwamagana District, which won a \$20,000-prize for an innovative rabbit breeding project for income generation.

Twubakane, through partner VNG, continues to support RALGA's capacity-building program officer. This quarter, a VNG consultant supported her and the RALGA team in the development of a capacity-building strategy for RALGA members and LGAs. In its 2006-2009 strategic plan, RALGA includes expansion of its role as a broker to meet members' capacity-building needs by liaising with institutions and development partners. RALGA is developing a mechanism for collecting and analyzing information related to capacity-building needs and services. With technical assistance received this quarter, RALGA was able to develop a simplified approach to assess needs and map available services. (This exercise is linked to MINALOC's capacity-building needs assessment and plans.)

### **3.4 District-Level Capacity Building**

- ***Strengthen capacity of districts to plan, budget, mobilize resources and manage services, with an emphasis on health services***

**Preparation of 2009 budget and planning documents:** Twubakane continued to provide on-going support to the districts, sectors and the City of Kigali in their preparation of 2009 budget and planning documents. The Twubakane team collaborated with district and sector local government officials and technical staff to prepare their 2009 MTEFs, annual work plans, *imihigo* contracts, capacity-building plans, and procurement plans. Many of the district work sessions were supported financially and technically through the Twubakane District Incentive Fund (DIF) grants. Twubakane staff ensured that a full range of health sector activities was integrated in the various planning and budgeting documents. In addition, Twubakane supported districts in convening Joint Action Development Forum (JADF) meetings to assemble development partners and local NGOs to harmonize development activities. For 2009 action plans, districts received guidance on developing six-month budgets to align their budget and planning to the New Partnership for Africa's Development (NEPAD) new budget and planning cycle (July to June). Annual plans will be prepared for the July 2009 - June 2010 time period starting in March 2009. Several Districts drafted 1 ½-year budgeted work plans. Twubakane staff has observed that the districts have made considerable progress managing sectoral programs, service delivery, regular budgeting and planning processes, and realistic reporting on *imihigo* contract results.

Twubakane field coordinators participated in the annual *imihigo* contract reviews of districts, along with other central government and provincial officials. The Southern Province districts are especially noteworthy in their progress on tracking and evaluating *imihigo* performance. Nyamagabe District, one of the Twubakane-supported districts, came in first place for 2008 performance in the annual Government of Rwanda competition on *imihigo* performance.

**Governance and leadership retreat:** A three-day workshop was held this quarter in Ngoma District, with Twubakane support, for members of district councils, the executive committee, executive secretaries of sectors, and directors of the district technical units. A total of 48 participants participated, and learned about principles and practices of leadership and good governance, conflict management, time management, and team building. Participants were divided into working groups to discuss and agree on methods and best practices for managing the district's administration and technical service delivery programs. A list of over 50 recommendations was generated, including specific recommendation for improving health service delivery.

**District Joint Action Development Forums (JADF):** JADFs were supported in all 12 Twubakane-supported districts. During this quarter the following JADFs received particular technical assistance from Twubakane field coordinators and staff: Ngoma, Nyarugenge, Ruhango, Nyaruguru, Nyamagabe, and Gasabo. In Ruhango District, Twubakane and the Southern Province worked together to evaluate the development and field activities carried out by members of the forum. An evaluation form was developed and administered to 32 JADF partners that included cooperatives, local NGOs and international NGOs. The results of the evaluation were instrumental in helping JADF participants better understand their roles and responsibilities and the impact of their activities on district development programs. The evaluation form is now being standardized for use in other districts and provinces throughout the country.

**Audit training:** In the second quarter of 2008, Twubakane collaborated with the Ministry of Finance and Economic Planning (MINECOFIN), German Development Service (DED) and Rwandan Institute of Administration and Management (RIAM) to develop a district auditors training and orientation program, and an initial training course was provided to all district auditors. This quarter, Twubakane offered training and orientations sessions for 16 participants in Ngoma, Kirehe, Kayonza and Rwamagana districts to orient district officials on audits, principles of auditing as a transparency and accountability mechanism, and support for auditing responsibilities of the district auditors. During the next quarter, the contents of the audit training manual and guidelines will be refined and supplemented, and district officials from Kigali and the Southern Province will benefit from trainings. Twubakane staff members have set up a system of formative supervision visits to the district auditors.

**Civil society strengthening:** Twubakane worked with the *PlateForme de la Société Civile* to review and finalize a training module on the roles and responsibilities of local governments and civil society. The module includes how local governments can work with civil society to advance district development budgeting and planning, service delivery, and program implementation. Twubakane staff participated in a training of trainers, and one Twubakane staff member supported orientation sessions in Rwamagana District. Twubakane has asked the *PlateForme de la Société Civile* to carry out a training of trainers for all of its field coordinators and the community participation team. The training will be oriented towards Twubakane field staff contributions in incorporating civil society-strengthening activities in our programmed activities.

**District Incentive Fund (DIF) grants:** Twubakane continues to support the 12 districts and 155 sectors, along with the City of Kigali, through its technical assistance and DIF grants implementation. The DIF grants remain one of the Twubakane Program’s main tools for providing districts not only with direct funding but also with the opportunity to strengthen budgeting, planning and management skills. Each district is scheduled to receive a total of \$150,000 in 2008 funds, and City of Kigali a total of \$30,000; a total of \$1.83 million. This quarter, Twubakane staff continued to monitor the implementation of 13 DIF grants for the 12 Twubakane-supported districts and the City of Kigali to ensure timely transfer of funds based on verification and reporting on milestones.

During this quarter, a total of 462,017,727 rwf was disbursed to the districts, equivalent to 46% of the total DIF grants allotment for 2008. Ten Districts and City of Kigali received their third disbursement for DIF grants activities and four districts (Kirehe, Muhanga, Nyamagabe, Ruhango) and City of Kigali received their fourth and final payment. Payments were made based on submission of accurate and complete financial reports and verification that project milestones had been achieved. Districts proved to have difficulty in providing timely technical reports. The table below illustrates the status of DIF grants disbursements and utilization as of December 31, 2008.

**Table 1: Status of 2008 DIF Grants disbursement and consumption (December 31, 2008)**

Province	District	Annual grant amount (rwf)	Grant amount transferred to date (rwf)	Amount spent to date (rwf)	Amount to be expended and justified (rwf)	Remaining amount to be transferred (rwf)
<b>Kigali</b>	Kigali	16,350,000	6,350,000	13,119,135	3,230,865	-
	Nyarugenge	81,750,000	60,691,104	40,253,604	20,437,500	21,058,896
	Kicukiro	81,750,000	65,662,000	45,224,500	20,437,500	16,088,000
	Gasabo	81,750,000	81,750,000	54,522,898	27,227,102	-
<b>East</b>	Ngoma	81,750,000	53,754,041	33,316,541	20,437,500	27,995,959
	Kayonza	81,750,000	50,666,100	30,228,600	20,437,500	31,083,900
	Kirehe	81,750,000	81,750,000	38,152,850	43,597,150	-
	Rwamagana	81,750,000	70,107,525	49,670,025	20,437,500	11,642,475
<b>South</b>	Kamonyi	81,750,000	57,523,137	37,085,637	20,437,500	24,226,863
	Muhanga	81,750,000	81,770,100	61,193,701	20,576,399	-
	Nyaruguru	81,750,000	39,890,158	19,452,658	20,437,500	41,859,842
	Nyamagabe	81,750,000	81,750,000	50,284,646	31,465,354	-
	Ruhango	81,750,000	81,750,000	54,245,284	27,504,716	-
<b>TOTAL</b>		<b>997,350,000</b>	<b>823,414,165</b>	<b>526,750,079</b>	<b>296,664,086</b>	<b>173,950,935</b>



Regular monitoring and evaluation missions were carried out for DIF grants activities in all 12 districts. As of the end of December, the majority of the districts were on their way to completing the programmed activities for 2008, It was anticipated, however, that there would be at least one to two month delays requiring contract extensions. Most of the districts indicated that they would apply for a one-month contract extension (ending January 2009), though Kayonza and Nyaruguru districts indicated that they would require two-month extensions (through February 2009).

In light of the fact that Twubakane is entering the last year of the program, the Twubakane staff and the districts are working diligently to close out 2008 activities as well as start up 2009 activities. Twubakane's DIF grants team maintained close contact with district officials during the quarter to ensure that they begin programming 2009 DIF grants activities and submit proposals by January 5, 2009. A series of letters was sent to the districts with copies to the MINISANTE and MINALOC. The ministers and the governors of the Southern and Eastern Provinces have been proactive in contacting districts to motivate them to close out 2008 activities and program 2009 DIF Grants. By the end of December, the districts of Muhanga, Ruhango and Rwamagana had submitted draft project proposals for 2009 grants.

Toward the end of the year, three districts requested modifications and substitutions for some projects based on changing needs and realities at the district level. Kirehe District replaced the land use planning project in Mahama Sector with a renovation project of district offices. Nyamagabe District replaced a pig farm income-generation project with the purchase and distribution of cows. Kamonyi District replaced the purchase of a machine for the production of agro-tubes for the culture of mushrooms with the purchase and distribution of medical equipment for health centers.

Cost-share documentation has been progressing and districts have documented a total of 191,026,976 rwf (\$347,322) thus far for 2008. Some districts have yet to attain the minimum required 15% in cost-share reporting, but Twubakane staff is working with all districts to meet the target by the completion of their 2008 DIF grants justification. Financial reporting and accounting has improved and it has been noted that district accountants are much more proficient at submitting accurate financial reports, and are quick to correct errors that are pointed out during expense reporting reviews. Progress also is being made on using the standard district accounting software for DIF grants accounting and reporting.

Twubakane staff will proceed with the analysis and evaluation of 2009 project activities and will have initial contracts and disbursements completed by February/March 2009.

### **3.5 *Health Facilities Management and Mutuelles***

- ***Strengthen capacity of health facilities, including health centers and hospitals, to better manage resources and promote and improve the functioning of mutuelles***

**Strengthening health facilities management:** Twubakane is providing ongoing support to health facility managers in their preparation of strategic plans and budgets at health facilities. This quarter, three principle activities were carried out.

In October, Twubakane held a workshop to share results of an assessment on health facility management, to report on management problems observed during the assessment and to discuss with a variety of stakeholders recommendations to improve health facility management. The assessment focused on a review of management practices related to: management responsibilities, obligations and cycles of health facilities; strategic planning and budgeting processes; strengths and weaknesses of financial and administrative management (including human resources) and accounting; health information systems, data collection and utilization; and the organization, patient flow and delivery of health care services. The 28 workshop participants, including MINISANTE's health facility managers, district health directors, hospital directors, health center managers and development partners, supported the recommendations from the assessment and proposed a mechanism to ensure that the recommendations be implemented, including regular meetings to discuss health facility management issues.

This quarter, seven health center managers and 14 Muhima Hospital staff in from Nyarugenge District participated in a training on strategic and operational planning. By the end of the training, the health center managers had the tools and skills to develop, or improve upon, their strategic plans, business plans and annual operational plans with continued support from the Muhima Hospital team.

As part of continued support provided to health facilities in Ruhango District, this quarter the Twubakane team organized meetings to follow up on and review strategic plans and action plans. The district hospital and managers from six health centers (Muyunzwe, Gitwe, Byimana, Kinazi, Kigoma and Mukoma), and presented drafts of their plans for feedback and recommendations.

**National support for *mutuelles*:** Twubakane continues to participate actively in the monthly *mutuelles* technical work group sessions. In collaboration other development partners, Twubakane supported the *Cellule Technique d'Appui aux Mutuelles de Santé* (CTAMS) to review the *mutuelles* policy document, finalize the CTAMS 2009 annual work plan and ensure that Twubakane's activities aligned with the unit's priorities, and improve the *mutuelles* management manual, and development partners. Twubakane also participated in orientations on the rollout of a new *mutuelles* data system modeled on the performance-based financing (PBF) system, and will continue to participate and support the rollout.

***Mutuelles* in Twubakane-supported districts:** This quarter, Twubakane provided supportive supervision to *mutuelles* sections in Kirehe, Kayonza and Rwamagana districts and supported district-wide *mutuelles* review sessions carried out in Kirehe, Muhanga and Rwamagana districts. Supervision visits to 20 *mutuelle* sections provided an opportunity to note and suggest solutions to ongoing problems. Most of the sections visited were in financial difficulties and unable to honor their debts to health centers by the end of 2008. Only five of the 20 sections visited were capable of paying bills through the end of the year. A major cause of the financial problems was a lack of systematic verification of bills presented by health centers (and the possibility of over-billing or over-prescribing). This problem was notable in Kayonza District (in the Karama, Rutare, and Mukarange health centers) and in Kayonza District (in the Musaza and Kabuye health centers). Another major cause of financial difficulties was misuse of funds collected for *mutuelle* membership at the cell level by cell and sector authorities. Other problems

noted included the non-payment of membership fees, high costs of basic services and misuse of funds by *mutuelle* managers.

At the district-wide *mutuelle* review sessions in Kirehe, Muhanga and Rwamagana, which included a total of 118 participants, *mutuelles* managers and district officials reviewed the financial status and technical management of *mutuelles* and exchanged information on best practices, challenges and problems and management solutions. Principal issues discussed related to viability and functioning of *mutuelles*, including financial difficulties, payment of 2008 membership fees and campaigns to mobilize 2009 membership fees, dissemination of the national *mutuelles* law, functioning of *mutuelle* section management committees, identification of indigents unable to pay for *mutuelle* membership and donor debts to *mutuelle* sections.

During the review sessions, participants and facilitators developed several recommendations, including the need for audits of all *mutuelle* sections, regular supportive supervision of *mutuelle* section managers, additional staff to support data management and billing, training for new staff and *mutuelle* management committees, and full application of the new *mutuelles* law, including adding personnel for *mutuelle* section management.

*Mutuelle* section managers from Nyamagabe and Nyaruguru districts participated in a Twubakane-support training in management this quarter. The 23 participants included 22 newly appointed *mutuelle* section managers. The training focused on financial management procedures, as this has been the major weakness identified during supervision visits and district review meetings.

At the end of the quarter (December 2008), from available data, Twubakane staff estimated that the average rate of subscription to *mutuelles* is 85%, and the utilization rate of health facilities by *mutuelles* members is 70%. *Mutuelles* and health facilities managers feel that the progressive campaign of the MINISANTE and MINALOC to advance the *mutuelles* program has contributed to an overall reduction in health problems and morbidity and mortality rates of the Rwandan population. More detailed data and indicators on this topic are presented in the annex of this quarterly report and will be presented in the Twubakane 2008 annual report.

### **3.6 Community Engagement and Oversight**

#### **■ Increase community access to, participation in and ownership of health services**

Twubakane continues to support community health activities and community participation in health to accompany and support the decentralization process as well as improved community-level health services in Rwanda. The active participation of beneficiaries allows for common understanding and mutually agreed-upon decisions and actions to be taken, integration of activities, and advocacy for addressing community health needs. The existence of PAQ teams throughout the Twubakane-supported districts, the increasingly large number of trained and active CHWs, and the engagement of local authorities, hospital and districts supervisors, are all milestones in increased community participation.

**Integrated community health:** This quarter, Twubakane continued to provide technical assistance and capacity building in to support the MINISANTE's community health strategy. Twubakane staff provided support for the organization and implementation of a workshop to finalize community health management tools for infection prevention and diarrhea as well as the integration of CHIS indicators into the community PBF system. Twubakane also provided support to the community health desk in the development of the CHW Trainers' Guide on the integrated package for community health. Following the finalization of this guide, a national training of trainers was held.

Twubakane's role in supporting the rollout of the integrated package for community health is concentrated in Ruhango, Kicukiro, Gasabo, and Nyarugenge districts. To reinforce the quality of training, Twubakane organized a meeting of CHW trainers, one from each health center in the district, to prepare the agenda and review the content of the integrated community health package training in Ruhango. A total of 56 CHW trainers participated in a training on andragogy and training skills. After the preparation meeting and training, three health centers, Kizibera, Gishweru and Mbuye, immediately undertook training of CHWs. In these three health centers, 183 community health workers were trained on the integrated community health package. In addition, this quarter, in preparation for rollout in the three districts of Kigali, 3200 copies of the integrated community health curriculum were printed for CHWs.

Also this quarter, Twubakane worked with the community health desk to prepare the terms of reference for the design and development of a national CHW database. Twubakane staff also participated in a community health technical working group meeting on the evaluation of community activities and planning of community health activities for 2009.

In Nyamagabe District this quarter, at the request of the district, CHWs from Nyarusiza (49 CHWs) and Ruheru (46 CHWs) health centers were given orientations on reproductive health, family planning, and hygiene in line with priorities of district performance contracts.

**National Community-based Health Information System (CHIS):** Twubakane continues to support the expansion of the CHIS in the districts of Kirehe and Kicukiro using the tools developed by the community health technical working group.

This system is highly appreciated by local authorities, who use the information gathered to develop more realistic performance plans, monitor local health issues and provide feedback to communities. This quarter, Twubakane staff participated in a workshop for the revision of CHIS tools and their integration into PBF. During this workshop, Twubakane was able to present the pretested tools and share lessons learned in data collection and feedback in the pilot sites. Also this quarter, data collection in Gashongora and Rusumo was completed and feedback on certain indicators was given.

**Partenariat pour l'Amélioration de la Qualité (PAQ) teams:** Through community-provider partnerships, or PAQ teams, Twubakane supports increased community participation in planning and management of health care and health care facilities at the local level. At this point in the Twubakane program, the objective is to continue to institutionalize the PAQ teams and improve their sustainability. District and hospital supervisors are in place to advise and support the PAQ

teams; supervision visits were conducted in all 12 districts with Twubakane's support. Each supervision team identified teams that needed further follow up, and verified that PAQ teams that had received DIF Grant funds were implementing their projects. Coordination meetings were held with these supervisors and PAQ members in 10 of the 12 districts to share quarterly operational plans and to exchange information on the sustainability of PAQ activities. PAQ teams have successfully overcome many problems that they identified and note that many key health indicators in their health centers have been increasing, at least in part, due to the coordinated efforts in planning and implementation of activities (See Annex 5).

Two new PAQ teams were launched this quarter in newly established health centers of Bethsaida (Kicukiro) and Cornum (Nyarugenge). Both PAQ teams are already mobilizing their communities to utilize health centers services, and Bethsaida's PAQ team has already advocated for an extension project to add a maternity to the health center.

Also this quarter, Twubakane coordinated an evaluation of the PAQ approach by an external international consultant. The qualitative evaluation of the PAQ approach included in-depth interviews and focus groups of national authorities, local authorities, health center staff, PAQ team members, and community members. Results from the evaluation will be disseminated next quarter.

#### **4. MONITORING AND EVALUATION**

Twubakane's M&E system includes data collection, analysis and reporting on program indicators at community, health facility and district levels. The principle M&E activity this quarter was planning and implementing a rapid facility assessment in all Twubakane-supported 136 health centers and 14 hospitals. Questionnaires were developed for the facility assessment to gather information on human resources, the minimum package of services, community health, safe delivery, emergency obstetrics and neonatal care, mutuelles, and PAQ teams. Five teams of three data collectors completed the assessment in November and December. Data from the assessment will be analyzed next quarter and incorporated into Twubakane's annual report and a district mapping exercise.

Other activities this quarter included pre-testing a USG-proposed health facilities checklist for monitoring basic services and providing feedback on this pre-test, supporting the PAQ qualitative evaluation, and completing reporting requirements to USAID for USG fiscal year reporting. Ongoing activities of the M&E team include strengthening Twubakane staff's practice of using data for decision making through the implementation of monitoring tools, assisting in data collection and analysis for needs assessments, and implementation of refined data quality strategies.

For last quarter's report, the M&E team collected data from the FP secondary posts supported by Twubakane in order to have complete FP data. Most Catholic health centers were not including the information on FP services offered by the secondary posts due to their religious affiliations, despite the fact that the secondary posts were reporting to the health centers. This quarter, the M&E team has found that the majority of Twubakane-supported family planning secondary post data are being reported to the district level. In Nyamagabe, Nyaruguru, Rwamagana, and Muhanga districts, the secondary posts report to the health centers and the health centers report

these data to the district hospital in compliance with the MINISANTE's performance-based financing (PBF) data collection. In Kicukiro District, the family planning secondary posts are reporting directly to the district. A few newly launched secondary posts in Ngoma District have not yet started reporting. The M&E team plans to support these posts in establishing a system to meet their reporting requirements in the next quarter.

Another activity this quarter was the distribution of the new labor and delivery registers for the maternities in all 12 Twubakane-supported districts. Because there are columns in the new registers to note when clients receive active management of the third stage of labor (AMTSL), the Twubakane M&E team will soon be able to gather information on this important indicator.

See Annex 6 for the updated performance monitoring plan with quarterly indicator data.

## **5. CHALLENGES AND OPPORTUNITIES**

Challenges and opportunities this quarter included:

**Turnover and transfers of trained health care providers:** This challenge continued this quarter, as trained staff were transferred or decided to move, requiring additional investments in refresher training. To address this problem, as previously noted, Twubakane is supporting on-the-job training (OJT) to ensure that several, not just one or two, providers are trained in each health facility. During the first quarter of 2009, OJT will be launched for family planning in five districts.

**Community health package:** As noted in previous quarters, the integrated community health package has proven to be resource-intensive, in terms of budgets for kits, materials and trainings and in terms of staff time. In many sectors, health care providers at the health center level have refused to provide supportive supervision unless Twubakane or another partner provides specific funding for supervision. The supervision of and support to CHWs is not currently included in the performance-based financing (PBF) indicators supported by the national PBF program.

As the new community PBF system is scheduled to be rolled out over the next few months, Twubakane will work to help CHWs become better organized and functional in the newly created cooperatives. The MINISANTE recently assigned community health supervisors to some health centers, and Twubakane will support the training of these newly appointed staff members. In addition, in all 12 Twubakane-supported districts, the PAQ teams have provided support to CHWs and Twubakane would recommend national scale-up of the PAQ approach to ensure more sustainable and ongoing support of community health activities.

**Third phase of decentralization:** Districts have expressed concerns about the start up of the third phase of decentralization through which new responsibilities will be devolved from the central government and provincial level to the districts, and sector offices will be given new attributions and responsibilities that the districts have managed over the past couple of years. There will be an increase in the staffing at sector level, which will require time for recruitment and orientation of new civil servants. Many districts and development partners are being cautious about the level of effort required of districts to consolidate gains and progress on managing the

second phase of decentralization, launching new flagship programs such as Umurenge Vision 2020 and the *Itorero* program, and the start up of the third phase of decentralization.

**District Incentive Fund grant execution:** The major challenges related to the successful completion of the DIF grant program during this next year continue to be insufficient delegation of responsibility to sectors and civil society organizations in the management of DIF grants activities in many districts. Also, as noted in previous reports, ensuring timely and accurate completion of district grants continues to be challenging—despite much improvement, as district staff members have many competing demands on their time. Ensuring that both financial and technical reports are submitted on a timely basis continues to require Twubakane to provide hands-on support at the district level, working closely with district teams, including directors and accountants.

**National elections:** Parliamentary elections took place on September 15, and district officials and civil servants were busy with preparations for and follow-up of the elections. Regular district-level activities were put on hold in August and September, thereby adding activities to be completed during the final quarter of 2008. Implementation of several Twubakane activities was delayed, particularly the DIF grants implementation and related tender bid processes, JADF meetings, and good governance trainings and orientations.

**Mutuelles management:** As noted in section 3.5, supporting improved management of *mutuelle* sections has been especially challenging over the last few months. Poor management, cases of embezzlement and lack of supervision by district authorities have made support to *mutuelles* extremely challenging. It is essential that these challenges be addressed by the appropriate government authorities to ensure that *mutuelle* members receive services and that health facilities are compensated for the services they provide.

**National HMIS data and Twubakane reporting:** The Twubakane Program collects data to monitor performance indicators. In order to avoid creating a parallel information system, Twubakane uses data collected routinely by health facilities and submitted to the districts through the national HMIS.

New data collection tools were introduced in January 2008, but the corresponding electronic database was only introduced in September 2008. Due to time delays in reporting and data entry, Twubakane staff members are obligated to collect data from paper copies of health center reports at the district offices and hospitals, which is time-consuming and resource-intensive. In addition, through ongoing data collection and support visits, Twubakane staff members have noted that the new HMIS is not yet fully functional, data collection tools are lengthy and complex, health center directors have not mastered the tools and, as a result, data quality is low for certain indicators and little feedback is provided at all levels. Trainings on the new HMIS tools are planned for health center staff in 2009 and it is hoped that these trainings and changes being made in the MINISANTE's HMIS unit will lead to resolution of these issues.

## 6. PERSPECTIVES FOR NEXT QUARTER

In addition to planned technical activities, during the first quarter of 2009 the Twubakane team will focus on finalizing workplans for 2009, the final year of the project. Existing workplans will be refined based on results to date and central- and district-level priorities. Workplans will be

validated during a one-day workshop with partners this quarter. In addition, this quarter Twubakane will work with the districts to ensure successful completion of and reporting on 2008 DIF grants and start-up of 2009 grants. During the first quarter two assessment activities will be completed and disseminated: the evaluation of the PAQ approach that began in December 2008 and a case study of the impact of Twubakane on health governance in the 12 Twubakane-supported districts.



**ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK**

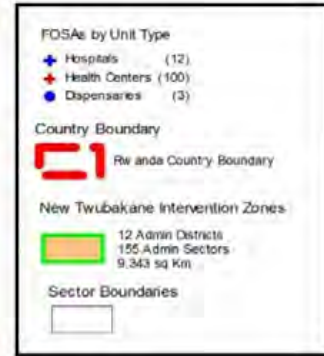
<i>Twubakane Decentralization and Health Program</i>		
<b>Goal</b>	<b>Components/ Objectives</b>	<b>Results</b>
<p><b>To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments and communities to ensure improved health service delivery at decentralized levels</b></p> <p><i>package of family health services includes FP/ RH and child survival/malaria and nutrition services</i></p>	<p><b>Component 1: FP and RH</b></p> <p>Increase access to and the quality and utilization of FP and RH services in health facilities and communities</p>	<ul style="list-style-type: none"> <li>• Norms and protocols (MPA and CPA) for FP/RH revised to expand package of services offered at health centers</li> <li>• Increased use of modern FP</li> <li>• Improved quality of FP services in health facilities</li> <li>• Quality of RH services, including safe delivery and management of obstetrical emergencies, improved in health facilities</li> <li>• Health care providers following norms for referral/counter-referral for FP/RH</li> <li>• Functional rapid response system for obstetrical emergencies exists at community level</li> <li>• Increased utilization of antenatal services</li> </ul>
	<p><b>Component 2: Child Survival, Malaria and Nutrition</b></p> <p>Increase access to and the quality and utilization of child health, malaria and nutrition services in health facilities and communities</p>	<ul style="list-style-type: none"> <li>• Norms and protocols for IMCI, malaria and nutrition to expand package of services offered at health centers</li> <li>• Quality of child survival/malaria/nutrition services improved in health facilities</li> <li>• Improved community-based nutritional surveillance and community-based case management of moderate malnutrition</li> <li>• Improved capacity for case management of severe malnutrition in health facilities</li> <li>• Pregnant women receiving intermittent preventive treatment for malaria during antenatal consultations increased</li> <li>• Increased use of insecticide-treated nets</li> <li>• Improved home-based case management of malaria and other childhood illnesses</li> <li>• Increased immunization coverage (DPT3)</li> </ul>
	<p><b>Component 3: Decentralization Policy, Planning and Management</b></p> <p>Strengthen central-level capacity to develop, support and monitor decentralization policies and programs, with an emphasis on health services</p>	<ul style="list-style-type: none"> <li>• Increased capacity of central level (MINALOC and MINISANTE) to support local governments to plan, finance and monitor health service delivery</li> <li>• Improved policies for effective implementation of decentralization, especially fiscal decentralization, developed</li> <li>• NHA institutionalized and used as planning and monitoring tools</li> <li>• National HMIS assessment conducted</li> <li>• RALGA's capacity for supporting good governance at local levels improved</li> </ul>

<b>Twubakane Decentralization and Health Program</b>		
<b>Goal</b>	<b>Components/ Objectives</b>	<b>Results</b>
<p><b>To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments and communities to ensure improved health service delivery at decentralized levels</b></p> <p><i>package of family health services includes FP/ RH and child survival/malaria and nutrition services</i></p>	<p><b>Component 4: District Level Capacity Building</b></p> <p>Strengthen capacity of districts to plan, budget, mobilize resources and manage services, with an emphasis on health services</p>	<ul style="list-style-type: none"> <li>• Local government capacity for integrated planning strengthened, including health sector planning</li> <li>• Local government capacity for mobilizing and managing resources strengthened</li> <li>• Community participation strengthened in planning and budget decisions, including ongoing review of service delivery and other expenditures and attention to building citizen oversight to mitigate corruption</li> </ul>
	<p><b>Component 5: Health Facilities Management</b></p> <p>Strengthen capacity of health facilities, including health centers and hospitals, to better manage resources and promote and improve the functioning of <i>mutuelles</i></p>	<ul style="list-style-type: none"> <li>• Capacity of health facilities (district hospitals and health centers) to effectively mobilize and manage diverse resources strengthened</li> <li>• Improved HMIS data collection, analysis and use (in Twubakane-supported zones)</li> <li>• Health committees effectively functioning to strengthen health facility management</li> <li>• Increased rate of membership in <i>mutuelles</i></li> <li>• Capacity of <i>mutuelles</i> to manage and ensure quality of services strengthened</li> <li>• Participation of <i>mutuelles</i> in the prevention and promotion increased</li> </ul>
	<p><b>Component 6: Community Engagement and Oversight</b></p> <p>Increase community access to, participation in, and ownership of health services</p>	<ul style="list-style-type: none"> <li>• Community-based health agents capable of providing information and advice related to FP/RH and child survival/malaria/nutrition</li> <li>• Community-based services delivery system, supported by districts/sectors, effectively functional and providing a variety of commodities and services</li> <li>• Community-provider partnership committees active in evaluating and solving problems related to health service delivery (in health facilities and communities)</li> <li>• System of community-based surveillance of morbidity/mortality functioning to track illnesses/deaths and to mobilize community responses</li> </ul>

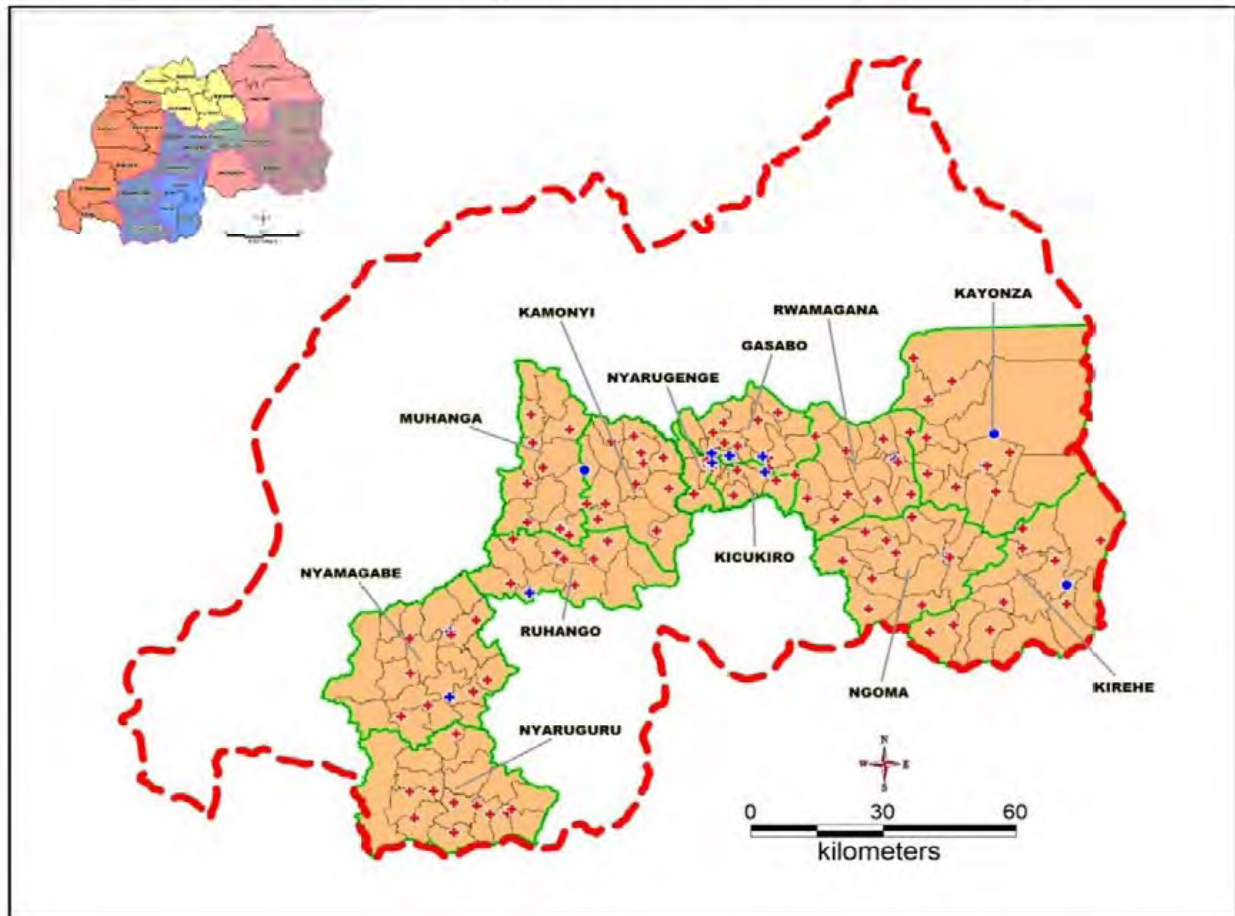
**ANNEX 2: TWUBAKANE'S INTERVENTION ZONE**

**TWUBAKANE - Decentralization and Health Program**

District Name	Province Name	Number of Admin Sectors	Area Sq Km	Perimeter Km	Population Yr 2002
KAYONZA	EST	12	1,813.21	196.93	220,802
NGOMA	EST	14	871.80	163.03	232,165
KIREHE	EST	12	1,190.28	191.43	229,468
RWAMAGANA	EST	15	685.17	135.58	209,423
		<b>53</b>	<b>4,560.46</b>	<b>686.97</b>	<b>891,858</b>
NYAMAGABE	SUD	19	1,095.43	204.05	284,852
MUHANGA	SUD	12	650.78	179.21	340,369
KAMONYI	SUD	12	658.64	169.80	292,772
NYARUGURU	SUD	15	1,014.97	188.63	233,815
RUHANGO	SUD	9	629.74	163.68	210,000
		<b>67</b>	<b>4,049.56</b>	<b>905.37</b>	<b>1,361,808</b>
GASABO	VILLE DE KIGALI	15	431.24	110.16	320,516
KICUKIRO	VILLE DE KIGALI	10	167.50	82.34	207,819
NYARUGENGE	VILLE DE KIGALI	10	134.59	106.31	236,990
		<b>35</b>	<b>733.32</b>	<b>298.82</b>	<b>765,325</b>
<b>12</b>	<b>3</b>	<b>155</b>	<b>9,343.34</b>	<b>1,891.16</b>	<b>3,018,991</b>



**New Twubakane Intervention Zones** (Approved at the November 16, 2005 Steering Committee Meeting)



**ANNEX 3: SHORT-TERM TECHNICAL ASSISTANCE PROVIDED AND OTHER TRAVEL**

**Twubakane Program-Funded Travel**

TRAVELER	IN-COUNTRY DATES	SCOPE OF WORK
SUZANNE MUKAKABANDA, SOLANGE HAKIVA	October 19 – 24, 2008	Attended PAC conference in Dakar, Senegal.
SARA STRATTON	October 27 – November 11, 2008	Participated in the Twubakane team retreat and workplanning sessions for Year 5 and planned for a joint IntraHealth/RTI visit that will examine the influence of decentralization on health to occur in January, 2009.
HEINZ GREIJN	November 4 – 15, 2008	Provided technical assistance to RALGA and the RALGA Capacity Building Specialist to progress the activities in the Capacity Building Activity Plan for 2008.
KYUNG ENDRES	November 21 – December 21, 2008	Led PAQ Evaluation.
ATHANASIE KABAGWIRA	December 3—8, 2008	Attended and presented the results of the GBV/PMTCT Readiness Assessment at the 15th International Conference on AIDS and STI in Africa in Dakar, Senegal.
LAURA HOEMEKE	December 18, 2008 – January 6, 2009	Home leave in the US.
LAURA HURLEY	December 23, 2008 – January 2, 2009	Home leave in the US.

**Travel funded by IntraHealth International (non-Twubakane Program) Funds**

TRAVELER	IN-COUNTRY DATES	SCOPE OF WORK
TAMMY FORRESTER, BILL VOGT	November 11—23, 2008	Planned for implementation of 2009 DIF grants. Met with USAID to discuss contractual issues and project closeout.

**ANNEX 4: DISTRICT ACTIVITIES SUPPORTED BY DISTRICT INCENTIVE FUNDS**

*List and Status of District Activities Implemented with 2008 DIF Grants funding, as of December 31, 2008*

**EASTERN PROVINCE**

<b>RWAMAGANA</b>		
	<b>Activités prévues pour les DIFs 2008</b>	<b>Réalisations</b>
1	Achat de matériel et d'équipements médicaux pour les postes de santé de Murehe, Fumbwe et Gahengeri et pour les 10 centres de santé du district de Rwamagana; - vérifiable par l'achat, la livraison et l'utilisation des équipements.	Le marché a été octroyé à Kipharma. La lettre de notification est signée et est sur le point d'être remise au fournisseur.
2	Réhabilitation du centre de santé de Karenge, des centres de santé de Nyagasambu et de Musha et du poste de santé de Murehe; - vérifiable par la toiture réhabilitée pour le centre de santé de Karenge, les douches et latrines réhabilitées et utilisables pour les centres de santé de Nyagasambu, de Musha et pour le poste de santé de Murehe.	L'exécution des travaux a été attribuée à ECOBAGEC (Entreprise de Construction des bâtiments et Génie Civile) • Karenge : les travaux sont à 20 % de réalisation • Murehe : les travaux sont à 60 % de réalisation • Nyagasambu : les travaux sont à 60 % de réalisation • Musha : les travaux sont à 60 % de réalisation.
3	Appui aux équipes PAQ dans les 5 centres de santé du district de Rwamagana en préparation et gestion des projets générateurs des revenus; - vérifiable par la signature des protocoles de financement pour des projets générateurs de revenus, et leur mise en œuvre.	Six équipes PAQ ont bénéficié d'un fonds pour le financement de leurs projets générateurs de revenu.
4	Appui technique et renforcement des capacités au staff du District pour des révisions budgétaires 2008 et l'évaluation des contrats de performance 2008; - vérifiables par l'exécution et documentation d'un atelier de 2 jour de révision et de validation du budget 2008 ainsi que 4 ateliers d'évaluation trimestrielle des contrats de performance du District.	La révision budgétaire du MTEF (Medium Term Expenditure Framework ) a été faite. L'évaluation de performance ainsi que la préparation du plan d'action 2009 ont été faites du 25 au 27 novembre 2008.
5	Achat du matériel et équipement de bureau du District de Rwamagana; - vérifiable par la livraison et l'utilisation du matériel et l'équipement.	Le marché a été octroyé à l'entreprise ALEKA GENERAL TRADING pour un montant de 45.130.000 Frw. L'entreprise a été notifiée et est supposée bientôt signer le contrat. Le District compte négocier avec le gagnant du marché et déterminer le matériel à retirer du marché pour se conformer au budget.
6	Augmenter les moyens de communications par la publication du journal du District de Rwamagana; - vérifiable par l'impression et la distribution d'au moins 700 exemplaires du journal par trimestre.	Le marché a été octroyé à l'Etablissement AZIZA. L'entreprise a été notifiée et est supposée bientôt signer le contrat.
7	La réhabilitation du bureau du secteur Karenge et des bureaux des cellules Cyanya et Fumbwe; - vérifiable par la réfection des toitures et des murs et la peinture des bâtiments.	L'exécution des travaux a été attribuée à ECOBAGEC (Entreprise de Construction des bâtiments et Génie Civile) • Karenge : les travaux sont à 20% de réalisation • Cyanya : les travaux sont à 20% de réalisation • Fumbwe : les travaux sont à 20% de réalisation.

<b>KAYONZA</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Réhabilitation des centres de santé de Gahini et Kabarondo, le poste de santé de Kabare et de la pharmacie du district; - vérifiable par la réhabilitation des blocs de maternité des centres de santé Gahini et Kabarondo; par la transformation du bâtiment de l'ex-secteur de Kabare en infrastructure médicale pour abriter le poste de santé de Kabare et par la réhabilitation et transformation du poste de santé de Nyamirama pour en pharmacie du District de Kayonza.	L'exécution des travaux a été attribuée à l'entreprise CODEES (Entreprise de Construction Diverses, Etudes et Surveillance) • Kabarondo : les travaux sont à 20% de réalisation • Gahini : les travaux sont à 40% de réalisation • Kabare : les travaux sont à 80% de réalisation  Pharmacie du District : les travaux sont à 20% de réalisation. Les travaux sont assurés par l'entreprise ECOGETA (Entreprise de construction Générale et Travaux d'architecture).
2	Installation de l'énergie solaire dans les centres de santé de Ruramira ; à Rutare et au poste de santé de Kageyo; - vérifiable par l'achat, la livraison de l'équipement solaire et l'éclairage de ces FOSA.	L'entreprise qui gagné le marché a été notifiée et le contrat a été signé. L'exécution totale des travaux d'installation est prévue vers le 15 janvier 2009.
3	Appui aux équipes PAQ dans les 6 centres de santé du district de Kayonza en préparation et gestion des projets générateurs des revenus; - vérifiables par la signature des protocoles de financement pour des projets générateurs de revenus et leur mise en œuvre.	Six équipes PAQ ont déjà reçu leurs financements. Un montant de 7.250.000 Frw a été transféré aux comptes des PAQ.
4	Achat des outils de gestion des mutuelles de santé; - vérifiable par l'achat, la livraison et l'utilisation des cartes des membres, fiches familiales, registres et livres de banque et de caisse.	Une partie du matériel a été livrée.

<b>NGOMA</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Renforcement des capacités techniques et administratives pour la bonne livraison des services, à travers la dotation du matériel de bureau à 10 secteurs District de Ngoma; - vérifiable par les fiches techniques de réception des équipements et les rapports de suivi technique de leurs utilisations.	Sur 350 pièces à livrer par le fournisseur MANUMETAL, 250 pièces (chaises, armoires,...) ont été livrées et reste 100 pièces à livrer.
2	Renforcement de capacités du District de Ngoma en planification : révision du PDD du District; révision du MTEF; préparation du plan d'action annuel 2009 et des contrats de performances; - vérifiable par la production du PDD révisé, du document de MTEF révisé, par la production du plan d'action et par le contrat de performance 2009.	Le plan d'action 2009 et le contrat de performance ont été élaborés. Le MTEF (Medium Term Expenditure Framework) a été révisé.
3	Achat de matériel non médical (lits, draps, matelas et rideaux) aux formations sanitaires du District de Ngoma. - vérifiable par l'achat, livraison et l'utilisation de ce matériel.	Le contrat a été signé avec le dépôt pharmaceutique LULAT) ayant gagné le marché. La livraison est prévue avant la fin du mois de décembre 2008.

4	Achat des équipements médicaux pour le poste de santé de Nyagasozi du District de Ngoma; - vérifiable par l'achat, livraison, et l'utilisation des équipements.	Le contrat a été signé avec LE MEDICAL. La livraison est prévue avant la fin du moi de Décembre 2008.
5	Réhabilitation de la maternité du centre de santé de Jarama du District de Ngoma; - vérifiable par la réception technique du District, et des visites et control technique des bâtiments des postes de santé rénovés.	Le marché a été attribué à l'entreprise ECICO et le contrat a été signé.
6	Sensibilisation de la population du District de Ngoma sur la planification familiale à travers les confessions religieuses; - vérifiable par le matériel de formation produit ainsi que la liste des participants aux séances de mobilisation indiquant le nombre des hommes et des femmes.	L'église EER s'est désengagée de l'exécution de ce projet. Le district compte la mettre en exécution en partenariat avec les techniciens de l'hôpital du District

<b>KIREHE</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Achat des équipements médicaux centres de santé (Gahara, Gashongora, Bukora, et Ntaruka) et deux postes de santé (Rwantonde et Nyabitare) du District de Kirehe; - vérifiable par l'achat, livraison, et l'utilisation des équipements.	Le contrat a été signé avec le fournisseur EFOMAC. Une partie des équipements a été livrée.
2	Réhabilitation des bâtiments de deux postes de santé, Rwantonde et Nyabitare; - vérifiable par la réception technique du District et par des visites et control technique des bâtiments des postes de santé rénovés.	<ul style="list-style-type: none"> <li>• Nyabitare : les travaux sont à 80% de réalisation</li> <li>• Rwantonde : Les travaux ont été confiés au secteur Gatore qui va utiliser l'approche HIMO pour l'exécution des travaux.</li> </ul>
3	Renforcement de capacités du District de Kirehe en planification telle la révision du PDD du District, la révision du MTEF, la préparation du plan d'action annuel 2009 et des contrats de performances; - vérifiable par la production du PDD révisé, du document de MTEF révisé, du plan d'action et du contrat de performance 2009.	Le plan d'action 2009 et le contrat de performance ont été élaborés. Le MTEF (Medium Term Expenditure Framework) a été révisé.
4	Lotissement du site pilote (Village Mwoga); - vérifiable par : la production d'un plan d'aménagement de la cité; des plans de voirie et de drainage (caniveaux, passages busés, exutoires etc...); du calcul de dimensionnement de la voirie (routes et caniveaux); de la production du schéma indiquant l'emplacement des routes, infrastructures publiques, champs pour l'agriculture etc.; du bornage des parcelles aménagées, et par le fait que le projet soit considéré parti prenant du programme national Umurenge Vision 2020.	Ce projet a été remplacé par celui de réhabilitation (Phase II) des bureaux du district de Kirehe. Les travaux ont commencé.



**KIGALI CITY**

<b>KIGALI CITY</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Renforcement de la coordination des activités de santé dans la ville de Kigali; - vérifiable par la mise en place d'un forum fonctionnel des partenaires de la ville de Kigali dans le domaine de la santé ; le partenariat efficace entre la Ville de Kigali et les partenaires ainsi que les comptes rendus des réunions trimestrielles du forum.	Les réunions de préparation des ateliers ont été tenues. La réunion du forum de tous les partenaires de la ville de Kigali intervenant dans le domaine de la santé a commencé ce mardi 16 décembre 2008.
2	La sensibilisation de la population de la ville de Kigali sur la planification familiale; - vérifiable par la production du spot publicitaire radiodiffusé et le spectacle éducationnel public démontré par la troupe théâtrale URUNANA au stade.	Le spectacle a eu lieu au stade camp Kigali et les spots publicitaires à la radio nationale. Cette activité a été achevée à 100%.
3	Renforcement des capacités en planification de la ville de Kigali; - vérifiable par la tenue de 2 ateliers de planification et la production du document de MTEF 2009-2011 (Medium Term Expenditure Framework) et le contrat de performances 2009.	L'atelier de cette activité s'est tenu en dates du 21 au 23 novembre 2008 au Centre FATIMA dans la province du nord et a regroupé le staff technique et le conseil consultatif de la mairie de Kigali.

<b>NYARUGENGE</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Recensement socio-économique de la population à travers tous les secteurs du District Nyarugenge (District Baseline Survey); - vérifiable par les fiches de collecte des données, la constitution d'une banque des données sur la population du district et l'actualisation de la monographie du District ainsi qu'un logiciel de gestion des données au niveau de chaque secteur.	Au niveau du district, la collecte des données a été terminée et ces données ont été transmises aux services de l'Institut National de la Statistique pour l'analyse et le traitement.
2	La réhabilitation du centre de santé de Mwendo du District de Nyarugenge; - vérifiable par le remplacement du matériel durable de la clôture et un portail à la clôture ; renforcement de la sécurité du matériel, infrastructures et équipements du centre de santé.	Les travaux ont commencé au début du mois de décembre. Dans un entretien avec les techniciens sur le chantier, les travaux devraient être achevés mi-janvier 2009.

<b>KICUKIRO</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Réalisation d'une analyse rapide de l'état socio-économique de la population via les secteurs du District Kicukiro (District Baseline Survey Project); - vérifiable par les fiches de la collecte des données, la constitution d'une banque des données sur la population du district et l'actualisation de la monographie du District.	Toutes les activités préliminaires ont été achevées et les données transmises au service de l'Institut Nationale de la Statistique.



2	<p>Extension des sites communautaires de stratégies avancées en planification familiales dans 4 nouveaux Secteurs du District de Kicukiro « P.F. Bis »;</p> <ul style="list-style-type: none"> <li>- vérifiable par les rapports de démarrage dans 4 nouveaux sites et l'achat de matériel pour ces sites.</li> </ul>	<p>Des réunions avec les agents de santé communautaires ont été tenues et une réunion avec les dispensaires privés et les centres de santé est prévue pour le 23 décembre ainsi que l'achat des balances pour la pèse des enfants.</p>
3	<p>Renforcement des capacités de conception, d'élaboration et d'exécution des microprojets de 5 équipes PAQ des centres de santé du District de Kicukiro;</p> <ul style="list-style-type: none"> <li>- vérifiable par deux sessions de formations pour 125 membres de ces équipes PAQ dans la planification opérationnelle et la signature des protocoles de financement pour des projets générateurs de revenus</li> </ul>	<p>Cette activité est prévue après le transfert de la dernière tranche de ce financement.</p>
4	<p>Lutte contre les maladies féco-orales dans le secteur Kigarama du District de Kicukiro à travers la réhabilitation d'un bloc de latrine dans le marché publique;</p> <ul style="list-style-type: none"> <li>- vérifiable par les rapports de construction et réception du latrine, et l'utilisation par le public qui fréquente le marché.</li> </ul>	<p>100 agents de santé communautaire et élus de santé dans le secteur Kigarama ont été formés sur la lutte contre les maladies feco orales. La réhabilitation d'une latrine au marché de Kigarama est en cours d'exécution.</p>
5	<p>Renforcement des capacités techniques et administratives pour la bonne livraison des services de santé, à travers la dotation d'équipements informatiques de 10 secteurs et les centres de santé de Busanza, Gahanga et Kabuga du District de Kicukiro;</p> <ul style="list-style-type: none"> <li>- vérifiable par les fiches techniques de réception des équipements et les rapports de suivi technique de leurs utilisations.</li> </ul>	<p>La livraison a été faite et la distribution du matériel est en cours. Il reste le paiement de la dernière facture.</p>

<b>GASABO</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	<p>Elaboration des documents de planification participative et intégrative pour la période 2009-2011;</p> <ul style="list-style-type: none"> <li>- vérifiable par la production du plan d'action annuel 2009, le plan de passation des marchés annuel 2009, les plans de développement des secteurs, la révision du MTEF, l'évaluation des contrats de performance 2008 et la préparation des contrats de performance 2009, la monographie du district révisée et une banque des données des projets disponible.</li> </ul>	<p>Les activités de planification sont terminées et les documents sont disponibles. L'évaluation des contrats de performances a été faite et les contrats de performance 2009 ont été préparés.</p>
2	<p>La formation des autorités de base au niveau des cellules administratives sur les principes et politiques nationales de la planification familiale;</p> <ul style="list-style-type: none"> <li>- vérifiable par 501 autorités formées dans une session de 2 jours et la production du rapport de formation</li> </ul>	<p>La formation a été dispensée. La préparation du rapport de cette formation est en cours afin d'être annexé au le rapport technique général de ce district.</p>
3	<p>Achat des équipements médicaux pour le poste de santé de Rusororo et les centres de santé de Nyacyonga et Kayanga;</p> <ul style="list-style-type: none"> <li>- vérifiable par l'achat, la livraison et l'utilisation des équipements.</li> </ul>	<p>Le contrat a été signé entre le dépôt pharmaceutique KALISIMBI. Les équipements sont en cours de dédouanement.</p>

4	Réhabilitation du poste de santé de Gihogwe; - vérifiable par la transformation et le revêtement du bâtiment administratif de l'excellule de Gihogwe en un bâtiment médical, vérifiable par la réception technique du district et des visites de contrôle techniques des bâtiments du poste de santé rénové	Les travaux sont en cours d'exécution par l'entreprise ECOKA.
5	Réhabilitation du marché de Kimironko Phase II pour l'amélioration des conditions hygiéniques; - vérifiable par les installations sanitaires, électriques et la peinture des murs du marché.	Le marché a été gagné par l'entreprise ECONTEC et les travaux en cours ont débuté avec le mois de décembre 2008.

## SOUTHERN PROVINCE

KAMONYI		
	Activités	Réalisations
1	Renforcement des capacités du District de Kamonyi en Planification, budgétisation et équipement informatique; - vérifiable par la préparation du Plan d'action 2009 et du MTEF 2009-2011, le voyage d'étude du comité de planification, adoption du Budget 2009 ; révision du Budget 2008 et l'évaluation du Plan d'action 2008, élaboration du Plan d'action annuel et contrat de performances (Imihigo) 2009.	Le plan d'action 2009 a été discuté et le draft est disponible en attente de l'approbation de Conseil du District. 22 deskstops, 10 laptops et 21 imprimantes ont été réceptionnés par le District et seront distribués aux centres de santé et secteurs administratifs. La formation a eu lieu le week-end du 30 novembre avec la participation des Directeurs des Unités, les chargés des unités ainsi que les vices maires. Un voyage d'étude a été effectué la semaine du 1 décembre à Maraba où les agronomes du district ont effectué une visite des coopératives des agriculteurs de café.
2	Achat des équipements médicaux pour les centres de santé de Musambira, Kamonyi, Kayenzi, Gihara, Mugina et pour l'hôpital de Remera Rukoma du District de Kamonyi; - vérifiable par l'achat, la livraison et l'utilisation de l'équipement.	L'entreprise KARISIMBI a été adoptée pour fournir les équipements médicaux et une lettre de notification lui a été adressée. Le contrat a été signé et l'avance reçue, et une partie de la livraison a été effectuée.
3	Renforcement des capacités des centres de santé de Kayenzi et Kigese dans la prise en charge des cas de malnutrition; - vérifiable par la culture des légumes et les arbres fruitiers, le petit élevage et 13 vaches de races améliorée et croisée ainsi que la formation des bénéficiaires.	La formation des bénéficiaires a été dispensée. Le transfert des fonds a été effectué sur les comptes des associations pour l'achat des vaches. Le fournisseur du matériel et équipement aratoires a reçu l'avance et la livraison est en cours.
4	Renforcement des capacités du District dans la réduction de la malnutrition par l'achat d'une machine de fabrication des tubes pour la production des champignons; - vérifiable par l'achat, l'installation et le fonctionnement de la machine.	Ce projet vient d'être remplacé avec celui de l'achat du matériel et équipements médicaux pour renforcer la capacité des Formations Sanitaires du District de Kamonyi. Le document est déjà disponible en draft.

MUHANGA		
	Activités	Réalisations
1	Renforcement des capacités de fonctionnement de 6 équipes PAQ de Muhanga en élaboration et gestion de micro-projets générateurs de revenus; - vérifiable par la signature des protocoles de financement pour des projets générateurs de revenus.	6 équipes PAQ ont bénéficié d'un montant de 300.000 Frw chacun pour le financement des leurs projets générateurs des revenus.

2	<p>Renforcement des capacités du District dans la planification, budgétisation et équipement informatique;</p> <ul style="list-style-type: none"> <li>- vérifiable par la production du MTEF (Medium Term Expenditure Framework) 2009-2011; le plan d'action annuel 2009 et le contrat de performance 2009 (IMIHIGO); l'achat et la distribution de 12 laptops et 20 modems aux directeurs des unités et les secrétaires exécutifs des Secteurs.</li> </ul>	<p>Le MTEF 2008-2010 (Medium Term Expenditure Framework) a été révisé. L'évaluation des performances a été réalisée dans les secteurs. 12 imprimantes, 10 modems, un projecteur et 20 flash disks ont été livrés au district pour distribuer aux secteurs (il s'agit de premier lot du matériel informatique).</p>
3	<p>Renforcement des capacités des agents du District en suivi et évaluation, techniques de rapportage, leadership;</p> <ul style="list-style-type: none"> <li>- vérifiable par une cession de formation de 8 directeurs des unités au niveau du District et 12 secrétaires exécutifs des Secteurs des agents du District ainsi que par la tenue de conférences et débats.</li> </ul>	<p>Une formation des agents du District en matière de suivi et évaluation ainsi que sur les techniques de rapportages a été dispensée en collaboration avec RIAM (Rwanda Institute of Administration and Management).</p>
4	<p>Renforcement des capacités du District dans la médiatisation des programmes de décentralisation et de santé;</p> <ul style="list-style-type: none"> <li>- vérifiable par la production et la diffusion des émissions hebdomadaires sur la décentralisation et la santé sur les ondes de la radio Salus.</li> </ul>	<p>Un contrat a été signé entre le District et la Radio locale (SALUS) de l'Université Nationale du Rwanda pour la diffusion des émissions sur la décentralisation et la santé. Il est prévu une émission par semaine et la première émission a été diffusée samedi le 11 octobre 2008.</p>
5	<p>Réhabilitation des postes de santé de Gasagara, des centres de santé de Rutobwe, Buramba et la maternité de l'hôpital de Kabgayi dans le district de Muhanga;</p> <ul style="list-style-type: none"> <li>- vérifiable par le finissage du poste de santé construit par la population du secteur Rongi; la transformation et le revêtement du vieux bâtiment pour le centre de santé de Rutobwe; l'aménagement de la salle de consultation des enfants pour le centre de santé de Buramba; ainsi que l'aménagement de la salle de maternité pour l'hôpital de Kabgayi; des visites et control technique des bâtiments rénovés.</li> </ul>	<p>Les travaux de réhabilitation du centre de santé de Buramba sont terminés et la réception provisoire a été effectuée. La réhabilitation de la maternité de l'hôpital de Kabgayi a été terminée et réceptionnée provisoirement. Les travaux de réhabilitations du centre de santé de Rutobwe et du poste de santé de Gasagara sont en cours d'exécution.</p>
6	<p>Equipements médicaux pour les centres de santé de Shyogwe, Nyabikenke, Nyabinoni, la section mutuelle de santé et l'hôpital de Kabgayi;</p> <ul style="list-style-type: none"> <li>- vérifiable par l'achat, la livraison par les fournisseurs, la distribution et l'utilisation des équipements.</li> </ul>	<p>Les équipements ont passé le dédouanement et on été livrés.</p>

<b>RUHANGO</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	<p>Achat des équipements médicaux pour l'hôpital et les centres de santé avec accent sur la MMR/SONU;</p> <ul style="list-style-type: none"> <li>- vérifiable par l'achat, la livraison et l'utilisation des équipements.</li> </ul>	<p>Un contrat a été signé avec l'entreprise KARISIMBI pour la fourniture des équipements médicaux des centres de santé du District et la livraison a été effective.</p>
2	<p>Appui aux activités des équipes PAQ dans les 8 centres de santé du district de Ruhango en préparation et gestion des projets générateurs des revenus;</p> <ul style="list-style-type: none"> <li>- vérifiables par la signature des protocoles de financement pour des projets générateurs de revenus et leur mise en œuvre.</li> </ul>	<p>8 équipes PAQ ont reçu une somme variant entre 1.100.000 Frw de 1.260.000 Frw chacune pour le financement de leurs projets générateurs des revenus.</p>

3	Lutte contre la malnutrition dans les écoles de Byimana et Bukomero et promotion de l'hygiène dans le secteur Byimana; - vérifiable par l'aménagement des jardins potagers, l'élevage du petit bétail, la plantation des arbres fruitiers et la transformation de certains aliments produits par les bénéficiaires pour faciliter leur stockage.	La formation initiale a été dispensée du 17 au 19 novembre 2008. Le matériel a été acheté et livré et reste à être distribué aux bénéficiaires.
4	Le renforcement des postes de santé en planning familial; - vérifiable par l'achat et la distribution des équipements médicaux et non médicaux ainsi que par leur utilisation.	Un contrat a été signé avec l'entreprise KARISIMBI pour la fourniture des équipements médicaux des centres de santé du District et la livraison a été effectuée.
5	Renforcement des capacités institutionnelles des coopératives locales dans les secteurs Mwendu, Kabagali et Ruhango; - vérifiable par le recensement des coopératives au niveau des villages, le regroupement des mouvements coopératifs, la mise en place des comités de gestion des coopératives et un voyage d'étude au niveau national.	La formation a débuté le 9 décembre, 2008 dans le secteur de Ruhango et va se poursuivre dans les 2 secteurs restants. Le voyage d'étude est prévu après le transfert de la 4ème tranche de ce financement.
6	Appui à la planification et à la budgétisation du district de Ruhango; - vérifiable par l'élaboration du MTEF, la révision du budget 2008 et la préparation du plan d'action et contrat de performance 2009.	Le MTEF 2008-2010 (Medium Term Expenditure Framework) a été révisé.
7	Sensibilisation de la population à la décentralisation et à la santé à travers la médiatisation par la radio Salus; - vérifiable par la production et la diffusion des émissions hebdomadaires sur la décentralisation et la santé sur les ondes de la radio Salus.	Un contrat a été signé entre le District et la Radio locale (SALUS) de l'Université Nationale du Rwanda pour la diffusion des émissions sur la décentralisation et la santé.
8	Actualisation de la base des données des contribuables aux impôts décentralisés; - vérifiable par la formation des agents recenseurs, la collecte des données et une banque de données actualisées sur les contribuables du district de Ruhango.	L'activité a été menée et la liste des contribuables a été actualisée.

NYAMAGABE		
	Activités	Réalisations
1	Renforcement de capacités du District de Nyamagabe en planification: préparation du monographie du District ; révision du MTEF ; évaluation des contrats de performances et indicateurs; préparation du plan d'action annuel 2009 ; organisation des JADFs et lancement du JAF au niveau des secteurs; - vérifiable par la production de monographie, le document de MTEF révisé, la production du plan d'action 2009, le procès verbal de la restitution de l'évaluation du plan de performance et celui de la tenu des réunions de JAF.	Le MTEF 2008-2010 (Medium term expenditure framework) a été révisé. Les réunions de JAF ont eu lieu. L'évaluation des contrats de performance a été exécutée pour le premier, le deuxième et le troisième trimestre. 22 modems avec un abonnement de 4 mois ont été achetés pour faciliter la communication au profit de 17 secrétaires, de 4 membres conseils exécutif du District et le chargé de ICT du district.
2	Achat des équipements médicaux des hôpitaux et centres de santé du District de Nyamagabemvérifiable par l'achat, livraison, et l'utilisation des équipements.	Un contrat a été signé avec l'entreprise KARISIMBI et les équipements médicaux pour les centres de santé du District ont été livrés.

3	Réhabilitation des bâtiments de deux centres de santé, Ngara et Nyarwungo et du poste de santé de Bugarama; - vérifiable par la réception technique du District, et des visites et control technique des bâtiments des centres de santé et poste de santé rénovés.	Le centre de santé de Nyarwungo est en cours de réhabilitation, les travaux sont réalisés à 85%. Les travaux de réhabilitation de la clôture du centre de santé de Ngara sont achevés à 95 %. Le projet réhabilitation du poste de santé de Bugarama a été retiré suite à l'insuffisance du budget.
4	Renforcement de capacité économique des ménages pauvres a travers l'élevage des porcs dans 8 Secteurs du District de Nyamagabe; - vérifiable par la liste de réception signée par les bénéficiaires, la visite des ménages bénéficiaires, et les rapports technique du District.	Ce projet a été remplacé par celui de l'achat des bovins.

<b>NYARUGURU</b>		
	<b>Activités</b>	<b>Réalisations</b>
1	Achat des équipements médicaux de l'hôpital de Munini du District Nyaruguru; - vérifiable par l'achat, la livraison et l'utilisation des équipements.	Tout l'équipement a été livré et est stocké dans l'hôpital de Munini en attendant le finissage des travaux de carrelage de ce dernier.
2	Etablissement d'un schéma directeur du chef-lieu du District (Kibeho); - vérifiable par la production d'un plan d'aménagement de la cité; les plans de voirie et de drainage (caniveaux, passages busés, exutoires etc....); le calcul de dimensionnement de la voirie (routes et caniveaux); le devis quantitatif et estimatif des travaux de voirie et de drainage; le bornage des parcelles aménagées.	Le marché des travaux de l'établissement du schéma directeur a été attribué à l'entreprise TECOS. Une réunion a été tenue avec les spécialistes du ministère des infrastructures pour discuter les termes de référence de ce plan, Les travaux ont commencé et leur terminaison est attendue vers la fin du mois de janvier 2009.
3	Renforcement des capacités du District de Nyaruguru en planification; - vérifiable par la révision et préparation du MTEF 2008-2009, l'évaluation des contrats de performance la préparation du plan d'action 2009 et les réunions du Joint Action Development Forum (JADF).	Le MTEF 2008-2010 a été révisé et le draft du plan d'action 2009 est disponible pour être soumis à l'approbation du Conseil du District en Novembre 2008. 12 Secteurs sur 14 ont été évalués en performance. Les réunions du Joint action forum sont tenues chaque trimestre.
4	Appui aux activités des équipes PAQ du District de Nyaruguru; - vérifiable par la tenue des réunions d'échange entre les FOSA, équipes PAQ et autorités politico-administratives; appui financier (motivation) des équipes PAQ pour les activités génératrices de revenus et pour la supervision d'activités des équipes PAQ.	Les équipes PAQ ont été contactées pour préparer les projets. Les transferts sont prévus sur la 3ème tranche de financement.

**ANNEX 5: SYNTHESIS OF PAQ TEAMS STATUS AND ACTIVITIES**

District	Number of Health Centers	Number of PAQ Teams	Observations on Specific PAQ Teams
Nyamagabe	13	13	<p><b><u>Health Center Cyanika :</u></b> The PAQ team received financial support to set up a small shop to respond to various health center client needs and serve as an income generating activity for the PAQ team. The team is well organized and the health indicators reported by the health center are high.</p>
			<p><b><u>Health Center Nvamagabe :</u></b> The PAQ team identified the welcome of hospital staff as a serious problem and has provided advice to health care providers on the best way to care for clients.</p>
			<p><b><u>Health Center Mbuga</u></b> The PAQ team has established different committees to address specific health needs – Family Planning, Mutuelles, Advocacy, Hygiene, HIV/PMTCT, Health Center Management. The committee for hygiene created an association of child-headed households for environmental protection and drafted a proposal for an environmental project. The PAQ team initiated a partnership with Kitabi Health Center to exchange experiences.</p>
			<p><b><u>Health Center Rugege :</u></b> Due to the lack of a sufficient room for the maternity, the PAQ team successfully advocated for the health center to renovate an adjoining shed. The health center reports an increase in the family planning visits.</p>
			<p><b><u>Health Center Kigeme</u></b> Thanks to the PAQ team, the health center and the hospital have separated and the health center has constructed its own building.</p>
Ngoma	12	12	<p>There were 5 teams in Ngoma that were classified as being strong and effective teams: Nyange, Rukira, Gituku, Rukumbeli, and Kibungo. They were classified in this way due to the following characteristics:</p> <ul style="list-style-type: none"> <li>• Strong organization</li> <li>• Availability of a 2009 Action Plan</li> <li>• Successful management of district funds</li> <li>• Initiative for community mobilization</li> <li>• Ability to work as a team</li> <li>• Active participation in health activities</li> <li>• Regularly scheduled meetings</li> <li>• Document management</li> <li>• Payment for mutuelles memberships (50-200)</li> <li>• Payment for certain services</li> <li>• Ownership of communtiy activities</li> </ul>
			<p>5 PAQ teams were classified as being partially functional: Kirwa, Remera, Jarama, Rukoma, Mutendeli, They were classified this way due to the following characteristics:</p> <ul style="list-style-type: none"> <li>• Strong organisation</li> <li>• Availability of a 2009 Action Plan</li> <li>• Project management problems due in part to local authority's lack of engagement,</li> <li>• Lack of team identity</li> <li>• Community health activities are not attributed to the PAQ</li> <li>• The meeting schedule is not entirely regular</li> </ul>

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			<p>2 PAQ teams were classified as being weak PAQ teams: Zaza and Sangaza. They were classified this way due to the following characteristics:</p> <ul style="list-style-type: none"> <li>• Community health activities are not attributed to the PAQ</li> <li>• The action plan 2009 is available but not respected</li> <li>• Poor management of district funded projects</li> <li>• Low initiative</li> <li>• Irregular meetings</li> </ul>
Kirehe	12	12	<p>There were 7 PAQ teams that were classified as being strong and effective PAQ teams: Gahara, Mulindi, Nyarubuye, Nyamugali, Kirehe, Nyabitare, and Kabuye. They were classified this way due to the following characteristics:</p> <ul style="list-style-type: none"> <li>• Strong organisation</li> <li>• Availability of a 2009 Action Plan</li> <li>• Successful management of district funded projects</li> <li>• Initiative for community mobilisation</li> <li>• Ability to work as a team</li> <li>• Active participation in health activities</li> <li>• Regularly scheduled meetings</li> <li>• Document management</li> <li>• Payment for mutuelles memberships (50-200)</li> <li>• Payment for certain services</li> <li>• Ownership of community activities</li> <li>• Direct implementation of decisions made</li> </ul> <p>4 PAQ teams were classified as being partially functional: Bukora, Nasho, Ntaruka, Gashongora. They were classified this way due to the following characteristics:</p> <ul style="list-style-type: none"> <li>• Strong organisation</li> <li>• Availability of a 2009 Action Plan</li> <li>• Project management problems due in part to local authority's lack of engagement</li> <li>• Lack of team identity</li> <li>• Community health activities are not attributed to the PAQ</li> <li>• The meeting schedule is not entirely regular,</li> </ul> <p>Musanza PAQ team was classified as being weak due to the following characteristics :</p> <ul style="list-style-type: none"> <li>• Community health activities are not attributed to the PAQ</li> <li>• The action plan 2009 is available but not respected</li> <li>• Poor management of district funded projects</li> <li>• Low initiative</li> <li>• Irregular meetings</li> </ul>

**ANNEX 6: PERFORMANCE MONITORING BY PROGRAM COMPONENT**

**COMPONENT ONE: FAMILY PLANNING/ REPRODUCTIVE HEALTH ACCESS AND QUALITY:  
Results for Quarter (October - December 2008)**

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>FAMILY PLANNING</b>													
Couple years of protection offered by public facilities in USG-supported programs <sup>1</sup>	47,217	4,027	1,522	9,097	4,295	3,668	4,727	4,151	4,539	3,690	3,939	NA	3,562
# People that have seen or heard a specific USG supported with FP/RH messages	208,756	26,105	6,030	16,555	15,515	22,540	11,822	9,745	30,386	22,161	16,184	7,981	23,732
# People trained in family planning/ reproductive health <sup>6</sup>	38	3	3	1	7	1	2	2	9	1	1	1	7
Female	27												
Male	11												
# new family planning users at health centers	24,789	2,044	1,286	2,454	2,019	1,901	2,737	2,968	2,181	1,595	2,509	1,001	2,094
<b>Pills</b>	4,818	514	466	428	300	257	564	500	312	292	688	106	391
<b>Injectables</b>	16,584	1,359	667	1,239	1,580	1,529	1,904	2,158	1,316	1,045	1,593	727	1,467
<b>Implants</b>	1,944	146	44	128	107	78	107	242	397	201	157	165	172
<b>IUDs</b>	122	0	0	11	5	1	0	8	50	4	43	0	0
<b>Standard Days Method</b>	243	12	18	14	4	20	102	6	34	10	12	0	11
<b>Condoms</b>	938	13	10	634	23	16	45	54	30	42	16	3	52
<b>Periodic abstinence</b>	140	0	81	0	0	0	15	0	42	1	0	0	1

<sup>1</sup> Twubakane collects CYP data from DELIVER, this data was not yet available when this report was compiled.

<sup>6</sup> Two training activities were conducted this past quarter in family planning and reproductive health, these are: a training on formative supervision of 13 hospital supervisors from all 12 districts from October 6<sup>th</sup> to 14<sup>th</sup> 2008 and a validation of two FP trainers from the district of Kayonza through a training on clinical FP of 25 health providers from the districts of Kirehe(1), Ngoma(1), Kayonza( 6), Gasabo( 2), Kicukiro( 2), Muhanga(8), Nyamagabe(5).



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Couple years protection – 4 <sup>th</sup> quarter 2008*												
Nr	District	Lo-Fem	Microg	Ovrette	Depo-P	Cond. M	Cond. F	IUD	Norplant	Jadelle	Collier	Total
1	Kayonza	314	110	74	2,085	811	0.04	4	-	898	-	<b>4,295</b>
2	Ngoma	120	172	120	2,853	57	0.09	159	-	938	309	<b>4,727</b>
3	Rwamagana	166	200	33	2,325	87	-	11	-	772	73	<b>3,668</b>
4	Kirehe	143	127	57	2,211	55	0.07	102	-	1,444	11	<b>4,151</b>
5	Muhanga	224	292	72	2,326	101	-	77	-	1,428	20	<b>4,539</b>
6	Kamonyi	269	285	52	1,958	55	-	16	-	1,042	14	<b>3,690</b>
7	Ruhango	334	432	108	1,959	83	0.24	200	-	809	16	<b>3,939</b>
8	Nyaruguru	-	-	-	-	-	-	-	-	-	-	-
9	Nyamagabe	105	192	100	2,150	48	0.20	39	-	918	9	<b>3,562</b>
10	Gasabo	140	256	86	1,826	102	0.21	172	-	1,400	46	<b>4,027</b>
11	Nyarugenge	401	433	217	3,177	1,915	1.14	1,093	-	1,808	52	<b>9,097</b>
12	Kicukiro	136	218	62	771	13	0.01	-	-	312	10	<b>1,522</b>
<b>Total</b>		<b>2,351</b>	<b>2,718</b>	<b>980</b>	<b>23,641</b>	<b>3,327</b>	<b>2</b>	<b>1,872</b>	<b>-</b>	<b>11,766</b>	<b>560</b>	<b>47,217</b>

\*CYP data is given to us by DELIVER and comes from Pharmacy data

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Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
<b>SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH</b>													
# ANC visits by skilled providers	55,908	5,659	3,688	6,222	4,723	4,151	4,768	5,080	4,648	3,906	5,042	2,277	5,744
# women with four standard ANC visits <sup>2</sup>	2,344	365	46	160	203	193	318	227	268	66	287	13	198
# Deliveries with Skilled Birth Attendants (SBA)	21,344	2,086	1,441	2,257	2,108	1,816	2,393	1,352	2,630	1,349	1,589	1,142	1,181
# Postpartum/newborn visits within 3 days of birth <sup>3</sup>	21,344	2,086	1,441	2,257	2,108	1,816	2,393	1,352	2,630	1,349	1,589	1,142	1,181
# People trained in maternal / newborn health <sup>χ</sup>	89							29	30			29	1
Female	69												
Male	25												
# pregnant women diagnosed with malaria	3,227	339	294	37	470	252	864	300	176	73	358	27	37

<sup>2</sup> This indicator is reported differently across districts, so Twubakane has encountered difficulties ensuring quality of the data. Twubakane staff expects the quality to improve following trainings of health center managers which are scheduled to start in the next quarter.

<sup>3</sup> # Postpartum/newborn visits within 3 days of birth is the same as # Deliveries with Skilled Birth Attendants (SBA) because there is no reliable data source at the health facility level for # women who delivered at home and came to the hospital or health center within 3 days or who were reached via outreach within 3 days at home.

<sup>χ</sup> Trainings in maternal / newborn health include 3 combined EONC and FANC trainings in the districts of Muhanga from 10<sup>th</sup> to 31<sup>st</sup> October, Kirehe from 11<sup>th</sup> to 28<sup>th</sup> November and Nyaruguru from December 1<sup>st</sup> to 18<sup>th</sup>, 2008.

**COMPONENT TWO: CHILD SURVIVAL, MALARIA AND NUTRITION ACCESS AND QUALITY OF SERVICES:  
Results for Quarter (October-December 2008)**

Indicator	Total	Bugesera	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>CHILD SURVIVAL</b>														
# Diarrhea cases treated	20,609		1,330	789	2,098	2,020	1,502	3,324	4,536	974	780	1,945	574	737
# Children less than 12 months who received DPT3	31,835		3,481	2,213	1,714	2,458	2,562	2,958	2,936	2,695	2,672	2,854	2,410	2,882
<b>MALARIA</b>														
# People trained in treatment or prevention of malaria <sup>4</sup>	1,586	492	344	173	367		2		9		2	188	5	4
Female	802													
Male	784													
# children < 5 years diagnosed with simple malaria at health centers	38,981		3709	1850	4855	6629	4578	5420	2639	1871	1321	3169	1273	1667
# children < 5 treated for malaria through HBM	29,690		1648	942	889	3510	4376	4026	5260	1775	3035	4229	0	0

<sup>4</sup> Trainings conducted in treatment and/or prevention of malaria were:

- Refresher training of 210 CHWs on HBM strategy in Nyarugenge
- Training of 183 CHWs of Ruhango district in three sectors on the integrated package of community health
- Training of 32 health providers in clinical IMCI from Twubakane supported districts
- Formative supervision given to 1161 CHWs from the districts of Bugesera(492), Kicukiro(170), Nyarugenge(155) and Gasabo(344)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>NUTRITION</b>													
# children <5 who received Vitamin A in the health facilities & Community	58,369	6,767	2,918	1,665	2,044	3,177	2,910	5,734	22,791	1,797	7,393	900	273
# Children reached by nutrition programs	181,944	8,115	6,300	4,735	8,768	7,553	10,771	7,057	50,648	23,274	26,854	12,044	15,825
# People trained in child health and nutrition <sup>5</sup>	584		3	2		2		9	30	136	207	35	160
Female	351												
Male	233												

<sup>5</sup> Trainings conducted in child health and nutrition were:

- Training on a variety of vaccination issues like cold chain maintenance, management of vaccines and procurement of vaccines and supplies which covered 142 technicians from Kamonyi(35), Muhanga(30), Nyaruguru(30), Nyamagabe(28) and Kirehe(19)
- Training of 183 CHWs of Ruhango district in three sectors on the integrated package of community health
- Training of 32 health providers in clinical IMCI from Kirehe (9), Ruhango(5), Nyarugenge(2), Rwamagana(2), Nyamagabe(4), Nyaruguru(5), Kamonyi(2) and Kicukiro(3)
- Training of 29 CHWs trainers for CBNP and HEALTH model in Nyamagabe
- Trainings of 198 CHWs of Kamonyi (99) and Nyamagabe (99) in CBNP and HEARTH model

**COMPONENT FOUR: DISTRICT LEVEL PLANNING, BUDGETING AND MANAGING: Results for Quarter  
(October-December 2008)**

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe	City of Kigali	RALGA
<b>USG ASSISTANCE FOR CAPACITY BUILDING IN PUBLIC SECTOR</b>															
# Sub-national government entities receiving USG assistance to improve their performance	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
# Sub-national governments receiving USG assistance to increase their annual own-source revenues	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
# Individuals who received USG-assisted training, including management skills and fiscal management, to strengthen local government and/or decentralization <sup>6</sup>	677			21	4	4	45	4			23	136	12		428 <sup>7</sup>
Female	175														
Male	74														

<sup>6</sup> Capacity building activities in decentralization this past quarter were:

- Training in strategic and operational planning of Health Facilities given to health facilities managers of Muhima Hospital and its health centers.
- Training in mutuelle management given to new mutuelle managers of the districts of Nyaruguru and Nyamagabe
- Audit training for 16 members of Districts Councils from the districts of Ngoma (4), Kirehe (4), Rwamagana(4) and Kayonza (4)
- Leadership training in Ngoma district
- Support to JADF meeting in Ruhango (23), Nyaruguru (126)
- Organization of the Local Government Innovation Day was organized by RALGA on November 21<sup>st</sup>, 2008 to disseminate and award the best innovations and practices and 428 local government representatives attended.

<sup>7</sup> Disaggregation by gender for RALGA data was not available

**COMPONENT FIVE: HEALTH FACILITIES MANAGEMENT AND MUTUELLES**  
**Results for Quarter (October-December 2008)**

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
# Service Delivery Points (SDP) with USG support <sup>β</sup>	185	12	12	9	16	17	19	15	21	12	15	19	18
<i>District Hospitals</i>	14	1	1	1	2	1	1	1	1	1	1	1	2
<i>Health centers</i>	136	10	7	8	13	11	12	12	13	11	13	13	13
<i>Health posts</i>	9	1	0	0	0	4	2	2	0	0	0	0	0
<i>FP Secondary Posts</i>	26	0	4	0	1	1	4	0	7	0	1	5	3

<sup>β</sup> # Service delivery points (SDP) with USG support includes public and religion-affiliated district hospitals, health centers, health posts and Family Planning Secondary posts in Twubakane intervention zone, it does not include however private clinics, dispensaries or prison health facilities.

**COMPONENT SIX: COMMUNITY ENGAGEMENT AND OVERSIGHT**  
**Results for Quarter (October-December 2008)**

Component six conducted the following training events during the past quarter.

- Orientation trainings of Community Health Workers on the integrated package for community health in the districts of:
  - o Nyamagabe, health center of Nyarusiza - 49 people including 27 female
  - o Nyaruguru, health center of Ruheru - 46 people including 24 female
- Training of trainers on andragogy and training skills in Ruhango district - 56 people including 42 female
- Coordination meeting of PAQ teams in the districts of:
  - o Kirehe – 36 people including 11 female
  - o Ngoma - 42 people including 11 female
  - o Muhanga - 35 people including 14 female
  - o Ruhango - 34 people including 14 female
  - o Gasabo - 41 people including 21 female
  - o Nyarugenge - 28 people including 18 female
  - o Kicukiro - 24 people including 12 female
  - o Kamonyi - 33 people including 15 female
  - o Nyaruguru - 36 people including 16 female
  - o Nyamagabe - 43 people including 15 female