



**TWUBAKANE**  
**Decentralization and Health Program**  
**Rwanda**

**QUARTERLY PERFORMANCE MONITORING REPORT #13**  
**JANUARY-MARCH 2008**

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## ACRONYMS

AMTSL	Active Management of Third Stage of Labor	MCH	Maternal and Child Health
ARBEF	<i>Association Rwandaise du Bien-Etre de la Famille</i>	M&E	Monitoring and Evaluation
BCC	Behavior Change Communications	MIFOTRA	Ministry of Finance
BEONC	Basic Emergency Obstetric and Neonatal Care	MINALOC	Ministry of Local Administration
CBIS	Community-Based (Health) Information System	MINECOFIN	Ministry of Finance and Economic Planning
CNLS	<i>Commission Nationale de lutte contre le SIDA</i>	MINISANTE	Ministry of Health
CPA	Complementary Package of Activities	MPA	Minimum Package of Activities
DDP	District Development Plan	NGO	Nongovernmental Organization
DHS	Demographic and Health Survey	PAQ	<i>Partenariat pour l'Amélioration de la Qualité</i>
DIF	District Incentive Funds	PMI	President's Malaria Initiative
EONC	Emergency Obstetric and Neonatal Care	PMTCT	Prevention of Mother-to-Child Transmission
FP	Family Planning	PNILP	<i>Programme National Intégré de Lutte Contre le Paludisme</i>
GBV	Gender-Based Violence	RALGA	Rwandese Association of Local Government Authorities
HBM	Home-Based Management	RDSF	Rwanda Decentralization Strategic Framework
HIV	Human Immunodeficiency Virus	RH	Reproductive Health
HMIS	Health Management Information System	RTI	Research Triangle Institute
IEC	Information, Education and Communication	RWF	Rwandan Francs
IMCI	Integrated Management of Childhood Illness	USAID	United States Agency for International Development
IUD	Intrauterine Device	VNG	Netherlands International Cooperation Agency
JADF	Joint Action Development Forum	WHO	World Health Organization

## **TWUBAKANE PROGRAM HIGHLIGHTS, JANUARY-MARCH, 2008**

### **Component 1: Family Planning (FP)/Reproductive Health (RH)/Gender**

- Training of 25 providers from Nyarugenge and Kicukiro districts in FP; supervision of FP providers in Ngoma and Kirehe districts
- Training of 34 health center providers from Nyamagabe, Kayonza, Ngoma, Rwamagana and Gasabo districts in basic emergency obstetrics and natal care (BEONC) and evaluation of EONC capacity in health facilities of Kirehe District. Supervision of providers trained in BEONC in Rwamagana, Ruhango and Kamonyi districts
- Internal/external review of results of Gender-Based Violence (GBV)/Antenatal Care (ANC)/Prevention of Mother-to-Child Transmission (PMTCT) Readiness Assessment and planning for validation and dissemination meetings

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

- Training of 1,269 community health workers in home-based management (HBM) of malaria fever with Coartem in Bugesera and Nyarugenge districts
- Supervision of HBM activities in nine health centers of Gasabo District and distribution of HBM medicines and management tools in 12 health centers of Nyarugenge, Gasabo and Kicukiro districts
- Training of trainers and training of 30 providers in clinical integrated management of childhood illness (IMCI) in Ngoma and Nyaruguru districts
- Training of 192 community health workers on community IMCI (prevention and treatment of malaria, diarrhea, pneumonia and malnutrition) in Ruhango District

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

- Participation in the “District Capacity-Building Needs Assessment” and participatory work sessions with district officials and civil society to prioritize capacity-building needs and develop capacity-building plans
- Completion of the Health Services Costing study (results of which will support central government in revision of tariffs for the minimum package of activities—MPA—and complementary package of activities—CPA—of health services, and support districts and health facilities in improving budgeting and management)
- Support to Management Information Systems (MIS) Task Force at the Ministry of Local Administration (MINALOC)
- Completion of Rwandese Association of Local Government Authorities (RALGA) anti-corruption forums and activities in all 30 districts.

### **Component 4: District Capacity Building**

- Completion of the 2007 District Incentive Funds (DIF) grants activities in all 12 districts and preparation and budgeting for 2008 DIF grants activities
- Collaboration with Ministry of Finance and Economic Planning (MINECOFIN) to incorporate DIF grants accounting into the SAGE-PASTEL accounting system used by districts
- Collaboration with MINALOC - Local Government Financing Unit to create strategies and develop training modules for building capacity and providing best practices to district auditors
- Operationalization of Joint Action Development Forum (JADF) committee meetings in all Twubakane districts; at least one JADF meeting was held in each district this quarter.

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

- Supportive supervision provided to 32 *mutuelles* sections in five districts; current enrollment rates of supervised *mutuelles* sections averaged 68% at the end of March 2008.

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

- Training of 22 PAQ (*Partenariat pour l'Amélioration de la Qualité*) mentors in Rwamagana, Gasabo, Kicukiro, Nyarugenge and Kamonyi districts and supervision of PAQ teams in Kirehe, Kicukiro, Rwamagana, Kamonyi, Nyarugenge, Gasabo and Ruhango
- Training of 30 trainers and supervisors of community health workers on data collection for scale-up of Community-based Health Information System (CBIS) in Kirehe and Kicukiro.

## 1. INTRODUCTION

The Twubakane Decentralization and Health Program is a five-year, more than \$24 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, RTI International and Tulane University in partnership with the Government of Rwanda. Twubakane also works with the Rwandese Association of Local Government Authorities (RALGA), EngenderHealth, VNG (Netherlands International Cooperation Agency) and Pro-Femmes.

The Program has six integrated components: 1) family planning and reproductive health; 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

This quarter, the Twubakane Program team focused on finalizing the integrated workplan for 2008, working in collaboration with the 12 partner districts as well as colleagues from the MINISANTE and MINALOC. Twubakane also worked with the districts on finalizing the 2007 District Incentive Fund grants; 11 of the 12 districts successfully completed their 2007 grants (which had been extended through the end of March).

Other key accomplishments this quarter included continued roll-out of emergency obstetrics and neonatal care trainings at the health center level, continued extension of the home-based management of malaria, the launch of community integrated management of childhood illness (IMCI) in one district, and preparation for the scale-up of the community-based health information system.

Twubakane also participated actively in the national district capacity-building needs assessment this quarter, and engaged with districts to support improving functioning of the Joint Action Development Forums; all 12 districts held at least one JADF meeting this quarter.

## 2.1 TWUBAKANE PROGRAM STEERING COMMITTEE

The role of the Steering Committee is to monitor the programmatic and strategic orientation and activities of the Twubakane Program and to provide guidance to ensure the continuing relevance and impact of its work. The committee did not meet this quarter, but a meeting will be held next quarter, in May 2008.

## 2.2 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 our local program activities. This quarter, field coordinators focused on helping districts complete their 2007 DIF activities and plan for 2008 DIF grants. They also supported the District Capacity Needs Assessment, provided support and training to PAQ mentors and PAQ teams, and supervised and supported the *mutuelles* in their districts. District-level authorities continue to solicit the hands-on support they receive from field coordinators. Due to this solicitation and the growing number of activities on the district level, assistant field coordinators were recruited this quarter to increase coverage of these activities. The hiring process will be completed and the assistant field coordinators will be in place by the end of the second quarter of this year.

## 3. PERFORMANCE REVIEW BY PROGRAM COMPONENT

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

- *Increase access to and quality/use of family planning and reproductive health services in health facilities and communities*

**Repositioning FP:** The Twubakane Program continues to support repositioning of FP and integration of FP/HIV services in Rwanda through its active participation in the FP technical working group and FP/HIV integration working groups. During this quarter, Twubakane also laid the groundwork for implementation of the Hewlett-funded initiative to support the solidification of Rwanda's political commitment to population and FP and to assist the country in translating that commitment into a comprehensive, evidence-based national program that respects the rights of individuals. An official launch of the Hewlett Initiative is planned for May 2008.

**Training and Supervision of FP Providers:** This quarter, the Twubakane supported district trainers in the training of 25 providers from Nyarugenge, Gasabo and Kicukiro (Kigali municipality), Kirehe, Kayonza and Ngoma (Eastern Province), and Kamonyi and Nyaruguru (Southern Province) in the provision of the full range of FP methods (including short- and long-term methods). Participants' scores from pre- to post-test increased from 27.7% to 89.3%; during the practical training, 311 Jadelle implants and 38 intrauterine devices (IUDs) were inserted. During this training, district FP trainers from Nyarugenge, Nyamagabe and Kamonyi districts were officially certified as FP trainers. The team also provided complementary training in long-term methods in three health centers in Ruhango District.

FP supervision visits were conducted in Ngoma and Kirehe districts. According to data from health centers in these districts, the use of modern contraception increased dramatically: Ngoma District estimates an increase from 3% in December 2006 to 22.3% in February 2008, and Kirehe District records an increase from 6% in August 2007 to 12.4% in February 2008. (Note: this data are considered to be estimates and have not been verified by Twubakane.)

**Finalization of National Family Planning Training Modules:** In late March 2008, a workshop brought together FP partners (ARBEF, Capacity Project, GTZ, PSI, Twubakane and MINISANTE) to finalize the national FP training modules that have been pre-tested and revised during trainings over the past two years. The modules include: a reference manual for FP training, a trainer's guide for on-the-job training and a participant's guide for on-the-job training. A final review of these documents will take place in April during a FP technical working group meeting before they are submitted to the MINISANTE for adoption and dissemination nationwide.

**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, Twubakane supported EONC supervisory visits conducted by district hospital trainers in Rwamagana, Ruhango and Kamonyi districts. Positive findings include systematic use of Active Management of Third Stage of Labor (AMTSL) in Rwamagana and Ruhango, and progress in Kamonyi, to prevent postpartum hemorrhage, 85% correct use of partograms, infection prevention, and a dramatic increase in use of ANC services and deliveries at health centers after training sessions. (For example, in Nyagihamba Health Center in Kamonyi, only 5.8% of deliveries were facility-based before the training, but 22% three months after the training. In the same health center, only 44.4% of pregnant women used ante-natal services in December 2007; utilization had increased to 87% of pregnant women by February 2008.). Recommendations from supervision visits include equipment procurement and improved adherence to EONC standards.

In collaboration with the USAID-funded ACCESS Project, Twubakane supported training by district hospital trainers of 34 health center providers from Nyamagabe, Kayonza, Ngoma, Rwamagana and Gasabo districts. The average pre-test score was 35.8%; the average post-test score was 82.2%.

Also during this quarter, an EONC needs assessment was conducted in Kirehe District, a district that currently does not have a hospital. Recommendations were made to train providers in basic EONC in Kibungo Hospital and Rwinkavu Hospital, but concerns were raised on infrastructure, basic equipment procurement and infection prevention. In addition, a refresher training in manual vacuum aspiration for post-abortion care was conducted by Twubakane for 28 district hospital providers in Twubakane and Capacity supported-districts.

**Technical Assistance for Information, Education and Communication/Behavior Change Communication (IEC/BCC) Activities:** This quarter, Twubakane participated in the development of curriculum for journalists on national health priorities with the Rwanda Center for Health Communication. Twubakane facilitated training workshops on RH priorities for 110 journalists and 135 secondary school pupils, organized by the Rwanda Center for Health Communication.

**National Quantification of RH Commodities:** Twubakane hosted a five-day workshop to quantify RH commodity needs organized by the Maternal and Child Health (MCH) Task Force in collaboration with the USAID-funded DELIVER Project. Commodity needs including contraceptives, oxytocin, ergometrine, magnesium sulfate, iron-folic acid, Vitamin A, Mebendazole, zinc, ORS, and amoxicillin were estimated for 2008-2010 using Pipe Line software. These needs and funding gaps will be discussed with partners during a roundtable planned for May.

**GBV/ANC/PMTCT Readiness Assessment:** The readiness assessment for the prevention and management of GBV that had been conducted in Nyarugenge, Kicukiro and Gasabo districts in Kigali was internally and externally reviewed during this quarter. The validation workshop was prepared and is scheduled for April 16-18, 2008. The dissemination meeting to sensitize stakeholders is scheduled for May 22, 2008.

### 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***

**President's Malaria Initiative:** Twubakane continues to assist the United States Government Presidential Malaria Initiative (PMI) team and the PNILP (*Programme National Intégré de Lutte Contre le Paludisme*) in the implementation of PMI activities in Rwanda. Twubakane remains an active participant in the planning, implementation, coordination and monitoring of PMI activities at the national and district level in Rwanda. Twubakane had the honor of receiving a visit from the U.S. PMI Representative, Admiral Timothy Ziemer and a White House delegation to observe activities funded by PMI at the Masaka Health Center in Gasabo. Minister of Health Jean Damascène Ntawukuriryayo and the White House delegation were impressed with the enthusiasm of the community health workers in supporting HBM of malaria in their community.

**HBM of Malaria:** This quarter, Twubakane assisted the PNILP in the rollout of Coartem at the community level. Twubakane and other partners are actively involved in supporting PNILP by educating local authorities, training trainers for community health workers, and training community health workers in HBM. Twubakane recently completed HBM training of 1,269 community health workers from Nyarugenge and Bugesera districts. In the last quarter, Twubakane conducted supervision in nine health centers in Gasabo District to improve the quality of services delivered by community health workers and the quality of supervision done by providers at the community level. Twubakane supported the PNILP in the distribution of HBM drugs for 12 health centers in Gasabo, Nyarugenge and Kicukiro districts.

**IMCI:** The Twubakane Program continues to support the MCH Task Force's IMCI working group in collaboration with WHO, the Expanded Impact Project, FHI, EGPAF and UNICEF. This quarter, as part of the rollout of Rwanda's IMCI strategy, Twubakane conducted trainings in clinical IMCI for 30 providers from Nyaruguru and Ngoma districts and a training of trainers for 10 medical doctors from hospitals in Twubakane-supported areas. Twubakane also trained 192 community health workers in community IMCI, including prevention and management of malaria, diarrhea, pneumonia and malnutrition in the health centers in Ruhango District. Following the training, each participant received equipment for diagnosis, management tools, and medicine. In addition, Twubakane staff, in collaboration with district supervisors, conducted qualitative peer-supervision for trained clinical IMCI providers in Kirehe and Gasabo districts. Twubakane staff also distributed case management algorithms to all providers trained in clinical IMCI.

Also this quarter, in collaboration with the Expanded Program of Immunization (EPI) desk, Twubakane conducted an assessment of the health centers in eight Twubakane-supported districts to evaluate cold chain equipment, vaccine quality, and staff trained in cold chain equipment maintenance. The assessment showed that cold chain management is problematic in nearly all of the health centers, primarily because health center staff have not received sufficient training and follow-up supervision in cold chain management. In addition, assessment findings included problems with the availability of needed equipment in some health centers. Twubakane

is collaborating with the EPI desk to plan refresher training courses, during this next quarter, on cold chain management for health centers in all 12 Twubakane-supported districts. Twubakane also is working with the EPI desk and health facility managers to ensure the availability of needed equipment.

**Nutrition:** This quarter, Twubakane continued to participate in the MINISANTE's nutrition technical working group. Twubakane provided technical assistance to the MINISANTE to develop the National Nutrition Strategic Plan and a community nutrition guide in Kinyarwanda. Twubakane also trained 27 community health workers in Gasabo District and 29 trainers in Muhanga District in community-based nutrition programming. Twubakane staff conducted an information campaign to familiarize 10 PAQ-team supervisors from Kamonyi District with community-based nutrition, malaria and IMCI.

Twubakane staff also supported the supervision of community-based nutrition activities in 45 health centers in Kirehe, Ngoma, Rwamagana and Kayonza districts and identified sites ready to begin the implementation of Hearth activities. As reported previously, Hearth is an approach through which community health workers and caregivers practice new cooking, feeding, hygiene and caring behaviors shown to be effective in rehabilitating malnourished children. Hearth sessions consist of nutritional rehabilitation and education followed by home visits by community health workers. Twubakane is supporting the start up of Hearth in these selected districts in the Eastern Province, where districts, health facilities and communities have identified malnutrition as a priority health problem.

### 3.3 DECENTRALIZATION PLANNING, POLICY AND MANAGEMENT

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

**Support to MINALOC and MINECOFIN:** This quarter, Twubakane continued to support the District Capacity-Building Needs Assessment at both the central level and the district level. Twubakane staff provided documentation of district capacities for the 12 Twubakane-supported districts and worked as partners of the consultants gathering data on the district level. The goal of the capacity needs assessment is to evaluate capacity on the local, sector and district levels and to provide useful individualized information for each district. The results of the capacity needs assessment will be used to develop individual capacity-building plans for each district which will be annexed to the five-year District Development Plans (DDPs). The preliminary results of the assessment were disseminated at a meeting in mid-February 2008. Feedback was given by Twubakane and other partners for the finalization and improvement of the documents by the consultants.

Following the preliminary document review, Twubakane collaborated with the assessment consultants in the facilitation of a pilot workshop for the development of the capacity-building plan in Ruhango District. The workshop was successful in bringing together sector and district officials, other stakeholders, and members of the JADF to develop a capacity-building plan that responds to the districts' specific needs. Twubakane continues to support the development of capacity-building plans in the 12 Twubakane districts; eight districts completed their plans this quarter. The Government of Rwanda recognizes that the implementation of the district capacity-building plans will require significant financing. MINALOC plans to create a capacity-building fund with the assistance of donor contributions and will support the districts in creating good governance and capacity-building units.

**RALGA:** Twubakane continues to collaborate with RALGA to provide focused technical assistance. This quarter, Twubakane staff worked with RALGA to come up with a capacity-building strategy that aligns with the national Capacity-Building Needs Assessment and that will serve its members. A new capacity development officer was hired at RALGA.

This quarter, Twubakane also worked with RALGA to complete the anti-corruption forums and activities carried out in all 30 districts. In February, Twubakane supported RALGA in the organization of an Anti-Corruption Poster Contest and Exhibit, during which winning artists received prizes for their posters demonstrating the general public's perceptions on transparency, accountability, anti-corruption and good governance. The event was well-attended and presided over by the Minister of MINALOC. The posters have been reproduced and disseminated to district and sector offices.

**National Health Accounts (NHA):** In collaboration with the USAID-funded Health Systems 2020 project, Twubakane support data analysis for the 2006 NHA exercise this quarter. At the end of January 2008, preliminary NHA data was shared with stakeholders. Final analysis and report writing have recently been completed, and Twubakane is working with the MINISANTE to organize the official dissemination workshop, scheduled for May. As reported previously, supporting institutionalization and ownership on the part of the MINISANTE continues to be challenging. The NHA steering committee has met regularly during data collection and analysis periods, but organizing these meetings and planning for dissemination have not required ongoing effort.

**Health Services Costing Study:** The National University of Rwanda' School of Public Health, Twubakane staff, and a consultant continue to work together on the analysis of the health care cost interventions at the health center and district hospital levels. This quarter, the data analysis from the study was finalized for all hospitals and health centers. Preliminary results were presented to the MINISANTE and its partners in February 2008, and a final dissemination workshop is planned for May 2008.

**Management Information Systems (MIS) Task Force:** This quarter, Twubakane provided technical assistance for the creation of a MIS Task Force at MINALOC with the intention of developing an effective system of information management and monitoring and evaluation of the Decentralization Implementation Plan and the Economic Development and Poverty Reduction Strategy processes. Objectives of the MIS Task Force include completing an inventory of existing MIS and Monitoring and Evaluation (M&E) tools, exchanging experience among partners and eventually coming to a consensus on tools which can be either revised or developed for the evaluation of local government performance.

### 3.4 DISTRICT-LEVEL CAPACITY BUILDING

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

**District Incentive Funds (DIF):** 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 their budget and planning capabilities and develop and demonstrate their management skills. This quarter, Twubakane provided monitoring and support to the districts for the implementation of final activities in the 2007 DIF grants. Accountants were supported in the data collection, documentation, and production of reports for the justification of the 2007

grant budgets. All 12 districts have received the final payments for their 2007 DIF grants, and 90% of activities were implemented by the end of March 2008, though justification of costs remains a challenge in many districts.

**2007 DIF Grants Budget Execution as of March 31, 2008**

	District	2006 Remainder RWF	Transfers 2007 RWF	2007 Total Grant RWF	Amount justified RWF	Remainder to be justified RWF
<b>KIGALI</b>	Nyarugenge	26,573	81,123,427	81,150,000	81,097,091	52,909
	Kicukiro	1,517,119	79,632,881	81,150,000	81,150,000	-
	Gasabo	1,659,548	79,490,452	81,150,000	81,150,000	-
<b>EAST</b>	Ngoma	296,375	80,853,625	81,150,000	77,394,056	3,755,944
	Kayonza	1,881,200	79,268,800	81,150,000	57,575,782	23,574,218
	Kirehe	5,500	81,144,500	81,150,000	81,144,500	5,500
	Rwamagana	687,524	80,462,476	81,150,000	56,477,187	24, 672,813
<b>SOUTH</b>	Kamonyi	160,204	80,989,796	81,150,000	55,155,187	25,994,813
	Muhanga	35,628	81,114,372	81,150,000	81,130,000	20,000
	Nyaruguru	3,034,965	78,115,035	81,150,000	56,480,857	24,669,143
	Nyamagabe	2,089,398	79,060,602	81,150,000	80,816,519	333,481
	Ruhango	1,784,915	79,365,085	81,150,000	80,436,343	713,657
<b>TOTAL</b>		<b>13,178,949</b>	<b>960,621,051</b>	<b>973,800,000</b>	<b>870,007,522</b>	<b>103,792,478</b>

In preparation for the 2008 DIF Grants, Twubakane staff supported DIF planning sessions to assist the districts in preparing grant requests and drafting budgets. By the end of the quarter, nine districts had submitted grant requests for 2008 financing. Evaluations and discussions regarding necessary amendments are currently underway between Twubakane staff and district leaders. Contracts will be signed following the integration of amendments.

Key activities for next quarter include:

- Finalize the 2008 DIF grant evaluations and signing of the sub-agreements
- Review and analyze the 2007 DIF program and financial reports
- Organize work sessions with districts to discuss the DIF approach and document results, best practices and lessons learned
- Organize a national workshop to review the DIF approach, results of the DIF approach, best practices and lessons learned.

**Accountant and Auditor Training Preparation:** Twubakane staff, in collaboration with MINECOFIN staff, developed a training plan for increasing the capacity of district accountants in overall financial reporting and in completing DIF grant financial reports. The DIF grants accounting will be incorporated into the SAGE-PASTEL accounting system that the districts are currently using. MINECOFIN expressed its satisfaction with this collaborative effort and will use the DIF grant reporting as an example of the integration of donor funds into district accounting systems.

Also this quarter, Twubakane collaborated with the Local Government Financing Unity of the MINALOC to create strategies and develop training modules for building capacity and providing best practices to district auditors. MINALOC is in the process of developing an inspection manual which will be used for the training and will include audit principals, audit planning and preparation of audit reports. Twubakane and MINALOC will also collaborate with the Auditor General's Office and MINECOFIN's Audit Department in the training of district auditors.

**Support to JADFs:** Twubakane continues to support the JADFs to encourage their functioning and their ability to support district development. This quarter, the JADF committee meetings were institutionalized, and at least one meeting was held in each district. Issues addressed during the JADF committee meetings include effective member participation, membership dues, strategies for improved performance and the mobilization of resources for district development activities.

### 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***

**National Support for *Mutuelles*:** Twubakane continues to play an important role in the *mutuelles* technical working group, in collaboration with GTZ, BIT-STEP, BTC, the Global Fund and other partners.

***Mutuelles* in Twubakane-Supported Districts:** This quarter, Twubakane provided supportive supervision to 32 *mutuelles* sections in Nyarugenge, Nyaruguru, Kicukiro, Kayonza and Kamonyi districts. The support is designed to improve *mutuelles* management and involves observation of and feedback given to managers during and after a full day of work, allowing for on-the-job training and advice. During this quarter, supervision visits focused on use of management tools, data collection, management committee functioning, mobilization of the population for enrollment in 2008, membership dues collection and financial management. Following the supervision visits, meetings were held to exchange experiences and discuss the results of the supervision. The site visit revealed great improvement in *mutuelles* management in the Nyaruguru and Kamonyi districts particularly in the enrollment of members and financial management of the *mutuelles*. However, the site visits to Kayonza and Kicukiro revealed continuing management problems and the need for regular external audits. The enrollment rates reported during these supervision visits in March 2008 averaged at 68.4%, but a few *mutuelles* reported membership rates of more than 80% at the end of March.

Also during this quarter, Twubakane trained 18 deputy managers from *mutuelles* sections in the Rwamagana District who had not yet been trained in *mutuelles* management.

**Health Facilities Management:** Through its support of hospitals and health centers, Twubakane strives to increase the capacities of these health facilities to better manage their resources and to provide high-quality health services. During this quarter, Twubakane organized a workshop for the development of a strategic and operational plan for the Muhima Hospital in Nyarugenge District. Also this quarter, follow-up visits were made to eight health centers and one hospital in Kayonza District and 12 health centers in Ngoma District to provide feedback on the development of their strategic plans.

**Support for Revision of Health Care Norms and Standards:** Twubakane continues to support the MINISANTE in the revision of the minimum and complementary packages of activities, norms and protocols in collaboration with the head of the health services desk. This quarter, Twubakane facilitated the distribution of an electronic version of the norms and standards documents to all pertinent technical departments at the MINISANTE and collaborating health partners for their observations. This process, which was launched in February 2007, has taken more than one year. Twubakane will continue to work closely with the MINISANTE to bring this phase of the process to closure and plan for pre-testing and final dissemination.

### 3.6 COMMUNITY ENGAGEMENT AND OVERSIGHT

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

**National Community Health Policy/Strategy and National CBIS Strategy:** Since the beginning of 2006, Twubakane has provided support to the MINISANTE's community health desk to develop national policy and strategy documents for community health and the CBIS, including community-based distribution and services and the roles of community health workers (called *agents de santé à base communautaire*, or ASBC).

During this quarter, two workshops were held to support the planning and implementation of the scale-up of the CBIS. While it had been proposed that 22 selected indicators would be integrated into the national health management information system (HMIS), 15 final indicators were chosen for this integration and for adoption by all partners working in community health. A refresher training was held for the supervisors and community health worker trainers on the data collection for the CBIS in Kirehe and Kicukiro districts.

**PAQ:** Through the community-provider partnership approach (PAQ), Twubakane supports increased community participation in planning and management of health care and health care facilities at the local level. During this past quarter, 22 PAQ team mentors were trained in Rwamagana, Gasabo, Kicukiro, Nyarugenge and Kamonyi districts. These mentors, chosen by the district hospital, are health center supervisors trained to support the PAQ team at their respective health center. The goal of this orientation to the PAQ approach to these mentors is improved efficacy and sustainability of the PAQ teams. Following this training, supervision visits were conducted, in collaboration with the district and district hospitals, in Kirehe, Kicukiro, Rwamagana, Kamonyi, Nyarugenge, Gasabo and Ruhango districts.

The Twubakane Program has continued to collaborate with the USAID-funded Community HIV/AIDS Mobilization Project, or CHAMP, initially in the development of the National Community Health Policy, and now concerning approaches that link communities and health facilities. CHAMP has developed and is piloting an approach called Linkages, through which health center staff and providers link up with community representatives to ensure support and references concerning HIV/AIDS-related services. For those health centers in which both CHAMP and Twubakane are working, the projects agreed to coordinate the PAQ team with the Linkages committee to avoid duplication of efforts.

**Journalist Collaboration:** In addition to the curriculum development and training of journalists with the Rwanda Center for Health Communication, Twubakane held a one-day workshop in March 2008 for 40 journalists to encourage their active participation in community mobilization for addressing key health issues. Significant discussions were held on FP services and the role of

the media in FP promotion. This workshop provided an opportunity to update journalists on the work of Twubakane and further foster relationships with these important partners in community mobilization for health activities.

#### **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. This quarter, the M&E team spent significant time in the field for the data collection for USAID's FY2007 annual report as well as Twubakane's annual report. Following the data collection for Twubakane's performance indicators, the data was analyzed and incorporated into the 2007 annual report.

Other activities of the M&E team include strengthening Twubakane staff's practice of using data for decision making through the implementation of monitoring tools, participation in the review of the 2008 work plan and implementation of refined data quality strategies.

See Annex 3 for the updated performance management plan with quarterly indicator data.

#### **5. CHALLENGES AND OPPORTUNITIES**

Challenges and opportunities this quarter included:

- **Twubakane Program Steering Committee:** It has become increasingly difficult to schedule meetings of the committee, which has not held an official meeting since April 2007. Although on one hand the fact that the need for such a meeting has not been perceived by GOR and USAID officials may be seen as a positive indication that the program is on track, it is unfortunate that the committee is not more functional. Twubakane will continue to seek advice from MINISANTE and MINALOC partners, as well as USAID, to try to make the committee functional.
- **2007 District Incentive Fund Grants:** As indicated in previous reports, ensuring timely and accurate completion of district grants continues to be challenging. The capacity of districts to manage budgets and work plans has clearly improved over the past two years, as indicated by improved absorptive capacity, spending rates and financial and technical reporting. However, ensuring that both financial and technical reports are submitted on a timely basis requires hands-on support at the district level, working closely with district teams, including directors and accountants. The 2007 DIF grants were due to end on December 31, 2007. However, all 12 districts requested three-month extensions to finalize 2007 expenditures and reporting. As of March 31, 2008, only nine districts had submitted DIF grant requests for 2008, and none of the districts had completed spending and met reporting requirements. The Twubakane Program will discuss the DIF challenges with Steering Committee members and seek the advice of MINISANTE and MINALOC, as well as USAID, on expediting the DIF process.
- **Dependency on HMIS data for Twubakane reporting:** The Twubakane Program collects data to monitor performance indicators. In order to avoid creating parallel information system, Twubakane uses data collected routinely by health facilities and submitted to the districts through the national Health Management Information System. However, because the HMIS data is not always submitted on a timely basis, Twubakane staff has had to go directly to the sources (e.g., hospitals and health centers), which is time consuming and resource intensive.

- **Coordination at the district level:** The Joint Action Development Forum (JADF) mechanism provides an ideal opportunity for districts to harmonize the efforts of stakeholders, and to more efficiently coordinate resources. However, in order for the JADF to function effectively, all development partners and civil society organizations must actively participate, and transparently share information about resources and activities. Twubakane has actively participated in the JADF in the 12 Twubakane-supported districts, and encourages other partners to respect and support this mechanism.

## **6. PERSPECTIVES FOR NEXT QUARTER**

During the second quarter of 2008, Twubakane will continue to focus its efforts on moving the 2008 DIF grants program along and plans to start the grant in all 12 districts. In this quarter, Twubakane will hold a Steering Committee meeting. The GBV assessment findings will be validate and disseminated. Hewlett activities will be officially launched in collaboration with the inter-ministerial committee. Trainings in community IMCI and HBM will continue, and the NHA and costing study results will be officially disseminated in May.

**ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK**

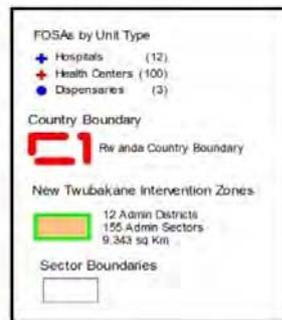
<b><i>Twubakane Decentralization and Health Program</i></b>		
<b>Goal</b>	<b><i>Components/ Objectives</i></b>	<b><i>Results</i></b>
<p><b>To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments 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: Family Planning and Reproductive Health</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>• Quality of FP services improved 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 follow norms for referral/counter-referral for FP/RH</li> <li>• Functional rapid response system for obstetrical emergencies exists at community level</li> <li>• Utilization of antenatal services increased</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 CS/malaria/nutrition services improved in health facilities</li> <li>• Community-based nutritional surveillance and community-based case management of moderate malnutrition improves</li> <li>• Capacity for case management of severe malnutrition in health facilities improved</li> <li>• Pregnant women receiving IPT 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>• National Health Accounts 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>
	<p><b>Component 4: District-Level Capacity Building</b></p> <p>Strengthen capacity of</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> </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>districts to plan, budget, mobilize resources and manage services, with an emphasis on health services</p>	<ul style="list-style-type: none"> <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/death and to mobilize community responses</li> </ul>

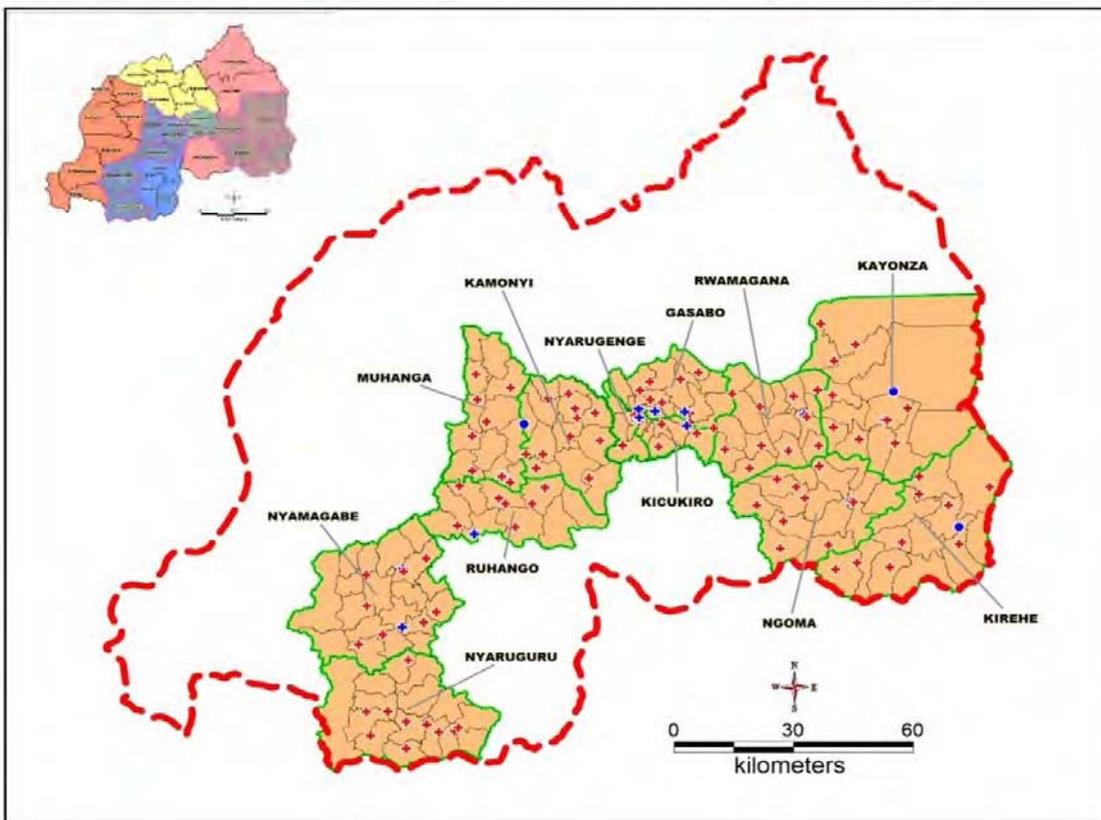
**ANNEX 2: TWUBAKANE'S INTERVENTION ZONE**

**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	229,408
RWAMAGANA	EST	15	685.17	135.58	200,423
		<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	189.80	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	236,900
		<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**

**JANUARY-MARCH, 2008**

<b>Traveler</b>	<b>In-Country Dates</b>	<b>Scope of Work</b>
Beatrice Chen	January 14 – February 23, 2008	<ul style="list-style-type: none"> <li>• Supported the FP/RH team and participate as a master trainer in trainings of providers in long-term methods of FP</li> <li>• Supported hospital training teams as a trainer in EONC</li> <li>• Assisted FP/RH team in providing refresher trainings in post-abortion care for trained hospital teams</li> <li>• Contributed to planning feasibility activities for community based distribution of methods and offering of permanent methods at the hospital level</li> </ul>
English Pratts	January 13 - 26, 2008	<ul style="list-style-type: none"> <li>• Provided technical assistance of financial management and administrative procedures at the Tulane Rwanda office.</li> <li>• Stream-lined financial and administrative procedures of the Tulane Rwanda office so that the Kigali office mirrors practices of Tulane's home office.</li> <li>• Refined template for entering and reconciling charges and coding project expenses to improve ease and accuracy.</li> <li>• Introduced new documentation for recording and reconciling advances paid to project staff members</li> </ul>
Heinz Greijn	January 18 – February 5, 2008	<ul style="list-style-type: none"> <li>• Worked with the RALGA Finance and Admin Manager to complete the recruitment process for the CBPO of RALGA</li> <li>• Worked closely with Ann Condi – the Adam Smith consultant, MINALOC and MIFOTRA counterparts on the District Capacity Needs Assessment</li> <li>• Discussed with Twubakane and RALGA staff a methodology and work plan for carrying out the second phase of the SWOT analysis in the 12 Districts where Twubakane works that will focus on the opportunities and threats; discuss ways that the SWOT can be simplified, and determine whether the CBNA already addresses a number of questions that would be in the SWOT.</li> <li>• Provided general backstopping and technical support to RALGA staff.</li> </ul>
Sara Stratton	February 20 - March 5, 2008	<ul style="list-style-type: none"> <li>• Assisted with start up Hewlett Foundation activities</li> <li>• Coordinated final inputs to 2008 work plan</li> <li>• Assessed status of PMI activities and met with PMI/Rwanda team and PNILP to outline necessary steps to award sub-award</li> <li>• Outlined documentation plans for 2008-2009 with Senior Team</li> <li>• Assisted HR Manager, F&amp;A Team Leader and Senior Team staff to develop recruitment plan for new staff</li> <li>• Agreed upon timeline for granting 2008 DIF and closing out 2007 grants</li> </ul>

Jana Scislowicz	February 20 - March 8, 2008	<ul style="list-style-type: none"> <li>• Assisted with launch of LMI activities</li> <li>• Reviewed status of implementation of branding plan</li> <li>• Assisted GBV coordinator with drafting of assessment report</li> <li>• Assisted HR Manager, F&amp;A Team Leader and Senior Team staff to develop recruitment plan for new staff</li> <li>• Agreed upon timeline for granting 2008 DIF and closing out 2007 grants</li> </ul>
Candy Newman	March 13 – April 8, 2008	<ul style="list-style-type: none"> <li>• Coordinated internal review of the GBV/PMTCT Assessment report and assist staff to prepare a version for external review by CNLS and INS</li> <li>• Assisted in planning of the GBV/PMTCT Plan Validation and Dissemination Meetings, including design, participants, development of materials (including a results PowerPoint presentation)</li> <li>• Assisted in planning for translation, finalization and dissemination of the GBV/PMTCT Readiness Assessment report</li> <li>• Worked with Twubakane staff and local partners to plan GBV/PMTCT activities, including: identifying the technical approaches, materials and technical assistance needed for policy- health system- and community-level interventions; and specifying the timeline and responsibilities</li> </ul>

#### **Travel Funded by IntraHealth Funds**

<b>Traveler</b>	<b>In-Country Dates</b>	<b>Scope of Work</b>
Apollinaire Nyamasenga and Colette Mukandoli	March 30 – April 3, 2008	<ul style="list-style-type: none"> <li>• Attended USAID Rules and Regulations workshop, sponsored by APVOFM in Dar es Salaam, Tanzania</li> </ul>
Randy Heaton	January 25 – February 8, 2008	<ul style="list-style-type: none"> <li>• Provided assistance with resolving personnel issues on Twubakane Program</li> <li>• Assessed degree of management and internal control practices of Twubakane Program</li> <li>• Met with all IntraHealth Finance and Administration staff as a group</li> </ul>
Marcus Pridgen	March 15 – 29, 2008	<ul style="list-style-type: none"> <li>• Provided contractual support to HCSP and Twubakane Project. For Twubakane, reviewed status of all sub-awards, particularly DIF grants.</li> </ul>

#### **Travel Funded by SRA for LMI Activities**

<b>Traveler</b>	<b>In-Country Dates</b>	<b>Scope of Work</b>
Dave Mason	February 22 -March 4, 2008	<ul style="list-style-type: none"> <li>• Launched Last Mile Initiative project</li> <li>• Worked with Twubakane team to develop telephone enabled community health information system use cases and functional requirements.</li> <li>• Identified and meet with local stakeholders.</li> </ul>

**ANNEX 4: PERFORMANCE REVIEW BY PROGRAM COMPONENT**

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

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>FAMILY PLANNING</b>													
Couple years of protection offered by public facilities in USG-supported programs*	43,568	2,907	2,352	6,348	2,774	3,540	3,617	3,556	4,836	3,802	3,573	3,635	2,628
# People that have seen or heard a specific USG supported with FP/RH messages	211,418	19,466	4,714	7,955	24,574	18,704	14,486	22,058	32,574	17,460	21,216	10,185	18,026
# SDP reporting stock-outs of any contraceptive commodity	8		1 <i>Pill (Microgynon)</i>		1 <i>Pill (Lo-Feminal)</i>	1 <i>Pill (Ovrettes)</i>	1 <i>Pill (Lo-Feminal)</i> <i>Jadelle</i>	2 <i>Pill (Microgynon)</i> <i>Depo Provera</i>	1 <i>Male Condoms</i>		1 <i>Jadelle</i>		

\* Data by method included in the calculation of couple years protection is provided in the table on the next page

<b>Couple years protection – 1<sup>st</sup> quarter 2008</b>												
Nr	District	Lo-Fem	Microg	Ovrette	Depo-P	Cond. M	Cond. F	IUD	Norpl	Jadelle	Collier	Total
1	Kayonza	162	136	60	1,603	192	0	15	41	561	4	2,774
2	Ngoma	228	154	77	2,281	51	0	9	-	783	34	3,617
3	Rwamagana	300	264	56	1,912	86	0	8	0	883	31	3,540
4	Kirehe	136	159	51	2,215	41	0	0	0	931	23	3,556
5	Muhanga	255	253	56	1,919	75	0	235	-	1,995	48	4,836
6	Kamonyi	250	318	99	1,452	29	0	0	0	1,652	2	3,802
7	Ruhango	344	421	80	1,652	78	0		4	796	198	3,573
8	Nyaruguru	35	77	20	1,240	13	0	-	-	2,245	5	3,635
9	Nyamagabe	42	170	72	1,616	18	0	12	0	491	207	2,628
10	Gasabo	200	256	64	1,499	92	0	63	0	707	26	2,907
11	Nyarugenge	220	585	109	1,758	824	5	468	36	2,286	57	6,348
12	Kicukiro	297	153	183	468	-	0	6	0	1,213	32	2,352
<b>Total</b>		<b>2,469</b>	<b>2,946</b>	<b>927</b>	<b>19,615</b>	<b>1,499</b>	<b>5</b>	<b>816</b>	<b>81</b>	<b>14,543</b>	<b>667</b>	<b>43,568</b>

Source: DELIVER

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe	East & North Province
<b>FAMILY PLANNING</b>														
# People trained in family planning/ reproductive health <sup>δ</sup>	288	21	3	11	1		1	3		1		2		245†
Female	120													
Male	168													

<sup>δ</sup> Trainings conducted this past quarter in family planning and reproductive health were:

- Training in short term methods of 18 health providers of the district of Gasabo organized by the Capacity project with technical support of Twubakane from 4<sup>th</sup> to 8<sup>th</sup> February 2008
- Training of 25 health providers from the districts of Gasabo (3), Kicukiro (3), Nyarugenge (11), Kamonyi (1), Nyaruguru (2), Kayonza (1), Ngoma (1), Kirehe (3) from 14<sup>th</sup> to 31<sup>st</sup> January 2008
- † The total includes 43 health providers trained from Twubakane intervention zone and 245 journalists (11/03/2008) and students (29/03/2008) from Eastern and Northern secondary schools outside the Twubakane intervention zone, trained as a technical support to Rwanda Health Communication Center in organizing workshops on HIV/AIDS and other health priority issues.

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
<b>REPRODUCTIVE HEALTH</b>													
# ANC visits by skilled providers <sup>‡</sup>	48,643	5,284	906	4,763	4,951	5,242	4,745	5,330	2,308	1,883	5,269	2,003	5,959
# Deliveries with Skilled Birth Attendants (SBA)	20,414	2,093	1,002	2,661	2,236	1,809	1,958	1,179	2,744	1,193	1,297	842	1,400
# Postpartum/newborn visits within 3 days of birth <sup>α</sup>	20,414	2,093	1,002	2,661	2,236	1,809	1,958	1,179	2,744	1,193	1,297	842	1,400
# Service Delivery Points (SDP) with USG support <sup>β</sup>	163												
# People trained in maternal / newborn health <sup>χ</sup>	54	3	2		4	3	3			2	2	2	33
<b>Female</b>	<b>34</b>												
<b>Male</b>	<b>20</b>												

<sup>‡</sup> Results of this indicator might have been affected by change in monthly reporting formats of the health centers. Indeed, the formula of calculation is to sum standard visits in the 1<sup>st</sup> trimester, 2<sup>nd</sup> trimester, 3<sup>rd</sup> trimester and the 9<sup>th</sup> month of pregnancy; health centers have been instructed to write only women respecting these visits and putting the remaining in “other non standard visits”. During our data collection, we noticed that only Kamonyi district have started applying this instruction, others are still reporting all women registered for ANC irrespective of whether they are standard or not. An orientation of health centers managers is required to ensure consistency in health centers.

<sup>α</sup> The # of postpartum/newborn visits within 3 days of birth is the same as the number of deliveries at a health facility (health centers and hospitals); this is due to the difficulty in getting data on # 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, since this data is not recorded in national Health Management Information System.

<sup>β</sup> # Service delivery points (SDP) with USG support includes all health centers, health posts and hospitals in Twubakane intervention zone

<sup>χ</sup> Trainings in maternal / newborn health include:

- Training of 34 health providers from health facilities of the districts of Nyamagabe (30), Kayonza (1), Ngoma (1), Rwamagana (1) and Gasabo (1) in EONC from 21<sup>st</sup> January to 8<sup>th</sup> February 2008 in Nyamagabe and from 10<sup>th</sup> to 28<sup>th</sup> March 2008 in other districts.
- Refresher training in « *Aspiration Manuelle Intra-Uterine (AMIU)* » of 20 health providers from hospitals of the Twubakane and Capacity intervention zones implementing EONC

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

Indicator	Total	Bugesera <sup>§</sup>	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwanagana	Nyoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>CHILD SURVIVAL</b>														
# Diarrhea cases treated	7,793		95	531	1,317	896	497	778	1015	600	436	551	537	540
# Children less than 12 months who received DPT3	24,706		2,905	2,131	1,542	2,383	2,085	2,303	1,855	1,826	1,866	2,290	1,290	2,230
<b>MALARIA</b>														
# People trained in treatment or prevention of malaria**	1,269	635			634									
Female	635													
Male	634													

<sup>§</sup> Bugesera district is not included in Twubakane intervention zone but Twubakane Malaria PMI activities are implemented there.

\*\* During the past quarter Twubakane trained in prevention and/or treatment of malaria 1269 community health workers to correctly use the top-line ant malarial drug Coartem in the districts of Bugesera (635) and Nyarugenge (634) districts.

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>NUTRITION</b>													
# children <5 who received Vitamin A <sup>††</sup> in the facilities & community	51,849	4,357	2,691	1,700	5,953	10,716	8,878	282	11,524	1,027	2,651	1,795	275
# children <5 who received Vitamin A via mass vaccination campaign	484,807	45,707	32,073	36,827	37,191	32,610	38,361	46,842	44,263	40,440	39,544	42,601	48,348
# Children reached by nutrition programs	236,018	14,545	9,586	7,250	14,473	19,092	25,947	6,569	48,800	13,511	33,536	23,617	19,092
# People trained in child health and nutrition <sup>‡‡</sup>	288	28			2	1	19		30	1	192	13	2
<b>Female</b>	<b>143</b>												
<b>Male</b>	<b>145</b>												

A detailed table of the distribution of Vitamin A of the December 2007 vaccination campaign is given below:

†† Data on Vitamin A includes 51,849 children who received at health centers and community through Community Based Distribution (CBD), and 484,807 children who received Vitamin A in the last vaccination campaign which took place in December 2007 but reported this quarter due to data availability constraints.

‡‡ Trainings conducted in child health and nutrition were:

- Training on clinical IMCI of 10 trainers from the district of Gasabo (1), Kamonyi (1), Muhanga (1), Nyamagabe (2), Nyaruguru (1), Rwamagana (1), Kayonza (2), Ngoma (1)
- Training on clinical IMCI of 30 health providers from the districts of Ngoma (18) and Nyaruguru (12)
- Training on community IMCI of 192 community health workers from the district of Ruhango
- Training on Community Based Nutrition Programming (PNBC) of 56 community health workers from the districts of Gasabo (27) and Muhanga (29)

PROVINCE	HOSPITAL	TARGETS			Received Vitamin A			
		TOTAL POPULATION	6 - 11 MONTHS	12-59 MONTHS	6 - 11 MONTHS	PERCENTAGE	12-59 MONTHS	PERCENTAGE
SOUTH	KADUHA	157,074	3,299	19,163	2,510	76%	20,978	109%
	KIGEME	159,153	3,327	19,417	2,754	83%	22,106	114%
	MUNINI	257,510	5,407	31,416	5,060	92%	37,541	117%
	GITWE	262,821	5,520	32,065	4,751	86%	34,793	109%
	KABGAYI	307,358	6,252	36,322	4,495	72%	39,768	109%
	REMERA RUKOMA	261,336	5,488	31,883	3,993	72,7%	36,447	114%
EAST	KIBUNGO	267,647	5,620	32,653	5,340	95%	33,021	101%
	RWINKWAVU	130,593	2,742	15,932	2,741	100%	16,719	105%
	KIREHE	292,215	6,137	35,650	4,935	80%	41,907	118%
	GAHINI	103,193	2,167	12,589	1,955	90%	15,776	125%
	RWAMAGANA	223,653	4,697	27,286	3,885	83%	28,725	105%
KIGALI	KIBAGABAGA	312,336	6,559	38,105	5,842	89%	39,865	105%
	MUHIMA	276,906	5,815	33,783	5,368	92%	31,459	93%
	KANOMBE	236,277	4,962	28,826	4,051	82%	28,022	97%
Total		<b>3,248,072</b>	<b>67,992</b>	<b>395,090</b>	<b>57,680</b>	<b>85%</b>	<b>427,127</b>	<b>108%</b>

Source: UNICEF

**COMPONENT FOUR: DISTRICT LEVEL PLANNING, BUDGETING AND MANAGING: Results for Quarter (January-March2008)**

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave	RALGA capacity building program
<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	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
# Individuals who received USG-assisted training, including management skills and fiscal management, to strengthen local government and/or decentralization <sup>§§</sup>	356	24	23	66	9	47	12				37	72	25	41
<b>Female</b>	<b>126</b>													
<b>Male</b>	<b>230</b>													

<sup>§§</sup> Capacity building activities conducted this past trimester were:

- Twubakane support to districts' Joint Action Development Forums (JADFs)
- Support to districts' capacity building needs assessments workshops
- Training of assistant mutuelle managers on mutuelle management
- Formative restitution workshops of supervision visits to mutuelle sections
- Twubakane supports RALGA's Capacity Building Program which organized this past quarter two meetings; one for the forum of vice-mayors in charge of social affairs (18) and another one for the Forum of Directors of education (23)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
<b>ANTI-CORRUPTION</b>													
# of Government Officials Receiving USG-Supported Anti- corruption Training	250			250									
<b>Female</b>	125												
<b>Male</b>	125												

**COMPONENT FIVE: HEALTH FACILITIES MANAGEMENT AND MUTUELLES**

**Results for Quarter (January-March2008)**

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
# people covered with health financing arrangements	1,671,040	138,090	147,712	109,935	NA	191,000	216,295	213,160	216295	162867	148,095	121,670	221,779

**COMPONENT SIX: COMMUNITY ENGAGEMENT AND OVERSIGHT**

**Results for Quarter (January-March2008)**

Component 6 conducted the following training events during the past quarter:

- Orientation of 22 supervisors of PAQ teams from the districts of Rwamagana, Gasabo, Kicukiro, Nyarugenge and Kamonyi
- Refresher workshops provided to 30 supervisors – trainers of community health workers on Community Health Information System (*SIS Communautaire*) from the districts of Kirehe (15) and Kicukiro (15)