TWUBAKANE
Decentralization and Health Program
Rwanda

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JULY – SEPTEMBER 2008

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TABLE OF CONTENTS

ACRONYMS **1**

TWUBAKANE PROGRAM HIGHLIGHTS, JULY-SEPTEMBER, 2008 ..... **2**

1. INTRODUCTION **3**

2. KEY ACCOMPLISHMENTS AND PROGRESS **3**

2.1 TWUBAKANE PROGRAM FIELD OFFICES **4**

3. PERFORMANCE REVIEW BY PROGRAM COMPONENT **4**

3.1 FAMILY PLANNING/REPRODUCTIVE HEALTH ACCESS AND QUALITY/GENDER **4**
3.2 CHILD SURVIVAL, MALARIA AND NUTRITION ACCESS AND QUALITY **7**
3.3 DECENTRALIZATION PLANNING, POLICY AND MANAGEMENT **9**
3.4 DISTRICT-LEVEL CAPACITY BUILDING **13**
3.5 HEALTH FACILITIES MANAGEMENT AND *MUTUELLES* **17**
3.6 COMMUNITY ENGAGEMENT AND OVERSIGHT **20**

4. MONITORING AND EVALUATION **21**

5. CHALLENGES AND OPPORTUNITIES **21**

6. PERSPECTIVES FOR NEXT QUARTER **23**

ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK **24**

ANNEX 2: TWUBAKANE'S INTERVENTION ZONE **26**

ANNEX 3: SHORT-TERM TECHNICAL ASSISTANCE PROVIDED AND OTHER TRAVEL **27**

ANNEX 4: DISTRICT ACTIVITIES SUPPORTED BY DISTRICT INCENTIVE FUNDS **28**

ANNEX 5: SYNTHESIS OF PAQ TEAM STATUS AND ACTIVITIES **34**

ANNEX 6: PERFORMANCE MONITORING BY PROGRAM COMPONENT **37**

ACRONYMS

AMTSL	Active Management of Third Stage of Labor
BCC	Behavior Change Communications
BTC	Belgian Technical Cooperation
CHIS	Community-Based Health Information System
CBNA	Capacity Building Needs Assessment
CEPEX	Rwanda Central Public Investments and External Finance Bureau
CHW	Community Health Worker
CNLS	*Commission Nationale de lutte contre le SIDA*
COPEGOL	*Compétition pour l'Excellence dans la Gouvernance Locale*
CPA	Complementary Package of Activities
CTAMS	*Cellule Technique d'Appui aux Mutuelles de Santé*
DDP	District Development Plan
DED	Deutscher Entwicklungsdienst/ German Development Service
DIF	District Incentive Fund
EONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program of Immunization
FP	Family Planning
GBV	Gender-Based Violence
HBM	Home-Based Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
HS 2020	Health Systems 2020
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IUD	Intrauterine Device
JADF	Joint Action Development Forum
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MIFOTRA	Ministry of Finance
MINALOC	Ministry of Local Administration
MINECOFIN	Ministry of Finance and Economic Planning
MINISANTE	Ministry of Health
MIS	Management Information System
MPA	Minimum Package of Activities
MTEF	Medium-Term Expenditure Framework
NDIS	National Decentralization Implementation Structure
NHA	National Health Accounts
PAQ	*Partenariat pour l'Amélioration de la Qualité*
PBF	Performance-Based Financing
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PNILP	*Programme National Intégré de Lutte Contre le Paludisme*
RALGA	Rwandese Association of Local Government Authorities
PNP	Policies, Norms and Protocols
RH	Reproductive Health
RTI	Research Triangle Institute
RWF	Rwandan Francs
USAID	United States Agency for International Development
USG	United States Government
VNG	Netherlands International Cooperation Agency

TWUBAKANE PROGRAM HIGHLIGHTS, JULY - SEPTEMBER, 2008

Component 1: Family Planning/Reproductive Health/Gender

- Training and support to network of 30 journalists for population and family planning (FP)
- Training of 22 FP providers; certification of four district FP trainers
- Training of 119 health care providers in integrated EONC and focused antenatal care
- Training of 12 supervisors in supportive/facilitative supervision

Component 2: Child Survival/Malaria/Nutrition

- Training in cold chain maintenance of 84 technicians
- Technical and financial support to the Ministry of Health (MINISANTE) for the organization of the National Mother and Child week
- Support to commmunity IMCI in Ruhango District (in the integrated community health package)
-

Component 3: Decentralization Policy, Planning, and Management

- District auditor training and support to development of national training module for district auditors
- Health finance technical work group established to support health financing policy, establish tariffs for 2009 and support the health financing unit desk at the MINISANTE
- Progress on the revisions to the Policies, Norms and Protocols (PNP) for health care service delivery

Component 4: District Capacity Building

- Support to districts for Joint Action Development Forums (JADFs), regular budget and planning cycle and open-house accountability days
- Support to 2008 District Incentive Fund (DIF) grants; three regional DIF reviews held (Kigali, Eastern Province and Southern Province)
- Collaboration with Rwandese Association of Local Government Authorities (RALGA) on its fifth anniversary, semi-annual general assembly and forum on decentralized health care service delivery

Component 5: Health Facilities Management and *Mutuelles*

- Contribution to national *mutuelles* workshop, focusing on the financial viability of *mutuelles* and other health financing systems
- Collaboration with the MINISANTE and other partners on the development of health facilities management manuals for hospitals and for health centers
- Ongoing support for *mutuelles* management

Component 6: Community Engagement, Participation, and Oversight

- Support to community health desk to plan and budget for the introduction of the integrated package for community health; orientation of community health workers (CHWs) in eight health centers in Ruhango District
- Training of 187 CHWs in the community health information system, including data collection and feedback, in Kirehe and Kicukiro districts
- Information exchange workshops with ten *Partenariat pour l'Amélioration de la Qualité* (PAQ) teams and revitalization visits to PAQ teams in need of support

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 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

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.

2. KEY ACCOMPLISHMENTS AND PROGRESS

From July to September 2008, the Twubakane Program continued to work closely with the 12 program-supported districts, the MINALOC and the MINISANTE on key priorities in health and decentralization, including the rollout of the national integrated community health model, EONC, FP and district and sector strengthening. This quarter, the districts and Kigali City made progress in implementing and reporting on 2008 DIF grant activities, though there are still delays. The program also worked closely this quarter with the Ministry of Finance and Economic Planning (MINECOFIN) and other partners on district auditors' trainings and with the MINISANTE and partners on establishing a health financing technical working group.

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 our local program activities. A significant contribution of the field offices is notifying the technical staff in Kigali when there are problems with stockouts or equipment that need to be addressed. This quarter, field coordinators provided assistance to the districts in launching and monitoring DIF grant activities that had been approved last quarter. They also supported FP in their districts by helping distribute equipment to new FP secondary posts. The field coordinators helped plan and implement the Mother and Child Health Week in their respective districts, participated in JADF meetings, supervised and supported the *mutuelles* in planning for 2009 enrollment, and supported PAQ teams and trainings of CHWs. District-level authorities continue to solicit hands-on support from field coordinators.

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***

The Twubakane Program continues to support the Government of Rwanda in collaboration with other RH/FP partners at all levels. At the central level, Twubakane continues to actively participate in technical working groups (FP, safe motherhood, prevention of and response to gender-based violence), cluster meetings and advocacy group meetings (White Ribbon Alliance, Task Force on Population and Development and the Rwandan Network of Parliamentarians for Population and Development). At decentralized levels, Twubakane continues to support districts and health facilities through training and support to trainers and providers in FP, EONC, focused antenatal care, supportive supervision and mobilization activities, as well as ongoing support and procurement of equipment and supplies for secondary posts.

Repositioning 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. This quarter, Twubakane, through funding provided by the Hewlett Foundation, worked closely with the MINECOFIN in its revision of the National Population Policy. Twubakane also collaborated with the MINISANTE and partners in the planning process for the study of the acceptability of the Government of Rwanda's initiative to introduce community-based distribution of the Depo-Provera injectable contraceptive. Additionally, to address the issue of stockouts of FP and RH products, Twubakane participated in the revision of the FP/RH commodities inventory.

Training and supervision of FP providers: To improve capacity in the provision of FP services, a FP training was held in August to certify four FP trainers from Kicukiro (2) and Rwamagana (2) districts. The certified trainers conducted training for a total of 22 health providers from Rwamagana, Nyamagabe, Kicukiro, Nyarugenge, Kamonyi and Kayonza districts in FP. The health care providers practiced their new skills during the practicum phase, providing more than 800 clients with pills, Depo-Provera injections, intrauterine devices (IUDs),

Jadelle implants and condoms. Participants' scores from pre- to post-test increased from 18% to 89%. The four trainers were certified following this successful training.

As supervision following training is key to the learning process, Twubakane provided technical and financial support to supervision activities in Nyamagabe, Nyarugenge and Gasabo districts. The FP trainers and Twubakane's assistant field coordinators completed supervision visits in their respective districts.

A separate follow-up supervision was conducted by Twubakane staff in September in six health centers to improve the capacity of FP providers in the insertion and removal of IUDs and the removal of *Jadelle* implants.

To support the sustainability of supervision interventions by Twubakane, a supportive supervision training was held for 12 FP/RH supervisors from Kirehe, Ngoma, Rwamagana, Gasabo, Nyarugenge, Kayonza, Kamonyi, Ruhango, Nyaraguru and Nyamagabe districts in mid-September.

In response to a request from Project San Francisco, Twubakane also facilitated a training for 60 staff members on long-term methods of FP for improved FP and HIV integration.

FP secondary posts: With the intention of improving access to FP services to clients of Catholic-supported facilities, the Twubakane Program has supported the establishment of secondary posts. This coming quarter, Twubakane is supporting 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. During recent FP supervision visits in Nyamagabe District, it was noted that all health centers, including religious health centers, offer modern methods of FP either in the health center itself or in a nearby secondary post. The secondary posts continue to have challenges, including sustained support from local leaders and the restocking of consumable products.

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 119 health care providers in integrated EONC and focused antenatal care from Ngoma (32 providers), Kicukiro (30), Kayonza (28) and Gasabo (29) districts.

This quarter, Twubakane participated in and supported supervision visits for EONC in two districts. The team certified two trainers at the Rwinkwavu Hospital, one doctor and one anesthesiologist, whom the program had previously trained in comprehensive EONC. In Ruhango District, Twubakane supported supervision of health care providers trained in EONC in health centers. Results of this supervision illustrated that the health workers systematically use partograms, apply the active management of the third stage of labor (AMTSL), keep delivery rooms clean and follow infection prevention procedures. However, areas for improvement were also found during these supervision visits including the discomfort of personnel using suctions

and a lack of emergency medicine (such as magnesium sulfate for treatment of eclampsia) and equipment (such as a sufficient number of delivery tables) in a few health centers. Twubakane will follow up on these identified areas for improvement in consultation with the districts.

A focused antenatal care refresher training was held in August for 23 health providers from Kamonyi District; pre- and post- test scores rose from 60% to 83%. In addition, to support improved data management of indicators on maternal health, new delivery registers were produced and distributed this quarter.

Support to information, education and communication/behavior change communications (IEC/BCC) activities: This quarter, Twubakane collaborated with the Rwandan Center for Health Communication to facilitate workshops on RH for 150 students and their teachers. Twubakane also collaborated with the Rwandan Parliamentarians' Network for Population and Development in a FP information exchange for the Muslim community.

> "In their theater, the URUNANA artists showed the problems that we face daily: housing problems, survival of families in this city where basic necessities are becoming more and more expensive, etc. I will discuss it all with my wife, as we should be thinking of planning births."
>
> - Sibomana, 34,
> Gitega Citizen,
> father of two

To support the reduction of maternal and neonatal mortality, Twubakane collaborated with the MINISANTE and other partners for the development of a BEHAVE framework for priority interventions during delivery and prenatal and postpartum periods, including message development, design of counseling tools for interpersonal communication, and standardization of communication and counseling norms and procedures.

With technical and financial assistance provided by Twubakane through the DIF grant, Kigali City organized a mass media campaign on population, development and the promotion of FP. City authorities organized a community outreach session, supported by Urunana Development Communication, which attracted more than 3,000 participants to the Nyarugenge Stadium to learn about FP in a highly interactive event. Participants danced, sang and took educational quizzes on FP. Public question-and-answer sessions were facilitated by the Twubakane team.

> "By developing this document, we realized that there are many gaps in the messages that we address to mothers, families, community health workers, and providers concerning the behaviors to adopt to reduce the risks of maternal and neonatal mortality; we thank the partners who supported this development, including Twubakane."
>
> - Sylvie Isimbi Rutayisire,
> Rwandan Center for Health Communications

Training of journalists in FP and population: Twubakane continues to support journalists in providing accurate and useful information on FP and population dynamics to Rwandans. This quarter, with Hewlett Foundation support, Twubakane, MINISANTE, and MINECOFIN held a three-day training on population and FP for a network of 30 journalists from different publications, radio stations and television stations. At the end of the workshop, journalists

developed lists of priority issues, including reduction of population growth, addressing rumors about modern methods of FP, long-term methods of FP, advocacy for FP policies and the importance of the integration of FP and HIV/AIDS services. Twubakane will continue to support the network and track reporting on these issues.

Gender-based violence/antenatal care/prevention of mother-to-child transmission: The assessment of gender-based violence (GBV) responses was conducted in five health centers and surroundings of Nyarugenge, Kicukiro and Gasabo districts in Kigali City. During the second quarter of 2008, the Twubakane team completed the Assessment Validation Workshop and the Dissemination Meeting, which were held April 16-18 and May 22, respectively. This quarter Twubakane visited three of the health centers to disseminate results to the health care providers and discuss next steps. Twubakane is currently gathering information in preparation for the development of training curriculum for on-the-job training of health workers for GBV management, training curriculum for the 'Stepping Stones' approach to community mobilization for GBV prevention and management, and training curriculum for police officers for improved collaboration in GBV management with the health sector and the community. Also this quarter, the GBV team at Twubakane assisted with the revision of the PNP to integrate GBV aspects into RH services. Twubakane also began preparations to work with the Rwandan police on GBV training and response.

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—integrated management of childhood illness (IMCI), nutrition, community health and malaria—and other activities, including community health trainers handbook development, advocacy meetings and field visits, and support for MINISANTE participants to attend an international community IMCI conference. At decentralized levels, Twubakane has supported child survival activities through training and follow-up of trainers and providers in HBM of malaria, IMCI, the integrated community health package, the Expanded Program of Immunization (EPI) and community-based nutrition, and the procurement of supplies, equipment and printed materials for HBM and community health.

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 HBM of malaria, community IMCI, and the community-based health information system (CHIS). This quarter, Twubakane worked with the PMI delegation from Washington in preparing for the 2009 Malaria Operational Plan and worked closely with the PNILP to finalize the fiscal year 2008 workplan. Twubakane remains an active participant in the planning, implementation, coordination and monitoring of PMI activities at the national and district level in Rwanda. Also this quarter, Twubakane participated in community mobilization activities to prepare communities for the PNILP's indoor residual spraying campaign.

HBM of malaria: Twubakane continues to provide support for HBM activities in Ruhango (as a part of the integrated community health package), Gasabo, Kicukiro and Nyarugenge districts. In addition, this quarter Twubakane supported refresher training to 1,327 CHWs from Bugesera District (a special add-on PMI district for Twubakane). In the last quarter, Twubakane also provided technical and financial support for supervision of health centers and CHWs providing HBM. Eight health centers in Gasabo District and 471 CHWs in Bugesera, Kicukiro and Gasabo districts received supervision visits. All CHWs in Kicukiro, Bugesera, Nyarugenge and Gasabo districts received kits and management tools for HBM including boxes, umbrellas, boots, bags, registers and referral tools. During this quarter, 2,000 boxes and 3,000 umbrellas, boots and management tools were distributed to CHWs. To reinforce capacity of CHWs, Twubakane participated in the monthly meeting of CHWs in four health centers: two health centers in Bugesera (Mwogo and Rilima), one health center in Kicukiro (Kabuga) and one health center in Gasabo (Kabuye). The CHWs asked specific questions on the tools they had problems using, and Twubakane staff, in collaboration with health center staff, gave clarification when necessary.

This quarter, Twubakane also collected data on HBM in the 13 health centers of Ruhango District; three of the 13 health centers had not yet compiled data at the health center level. Twubakane staff worked with the district supervisor to reinforce supervision and to address problems of data management.

Clinical and community IMCI: Twubakane continues to support the Maternal and Child Health (MCH) Task Force's IMCI working group. During the last quarter, Twubakane conducted supervision visits of providers trained in clinical IMCI. Twelve health centers were visited in Nyamagabe District; seven of the 12 health centers have started implementing clinical IMCI. In Kayonza District, 11 health centers were visited; eight of the 11 have started implementing clinical IMCI. For the health centers that had not yet begun implementing clinical IMCI, there were problems either with overall lack of personnel or transfers of trained personnel. To encourage sustainability of clinical IMCI, Twubakane trained 16 clinical IMCI supervisors during a week-long supervision training. Following the training, they received recommendations on reinforcing clinical IMCI supervision at the health center level.

Twubakane continues to support the community health desk in its implementation of community IMCI and plays an active role in the community health technical working group. This quarter, Twubakane trained 166 CHWs in community IMCI in Ruhango District. After the training, each CHW received equipment for diagnosis, management tools and medicine (including oral rehydration salts, Amoxicillin, zinc, Coartem, mebendazole and iron). Twubakane also conducted supervision of CHWs trained in community IMCI in collaboration with the team of district hospital supervisors and health center staff. Eighty-four CHWs in Ruhango District were visited in their homes. Management tools were checked and questions were asked by CHWs on the items they did not fully understand during the training, and the appropriate answers were given. The 525 CHWs who did not receive home visits met the team of supervisors at the health center during their monthly meeting and discussed the use of management tools and asked questions. The supervision team responded to questions and provided clarification to reinforce their capacity in community IMCI.

Also this quarter, child survival staff participated in an international conference in Madagascar to review the achievements made in community IMCI in the 22 participating countries. Twubakane also supported the participation of the community health desk. Rwanda's experiences in community IMCI interested the conference participants, and Rwanda was requested to host the next conference.

EPI and Cold Chain Management: Twubakane continues to support the EPI desk for the training of cold chain technicians. This quarter, Twubakane provided technical and financial support for the training of cold chain technicians at the health center level. Two people from each health center were trained during a three-day training on management of vaccines and refrigerator maintenance. A total of 84 technicians were trained from health centers in Kayonza, Rwamagana, Gasabo and Kicukiro districts.

Nutrition: Twubakane continues to participate in the nutrition working group and this quarter provided technical and financial support for the organization of the Mother and Child Week. This national campaign included distribution of vitamin A and mebendazole to all children under five and immunization of all children under one year and pregnant women. The week also included promotion of breastfeeding and FP commodities. Twubakane participated in social mobilization activities during the campaign by supporting radio messages.

This quarter, Twubakane also trained 23 CHW trainers for community-based nutrition in Kamonyi District. Two providers were trained from each health center. Supervision of community-based nutrition sites was conducted in Rwamagana District. Twubakane also launched the community nutrition program in Gasabo District. The CHWs from the community-based nutrition program showed local authorities, representatives of the Catholic Church and the population how to monitor the growth of children under five and how to detect malnutrition.

Twubakane continues to support the HEARTH model which uses the positive deviance model for childhood nutrition and offers an alternative community health strategy. This quarter, Twubakane staff, in collaboration with a team of supervisors from Rwamagana Hospital, health center staff and CHWs from Muyumbu and Karenge health centers organized the monitoring of HEARTH site implementation. The strategy expanded from two to five sites in the sector of Karenge and from three to six in the sector of Muyumbu.

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***

Support to MINALOC and MINECOFIN: The implementation of the second phase of decentralization has reached its halfway mark, as the second phase implementation was scheduled to take place from January 2006 to December 2010. The MINALOC and the MINECOFIN continue to assess the progress and gains made during the past two years and are proceeding with consolidating the second phase of decentralization.

Parliamentarian 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. 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. The Civil Society Platform played an important role in organizing civil society organizations to perform an oversight role in the preparation and monitoring of the elections.

Local governments are now consistently receiving central transfers and assuming responsibilities for financial management, public/private partnerships, budgeting and planning and mobilization of local resources. Districts, however, are still facing challenges regarding absorptive capacity and timely and accurate expense and technical reporting. Twubakane staff provides ongoing assistance to district accountants to strengthen their financial reporting and management capacities, and collaborates with MINECOFIN finance unit for follow-up actions on the implementation of the charter of accounts.

Training plan and procedures manual for district auditors: This quarter, Twubakane, in partnership with Deutscher Entwicklungsdienst/German Development Service (DED) and Rwandan Institute of Administration and Management prepared and validated a training manual on local government auditing procedures. A training was held for auditors and procurement officers of the 12 Twubakane-supported districts to enhance the skills and abilities of district auditors in their audit function, to promote internal controls and to support the establishment of efficient audit systems within the districts. During the training, participants discussed their roles and responsibilities and principles of auditing, and they took part in practical audit exercises at district and sector offices. Each participant prepared an auditing action plan. The hands-on training was considered a resounding success by the participants and participating government officials from the MINECOFIN, the Auditor General's office and the national Ombudsman's Office. These officials recommended that the training be carried out in the remaining 18 districts. DED and Twubakane are hoping to collaborate with other development partners who are willing to finance and carry out this training. In addition there was a recommendation to adapt the training for district authorities and members of the district councils so that they understand the importance of the audit function and the role of local government authorities in facilitating transparent and accountable audits. The first such trainings will occur in October 2008 in the Eastern Province and in December 2008 in Kigali districts.

District Capacity Building Needs Assessment: MINALOC and the National Decentralization Implementation Structure (NDIS) continue to place a high priority on the District Capacity Building Needs Assessment, and capacity building plans and budgets, and plan to have a system for responding to district capacity building needs in place by the end of December 2008.

This quarter, a capacity building and development "mapping exercise" for local government was completed, and the final report of the District Capacity Needs Assessment was completed and validated. Twubakane provided input, ensuring that technical support and DIF grants activities were included in the mapping report and database. Districts are now preparing capacity building budgets and plans for 2009. MINALOC and the NDIS are asking development partners and projects such as Twubakane to assist districts in the development of these plans.

Members of the decentralization cluster group and major donors signed a memorandum of understanding in August 2008 to provide technical and financial support for creating a capacity building fund for districts and sectors. A procedures manual for the distribution and management of the funds is being developed; the Twubakane DIF grants system and manual is being reviewed as a model for the development of the capacity building fund manual.

Twubakane and the RALGA continue to be active participants in the: National Capacity Building for Local Governments Forum, and the FormaDis technical working groups. The groups, chaired by NDIS and the Swiss Technical Cooperation, aim to focus and harmonize development partner activities that support capacity building for local government authorities.

Management information system*:* Twubakane continues to be an active member of the USG strategic initiatives workgroup and hosted the third quarterly meeting this quarter. At this session the MINISANTE national health management information system (HMIS) director and the MINISANTE monitoring and evaluation (M&E) unit presented the status of their work and plans to USG partners. The MINISANTE M&E unit continues to grow, hire new staff and better define its role and responsibilities. The MINISANTE's HMIS new software, which was described during this meeting, has been field tested and is expected to be rolled out in early 2009. Development partners have been waiting for the new HMIS to be functional and available for tracking important indicators on a timely basis.

With 2008 DIF grants financing, the districts of Nyarugenge and Kicukiro have carried out baseline socioeconomic and demographic surveys of their constituents. Twubakane collaborated with the HMIS desk and the Rwanda National Bureau of Statistics to train the data collectors and orient the district health officer and other stakeholders on the data collection tools and data analysis. This data will be used for district budget and planning purposes and serves as baseline information for performance-based contracts (*imihigo*) reporting.

In September, in collaboration with Kigali City, Twubakane organized and facilitated a workshop on how the districts can, with their multiple partners and health facilities managers, put in place a useful, functional and practical set of tools, procedures and systems for health care delivery, supervision, data collection, reporting and feedback for the health sector.

USAID's Last Mile Initiative: The object of Rwanda's Last Mile Initiative was to design, install and pilot a wireless-based enabled community health information system in Rwanda. This quarter, the Qualcomm regional representative from Kenya and an IntraHealth information technology specialist were in Rwanda to continue preparations for this work. Meetings were held with Rwandatel, the Ministry of Infrastructure and the Rwandan Information Technology Agency. The MINISANTE has still expressed concerns about sustainability of the proposed system, connectivity, fairness among CHWs, current revisions to the national HMIS, and the need to finalize the community health information system with new indicators and a community health performance-based financing system. Plans to move forward with the Last Mile Initiative in Rwanda are currently on-hold, pending resolution of these issues.

Support to MINISANTE: At the national level, Twubakane continues to participate in the Health Cluster Group and is an active member of several technical working groups, including *mutuelles*, human resources, FP, safe motherhood, nutrition, community health and IMCI.

In July, the MINISANTE invited key partners to participate in a workshop to review the Health Sector Strategic Plan (HSSP) I evaluation and a health sector problem analysis, and to draft the HSSP II (2008-2012). Twubakane staff provided significant contributions, participated in the review of HSSP I, provided input for problem analysis and participated in the workshop. Twubakane's contributions were specific to health financing, health governance, MCH, human resources, and a log-frame for the sector detailing indicators/targets, means of verification and risks/assumptions at goal, purpose and output levels. Once endorsed, the HSSP II will provide guidance on prioritizing and planning for health sector programs and activities.

Revision of health sector PNP: The MINISANTE and the local consultants continue to make progress, albeit more slowly than expected, on finalizing the PNP document for the health sector. Twubakane recommended to the MINISANTE a one-week workshop to finalize the document; unfortunately, only three days were planned. The workshop, held in early July, brought together the MINISANTE staff and stakeholders to review the first draft of the PNP document. This activity went well, and all participants realized the importance of the work and the level of effort required to finish it. Three days was not enough time, despite major progress was made in reviewing and editing the documents. After the workshop, the MINISANTE quality assurance desk requested that several small groups meet over several weeks to complete the work and get the documents disseminated for use and review in the field. The subgroups have met three or four times over the past three months and are close to finalizing their work. The document should be finalized by mid-October, and a presentation will be made at the upcoming Joint Health Sector Review in November. Twubakane has provided specific recommendations for finalization, pre-testing and dissemination and continues to support this process.

National Health Accounts (NHA) and Health Costing Studies: This quarter there were no activities undertaken to move the NHA and health costing work and agenda further. To further support health financing issues, Twubakane and the World Bank staff member seconded to the MINISANTE have started a health financing technical working group and a web-based yahoo user group for posting documents and messages on health financing issues and activities. During the group's first meeting in August, it was agreed with the MINISANTE that the national health financing policy be finalized by December 2008. Another priority is the establishment of 2009 tariffs for the minimum package of activities (MPA) at the health center level, the complementary package of activities (CPA) in district hospitals, and the tertiary package of activities in reference hospitals. The NHA, costing study and other development partner studies will be consulted and referenced to establish the tariffs. The health financing technical working group also will support the MINISANTE in implementing the health financing policy and in conducting and institutionalizing NHA and costing studies.

3.4 District-Level Capacity Building

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

Twubakane continues to provide ongoing support for the functioning and organization of the JADF meetings in the 12 Twubakane-supported districts. This quarter, particular attention was paid to the JADFs in Ruhango, Kayonza and Gasabo districts, with support focusing on:

- Harmonization and reporting of partner interventions
- Elaboration of action plans for the JADF activities
- Resource mobilization for long-term sustainability of JADFs
- Evaluation of the effectiveness of JADFs in advancing district and sector budget and planning and resource allocation
- Mobilizing partners for support of the Vision 2020 Umurenge program.

Twubakane is providing ongoing support to districts to meet their obligations in preparing their budget and planning cycle documents. The Government of Rwanda, through the MINECOFIN, is now aligning the budget and planning cycle with that of the East African union, which now requires districts to prepare medium-term expenditure frameworks (MTEFs) and planning documents with a fiscal year ending in June of each year instead of the end of the calendar year. Particular support was provided to the districts of Ngoma and Nyarugenge to prepare the 2008-2011 MTEFs. Twubakane also provided support to several districts to hold participatory budget and planning sessions.

Twubakane technical staff and field coordinators were again called upon by provincial governors to be active members of the Prime Minister's performance-based contract, or *imihigo*, reviews. In collaboration with other development partners, districts and sectors were counseled on how to improve the accuracy of their reporting system, be more realistic in setting goals, and carry out better supervision of district-wide activities. The *imihigo* contract and evaluation process is holding district and sector offices more accountable and is promoting competition between districts. In general, Twubakane has noted an improvement in districts' ability to be realistic in setting and meeting the *imihigo* obligations.

Also this quarter, Twubakane staff advised districts on organizing and carrying out District Open House and Accountability days. Twubakane focused attention on the accountability days in Gasabo and Kicukiro districts, playing an advisory role and promoting more active participation of constituents, local communities and civil society organizations. Emphasis is placed on providing accurate accounting of district development activities that have benefitted the local community, improvements in service delivery, and community health issues.

DIF grants: Twubakane continues to support the 12 districts and 155 sectors 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 their budget and planning capabilities and demonstrate their management skills. This year, Twubakane is supporting 13 DIF grants for the 12 Twubakane-supported districts and for Kigali Municipality. Each of the districts is scheduled to receive a

total of $150,000, and Kigali Municipality a total of $30,000. A total of $1.83 million is being granted to the districts and Kigali in 2008. (See Annex 4 for more information on DIF grant activities.)

This quarter, Twubakane prepared and submitted the USAID Environmental Review Form for the 2008 DIF grants activities. All activities but one were considered to be very low risk with no significant adverse impacts. One activity in Kayonza District, a project for strengthening public hygiene conditions in the commercial center of Kayonza through the installation of a small public trash depot and a block of latrines in Mukarange sector of Kayonza city at the public market, was determined to have moderate to unknown risks and will be monitored closely.

The 12 districts and Kigali City all have DIF 2008 grant activities underway; all tender bids have been launched and are in various stages of review, selection and approval by the district tender board committees. Unfortunately, tender bid review processes were delayed by the parliamentarian elections. The districts of Nyamagabe, Nyarugenge and Kicukiro have submitted their first tranche expense reports and have received the second tranche of funds. All of the districts engaged in proper tender board bid advertising and bid reviews for DIF grant activities. In several districts, for health facility renovation projects and equipment purchases, bids came over budget due to major increases in transportation and commodity costs due to the time it takes for bids to be submitted and reviewed. See Annex 5 for a list and status of district activities implemented with 2008 DIF grants funding as of September 30, 2008

Status of DIF Grants 2008, as of September 30, 2008

Province	District	DIF Grant 2008 (rwf) Total	Transfered to Date (rwf)	Justified to Date (rwf)	Amount to be Justified (rwf	Remaining Amount to Transfer (rwf)
KIGALI	Kigali City	16,350,000	4,087,500		4,087,500	12,262,500
	Nyarugenge	81,750,000	20,437,500	20,382,617	54,883	61,312,500
	Kicukiro	81,750,000	20,437,500	20,370,604	66,896	61,312,500
	Gasabo	81,750,000	20,437,500		20,437,500	61,312,500
EAST	Ngoma	81,750,000	20,437,500		20,437,500	61,312,500
	Kayonza	81,750,000	20,437,500		20,437,500	61,312,500
	Kirehe	81,750,000	20,437,500		20,437,500	61,312,500
	Rwamagana	81,750,000	20,437,500		20,437,500	61,312,500
SOUTH	Kamonyi	81,750,000	20,437,500		20,437,500	61,312,500
	Muhanga	81,750,000	20,437,500		20,437,500	61,312,500
	Nyaruguru	81,750,000	20,437,500		20,437,500	61,312,500

Province	District	DIF Grant 2008 (rwf) Total	Transfered to Date (rwf)	Justified to Date (rwf)	Amount to be Justified (rwf	Remaining Amount to Transfer (rwf)
	Nyamagabe	81,750,000	20,437,500	16,091,600	4,345,900	61,312,500
	Ruhango	81,750,000	20,437,500		20,437,500	61,312,500
TOTALS		**997,350,000**	**249,337,500**	**56,844,821**	**192,492,679**	**748,012,500**

Nyamagabe District, in particular, made major strides in programming and delegating the implementation of one DIF grant activity to the Nyarwungo sector. The sector has been actively involved in the bidding processes for, review of, planning for, and implementation of the renovation of its health center, has managed the activity well and has nearly finalized the project. This example of delegating to the sector level will be documented as a best practice that can be replicated in other districts, particularly for DIF grant 2009 activities.

Twubakane has provided regular technical assistance in the implementation of the DIF grants, providing the districts with: tools and reporting formats for efficient and improved grants implementation and reporting; improved M&E tools and reporting systems; and regular and on-going support to district accountants.

This quarter, three regional best practices workshops were held to exchange ideas, lessons learned and strategies for improving the budgeting, planning, implementation and supervision of DIF grant activities implemented from 2006 through mid-2008. These workshops brought together district officials, representatives from MINALOC, MINECOFIN, CEPEX, MINISANTE and provincial offices.

Timely implementation and reporting on the DIF grants continues to be challenging. District managers, technicians and accountants responsible for the management and implementation of DIF grant 2008 activities still depend on Twubakane staff for technical support for the start-up of activities, monitoring the tender bid processes and timely submission of technical and financial reports. In addition, DIF grants management and implementation is still centralized at the district level, instead of delegating responsibilities to the sectors or civil society organizations (with the exception of Nyamagabe District, as described above). The required reporting of a 15% cost share also is not being done in a consistent and timely fashion. Unfortunately, this year, most of the districts are further behind in implementing DIF-supported activities than they were last year. This is due in part to the parliamentarian elections, the change in the MTEF budget cycle, mid-year *imihigo* review, and other priorities and directives from the central government ministries. These concerns have been raised with the districts, the MINALOC and the MINISANTE; both ministries have committed to supporting the districts in finalizing the 2008 DIF grant implementation.

This next quarter, Twubakane is providing more intense support to districts to accelerate the implementation of activities and reporting, including hands-on assistance to district accountants, support to document cost share reporting, encouragement to decentralize DIF grants responsibilities to the sectors, and support to plan for 2009 DIF grants.

Twubakane also is preparing a short documentary film on the DIF grants program, presenting the DIF grants model at the upcoming COPEGOL (*Compétition pour l'Excellence dans la Gouvernance Locale)* Innovation and Best Practices Days and the Decentralization Stakeholders Forum and sharing the DIF grants manual and reporting system with NDIS consultants as a potential model for implementation of the Capacity Building Funds for districts and sectors. Twubakane also is planning another series of regional DIF grant review sessions with districts, central government officials, USAID and key stakeholders.

Collaboration with the RALGA for district capacity building: In mid-July, the RALGA held its fifth anniversary celebration and General Assembly meeting, a festive two-day event that highlighted the accomplishments of the organization over the past five years and included the election of the new board and directors of the special commissions and a review of the RALGA's strategic plan and annual action plan. Several visitors from the region participated as well as development partners who have supported the RALGA over the past five years. Twubakane was recognized for its contributions to the institutional strengthening of the RALGA.

This quarter, the RALGA carried out the following activities under the guidance and supervision of the Twubakane-supported capacity building program officer, including technical forums with RALGA members and inter-district exchanges: 1) directors of finance from all districts met in July to review new laws and instructions from the presidency and MINALOC; 2) vice-mayors in charge of social affairs, directors of health, and directors of district hospitals met in August to discuss good governance in the health sector; and 3) an inter-district study tour and meeting of the Consultative Councils Bureau took place in August.

The capacity building program officer also facilitated meetings of the RALGA Capacity Building Commission and produced a status report for activities carried out from 2006 to 2008; the report was presented at the General Assembly, and a new president of the Capacity Building Commission was elected. A capacity building activity plan for the RALGA staff for October-December 2008 also was developed.

RALGA also launched and organized the Excellence in Local Governance Competition (COPEGOL) best practices contest and planned Innovation Days that will take place at the end of November. USAID and Twubakane staff were invited to the launch ceremony and will support the competition. Twubakane field coordinators assisted the RALGA in helping district and sector offices submit their proposals by the deadline of the end of September. Seventeen districts and 20 sectors submitted proposals. In October, a review panel will be formed, projects visited and winners selected.

Twubakane and the RALGA also collaborated to organize a Health Governance Forum for all 30 district vice-mayors of social affairs, district health directors, district hospital directors and other key stakeholders involved with the decentralization of health care service delivery. Key MINISANTE and MINALOC officials attended. The aim of the forum was to discuss issues surrounding good governance and health care service delivery, roles and responsibilities of different actors, supervision, M&E and progress to achieving Vision 2020 and Millennium Development Goals. Key recommendations of the participants provided to MINISANTE and MINALOC were to better harmonize policies and ensure inter-ministerial collaboration concerning resource allocation, budget and planning, and aligning indicators with the Economic

Development and Poverty Reduction Strategy; to organize trainings on decentralization policies and procedures for health partners to ensure better service delivery and collaboration; and to effectively and efficiently manage health sector resources.

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, strategic plans and budgets: Twubakane is providing ongoing support to health facility managers in their preparation of strategic plans and budgets at health facilities. This quarter, Twubakane supported the eight health centers and the Kirehe District Hospital of Ngoma District to develop their strategic plans, prepare basic budgets and initiate business planning. It was noted that the health centers and the district hospital have a variety of draft planning and budgeting documents but nothing that is finalized, validated and approved, neither by the health facilities nor by the districts. In addition, activities and budgets are not realistic, and it is evident that many of the health facility managers still need assistance in applying basic budgeting and planning principles. It was also noted that there appears to be a lack of consistency among the five-year strategic planning process, annual plans and health facility MTEFs. In some cases, different development partners also have different requirements, forms and formats for basic budget and planning processes that align with project support. There appears to be no standardized system, and the MINISANTE planning forms are not apparently consistently used.

The MINISANTE and partners are exchanging information and collaborating on health facility strengthening initiatives, and Twubakane is providing reports and results of our field visits to MINISANTE, especially the four quality assurance and health facility management advisors. Twubakane was recently asked by the MINISANTE to contribute to the development of health facility management manuals, one for hospitals and another for health centers. The manual is currently being revised and finalized to ensure that it is practical and well-adapted to the Rwandan context. The manual focuses on key health facility management areas, including financial management and accounting, resource and equipment management, drugs, maintenance and human resource management.

Twubakane has initiated an assessment of management practices and capacity of three district hospitals in several Twubakane-supported districts (Kayonza, Ngoma, Nyamagabe, Nyarugenge, Ruhango and Rwamagana). The ongoing assessment focuses 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, 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. A management and best practice check list was developed to guide the investigation. In October, several more health facilities will be visited, and at the end of October a workshop will be held to bring together all stakeholders supporting health facility management.

National support for *mutuelles*: Twubakane participated in a national *mutuelles* management workshop that focused on reviewing the financial and technical viability of *mutuelles*.

Twubakane staff made three presentations: 1) the health costing study and its relationship to *mutuelles* payments and tariffs, 2) a financial viability study of *mutuelles* in the Twubakane-supported districts, and 3) the *ticket modérateur* co-payment options and systems. Twubakane staff also helped facilitate workgroup sessions. In addition, Twubakane teamed up with a MINALOC staff member to present information on how the *Ubudehe* process can be used to identify and manage the official list of indigents benefitting from various donor subscription fee payments. Technical issues, challenges, recommendations and next steps were proposed by each workgroup and compiled in the workshop report. This is now being used to guide the MINISANTE in making adjustments to the national *mutuelles* policy and management manual.

Twubakane continues to participate actively in the monthly *mutuelles* technical work group sessions. Twubakane also is participating in two special subcommittees, one that is reviewing, revising and finalizing the *mutuelles* policy document, and another that is reviewing and validating the *mutuelles* management manual. The Twubakane *mutuelles* supervision checklists and reporting format is being integrated as a component of the *mutuelles* management manual. Twubakane also provided input on administrative management procedures, security of *mutuelles* information, improved data collection and accuracy and how to use some simple financial management ratios for tracking the financial viability of *mutuelles* and instituting a threshold warning system for when a *mutuelles* or health facility is likely to go into debt or have other financial problems.

***Mutuelles* in Twubakane-supported districts:** In the 12 Twubakane-supported districts, at the end of August 2008 and for the entire 2008 *mutuelles* subscription period, there were 2,695,232 *mutuelles* subscribers compared to only 892,929 subscribers recorded at the end of the 2004 subscription season. Utilization rates of health facilities by *mutuelles* members have increased from an annual average of 0.3 visits at the end of 2004 (in the Twubakane-supported districts) to an annual average of 0.7 visits nationwide at the end of August 2008 (according to *Cellule Technique d'Appui aux Mutuelles de Santé*, or CTAMS, compiled data).

A *mutuelles* managers training was held in July for 18 participants in Gasabo District covering management procedures, transparent billing, keeping good bank records, good bookkeeping practices and accurate data reporting.

Twubakane carried out a financial viability study of *mutuelles* in five districts and 13 *mutuelles* section offices at health centers this quarter. It was found that nine of the section offices were or will be bankrupt by October 2008 and will not have sufficient funds to pay bills by the end of the year. It also was revealed that there have been very few subscriptions renewed or recorded for the 2009 subscription period. The results of this assessment were presented to CTAMS, the district mayors, and at the national *mutuelles* workshop.

This quarter, Twubakane also provided supportive supervision to *mutuelles* sections in Nyarugenge and Muhanga districts and supported quarterly district-wide *mutuelles* review sessions carried out in Nyamagabe and Nyarugenge districts. At these forums, *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. Detailed reports were prepared and shared with the MINISANTE's *Cellule Technique d'Appui aux Mutuelles de Santé* and district mayors and health directors.

The following issues were noted during supervision visits and quarterly review meetings:

- Some of the designated *Chargé des Mutuelles* at the district level are not providing adequate supervision of the *mutuelles* managers due to lack of transport, lack of motivation, competing priorities of the district health officer, a wide variety of health meetings and heavy workloads in verifying billings and data reporting. Some tend to depend on Twubakane, and perhaps other partners, to conduct supervision visits.
- Financial viability problems persist; there are cases of misuse and mismanagement of funds, over billing and billing for "ghost" patients.
- Health centers have financial problems and cash flow issues, are in debt and are having difficulty in getting resources from the *mutuelles* risk pooling fund.
- Planned and promised payments for indigents' subscription fees are often late or not paid at all.
- There is little follow-up on recommendations provided during supervision visits.
- Potential conflict of interest issues exist, particularly when the *mutuelles* managers share the same office with the health facility accountant. This situation also can lead to a breach of confidentiality concerning patient records and patient billing.
- Inconsistent and inaccurate data collection and reporting has been noted in some sections.

In spite of some of the problems listed above, Twubakane staff note that there are significant improvements in many *mutuelles* section offices, notably in Nyaruguru and Muhanga districts in the sectors of Kabusunzu and Gitarama.

Health sector assessment on transparency and risks for corruption: In September, at the request of USAID/Rwanda and the MINISANTE, a health corruption risk and health governance assessment was carried out by Management Sciences International with support from the Twubakane Program in Rwanda. In 2006 and 2007, USAID/Rwanda, with technical assistance from the Casals Consulting group, had led two participatory orientation sessions on corruption in the health sector for USG partners, MINISANTE staff and other key stakeholders in Rwanda's health care system. Based on the recommendations of participants and in consultation with the MINISANTE, it was agreed that a health sector-focused corruption risk assessment be carried out in Rwanda. The Management Sciences International and Twubakane assessment focused on a legal-institutional analysis of anticorruption issues in the health sector in Rwanda, a corruption syndrome analysis, review of health governance issues surrounding financial management, procurement, and resource management of the health sector and the development of a preliminary anticorruption strategic plan for the MINISANTE. A report will be prepared in October 2008 and submitted for review and validation by the MINISANTE and relevant stakeholders. Twubakane staff was instrumental in setting up meetings and site visits for the consultants, providing information gathered on Twubakane activities related to health corruption and governance issues, and participation in a special focus group discussion on risks for corruption in the health sectors.

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 as key components of decentralization. Community dialogue allow for common decisions and actions to be taken, integration of activities and appropriate division of labor for community health issues.

Integrated community health 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 CHIS, including community-based distribution and services and the roles of CHWs. This quarter, planning for CHW training activities continued. Twubakane staff participated in several community health technical working group meetings to develop a guide for community maternal health workers and to revise the mapping of partner coverage for training needs in the integrated community health package. Twubakane has supported community IMCI training (including HBM) in Ruhango District, and HBM in Gasabo, Kicukiro and Nyarugenge districts, and will support all four districts in the integrated community health package. Twubakane also provided technical assistance to the community health desk to develop the facilitator guide for the training of trainers in the integrated community health package. Twubakane has been printing the training guides and began printing the job aides and registers for the CHWs.

This quarter, at the request of the districts and the community health desk, Twubakane has also supported orientations on selected aspects of the new integrated community health package for CHWs reporting to 10 health centers in Kirehe (250 CHWs), Nyamagabe (96 CHWs), and Nyaruguru (149 CHWs) districts. The orientations were tailored in each district to support district work plans and priorities, and included topics such as RH/FP, hygiene, and support to *mutuelles.*

National CHIS: Twubakane continues to support the introduction and 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, scale-up of this intervention, which had been operating in one sector in Kirehe and one sector in Kicukiro, continued with the training of 187 CHWs in two additional sectors in Kicukiro and three additional sectors in Kirehe. The CHWs will start collecting community-level data during the month of October. Though greatly appreciated, implementation of the CHIS requires significant financial resources and ongoing technical support.

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. This quarter, ten exchange workshops were held with a total of 396 participants, including PAQ team members and representatives of district hospitals, health

centers and district and sector offices to review PAQ team activities, accomplishments, challenges and sustainability strategies. Twubakane and the participants found these workshops useful in identifying successful strategies as well as common problem areas for PAQ team functionality. During these workshops, hospital and district staff identified the PAQ teams that were in need of either restructuring or reanimation and supervision.

This quarter, several PAQ teams were visited for supervision and reanimation; others will be visited next quarter. Also this quarter, technical assistance was provided to PAQ teams in Ruhango and Ngoma districts on FP, child survival, *mutuelles* and the development of income-generating activities. Two new PAQ teams were launched this quarter as well at the Nyabitare and Kabuye health centers in Kirehe District, health centers newly established this year. Supervision visits and follow-up support show that the PAQ teams are becoming more autonomous, depending more on hospitals, health centers, sectors and districts than the Twubakane Program for support.

In collaboration with districts, Twubakane is planning a PAQ team best practices competition and PAQ Day, which will take place during this next quarter or in early 2009. The Twubakane Program also is planning an evaluation of PAQ teams and the PAQ approach in Rwanda, scheduled for November-December.

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 collected data from Ruhango, Bugesera, Gasabo, Nyarugenge, and Kicukiro on children treated for malaria through HBM. While data from CHWs on malaria treatment is available at the health center level, it is often not compiled by the health center staff into the HMIS system due to human resources constraints. This quarter, the M&E team also collected data from the FP secondary posts supported by Twubakane. While this data is being reported by the secondary post, most health centers are not including the information on contraceptives and FP services due to their religious affiliations.

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, assisting in data collection and analysis for needs assessments, and implementation of refined data quality strategies.

Unfortunately we are not able to report on our *mutuelles* indicators this quarter. Due to the both *mutuelles* management and data management issues, we found the data at the district level to be unreliable and inconsistent.

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: Twubakane has invested significantly in trainings in such areas as FP, maternal health, clinical IMCI and other clinical areas, but trained staff are often transferred or decide to move, requiring additional investments in refresher training. To address this problem, Twubakane is supporting on-the-job training to ensure that several, not just one or two, providers are trained in each health facility. In addition, support for supportive supervision visits encourages exchanges of information and skills among health facility staff and provides training opportunities.

Community health package, lack of ownership and resource needs: Twubakane has, unfortunately, perceived a lack of ownership of and responsibility for community health activities on the part of many health facilities and districts, leading to problems with supervising, supporting and resupplying CHWs. In addition, supervision of and support to CHWs is not currently included in the performance-based financing (PBF) indicators supported by the national PBF program. Twubakane proposes that this indicator be added, especially as a new community PBF is scheduled to be rolled out over the next few months. However, support for CHWs has been provided through PAQ teams in all 12 Twubakane-supported districts. Twubakane would like to ensure national scale-up of the PAQ team approach to ensure more sustainable and ongoing support of community health activities. The Capacity Project is currently supporting districts and health facilities to establish PAQ teams in an additional 11 districts. By late 2008/early 2009, PAQ teams will exist in at least 23 of Rwanda's 30 districts.

Start-up, implementation and support to the integrated community health package requires extensive resources, both ongoing technical support and financial resources to provide kits, training manuals and tools. The MINISANTE should continue to consider a variety of options to support the package, including a variety of partners, resources mobilized at the district level and income-generating activities for CHW cooperatives.

PBF indicators determining health care provider behavior: The national PBF system in Rwanda has undoubtedly had a major impact in improving health care service delivery by changing behavior of health care providers. Twubakane has noted, however, that the PBF system determines health care provider behavior to a great extent and that indicators not reimbursed through PBF tend to be neglected. Specific challenges have been noted in clinical IMCI, the protocol of which is not included in PBF indicators, and antenatal care protocol, which prescribes a blood test during the first ANC visit and not subsequent visits (but PBF rewards facilities for all blood tests). It is suggested that the PBF indicators be reviewed annually to ensure that they truly reflect priorities of the MINISANTE, especially in MCH.

Twubakane Program Steering Committee: As noted previously, it has become increasingly difficult to schedule meetings of the committee, which has not held an official meeting since April 2007. The fact that the need for such a meeting has not been perceived as urgent by the Government of Rwanda and USAID officials may be seen as a positive indication that the program is on track even though it could play a role in continuing to ensure that program priorities continue to be in sync with those of the Government of Rwanda. Twubakane will continue to seek advice from MINISANTE and MINALOC partners, as well as USAID, to try to make the committee functional.

2008 DIF 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. Ensuring that both financial and technical reports are submitted on a timely basis has continued to require hands-on support at the district level, working closely with district teams, including directors and accountants.

Dependency on HMIS data for 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 a corresponding electronic system is being introduced in July 2008. Twubakane staff is obligated to collect data from paper copies of health center reports at the district offices and hospitals which is time-consuming and resource-intensive. Last quarter, the MINISANTE sent a letter to district hospital managers requesting that they not share HMIS data. While the MINISANTE has assured us that this letter was not inclusive of partners, hospital managers were not aware of this exclusion, and this has continued to delay data collection and, in some rare cases, inhibited the collection of data. 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 data collection tools and, as a result, some data collection and reporting may be inaccurate. In addition, data collection and reporting is still a bottom-up process, with little feedback provided at all levels. It is hoped that the recent reinforcement of the MINISANTE's HMIS and M&E teams will lead to resolution of these issues.

6. PERSPECTIVES FOR NEXT QUARTER

In addition to planned technical activities, during this following quarter, from October to December 2008, 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 continue to support the implementation of the 2008 DIF grants and develop a strategy to ensure successful completion of the 2008 grants and planning for the 2009 grants.

ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK

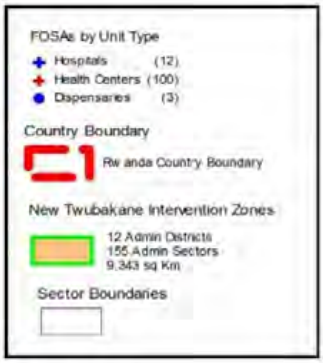
Twubakane Decentralization and Health Program		
Goal	***Components/ Objectives***	***Results***
To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments and communities to ensure improved health service delivery at decentralized levels ***package of family health services includes FP/ RH and child survival/malaria and nutrition services***	**Component 1:** **FP and RH** Increase access to and the quality and utilization of FP and RH services in health facilities and communities	• Norms and protocols (MPA and CPA) for FP/RH revised to expand package of services offered at health centers • Increased use of modern FP • Improved quality of FP services in health facilities • Quality of RH services, including safe delivery and management of obstetrical emergencies, improved in health facilities • Health care providers following norms for referral/counter-referral for FP/RH • Functional rapid response system for obstetrical emergencies exists at community level • Increased utilization of antenatal services
	Component 2: **Child Survival, Malaria and Nutrition** Increase access to and the quality and utilization of child health, malaria and nutrition services in health facilities and communities	• Norms and protocols for IMCI, malaria and nutrition to expand package of services offered at health centers • Quality of child survival/malaria/nutrition services improved in health facilities • Improved community-based nutritional surveillance and community-based case management of moderate malnutrition • Improved capacity for case management of severe malnutrition in health facilities • Pregnant women receiving intermittent preventive treatment for malaria during antenatal consultations increased • Increased use of insecticide-treated nets • Improved home-based case management of malaria and other childhood illnesses • Increased immunization coverage (DPT3)
	Component 3: **Decentralization Policy, Planning and Management** Strengthen central-level capacity to develop, support and monitor decentralization policies and programs, with an emphasis on health services	• Increased capacity of central level (MINALOC and MINISANTE) to support local governments to plan, finance and monitor health service delivery • Improved policies for effective implementation of decentralization, especially fiscal decentralization, developed • NHA institutionalized and used as planning and monitoring tools • National HMIS assessment conducted • RALGA's capacity for supporting good governance at local levels improved
	Component 4: District Level Capacity Building	• Local government capacity for integrated planning strengthened, including health sector planning

Twubakane Decentralization and Health Program		
Goal	***Components/ Objectives***	***Results***
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** ***package of family health services includes FP/ RH and child survival/malaria and nutrition services	Strengthen capacity of districts to plan, budget, mobilize resources and manage services, with an emphasis on health services	• Local government capacity for mobilizing and managing resources strengthened • 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
	Component 5: Health Facilities Management Strengthen capacity of health facilities, including health centers and hospitals, to better manage resources and promote and improve the functioning of *mutuelles*	• Capacity of health facilities (district hospitals and health centers) to effectively mobilize and manage diverse resources strengthened • Improved HMIS data collection, analysis and use (in Twubakane-supported zones) • Health committees effectively functioning to strengthen health facility management • Increased rate of membership in *mutuelles* • Capacity of *mutuelles* to manage and ensure quality of services strengthened • Participation of *mutuelles* in the prevention and promotion increased
	Component 6: Community Engagement and Oversight Increase community access to, participation in, and ownership of health services	• Community-based health agents capable of providing information and advice related to FP/RH and child survival/malaria/nutrition • Community-based services delivery system, supported by districts/sectors, effectively functional and providing a variety of commodities and services • Community-provider partnership committees active in evaluating and solving problems related to health service delivery (in health facilities and communities) • System of community-based surveillance of morbidity/mortality functioning to track illnesses/deaths and to mobilize community responses

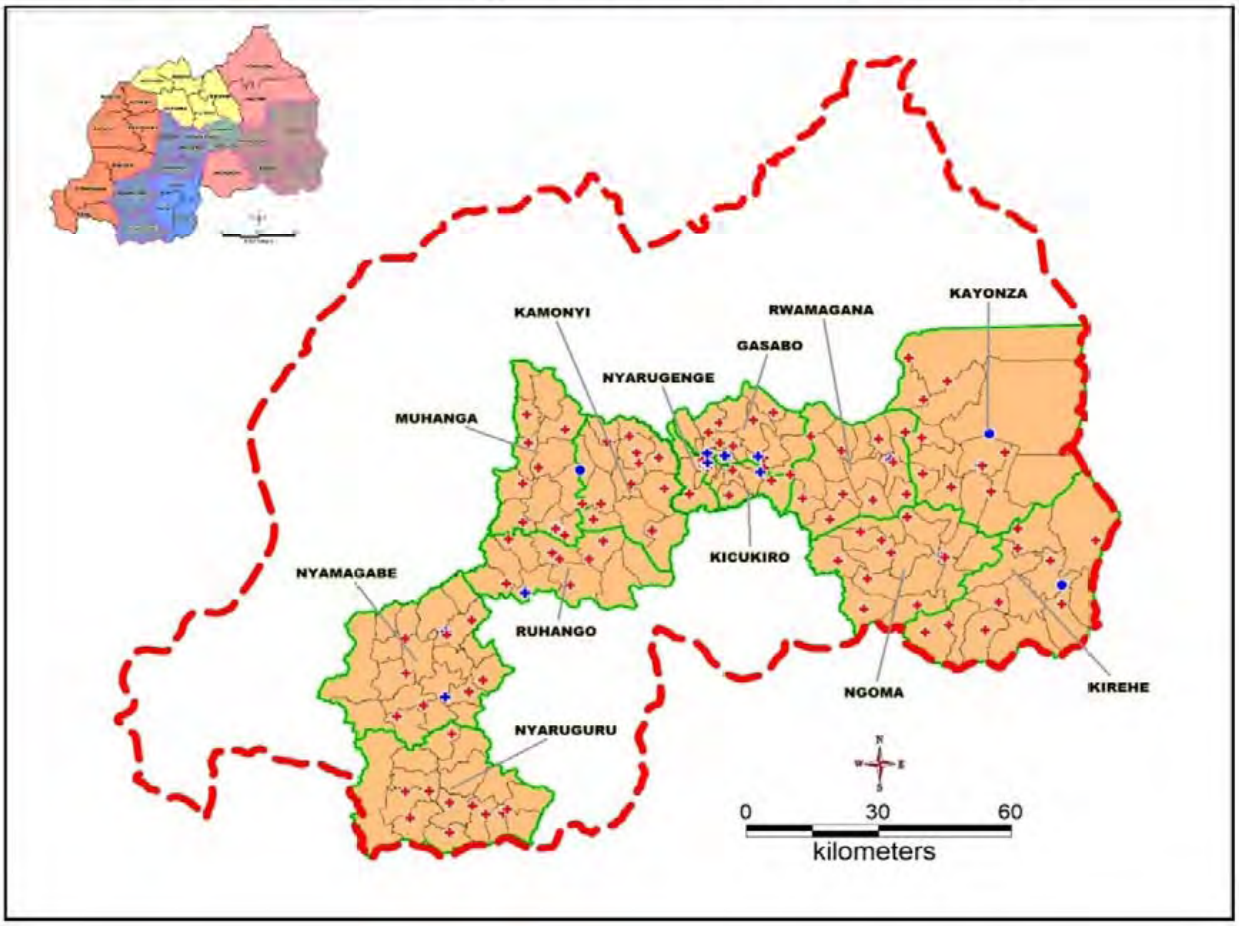
ANNEX 2: TWUBAKANE'S INTERVENTION ZONE

TWUBAKANE - Decentralization and Health Program

District Name	Province Name	Number of Admin Sectors	Area Sq Km	Perimeter Km	Population Yr 2002
KAYONZA	EST	12	1,613.21	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
		53	**4,560.46**	**686.97**	**891,858**
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
		67	**4,049.56**	**905.37**	**1,361,808**
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
		35	**733.32**	**298.82**	**765,325**
12	**3**	**155**	**9,343.34**	**1,891.16**	**3,018,991**



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
NANCY MOCK	JULY 3-17	Review CSMN team activities and operations, review community interventions in urban milieu in order to make recommendations to improve efficacy
MICHAEL HAINSWORTH	JULY 4-19	Work with the Rwanda-based M&E teams to review and update all existing monitoring tools and indicators, conduct data quality review and strengthen data collection
DEFA WANE	JULY 14-AUGUST 14	Annual leave
LAURA HOEMEKE	AUGUST 1-28	Combined vacation and work trip. Participate in program planning and strategy sessions at IntraHealth HQ office
PASCAL MUSONI, CATHY MUGENI, JEAN-MARIE SINARI, MARC NDAYAMBAJE (MADAGASCAR)	AUGUST 8-22	Attend Community IMCI Workshop in Antananarivo, Madagascar
LAURA HURLEY	AUGUST 30-SEPTEMBER 23	Combined vacation and work trip. Participate in M&E work sessions at IntraHealth HQ office
GASPARD BAYIGANE	SEPTEMBER 7-23	Participate in M&E Training at IntraHealth HQ
BARBARA FRIDAY	SEPTEMBER 10-24	• Collaborate with MSI and USAID Rwanda on carrying out a "Corruption/Transparency/Accountability and Health Governance Assessment for the Rwanda Health Sector" • Conduct follow-up on earlier technical assistance and participatory forums carried out by USAID Rwanda and Casals • Provide strategic direction and advice to MINISANTE and USAID Rwanda
LILLIANE NYIBIZA	SEPTEMBER 28-OCTOBER 1	Attend GBV conference (*Taking the Lead: Challenges and Emerging Opportunities in Responding to Sexual Violence in East, Central and Southern Africa*) in Nairobi, Kenya

Travel funded by SRA for Last Mile Initiative Activities (non-Twubakane Program Funds)

TRAVELER	IN-COUNTRY DATES	SCOPE OF WORK
VANESSA SPANN	JULY 25-AUGUST 9	• Meet with Qualcomm and Rwandatel to determine equipment and connectivity plan for pilot • Review use cases with local staff and resolve outstanding issues • Meet with Ministry stakeholders (HMIS and M&E)

ANNEX 4: DISTRICT ACTIVITIES SUPPORTED BY DISTRICT INCENTIVE FUNDS

List and Status of District Activities Implemented with 2008 DIF Grants funding, as of September 30, 2008

KIGALI (3 districts and Kigali City)
Gasabo, Kicukiro, Nyarugenge and Kigali City

1. KIGALI CITY

	DIFs 2008 Objectives	Third Quarter's Activities
1	Strengthening of the coordination of the health activities on the level of Kigali City	· Activity start-up is underway.
2	The FP sensitization of the population of Kigali City	· An education spectacle put together by a theatrical troop was presented at one of Kigali's stadium with the aim to sensitize the population of the capital to FP.
3	Capacity building of the Kigali City in planning processes 2009-2011	· The MTEF 2008-2010 has been revised, and the draft of the 2009 annual action plan will be submitted to the district council for approval in November 2008.

2. NYARUGENGE

	DIFs 2008 Objectives	Third Quarter's Activities
1	Implementation of a rapid district baseline survey	· Data for the rapid district baseline survey has been collected and is currently being entered. · The socioeconomic survey of the population is in process.
2	The renovation of Mwendo health center of the District of Nyarugenge	· Procurement processes for the rehabilitation of the fence at the health center of Mwendo have been initiated.

3. KICUKIRO

	DIFs 2008 Objectives	Third Quarter's Activities
1	Implementation of a rapid district baseline survey	· Data for the rapid district baseline survey has been collected and is currently being entered. · A socioeconomic survey of the population is in process.
2	Expansion of the community-based FP strategies and activities in four new admin sectors	· Activity start-up is underway.
3	Capacity building for five PAQ teams of the district health centers in the conception, planning and execution of income-generating activities	· Activity start-up is underway.
4	Improved hygiene and reduction of oral-fecal illnesses in Kigarama sector of Kicukiro through the rehabilitation of a bloc of latrines at the public market	· Procurement processes are ongoing for the rehabilitation of the latrines at the public market. · One hundred CHWs from the Kigarama sector have been trained to prevent and respond to oral-fecal illnesses.
5	Capacity building of ten admin sectors and three health centers (Busanza, Gahanga and Kabuga) in their ability to provide and monitor quality health care service delivery	· Procurement processes are ongoing for the purchase and supply of computers for the sectors.

4. GASABO

	DIFs 2008 Objectives	Third Quarter's Activities
1	Capacity building of the District of Gasabo in planning processes 2009-2011	· The MTEF 2008-2010 has been revised, and a draft of the 2009 annual action plan and budget are available.
2	Strengthening the FP at the community level by training and capacity building of grassroots local authorities at the admin cell level on national FP policies and procedures	· Training and capacity building of grassroots local authorities on FP policies and procedures have taken place.
3	Purchase and supply of medical equipment for Rusororo secondary health facility and Nyacyonga and Kayanga health centers of the District of Gasabo	· Procurement processes are ongoing for the purchase and supply of medical equipment.
4	Renovation of the secondary health facility of Gihogwe	· Procurement processes are ongoing for renovation works.
5	Rehabilitation of the public market of Kimironko (Phase II) and improvement of hygienic conditions	· Activity start-up is underway.

EASTERN PROVINCE (four districts)
Rwamagana, Kayonza, Ngoma and Kirehe

5. RWAMAGANA

	DIFs 2008 Objectives	Third Quarter's Activities
1	Purchase and supply of medical equipment for Murehe, Fumbwe and Gahengeri health secondary health facilities and ten health centers of the District of Rwamagana	· Procurement processes are underway for the purchase and supply of medical equipment.
2	Renovation of Karenge health center, of Nyagasambu and Musha health centers, and Murehe secondary health facility	· Renovation of the Karenge health sector is ongoing.
3	Support for five PAQ teams of the district health centers in the conception, planning and execution of income-generating activities	· Activity start-up is underway.
4	Technical support to and capacity building of district technicians for revisions to the 2008 budget exercise and the evaluation of 2008 performance contracts	· The revision of the 2008 budget of the MTEF has been completed. · The evaluation of 2008 performance contracts is expected to take place next month.
5	Purchase of office equipment and material for the District of Rwamagana to increase its efficiency	· Procurement processes are underway for the purchase and supply of office equipment and material.
6	Improved communications through the publication of the Rwamagana District newspaper	· Activity start-up is underway.
7	Renovation of the office of the Karenge admin-sector and the offices of the admin-cells of Cyanya and Fumbwe	· Renovation is ongoing in the office of the Karenge admin-sector while procurement contracts for renovation works of the offices of the admin-cells of Cyanya and Fumbwe are ready to be signed.

6. KAYONZA

	DIFs 2008 Objectives	Third Quarter's Activities
1	Renovation of Gahini and Kabarondo health centers, Kabare secondary health facility and the pharmacy of the district	· Renovation of the Gahini health center is ongoing.
2	Solar energy installation in Ruramira and Rutare health centers and Kageyo secondary health facility	· Procurement processes have been initiated.
3	Support for six PAQ teams of the six district health centers of Kayonza district in the conception, planning and execution of income-generating activities	· Activity start-up is underway.
4	Purchase of management tools of the district section in charge of the *mutuelles de santé*	· Procurement processes have been initiated.
5	Strengthening the public hygiene in the commercial center of Kayonza	· Activity start-up is underway.
6	Production of the sector zoning and site-planning documents of the Nyamirama sector of the District of Kayonza to contribute to the national program of the vision 2020 *Umurenge*	· Procurement processes have been initiated.

7. NGOMA

	DIFs 2008 Objectives	Third Quarter's Activities
1	Capacity building of ten admin sectors of Ngoma in their ability to provide and improve the quality of service delivery	· 250 pieces of office furniture (chairs, benches, cabinets, curtains) have been delivered by the vendor, and 100 remain to be delivered.
2	Capacity building of the District of Ngoma staff in planning processes, such as: revision of the district development plan (DDP); revision of the MTEF three-year budget cycle; preparation and evaluation of indicators; preparation of the 2009 annual action plan and performance contracts	· Activity start-up is underway.
3	Purchase of non-medical material (beds, cloths, mattress and curtains) to the health facilities of the District of Ngoma	· LULAT has been selected and approved as the vendor that will provide non-medical material to the health facilities of the District of Ngoma.
4	Purchase of medical equipment for the health outpost of Nyagasozi the District of Ngoma	· LE MEDICAL has been selected and approved as the vendor that will provide medical equipment for the health outpost of Nyagasozi.
5	Renovation of existing buildings of the maternity wards of the health center of Jarama	· ECICO has been selected and approved as the vendor that will renovate the health center of Jarama.
6	Sensitizing of the population of the District of Ngoma on FP through the religious confessions	· Activity start-up is underway.

8. KIREHE

	DIFs 2008 Objectives	Third Quarter's Activities
1	Purchase of medical equipment for health centers (of Gahara, Gashongora, Bukoraand Ntaruka) and two health outposts (Rwantonde and Nyabitare) of the District of Kirehe	· A contract has been signed with the vendor EFOMAC for the purchase and supply of medical equipment for the health centers.

2	Renovation of existing buildings of two health outposts (Rwantonde and Nyabitare)	· Renovation of the health outpost of Nyabitare is in its final stages.
3	Capacity building of the District of Kirehe staff in planning processes, such as: revision of the DDP; revision of the MTEF three-year budget cycle; preparation and evaluation of indicators; preparation of the 2009 annual action plan and performance contracts	· Activity start-up is underway.
4	Production of the village zoning and site-planning documents of the Mwoga village	· Activity start-up is underway.

SOUTHERN PROVINCE (5 districts)
Kamonyi, Muhanga, Ruhango, Nyamagabe and Nyaruguru

9. KAMONYI

	DIFs 2008 Objectives	Third Quarter's Activities
1	Capacity building of the District of Kamonyi in planning, budgeting and data processing equipment	· The 2009 action plan has been discussed, and a draft is available for submission to the district council for approval. · 22 desktop computers, 10 laptops, and 21 printers have been procured for the health centers and sectors.
2	Purchase and supply of medical equipment for Musambira, Kamonyi, Gihara, Mugina health centers and Remera Rukoma hospital of the district of Kamonyi	· KARISIMBI has been selected and approved as the vendor that will provide the medical equipment, and a notification letter has been addressed to inform the firm.
3	Capacity reinforcement of Kayenzi and Kigese health centers in caretaking of the cases of malnutrition	· Activity start-up is underway.
4	Capacity building of the district in the reduction of malnutrition by the purchase of a manufacturing machine tool of the tubes for the production of mushrooms	· Contacts have been made with a Burundese vendor to purchase and supply the machine to manufacture mushroom tubes, and a representative from the district has traveled to Burundi to proceed with negotiations.

10. MUHANGA

	DIFs 2008 Objectives	Third Quarter's Activities
1	Capacity building of six PAQ teams of the district health centers in the conception, planning and execution of income-generating activities	· A sum of 300,000 Rwf has been granted to each of the six PAQ teams to fund income-generating activities.
2	Capacity building for the district in planning, budgeting and IT equipment	· A first batch of IT equipment including 12 printers, 10 modems, 1 projector, and 20 flash disks has been delivered to the district.
3	Capacity building of the district staff in M&E, reporting techniques, leadership skills	· A training for district staff in M&E and in reporting has taken place in cooperation with the Rwanda Institute of Administration and Management.
4	Capacity building of the district in mediatizing messages on decentralization and health programs	· A contract has been signed between the district and the local radio station SALUS of the National University of Rwanda for the broadcasting of radio shows on decentralization and health. · The first weekly broadcast is scheduled for October 11, 2008.

5	Renovation of the secondary health facility of Gasagara, the health centers of Rutobwe and Buramba and the maternity ward of Kabgayi hospital of Muhanga District	· Renovation of the health center of Buramba is ongoing, and 40% of the work has been completed. · Contracts have been signed for the renovation of secondary health facility of Gasagara, of the health center of Rutobwe, and for the maternity ward of Kabgayi hospital.
6	Purchase and supply of medical equipment for health centers, secondary health facility and office furnitures of the *mutuelles* section and Kabgayi hospital	· Procurement processes are ongoing to identify a vendor to purchase and supply medical equipment, following the disqualification of a vendor who was initially selected but whose past poor performance was brought to light by a neighboring district.

11. RUHANGO

	DIFs 2008 Objectives	Third Quarter's Activities
1	Purchase and supply of medical equipment with emphasis on MMR/SONU for the hospital and health centers of the District of Ruhango	· KARISIMBI has been selected and approved as the vendor to purchase and supply medical equipment for the hospital and health centers of the district.
2	Support for eight PAQ teams of the eight health centers of Ruhango District in the conception, planning and execution of income-generating activities	· The eight PAQ teams have been granted funds for income-generating activities.
3	Fight against malnutrition in the schools of Byimana and Bukomero, and promotion of hygiene in the Byimana sector	· Activity start-up is underway.
4	Strengthening of the FP in the secondary health facilities	· Activity start-up is underway.
5	Institutional capacity building of the local cooperatives in the sectors Mwendo, Kabagali and Ruhango	· Activity start-up is underway.
6	Capacity building of the District of Ruhango in planning processes	· The MTEF 2008-2010 has been revised .
7	Capacity reinforcement of the district in the broadcasting of the decentralization and health programs	· A contract has been signed between the district and the local radio station SALUS of the National University of Rwanda for the broadcasting of radio shows on decentralization and health.
8	Actualization of the database of the taxpayers to the decentralized taxes	· Activity start-up is underway.

12. NYAMAGABE

	DIFs 2008 Objectives	Third Quarter's Activities
1	Capacity building of the District of Nyamagabe staff in planning processes, such as: preparation of district marketing profile; revision of the MTEF three-year budget cycle; evaluation of performance contracts and indicators; preparation of the 2009 annual action plan; organization of JADFs and rollout of the JADF at the sector level	· The MTEF 2008-2010 has been revised. · JADF meetings have taken place. · The evaluation of performance contracts has been executed for the first, second and third quarters. · 22 modems and a four-month service agreement have been procured to facilitate and strengthen communication between 17 secretaries, four members of the district's executive council and of the ICT chief.
2	Purchase of medical equipment for hospitals and health centers of the District of Nyamagabe	· KARISIMBI has been selected and approved as the vendor to purchase and supply medical equipment. A contract with this vendor has been signed.

3	Rehabilitation of buildings of two health centers (Ngara and Nyarwungo) and one health outpost	· Renovation of the health center of Nyarwungo is ongoing, and 50% of the work has been completed. · Renovation of the health center of Ngara will begin at the end of October 2008.
4	Support income generation and strengthening the economic viability of poor households through a pig breeding program in eight sectors of the District of Nyamagabe	· Activity start-up is underway.

13. NYARUGURU

	DIFs 2008 Objectives	Third Quarter's Activities
1	Purchase and supply of medical equipment for Munini hospital of the District of Nyaruguru	· A set of medical equipment has been delivered. · MERITE Equipment has been selected and approved to deliver the rest of the medical equipment. A contract has been signed with this vendor.
2	Production of the urban planning documents of the district (Kibeho – main town)	· TECOS has been selected and approved to direct the production of urban planning documents and is awaiting the instructions from the Ministry of Infrastructures to begin the work.
3	Capacity building of the District of Nyaruguru staff in planning processes	· The MTEF 2008-2010 has been revised, and the draft of the 2009 annual action plan is ready to be submitted to the district council for approval in November 2008. · The performance of 12 of the 14 sectors has been evaluated. · JADF sessions are taking place each quarter.
4	Support to PAQ teams of the District of Nyaruguru in the conception, planning and implementation of income-generating activities	· Activity start-up is underway.

ANNEX 5: SYNTHESIS OF PAQ TEAMS STATUS AND ACTIVITIES

District	Number of Health Centers	Number of PAQ Teams	Observations on Specific PAQ Teams
Rwamagana	10	10	***PAQ /C.S. Nzige*** • There was a remarkable increase in the health indicators as well as changes in the behaviors of service providers. The following indicators increased: ***Vaccination*:** from 94 to 103 **Mutuelles:** from 86 to 90 ***Birth in a health center*:** from 76 to 100 • The PAQ team contributed to reaching these results especially through sensitization of the community at the village level. • Equipment was purchased for the health center (beds, mattresses, sheets). • In response to advocacy lead by the PAQ team, the Health Direction allocated two extra staff members to the health center to solve the problem of understaffing. ***PAQ/ C.S Rwamagana*** • The PAQ team led a community mobilization campaign to encourage women to give birth in health centers and thereby contributed to an increase in the number of births taking place at the health center. • The PAQ team advocated for after-hours service at the Rwamagana health center so the health center is now open Monday through Sunday, 24 hours a day.
Kayonza	13	13	
Ngoma	12	12	
Kirehe	12	12	
Nyamagabe	13	13	
Nyaraguru	13	13	

Kamonyi	11	10	***PAQ /C.S GIHARA*** • The PAQ team encouraged the recruitment of three qualified staff to solve the problem of room capacity at the health center. • The PAQ team advocated for an increase in the number of treatment rooms (consultation offices, lab, staff room) in the health center. • Thanks to PAQ advocacy, some of the problems caused by instability of the staff in the health centers were solved. • Installation of solar energy devices was supported by the PAQ team. • There was an increase in the number of births taking place at the health centers from 40% to 56%. • The PAQ team encouraged the blocking of the road that runs across the health center property. ***PAQ/ C.S KARANGARA*** • Community health workers have been trained. • Community mobilization to encourage use of health services takes place regularly at village meetings. • To improve punctuality at work and to better meet the needs of the members, the health center has established a register to track the attendance of each staff member by recording their arrival time. • The PAQ team organized a strong campaign targeting traditional midwives to encourage them to escort women to give birth in health centers so that the number of births taking place at the health centers has been increasing progressively. • Thanks to PAQ advocacy, religious figures now understand better and support FP and HIV programs so that relevant messages are being disseminated after religious services.
Muhanga	13	13	
Ruhango	13	13	
Nyarangenge	8	7	***PAQ/ C.S MAGERAGERE*** • The PAQ team has addressed the hazard caused by the lack of a fence at the health center. After having discussed this issue and advocating for the installation of a fence, the district has promised to build such a fence through Twubakane DIF funds. • Equipment for the health center (including beds, sheets, and blankets) was purchased through DIF funds. • Attendance and punctuality of the staff is improving as a result of internal reorganization.
Kicukiro	7	5	***PAQ/ C.S. Masaka*** • Thanks to PAQ influence and advocacy, the regrouping of traditional practitioners from Masaka into cooperatives has taken place. • Field visits in all villages were organized by PAQ subcommittees to address three objectives: *mutuelles*, FP and births in health centers. ***PAQ / C.S. de BUSANZA*** • PAQ members came together in three sensitization sub-committees, and the following activities were realized: ***FP*** Many women now benefit from the FP services thanks to an

			increase in community awareness of the issue. **Mutuelles** In response to a poor membership rates, the PAQ team has reinforced awareness in *Umudugudus* and have solved some problems pertaining to management of the *mutuelles,* and now the membership rates are satisfactory. ***Vaccination*** Verification of the status of vaccination has taken place in all households in response to poor vaccination rates.
Gasabo	10	10	***PAQ/ C.S. KIMIRONKO:*** • A guard was recruited to oversee to monitor access in and out of the health center. • Thanks to the PAQ team, the health center did not suffer from a major loss in patients despite payment irregularities for their treatment. ***PAQ/ C.S KAYANGA*** • The PAQ team launched a project to breed egg-laying hens and is proceeding with building a fence for the hens. The project has not yet been funded by the DIF. • The PAQ team advocated for the creation of a secondary health center with voluntary HIV screening. • The PAQ team mobilized the community to encourage women to give birth at the health center, and this mobilization contributed to an increase in the number of births taking place in health centers from 10% to 45%.

ANNEX 6: PERFORMANCE MONITORING BY PROGRAM COMPONENT

COMPONENT ONE: FAMILY PLANNING/ REPRODUCTIVE HEALTH ACCESS AND QUALITY:
Results for Quarter (July - September 2008)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
FAMILY PLANNING													
Couple years of protection offered by public facilities in USG-supported programs	**55,716**	4,601	2,797	7,015	3,698	3,626	7,178	6,726	6,183	3,654	4,296	3,419	2,522
# People that have seen or heard a specific USG supported with FP/RH messages	**214,092**	23,449	7,384	8,119	23,430	23,824	11,633	12,897	38,181	18,060	16,241	14,631	16,243
# People trained in family planning/ reproductive health[δ]	**34**	1	4	3	3	9	1	1		2	1	1	8
Female	**22**												
Male	**12**												
# new family planning users*	**33,124**	2,859	1,239	2,121	2,430	2,705	2,302	5,001	3,400	2,698	3,582	2,357	2,430
Pills	**6,053**	653	410	479	422	369	461	566	447	529	991	233	493
Injectables	**21,895**	1,525	682	1,345	1,877	2,121	1,647	3,812	1,918	1,718	2,046	1,619	1,585
Implants	**3,550**	458	46	184	100	160	120	411	855	313	187	481	235
IUDs	**124**	0	0	10	0	3	0	2	56	4	42	0	7
Standard Days Method	**578**	15	17	15	3	6	44	113	52	54	236	9	14

[δ] Trainings conducted this past quarter in family planning and reproductive health were:

- Training in formative supervision given to 12 providers from health centers of the districts of Kirehe(1) , Gasabo(1), Nyamagabe(2), Rwamagana(1), Ruhango(1), Nyarugenge(1), Kamonyi(1), Ngoma(1), Kayonza(2), Nyaruguru (1) from September 22nd to 30th, 2008.
- Training of 22 health providers from the health centers of the districts of Rwamagana (8), Nyamagabe (6), Kicukiro(4), Nyarugenge(2), Kamonyi(1), Kayonza(1) from August 11th to 29th, 2008. This training also served to validate 4 family planning trainers.

* Data on new family users include data not only from health centers but also family planning secondary posts. It does not include however new family planning users at the hospital level.

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
FAMILY PLANNING													
Condoms	**768**	207	13	86	28	46	21	95	39	78	80	15	60
Periodic abstinence	**120**	1	71	2	0	0	9	2	33	2	0	0	0

Couple years protection – 3rd quarter 2008*												
Nr	**District**	**Lo-Fem**	**Microg**	**Ovrette**	**Depo-P**	**Cond. M**	**Cond. F**	**IUD**	**Norplant**	**Jadelle**	**Collier**	**Total**
1	**Kayonza**	197	149	81	1985	491	-	24	0	743	29	**3,698**
2	**Ngoma**	311	284	152	3910	115	0.3	0	0	993	1412	**7,178**
3	**Rwamagana**	141	224	64	2070	71	-	23	0	1012	22	**3,626**
4	**Kirehe**	205	182	69	2899	77	0.2	14	0	3264	16	**6,726**
5	**Muhanga**	213	275	68	2230	115	-	294	0	2965	24	**6,183**
6	**Kamonyi**	233	278	57	1625	50	-	16	0	1369	27	**3,654**
7	**Ruhango**	333	500	95	1849	74	0.3	308	63	987	86	**4,296**
8	**Nyaruguru**	36	95	32	1277	50	0.3	0	0	1929	0	**3,419**
9	**Nyamagabe**	78	179	80	1639	35	0.1	8	0	433	71	**2,522**
10	**Gasabo**	153	262	98	1670	122	0.1	130	0	2167	0	**4,601**
11	**Nyarugenge**	226	597	158	2644	157	0.3	882	0	2349	0	**7,015**
12	**Kicukiro**	507	227	159	1291	5	-	41	16	505	47	**2,797**
Total		**2,633**	**3,253**	**1,114**	**25,089**	**1,361**	**1.6**	**1,738**	**79**	**18,713**	**1,733**	**55,716**

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

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH													
# ANC visits by skilled providers	**60,661**	6,645	3,803	6,488	4,931	4,765	4,747	5,246	4,890	4,115	5,640	3,402	5,989
# women with four standard ANC visits	**2,363**	597	279	124	151	154	131	167	281	60	223	37	159
# Deliveries with Skilled Birth Attendants (SBA)	**24,020**	2,386	1,609	2,453	2,057	2,161	2,553	1,491	3000	1,634	1,756	1,531	1,389
# Postpartum/newborn visits within 3 days of birth	**24,020**	2,386	1,609	2,453	2,057	2,161	2,553	1,491	3000	1,634	1,756	1,531	1,389
# People trained in maternal / newborn health χ	**142**	29	30		28		32						
Female	**102**												
Male	**40**												
# pregnant women diagnosed with malaria	**3,170**	159	389	35	549	292	772	373	128	36	334	53	50

χ Trainings in maternal / newborn health include a training in focused antenatal care of 23 health providers from Kamonyi district from August 4th to 8th, 2008 and four EONC training sessions of health providers from the districts of Ngoma(32) 14-31/7/08, Kicukiro(30) 4-22/8/08, Kayonza(28) 11-29/8/08 and Gasabo(29)

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

Indicator	Total	Bugesera	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
CHILD SURVIVAL														
# Diarrhea cases treated	**20,731**		1,952	884	2,250	1,750	1,347	3,013	3,163	1,513	1,233	1,231	1,158	1,237
# Children less than 12 months who received DPT3	**32,770**		3,354	1,964	1,759	2,701	2,607	3,115	3,194	3,000	2,853	3,079	2,495	2,649
MALARIA														
# People trained in treatment or prevention of malaria †	**1,549**	1,103	226		41	4	1	2				166	2	4
Female	**769**													
Male	**780**													
# children < 5 years diagnosed with simple malaria at health centers	**40,147**		3,801	1,900	3,924	4,877	4,682	7,150	3,508	2,156	856	4,485	1,566	1,242
# children < 5 treated for malaria through HBM	**19,348**		1,416	1,501	377	2,038	2,691	2,089	2,915	1,431	2,443	2,447	0	0

† Trainings conducted in treatment and/or prevention of malaria were:

- Refresher training of community health workers of Gasabo (224) – From July 8th to 10th, 2008, Bugesera (1103) From July 14th to 31st, 2008 and Nyarugenge (40) on August 26th, 2008
- Training on Community IMCI of Community Health Workers of Ruhango (166) from July 21st to 25th, 2008
- Training on IMCI supervision techniques of 16 health providers replacing IMCI supervisors who moved away from their respective health facilities. The training tool place from September 8th to 13th, 2008

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
NUTRITION													
# children <5 who received Vitamin A in the health facilities & Community	**395,224**	43,909	12,477	10,423	23,072	24,607	54,126	29,112	68,821	60,849	30,916	23,004	13,908
# Children reached by nutrition programs	**183,668**	7,451	6,248	7,775	10,964	9,761	10,660	11,008	52,763	13,963	24,881	15,680	12,514
# People trained in child health and nutrition[‡]	**289**	16	22	1	30	23	2			23	166	2	4
Female	**144**												
Male	**145**												

[‡] Trainings conducted in child health and nutrition were:

- Training of trainers of Community Based Nutrition Program in Kamonyi (23) from September 8th to 13th 2008
- Two trainings of health providers in Cold Chain Maintenance in the districts of Kayonza and Rwamagana from July 14th to 18th, 2008 and in Gasabo and Kicukiro from September 1st to 6th 2008
- Training on Community IMCI of Community Health Workers of Ruhango (166) from July 21st to 25th, 2008
- Training on IMCI supervision techniques of 16 health providers from September 8th to 13th, 2008

COMPONENT FOUR: DISTRICT LEVEL PLANNING, BUDGETING AND MANAGING: Results for Quarter (July-September 2008)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave	City of Kigali \ RALGA
USG ASSISTANCE FOR CAPACITY BUILDING IN PUBLIC SECTOR														
# Sub-national government entities receiving USG assistance to improve their performance	**13**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
# 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[§]	**397**	2	1	1	42	1	2	2	1	2	37	2	2	302

[§] Capacity building activities conducted with direct support of TWUBAKANE this past trimester to strengthen local government and/or decentralization were:

- Forum on governance in the health sector that brought together 64 political and administrative authorities from all over the country on 13/08/2008.
- Orientation workshops provided to the members of the JADF (Joint Action Development Forum) of Ruhango(35) on August 26th, 2008 and the JADF of Kayonza(40) on September 30th, 2008.
- Training on Local Administration Auditing given to 20 management professionals from all supported 12 districts from September 22nd to 25th, 2008

During this quarter RALGA carried out the following activities under the guidance and supervision of the Capacity Building Program Officer:

1. Organized and carried out 4 technical forums with RALGA members and LG authorities and facilitated inter-District exchanges:
   - Mayors, Vice Mayors and Executive Secretaries (all districts) met and discuss about the national values to promote progress on achieving Vision 2020; 29 June 2008 (31 female participants, 72 male participants);
   - Directors of Finances (all Districts) met and discussed the new laws and instructions from the Presidency Office and Ministry of Local Administration, 12 July 2008 (5 female participants, 19 male participants);
   - Vice-Mayors in Charge of Social Affairs, Directors of Health and Directors of Districts Hospitals met and discuss about Good Governance in the Health Sector, 13 August 2008 (7 female participants, 23 male participants)
   - Inter-District study tour and meeting of the Consultative Councils Bureau (all Districts), 14 and 15 August 2008 (17 female participants, 28 male participants)
2. Collaborated with the World Bank on facilitating ALGAF sessions (Africa regional video-conference presentations and discussion sessions):
   - Session of July 4th, 2008, Topic : Challenges of Social Accountability and the Way Forward for LGAs;
   - Session of August 1st, 2008. Topic: Mainstreaming of Gender and HIV/AIDS – Synopsis of the Ethiopian experience (9 female participants, 4 male participants);
   - Session of 5th September 2008, Topic: EDPRS as a resource mobilization tool for HIV in Rwanda (9 female participants, 14 male participants).

COMPONENT FIVE: HEALTH FACILITIES MANAGEMENT AND MUTUELLES
Results for Quarter (July-September 2008)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
# Service Delivery Points (SDP) with USG support[β]	**172**	12	12	9	15	16	15	15	14	12	15	19	18
District Hospitals	**14**	1	1	1	2	1	1	1	1	1	1	1	2
Health centers	**135**	10	7	8	13	10	12	12	13	11	13	13	13
Health posts	**9**	1	0	0	0	4	2	2	0	0	0	0	0
FP Secondary Posts	**14**	0	4	0	0	1	0	0	0	0	1	5	3
# People trained in Strategic Information Management with USG funds[**]	**187**		37					150					

This quarter we were unable to report results on number of people covered with health financing arrangements and percentage of Population in the Districts Supported by Twubakane enrolled in Mutuelles due to difficulties related to time, completeness and accuracy of mutuelle data.

β # Service delivery points (SDP) with USG support includes public and agree 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.

[**] # People trained in Strategic Information Management included trainings of Community Health Workers on Community Health Information System in the districts of Kirehe, Sectors of Gashongora (50), Rusumo (50) and Kireke (50) and Kicukiro Sectors of Kanombe and Nyarugunda (37)

COMPONENT SIX: COMMUNITY ENGAGEMENT AND OVERSIGHT
Results for Quarter (July-September 2008)

Component six conducted the following training events during the past quarter. A total of 773 Community Health workers including 322 male participants and 451 female participants were covered.

- Orientation trainings of Community Health Workers on the integrated package for community health in the districts of:
    - Nyamagabe, sectors/health centers of Nyarwungo(50) and Nyarusiza(46)
    - Nyaruguru, sectors/health centers of Coko(50), Kabirizi(50) and Ruheru(49)
    - Kirehe, sectors/health centers of Kirehe (50), Gahara(50), Nyarubuye(50), Mulindi(50) and Bukora(50)

- Orientation training of PAQ members on the integrated package for community health in Ruhango district, health centers of Mukoma and Kinazi(45), Byimana and Gisweru(46)