



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

**Quarterly Performance Monitoring Report #12**  
**October - December 2007**

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## ACRONYMS

ACI	Anti-Corruption Initiative	JADF	Joint Action Development Forum
ANC	Antenatal Care	LTPM	Long-Term and Permanent Methods
ARBEF	<i>Association Rwandaise du Bien-Etre de la Famille</i>	MCH	Maternal and Child Health
ARI	Acute Respiratory Infection	MIFOTRA	Ministry of Finance
BCC	Behavior Change Communications	MINALOC	Ministry of Local Administration
CBIS	Community-Based (Health) Information System	MINECOFIN	Ministry of Finance and Economic Planning
CHW	Community Health Worker	MINISANTE	Ministry of Health
CNLS	<i>Commission Nationale de lutte contre le SIDA</i>	MPA	Minimum Package of Activities
CPA	Complementary Package of Activities	MTEF	Medium Term Expenditure Framework
CPI	Client Provider Interaction	NGO	Nongovernmental Organization
CPR	Contraceptive Prevalence Rate	NHA	National Health Accounts
CS	Child Survival	NSI	National Statistic Institute
DDP	District Development Plan	PAQ	<i>Partenariat pour l'Amélioration de la Qualité</i>
DHS	Demographic and Health Survey	PMI	President's Malaria Initiative
DIF	District Incentive Funds	PMP	Performance-Monitoring Plan
DIP	Decentralization Implementation Program	PMTCT	Prevention of Mother-to-Child Transmission
EONC	Emergency Obstetric and Neonatal Care	PNBC	<i>Programme de Nutrition au Base Communautaire</i>
ESP	<i>Ecole de Santé Publique</i>	PNILP	<i>Programme National Intégré de Lutte Contre le Paludisme</i>
FBO	Faith-Based Organization	RALGA	Rwandese Association of Local Government Authorities
FP	Family Planning	RDSF	Rwanda Decentralization Strategic Framework
GBV	Gender-Based Violence	RH	Reproductive Health
HBM	Home-Based Management	RTI	Research Triangle Institute
HC	Health Center	SDP	Service Delivery Point
HIV	Human Immunodeficiency Virus	SRA	Systems Research and Applications
HMIS	Health Management Information System	SWOT	Strengths, Weaknesses, Opportunities, Threats
HS2020	Health Systems 2020	TA	Technical Assistance
IEC	Information, Education and Communication	TBA	Traditional Birth Attendant
IMCI	Integrated Management of Childhood Illness	TRAC	Rwanda Treatment and Research AIDS Centre
IPT	Intermittent Presumptive Treatment	USAID	United States Agency for International Development
IUD	Intrauterine Device	VNG	Netherlands International Cooperation Agency
		WHO	World Health Organization

## **TWUBAKANE PROGRAM HIGHLIGHTS, JULY – SEPTEMBER 2007**

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

- Supervision and equipment of 12 FP new secondary posts in Nyaruguru, Nyamagabe, Ruhango, Rwamagana and Kicukiro districts, increasing access to FP for clients of Catholic-supported facilities
- Validation of district FP trainers and training in FP of 25 trainers from Ruhango and Gasabo districts, 25 providers from Kamonyi and Nyamagabe, and of 16 providers from Muhanga District
- Validation of Emergency Obstetrics and Neonatal Care (EONC) teams from Kabgayi, Muhima, Kibagabaga and Kanombe hospitals and basic EONC training of 30 health center providers from Ruhango District and 23 from Kamonyi District
- Evaluation of EONC capacity in health facilities of Ngoma and Kayonza districts

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

- Training of 66 trainers on Home-Based Management (HBM) in Bugesera, Nyarugenge and Kicukiro districts; training on use of Coartem in HBM for 57 health center providers in Kayonza District and 752 community health workers (CHWs) in Bugesera, Kicukiro and Nyarugenge districts
- Technical assistance to Ministry of Health for revision of malaria in pregnancy training manual and training of trainers at district level
- Training of 18 providers in clinical Integrated Management of Childhood Illness (IMCI) in Nyarugenge District; supervision of providers trained in clinical IMCI in Kirehe, Ngoma, Rwamagana, Gasabo, Nyamagabe, Nyaruguru and Ruhango districts
- Awareness-raising campaign to improve knowledge of community nutrition program among 380 local officials in Gasabo and Ruhango districts
- Training of 144 CHWs in community-based nutrition in Ruhango and Gasabo districts.
- Supervision of nutrition activities at health center and community level in Kirehe and Kayonza Districts and identification of sites for HEARTH activities start-up

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

- Assistance to Rwandese Association of Local Government Authorities (RALGA) to evaluate anti-corruption activities and implementation of anti-corruption poster campaign
- 2006 National Health Accounts data analysis workshop implementation, in collaboration with Abt and Health Systems 2020 (HS2020)
- Completion of data gathering for national health costing study with National University of Rwanda's School of Public Health, in collaboration with MINISANTE

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

- Implementation of District Incentive Funds (DIF) grants 2007, and continuing support and monitoring, as well as preparation for planning DIF grants 2008
- Training in good governance and leadership in Nyamagabe, Nyaruguru, Ngoma and Kirehe districts

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

- Development of strategic plans, budgeting and improved management of health facilities in Kayonza and Gasabo districts
- On going support for districts to strengthen *mutuelles* management and increase membership in Twubakane-supported districts; supervision in 19 *mutuelles* offices, in the districts of Nyamagabe (4), Rwamagana (8) and Ruhango (7)
- Completion of field testing of *mutuelles* accounting software in Nyarugenge District

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

- Assistance to MINISANTE's community health desk to finalize comprehensive training guide for CHWs and community-based health information system
- Training of 40 PAQ mentors in Muhanga, Ngoma, Kirehe and Ruhango districts

## 1. INTRODUCTION

The Twubakane Decentralization and Health Program is a five-year, more than \$24 million program funded by the U.S. Agency for International Development (USAID) and the Government of Rwanda. The goal of this USAID/Rwanda partnership is to increase access to and the quality and use of family health services by strengthening the capacity of local governments and communities to improve health service delivery. The program is implemented by IntraHealth International, RTI International and Tulane University in partnership with the Government of Rwanda. Twubakane also works with the Rwandese Association of Local Government Authorities (RALGA), EngenderHealth, VNG (Netherlands International Cooperation Agency) and Pro-Femmes.

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

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

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

### Twubakane Program Participating Districts

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

## 2. KEY ACCOMPLISHMENTS AND PROGRESS

This quarter, the Twubakane team worked closely to assist districts to implement and report on the DIF grants, through which each Twubakane-supported district received \$150,000 in 2007. Ongoing challenges have included continued delays in tender board processes, balancing financial and technical supervision and reporting and general monitoring of DIF-supported activities. However, the Twubakane DIF team has observed improvements with frequency of discussions about DIFs (financial and programmatic) within district meetings, planning for 2008 with the health center management, and monitoring of activities by district staff.

The Twubakane Program team also had the honor of hosting the visit of representatives of the Hewlett Foundation in September. The Hewlett Foundation has expressed interest in supporting family planning and population-related activities in Rwanda. The support of the foundation would build on the Twubakane Program’s overall support to repositioning family planning in Rwanda.

The Twubakane team continues to support the central level MINISANTE and MINALOC through its active participation in technical working groups, providing technical and financial support for a variety of initiatives, including family planning, safe motherhood, child health, nutrition, community health and *mutuelles*. Twubakane also continues to support the MINISANTE and the MINALOC in key national policy priorities.

## 2.1 GENERAL PROGRAM ACTIVITIES PLANNED FOR THE QUARTER

The table below outlines the status of general program accomplishments this quarter compared with activities proposed in the previous quarterly report.

### GENERAL PROGRAM ACTIVITIES

ACTIVITY	STATUS	COMMENTS
Finalization of justification for 2006 DIF grants and ongoing monitoring of 2007 DIF grants	Done	Twelve districts are implementing 2007 DIF-supported activities; grants will be extended through March 31, 2008; planning for 2008 grants has begun.
Reporting of annual operation plan indicators	Done	First year of reporting helped influence target setting for the 2007-08 period.
Branding of all Twubakane-supported sites and districts through placement of signs indicating USAID support	Ongoing	Signs were placed at sector offices and health centers in the South, following placement at the district level and at hospitals. Kigali and the Eastern Province will be branded during the first quarter of 2008.

## 2.2 TWUBAKANE PROGRAM STEERING COMMITTEE

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

## 2.3 TWUBAKANE FIELD OFFICES

The Twubakane Program field coordinators continue to play pivotal roles in the program, acting as liaisons between the Twubakane office and operations in Kigali and our local program activities. This quarter, field coordinators continued to support DIF grants by monitoring implementation of DIF-supported activities. Field coordinators also continue to play an active role in the district Joint Action Forums. District-level authorities continue to express their appreciation of the hands-on support they receive from field coordinators. During the first quarter of 2008, additional assistant field coordinators will be hired to help increase coverage for activities within the districts.

## 3. PERFORMANCE REVIEW BY PROGRAM COMPONENT

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

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

**Repositioning family planning:** As in previous quarters, the Twubakane Program continued to support repositioning of family planning in Rwanda at both the central and district levels. At the central level, Twubakane participated in the family planning technical working group and met with Ministry of Finance and Economic Planning (MINECOFIN) officials to follow up on and help revitalize the “inter-ministerial committee on population and family planning.” Twubakane participated in two additional working groups this quarter: the HIV integration technical working group and the United States Government FP/HIV integration working group.

At the district level, Twubakane continued orientations of authorities and local leaders on population and health issues in family planning, closely monitored contraceptives availability, particularly shortages of Jadelle implants at the district level (in collaboration with USAID and the JSI/DELIVER project),

supported mobilization activities through DIF grants and supported implementation of district plans to reach FP objectives laid out in the performance-based contracts between the districts and the president of Rwanda. In collaboration with MINISANTE and other FP partners, Twubakane distributed revised FP brochures and educational flip charts throughout seven districts (Muhanga, Kamonyi, Ruhango, Nyamagabe, Kayonza, Rwamagana, Kirehe). The remaining districts will receive information, education and communication materials early in the first quarter of 2008.

**Training and formative supervision of health care providers in short-term, long-term and standard days methods of family planning:** A three-week comprehensive competency-based training was organized for 25 providers from Ruhango and Gasabo districts and 25 providers from Kamonyi and Nyamagabe districts. TA was provided for the training of 16 providers in long-term methods in Muhanga District. In Ruhango, participants' knowledge scores increased, from pre-training to post-training, from 31% to 88.9%; during the training, 341 Jadelle implants and 20 IUDs were inserted. For the Gasabo District training, participants' scores increased from 41.6% to 98.2%. For the second training, participants' scores increased from 51.6% to 90.8%, and 130 Jadelle and 17 IUDs were inserted during practical training. For the third training, participants' scores increased from 41.6% to 98.2%, and 90 Jadelles and 6 IUDs were inserted. During those trainings, district family planning trainers from Muhanga, Gasabo, Kamonyi and Ruhango districts were validated as trainers and are on the ground to provide future training in their districts.

**Supervision of FP secondary posts:** Twubakane staff conducted supervisory visits of the 12 FP secondary posts in the districts of Nyaruguru, Nyamagabe, Ruhango, Rwamagana and Kicukiro. The posts were created near faith-based health centers as part of the continuing effort to expand access to modern contraceptive methods across the 12 districts. The supervisory visits demonstrated client satisfaction with increased accessibility to modern methods. Client and provider recommendations include the need to increase the days of consultation, integrate FP in outreach immunizations campaigns, train secondary post providers in long-term methods, recruit permanent staff, and integrate secondary posts into the national health management information system (HMIS). Visits to the secondary posts reveal needs for continued improvement in the management of client information (e.g., recording services correctly, classification of client files) as well as aligning schedules and supplies of public centers that are providing staff and supplies for the secondary posts with the demand for services. Twubakane is working with the Ministry to ensure that data from secondary posts is captured in the national HMIS.

**Emergency obstetrics and neonatal care (EONC):** During the quarter, Twubakane conducted validation of hospital EONC teams from Kabgayi (Muhanga District), Muhima (Nyarugenge District), Kibagabaga (Gasabo) and Kanombe (Kicukiro) hospitals as part of the process to rapidly expand and improve the quality of maternity services at hospitals and health centers. Twubakane-trained district hospital trainers facilitated the training of 30 health center providers from Ruhango District and 23 HC providers from Kamonyi District. Participants' knowledge scores increased from 58.4% pre-training to 78.6% post-training for the first training and from 59.4% to 87.4% for the second training. Twubakane staff found that providers demonstrate proficiency in practical skills, but that written demonstration of competency is lower due to issues of less than optimal literacy. A needs assessment was conducted in Ngoma and Kayonza districts to prepare for EONC expansion to health centers. Recommendations for improvements included infection prevention, procurement of basic equipment and oxytocin, and rehabilitation of some HCs to allow for better flow of services and improved confidentiality for clients.

At the central level, Twubakane is co-leading and providing secretarial support to the safe motherhood technical working group led by the Maternal and Child Health (MCH) Task Force. Twubakane continues to support the finalization of the Strategy for Reducing Maternal Mortality, now at the stage of high-level ministry review.

**Gender-Based Violence/ANC/PMTCT Readiness Assessment:** The assessment, as part of the initiative to improve prevention and management of gender-based violence (GBV) in the context of ANC/PMTCT services, has been conducted in the Kigali districts of Nyarugenge, Kicukiro and Gasabo. During this quarter, the assessment team focused on data analysis, the draft assessment report, internal review and planning. After an external review with a group of core stakeholders and obtaining approval of final report from the National Institute of Statistics and the National AIDS Control Commission, the report will be disseminated in early 2008.

### **3.2 CHILD SURVIVAL, MALARIA AND NUTRITION ACCESS AND QUALITY**

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

**President's Malaria Initiative:** Twubakane staff members continue to assist the United States Government President's Malaria Initiative (PMI) team and the national malaria control program (*Programme National Intégré de Lutte contre le Paludisme*, or PNILP) in the implementation of PMI in Rwanda. Due to a delay in the finalization of the continuing application, Twubakane was not able to grant funds to PNILP; however, planning discussions are underway and it is expected that the grant will become effective in the first quarter of 2008.

**Home-based management (HBM) of malaria:** In the past quarter, Twubakane staff assisted PNILP to introduce Coartem at the community level. Twubakane and other partners are actively supporting HBM of malaria by educating local authorities, training CHW trainers and training CHWs in the use of Coartem in HBM. Twubakane is also supporting the training of health center providers in the use of Coartem at the health-center level, the treatment and prevention of malaria in pregnancy and the overall management of anti-malarial drugs and supervision. Twubakane has also provided assistance in training hospital-level staff in the use of Coartem. This quarter, Twubakane completed HBM training for 66 trainers and 752 CHWs from Kicukiro, Nyarugenge and Bugesera<sup>1</sup> districts. In Kayonza District, Twubakane trained 57 providers in the use of Coartem at the health-center and hospital level. This quarter, Twubakane staff also assisted MINISANTE's MCH task force in the review of integrated training manuals and tools for malaria in pregnancy. Twubakane also supported the ACCESS Project consultants in the national Malaria in Pregnancy/Focused Antenatal Care training of trainers.

**Nutrition:** This quarter, Twubakane continued to participate actively in the central-level nutrition technical working group. Twubakane also provided extensive technical and financial support for the Ministry of Health's National Vitamin A Campaign. Twubakane, along with MINISANTE and other partners, supported radio announcements of the locations, dates, and times of vitamin A and mebendazole distribution. Twubakane staff have noticed an increase in participation at distributions now that the campaigns occur regularly twice per year.

Twubakane conducted an intensive awareness-raising campaign to improve knowledge of the community nutrition program among 380 local officials and trained 144 CHWs in Gasabo and Ruhango districts. In the districts of Ruhango, Muhanga, Kirehe and Ngoma, Twubakane supported an awareness-raising campaign to familiarize 25 community-provider partnership (PAQ)-team supervisors with community-based nutrition, malaria and IMCI. Twubakane also provided extensive technical and financial support to the Ministry of Health to supervise nutrition activities at the health-center and community level in Kirehe and Kayonza districts.

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<sup>1</sup> This is a PMI-only district for Twubakane. No other Twubakane activities are conducted in this district.

**Integrated Management of Childhood Illness (IMCI):** As in past quarters, Twubakane continued to support the MCH Task Force’s IMCI technical working group in collaboration with the World Health Organization (WHO), the USAID-funded Child Survival Expanded Impact Project and UNICEF. As part of the rollout of Rwanda’s IMCI strategy, Twubakane conducted clinical IMCI trainings for 18 providers from Nyaruguru District. Twubakane also conducted supervision visits to providers trained in clinical IMCI in Kirehe, Ngoma, Rwamagana, Gasabo, Nyamagabe, Nyaruguru and Ruhango districts. Findings revealed that 90% of health center providers trained in clinical IMCI have started IMCI activities but need more intensive supervision to support continued IMCI service delivery. Twubakane staff also distributed algorithm tools to all providers trained in clinical IMCI in the Twubakane-supported districts.

### **3.3 DECENTRALIZATION PLANNING, POLICY AND MANAGEMENT**

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

This quarter, the MINALOC published the Rwanda Decentralization Strategic Framework (RDSF) and finalized the Decentralization Implementation Program (DIP). Several key documents were presented and validated at the annual Decentralization Stakeholders Forum (held in early December 2007). These policy documents will guide local government authorities and development partners in supporting implementation of decentralization policies of the central government.

At the Decentralization Stakeholders Forum, and at the RALGA general assembly held at the end of November 2007, RALGA presented the results of an informal assessment of the experience and performance of districts implementing the second phase of decentralization. RALGA is actively promoting the successes/achievements/challenges and recommendations of districts and sectors. In addition to RALGA, the prime minister’s office, MINECOFIN and regional governors carried out assessments of the districts, often inviting Twubakane and RALGA staff to participate in the reviews. These requests reflect the progress of Twubakane in coordinating program activities with those of the provincial governors, executive secretaries, and good governance directors.

**Support to MINALOC and MIFOTRA:** This quarter, Twubakane contributed to the planning and implementation of a District Capacity Needs Assessment. Staff participated in the orientation of the consultants hired to carry out the assessment in each district, contributed information on experience with the districts, and provided documentation on Twubakane assessments of district capacities (e.g., SWOT analysis, DIF grant reports and quarterly reports). The capacity needs assessment will be used to develop individual capacity building plans for each district and will be annexed to the five-year District Development Plans (DDPs) and the DIP. The assessment aims to evaluate capacity needs at the local level (district, sector and other public service bodies such as schools and health centers), taking into account for each relevant local government organization three key interlinked elements: 1) human resources development, 2) institutional and organizational development, and 3) capacity to develop economic and social infrastructure. The Capacity Building Strategy of the Government of Rwanda acknowledges that the implementation of the strategy will require “sufficient financial resources to be successful.” MINALOC plans on creating a capacity building fund that donors will contribute to and helping districts to create good governance and capacity building units. The fund will be managed by the Decentralization Secretariat and co-financed by the districts and development partners.

The first round of the District Capacity Needs Assessment was able to collect some useful information, but deemed by MINALOC, MIFOTRA and development partners to be incomplete. A second round of data collection and analysis will occur in January 2008, and capacity building plans will be completed by the end of February 2008. Twubakane staff will be involved at the central level, providing input on

the data collection instruments/questionnaires, and at the local level the field coordinators will develop realistic capacity building plans. Throughout this process, Twubakane staff emphasized the use of the district self-assessment methodology and tool developed during the preparation of the DDPs.

**RALGA:** Twubakane and VNG International continue to collaborate closely with RALGA and provide focused technical assistance. Two international consultants provided support to the RALGA staff for an organizational review of RALGA, assessing RALGA's lobbying and advocacy work, and for an assessment of the anti-corruption initiative (ACI) to date. Assistance also was provided to develop a strategy and proposal for extending the ACI and communications activities through RALGA. Additional anti-corruption, accountability, transparency and communications activities conducted during the quarter included: conducted an anti-corruption poster campaign, which received over 50 entries (three of which were selected), and currently organizing an award ceremony along with an anti-corruption fair for January or February 2008; analyzed and wrote up the information gathered from a dozen training events for more than 700 mayors and councilors covering 30 districts and from 11 peer-to-peer exchanges for 225 local government officials.

Capacity-building activities carried out with Twubakane and RALGA:

- Held a forum for executive secretaries at the sector level (539 participants) to discuss and create a common understanding of their roles and responsibilities and share experiences of their duties since service delivery is emphasized at the sector level
- Facilitated forum meetings of RALGA technical coordination committees and RALGA commissions (up to 18 participants per forum): established a mechanism of how these two could work together to facilitate and pass important feedback to RALGA members
- Facilitated a retreat for Muhanga District council members: gave TA and orientation to RALGA members who were undertaking self-evaluations of themselves and their duties as counselors
- Carried out a best practices competition for district and sector performance—evaluating organizational capabilities and service delivery to constituents; out of 18 districts that submitted best practices, RALGA awarded two districts with awards (Gasabo—first place; Ngoma—second place). RALGA evaluated and provided best practices awards to five sectors that demonstrated best practices. This led to RALGA preparing a submission to the UN Public Service Awards program.

**Health Services Costing Study:** The National University of Rwanda's School of Public Health, Twubakane staff and a consultant reached a significant milestone: completion of the data collection for hospitals and health centers, and completion of the data analysis of the 35 health centers using a step-down cost analysis approach combined with case file analysis. The preliminary cost analysis results have been presented to a select number of MINISANTE staff and were presented at the October 2007 MINISANTE Joint Health Sector Review. During the next quarter, Twubakane will finalize the report and present results of the health center data, followed by results from the eight hospitals. Twubakane staff is beginning the planning and roll out of pilot testing a costing tool in six districts. This will help to institutionalize the health costing data collection process and orient central and local government officials to make more timely and informed decisions about the financing of the health sector, setting and revising tariffs and service costs, and adjusting *mutuelles* subscription fees. Twubakane staff will ensure the use of the costing study data and coordinate this with the National Health Accounts data analysis and results.

**NHA:** Twubakane staff with the staff of the USAID-funded HS2020 program achieved a major milestone on the completion of the NHA work: completion of the data collection of 2006 data and the carrying out of a three-week data analysis workshop during the month of November 2007. In-

depth analysis of data collected on *mutuelles*, employer insurances, donors, NGOs, health centers and hospitals was carried out. In addition, sub account analyses were carried out on malaria, FP/RH and HIV/AIDS. WHO/Rwanda cooperated by co-financing the workshop. The major challenge of this activity is how to institutionalize the process and get more MINISANTE staff and officials on board.

Data analysis will continue in the next quarter, and it is anticipated that data will be presented at the health sector cluster meeting followed by a special data dissemination workshop for stakeholders at the end of February 2008. Twubakane and Abt have agreed to collaborate and co-manage a critical next step in the institutionalization of NHA activities: the creation of a health finance database and data dashboard, to be housed at MINISANTE, the NIS and one of the lead donors supporting health finance activities in Rwanda.

### **3.4 DISTRICT-LEVEL CAPACITY BUILDING**

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

This quarter, Twubakane and the 12 Twubakane-supported districts worked together to complete the first phase of the capacity needs assessment, the implementation of 2007 DIF grants activities, and ongoing, regular budget and planning processes. The Twubakane Program continues to offer districts the opportunity to discuss the challenges of decentralization, review best practices, deal with conflict, build capacity at district leadership workshops and exchange ideas in peer-to-peer forums.

**District Incentive Funds (DIF):** The DIF grants remain one of the Twubakane Program’s main tools for providing districts not only with direct funding but also with the opportunity to strengthen their budget and planning capabilities and demonstrate their management skills. This quarter, Twubakane provided intense monitoring and support to the districts through repeated contact with units responsible for DIF projects, consultation on and supervision of implementation of projects. The majority of districts have completed 75% of the implementation but justifying costs of the activities remains challenging (see table below).

Twubakane has observed progress in the districts’ capacity to plan, budget and manage grants. These include discussion of DIF activity status during weekly district meetings, district consultation with MINISANTE regarding technical specifications for equipment and renovations of health facilities, and regular monitoring of activities by executive secretaries from the sectors. In contrast to these encouraging developments, districts still face challenges with decentralizing support and supervision of activities to the sectors and providing enough financial support for monitoring visits to different locations throughout the district.

#### **2007 DIF Grants Budget Execution (in rwf), as of December 31, 2007**

<b>Region</b>	<b>District</b>	<b>Twubakane Financing 2007</b>	<b>Balance from 2006</b>	<b>Total amount transferred</b>	<b>Balance to be transferred</b>
<b>KIGALI</b>	Nyarugenge	81,150,000	26,573	58,421,437	22,701,990
	Kicukiro	81,150,000	1,517,119	60,838,472	18,794,409
	Gasabo	81,150,000	1,659,548	35,699,986	43,790,466
<b>EAST</b>	Ngoma	81,150,000	296,375	66,677,175	14,176,450
	Kayonza	81,150,000	1,881,200	36,346,381	42,922,419

Region	District	Twubakane Financing 2007	Balance from 2006	Total amount transferred	Balance to be transferred
	Kirehe	81,150,000	5,500	60,972,831	20,171,669
	Rwamagana	81,150,000	687,524	35,679,840	44,782,636
SOUTH	Kamonyi	81,150,000	160,204	40,308,256	40,681,540
	Muhanga	81,150,000	35,628	60,735,878	20,378,494
	Nyaruguru	81,150,000	3,034,965	57,829,851	20,285,184
	Nyamagabe	81,150,000	2,089,398	38,433,552	40,627,050
	Ruhango	81,150,000	1,784,915	57,336,451	22,028,634
<b>TOTAL</b>		<b>973,800,000</b>	<b>13,178,949</b>	<b>609,280,110</b>	<b>351,340,941</b>

Activities planned for the next quarter include:

- Monitor final transfers and justification of expenses. All DIFs will be extended until the end of March 2008 allowing for completion of activities and financial reporting.
- Continue to provide on-site training and support to district accountants, including financial reports and application of administrative and financial procedures established by MINECOFIN, including internal auditing
- Identify and document DIF grant success stories and lessons learned
- Support districts in developing DIF grant requests for 2008 and review initial requests to ensure that DIF grants are on track for 2008.

**Ongoing and improved collaboration on Joint Action Development Forum (JADF), Imihigo, MTEF, and annual action plans of the districts:** Key activities have included solicitation of input from service providers and other stakeholders for joint planning, monitoring and evaluation (M&E) of performance-based contracts (*imihigo*) and service delivery; participation in JADFs; fostering greater aid effectiveness through collaboration with all development partners; improving the mobilization, allocation and use of local and external finances; reviewing terms of reference and procedures for achieving performance indicators and objectives; providing guidance on the district development planning process and preparation of revised MTEF and annual work plans for 2008.

**District good governance and leadership workshops:** This quarter, Twubakane supported district leadership workshops in: Nyaruguru, Nyamagabe, Ngoma, and Kirehe districts. Twubakane staff encouraged the districts to plan, organize and conduct the workshops themselves with technical input and co-facilitation by Twubakane and RALGA staff. The Minister of MINALOC, and key Government of Rwanda officials from the prime minister's office and ombudsman office attended two of the events.

Based on previous workshops in other districts, Twubakane and RALGA staff worked closely with the district officials, particularly the directors of planning, good governance, health and social affairs, as well as the executive secretaries on the priorities and content of their workshop. Participants learned more about roles and responsibilities of local leaders, best practices in good governance, participatory planning with the local population, informing constituents on public health needs and finances, management of information, use of public health facilities at the local level and how citizens can more actively participate in health financing (*mutuelles*) and the quality of health care services.

Twubakane staff was invited to co-facilitate a staff retreat and self-evaluation of the district council of Nyarugenge District in early December 2007. These activities permit Twubakane staff to review weaknesses and contribute ideas to improve the functioning of district councils.

**Conducted a mini-performance-monitoring plan (PMP)/SWOT assessment of the 12 districts:**

In December 2007, Twubakane staff, with the assistance of RALGA, carried out a “mini-SWOT” analysis of the districts, gathering information that meets several of the PMPs for components three and four of the program. Results of the PMP data-gathering exercise will be reported in the 2007 annual report and will be compared with the SWOT analysis that was carried out in the fourth quarter of 2006.

**3.5 HEALTH FACILITIES MANAGEMENT AND *MUTUELLES***

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

**National support for *mutuelles*:** Twubakane continues to play an important role in the *mutuelles* technical working group, in collaboration with GTZ, the International Labor Organization-STEP Project, the Belgian Technical Cooperation, the Global Fund and other partners.

***Mutuelles* in Twubakane-supported districts:** This quarter, Twubakane provided support to 19 *mutuelles* sections in Nyamagabe, Rwamagana and Ruhango districts. The support is designed to improve *mutuelles* managers and involves observation of and feedback given to managers during and after a full day of work, allowing for on-the-job training and advice. Additional support was provided through review meetings, exchange opportunities and self-evaluations. These opportunities offered managers different venues for problem-solving and mentoring. Support meetings were also organized for Ngoma, Kirehe, Nymagabe, along with a semi-annual review for all districts in Kigali. Problems and challenges continue to center on collection, management and analysis of data, monitoring and encouragement of *mutuelles* membership, use of management tools, management of finances, and functioning of the management committee.

**Health facilities management:** Through its support of hospitals and health centers, Twubakane strives to increase the capacities of health facilities to better manage their resources and to provide high-quality services.

This quarter, Twubakane organized a workshop on strategic planning for health facilities in Kayonza District, including the Kwinkawvu and Gahini district hospitals, health centers and the health unit of the district. This peer exchange focused on strategic planning, addressing such issues as the quality of care, human resources, overall equipment needs, improvements in infrastructure, hygiene, general communication about services and community outreach. Health facility managers and health officials reviewed and debated best practices for health facilities management. The strategic plans are projected to be completed in January 2008. In addition, development of the strategic plan for Kibagabaga Hospital in the district of Gasabo was completed and validated. It will be disseminated in the next quarter.

Once hospitals and health centers have developed strategic plans, they will have to implement them and develop operational and business plans (the latter for hospitals only). Using Nyamagabe District as an example, Twubakane staff received technical assistance which allowed them to facilitate preparation of these plans using revised tools and techniques. The team also developed a strategy for providing support to all the districts (12 hospitals and 134 health centers) to both devise plans and implement them.

**Support for revision of health care norms and standards:** This quarter, Twubakane continued to support the MINISANTE in the revision of the minimum and complementary packages of activities, norms and protocols in collaboration with the head of the health services desk and local consultants identified by the MINISANTE. This quarter, a consultant revised the first drafts of each document for distribution. Once the documents are distributed, Twubakane and MINISANTE will seek input on the appropriateness of the format as well as content for a variety of providers and levels of care. Twubakane would like to encourage a wide variety of health sector partners to support this process. The MINISANTE now has the draft of the norms and standards; Twubakane will support the MINISANTE to ensure leadership in this process and the inclusion of all MINISANTE leaders and development partners to finalize the documents and support dissemination.

### 3.6 COMMUNITY ENGAGEMENT AND OVERSIGHT

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

**National Community Health Policy/Strategy and National Community-Based Information System 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 community-based health information system (CBIS), including community-based distribution and services and the roles of CHWs (called, in French, *agents de santé à base communautaire*, or ASBC).

During the last quarter of this year, the national comprehensive training guide covering all services offered by CHWs was finalized. A dissemination workshop with partners supporting community health was held, during which the new community health policy was disseminated. As part of planning for the extension of the CBIS, partners addressed issues such as integration of the 22 selected indicators into the national HMIS and adoption of these indicators by each partner working at the community level. Partners, including Twubakane, plan to initiate data collection in early 2008.

**Last-Mile Initiative:** Activities related to the Last-Mile Initiative with Systems Research and Applications (SRA) Corporation and Qualcomm were postponed due to contractual delays with SRA and a continuing absence of a decision regarding Qualcomm's ability to support the initiative. Discussions were ongoing during the quarter to determine how all parties could work together; however, no decisions were reached. Twubakane continued to be optimistic that the initiative would be funded, and continued discussions with TRAC Plus (the Treatment and Research for AIDS Center Plus), other partners and potential implementation districts.

**PAQ:** Through the community-provider partnership approach, called *Partenariat pour l'Amélioration de la Qualité*, or PAQ, Twubakane supports increased community participation in planning and management of health care and health care facilities at the local level.

An additional 40 mentors/supervisors of PAQ teams were trained in Muhanga, Ngoma, Kirehe and Ruhango districts during the past quarter. These mentors/supervisors are health center supervisors who will now also support PAQ teams at their respective health centers. Following the training, supervision visits to these mentors/supervisors were made, along with visits to Kayonza, Nyaruguru and Nyamagabe districts. These visits are conducted in collaboration with authorities from the district and district hospitals. Challenges encountered with mobilizing the community and building rapport between the community and health facilities are discussed, and concrete solutions are identified during the visit. These visits are important to ensure that PAQ teams function well and that they can become self-sufficient in the future.

#### **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 worked to prepare for data collection for USAID's FY2007 annual report, as well as the Twubakane's annual and quarterly reports. Collection of data for the indicators with only annually available data included districts' performance in good governance and decentralization, results of the assessment to investigate the facilities providing the minimum package of activities (MPA) in family health and to inquire about community participation in decisions taken at health centers through PAQ teams. Other activities included strengthening Twubakane staff's practice of using data for decision making through development and implementation of refined tools and review of the 2008 workplan to ensure activities/strategies will contribute to expected program results, and implementation of refined data quality strategies, particularly for HBM, with support from IntraHealth's M&E team leader. The M&E team, along with the management information systems coordinator, also participated in the NHA analysis workshop. See Annex 3 for the updated performance management plan and quarterly indicator data.

Together with the communications team, the M&E team helps prepare "success stories" for USAID and IntraHealth. This quarter, a story on HBM submitted to USAID was published on its web site as a PMI success story.

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

The following challenges have emerged this quarter or are continuing:

- **Monitoring DIF grants:** As noted in previous reports, all 12 districts have experienced delays in spending available DIF funds and submitting accurate financial and technical reports. Twubakane is providing additional hands-on support to monitor activities and spending and support districts in preparing requests for the 2008 DIF grants prior to the end of 2007. If districts continue to show slow rates in spending and low absorptive capacity, Twubakane may need to revise either the amount allocated to DIF grants, or the grant contract length, or both.
- **Balancing central- and district-level support:** The Twubakane Program staff supports decentralization by working closely with the 12 local governments, empowering them and providing funding to support their priorities. An ongoing challenge has been balancing support to the central government for policy development and dissemination with support to the districts to implement activities, as well as integrating supervision activities to make more efficient visits within districts.
- **District capacity to manage large workload and donor interventions:** Frequent and seemingly ad hoc centrally organized meetings, seminars and workshops, consume precious local government time and resources. These demands, along with insufficient funds to finance the desired and planned activities in District DDPs, stretch districts' capacity to manage their workloads. Contributing to this challenge is the over-reliance of MINALOC and other ministries on donors and their implementing partners to attend to the capacity needs of districts and health facility managers.

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

Over the next quarter, Twubakane's overall work plan supports the annual activity and development plans for each of the 12 participating districts. As described above, each technical component will implement key central- and district-level activities.

Key program activities in the next quarter, January through March 2008, will include:

- Finalization of Twubakane Program workplan for 2008 and validation with partners
- Ongoing monitoring and extension of 2007 DIF grants and the launching of 2008 DIF grants
- Meeting of national-level Twubakane Program Steering Committee
- Submission of Twubakane Program 2007 annual report.

**ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK**

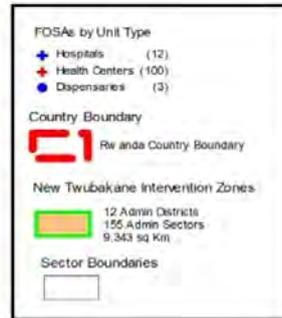
<b><i>Twubakane Decentralization and Health Program</i></b>		
<b>Goal</b>	<b><i>Components/ Objectives</i></b>	<b><i>Results</i></b>
<p><b>To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments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

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

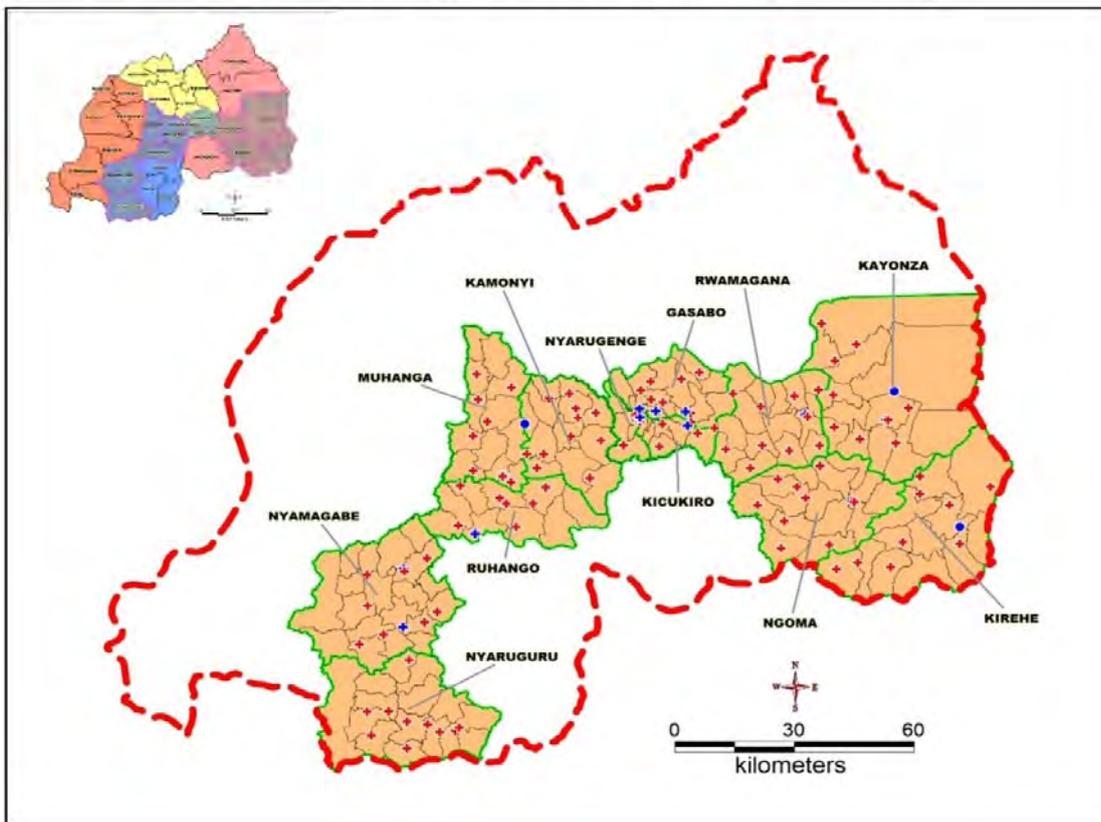
ANNEX 2: TWUBAKANE'S INTERVENTION ZONE

**TWUBAKANE - Decentralization and Health Program**

District Name	Province Name	Number of Admin Sectors	Area Sq Km	Perimeter Km	Population Yr 2002
KAYONZA	EST	12	1,613.21	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
		<b>53</b>	<b>4,560.46</b>	<b>686.97</b>	<b>891,858</b>
NYAMAGABE	SUD	19	1,095.43	204.05	284,852
MUHANGA	SUD	12	650.78	179.21	340,369
KAMONYI	SUD	12	658.64	169.80	292,772
NYARUGURU	SUD	15	1,014.97	188.63	233,815
RUHANGO	SUD	9	629.74	163.68	210,000
		<b>67</b>	<b>4,049.56</b>	<b>905.37</b>	<b>1,361,808</b>
GASABO	VILLE DE KIGALI	15	431.24	110.16	320,516
KICUKIRO	VILLE DE KIGALI	10	167.50	82.34	207,819
NYARUGENGE	VILLE DE KIGALI	10	134.59	106.31	236,990
		<b>35</b>	<b>733.32</b>	<b>298.82</b>	<b>765,325</b>
<b>12</b>	<b>3</b>	<b>155</b>	<b>9,343.34</b>	<b>1,891.16</b>	<b>3,018,991</b>



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



### ANNEX 3: PERFORMANCE REVIEW BY PROGRAM COMPONENT

#### COMPONENT ONE: FAMILY PLANNING/REPRODUCTIVE HEALTH ACCESS AND QUALITY Results for Quarter (October-December 2007)

Districts													
Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>FAMILY PLANNING</b>													
Couple years of protection offered by public facilities in USG-supported programs	<b>37,307</b>	2,602	8,529		2,336	2,556	3,086	2,915	4,953	2,364	2,977	2,829	2,161
# of people who have seen or heard a specific USG-supported FP/RH messages	<b>182,984</b>	17,995	4,774	12,338	13,865	15,934	19,149	16,484	23,040	14,041	16,721	11,706	16,937
# service delivery points (SDPs) reporting stockouts of any contraceptive commodity	<b>20</b>	2	1	3		4		2	1		4	2	1
# of people trained in FP/RH <sup>δ</sup>													
<b>Female</b> <b>50</b>													
<b>Male</b> <b>16</b>	<b>66</b>	10			2	1			20	9	10	2	12
<b>Total</b> <b>66</b>													

Breakdown of the calculation of the couple years of protection is given in the table below:

<sup>δ</sup> Trainings conducted this past quarter in FP are:

- ⇒ Training of 25 providers from the districts of de Nyamagabe (11), Kamonyi (7), Kayonza (2), Ruhango (1) and Muhanga (4) in complete clinical FP from October 22-31, 2007
- ⇒ Training of 25 providers from the districts of Ruhango (9), Gasabo (10), Kamonyi (2), Nyaruguru (2), Nyamagabe (1) and Rwamagana (1): this was a comprehensive clinical FP training including LTMs and Standard Days Method; it took place from the November 5-23, 2007.
- ⇒ Technical support to the district of Muhanga to provide training of 16 providers in LTMs from December 3-12, 2007

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<b>Couple years protection – 4<sup>th</sup> quarter 2007</b>												
<b>No.</b>	<b>Districts</b>	<b>Lo-Fem</b>	<b>Microg</b>	<b>Ovrette</b>	<b>Depo-P</b>	<b>Cond. M</b>	<b>Cond. F</b>	<b>IUD</b>	<b>Norplant</b>	<b>Jadelle</b>	<b>Collier</b>	<b>Total</b>
1	Kayonza	170	124	59	1,497	84	0.0083	35	-	347	20	<b>2,336</b>
2	Ngoma	217	145	115	2,096	50	0.0532	-	-	443	19	<b>3,086</b>
3	Rwamagana	165	162	50	1,434	69	-	4	-	665	8	<b>2,556</b>
4	Kirehe	116	132	43	1,787	25	0.0773	-	-	729	85	<b>2,915</b>
5	Muhanga	238	304	53	1,914	79	-	140	-	2,177	48	<b>4,953</b>
6	Kamonyi	222	239	52	1,121	23	-	-	-	686	22	<b>2,364</b>
7	Ruhango	320	332	88	1,412	57	0.2583	70	-	627	72	<b>2,977</b>
8	Nyaruguru	38	83	36	1,132	21	-	-	-	1,518	2	<b>2,829</b>
9	Nyamagabe	54	155	56	1,541	36	-	-	-	315	4	<b>2,161</b>
10	Gasabo	175	226	60	1,197	115	0.1083	32	-	746	52	<b>2,602</b>
11	Nyarugenge											
12	Kicukiro <sup>§</sup>	269	668	155	2,350	1,730	-	1,460	695	1,055	147	<b>8,529</b>
<b>Total</b>		<b>1,982</b>	<b>2,569</b>	<b>767</b>	<b>17,480</b>	<b>2,289</b>	<b>1</b>	<b>1,740</b>	<b>695</b>	<b>9,306</b>	<b>479</b>	<b>37,307</b>

Source: DELIVER

<sup>§</sup> Nyarugenge and Kicukiro are sharing one single district pharmacy.

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The following district pharmacies encountered a stockout of one or more contraceptive commodities during the past quarter:

- ⇒ Nyamagabe District via Kaduha Sub-District has encountered a condom stockout
- ⇒ Ngoma, Nyarugenge and Gasabo districts have encountered a Copper TCU stockout
- ⇒ Nyamagabe via Kigeme Sub-District have encountered a Jadelle stockout
- ⇒ Gasabo districts have encountered a Microgynon stockout

According to DELIVER, the following SDPs have encountered a stockout for the following products:

Products → SDPs ↓	Masculine Condoms	Depo Provera	Jadelle	Lo Femenal	Microgynon	Ovrettes
	Byimana / Ruhango	Muyumbu / Rwamagana	Karenge / Rwamagana	Kacyiru / Gasabo	Ruhunda / Rwamagana	Kabusunzu / Nyarugenge
	Shyogwe /Muhanga	Gashongora / Kirehe	Kabuye / Gasabo	Ruhunda / Rwamagana	Rugarama / Nyarugenge	Mukoma / Ruhango
	Rugarama / Nyarugenge	Kigeme / Nyamagabe	Nyarurama / Ruhango		Kacyiru / Gasabo	Coko / Nyaruguru
	Ruhunda / Rwamagana	Ruhunda / Rwamagana	Kigoma /Ruhango		Kabuga / Kicukiro	
	Nyantaga / Nyaruguru	Nyakaliro / Rwamagana			Nasho / Kirehe	
	Kigeme / Nyamagabe				Gitega / Nyarugenge	

Source: DELIVER

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Districts													
Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>REPRODUCTIVE HEALTH</b>													
# of ANC visits by skilled providers	<b>47,797</b>	5,204	1,566	4,264	4,386	4,492	3,963	5,376	3,163	3,739	4,293	2,209	5,142
# of deliveries with skilled birth attendants	<b>16,070</b>	1,184	1,000	2,627	1,759	1,447	1,177	927	1,607	1,088	1,205	855	1,194
# of postpartum/newborn visits within three days of birth <sup>a</sup>	<b>16,070</b>	1,184	1,000	2,627	1,759	1,447	1,177	927	1,607	1,088	1,205	855	1,194
# of SDPs with USG support <sup>b</sup>	<b>163</b>												
# of people trained in maternal/newborn health <sup>z</sup>										23	30		
<b>Female</b> 47 <b>Male</b> 6 <b>Total</b> 53													

<sup>a</sup> The # of postpartum/newborn visits within three days of birth is similar to the number of deliveries at a health facility (health centers and hospitals); this is due to the difficulty in getting data on number of women who delivered at home and came to the hospital or health center within three days or who were reached via outreach within three days at home, since this data is not recorded in the national HMIS.

<sup>b</sup> # of SDPs with USG support includes all health centers, health posts and hospitals in Twubakane intervention zone.

<sup>z</sup> Trainings in EONC covered 30 providers of health facilities of the district of Ruhango from October 8-26, 2007 and 23 health facilities of Kamonyi District from November 5-23, 2007.

**COMPONENT TWO: CHILD SURVIVAL, MALARIA AND NUTRITION ACCESS AND QUALITY OF SERVICES**  
**Results for Quarter (October-December 2007)**

Districts														
Indicator	Total	Bugesera	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
<b>CHILD SURVIVAL</b>														
# diarrhea cases treated	12,078		919	655	929	1,098	916	3,963	1,493	630	375	450	15	635
# of children <12 months with DPT3	27,343		2,595	1,919	1,543	2,492	2,366	2,563	2,873	2,012	2,151	1,941	2102	2,786
<b>NUTRITION</b>														
# children <5 who received vitamin A	21,347		2,680	1,818	4092	1152	4,602	719	2,244	2,016	554	951	519	2,680
# children reached by nutrition programs	204,034		15,556	6,834	7,182	12,518	12,240	15,939	8,189	56,809	12,274	32,166	22,145	17,738
# people trained in child health and nutrition <sup>Ω</sup> Female 348 Male 194 Total 542	542		147		18							377		
<b>MALARIA</b>														
# people trained in treatment or prevention of malaria <sup>ε</sup> Female 424 Male 466 Total 890	890	512		181	140	57								

<sup>Ω</sup> Three types of trainings were conducted in child health and nutrition:

- ⇒ Sensitizing of 380 administrative and political authorities of the districts of Gasabo (120) and Ruhango (260) on the community-based nutrition program from October 9-26, 2007
- ⇒ Training of 144 CHWs on the community-based nutrition program; CHWs were from the districts of Gasabo (27) and Ruhango (117) and were trained on November 14-16 and 21-23, 2007 and December 12-14, 2007
- ⇒ Training of 18 health providers from the district of Nyarugenge on clinical IMCI from November 19-December 2, 2007

<sup>ε</sup> The following training events took place in prevention and/or treatment of malaria:

- ⇒ Training of 23 trainers of CHWs on HBM in the City of Kigali from the districts of Kicukiro (11) and Nyarugenge (12) from November 7-9, 2007
- ⇒ Training of 44 trainers of CHWs on HBM in the district of Bugesera from November 11-13 and 20-22, 2007
- ⇒ Sensitizing of 14 health workers of the district of Bugesera about HBM on November 2, 2007
- ⇒ Training of 752 CHWs on HBM in the districts of Kicukiro (170), Nyarugenge (128), and Bugesera (454) from December 11-17, 2007
- ⇒ Training of 57 health providers of health facilities of the district of Kayonza on the use of Coartem from October 29-November 2, 2007
- ⇒ Training of 18 health providers from the district of Nyarugenge on clinical IMCI from November 19-December 2, 2007

### **COMPONENT THREE: DECENTRALIZATION, POLICY PLANNING AND MANAGEMENT** **Results for Quarter (October-December 2007)**

Significant steps have been taken in the past quarter towards development and use of National Health Accounts as well as the Health Costing Study. See narrative reports of component 3 for more details.

**COMPONENT FOUR: DISTRICT LEVEL PLANNING, BUDGETING AND MANAGING**  
**Results for Quarter (October-December 2007)**

Districts													
Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagave
<b>USG ASSISTANCE FOR CAPACITY BUILDING IN PUBLIC SECTOR</b>													
# of sub-national government entities receiving USG assistance to improve their performance	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
# of sub-national governments receiving USG assistance to increase their annual own-source revenues	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
# of individuals who received USG-assisted training, including management skills and fiscal management, to strengthen local government and/or decentralization <b>Female 48</b> <b>Male 187</b> <b>Total 235</b>		21			12	14	66	25	14	14	14	25	30
<b>ANTI-CORRUPTION</b>													
# of USG-supported anti-corruption measures implemented	2												
# of government officials receiving USG-supported anti-corruption training <b>Female 209</b> <b>Male 223</b> <b>Total 432</b>	432	273	159										

Various capacity building activities have been conducted during the last quarter of 2007. In fact, all districts were engaged in their annual planning process including developing annual plans 2008, adjustments of MTEFs, evaluation of *imihigo* 2007 performance contracts and setting and planning *imihigo* 2008 performance contracts. The number of activities held each district are as follows:

- ⇒ Rwamagana (14)
- ⇒ Kayonza (12)
- ⇒ Ngoma (10)
- ⇒ Kamonyi (14)
- ⇒ Muhanga (14)
- ⇒ Ruhango (14)
- ⇒ Kirehe (11)
- ⇒ Nyaruguru (25)
- ⇒ Nyamagabe (30)

Moreover workshops on leadership and good governance were animated by Twubakane staff in the districts of Ngoma (56), Kirehe (14) and the City of Kigali (21).

RALGA has also conducted capacity building activities during the past quarter where about 539 mayors, vice mayors, executive secretaries at the district and sector level from all 30 districts of Rwanda met in a forum powered by RALGA for executive secretaries at the sector level. RALGA also facilitated the coordination committees of nine forums and RALGA commissions where 18 people attended as well as a retreat for Muhanga council members (23).

RALGA, which receives a Twubakane grant for implementing the Anti-Corruption Campaign Initiative, has implemented two anti-corruption measures: a poster designing contest and radio shows.

- ⇒ Overall 12 radio shows were planned, three about anti-corruption and transparency campaign to air once a month. Thus, this quarter three shows have aired.
- ⇒ The poster designing contest involved defining selection criteria for the contest entries and selecting the final winner. The winning posters have been selected, and the award ceremony is scheduled to take place on February 8, 2008 at Novotel Kigali.

A training of councilors on transparency and anti-corruption in the districts of Gasabo and Kicukiro were also undertaken by RALGA during the last quarter of 2007.

- ⇒ On October 21, 2007 RALGA held a workshop at Kicukiro in which a total of 159 participants attended.
- ⇒ On December 14, 2007 RALGA held a workshop at Gasabo in which a total of 105 participants attended.
- ⇒ On December 18, 2007 RALGA held a workshop at Gasabo in which a total of 168 participants attended.

**COMPONENT FIVE: HEALTH FACILITIES MANAGEMENT AND *MUTUELLES***  
**Results for Quarter (October-December 2007)**

Indicator	Districts												
	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
# of people covered with health financing arrangements	2,211,046	194,055	182,945	179,965	220,201	199,000	163,624	166,824	203,295	157,452	153,058	184,202	206,425

The total number of people covered with health financing arrangements (*mutuelles*) is 2,211,046 which represents 75.2 % with a total target population of 2,939,773 people in our 12 districts.

**COMPONENT SIX: COMMUNITY ENGAGEMENT AND OVERSIGHT**  
**Results for Quarter (October-December 2007)**

Component 6 has conducted trainings of hospital supervisors who will be responsible for supervisions of various PAQ teams already in place. These trainings are aimed at informing them on their roles to increase participation in FP/RH, child survival, malaria and nutrition programs and DIF grants as well as on PAQ strategy in general.

- ⇒ Muhanga (10 supervisors of which 2 were female)
- ⇒ Ngoma (12 supervisors of which 2 were female)
- ⇒ Kirehe (12 supervisors of which 1 was female)
- ⇒ Ruhango (10 supervisors of which 3 were female)

**ANNEX 4: SHORT-TERM TECHNICAL ASSISTANCE PROVIDED,  
OCTOBER-DECEMBER, 2007**

<b>Traveler</b>	<b>In-Country Dates</b>	<b>Scope of Work</b>
Laura Guyer-Miller	September 30-October 5, 2007	<ul style="list-style-type: none"> <li>▪ Facilitated a Twubakane Senior Team Strengthening Retreat to assist the team as the project grows in the second phase.</li> </ul>
Nancy Mock	October 9-16, 2007	<ul style="list-style-type: none"> <li>▪ Met with the Tulane-Twubakane CSMN team and Twubakane leadership to review technical progress and recent personnel changes</li> <li>▪ Provided technical assistance on planned roll-out of SIS-Com in Twubakane intervention zones following anticipated MINISANTE approvals.</li> </ul>
Barbara Friday	November 3-13, 2007	<ul style="list-style-type: none"> <li>▪ Evaluated the state of RALGA's anti-corruption activities completed to date</li> <li>▪ Provided strategic thinking and direction for anti-corruption initiatives for the next 2 years</li> <li>▪ Reviewed and assisted RALGA to refine its draft proposal for additional funding to support such activities for two more years, including support from other donors</li> <li>▪ Designed and facilitated a half day workshop on anti-corruption issues for the Twubakane DIF grants team including field accountants and coordinators.</li> </ul>
Margaret Maier	November 5-21, 2007	<ul style="list-style-type: none"> <li>▪ Attended the 2006 NHA Data Analysis workshop, supporting Twubakane efforts to collaborate with Health Systems 2020 on finalizing data and associated activities for analysis purposes.</li> <li>▪ Conducted preliminary interviews with Health Systems 2020 staff and local key counterparts in to lay the foundation for the institutionalization plan that will be developed by Twubakane in late November/early December</li> <li>▪ Met with additional counterparts to discuss ideas about additional/alternative activities for institutionalization.</li> <li>▪ Follow up on Twubakane program management issues identified in April and June</li> </ul>
Saul Helfenbein	November 13-24, 2007	<ul style="list-style-type: none"> <li>▪ Prioritized approaches for strengthening capacity for district and facility level planning, including business planning and facilities management systems for hospitals and health centers, so as to better integrate with national priorities</li> <li>▪ Reviewed and modified methods for hospitals and health centers to use costing study results and tools developed from these studies for planning purposes at their level</li> <li>▪ Conducted seminar on health facilities management for Twubakane staff</li> <li>▪ Strategized ways to integrate health center and hospital operational plans with district performance based contracts.</li> </ul>
Laura Gibney	December 1-8, 2007	<ul style="list-style-type: none"> <li>▪ Conducted review of data collection and reporting system for the Home Based Malaria initiative with a data quality check in the field</li> <li>▪ Assessed role of M&amp;E staff members on the HBM initiative</li> <li>▪ Examined aspects of Twubakane's revised data collection and reporting system causing discrepancies/challenges and proposed corrections</li> <li>▪ Modified M&amp;E and data utilization system based on staff input.</li> </ul>
Aaron Beaston-Blaakman	December 3-9, 2007	<ul style="list-style-type: none"> <li>▪ Worked with Twubakane and Rwanda School of Public Health staff to finalize health center data analyses and to review, clean, and organize in spreadsheets cost data collected from hospitals</li> <li>▪ Presented preliminary data estimates on health centers to MOH Staff.</li> </ul>