

QUARTERLY PERFORMANCE MONITORING REPORT #19

JULY— SEPTEMBER 2009

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ACRONYMS

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

TWUBAKANE PROGRAM HIGHLIGHTS JULY—SEPTEMBER 2009

Component 1: Family Planning/Reproductive Health/Gender

- FP on-the-job training support for Nyamagabe and Nyaruguru districts (in collaboration with FHI)
- Expansion of FP method availability through capacity building of medical doctors and nurses in non-scalpel vasectomy (Muhanga and Ruhango)
- Supportive supervision capacity building (20 district supervisors)
- Emergency obstetrics and neonatal care (EONC) trainings to ensure full coverage of high-quality services
- Sensitization of Kigali municipality religious leaders on reproductive health and gender-based violence
- Support to reproductive health training of 184 journalists with Rwanda Health Communications Center

Component 2: Child Survival/Malaria/Nutrition

- Support to community health package (training and supervision of community health workers) in Ruhango District and three Kigali districts (in which 1374 CHWs were trained in the community IMCI package)
- Support for clinical IMCI supervision and training to ensure availability of IMCI services in all health centers
- Evaluation of community-based nutrition/HEARTH in Rwamagana District

Component 3: Decentralization Policy, Planning and Management

- Collaboration with RALGA on district capacity building
- Participation in MINALOC and NDIS sector meetings and JADF reviews

Component 4: District Capacity Building

- Capacity building of district council members, district authorities and staff
- Support to *imihigo* contract evaluations, support for district planning activities and alignment with NEPAD budget and planning cycle
- Support for implementation of 2009 District Incentive Fund (DIF) grants and preparation of DIF grant final assessment

Component 5: Health Facilities Management and *Mutuelles*

- Support to health facilities for health sector strategic planning and updating of the annual work plans
- Ongoing strengthening of health facilities management, financial management, and accounting
- Ongoing support to national *mutuelles* support unit and *mutuelles* managers

Component 6: Community Engagement, Participation and Oversight

- Technical and financial assistance to MINISANTE's Community Health Desk to finalize national community health worker database
- Facilitation of quarterly technical coordination workshops of community health teams at district level in nine districts
- Support to Community Health Desk for training of 32 trainers of maternal/newborn community health workers (*animatrices de santé maternelle*, or ASM)
- Support to 100 PAQ teams for planning local sustainability strategies documenting results to date

1. INTRODUCTION

The Twubakane Decentralization and Health Program is a five-year, \$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) family planning (FP) and reproductive health (RH); 2) child survival, malaria and nutrition; 3) decentralization policy, planning and management; 4) district-level capacity building; 5) health facilities management and *mutuelles*; and 6) community engagement and oversight.

Twubakane's strategy focuses on improving capacity to offer decentralized services and also includes 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

This quarter, the Twubakane Program focused on ensuring that systems are in place for follow on and continuation of initiatives and activities that have been supported since the project began in 2005, and on finishing up the final capacity-building activities planned for this year. The district incentive fund (DIF) grants for 2009 also received hands-on support for implementation, as several districts expressed need for reinforced technical assistance this year in their implementation, often due to changes in district leadership and staffing. Family planning/reproductive health activities supportive supervision with district teams and on-the-job training for greater coverage and integration of FP services. Child health activities included final trainings in the integrated management of childhood illness (IMCI) and supportive supervision to community health workers in community-based IMCI and the integrated community health

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

package. Field and technical staff also initiated discussions with their collaborators about project closeout, and draft closeout plans were compiled.

2.1 TWUBAKANE PROGRAM FIELD OFFICES

The Twubakane Program field coordinators continue to play pivotal roles in the program, acting as liaisons between the Twubakane office and operations in Kigali and local program activities in districts. Twubakane's field officers continued to work closely with the districts to participate in and help facilitate meetings of the Joint Action Development Forums. This quarter, field coordinators supported the districts by carefully monitoring implementation of and reporting on the 2009 District Incentive Fund (DIF) grants. Mayors and provincial authorities expressed appreciation this quarter of the important role that the field coordinators have played in supporting the districts' monitoring of the performance-based contracts, or *imihigo*, and the functioning of district-level Joint Action Development Forum (JADF).

3. PERFORMANCE REVIEW BY PROGRAM COMPONENT

3.1 FAMILY PLANNING/REPRODUCTIVE HEALTH ACCESS AND QUALITY

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

To support increased access to and use of quality FP/RH services, the Twubakane Program supports the Government of Rwanda in close collaboration with a variety of partners and participates actively in technical working groups (TWGs), including family planning (FP), safe motherhood and prevention of and response to gender-based violence (GBV). This quarter, Twubakane focused on supporting districts to ensure that the full package of FP/RH services is available in all health centers and hospitals, that gaps in trained providers (usually caused by providers transferring to other facilities) are filled, and that district supervisors have the capacity to provide ongoing supportive supervision.

Also this quarter, in July, the Twubakane team supported a sensitization meeting organized for Kigali municipality religious leaders on focused antenatal care, skilled birth attendance, FP, GBV and role of civil society for health promotion. At the request of the Rwanda Health Communication Center, Twubakane supported training in reproductive health and family planning for 184 journalists from August 12-19, in Kigali.

Repositioning family planning and support to safe motherhood: The Twubakane Program continues to support repositioning of family planning in Rwanda at both the central and district levels. At the central level, Twubakane participates actively in the family planning TWG and contributed to the assessment for the introduction of community-based distribution of Depo-Provera. Twubakane continued to actively ensure its secretariat role for the safe motherhood TWG and its participation on the reproductive health logistics committee.

Family planning on-the-job training: To further expand client access to FP services and to facilitate the integration of FP into all health center services, IntraHealth-led projects in Rwanda

(Capacity Project and Twubakane Program) embarked on an on-the-job training (OJT) approach starting in 2008, increasing the number of trained and supported health providers at each facility and building the capacity of health facilities to continually update new providers. In collaboration with the MINISANTE, the national standardized two-week FP workshop curriculum was adapted to an eight-week OJT approach. Using IntraHealth's *Learning for Performance* methodology, streamlining the content and increasing opportunities for hands-on skills practice, the OJT schedule allows participants to complete individualized exercises and practice sessions on their own time. Group activities are conducted in the clinic during the afternoons when there were few clients. After successfully completing mid-course knowledge and skills assessments, OJT participants get clinical practice with actual clients during the busy morning clinic sessions. An average OJT trainer-trainee ratio of one to six allows for increased discussion, coaching and feedback with the trainer. To receive certification, participants demonstrated knowledge mastery and skills competency in simulated, then actual client interactions.

This quarter, Twubakane and Family Health International collaborated to support Nyamagabe and Nyaruguru districts in the implementation of FP OJT. On July 7-8 and August 5-6, 2009, orientations were held for district health authorities and health providers on their roles and responsibilities, FP OJT steps and procedures, implementation plan and management modalities.

Following those orientation meetings, a TOT on FP-OJT was organized from August 10-21, gathering 30 participants (17 from Nyamagabe and 13 from Nyaruguru). Their pre-test mean score was 60% and the post-test 77.6%. Another training was organized from August 24-28 to strengthen those trainers' competencies in IUD insertion/removal, resulting in the validation of 25 trainers (out of 30 participants). During the five-day practical training, 214 new clients received an IUD, showing that the demand for IUD exists and providers need to be trained in order to give proper counseling to the clients and be able to provide the service. The mandatory gynecological exam before IUD insertion also allowed the diagnosis of several symptoms related to cervical diseases, thus showing the importance of integration of FP and cervical conditions prevention and treatment. (Women who manifested signs of possible cervical disease were referred to district hospitals for follow up.)

After the training of trainers, the eight-week FP OJT was launched in the two districts on September 4, involving 92 providers in Nyaruguru District and 126 providers in Nyamagabe District. Supervisory visits and the Nyaruguru OJT mid-term evaluation showed positive results, with health centers reporting increases in the use of all methods, especially IUDs. Health center staff also report that the OJT approach has encouraged them to adopt a team approach and had a positive impact not only on family planning services, but also on integration of FP services into other services. Providers also recommended that the OJT last longer, and that the approach be applied to other interventions. The mid-term evaluation of OJT in Nyamagabe District and final evaluations are scheduled during the month of October and the first week of November.

Non-scalpel vasectomy: To support continued expansion of the availability of permanent methods of FP, from August 4-14, a training on counseling clients about permanent methods was organized for 47 participants from Muhanga and Ruhango districts. Their pre-test mean score was 46.4% and the post test 93.6%. Following this training in counseling, a training on non-

scalpel vasectomy (counseling and procedure) was conducted from August 10-20, at Kabgayi Hospital for four medical doctors and four nurses coming from Gitwe, Rwamagana, Kigeme and Kaduha hospitals. The practical training took place in selected health centers (Gitarama, Rutobwe and Shyogwe in Muhanga District) and Gitwe Hospital in Ruhango District. The training objectives were reached with a mean pre-test score of 26.2% and post-test of 88.1%. A total of 16 vasectomies were performed during the training. A validation session was later organized for the same doctors from September 22-25, resulting in 19 more vasectomies performed and equipping of each of their hospitals with two vasectomy kits. From August 5-7, two medical doctors from Kabgayi and Kibungo who had been trained on non-scalpel vasectomy in April and June 2009 were able to practice enough to be validated and a total of nine vasectomies were performed during this validation. As of the end of September, a total of 60 vasectomies had been performed in the seven hospitals participating in the vasectomy trainings.

Lessons learned during the NSV trainings include the fact that there are unmet needs in FP permanent methods, but the population lacks correct information and there are a lot of rumors. Our experience thus far has shown that clients who have selected this method are excellent ambassadors for awareness raising. In the future, it will be important to continue to orient community health workers on this method of FP.

Training on IUD insertion for Kigali providers: At the request of Kigali districts (Gasabo, Kicukiro and Nyarugenge) supervisors and providers, a training was supported September 14-18 for 12 providers previously trained in clinical FP who needed to be validated in IUD insertion. During the five-day training, 83 IUDs were inserted and all providers were validated in IUD insertion/removal techniques.

Supportive supervision of providers trained in FP: This quarter, Twubakane collaborated with district supervisors in Kayonza District to facilitate supportive FP supervision. All of the health centers supervised have at least two trained providers, and the supervision visits revealed that the trained district trainers are supporting ongoing training, trained providers share skills with their colleagues and that there is good management of FP side effects and attention to infection prevention. Points noted for improvement included the systematic use of FP reference guides, full integration of FP in other services, contraceptives logistics and data management, IUD insertion and full implementation of community performance-based financing (PBF). Thanks to trainings and ongoing supervision, FP services are systematically offered every day in all of the health centers in Kayonza.

Supportive supervision capacity building: This year, Twubakane has worked closely with the partner districts to ensure that district-level supervisors in all 12 Twubakane-supported districts have the capacity to perform supportive supervision. To complete the training of district supervisors, four per district, 20 supervisors were trained on supportive supervision from July 21-30. Training participants appreciated the skills that they acquired during the training, and recommended that practical sessions continue. Participants also requested that hospital directors be oriented, supervisory materials be provided, supervisory teams strengthened, quarterly refresher courses be organized and supervisory competencies be shared by trainees.

Emergency obstetrics and neonatal care (EONC): This quarter, to ensure sustained high-quality EONC services at the hospital and health center levels, Twubakane supported the trainings of both district-level trainers and of health care providers in Kigali to replace trained providers who had transferred to other health facilities, leading to gaps in the quality of care offered. From July 6-24, a training of 16 providers in EONC was organized to replace trained providers. The participants' pre-test mean score was 56% and the post-test 82%. At the end of the training, participants expressed the wish that their health facilities be equipped with manual vacuum aspirator (MVA) kits for post-abortion care and other EONC equipment, and that other providers also be trained in EONC. To support the district hospital teams of EONC trainers (and replace those who had transferred to other facilities), an EONC training of trainers was conducted August 10-21 involving 15 trainers from nine Twubakane-supported districts. All health centers in the 12 Twubakane-supported districts have trained providers and are offering basic EONC.

Gender-based violence/ANC/PMTCT: The Twubakane GBV team has been actively wrapping up activities to strengthen the prevention and response to gender-based violence (GBV) in the three districts of Kigali (Gasabo, Kicukiro and Nyarugenge). In July, Twubakane also played a key leadership role in a MINISANTE-sponsored workshop to develop training modules for health providers to better respond to and care for victims of GBV.

Twubakane has strengthened the capacity of the Kigali districts for improved prevention of and response to cases of GBV. In July and August, Twubakane prepared, organized and conducted trainings for GBV management by health providers in five health facilities (Kacyiru, Kicukiro, Masaka, Gikomero and Biryogo) in the Kigali districts. In collaboration with the MINISANTE, Twubakane oriented five district hospital trainers in Kigali City, who then trained a total of 46 health providers in the five sites. Trainings were conducted in each health center for a period of four days. Representatives from the sites where providers were trained also participated in a joint-planning workshop on GBV management with representatives of other sectors such as the police, local NGOs and district authorities. In the coming and final months of the Twubakane program, Twubakane will continue to support and conduct follow-up visits with those providers trained in GBV management. In addition to the GBV trainings and workshops conducted this quarter, Twubakane has continued its efforts to nationalize the training module for providers in the management of GBV. As a result of the leadership shown in the development of this curriculum for GBV management (used to train providers in the five sites mentioned above), the MINISANTE has adopted it with the intent to make it a national curriculum.

The Twubakane Program worked with police officers in three Kigali districts, but has not yet been able to organize national-level training of the Rwanda National Police in the standard operating procedures (SOPs) for GBV. At the request of the Rwanda National Police, and with special USAID funding, Twubakane previously provided technical assistance to help the police revise its national SOPs, but the training has been reschedule several times due to competing priorities. We hope that this training will take place in October or November 2009.

Baby basket initiative: With the support of US-based individual donors, the Twubakane Program provided a basket of baby supplies to 219 families who sought services at health facilities for antenatal consultations, and delivered their babies in health facilities. The basket,

worth \$45 each, included buckets, umbrellas, feminine hygiene products for the mother, a set of baby clothes, flannel sheets and a new outfit for the mother. For the new babies, the basket also included a t-shirt with the words “navukiye kwa muganga,” Kinyarwanda for “I was born in a health facility.” As previously reported, the first 14 baskets were distributed in January 2009, in Nyaruguru District of the Southern Province. Remaining baskets were distributed in August 2009 in 12 districts supported by the Twubakane Program. Each district’s high-performing health center awarded baskets to women who attended the recommended number of four antenatal visits and gave birth between January and April 2009. The baby baskets distribution ceremonies attracted local leaders at all levels: Kigali City, districts authorities, district hospitals, health centers, sector and cells leaders and also community health workers. Of the 12 districts, ceremonies involving local leaders, community health workers and other invitees were held in three districts: Muhanga in the Southern Province, Rwamagana in the Eastern Province and Gasabo in Kigali City. They all appreciated the initiative which is geared at sensitizing families on the importance of antenatal consultations and delivery at health facilities, in a bid to reduce child and maternal mortality rates.

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, our child survival team participated in several important activities this quarter, including: in July, the dissemination of preliminary results of a study conducted by the MINISANTE on food security in Rwanda and a joint USAID-World Food Program meeting to see how to collaborate in order to fight malnutrition in Rwanda; in August, a MINISANTE meeting to present and discuss child survival achievements; and, in September, a midterm review of the IMCI program. In addition, Twubakane also was among the partners supporting the national integrated measles vaccination campaign (which took place during the first week of October). Twubakane participated in elaborating social mobilization tools, including brochures, information sheets, media spots and programs, and provided financial support for communication activities for the supervision of this campaign. Twubakane supported, in collaboration with other partners, the MINISANTE’s refresher training of trainers in the integrated community health package in August to reinforce standardized messaging and understanding of the new community health tools.

Twubakane continued to support the implementation of USG Presidential Malaria Initiative-related activities including home-based management (HBM) of fever, community IMCI, and the integrated community health package.

Integrated community health package: From August 10-14, Twubakane and Ruhango District supervisors monitored community health activities around Byimana, Kinazi, Karambi, Nyarurama and Ruhango health centers. The goal of this supervision was to monitor the CHWs work, offer support and make sure that all CHWs are using the last version of tools recommended by the Community Health Desk. Because those new tools were revised again, some

were replaced by the new versions from September 21-25. The MINISANTE produced the necessary copies of new tools and requested support from Twubakane for their distribution.

In order to complete the package of services offered by community health workers in the three districts in Kigali, Twubakane supported three training sessions of CHWs in community IMCI this quarter (August 24—28, August 31—September 4, and September 7—11). A total of 1374 CHWs were trained.

Also this quarter, a supervision meeting was held in July at Mareba Health Center in Bugesera District, gathering 165 CHWs. The CHWs requested to be trained not only in HBM but also on the IMCI and integrated community health package, which is planned by the MINISANTE.

Integrated management of childhood illness (IMCI): As noted above, Twubakane participated in July in a MINISANTE meeting to review progress in child survival. Discussions from the meeting revealed that there is now national coverage for clinical IMCI, but that services are not systematically available on a daily basis. The meeting also recommended on-the-job training in clinical IMCI to increase the number of trained providers. During the meeting, it was noted that 15 districts out of 30 offer community IMCI, but that there are frequent stockouts of antimalarials (Coartem, or PRIMO) and insufficient supervision of CHWs. From September 28 to October 2, the MINISANTE and the World Health Organization co-sponsored a midterm review of the national IMCI program. Participants recommended strengthened collaboration and communication between programs and partners, a strengthened nutrition component, the dissemination of IMCI policies and strategies at the district level, improved IMCI supervision and improved linkages between IMCI and the national performance-based financing (PBF) system (which currently does not include specific IMCI indicators).

To continue its support of IMCI, in August, Twubakane supported supervisory visits of clinical IMCI in Nyamagabe District, in collaboration with Kigeme hospital supervisors in the health centers of Kigeme, Kitabi, Nyamagabe and Nyarusiza, which had been identified as not systematically offering IMCI services. Health center staff reported not following the IMCI protocols because there were not enough staff trained per facility and because the performance-based financing (PBF) system does not reward IMCI. A strong recommendation for follow-on support will include developing on-the-job training approach for IMCI to ensure training of a facility team and review of the child health PBF indicators.

To replace trained IMCI providers who had been transferred away or left, from September 17--29, 2009, Twubakane supported a training in clinical IMCI for 20 health care providers from six districts (Gasabo, Muhanga, Ngoma, Nyarugenge, Nyaruguru and Rwamagana).

Evaluation of HEARTH in Rwamagana District: To assess the overall outcomes and impact of HEARTH activities, this quarter, a local consultant and data collectors were hired to elaborate assessment tools and conduct data collection in Rwamagana District. The tools included a quantitative data collection tool, qualitative knowledge, attitudes and practices and observation tools and focus-groups guides. The period studied is from June 2008 to June 2009 and the team visited Muyumbu and Karengye health centers for data collection. The data analysis is ongoing.

Supervision of nutrition activities: From July 6-9, the functionality of community-based nutrition program sites was monitored in Rwamagana District. Monthly activity reports are available, and there is a perceived sense of local ownership and responsibility on the part of health centers. However, there is a need for more regular and documented supervision by health center staff. From September 14-18, Twubakane collaborated with the hospital supervisors in Kayonza, Kirehe and Ngoma districts to monitor data coming from community-based nutrition activities from January-August 2009. It was noted that all health centers are conducting and reporting on these activities, but that reports are not systematically forwarded from health centers to hospitals and that more regular supervision is needed by district supervisors. District supervisors agreed to participate more actively in regular supervision and support visits, but may need additional resources to do so.

Capacity development for malaria program management: As noted previously, through a special agreement with USAID and the President's Malaria Initiative, the Twubakane Program this year received funding to support Tulane University in implementing capacity-building activities for management and monitoring and evaluation of malaria programs in Rwanda. As a key component of this support, PMI funding has supported the head of sentinel surveillance for the Rwanda National Malaria Control Program as he pursues post-graduate studies with Tulane University's School of Public Health and Tropical Medicine. This activity will ensure that Rwanda has the capacity to manage and monitor vector control programs, including indoor residual spraying (IRS).

In the last quarter, Tulane also provided Rwanda-based technical advice on sentinel surveillance, epidemic detection and response. Tulane collaborated with colleagues from Makerere University in Uganda to develop a user-friendly interface to rapidly collect, organize and analyze epidemiologic data from the Rwanda sentinel site system. Tulane also provided some technical assistance for the planned Rwanda Malaria Indicator Survey.

In addition, Twubakane provided financial support for lecturers from Tulane and the National University of Rwanda School of Public Health to deliver high-level classes in malaria program management and monitoring and evaluation (M&E) to 16 professionals from the district and sector levels of Rwanda's health system. This five-week intensive training is the equivalent of three post-graduate university courses in malaria control and M&E at Tulane University. Instructors included faculty from the National University of Rwanda School of Public Health and Tulane, along with expert lecturers from the World Health Organization, RTI International, BASICS, PSI and Rwanda's MINISANTE.

3.3 DECENTRALIZATION PLANNING, POLICY AND MANAGEMENT

- *Strengthen 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*

This quarter, at the central level, there were several functional and organizational reviews of line ministries with ensuing policy and administrative changes. A presidential order delegating new roles and responsibilities to sectors, cells and umudugudu (villages) was developed and passed

by the cabinet. These changes are geared towards streamlining operations at the central level and increasing capacity at the local level. This quarter, Rwanda also officially changed its budget and planning cycle to align with the East African Community. In addition, all line ministries were asked to conduct and report on the sector performance for the first six months of 2009 (mini-budget sector reviews).

Support to MINALOC: Twubakane continued to participate in regular monthly meetings with MINALOC/NDIS staff, briefing the new NDIS director and staff about the Twubakane project activities and results. Twubakane staff participated in several NDIS consultative meetings to validate decentralization implementation documents, review the Joint Action Development Forum (JADF) strengthening program and review capacity building plans and strategies.

Support to MINISANTE: This quarter, the MINISANTE and partners conducted a review of the sector's technical working groups (TWGs) to improve the overall functioning of the groups. The decentralized health service delivery TWG did not meet. Twubakane continued to participate in regular meeting of the *mutuelles* TWG. The *mutuelles* capitation payment system report was officially submitted to the MINISANTE's *Cellule d'Appui Technique aux Mutuelles de Santé* (CTAMS). Twubakane and other partners are supporting the development of a technical and administrative manual on a capitation and stratified payment system that will be put in place by January 2010. As described below, in Component 5, Twubakane's support to the MINISANTE this quarter also included work to finalize the national policies, norms and procedures document and district hospital management strengthening.

Collaboration with RALGA for district capacity building: This quarter, Twubakane staff participated in planning meetings and discussions on RALGA's capacity needs and training providers' database; this activity is now being funded by the Swiss Technical Cooperation with technical guidance from VNG international. Twubakane provided information on Twubakane-supported capacity building activities for the 12 districts and provided technical assistance on development of the database and dashboard.

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 staff focused this quarter on assisting the districts with finalizing district incentive fund (DIF) grants, supporting follow up supervision of district audit and internal control functions, supporting Joint Action Development Forum (JADFs) and providing hands-on capacity building in budgeting and planning processes. Twubakane also provided support to the operations of the *Itorero-Santé* campaign of the MINISANTE and Itorero Program, supporting specifically Gasabo, Nyamagabe and Nyaruguru districts in mobilization activities. Also, through its DIF grant funding, Ruhango District organized and managed its own *itorero* training program, targeting officials at the sector level. Also this quarter, a leadership and governance training for local government authorities and technicians of the health sector was held in Kirehe District. A total of 90 participants from the district, sectors and health center levels learned

about methods for improving service delivery, human resource management, time management, planning, children's rights and gender-based violence.

Imihigo reviews and district budgeting and planning: Twubakane supported district and provincial evaluations of the *imihigo* performance contracts and performance this quarter. In addition, with DIF grants financing and Twubakane field coordinator support, Twubakane provided assistance to Nyamagabe and Nyaruguru Districts for the preparation of their 2009 to 2010 action plans.

District Joint Action Development Forums: This quarter, Twubakane continued its support to district Joint Action Development Forums (JADF) and provided regular technical and financial support, encouraging districts to use the JADFs effectively for coordinated development activities and planning. Twubakane also provided JADF tools and information on all activities supported to date to the MINALOC, the NDIS, and SNV. This information will be used for an evaluation by MINALOC of the functioning of JADFs and subsequent strategies for improving their functionality, and SNV will begin implementing a project to support JADF strengthening starting in October 2009.

Financial management and audit training: Twubakane continued its support of capacity building of district auditors and local district councils on internal controls and audit functions in close collaboration with other development partners (Swiss Development Corporation, DED, and GTZ), and the MINECOFIN. The ministry's internal auditor has requested that a forum and network of auditors be put in place, and that all manuals and training materials be put on CD-rom for distribution to all the districts, and that the training manual become part of the Rwandan Institute of Administration and Management (RIAM) standard set of training modules for local government officials. Twubakane will prepare this during the next quarter for the MINECOFIN audit unit and MINALOC local finance unit, and will collaborate with RALGA to ensure follow-up on setting up and managing the network of auditors.

Twubakane collaborated this quarter with districts from the Western Province and the Swiss Development Corporation to facilitate inter-district exchange visits and provide additional training, on-the-job supervision and follow up of workshop recommendations. The exchange visits involved 37 participants from Kigali City (Gasabo, Kicukiro and Nyarugenge) and 27 participants from Karongi and Rutsiro districts. In addition, a three-day workshop was held to exchange experiences and best practices among the auditors and local economic commissions and included 14 participants from the districts of Nyamasheke and Rusizi (Western Province) and the districts of Gasabo, Kamonyi and Kayonza. Twubakane also supported supervision and on-the-job mentoring for all eight districts of the Southern Province at the request of the Governor of the South. The auditors of the districts of the Southern Province also took the initiative to organize their own local training events for sector local government officials and accountants. Tools were provided to these officials for improving the accuracy and transparency of the accounting and audit reporting functions. In addition, a check list of best practices of internal controls at the sector offices and at local health centers and schools was developed and distributed. These activities, particularly at the sector level, demonstrated the capacity that has been built of district auditors, and the transfer of their skills and knowledge, boding well for sustainability of these interventions.

Best practices competition: In August, Kirehe District organized a local governance best practices competition among its 64 cells, responding to the desire of the MINALOC and NDIS to document and communicate these practices to a wider national audience. The competition was organized with the financial support of the district's DIF grant and with technical assistance from Twubakane staff. Three cells won the top prizes for their innovations, which included such activities as the construction of cell offices, supporting health posts, providing housing for vulnerable people and initiating small community development projects. (First prize went to Musaza/Mubuga, second to Nasho/Rubirizi, and third to Kigarama/Kiremera.)

District Incentive Fund (DIF) grants: The DIF grants are a key Twubakane Program tool for providing technical and financial resources as well as supporting district capacity building in budgeting, planning and management. During this final year of the Twubakane Program, each of the 12 districts was originally scheduled to receive a total of \$100,000 and Kigali Municipality a total of \$30,000, totaling \$1,230,000. In response to funding constraints experienced during the first half of the year, Twubakane originally asked districts to prepare DIF requests totaling \$75,000 this year. An additional grant of \$25,000 was also planned to be available for each of the 12 districts pending their ability to fully expend, document and report on the use of initial \$75,000.

This quarter, Twubakane staff ensured the timely transfer of funds based on the contractual agreement of three sets of disbursements, on verification of financial and technical reporting, and achievement of project activity milestones. As of the end of this quarter, 80% of the planned DIF monies had been disbursed to the districts. (See Table 1, below.)

The major challenges for the districts this quarter have included a shorter implementation timeline due to funding issues, the time-consuming tender bid review process, and, in several districts, high turnover of staff. The districts of Kayonza, Kicukiro and Rwamagana needed additional support with a timely tender bid process and activities management, therefore they requested assistance from Twubakane Program to directly procure some items, primarily medical supplies and equipment, on behalf of the districts. Additionally, Kayonza and Rwamagana were not able to spend more than their first tranche of this year's funding. Four districts (Kamonyi, Muhanga, Nyamagabe and Nyaruguru) were able to fully spend and report on the programmed 2009 DIF activities (\$75,000 each) and receive an additional \$25,000 each, for a total of \$100,000 this year. No advances will be made to the districts; they will be required to submit invoices for cost reimbursement, and for activities that were funded by the district with resources they were able to mobilize and generate on their own.

DIF grant contracts were extended through October 30, 2009, to allow districts time to complete activities, submit financial and technical reports and close out all DIF grants activities.

Table 1: Status of 2009 DIF grants, September 30, 2009

	District	Annual grant amount (rwf)	Grant amount transferred to date (rwf)	Amount spent and justified to date (rwf)	Amount to be spent and justified (rwf)	Remaining amount to be transferred (rwf)
KIGALI	Kigali City	16,500,000	14,438, 680	7,484,377	6,954,303	2,061,320
	Nyarugenge	41,250,000	36,093,750	17,463,000	18,630,750	5,156,250
	Kicukiro	41,250,000	34,867,318	20,581,228	14,286,090	6,382,682
	Gasabo	41,250,000	36,093,750	18,565,784	17,527,966	5,156,250
EAST	Ngoma	41,250,000	36,093,760	18,982,690	17,111,070	5,156,240
	Kayonza	41,250,000	20,625,000	0	20,625,000	20,625,000
	Kirehe	38,281,300	34,980,488	16,527,240	18,453,248	3,300,812
	Rwamagana	41,250,000	16,445,731	0	16,445,731	24,804,269
SOUTH	Kamonyi	41,250,000	35,766,189	35,299,439	466,750	5,483,811
	Muhanga	41,250,000	34,786,835	34,764,167	22,668	6,463,185
	Nyaruguru	41,250,000	36,093,750	20,542,800	15,550,950	5,156,250
	Nyamagabe	41,250,000	35,637,132	19,953,065	15,684,067	5,612,868
	Ruhango	41,250,000	36,093,750	20,613,410	15,480,340	5,156,250
TOTAL		508,531,300	408,016,133	230,777,200	177,238,933	100,515,167

DIF grants assessment: This quarter, Twubakane began the preparations for the end-of-project DIF grants assessment, including development of methodology and tools. The assessment will be carried out in October and will focus on in-depth data collection in five districts and a questionnaire targeted to staff associated with DIFs in the remaining seven districts and Kigali City.

In preparation for the DIF grants assessment, Twubakane staff inventoried all office equipment, medical equipment and supplies, ICT equipment, internet connections, databases, software, and solar panels purchased by the districts with DIF grants funding from 2006 to the present. In addition to reviewing inventories, Twubakane staff visited six districts to discuss how these purchases had an impact on capacity at the district and sector offices, as well as health facilities, focusing particularly on how these supplies and equipment may have improved staff ability to perform their functions and mandates, including health service delivery, reporting, and operational efficiencies. This information will be included as an annex in the DIF grants assessment. Initial results indicate that there has been significant impact in strengthening district capacity to communicate between local governments and levels, especially between sectors and districts, data collection and reporting, management of commodities and supplies, and overall service delivery.

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***

This quarter, Twubakane consolidated work on strengthening health facilities management at district hospitals and associated health centers, continued to support the national and local *mutuelles*, conducted a study on capitation, contributed to a guide for capitation implementation and participated in TWGs.

Revision of health sector policies, norms, standards and procedures: This quarter, at the request of the MINISANTE, Twubakane engaged a local consultant who is, under the guidance of MINISANTE, finalizing all documents by technical theme and by level of care. This activity will be completed by the end of October, and the documents will be submitted to the ministry on CD-rom for distribution within the ministry and to district offices and hospital directors.

District hospital/health facilities management strengthening: Twubakane continues to work closely with the MINISANTE to support capacity building of district hospitals in such aspects as strategic planning, medium-term budgets, accounting practices and inventory management (medical supplies, equipment, infrastructure, and land). In collaboration with the MINISANTE, this quarter, Twubakane worked directly with six district hospitals:

- Gasabo District: Kibagabaga Hospital
- Kayonza District, Rwinkwavu Hospital
- Kicukiro District, Kanombe Hospital
- Muhanga District, Kabgayi Hospital
- Nyamagabe District, Kigeme Hospital
- Nyarugenge District, Muhima Hospital

Collaboration with these hospitals and associated health centers had the following results:

- all the hospitals were able to produce, within deadline, their 2009 to 2012 strategic/operations health plans and budgeted work plans, all aligned to the MINISANTE HSSP II documents and plans
- hospitals and health centers produced accurate inventories of health facilities equipment, furnishings, medical supplies, and building infrastructure; work remains on accurately valuing the equipment and determining the depreciation and life cycle of supplies, equipment and furnishings
- inventories of pharmaceuticals, including estimated value, shelf life and expiration dates, are complete; there is net improvement in the management of pharmaceuticals and medical supplies, largely due to the postings of A0 pharmacists, and existence of better supply chain management controls and systems between the district pharmacy distribution center and the health facilities
- district hospital accountants were able to close out the 2008 books and open the 2009 books; accounting ledgers are being well kept, and general billings and accounting of operations costs and services rendered are being properly and accurately done, but challenges remain in accurate end-of-year valuing of equipment, land/rent, new and old construction and buildings, and large equipment.

National support for *mutuelles*: Twubakane staff continues to be an active member and participate in the *mutuelles* TWG, supporting the MINISANTE health financing and *mutuelles* policies, procedures, manuals and systems.

This quarter, at the request of the MINISANTE, Twubakane staff conducted an assessment of health center *mutuelles* payment systems. Two payment options for health services provided by health centers to *mutuelles* members are currently in effect: (1) the invoice payment option based on current prices and use of services, which is the most common form of payment; and (2) the capitation payment option, through which the health facility receives a percentage of collected contributions on a monthly basis per member.

The assessment included visits to 15 health centers in Kamonyi, Muhanga and Ruhango districts, where a form of capitation had been used, for a comparative review of the advantages and disadvantages of capitation versus invoicing for reimbursements for health services at health centers. The results were presented to the CTAMS and the *mutuelles* TWG and in a workshop for the districts of Kamonyi, Muhanga and Ruhango and the final assessment report was submitted to the CTAMS in July 2009.

The assessment found that the capitation system helps the *mutuelles* fulfill their commitments (payments) toward the health centers and *mutuelles* funds and helps them cover their operating costs. It also alleviates the administrative burden on the *mutuelles*, which is inherent to the invoice control and recording processes (prior to the payment of invoices). Capitation also can help to ensure that health centers recover their funds and costs. The health centers may receive reimbursements higher than what they would have received if they had been paid for each service they provided. The *mutuelles* themselves also reported benefitting from the capitation system, as they can receive a regular allowance for salary payments and operations costs, paid to them by way of a share of capitation funds. The *mutuelles* TWG is currently supporting CTAMS to develop a capitation payment system guide, which will be completed and presented for review in October 2009.

Support to *mutuelles* in Twubakane-supported districts: This quarter, 57 new *mutuelles* managers were recruited in Twubakane-supported health centers, replacing, in many cases, those who did not receive positive performance evaluations. CTAMS requested Twubakane's support in orienting the new managers, and Twubakane collaborated with the districts' *mutuelle* officers to support the training of the 57 new managers: 11 from Kigali City, 28 from the Eastern Province and 18 from the Southern Province. Twubakane also collaborated with the districts of Gasabo, Ngoma and Nyamagabe to provide supportive supervision of health center *mutuelles* sections. The supervision visits focused on reviewing the performance of the *mutuelles* managers, mentoring the newly trained managers and verifying billing processes and bank statements. Unfortunately, the *mutuelles* sections report that they do not routinely receive supervision visits; a phenomenon which may explain in part, as well as contribute to ongoing financial management problems, poor delegation of responsibilities and high staff turnover. It is expected that about 80% of the *mutuelles* section visited will be challenged to have sufficient funds for paying bills and services at the health centers between October 2009 the end of the year.

3.6 COMMUNITY ENGAGEMENT AND OVERSIGHT

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

Twubakane continues to support community health activities and community participation in health to accompany and support the decentralization process as well as improved community-level health services in Rwanda. The existence of PAQ teams throughout the Twubakane-supported districts, the increasingly large number of trained and active CHWs, and the engagement of local authorities, hospital and districts supervisors, are all milestones in increased community participation. The focus this quarter was on working with partners and stakeholders to ensure the sustainability of community-based interventions and reinforce capacity building for the continuation of Twubakane-supported initiatives after the end of the project.

National community health worker database: This year, at the request of the Community Health Desk/MINISANTE, Twubakane has provided technical and financial support for the creation of a national CHW database. The database contains information on individual CHWs, training received and perceived needs for additional training. Data collection and final compilation of the database was completed this quarter and officially approved by the Community Health Desk in August 2009. The database should serve as an important management tool for the Desk and the 30 districts.

Twubakane also continued to participate and provide ongoing technical support to the MINISANTE/Community Health Desk with planning of district trainings of trainers in integrated community performance-based financing (PBF) and the community health information system.

Maternal and newborn community health workers: Twubakane has continued to support the MINISANTE in the roll out of the maternal and newborn community health workers in collaboration with the ACCESS Project. In August, Twubakane provided financial and technical support to MINISANTE/Community Health Desk to facilitate the training of 32 trainers of community health workers of mothers and newborns (*animateurs de santé maternelle*, or ASM).

In addition this quarter, Twubakane provided technical support to an ACCESS Project- and MINISANTE-sponsored workshop for faith-based organizations on family planning, malaria and hygiene activities. This was the first time to formally involve FBOs at the community level to address these health needs and to request ongoing partnership.

Community-provider partnership, or *Partenariat pour l'Amélioration de la Qualité (PAQ) teams:* 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 and in improving the quality of health care services. This quarter, Twubakane collaborated with district and local authorities to provide supportive supervision of 100 PAQ teams (out of the existing 136 teams in the 12 districts). Several promising practices were noted during the supervision visits. Overall, it was found that health center and sector authorities are fully involved in PAQ operations, boding well

for the sustainability of the PAQ teams. Many PAQ teams have specific action plans, and most meet regularly to review progress. In addition, in several districts, district authorities expressed commitment to continue district-level support to the PAQ teams, as they view the PAQ approach as an important tool to give a voice to communities.

Twubakane staff conducted a review of DIF grant-funded PAQ projects in Kayonza and Ngoma districts. Among the 20 projects visited, results showed that over 85% of PAQ projects are well managed. For the remaining projects, improvements are needed in the level of involvement by the sector and health center to monitor the PAQ project or possibly provide additional funding to assist with functioning.

Technical coordination workshops of community health teams: In order to support district information sharing and ensure greater sustainability of community-level interventions, Twubakane supported three technical coordination workshops for nine districts (Kayonza, Rwamagana and the three districts of Kigali; Kirehe and Ngoma; and Nyamagabe and Nyaruguru). Participants included vice mayors for social affairs, hospital and district health directors, head of social affairs at sector level, community health coordinators, supervisors of hospitals and PAQ team presidents and members. Regular exchange meetings and integrated planning by stakeholders have been identified as successful mechanisms to sustain the PAQ approach and other community health interventions, and will, we believe, continue after the end of the Twubakane Program. During these workshops, participants reported that there is effective involvement of local authorities in resolution of health problems and in community health activities. Participants also reported that PAQ meetings are held regularly and also are supported by local authorities. Districts and sectors are providing ongoing support to PAQ teams.

4. MONITORING AND EVALUATION

Twubakane's monitoring and evaluation (M&E) system includes data collection, analysis and reporting on program indicators at community, health facility and district levels. As in the past, activities of the M&E team include strengthening Twubakane staff's practice of using data for decision making through the use of monitoring tools, data collection and analysis for needs assessments, implementation of refined data quality strategies, and dissemination of quarterly data. The M&E team also facilitates and harmonizes the regular planning, coordination, and integration of activities for the Twubakane Program. This quarter, the M&E team continued to work on IntraHealth's web-based results database to make project data globally accessible. The Twubakane M&E team also worked on finalizing the geographical mapping of Twubakane results and interventions. The tool plots on a map the distribution of Twubakane-supported activities in health facilities (district hospitals, health centers and family planning secondary posts) to geographically present health data for program planning and implementation.

The primary M&E activity this quarter was planning and implementation of data collection for the final facility assessment. This year, a community health component was added to the assessment, which was previously only facility-based. Twubakane planned the assessment, developed questionnaires for health centers, hospitals, and CHWs, hired and trained 20 data collectors, and began data collection in September.

Twubakane responded to requests from the USAID Monitoring and Evaluation Management Services (MEMS) project in preparation for the USAID FY09 annual performance report, reporting on quarterly PMI data in the web-based database system and participated in meetings for PMI reporting, PEPFAR reporting, and democracy and governance fund reporting.

The Twubakane M&E team regularly provides support to special projects implemented primarily by technical program staff. This quarter, the nutrition team conducted an evaluation of the HEARTH model in Rwamagana. The M&E team provided support in the planning, development of questionnaires, and data collection. The M&E team also provided support to the RH/FP team by collecting data for the Baby Basket Initiative (see above, section 3.1). Also this quarter, the M&E team provided support to finalize the CHW database for all 30 districts of Rwanda in collaboration with the Community Health Desk and a consultant.

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

5. CHALLENGES AND OPPORTUNITIES

The Twubakane Program's overall challenges this quarter were related to finishing all field activities, preparing for project closeout, and working with partners to ensure that key initiatives supported by the Twubakane Program—and related outcomes—will continue after the end of the project. As noted in the last quarterly report, because the Twubakane Program did not receive its full anticipated funding for this final year, a number of activities had to be reduced in scope or postponed leading to challenges in meeting expectations of stakeholders at the central and district level. Other specific challenges this quarter included:

Community health: The success of the integrated community health package depends on the commitment of health centers to support and supervise community health workers, as previously noted. When the community PBF system becomes fully functional, it should help to motivate CHWs themselves as well as their health center-based supervisors. The challenge for Twubakane-supported districts will be to continue supportive supervision of CHWS in the absence of direct partner support, both programmatic/technical and financial.

District Incentive Fund (DIF) grant execution: As noted in the last quarterly report, this year's DIF grants were not launched until after April, and will end by October to allow time for overall project closeout. Districts have thus been obliged to expedite activity implementation and reporting this year. In addition, several districts have experienced changes in leadership and overall staffing. To respond to these challenges, the Twubakane Program has ensured that dedicated staff—including field coordinators and the project's finance team—are available to provide hands-on support to the districts in meeting the DIF grant obligations.

6. PERSPECTIVES FOR NEXT QUARTER

The Twubakane Program's cooperative agreement with USAID will end on January 14, 2010. During this final quarter of 2009, Twubakane will focus on wrapping up remaining key activities that were delayed during revision of the workplan/budget earlier this year, and documenting

program achievements in preparation for the end-of-project event and final report. An end-of-project workshop is scheduled for mid-December 2009.

This quarter, Twubakane staff also will work closely with partners at central level and in districts, sectors, hospitals, health centers to discuss the transition of activities that have been project-supported to ensure, to the extent possible, the continuity of activities and results.

A major focus this quarter also will be on administrative closeout activities such as preparing for inventory disposition and financial reporting to ensure compliance with all USAID regulations.

ANNEX 1: TWUBAKANE PROGRAM RESULTS FRAMEWORK

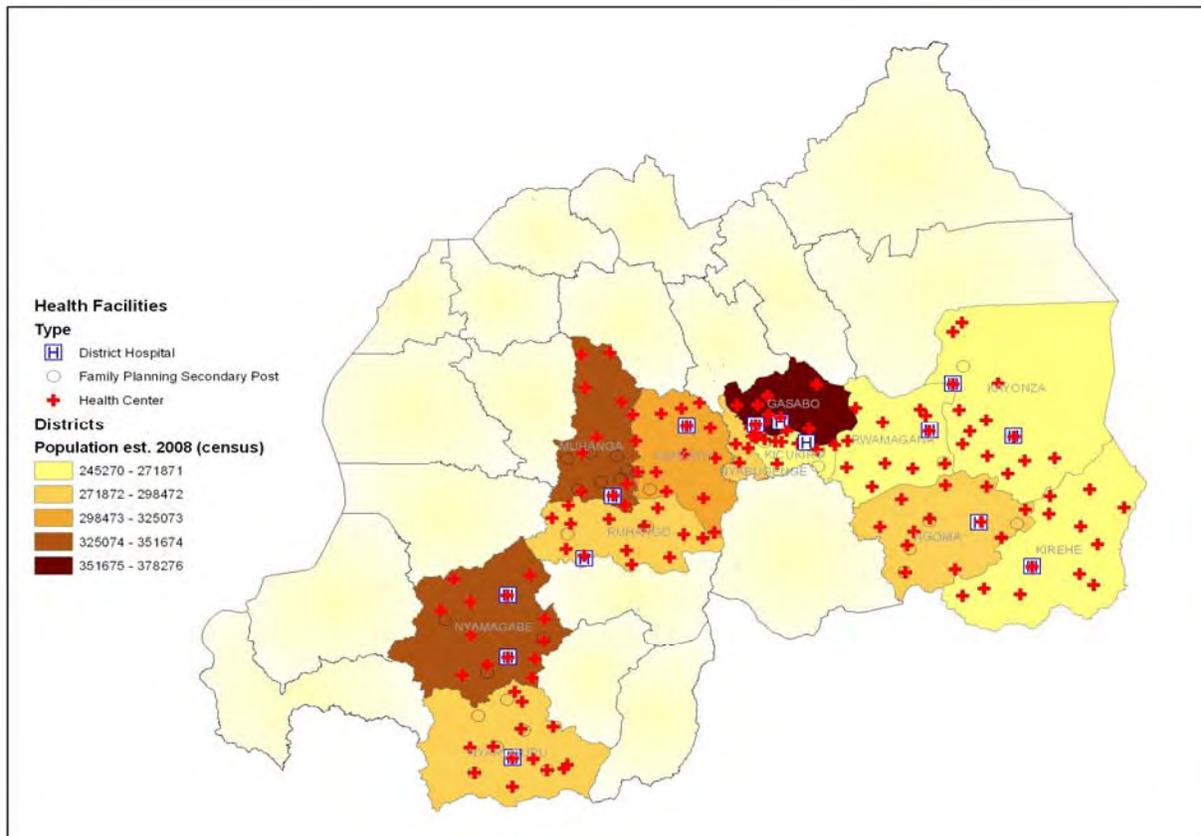
<i>Twubakane Decentralization and Health Program</i>		
Goal	Components/ Objectives	Results
<p>To increase access to and the quality and utilization of family health services in health facilities and communities by strengthening the capacity of local governments and communities to ensure improved health service delivery at decentralized levels</p> <p><i>package of family health services includes FP/RH and child survival/malaria and nutrition services</i></p>	<p>Component 1: Family Planning and Reproductive Health</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"> • Norms and protocols (MPA and CPA) for FP/RH revised to expand package of services offered at health centers • Increased use of modern FP • Quality of FP services improved in health facilities • Quality of RH services, including safe delivery and management of obstetrical emergencies, improved in health facilities • Health care providers follow norms for referral/counter-referral for FP/RH • Functional rapid response system for obstetrical emergencies exists at community level • Utilization of antenatal services increased
	<p>Component 2: Child Survival, Malaria and Nutrition</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"> • Norms and protocols for IMCI, malaria and nutrition to expand package of services offered at health centers • Quality of CS/malaria/nutrition services improved in health facilities • Community-based nutritional surveillance and community-based case management of moderate malnutrition improves • Capacity for case management of severe malnutrition in health facilities improved • Increased use of insecticide-treated nets • Improved home-based case management of malaria and other childhood illnesses • Increased immunization coverage (DPT3)
	<p>Component 3: Decentralization Policy, Planning and Management</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"> • 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 • National Health Accounts institutionalized and used as planning and monitoring tools • National HMIS assessment conducted • RALGA's capacity for supporting good governance at local levels improved

Twubakane Decentralization and Health Program		
Goal	Components/ Objectives	Results
<p>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</p> <p><i>package of family health services includes FP/RH and child survival/malaria and nutrition services</i></p>	<p>Component 4: District-Level Capacity Building</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"> • Local government capacity for integrated planning strengthened, including health sector planning • 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
	<p>Component 5: Health Facilities Management</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"> • 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 <i>mutuelles</i> • Capacity of <i>mutuelles</i> to manage and ensure quality of services strengthened • Participation of <i>mutuelles</i> in the prevention and promotion increased
	<p>Component 6: Community Engagement and Oversight</p> <p>Increase community access to, participation in, and ownership of health services</p>	<ul style="list-style-type: none"> • 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/death 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	1,813.21	196.93	220,802
NGOMA	EST	14	871.80	163.03	232,165
KIREHE	EST	12	1,190.28	191.43	229,408
RWAMAGANA	EST	15	685.17	135.58	209,423
		53	4,560.46	686.97	891,858
NYAMAGABE	SUD	19	1,095.43	204.05	284,852
MUHANGA	SUD	12	850.78	179.21	340,369
KAMONYI	SUD	12	858.64	189.80	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



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

Twubakane Program-Funded Travel

TRAVELER	DATES	SCOPE OF WORK
LAURA HOEMEKE	June 30 – July 25, 2009	R&R leave
DR. JOSEPHAT SHILILU DR. THOMAS EISELE	August 1—8 and 9—15, 2009	Teaching modules in the M&E of Malaria for District Level Managers course at Rwanda’s School of Public Health. *Funded through Tulane’s MOP’08 funds.

ANNEX 4: ACTIVITIES SUPPORTED BY 2009 DISTRICT INCENTIVE FUNDS

KIGALI CITY

GASABO		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Capacity building of district authorities and technicians for the 2009-2010 budget & planning cycle; <i>as verified by the production of annual work plan and budget - July 2009- June 2010; revision of Medium-Term Expenditure Framework (MTEF); reporting on and evaluation of 2009 imihigo performance contracts and indicators; preparation of 2010 imihigo performance contracts; and preparation of the Joint Action Development Forum (JADF) work plan.</i>	MTEF July 2009- June 2010 revised and approved. Action plan, budget, and performance contract for July 2009 to June 2010 developed and approved. Evaluation of district's performance contract, <i>imihigo</i> , has taken place in the sectors. JADF office equipped (2 laptops, 2 external hard drives, stabilizer, chairs, computer table, projector/screen, modem).
2	Capacity building of community health workers, National Women Council and National Youth Council members of seven sectors about family planning; <i>as verified by the training and training session report.</i>	764 local elected authorities and community health workers from five sectors trained in family planning.
3	Purchase/distribution of medical supplies and equipment health centers; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	Medical equipment and supplies purchased (at 30,912,335 rwf or 56,204 USD) and distributed to health centers (Cyuga, Gihogwe, Gikomero Kabuye, Kacyiru, Kagugu, Kimironko and Nduba).
4	Purchase/distribution of materials and equipment for the district police officer in charge of the management of gender-based violence; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	Gender desk of the Gasabo district police office in Remera equipped for management of GBV (2 desktop computers, 2 printers, 6 chairs, 2 office desks and 2 office bulletins).
KICUKIRO		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Purchase/distribution of medical supplies and equipment for the new health center of Betsaida of Kicukiro District; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	<i>District requested that Twubakane Program directly procure supplies and equipment because it was not able to complete process within the agreement period. The process is now being carried out by Twubakane.</i>
2	Capacity building of district and sector staff in planning, production of sector profiles, monitoring and evaluation of <i>imihigo</i> , and operationalization of 10 sectors' JADFs; <i>as verified by carrying out one training session, production of 2009-2010 action plan and MTEF for the district and 10 sectors, imihigo contract reporting, and the minutes of JADF meetings.</i>	District JADF meeting held in July. Evaluation of the performance contract for January to June 2009 took place in June; documentary film produced. Eight district unit directors, 10 sector executive secretaries, 10 accountants of sectors and 4 districts technicians trained during 9 days in planning process and tools.

3	Improved hygiene and reduction of oral-fecal illnesses (“Plus” Program) in 22 primary schools; as <i>verified by the purchase, delivery and installation of small water tanks and their use at the schools.</i>	70 small water tanks were purchased and distributed and installed in 57 primary schools of Kicukiro districts.
4	Expansion of community-based family planning outreach strategies and activities at 15 new outreach sites; as <i>verified by the purchase of supplies and materials and the technical reports of activities carried out at the 15 new sites.</i>	In partnership with ARBEF (<i>Association Rwandese pour le Bien-Etre Familial</i>), 7 new sites were visited (Gahanga, Masaka, Gikondo, Niboye, Nyarugunga, Busanza and Kicukiro). A network of community health workers and elected health officials for community mobilization.
5	Capacity building of 55 private health clinics in health data management - HMIS ; as <i>verified by the training of the staff of private health clinics in the use of the MINISANTE's GESIS software and the installation of the software program on their computers.</i>	43 health facilities staff in charge of health system information (36 from private health clinics and 6 from public health centers) benefited from the training health data management.
KIGALI CITY		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Strengthening the capacity of Kigali City officials and technicians to coordinate health sector activities amongst the various stakeholders; as <i>verified by implementing two forums/meetings between stakeholders and Kigali City officials; assessing and documenting the effectiveness of the partnerships, and the minutes of quarterly meetings and forums.</i>	A meeting of health activities coordination was carried out and organized by Kigali City August 17- 18. Ninety-one health service providers and officials from all health facilities and districts of Kigali City attended.
2	Orientation sessions for community and leaders of the 3 districts of Kigali on the management of gender-based violence; as <i>verified by carrying out, documenting and disseminating the proceeds of a one day workshop of 150 community leaders and authorities in the three districts of Kigali City.</i>	322 community leaders (cells leaders and anti gender-based violence clubs members from cells) were trained.
3	Capacity building of Kigali City officials and technicians for the 2009-2012 budget & planning cycle; as <i>verified by implementing 2 planning & budgeting workshops; the production of the City's Medium Term Expenditure Framework (MTEF 2009-2012) and preparation and documentation of the performance contract – Imihigo 2010.</i>	Activity not yet carried out.
NYARUGENGE		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
	Purchase/distribution of medical and office supplies and equipment for health centers of Butamwa, Gitega, Kabusunzu, Mwendo, Nzove; as <i>verified by the purchase, delivery and use of the supplies & equipment.</i>	50% of health facilities equipment and materials has been purchased and delivered to the health centers.

EASTERN PROVINCE

KAYONZA		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Purchase and delivery of medical supplies and equipment for the health centers of the District of Kayonza; as verified by: their purchase, delivery, and the use of the supplies & equipment.	<i>District requested that Twubakane Program directly procure supplies and equipment because was not able to complete process within the agreement period. The process is now being carried out by Twubakane.</i>
2	Support to 6 PAQ teams of the 6 health centers of Kayonza District in the conception, planning and execution of income-generating activities; as verified by the signed and executed agreements for income-generating projects; the appropriate use of the financing, and the implementation of activities.	6 PAQ benefited from funds for income-generating projects.
3	Capacity building of local government authorities and technicians through the purchase and use of IT equipment for district technical units and cells; as verified by the purchase, delivery, distribution and use of lap top computers by the staff.	<i>District requested that Twubakane Program directly procure supplies and equipment because was not able to complete process within the agreement period. The process is now being carried out by Twubakane.</i>
KIREHE		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Capacity building of district officials and technicians in improving their performance on services delivery, reporting systems, human resources management, planning and budgeting; as verified by implementing a 3-day training workshop and follow-up supervision reports.	90 local government officials and technicians were trained in improving their performance on services delivery, reporting systems, human resources management, planning and budgeting.
2	Capacity building of the District of Kirehe local government officials and technicians by organizing a best practices competition on project management, good governance, and service delivery at the Cell level; as verified by the documentation of the results of the evaluation committee, the site visit reports at the Cells and carrying out a workshop to publicly present the results.	The district organized a competition for best practices on management, good governance, and service delivery at the Cell level in Kirehe district. The district awarded prizes to 12 most innovative cells (Gahara, Kirehe, Kigina, Mahama, Nyarubuye, Musaza, Nyamagari, Gatore, Mpanga, Mushikiri, Kigarama, and Nasho).
3	Support to PAQ teams operating at Kabuye and Nyabitare health centers, to put in place income generating activities for the indigent population; as verified by the two signed agreements for providing financing and establishing income generating projects, and the implementation of activities.	2 PAQ teams (Kabuye and Nyabitare) each received funds of 1,000,000 rwf to finance income-generating projects, consisting of small business initiatives.
4	Improved working conditions for the staff at the Sector office of Nyarubuye, through the repair and renovation of the roof of the building and solar energy equipments; as verified by repairs and replacement of the roof and the site inspection report of the final work and solar energy installed.	The roof of Nyarubuye sector office was renovated and solar energy equipment repaired. Solar panel system and materials have been purchased and installed at Mpanga sector. The district decided to keep the old one at Nyarubuye and install the new one at Mpanga sector.

5	Improved hygiene through the purchase of one water tank for rain water harvesting and storage at Ntaruka Health Center; <i>as verified by the purchase, delivery, installation and use of one large plastic water storage tank.</i>	The district purchased and installed one water tank for rain water harvesting and storage for Ntaruka Health Center in order to improve hygiene.
6	Capacity building of district staff in local government budgeting & planning processes; <i>as verified by the production of the Imihigo performance contract, the 2009-2010 budgeted work plan, and the Medium Term Expenditure Framework (MTEF 2009-2012)</i>	The budget for this project was used instead to fund the solar energy equipment for Mpanga sector.
NGOMA		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Capacity building of 7 sectors through renovations of their public buildings and offices; <i>as verified by the management of the tender bid process of the purchase, delivery and distribution of stones, cement and sand, and management of the construction work.</i>	Materials have been purchased for renovation of 6 sectors (Jarama, Rukumberi, Mugesera, Gashanda, Mutendeli and Karemba).
2	Purchase and installation of a solar panel system and material at Kirwa Health Center; <i>as verified by the purchase, installation and use of the solar panels, batteries and other accessories.</i>	Solar panel system and materials have been purchased and installed at Gituku Health Center. (District identified another donor to fund Kirwa Health Center's solar panels.)
3	Purchase/distribution of medical supplies and equipment for family planning secondary post of Rujambara; <i>as verified by the purchase, delivery and the use of the supplies & equipment</i>	Medical supplies and equipment purchased and delivered to health post of Muhurire, Rujambara cell to strengthen their capacity to provide family planning services.
4	Renewal of the contract for broadcasting weekly radio shows at the IZUBA community radio station on district decentralization and health issues; <i>as verified by the documentation of the scripts of the weekly messages recorded and broadcast by Ngoma District authorities on the radio station.</i>	Contract signed and executed between the district and the local radio station (Izuba) to broadcast 15-minute shows "Abajyinama" once a week to promote democracy, good governance and development and health, 52 shows.
5	Improved hygiene through the purchase of plastic water tanks for rain water harvesting and storage for the health centers of Kirwa and Nyange; <i>as verified by the purchase, delivery, installation and use of the tanks.</i>	8 plastic water tanks for rain water storage were purchased and installed at 2 health centers, Kirwa and Nyange (4 tanks each).
RWAMAGANA		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Financing of the contract for broadcasting bi-monthly radio shows at the Izuba community radio station on district decentralization and health issues; <i>as verified by the documentation of the scripts of the weekly messages recorded and broadcast by Rwamagana District authorities on the radio station.</i>	The budget for this project was used to fund the purchase of medical equipment for Gahengeri health center.
2	Purchase/distribution of medical supplies and equipment and non-medical consumables for Gahengeri Health center; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	Medical and nonmedical supplies and equipment purchased and delivered to Gahengeri to strengthen its capacity to provide improved health services.

3	Support to 4 PAQ teams of the district health centers in the conception, planning and execution of income generating activities; <i>as verified by the signed and executed agreements for the income-generating projects; the appropriate use of the financing, and the implementation of activities.</i>	4 PAQ teams (Nyagasambu, Munyaga, Musha, Nyakariro) each received funds of 1,000,000 rwf to finance income-generating projects, consisting mostly of livestock and small business initiatives.
4	Capacity building of the District of Rwamagana local government authorities and technicians for the 2009-2010 budget & planning cycle; <i>as verified by carrying out and documenting of a 2 day workshop for the revision and validation of the 2009 budget, and 6 workshops for the quarterly evaluation of district performance contracts (Imihigo).</i>	Workshop done for the revision and validation of the 2009 budget, as well as the quarterly evaluation of district performance contracts (Imihigo). (100% funded by the district).

SOUTHERN PROVINCE

KAMONYI		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Renovations of the Remera Rukoma Health Center building; <i>as verified by the contracting and completion of the renovation works, the modification and improved use of the rooms of the health facility.</i>	Renovation of Remera Rukoma health center is ongoing and 95% has been completed. Eight rooms have been renovated to accommodate different services such FP, maternity, VCT, PMTCT, ANC, and consultation. A contractual arrangement is that the remaining renovation works will be carried out by the district and other partners.
2	Support for improved functioning of PAQ teams; <i>as verified by the documentation of minutes of PAQ meetings between the public and administrative authorities; the signed agreements for income generating projects; and monitoring and supervision reports of PAQ activities.</i>	10 PAQ teams (Kigese, Karangara, Kabuga, Mugina, Cyeru, Musambira, Kamonyi, Kayenzi, Nyagihamba, and Gihara) used funds of 1,000,000 rwf to finance income-generating projects, consisting mostly of agriculture, livestock, and small business initiatives.
3	Purchase/delivery of medical supplies & equipment for Karama, Kayumbu and Nyamiyaga secondary health posts; <i>as verified by the purchase, delivery, and the use of the supplies and equipment.</i>	Medical and nonmedical supplies and equipment was purchased and delivered to health posts to strengthen their capacity to provide health services.
MUHANGA		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Capacity building district technical staff in planning, budgeting, and use of ICT equipment; <i>as verified by: the production of the Medium-Term Expenditure Framework - MTEF 2010-2012; the annual budgeted work plan for 2010; the evaluation of 2009 performance on work plans and the Imihigo performance contract; the purchase and distribution of 2 desktop computers, 2 printers at 2 Sector offices.</i>	Through a workshop the District Development Plan was evaluated and updated. Held a workshop on evaluation of the performance contract for January to June 2009. 3 laptops and 2 printers were purchased.
2	Purchase/distribution of medical supplies and equipment for Gasagara Health Center; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	The medical supplies and equipments purchased and delivered to Gasagara Health Center and in use.

3	Finalization of the renovation of Gasagara Health Center, <i>as verified by electric installation, water pipes installation, toilet and sanitation equipments installation and the completion of other services wards.</i>	Gasagara Health Center renovation finalized by electric installation, water pipes installation, toilet and sanitation equipments installation and completion of other services wards. The center is now operational.
NYAMAGABE		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Capacity building of district technical staff in planning, budgeting, use of ICT equipment, and improved communications; <i>as verified by: the production of the Medium-Term Expenditure Framework (MTEF) 2010-2012; the annual budgeted work plan for 2010; the evaluation of 2009 performance on work plans and the Imihigo performance contract; the purchase ICT equipment and distribution of eight modems to eight executive secretaries of the administrative sectors of the district.</i>	MTEF 2010-2012, the annual budgeted work plan and performance contract 2009, 17 Joint Action Development Forums for 17 administrative sectors supported, 20 laptops and 8 modems purchased and distributed to the administrative sectors and the stock management software purchased and installed for Kigeme Hospital.
2	Support to vulnerable and poor households in two VUP Sectors (Kamegeri and Mbazi) of Nyamagabe District, and improvement of their living conditions and nutritional intake through a rabbit breeding project; <i>as verified by the purchase and the distribution of rabbits to the households of the two sectors.</i>	2232 rabbits purchased and distributed to the households of the sectors of Kamegeri and Mbazi.
3	Support to PAQ teams in conception, planning and implementation of income generating activities; <i>as verified by signed agreements for income-generating projects and the monitoring and supervision report of PAQ activities.</i>	12 PAQ Teams have been supported financially for income-generating projects in 12 health facilities.
NYARUGURU		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Technical assistance and support to district technical staff to implement the district's urban habitat and zoning policy of the district through the production of a master plan of the Kibeho zoning area; <i>as verified by production of the final zoning plan of Kibeho and the cadastral surveys of the land plots.</i>	Final master plan and the cadastral surveys of the land plots produced.
2	Technical assistance to district staff to implement the urban habitat and zoning policy district by putting in place a revenue-generation project; the construction of an improved and ecological furnace for the production of bricks and tiles; <i>as verified by construction and management of a firing furnace with a capacity of manufacturing 100,000—120,000 tiles and bricks per trimester.</i>	A firing furnace with the capacity of manufacturing 100,000 to 120,000 bricks and tiles per trimester is being constructed in partnership with other district partners.

3	Capacity building of district local authorities and technicians for the 2009-2010 budget and planning cycle and use of ICT equipment; <i>as verified by the production of the annual work plan and budget - July 2009- June 2010; revision of the Medium-Term Expenditure Framework (MTEF); reporting on and evaluation of the 2009 Imihigo performance contracts and indicators; the preparation of the 2010 Imihigo performance contracts; meetings and preparation of the Joint Action Development Forum (JADF) work plan and the purchase and distribution of 10 laptop computers and 6 printers for the district staff and 2 television set for the sensitization.</i>	<p>Annual work plan and the budget 2009 produced. MTEF revised.</p> <p>2 sessions of Joint Action Development Form meetings held for all administrative sectors.</p> <p>10 laptops and 6 printers purchased and distributed to the district staff.</p> <p>2 television screens purchased for sensitization activities.</p>
RUHANGO		
	Activities planned for 2009 DIF grant	Activities implementation status, September 30, 2009
1	Purchase/distribution of medical supplies and equipment for the hospital and health centers of the District of Ruhango; <i>as verified by the purchase, delivery and use of the supplies & equipment.</i>	Medical equipment purchased, delivered and used by the health facilities.
2	Capacity building of the district authorities and technicians for the 2009-2012 budget & planning cycle; <i>as verified by the production of the annual work plan and budget - July 2009- June 2010; revision of the Medium Term Expenditure Framework (MTEF); reporting on and evaluation of the 2009 Imihigo performance contracts and indicators; the preparation of the 2010 Imihigo performance contracts.</i>	<p>July 2009 - June 2010 annual work plan and budget produced.</p> <p>MTEF 2009-2012 revised.</p> <p>2009 performance contracts indicators evaluated and reported.</p> <p>2010 performance contracts prepared and presented.</p>
3	Support to vulnerable households in three VUP Sectors (Kinihira, Mwendo and Ntongwe), and improvement of their living conditions and nutritional intake; <i>as verified by the purchase, delivery and distribution of cows to 37 vulnerable and poor households.</i>	35 cows purchased and distributed to vulnerable households in 2 sectors (Kinihira and Ntongwe).
4	Support provided to the district authorities and technicians to implement an <i>itorero</i> program, focused on decentralized service delivery, health services and civic education/participation; <i>as verified by the training of trainers at district, sector and umudugudu levels, followed by these trainers orienting the local population on their civic duties and responsibilities.</i>	<p>54 trainers have been trained at the sectors level.</p> <p>354 trainers have been trained at the cell level and 3198 at the village level/umudugudu.</p>

ANNEX 5: PERFORMANCE MONITORING BY PROGRAM COMPONENT

COMPONENT ONE: FAMILY PLANNING/ REPRODUCTIVE HEALTH ACCESS AND QUALITY: Results for Quarter (July - September 2009)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe	Other
FAMILY PLANNING														
Couple years of protection offered by public facilities in USG-supported programs ¹	52,867	5,119	2,952	NDA ²	4,709	4,494	4,610	4,835	6,387	3,910	7,551	4,153	4,146	
# People that have seen or heard a specific USG-supported FP message	251,907	14,311	5,522	22,133	17,868	16,188	17,195	12,354	49,174	26,423	23,959	15,473	31,307	
# People trained in family planning/ reproductive health ³	289	2	2	2	4	2	2	1	36	1	15	14	24	184
Female	94													
Male	195													
# new family planning users at health centers	37,574	2,743	682	2,590	2,574	2,915	5,226	3,386	2,940	2,936	5,641	3,604	2,337	
Pills	7,097	558	127	575	476	387	529	597	576	583	1,538	524	627	
Injectables	25,542	1,828	430	1,752	1,875	2,004	4,374	2,359	1,849	1,977	3,101	2,612	1,381	
Implants	3,544	160	72	142	160	490	230	352	409	299	562	438	230	
IUDs	620	90	0	16	19	3	3	2	29	0	403	0	55	
Standard Days Method	245	9	26	81	2	6	32	8	45	7	18	5	6	
Condoms	481	98	2	24	42	25	54	68	27	70	19	22	30	
Periodic abstinence	45	0	25	0	0	0	4	0	5	0	0	3	8	

¹ Twubakane receives CYP figures from the USAID|DELIVER Project which they calculate based on pharmacy data. Normally after collecting data from district pharmacies, DELIVER staff compile an adjusted report of CYP based on available data versus missing data per district. This quarter, we are reporting non-adjusted CYP since the adjusted figures were not yet available when we submitted the report.

² NDA: No data available by the time this report was compiled.

³ Five training events were carried out this past quarter in Family Planning / Reproductive Health:

- Training of 20 hospital supervisors on FP/RH formative supervision techniques from Gasabo(2), Nyamagabe(3), Ngoma(2), Kayanza(4), Nyaruguru(1), Kirehe(1), Nyarugenge(2), Kicukiro(2), Kamonyi(1), Ruhango(2)
- Training of 30 trainers on Family Planning using the OJT approach from the districts of Nyaruguru(13) and Nyamagabe(17)
- Training of 47 health providers in counseling of FP permanent methods from the districts of Ruhango(11) and Muhanga(36)
- Training of 184 journalists in Reproductive Health from all over the country.
- Training of medical doctors and their assistant nurses in non-scalpel vasectomy from the district of Rwamagana(2), Nyamagabe(4) and Ruhango(2)

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Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe	Other
SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH														
# ANC visits by skilled providers	54,923	6,404	3,550	6,181	4,937	3,802	4,143	4,913	5,088	3,385	4,011	3,047	5,462	
# women with four standard ANC visits	2,789	172	65	121	267	224	241	339	540	128	246	89	357	
# Deliveries with Skilled Birth Attendants (SBA)	22,746	2,063	1,661	2,375	2,059	1,940	2,115	1,786	2,630	1,542	1,685	1,345	1,545	
# Postpartum/newborn visits within 3 days of birth ⁴	22,746	2,063	1,661	2,375	2,059	1,940	2,115	1,786	2,630	1,542	1,685	1,345	1,545	
# People trained in maternal / newborn health ⁵	63	2	4	3	10	4	1	7	3	0	0	2	5	22
Female	36													
Male	27													
# pregnant women diagnosed with malaria	2,428	113	118	36	506	294	777	235	42	38	199	36	34	

⁴ Postpartum/newborn visits within 3 days of birth is the same as # Deliveries with Skilled Birth Attendants (SBA) because there is no reliable data source at the health facility level for # women who delivered at home and came to the hospital or health center within 3 days or who were reached via outreach within 3 days at home

⁵ Trainings in maternal/newborn health this past quarter included :

- Training of 16 health providers in EONC from the districts of Nyamagabe(2), Nyaruguru(1), Kicukiro(2), Rwamagana(2), Kirehe(4), Kayonza(3), Gasabo(1) and Muhanga(1)
- Training of 15 trainers in EONC from the districts of Gasabo(1), Nyamagabe(1), Ngoma(1), Kayonza(3), Nyaruguru(1), Kirehe(3), Nyarugenge(1), Kicukiro(2) and Muhanga(2)
- Support the MOH in the national training of 32 district level trainers of Maternal Community Health Workers (ASM) including 10 from the Twubakane intervention zone - Nyaruguru(2), Kayonza(4), Rwamagana(2), Nyamagabe(2) - and 22 from other districts.

COMPONENT TWO: CHILD SURVIVAL, MALARIA AND NUTRITION ACCESS AND QUALITY OF SERVICES: Results for Quarter (July-September 2009)

Indicator	Total	Bugesera	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
# Diarrhea cases treated	29,392		1,730	1,226	2,820	2,058	1,728	4,493	3,458	1,427	1,229	1,846	2,712	4,665
# Children less than 12 months who received DPT3	30,794		3,305	1,907	2,043	2,729	2,266	2,807	2,751	2,878	2,349	2,952	2,255	2,552
# People trained in treatment or prevention of malaria ⁶	2,052	165	683	413	285	0	1	3	0	3	0	493	6	0
Female	1,008													
Male	1,044													
# children < 5 years diagnosed with simple malaria at health centers	57,450	8,217	3,628	1,739	4,743	6,467	4,716	9,774	5,896	2,514	1,640	4,466	2,149	1,501
# children < 5 treated for malaria through HBM ⁷	34,956	6,202	1,699	1,223	381	3,766	3,863	4,144	4,408	1,747	3,511	4,012	0	0

⁶ This training category of treatment and prevention of malaria covers the following trainings:

- Formative supervision and technical support in supervision of 463 CHWs of Ruhango District in community interventions including C-IMCI.
- Formative supervision in HBM of 165 CHWs from Bugesera District, Mareba Sector.
- Trainings of CHWs of the three districts of Kigali in C-IMCI: Kicukiro (413), Nyarugenge (282), and Gasabo (679).
- Training of 20 health providers in clinical IMCI from the districts of Gasabo(4), Nyarugenge(3), Rwamagana(1), Ngoma(3), Muhanga(3), Nyaruguru(6)

⁷ For most of the month of July, many CHWs were regrouped in Itorero camps. As a result, community interventions usually performed by CHWs, such as HBM, C-IMCI and growth monitoring, did not happen and most health centers did not report on community indicators.

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Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
# children <5 who received Vitamin A in the health facilities & community	65,945	5,151	4,141	2,874	2,057	1,836	2,355	1,596	34,055	2,076	7,676	1,441	687
# Children reached by nutrition programs	212,353	12,941	6,199	5,972	26,342	8,216	19,019	6,130	62,139	13,667	28,303	8,759	14,666
# People trained in child health and nutrition ⁸	1,887	0	683	413	285	0	1	3	0	3	0	493	6
Female	926												
Male	961												

⁸ The following trainings fall in the training indicator of # People trained in child health and nutrition:

- Formative supervision and technical support in supervision of 463 CHWs of Ruhango District in community interventions including C-IMCI.
- Trainings of CHWs of the three districts of Kigali in C-IMCI: Kicukiro (413), Nyarugenge (282), and Gasabo (679).
- Training of 20 health providers in clinical IMCI from the districts of Gasabo(4), Nyarugenge(3), Rwamagana(1), Ngoma(3), Muhanga(3), Nyaruguru(6)

COMPONENT FOUR: DISTRICT LEVEL PLANNING, BUDGETING AND MANAGING: Results for Quarter (July-September 2009)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayonza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe	City of Kigali	Other
# Sub-national government entities receiving USG assistance to improve their performance	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
# Sub-national governments receiving USG assistance to increase their annual own-source revenues	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
# Individuals who received USG-assisted training, including management skills and fiscal management, to strengthen local government and/or decentralization ⁹	225	18	9	13	7	7	9	96	4	1	6	0	8	9	38
Female	82														
Male	143														

⁹ The trainings for # Individuals who received USG-assisted training, including management skills and fiscal management, to strengthen local government and/or decentralization include:

- Training of 57 new mutuelle managers at the health center level in mutuelle management from the districts of Muhanga(4), Ruhango(6), Nyamagabe(7), Kirehe(6), Ngoma(9), Kayonza(6), Rwamagana(7), Nyarugenge(3), Kicukiro(3) and Gasabo(5)
- Training of 37 Political, administrative authorities and district Officials in audit and internal controls for local governments from the districts of Gasabo(12), Nyarugenge (10), Kicukiro (6) and Kigali City (9).
- Audit and internal controls training for local governments and inter-district exchange from Gasabo(1), Kayonza(1), Kamonyi(1), Nyamasheke(6) and Rusizi (5)
- Supported the audit and internal controls for local governments and inter-districts exchange from the districts of Karongi (12) and Rutsiro (15)
- A leadership and governance training for 90 local government authorities and technicians of the health sector Kirehe District

COMPONENT FIVE: HEALTH FACILITIES MANAGEMENT AND MUTUELLES: Results for Quarter (July-September 2009)

Indicator	Total	Gasabo	Kicukiro	Nyarugenge	Kayanza	Rwamagana	Ngoma	Kirehe	Muhanga	Kamonyi	Ruhango	Nyaruguru	Nyamagabe
# Service Delivery Points (SDP) with USG support ^β	215	17	12	10	17	17	19	16	33	13	17	25	19
<i>District Hospitals</i>	14	1	1	1	2	1	1	1	1	1	1	1	2
<i>Health centers</i>	136	10	7	8	13	11	12	12	13	11	13	13	13
<i>Health posts</i>	34	6	0	0	1	4	2	3	11	0	1	5	1
<i>FP Secondary Posts</i>	31	0	4	1	1	1	4	0	8	1	2	6	3

^β # Service delivery points (SDP) with USG support includes public and religiously-affiliated district hospitals, health centers, health posts and family planning secondary posts in Twubakane intervention zone; it does not include however private clinics, dispensaries or prison health facilities.