



Twubakane Decentralization and Health Program



Local Politics and Health: Performance-based Contracts (Imihigo) Between Mayors and the President and their Impact on Selected Health Indicators in Rwanda



Detailed Information and Handout for the Presentation

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Learning Objectives

- Describe the performance-based contracts (Imihigo) signed between the President of Rwanda and locally elected district mayors
- Outline the district-level efforts to meet health targets in response to the contracts
- Discuss the advantages and challenges of holding local government authorities accountable for their performance in providing and ensuring use of high quality health services



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Content

- Decentralization and Health in Rwanda
- IMIHIGO: A Performance Management Tool for Reform and Accountability
- IMIHIGO Results in the Districts of Kigali City, Eastern and Southern Provinces
- Lessons Learned / Advantages
- Constraints / Challenges
- Conclusion



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Historical Context Decentralization and Health

- The Government of Rwanda embarked on an ambitious and accelerated territorial and administrative reform between November 2005 thru December 2006
- They essentially compressed 4 years of programmed, decentralization activities into a nine month period of time



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Historical Context Decentralization and Health



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Admin Unit	2001 to 2005	2006
Provinces	11 + Kigali Ville	4 + Kigali Ville
Districts	106	30
Sectors	1,545	416
Cells	9,165	2,148
Health Districts	40	0



Historical Context of Decentralization

- The territorial reform policy of Rwanda is primarily aimed at:
 - deepening and strengthening decentralized governance in the country for the benefit and development of local populations
 - streamlining service delivery to be more effective, efficient, and responsive to the local community.



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Phases of Decentralization

- **Phase 1 - (2000-2005)** established democratic and community development structures. Legal, institutional and policy reforms were undertaken, to promote democratic local elections.
- **Phase 2 - (2006-2010)** establish national priorities; enhance effectiveness of service delivery to local communities; increase capacities of local government authorities and technicians; promotion of integrated local economic development; foster community participation at all levels in the planning, budgeting and management of local affairs.



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Phases of Decentralization

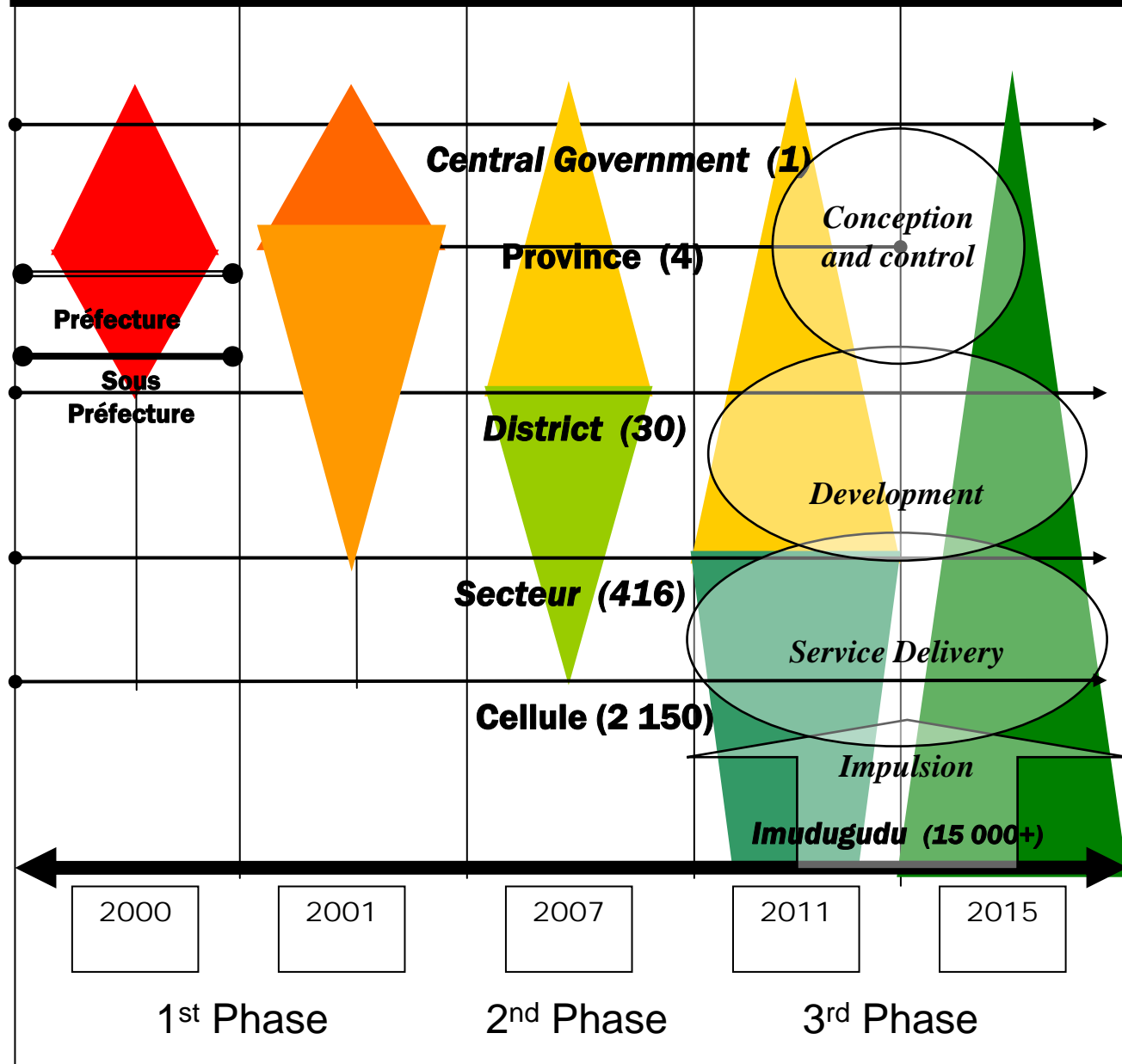
- **Phase 3 - (2011-2015)** sustain the achievements of the first two phases; reduce further the number of administrative entities; reinforce multi-sectoral decentralization at the local level and operationalise mechanisms for partnerships between public and private sectors.



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DISTRIBUTION OF DECISION MAKING, RESPONSIBILITIES AND RESOURCES

Decentralization Continuum in Rwanda





Key Strategic Objectives

1. Effective management and implementation of Decentralization Policy
2. Citizen participation, transparency and accountability
3. Efficiency and effectiveness of Local Governments in local economic development, poverty reduction and service delivery
4. Fiscal and financial decentralization
5. Monitoring, evaluation and management information system



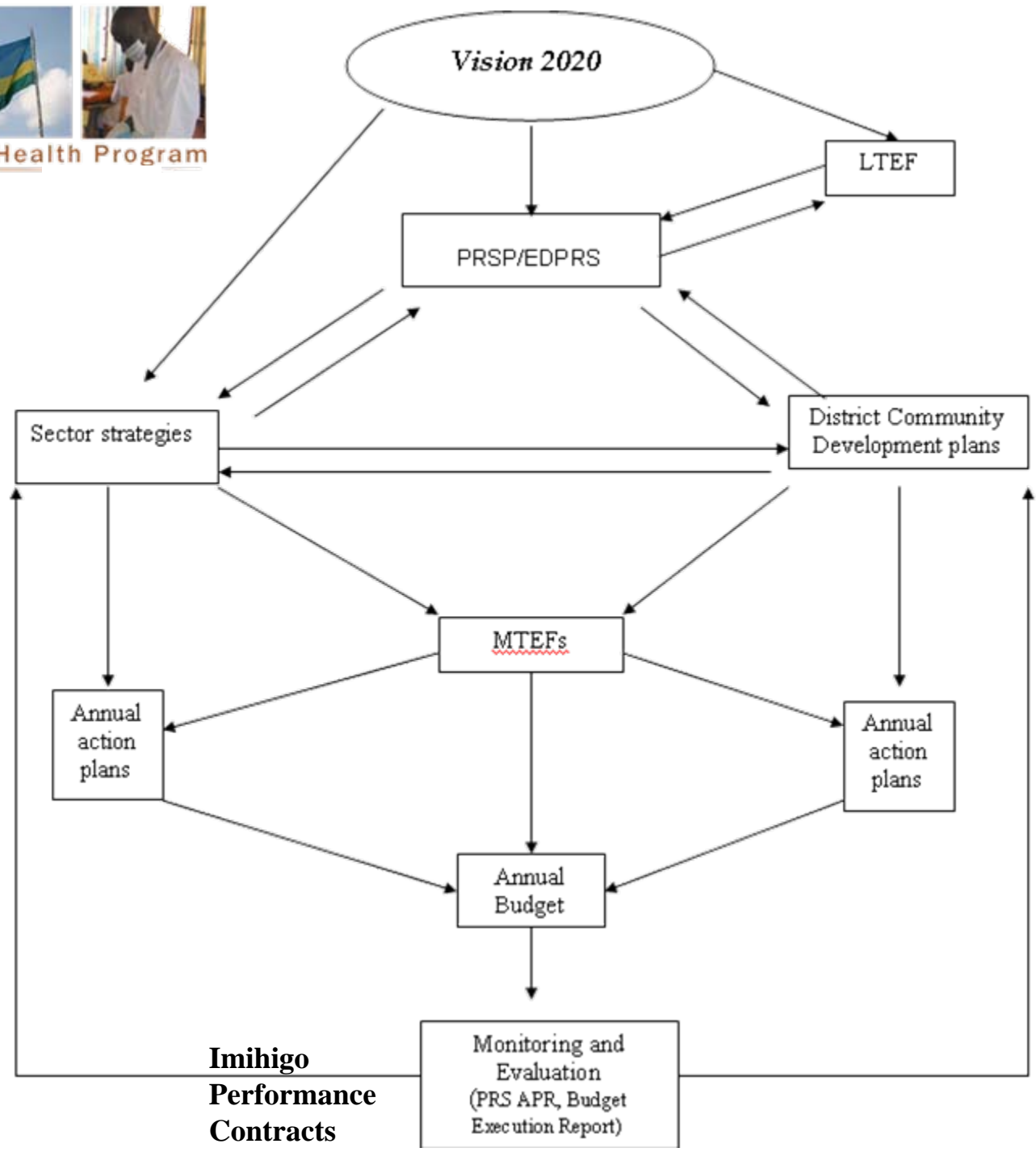
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Key Planning Processes in Rwanda



**Imihigo
Performance
Contracts**

Monitoring and
Evaluation
(PRS APR, Budget
Execution Report)

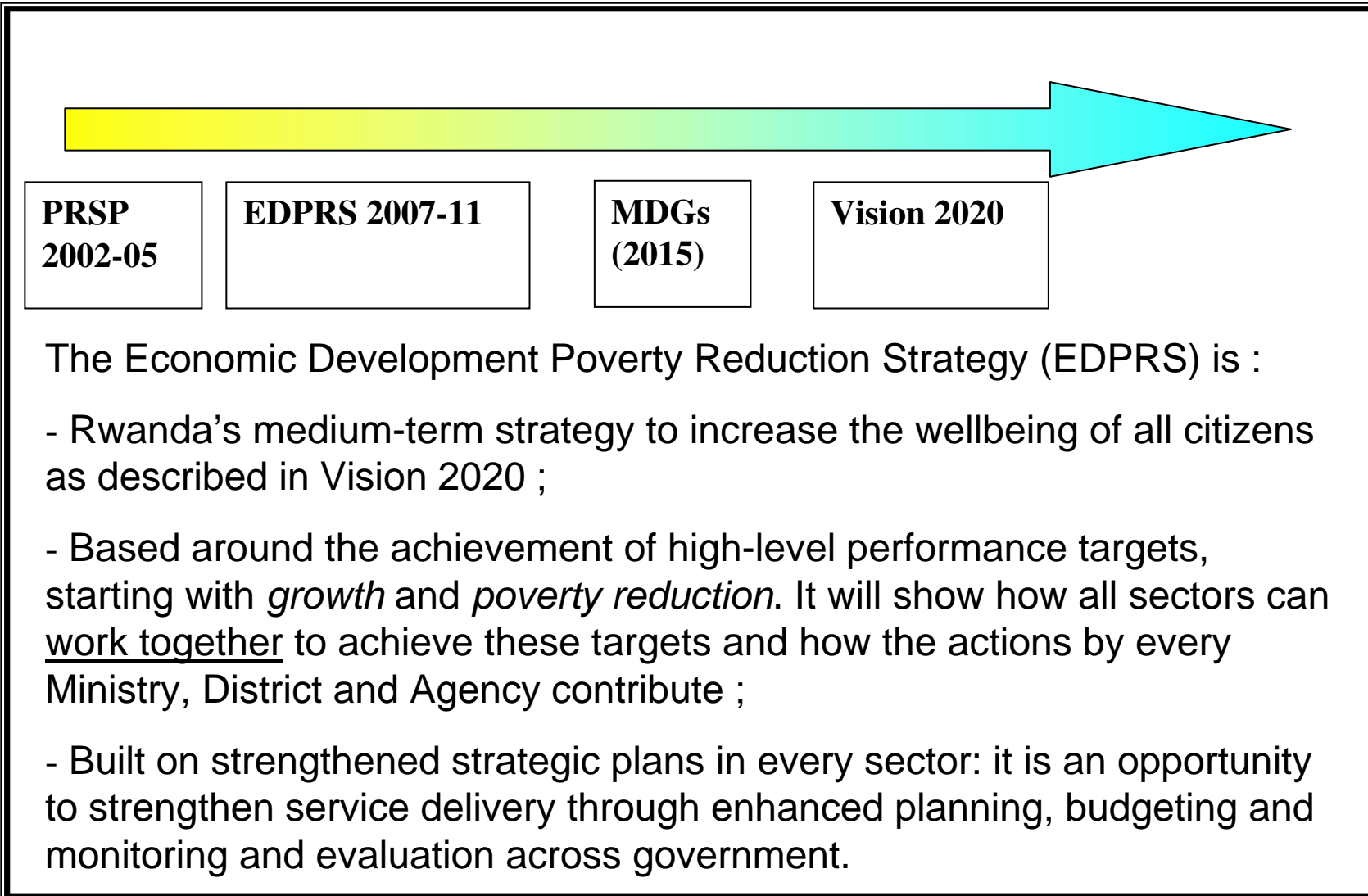


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EDPRS



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The Economic Development Poverty Reduction Strategy (EDPRS) is :

- Rwanda's medium-term strategy to increase the wellbeing of all citizens as described in Vision 2020 ;
- Based around the achievement of high-level performance targets, starting with *growth* and *poverty reduction*. It will show how all sectors can work together to achieve these targets and how the actions by every Ministry, District and Agency contribute ;
- Built on strengthened strategic plans in every sector: it is an opportunity to strengthen service delivery through enhanced planning, budgeting and monitoring and evaluation across government.



Key Planning Processes in Rwanda

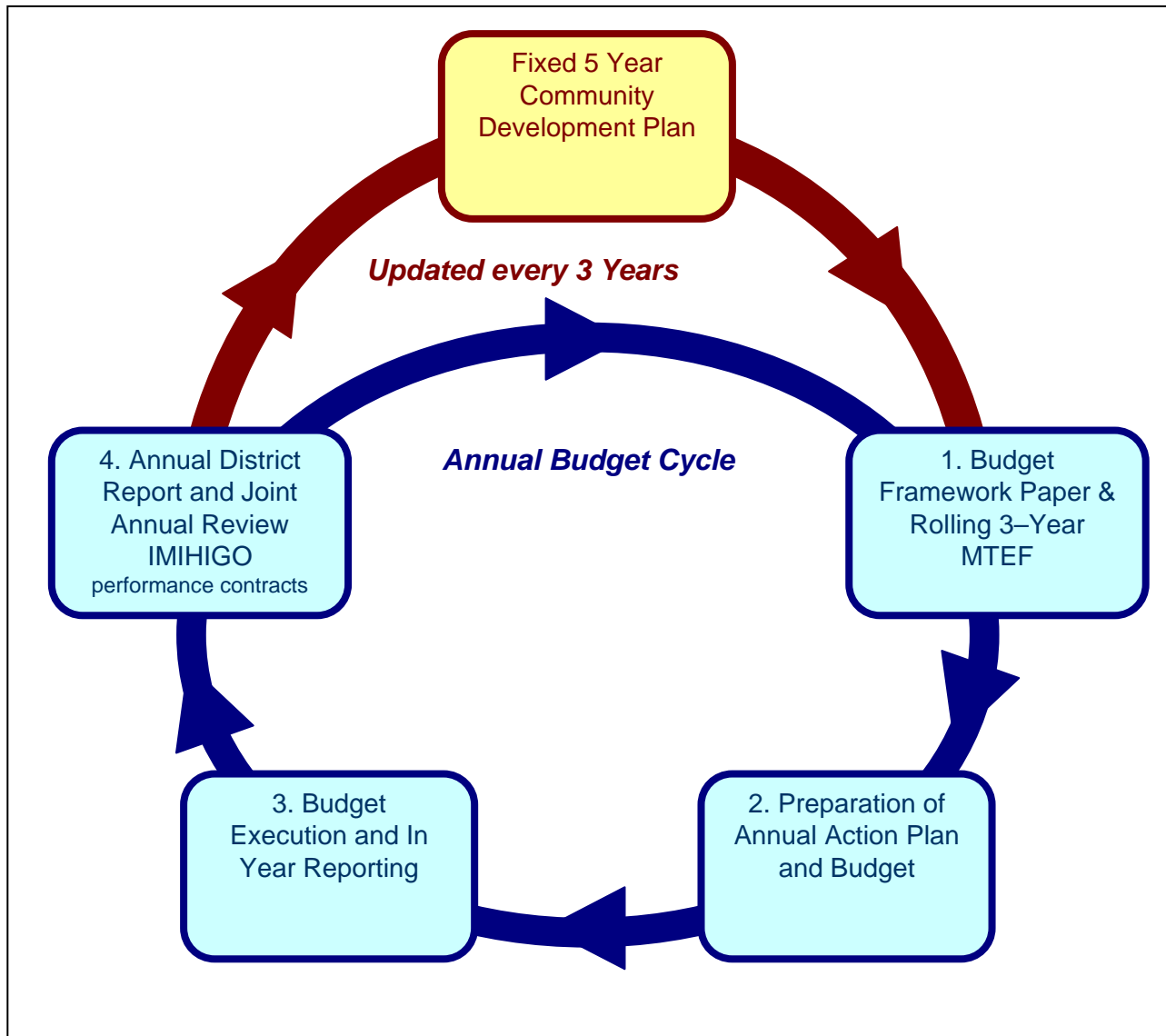


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The Local Government Planning and Budgeting Cycle





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Traditional Participatory Processes for Citizen Input into Budgeting and Planning Processes in Rwanda

- Ubudehe – community consulting process
- Umuganda – community public works
- JADF - Joint Action Development Forums
- District Councils
- District Development Planning and Budgeting Exercises
 - DDPs (5 year plans)
 - MTEFs (3 year budgeting)
 - Annual Planning and Budgeting (at District, Sector and Ministry levels)
- Imihigo and M&E systems (like citizen's report cards)



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Roles and responsibilities of various layers of administration



Level of Administration	Vision	Objective
National	Promote governance aimed at durable socio-economic development;	Promote governance aimed at durable socio-economic development;
Province	Co-ordinate national programmes and District planning.	<ul style="list-style-type: none"> - Co-ordinate District planning with national policies; - Develop the economy by relying on locally available materials.
City of Kigali	Durable economic and socio-political development, urban development in the country and the region, Kigali ought to be an exemplary city in Rwanda, region (and Africa).	<ul style="list-style-type: none"> - Determine, coordinate and create development programmes based on national, regional competitiveness (or even in Africa); - Design master plan to improve the city without damaging the environment; - Co-ordinate development activities of Districts which comprise it.



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Roles and responsibilities of various layers of administration



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Level of Administration	Vision	Objective
District	Durable socio-economic development.	<ul style="list-style-type: none"> - Co-ordinate and assist Sectors to deliver better services to the population; - Determine, co-ordinate and implement development plans; - Promote good relationships and co-operation with other Districts.
Sector	Make the Sector a base of administration, socio-economic development and service delivery in which the population participate.	<ul style="list-style-type: none"> - Monitor and co-ordinate Cell activities; - Solve population problems and deliver basic services; - Ensure security of people and their property; - Sensitise the population about Government policies and programmes; - Mobilise resources.



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Roles and responsibilities of various layers of administration



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Level of Administration	Vision	Objective
Cell	Make the Cell a level of administration which co-ordinates peoples aspirations and sensitises them to participate in Government development programmes.	<ul style="list-style-type: none"> - Assist “Umudugudu” levels of administration to co-operate better with Sector technical staff; - Assist the population to participate in different Government programmes.
Umudugudu	Make the “Umudugudu” base of people mobilisation.	<ul style="list-style-type: none"> - Promote better co-operation and good co-existence among the population; - Assist the population to keep peace and security, hygiene, maintain infrastructure, protect the environment, and participate in communal work (umuganda) and other Government programmes.



Health Objectives and Activities at Various Levels of Government



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Admin Level	Health Objectives	Health Activities
Village	<ul style="list-style-type: none"> Sensitise population on disease prevention by promoting health Provide first aid and average medical assistance; Collect basic data 	<ul style="list-style-type: none"> Sensitize population about benefits of Mutuelles, family planning, hygiene, HIV/AIDS prevention, malaria, etc Supply of mosquito nets and family planning methods to the population Administer malaria drug, fever, respiratory tract infections, and diarrhoea, Report on infant birth and death as well as maternal mortality and children under five years old.
Cell	<ul style="list-style-type: none"> Follow up on the performance of Village Animators Bridge Sector and Village 	<ul style="list-style-type: none"> Supervise the performance of the Village Animators, Collect data from Villages and disseminate them to the Sector
Sector	<ul style="list-style-type: none"> Provide primary health services Follow up on the functioning of Health Centres 	<ul style="list-style-type: none"> Set up management committees of Health Centres Provide primary health services through Health Centres
District	<ul style="list-style-type: none"> Provide general health services Follow up on the functioning of Mutuelles, Hospitals providing general health services and Pharmacy Build capacity of health services providers 	<ul style="list-style-type: none"> Set up management committees of Hospitals, Mutuelles and Pharmacy; Train health services provides; Follow up on technical functioning of Health Centres Ensure fundraising for implementation of health programme activities



Health Objectives and Activities at Various Levels of Government

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Admin Level	Health Objectives	Health Activities
Province	<ul style="list-style-type: none"> • Ensure harmonisation District strategic plans and national health policies and programmes 	<ul style="list-style-type: none"> • Explain to District health policies and programmes; • Ensure District strategic plans concord with national policies
Kigali City	<ul style="list-style-type: none"> • Support Districts in supervising private pharmacies and health facilities and well as hygiene, • Ensure fundraising for implementation of health programme activities 	<ul style="list-style-type: none"> • Ensure follow up on the performance of private sector in support to Districts
Central level	<ul style="list-style-type: none"> • Work out policies for health services provision • Build the capacity of health services 	<ul style="list-style-type: none"> • Set up policies, and legal framework, • Ensure fundraising for health programmes • Provide specialised health services



Imihigo

Performance Contract

- Imihigo is a traditional Rwandan practice – for a man to publicly state and demonstrate what he can do and is committed to, and then be held accountable to his word + actions + deeds
- It is a process that encourages competition and that honors capacities, excellence and integrity



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Imihigo Performance Contract

- ***Imihigo*** at the local government level is now used in Rwanda to design a series of performance management contracts signed between the president of the republic and the 30 district mayors on behalf of their constituents.
- The engagement is recorded publicly in a written contract that presents a set of development targets backed by specific performance indicators over a period of one year.



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Imihigo Performance Contract

- **Imihigo** was launched in April 2006. It links the allocation of public expenditure to published targets with the aim of delivering modern, responsive public services.
- **Imihigo** targets are set for services or outcomes which Government sees as key national priorities.
- **Imihigo** express the outcomes sought by Government, defining clear, long-term goals to propel the country towards the achievement of Vision 2020 and the EDPRS.



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Imihigo

Performance Contract

- The ***Imihigo*** approach is a results-based management tool:
 - each ***Imihigo*** identifies a set of clear priorities
 - each ***Imihigo*** presents a set of specific targets backed by measurable performance indicators
 - each ***Imihigo*** undergoes a well-defined annual process of performance monitoring and evaluation
 - each ***Imihigo*** constitutes an efficient accountability mechanism and an incentive for local government leaders and their population to implement the decentralization policies and to meet local and national development targets



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District Imihigo provides for a cycle of regular evaluations

- Internal monthly reports prepared at the District level and submitted to MINALOC
- Quarterly meetings and evaluation with the central government ministries and regional governors
- A national review every six months (president / prime minister office, sector ministries, and mayors)
- An overall end-of-year assessment (president / prime minister office, sector ministries, and mayors)



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Imihigo and EDPRS Performance Contracts

- To monitor the implementation of the EDPRS, each ministry prepare on an annual basis a report outlining how they are performing against their stated objectives and indicators
- These annual reports list all stated objectives, and provide a case by case assessment on whether progress is on track to achieve each of the targets as specified in the sectoral chapters in the EDPRS document.
- Reporting is not done on activities undertaken, but on progress made towards achieving national EDPRS objectives and results.



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Key Health Indicators for inclusion in: Imihigo, EDPRS, DDPs

- **To ensure improved health status of the Rwandan population by providing accessible quality health services to better contribute to economic development and poverty reduction**
 - **Health**
 - Reduce IMR from 86 to 75 per 1,000 per Live births
 - Reduce MMR from 750 to 600 per 100,000 live births
 - **Population**
 - Reduce Total Fertility Rate from 6.1 to 3
 - **HIV/AIDS**
 - Reduce HIV incidence among youth (proxy is the prevalence of 15 – 24) from 1.0% to 0.5%
 - **Nutrition**
 - Reduce % of U5 who have chronic malnutrition from 45% to 20%
 - Reduce anaemia among women in reproductive age (15-49) from 33% to 20%



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Health Indicators



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High Level Health Objectives	Health Indicators
<p>1. To strengthen sustainable and innovative financial pro-poor approaches and mechanisms for quality health care services</p>	<p>1. % of population covered by community based health insurance schemes from 70% (Cellule Mutuelle 05) to 95%</p>
<p>2. To increase geographical accessibility to quality health care services including availability & affordability of quality drugs, vaccines and consumables</p>	<p>2. % of health centres and hospitals with capacity to provide a comprehensive preventive and care package for: family planning, nutrition, HIV/AIDS, TB, Malaria and IMNCI from 45% (SIS 05) to 70%</p>



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Health Indicators



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High Level Health Objectives

3. To reduce incidence of communicable and child diseases, by improving promotion, prevention, care and treatment [Malaria, TB, HIV/AIDS and IMNCI (integrated Management of Neonatal and Child Illness)]

Health Indicators

Malaria:

- 3. % of chemoprophylaxis for pregnant women from 6% (DHS 05) to 94%
- 4. % of children under-five sleeping under ITN from 16% (DHS 05) to 90%
- 5. % of pregnant women sleeping under ITN from 20% (DHS 05) to 90%

TB:

- 6. % of estimated smear-positive TB cases that are detected and registered under DOTS each year from 45% (PNLT05) to 65%
- 7. % of detected TB cases that are HIV tested from 60% (PNLT 05) to > 95%

HIV-AIDS

- 8. Number of PMTCT centres from 234 (TRAC 06) to All H.C. (433)
- 9. Condom utilization rate essentially amongst youth 15-24 from F:25%(DHS 05) and M:39%(DHS 05) to respectively 30% and 45%

MCH

- 10. % of health facilities implementing community IMNCI from 0%(UNICEF 06) to 50%
- 11. % of health facilities Implementing Clinical IMNCI from 2%(UNICEF 06) to 50%
- 12. % of deliveries in health centres from 30% (DHS 05) to 75%



Health Indicators

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High Level Health Objectives	Health Indicators
<p>4. To strengthen reproductive health services including public awareness for responsible parenthood and Family Planning in order to reduce the population growth</p>	<p>13. % of population using modern contraception from 10% (DHS 05) to 70%</p>
<p>5. To reduce rate of chronic malnutrition</p>	<p>14. % of under 5 with anaemia from 56,3%(DHS 05) to 40% 15. % of women with anaemia from 33%(DHS 05) to 20%</p>



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Health Indicators



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High Level Health Objectives	Health Indicators
<p>6. To increase environmental health and hygiene conditions of population</p>	<p>16. % of households not having access to safe drinking water from 19,5%(DHS 05) to 5% 17. % of households without latrines from 5% (DHS 05) to 0%</p>
<p>7. To strengthen institutional capacity at all health facility and administrative levels</p>	<p>18. % of midwives assigned to rural areas from 17%(SIS 04) to 55% 19. % of health facilities with at least minimum staffing and equipment norms by level from 30% (HRH 06) to 50%</p>



Imihigo Health Sector Results



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- Of the 19 health indicators that Districts are expected to monitor and provide results on, the Districts primarily focused on the following 6 indicators during the 2006 and 2007 Imihigo exercises:
 - ❖ Community Health Insurance (Mutuelles)
 - ❖ Births / Deliveries in Health Centers
 - ❖ Family Planning
 - ❖ Use of ITNS (Malaria control thru use of bed nets)
 - ❖ HIV/AIDS
 - ❖ Hygiene



Imihigo Results Twubakane Districts



- For the purpose of this presentation examples and results from the following project Districts are presented:
- Eastern Province:
 - Ngoma, Kirehe, Kayonza, Rwamagana
- Kigali MVK
 - Nyarugenge, Kicukiro, Gasabo
- South Province
 - Muhanga, Kamonyi, Ruhango, Nyamagabe, Nyaruguru



Imihigo Results

Community Health Insurance

- **Indicator:** % of population covered by community based health insurance schemes

Results for all 12 of the project Districts:

Went From: average of 44% participation in 2005

To: average of 73% by mid year 2007

Due to the increase in Mutuelle membership, curative service utilization at health centers increased from 46% in 2005 to 65% in 2006 in project-supported districts

Examples of activities that the District undertook to achieve the results:

- Intensive sensitization of the population at the local level on the benefits of joining a mutuelle
- PR & radio spots
- Training of managers of the community health insurance program
- Equipment, supplies, and management tools



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Imihigo Results

Community Health Insurance (Mutuelles)



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District	% Participation in (Mutuelles) at the end of May 2006	% Participation in (Mutuelles) at the end of June 2007
Kamonyi	40.8	67
Muhanga	69.6	71
Ruhango	54.5	68
Nyamagabe	50.2	69
Nyaruguru	33.7	66
Kayonza	31.3	92
Kirehe	54	67
Ngoma	30.7	57
Rwamagana	54	75
Kicukiro	53.3	77
Nyarugenge	50.9	77
Gasabo	38.5	73
Average	46.7 %	73 %



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Imihigo Results

Births / Deliveries in Health Centers

- **Indicator:** % of deliveries in health centers from 30% (DHS 05) to 75%

Results for the following Districts

Nyarugenge: from 35% to 55.7%

Nyamagabe: from 23.8% to 65.2%

Rwamagana: from 30% to 77%

Examples of activities that the District undertook to achieve the results:

- hospitals provide high-quality comprehensive Emergency Obstetrical & Neonatal Care (EONC); staff trained at hospitals in EONC
- Sensitization of women and training of community health workers
- Incentive measures and program (no cost for women who completed their antenatal care visits)



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Imihigo Results

Family Planning

• **Indicator:** % of population using modern contraception from 10% (DHS 05) to 70%

Results for the following Districts

Ruhango: from 9% to 39%

Nyamagabe: from 7.2% to 18.4%,

Rwamagana: from 11% to 13.6%

Examples of activities that the District undertook to achieve the results:

- Training of health providers trained in modern family planning methods in the health centers
- Training of trainers in FP
- Long term methods (IUDs & Implants) available in health centers
- Community health workers trained in FP
- Local leaders sensitized
- FP secondary posts near Catholic health facilities created



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Imihigo Results

Malaria Control through Use of ITNs

- **Indicator:** % of children under-five sleeping under ITN from 16% (DHS 05) to 90%
- **Indicator:** % of pregnant women sleeping under ITN from 20% (DHS 05) to 90%

Results for the following Districts (for households):

- Nyamagabe: from 25% to 73.7%
- Ruhango: from 60% to 70%
- Nyarugenge: from 48% to 70%

Examples of activities that the District undertook to achieve the results:

- Sensitization of the population
- Distribution of ITN during immunization campaigns
- ITNs sold by community health workers



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Imihigo Results

HIV/AIDS

- **Indicator:** Number of PMTCT centers from 234 (TRAC 06) to all health centers (433)

Results for the following Districts:

Muhanga: 3 new PMTCT/VCT services created

Ngoma: 80% health centers have PMTCT/VCT centers

Examples of activities that the District undertook to achieve the results:

- Support to people affected by HIV/AIDS in promoting income generating activities (all project districts)
- Sensitization for voluntary testing
 - Kamonyi **37.2%** of the population,
 - Nyarugenge **10,730** people have participated in voluntary testing for HIV/AIDS



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Imihigo Results

Hygiene

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- **Indicator:** % of households not having access to safe drinking water from 19,5% (DHS 05) to 5%
- **Indicator:** % of households without latrines from 5% (DHS 05) to 0%

Results for the following Districts:

- Nyarugenge: 40% commercial businesses have been subject to hygiene inspection
- Ngoma: public latrines have been constructed in 100% of households; 80% of households have covered latrines

Examples of activities that the District undertook to achieve the results:

- The local population has been oriented to use safe drinking water
- Latrines built in households and public areas such markets and churches with community input and assistance
- Hygiene inspections of restaurants, commerce centers and other public areas
- Training of associations in charge of collecting solid waste



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Lessons Learned



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- IMIHIGO is proving to be a system / mechanism for ensuring better accountability and service delivery
 - Increasing understanding of roles and responsibilities
 - Strengthening the clients' rights and say over service providers
 - Increasing citizens' voice and participation
 - Getting results through contracting for specific indicators
 - Prioritizing service delivery assignments and accountability by sector
- IMIHIGOs help Districts match responsibilities with resources
- Improved Planning and Budgeting, monitoring and implementation
- IMIHIGO performance contract has allowed for a rapid increase in meeting several key health indicators
- The IMIHIGO requires that Mayors and civil servants become much more focused on all sector activities, in an equitable way, most notably in the health, education, economic development, and good governance sectors
- IMIHIGOs are not yet self sustaining at this point in time; it requires guidance from the central government, with financing and technical support from development partners and donors
- The IMIHIGO process will evolve over time and become one of the effective M&E systems that local government authorities will use



Challenges & Constraints



- Capacity at the local level for good data collection, analysis and use of the data for informed decision making is still very weak; results are sometimes inflated
- Baseline data is still being gathered and compiled
- With the territorial reform and re-districting, major surveys now have to be redone taking into consideration the new District boundaries
- An accurate capacity needs assessment of local government functions and service delivery needs to be carried out; and a capacity building plan needs to be formulated by and for each District
- The Districts still depend on donors for financial and technical support for improving service delivery and ensuring quality services
- There are competing demands and poor coordination at all levels of government



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Next Steps and Recommendations



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- Capacity-building activities must occur at the same time that processes like the IMIHIGO contract mechanism is being implemented
- IMIHIGOs are not enough on their own – other mechanisms have to work in tandem with IMIHIGOs (JADF, Ubudehe, Umuganda, DDPs, etc...)
- IMIHIGO mechanism will be revised and adjusted as the second phase of decentralization unfolds and as capacities increase at the local level
- Need to encourage joint planning and budgeting with all actors through the Joint Action Development Forums (JADF)
- IMIHIGO system will be extended and expanded to Administrative Sector and Umudugudu levels, and with the public sector
- Data collection system needs to be strengthened and a national Health Management Information System (HMIS) needs to be supported by all health partners and National Institute of Statistics; placement of a statistician in each District
- Support for a community health information system



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Rwanda Decentralization and Health Program



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- **Bi-lateral project agreement between:** USAID/Rwanda and the Government of Rwanda (concept developed by USAID in collaboration with GOR)
- **Length of program:** 5 years (2005 to 2010)
- **Program Funding:** US\$ 24,000,000+, funded by USAID
- **Prime Technical Contractor:** IntraHealth International
- **Partners of IntraHealth:** RTI International, Tulane University, EngenderHealth, VNG, RALGA, Pro-Femmes
- **Local Government of Rwanda Partners:** MINALOC, MINISANTE, 12 Districts of Rwanda (MINECOFIN, MIGEPROF and other ministries)
- For more information contact IntraHealth International and/or RTI International:
Email: intrahealth@intrahealth.org or rti_idg@rti.org
Web Site: <http://www.intrah.org/> or <http://www.rti.org/>



Twubakane Program



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- An innovative and integrated decentralization and health program
- Package of family **health services** that includes family planning/reproductive health and child survival/malaria and nutrition services
- **Decentralization**, resource mobilization, health financing, and health facilities management
- **Community access** to, participation in, and ownership of health services



Twubakane Support Provided for *Imihigo*

- Combination of technical and financial support
- Support to central level and decentralized levels of government
- Strengthened the capacity of local government and communities to ensure improved health service delivery at decentralized levels
- District Incentive Fund – for improved budgeting and planning at the district level
- Close collaboration with other stakeholders and the local community



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