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Local Politics and Health:

Performance-based Contracts (*Imihigo*) between Mayors and the President and Impact on Selected Health Indicators in Rwanda

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Learning objectives



- Describe the performance-based contracts 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 advantages and challenges of holding local government authorities accountable for their performance in providing and ensuring use of high quality health services



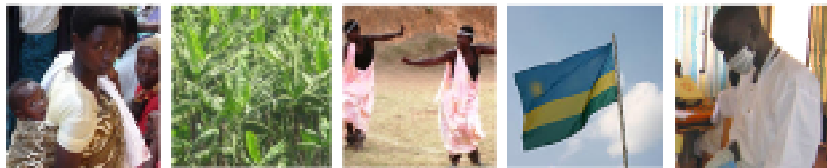
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Content



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- Decentralization and health care reform in Rwanda
- Performance-based contracts, or *Imihigo*: performance management tool for reform and accountability
- *Imihigo* results in selected districts of Rwanda
- Lessons learned
- Constraints and challenges
- Conclusion

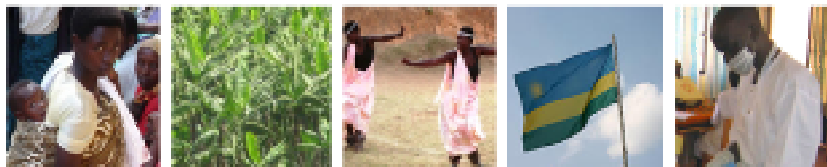


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Historical context of decentralization in Rwanda



- Government of Rwanda embarked on ambitious, accelerated territorial/administrative reform between November 2005 thru December 2006
 - 4 years of programmed decentralization activities compressed into several months
- Territorial reform policy aims to:
 - strengthen decentralized governance for benefit and development of local populations
 - streamline service delivery to be more effective, efficient, and responsive to local communities



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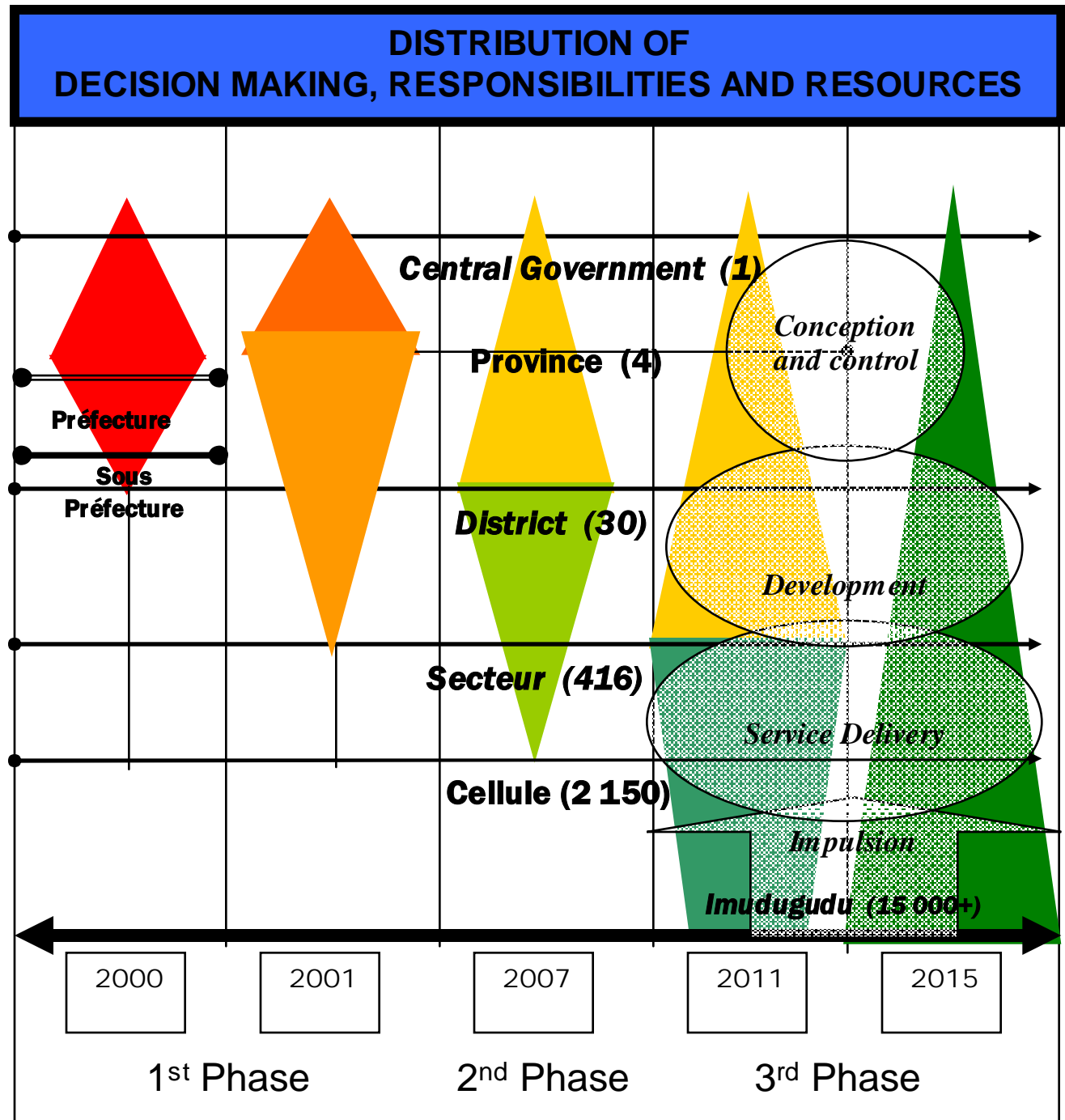
Rwanda: before and after new phase of decentralization



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

Decentralization Continuum in Rwanda





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Objectives of Rwanda Decentralization Strategic Framework



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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

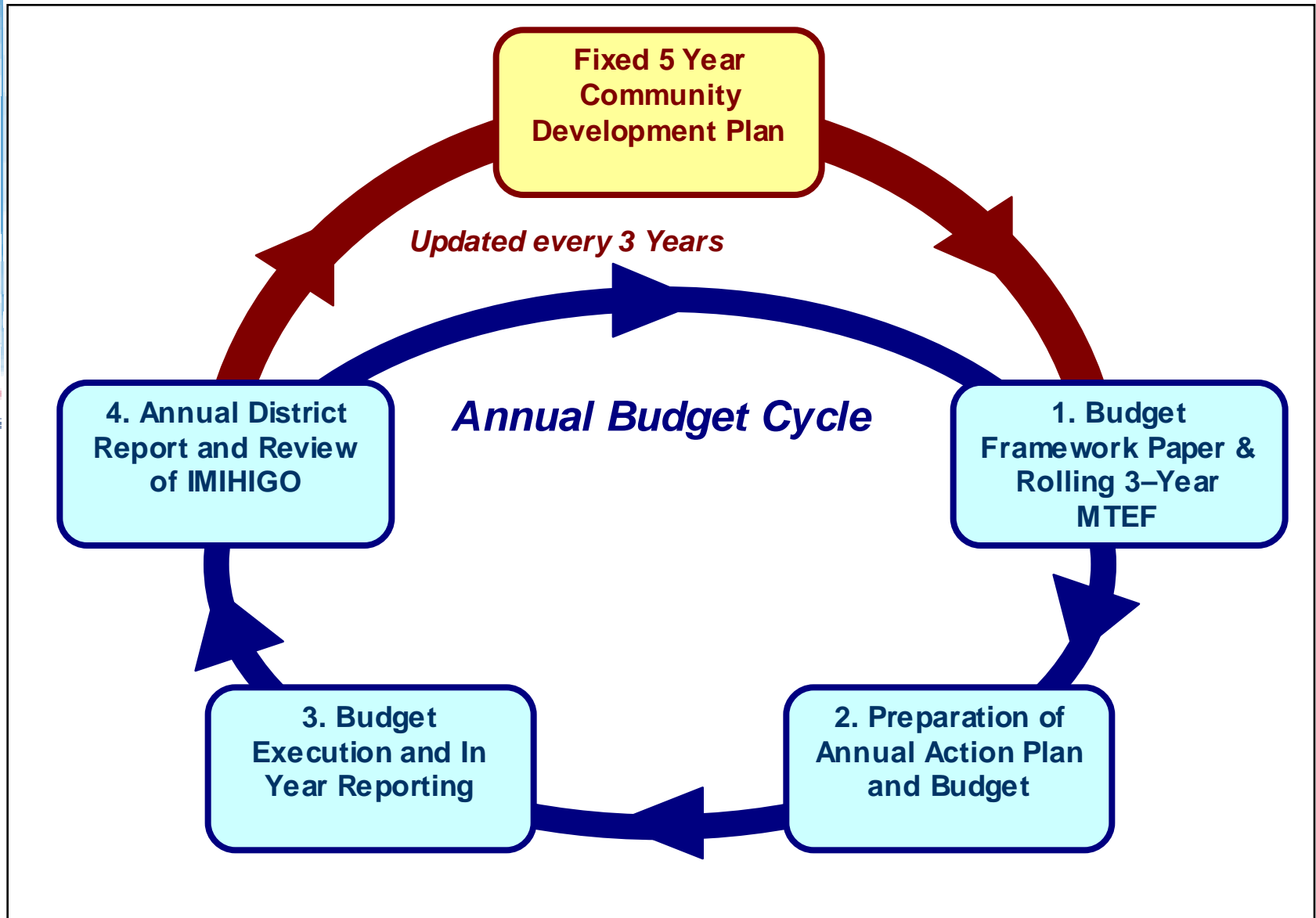


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Local government planning and budgeting cycle



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Traditional participatory processes for citizen input in budgeting and planning processes

- *Ubudehe*: community consulting process
- *Umuganda*: community public works
- District Joint Action Development Forums
- District Councils
- District Development Planning and Budgeting Exercises
 - 5-year District Development Plans
 - 3-year Medium Term Expenditure Frameworks
 - Annual Planning and Budgeting (at District, Sector and Ministry levels)
- *Imihigo*: performance-based contracts



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Imihigo performance-based contracts



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- *Imihigo*, traditional Rwandan practice, in which an individual publicly states and demonstrates what he or she can do and is committed to, and then be held accountable to his words, actions and deeds
- *Imihigo* process encourages competition and that honors capacities, excellence and integrity



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Imihigo performance-based contracts



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- *Imihigo* now used in Rwanda to design performance-based contracts signed between the President of the Republic and the 30 District Mayors on behalf of their constituents
- 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-based contracts



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- *Imihigo*, launched in April 2006, link allocation of public expenditure to published targets with the aim of delivering modern, responsive public services
- *Imihigo* targets set for services or outcomes which Government sees as key national priorities
- *Imihigo* targets for service delivery express the outcomes sought by Government of Rwanda, defining clear, long-term goals to propel country toward achievement of Vision 2020



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Imihigo: cycle of regular district progress evaluations



- Internal monthly reports prepared by districts and submitted to Ministry of Local Administration
- Quarterly meetings and evaluation with central government ministries and regional governors
- National review every six months (president / prime minister office, sector ministries, and mayors)
- Overall end-of-year assessment (president / prime minister office, sector ministries, and mayors)



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Key health goals reflected in *imihigo*



Ensure improved health status of 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: prevalence of 15 to 24-year olds from 1.0% to 0.5%)
- Nutrition
 - reduce % of U5 who have chronic malnutrition from 45% to 20%
 - reduce anemia among women in reproductive age (15-49) from 33% to 20%



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Imihigo results: Twubakane-supported Districts



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- Districts monitor/evaluate 22 health indicators (proposed by Ministry of Health)
- Selected results from 12 districts:
 - Eastern Province:
 - Ngoma, Kirehe, Kayonza, Rwamagana
 - Kigali MVK
 - Nyarugenge, Kicukiro, Gasabo
 - South Province
 - Muhanga, Kamonyi, Ruhango, Nyamagabe, Nyaruguru



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Imihigo results:

Community health insurance–*mutuelles*



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

Results for 12 districts:

Went From: average of 44% participation in 2005

To: average of 73% by mid-year 2007

Curative service utilization at health centers increased from 46% in 2005 to 65% in 2006 in project-supported districts

Districts supported:

- intensive sensitization and mobilization of local population on benefits of joining *mutuelles*
- radio spots and programs
- training of *mutuelles* managers
- equipment, supplies, and management tools



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Imihigo results:

Deliveries in health centers



Indicator: % of deliveries in health centers

Results for the following districts:

Nyarugenge: from 35% to 55.7%

Nyamagabe: from 23.8% to 65.2%

Rwamagana: from 30% to 77%



Districts supported:

- 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 antenatal care visits and delivery in facility



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Imihigo results:

Family planning



Indicator: % of population using modern contraception
(10% nationally according to 2005 DHS)



Results for the following districts:

Ruhango: from 9% to 39%

Nyamagabe: from 7.2% to 18.4%,

Rwamagana: from 11% to 13.6%



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Districts supported:

- 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 created near Catholic health facilities



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Imihigo results:

Malaria control through use of ITNs



Indicator: % of children under-five sleeping under insecticide-treated nets (16% nationally, 2005 DHS)



Results for the following districts (for households):

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



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Districts supported:

- sensitization of local population
- distribution of ITN during immunization campaigns and in health centers (antenatal care)
- community-based distribution by community health workers



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Imihigo results: Hygiene



Indicator: % of households not having access to safe drinking water (nationally 19.5%, 2005 DHS)

Indicator: % of households without latrines (5% nationally, 2005 DHS)

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

Districts supported:

- Sensitization of population on use of 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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- 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



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Twubakane Support Provided for *Imihigo*



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- 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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Lessons Learned



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Imihigo:

- 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
- help Districts match responsibilities with resources



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Lessons Learned



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Imihigo:

- have contributed to rapid increase in meeting several key health indicators
- require Mayors and civil servants to equitably focus on all sector activities, most notably health, education, economic development, and good governance
- still need guidance from the central government and with financial/technical support from development partners and donors
- process will evolve over time and become one of the effective and sustainable M&E systems for local government authorities



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Challenges and Constraints



- Capacity at the local level for good data collection, analysis and use of the data for informed decision making still weak
- Baseline data was not available, and some is still being gathered and compiled
- With the territorial reform and re-districting, census/surveys necessary to accurately measure population size per district



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Challenges and Constraints



- Capacity needs assessment of local government functions and service delivery and capacity-building plans needed
- Districts depend on donors for financial and technical support for improving service delivery and ensuring quality services
- Competing demands and need for strengthened coordination at all levels of government



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Conclusions and Recommendations



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- The *Imihigo* mechanism needs to be revised and adjusted as the second phase of decentralization unfolds and as capacities increase at the local level
- Districts need to be realistic in setting targets for, and in their reporting on, their *Imihigo* contracts
- Capacity-building activities must occur at the same time that processes like the *Imihigo* contract mechanism is being implemented



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Conclusions and Recommendations



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- Imihigo are not enough on their own – other mechanisms have to work in tandem with Imihigo (JADF, Ubudehe, Umuganda, DDPs, MTEF, etc...)
- Districts must actively put in place a functional HMIS and community health information system so that Districts accurately report on results and performance
- Coordination and collaboration between Districts, civil servants, local population and stakeholders is paramount for successful Imihigo contract preparation and implementation



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Final Conclusion



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- *Imihigo* has had a positive and measurable impact on the quality and use of key health services, by fostering local government and community awareness of need and commitment of resources



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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)
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