

**Institutional Support Program to the Conception and Implementation of the strategic
Health Development Plan for the City of Kigali
PAPSDSK RWA 0705911 (2009-2013)**



FINAL REPORT

November 2013

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Acronyms

ARV	Antiretroviral
BTC	Belgium Technical Cooperation
CHUK	Centre Hospitalier Universitaire de Kigali
DH	District Hospital
DHMT	District Health Management Team
DP	Development Partners
EDPRS	Economic Development and Poverty Reduction Strategy
ETAT	Emergency, Triage, Assessment and Treatment
GIS	Geographic Information System
HC	Health Centres
HEP	Health and Environment Platform
HEU	Health and Environment Unit
HF	Health Facilities
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
HMIS	Health Management Information System
HR	Human Resources
HSP	Health Sector Policy
HSSP	Health Sector Strategic Plan
IHN	Inter-Hospital Networking
JLCB	Joint Local Consultation Body
KEMRI	Kenya Medical Research Institute
KFH	King Faisal Hospital
M&E	Monitoring and Evaluation
METF	Medium Term Expenditure Framework
MoH	Ministry of Health
MS4	Programme d'Appui Institutionnel au Ministère de la Santé
MTR	MidTerm Review
NUR	National University of Rwanda
PAPSDSK	Institutional Support Program to the Conception and Implementation of the strategic Health Development Plan for the City of Kigali
PBF	Performance Based Financing
PPP	Public Private Partnership
RMH	Rwanda Military Hospital
SPH	School of Public Health
SPIU	Single Project Implementation Unit
TFF	Technical and Financial File
TWG	Technical Working Group
VCT	Voluntary. Counseling and Testing
WWTP	Waste Water Treatment Plant



Intervention form



Intervention name	Institution support program to the conception and the implementation of the strategic health development plan of the City of Kigali
Intervention Code	RWA0705911
Location	City of Kigali-Rwanda
Budget	€ 15,149,820
Partner Institution	City of Kigali
Date intervention start /Opening steering committee	30/06/2009
End date Specific Agreement	January 21 st 2014
Target groups	Population of the City of Kigali (1,135,428)
Impact ¹	The health environment of the city of Kigali is adapted to the evolution of the needs of the population
Outcome	The City of Kigali implements the Strategic Health Development Plan of the City of Kigali (PSDSK) in a concerted way with its partners”
Outputs	The city of Kigali and its districts efficiently adapt their management instances charged with health and the environment to respond to its fast development
	The PSDSK is elaborated and developed in coordination with the various health environment partners of the city of Kigali
	The provision of healthcare is completed and increased to respond to the needs of the population of Kigali
	The quality of the whole of healthcare and health services of the City of Kigali has improved

¹ Impact is a synonym for global objective, Outcome is a synonym for specific objective, output is a synonym for result



	The healthcare perception of the users and the adherence to health and environment programmes in the community have improved
Total budget of the intervention	€ 15,349,820
Period covered by the report	From June 30 th 2009 to November 30 th 2013

Global appreciation

<p>The PAPSDSK has been a first step of an ambitious Program which is developed in long-time vision (2020). Most of the 5 results were achieved at a satisfactory level (89%).</p> <p>Although in some area there was not required expertise during the implementation, the management of the program with the regular support of different partners (BTC/CoK) has tried his best to achieve in limited time most of the objectives and challenges.</p> <p>The PAPSDSK has made a change in Kigali healthcare system by improving the quality of the offer at the whole healthcare pyramid and stimulating the Public Private Partnership.</p> <p>The conceptualisation and the development of urban health showed unanimously his importance but still needs further in puts.</p> <p>The alignment on the clear national health strategies, the result orientated policy and the government strong leadership facilitated the achievement of result.</p>	<p>The purpose of PAPSDSK was to implement the Strategic Health Development Plan of the City of Kigali in a concerted way with its partners.</p> <p>All the five major results that were planned for the successful implementation of the strategic Health Development planned were achieve approximately at 87%. All though the achievement of the outcome is not the simple sum of achievements of outputs, reasonably, the combined effect of realized outputs is strongly linked to the purpose of the program.</p> <p>Increase and completion of healthcare to respond to the need of the population of Kigali which makes 75% of the financial volume of the program was attained at more than 90%.</p> <p>Strategies used to manage the program which included the rolling wave planning for both the activities undertaken in the framework of execution agreement and in purchases conducted by the project management team were to a certain appropriate for the program which necessitated</p> <p>But the achievement of ambitious objectives of the program was moderated by the too short time allocated to the program and some challenges related to anchorage and lack of or late resources (HR) allocation.</p>
Satisfactory	Satisfactory
Dr. Blaise Uhagazze Director of Intervention	Gratien Gasaba Co-Director of intervention
	

PART 1: Results achieved and lessons learned**1 Assessing the intervention strategy****1.1 Context**

The program was implemented in the City of Kigali the Capital of Rwanda which summarises its three strategic priorities as (1) waste management, (2) completing health care supply infrastructure for the Kigali population and (3) developing an appropriate response to the HIV problems.

According to the 2002 and 2012 population and housing census, the City of Kigali population has grown with an average annual growth of 4%, that is, from 565,325 inhabitants in 2002 to 1,135,428 in 2012. This high growth rate in Kigali is a result of mass rural exodus to capitals and cities which characterizes all developing cities. At the moment the City of Kigali is administratively made of 3 urban districts, with 35 sectors and 160 cells.

In the field of health, the Rwandan efforts, as captured by indicators used, are impressive. Fast and significant change is the reality and the political will and pragmatism reflected in decision making, strategic planning (EDPRS, HSSP, response to HIV etc), action planning and implementation in a strongly result-oriented public business culture are all the attributes of the Rwandan context.

In 2008, the Ministry of Health developed and adopted the Health Sector Strategic Plan-II 2009 – 2012 (HSSPII) as a four year strategic plan that guides all interventions in the Rwandan health sector. The plan provides a strategic framework to stimulate and guide appropriate and necessary reforms to ensure that, the Government of Rwanda's vision of continually improving the health status of the population, thereby helping to reduce poverty, is obtained. The HSSPII is meant to operationalize the EDPRS and the Health Sector Policy (HSP) and thus guide the entire health sector in the Mid-Term.

The HSSP II is implemented through national joint annual work-plans developed by MoH and all partners within the structure of METF. District Health offices produce annual operational plans in collaboration with MoH. The district also uses the HSSPII to help guide the elaboration of the health component of their own district development plans. Two of the adopted strategies in the HSSPII have direct relevance to the work of environmental health service or public hygiene, notably (1) to consolidate, expand and improve services for the prevention of disease and promotion of health and (2) to consolidate, expand and improve services for the treatment and control of disease.

As decentralized entity playing the interface role between districts and the central government, the City of Kigali has the mandate to coordinate how urban districts implement policies put in place by the Central Government.

The study commissioned by the Ministry of Health and the City of Kigali and conducted by Hera in 2006 identified health coverage needs in 9 sectors as in the map below.

City of Kigali's map of health coverage



In total, at the beginning of the program there was health centres in 26 out of 35 sectors in the City of Kigali. Health Centres provide healthcare at the first level. At the second level, healthcare is provided by 3 Districts Hospitals namely Muhima Hospital in Nyarugenge District, Kibagabaga Hospital in Gasabo District and Masaka Hospital in Kicukiro District. The City of Kigali is also home of 4 national referral hospitals namely CHUK, KFH, Ndera Hospital and the Rwanda Military Hospital. However, it is noteworthy to mention that at the beginning of the program some Health Centres and District Hospitals were offering incomplete health package, a state of affairs that led to massive transfers from HC to DP and form DH to CHUK and other national referral hospitals. .

In Rwanda, the City of Kigali uniqueness is the presence of 140 Health Facilities in the private sector. The ratio is 80% of private Health Facilities of Rwanda are in located in the City of Kigali. Nevertheless, medical and paramedical staffs in the private sector were not trained on HMIS and there was lack of standard tools for collecting data from private health facilities. Additionally, private health facilities were not supervised by districts and the potential of private sector was not fully used by the public sector.

The program was designed to be implemented in the Health and Environment Unit of City of Kigali, whose creation was also one of the targets of the program. The same applies for the health and environment platform which was supposed to accompany the execution of the program while at the same time it was supposed to be created by it. The kickoff of the

program took place in confusing context of anchorage and targets. This situation of circular reasoning that characterized the structural set up of the program impacted its entire life.

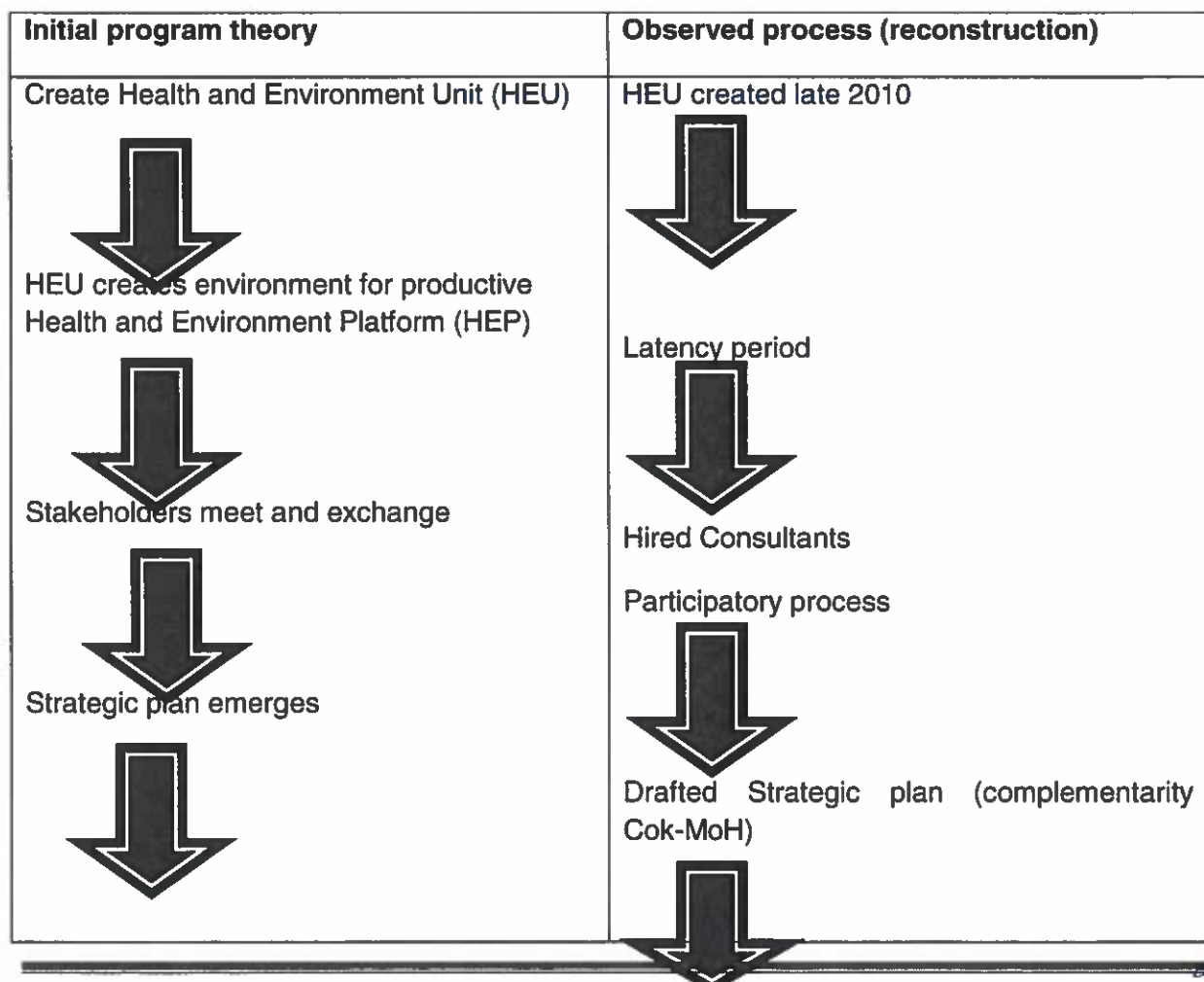
The program was executed in co-management modalities by a management team accountable to the Steering Committee. The latter was responsible for strategic decision making and orientations while the City of Kigali and BTC as permanent organizations were responsible for political and technical support.

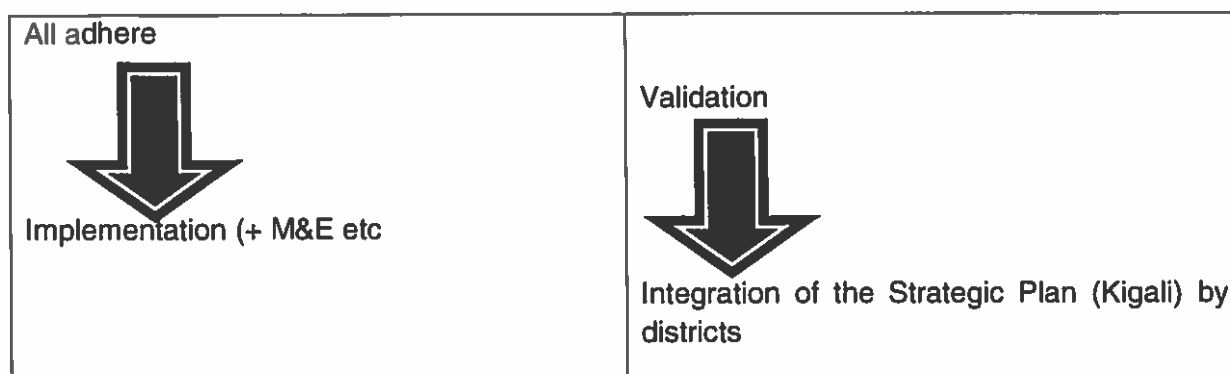
PAPSDSK was aligned with the MoH Strategic Plan and the City of Kigali Health and environment strategic orientations.

1.2 Important changes in intervention strategy

In the program theory, the HEU was supposed to be the co-management partner of the program, but it was also a result to be attained. The HEU was formally instated by the City council in December 2010, two years after the program start. The same applies for the Health and Environment platform.

Diagram below as discussed in the Final Evaluation summarizes occurred changes.



2 Results achieved

2.1 Monitoring matrix

Results/Indicators	Baseline Value	End target	End Value obtained	Comments
Impact: The health environment of the city of Kigali is adapted to the evolution of the needs of the population"				
OUTCOME: "The City of Kigali implements the Strategic Health Development Plan of the City of Kigali (PSDSK) in a concerted way with its partners"				
The up-to-date Strategic Health Development Plan of the City of Kigali (PSDSK) available	The City of Kigali's Strategic Health Development Plan is not up-to-date	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali was validated by all stakeholders and approved by the CoK authorities
Availability of annual action plans at all levels in the CoK	Annual action plan are available at all levels but they are not aligned to HSSPII	Annual action plans at all levels in the CoK	Annual of annual action plans at all levels in the CoK	Annual action plans are aligned with HSSPIII and adjusted to the PSDSK
Evolution of the number of Partners active in the implementation of PSDSK	Not known	Up-to-date list of partners active in the implementation of PSDSK	Up-to-date list of partners active in the implementation of PSDSK	List of partners was updated on quarterly basis.
OUTPUT 1: "The city of Kigali and its districts efficiently adapt their management instances charged with health and the environment to respond to its fast development"				
Existence of the Health and	HEU does not exist	HEU is operational and	HEU is operational and	

Environment Unit (HEU) in the organisational chart of the CoK		formally included in the organisational chart of the CoK	formally included in the organisational chart of the Co	
Roles and functions of various positions in the HEU defined	Not defined	Defined	Defined	
Number positions filled per number of positions provided in the organisational chart	4/6	6/6	6/6	At the beginning of the program the Director of the Unit was and the Officer in charge of primary care and community health were not yet hired. Long process for the CoK chart review
Number of Urban District Data Manager	1	3	3	At the beginning only Kicukiro District had a Data Manager
OUTPUT 2: "The PSDSK is elaborated and developed in coordination with the various health environment partners of the city of Kigali"				
The up-to-date Strategic Health Development Plan of the City of Kigali (PSDSK) available	The City of Kigali's Strategic Health Development Plan is not up-to-date	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated, validated and integrated in the Districts Development Plans.	The Strategic Health Development Plan of the City of Kigali was validated by all stakeholders and approved by the CoK authorities
Functioning Health and Environment Platform (HEP)	The HEP in the CoK does not exist	Functioning Health and Environment Platform (HEP)	The HEP in the CoK does not exist	
Functioning ad hoc technical working groups(TWG)	No TWG in the CoK	<ul style="list-style-type: none"> ➤ TWG School Health ➤ TWG PPP ➤ TWG Hospital 	<ul style="list-style-type: none"> ➤ TWG School Health ➤ TWG PPP ➤ TWG Hospital maintenance 	Ad hoc TWGs created according to needs



		maintenanc e		
OUTPUT 3: <i>The provision of healthcare is completed and increased to respond to the needs of the population of Kigali</i>				
Availability of investment plan for CHUK, District hospitals and Health centres in CoK as well as investment in environment	Not available	Available	Available	The program supported the updating of investment plans
Investments made for CHUK, District hospitals and Health centres in CoK as well as investment in environment	<p>The CHUK waste water treatment plant rehabilitated by previous BTC project</p> <p>Construction of Emergency and outpatient wing, rehabilitation of Maternity in CHUK by former BTC funded project</p> <p>Construction and Equipment of the common ward of Muhima Hospital by former BTC funded project</p> <p>Construction and Equipment of Kibagabaga Hospital by former BTC funded project</p> <p>Rehabilitation of Mwendo, & Gahanga HC by former BTC funded project</p>	<p>Construction of WWTP at Kanombe , 4 new medicalized health centres, Bio-medicaux Equipment supplied to 27 existing Health centres and 4 new HC</p> <p>Medical equipment to CHUK, Districts hospitals in Kigali</p> <p>Extension of Maternity Block at Muhima Hospital</p>	Investments made according to identified needs	
Up-to-date training plan for medical staff	District hospital do not have training plans	Training plans available in CHUK and District hospitals	Training plans available in CHUK and District hospitals	Training plans were funded by MoH and other DPs
Rate	Nyarugenge:0.82	1bed/ 1000	Nyarugenge:1.17	National



beds/Population	Gasabo: 1.10 Kicukiro: 1.54	inhabitants	Gasabo: 1.64 Kicukiro: 2.39	referral hospitals not included
Rate of health coverage	26/35 sectors covered	32/35 sectors covered	30/35 sectors covered	4 new HC designed bigger than previously planned
Percentage of HC with maternity services	72%	100%	90%	3 HC do not have maternity (Muhima, Biryogo and Gikondo) due to lack of space or other resources.
Functioning Inter-hospital network	Inter-hospital network does not exist	Inter-hospital network created and fully operational	Inter-hospital network created and fully operational	To be sustainable , the IHN needs a permanent secretariat
% of health private facilities in the HMIS	13%	95%	85%	At the beginning only some health private facilities in Kicukiro District were in HMIS
Number of technical failures and incidents in CHUK and District hospital in Kigali	CHUK: 860 Muhima: 430 Kibagabaga:520	CHUK: 120 Muhima: 80 Kibagabaga:80	CHUK: 245 Muhima:162 Kibagabaga:265	The figures are the failures days per year for the entire apparatus in each hospital
Number of medical and paramedical staff training in offering Vesico-vaginal fistula repair	None	6 Doctors 4 Anesthetists 10 Paramedical staffs	6 Doctors 4 Anesthetists 10 Paramedical staffs	Other partners are also actively involved in this activities
Number of patients with Vesico-vaginal fistula treated by inter-hospital network	None	NA 80% of operations succeed	749 consultations 189 patients operated 85% of operations succeeded	
Trainings to improve the quality of health care and health service	No training plan	NA	ETAT for all District hospital	The training was conducted in conjunction with experts from Kenya



				(KEMRI) and London School of Medicine
OUTPUT 4: "The quality of the whole of healthcare and health services of the City of Kigali has improved"				
Availability of the CoK annual training plan	The CoK annual training plan does not exist	The CoK annual training plan is available	The CoK annual training plan does not exist. Trainings are conducted from time to time as needs are identified	Needs identification is done continuously
Rate of monthly and quarterly supervision of health facilities	100%	100%	100%	Regular supervisions in PBF
Presence of HMIS staff in District	1 person	3 persons	3 persons	These are the Data managers hired by the program
% Health facilities in private sector that integrated HMIS	13%	95%	85%	Data management system in the health private sector is still new and needs continuous support
Degree (%) of completeness of HMIS in Hospitals	100%	100%	100%	
Rate of transmission of reports to the HEU of the CoK and to MoH	100%	100%	100%	
Evolution of accreditation score in CHUK	37%	90%	56%	The next step is to continue facilitation phase, Proceed by internal evaluation and be prepared for external evaluation
OUTPUT 5: "The healthcare perception of the users"				
Rate of community insurance (mutuelle de	78%	85%	82%	In the City of Kigali, an average of 15% of the




santé) membership				population is in the other health insurance schemes.
% of Household using hygienic latrines and hand washing with soap	56%	80%	72%	
% of Health facilities with safe handling	55%	100%	85%	

2.2. Analysis of results

2.2.1 To what extent will the intervention contribute to the impact² (potential impact)?

Increase of the health coverage will contribute to the adaptation to the evaluation of Kigali city population needs

- Improvement of the quality of health services through networking of health facilities, use of newly acquired equipment, safety and waste management in health facilities, capacity building of health practitioners
- Completion of health package both in public and private facilities will lead to effective adaptation of healthcare provision in the city of Kigali to the needs of the citizens of Kigali.

The City of Kigali has started using the approved health strategic plan to negotiate with development partners. The strategic plan became a useful tool for communication with DPs.

2.2.2. To what extent has the outcome been achieved? Explain

Approximately the outcome has been achieved at 87%. The PSDSK was updated and implemented. But achievements of ambitious objective of the program was moderated by the too short time allocated to the program and some challenges related to anchorage and anachronistic timing of resources (HR) allocation, insufficient of expertise such as Civil Engineer, Procurement Officer.

The City of Kigali implements the Strategic Health Development Plan of the City of Kigali (PSDSK) in a concerted way with its partners

2.2.3 To what extent have outputs been achieved? Explain

PAPSDSK was designed to achieve five outputs in all.

² Terminology : Impact = General Objective ; Outcome = Specific Objective; Outputs = Expected Result



2.2.3.1. The city of Kigali and its districts efficiently adapt their management instances charged with health and the environment to respond to its fast development

The achievement of this result was done through the creation of the Health and Environment Unit and its support by the program in the City of Kigali on one hand, and the support the Health, Family and Child Protection Unit in each of three urban districts in the city of Kigali on the other hand.

The other important achievement is the availability of annual plan health plan in the districts that are aligned with the PSDSK and the HSSPIII. These annual plan constitute effective tools for implementation and monitoring all health initiative both at district and City of Kigali levels.

In the City of Kigali, the Health and Environment Unit was created in 2010 and validated by the City Council. It comprises 6 staff in all. The Health and Environment Unit of the City of Kigali is currently instrumental in the coordination of Health and environment initiatives including the supervision and technical support to Districts' staff in charge of health development. Staff appointed in this unit contributed in shaping the development of Urban Health Concept and its linkage with the environment. The overall achievement of this output, in regard with the planned target, is 90%.

2.2.3.2. The PSDSK is elaborated and developed in coordination with the various health environment partners of the city of Kigali

The health strategic plan of the City of Kigali has been developed, validated by various stakeholders and approved by the City council. The implementation of the program was facilitated by different and various ad hoc and technical working groups such as the TWG for school health, for public private partnership and Inter-Hospital networking. However, achievement of this output is moderated by difficulties encountered to put in place the Kigali City Health and environment platform.

A Health Environment Platform was supposed to be created by the program with the purpose of bringing together the main partners to translate the strategic orientations of the PSDSK in concrete plans and to follow up their execution. Nevertheless, difficulties related to commitments of key anticipated partners, lack of enough time for the program management team due to other competing program priorities that grasped most of the staff time, and most importantly the lack of a common understanding on the purpose and structural set up of this platform resulted in the impossibility, for the program, to initiated the platform. The overall achievement of this output, in regard with the planned target, is 75%.

2.2.3.3. Increase and completion of healthcare provision.

This component of the program captured three forth of the program resources and time. It deals with healthcare coverage and quality which are the major challenges identified at the beginning of the program. Resources of the program were designed so as to ensure

sufficient resources and time are allocated to this component and naturally, as dictated by the pareto, rule of thumb the strategy worked well.

The routine monitoring of indicators and assessment of the program achievement, as described in the program monitoring matrix shows impressive achievement for investment in infrastructure, equipment and training. Four new medicalized healths were constructed and by the end the program they are fully functional. It expected that these new health centres will serve 300.000 people, that is, more than 27% of the population of the City of Kigali with an upgraded medical package.

Investment in infrastructure was accompanied by investment in equipments to accommodate needs in hospitals and health centre. The supply of equipment contributed to the completion of healthcare coverage as they resulted in provision of new health services that were not available in the recipient health facilities.

Investment in environment such as the construction of waste water treatment plants and technical support for environment and hygiene campaign were also appreciated by beneficiary who did not help expressing their high satisfaction.

The public private partnership that was before the initiation of the program became an important focus. Very positive results were seen especially in terms of health facilities in the private sector integrating the HMIS which is a major tool and mechanism for health information management. This integration was facilitated by the introduction of Data managers in urban districts. Data manager become a leverage point for the successful mobilisation of health facilities in the private sector to integrate HMIS and the provision of promotional and preventives health services. The overall achievement of this output, in regard with the planned target, is 95%.

2.2.3.4. Improvement of the quality of healthcare and health services of the city of Kigali

The improvement of the quality of healthcare and health services in the city of Kigali has been achieved training, mentoring and other capacity building activities carried out by Technical Assistant and other staff of the program. At district level, the valuable work done by Data manager financially supported by the program contributed to what can be labelled as "the most significant change in the public private partnership and HMIS". Indicators related to the rate of monthly and quarterly supervision, integration HMIS by health facilities in the private sector, the rate of transmission of reports to the CoK and Ministry of Health as well as the evolution of accreditation score in CHUK has been continuously increasing. The overall achievement of this output, in regard with the planned target, is 90%.

2.2.3.5. The healthcare perception of the users

One of the factors that contribute to the healthcare perception of users is the access to healthcare and the capacity of people to afford health services. In Rwanda, the community health insurance (mutuelle de santé) that has been put in place by the government of Rwanda, is an important factor for perception of healthcare by users. Being one of the priority

scheme, Community health insurance are integrated in the performance contracts of all decentralized entities from the City council, District, sectors and cells to the village level. It is acknowledged that the involvement of local authorities contributed to the high rate of community health insurance.

The other indicator for the healthcare perception of the users is the availability and use of hygienic latrines and hand washing with soap. This indicators has been increasing since the program start from 56% to 72% due to the hygiene campaign and community mobilisation conducted by the City of Kigali with the support of the program. The same applies for the increase of the number of health facilities with safe handling from 55% to 85%. The overall achievement of this output, in regard with the planned target, is 90%.

2.2.4 To what extent did outputs contribute to the achievement of the outcome

All the above mentioned output contributed to the achievement of the program outcome. The adaptation of management instances in the City of Kigali was a precondition to efficient and effective implementation of the Kigali City strategic health development plan. The creation of the HEU in the city of Kigali which play a lead role in the program implementation was a key factor for the management of information and other program interfaces which in turn created a conducive environment for the concerted implementation of the health strategic development plan.

The development and validation of the Kigali city strategic health development plan by various stakeholders active in health and its approval by the city council created a more formalized framework for the program implementation. The approval of the strategic plan signaled strong political will and commitment in the city of Kigali and participation and increased commitment of stakeholders.

Completion and increase of healthcare and health services to respond to the needs of the population of Kigali was the actual implementation of the strategic health development plan of the city of Kigali. It was done through investment in health infrastructure and equipment as well as training and other activities aimed at strengthening capacity of health institutions in the city of Kigali. Indicators for this output are closely linked to the indicators of the health development plan which are the actual target of the program.

The improvement of the quality of healthcare and health service achieved training, mentoring and other capacity building activities carried out by Technical Assistant and other staff of the program proved to be part of the required process toward the successful implementation of the strategic health development plan of the city of Kigali. In conjunction with and as results of achievements in other components, improvement of the quality of healthcare and health service signaled successful implementation of the PSDSK.

Increasing the health coverage and improving the healthcare facility was not the real end of the program. Further stage was required to ensure adequate healthcare perception by users. Without this final stage, all efforts would have been fruitless.

2.2.5. Assess the most important influencing factors. What were major issues encountered? How were they addressed by the intervention?³

The anchorage of the program in the City of Kigali, was the Health and environment Unit which was also one of the results of the program implementation. While the implementation of program was given only 4 years, the HEU was created 2 years after the actual beginning of the program. There was a circular reasoning in the program design by confusing structural or institutional anchorage with the target results. In fact, the HEU was supposed to play a key role in the program implementation while it did not exist. Later in the implementation, this reasoning in the program formulation raised several issues both on the side of BTC and the City of Kigali. The same applies for the platform, which also was supposed to accompany the implementation of the program while it did not exist as it was supposed to be a creation of the program. The above reasoning would have been right if the program was supposed to be implemented in several phases, the first phase being the creation of structures and for a foreseen as preconditions for other steps to final program results.

Solutions adopted by the program management included pragmatic iterative planning and results prioritization and continuous dialogue with involved stakeholders to obtain required results.

The program found itself given monumental responsibilities to carry out at the same time supervision of construction works (for new big health centres and waste water treatment plants) and providing soft administrative, financial and technical support to beneficiary institutions, while resources (expertise) were not initially planned for all these activities. This led to poor human resources management and micro-management by the program management. The hands-on involvement of the program management in several projects implementation sometimes for firefighting resulted in poor focus on benefit management. Towards the end of the program (last 16 months) a civil engineering expert was recruited supervise all constructions projects but with less formal responsibilities.

2.2.6. Assess the unexpected results, both negative and positive ones

Positive unexpected results		Negative unexpected results	
Results	Comments	Results	Comments
Medicalized health centres	Initially it was planned the construction of 7 classic health centre that would offer the classic health package. However, the	Uncompleted WWTP at Kibagabaga Hospital	Contractors that were less performing and less professional

³ Only mention elements that aren't included 1.1 (Context), if any.

	program management, after consultation with other stakeholders including the Ministry of Health and the City of Kigali, was advised to construct only four big medicalized health centres that will be given upgraded health package and serve the same number as the one which was supposed to be served by 7 health centers.		
Integration of the dynamic mapping of health facilities by the CoK urban planning unit as result of collaboration between the two units of the City of Kigali.	As the urban planning unit became aware of the health mapping they integrated it in the master plan.	HEU has not been physically fully integrated in the CoK . distance between the Director of the Unit and other staff geographically located in the CoK office	Staff recruited by the City of Kigali were not located in the same office. Some remained in the office of the City of Kigali while others were give office together with other program staff located outside the office of the City of Kigali

2.2.7. Assess the Integration of Transversal Themes in the intervention strategy

The implementation of PAPSDSK took into account all transversal themes as described in the TFF. With regard to the environment, the city of Kigali developed and passed by law on "hygiene and environment in the City of Kigali to reinforce the level of environment and the hygiene. This by-law aligns with the Rwandan law on environment. The outcome of all the efforts of the city on environment was strongly recognized as the city was awarded the cleanest city of Africa. Additionally, an awareness campaign was conducted and impressive results were achieved namely the improvement of waste management in households and in public and private institutions, and the waste management plan was integrated in the master plan of the city of Kigali.

In terms of the social economy, the program contributed to the reduction of the Cost of healthcare in the city of Kigali. By supplying modern equipment to HC, the program contributed the upgrade of healthcare package of Health Centres. Existing and new Health Centres that received modern medical equipments reduced transfers to District hospital as result of increased capacities for health care provision. In turn, the reduction of transfer from health centres to district hospital lead to the reduction of healthcare for families that were previously unable to afford medical charges at District hospital. The reduction of transfer was also observed from District Hospital to CHUK and from CHUK to King Fayçal Hospital. At

each level, reduction of transfer was accompanied by reduction of cost of healthcare charges payable by patients and their families.

Concerning the gender perspective of the program it is noteworthy to mention that at all levels of the healthcare pyramid the maternal and child health was prioritized in all activities that were carried out by the program. At least 65% of trained staff was women.

One of the priorities of the program was the focus on child health which is of course linked to the child's right to life. CHUK, Muhima and Kibagabaga hospitals received modern equipments for their respective neonatology and pediatrics departments. In addition, the program sponsored scholarship for postgraduate courses in pediatrics.

As long as prevention dimension of health is concerned, the City of Kigali, with the financial and technical support of the program, conducted mobilization regular campaigns in schools to raise the awareness of students and teachers about the hygiene culture, an endeavor that was welcomed by all beneficiaries who were impressed by the determination of the City of Kigali on environment and hygiene.

As set in the TFF, the design of the new medicalized health centres provided the HIV/AIDS department that will provide voluntary counseling and testing services (VCT) and ARV services for HIV/AIDS patients. The program contributed to the development of the strategic plan of HIV/AIDS response in the City of Kigali focusing on population at high risk exposure (key population)

2.2.8. To what extent has M&E, backstopping activities and/or audits contributed to the attainment of results? How were recommendations dealt with?

The monitoring and evaluation of the program was conducted at three levels: Program management level through routine monitoring and reporting, the BTC Country office level through regular monthly, quarterly and annually follow-up and BTC HQ level through backstopping missions and external Midterm review and final evaluation. The routine monitoring of the program implementation was facilitated by District Data managers that conducted regular monthly data collection, analysis and information sharing. However, the track of indicators was done but not in structured and systematic way due to lack of adequate staff especially the local staff particularly appointed for program M&E.

Downward and upward feedback on regular plans and reports produced by the program management team created genuine mechanisms for iterative planning that led to effective adjustments of plans and processes and by extension adjustments of planned program outputs.

A number of recommendations have been made relating to the management of urban health, responsibilities of involved stakeholders and principle of complementarity and necessary interfaces. Midterm review and backstopping missions contributed to the understanding of how to use participation of key stakeholders such as the Ministry of Health and many others.



Audit by Court of auditors in of Belgium contributed to reframe proper management of public tender in terms of efficiency, effectiveness, transparency and sustainability. In the eyes of the program the audit by the court of auditors of Belgium was the most helpful of the all external audits and M&E missions. They provided clear and relevant observations and recommendations that were easy to be implemented by the program management.

To a certain extent, midterm review and backstopping missions contributed to the understanding of how to use participation of key stakeholders such the ministry of health. However, given the complexity of the program and parameters that were analyzed by backstopping, midterm and final evaluation missions, there were few clear recommendations implemented by the program management.



3 Sustainability

The sustainability of results that have been achieved was assured throughout the program implementation process. Mechanisms to ensure ownership of beneficiaries as the program was being implemented include the fact that all activities were planned and implemented with inasmuch as possible participation of direct beneficiary institutions or communities. In addition, prioritization of program activities was done with participation of beneficiary institutions and local communities. In fact, the city of Kigali and urban district as well as the ministry of health were instrumental in providing orientation on what was or was not beneficial for the population they represent.

3.1.1 What is the economic and financial viability of the results of the intervention? What are potential risks? What measures were taken?

The implementation of the program tackled the issue of economic and financial viability of the results. Affordability of delivered products and services by beneficiaries was the inner drive of most of decision made throughout the program implementation. PPP component of the program which resulted in impressive success is built on the principle that it is in the interest of private sector. The city of Kigali, urban districts as well as public health facilities supported the health public private partnership which contributed to the health private facilities capacity building.

By the same token, it is crystal clear that efficient and rational use of most of equipments supplied to Health facilities such CT-Scan and Oxygen Plant and many others generate revenue that can be used for maintenance and acquisition of new ones. For instance, each year CHUK receives 321,000 euros from the CT-Scan while the cost of its maintenance is 82.000 Euros per year. This translates a net benefit of 239,000 Euros each year rendering CHUK financially capable of purchasing a new CT-Scan in less than five years.

3.1.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support? What are potential risks? What measures were taken?

Achievement in hygiene and environment component such as awareness that have been raised through campaigning program will continue to be strengthened as it is embedded in the city of Kigali strategies. This is facilitated by a strong ownership of the city of Kigali which has taken over the funding and follow-up of the activity.

At the level of urban districts and hospitals, the ownership was also increased by the execution agreements through which districts and hospitals initiated and implemented activities. At the beginning execution agreements as mechanisms for program implementation were not well managed especially with regard to the monitoring, controlling and reporting, probably due to a bigger number of activities to be carried out and monitored by the Program management team. Yet, in the last year of the program implementation, the management team carried out close follow-up to support the management and reporting process. This effort of close follow-up significantly raised the ownership and responsibility



level of partner institution. In the 3 urban districts, DHMTs were given greater responsibility to play their role as a consultative and guiding body of health development and management.

3.1.3 What was the level of policy support provided and the degree of interaction between intervention and policy level? What are potential risks? What measures were taken?

The design and implementation of the program are rooted in the Rwanda national health policy.

Currently there is no specific policy for PPP and urban health. But, the implementation of the program in particular the exceptional success of the PPP and impressive medicalized health centres increased the need and willing to develop and put in place specific policies for PPP and Urban Health. Consultations in the MoH are underway to develop those policies. The same apply for inter-hospital networking. The general health policy that was developed 2005 is urban health and PPP friendly but specific policy is needed.

With regards to environment, achievements are expected to be sustained. The current environment law was the basis for the City by-law on environment. The other factor for sustainability is real fact that the top country leadership is committed to environment.

With regard to the Inter-hospital Networking, it is clear that the networking is in the interest of hospitals which will slowly but surely keep it. All the same, it has to be mentioned that the development of the inter-hospital networking requires deep changes in mentality and ways of doing as well as strong capacity in negotiation and leadership. It has to be built on trusting relationships and frequency of interaction will create conditions for increasingly trusting relationships. The permanent secretariat which is currently in the pipeline will help to strengthen collaboration between hospitals and other HF.

3.1.4 How well has the intervention contributed to institutional and management capacity? What are potential risks? What measures were taken?

The program was a response in terms of institutional and management capacity in Cok, Districts and even at the MoH level. Through Execution agreements, partner institutions were given the opportunity to plan and implement their respective health activities with the support of the program.

Creation and support of HEU in CoK strengthened the coordination capacity in the City of Kigali. However, there are possible risks of changing the organisational chart of CoK and weaken the HEU and in turn decrease the capacity of Cok to coordinate health activities in city. Measures that have been taken include the exit strategy of the program which provides a transition period that will be politically supported both by the Ministry of Health and CoK, and financially and technically supported by the BTC program MS4 through SPIU/MoH.

4 Learning

4.1 Lessons Learned

1. Execution agreements are very useful tools for building and strengthening capacities of national institutions' in term managerial skills and ownership of development project; however, this requires strong follow-up and continuous support by both the project management and political will from the leadership of supported institutions.
2. Keep key and competent program staff until the closure of the program. The departure of this staff before the closure would likely lead to the loss of organizational memory which in turn results in poor performance and increase of program risks level.
3. Realistic time planning both during formulation and implementation stages is a critical factor for program success especially when it comes to benefit and time management. In particular, the PAPSDSK management learned the program would have reached an optimum benefits management if given more time.
4. Systematic acceptance of intermediate deliverables by beneficiary is an effective strategy for early assessment of beneficiary satisfaction and ownership
5. Proper and authentic track of the program progress with adequate and regular information sharing for informed decision making: PSE, AE
6. Use of the confident multidisciplinary team of consultants that has been active in the development of general strategic plan of the CoK for the last ten years lead to strong and realistic health strategic plan resulting from participation and commitment of all key stakeholders. It can be said that the result would have been less impressive if the program technical team had had developed the PSDSK.
7. Inclusion of health private sector throughout the program implementation led to more effective engagement of private sector in the integration of healthcare system (HIMS, Prevention, hygiene standards, health standards...)
8. Creation of the Health and Environment Unit improved the coordination of healthcare system in the City of Kigali.



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4.2 Recommendations

A recommendation is a decision to be taken, to the attention of a user of the final report. Recommendations should be as specific as possible. Operationalise recommendations by adding 'Source' and 'Target Audience'.

Recommendations can be relevant for:

- *Country strategy*
- *Sector strategy*
- *A next intervention*
- *The exit-strategy*

Recommendation	source	Target Audience
In the formulation of future programs, it is advised to design the anchorage in the existing Institutions or Government Departments leaving non-existing structures or unit as program targets.	Analysis of results	BTC HQ and BTC-Rwanda City of Kigali and Ministry of Health
Avoid confusion between program and project management so to focus on relevant performance at each level of intervention management. Developing clear tools and instruments for program management and training staff on the use of those tools would have led to better program performance and increased common understanding by involved stakeholders.	Analysis of results	BTC Rwanda Program management team
Development and validation of policy on urban health is required as it can create conditions for sustainability for urban health achievements	Analysis of results	MoH and the City of Kigali
Development and validation of policy on Public Private Partnership is recommended to ensure political commitment and sustainability achieved results	Lessons learned	MoH and the City of Kigali

PART 2: Synthesis of (operational) monitoring

5 Follow-up of decisions by the JLCB

Date of JLCB meeting	Strategic decisions by JLCB	Implementation and follow-up
30/06/2009	1. Internal regulations rules of the JLCB which established the	The decisions



	frequency of the meeting: twice a year 2. Approval of Dr Blaise Uhagaze, as Director of PAPSDSK	were fully implemented
30/03/2010	The steering committee requested the launching of the health and environment Platform	Not implemented due to other competing priorities in the program execution and lack of common understanding by key stakeholders.
07/03/2011	A meeting was proposed under the chair of the Vice-Mayor to discuss in details the activities of the program and to see how the program can be aligned to the strategies of the Ministry of health	The decision was fully implemented
06/12/2011	The members of the JLCB approve the recommendations of the MTR report	Recommendations of the MTR were implemented by the program management
	The members of the JLCB recommended that a technical meeting with MoH, be organized to discuss needs of CHUK and DH that can be financed by PAPSDSK	Implemented
	Decisions to organize a platform "health and environment" by March 31 st 2012	Not implement due to insufficient time to prepare it.
09/05/2012	Approval of Budget modification	Implemented
	Decision to organize a Platform "health and environment " to mobilize resources for the implementation of the strategic health plan and the solid waste management strategic plan	Not implement due to insufficient time to prepare it and lack of common understanding on its purpose
09/11/2012	The members of the JLCB decided to continue the activities of construction with the available budget, the gap to be covered by the Government of Rwanda.	Implemented
	The JLCB decided to reallocate the budget of 149 278 €,	Implemented



	initially planned for the construction of mental health block at Kibagabaga Hospital, for the finalization of newly constructed health centres	
	Approval of the first staff release plan that set the progressive departure of staff starting with ITA and other CoK support staff	Implemented
20/02/2013	Approval of the closing plan setting the execution closure by September 25 th 2013	Implemented with modification on the date set to November 30 th by the JLCB of May 31 st 2013
	The meeting requested the preparation of the “platform for health and environment” for resources mobilization to enable the implementation of the strategic plan	Not implemented due to lack of common understanding on the purpose of the platform
	The Steering Committee recommend the districts to be brought on board about the finishing of the Health Centers, the operationalizing of those HC and finally, district should plan for the recruitment of non medical staff and running costs in the coming fiscal year	Implemented
May 31 st 2013	The Steering Committee approves the program thematic sheets and urges the management of PAPSDSK to transfer it to program Minisanté Phase IV for consideration and support the transition period.	Implemented
	The Steering Committee approves new financial arrangement where the City of Kigali will ensure full funding of the construction of the WWTP at Kibagabaga hospital, while the BTC will ensure payment of all invoices related to construction and equipments of new health centers.	Implemented
	The Steering Committee approves the proposal of the Program management to transfer the last installment of 82 233 Euros to be paid to SIEMENS on CT-Scam Maintenance contract, to Minisante IV program.	Implemented
	Regarding the issue on incinerator the SC recommends the program management team to explore two following options to find out which one is more practical and legally allowed: <ul style="list-style-type: none"> ➤ Negotiate with contract so as to come to a consensus on the capacity of incinerator that can be supplied by contractors given the one in the DAO is too big for health centers. ➤ Remove the supply of incinerators from the contract, as 	Implemented by second option



	expressed by the representative of Ministry of Health, given that the Ministry of Health is planning to group health centers and hospitals to use a nearby incinerator instead of having an incinerator for each health center.	
July 22 nd 2013	Approval of budget reallocation to balance budget lines that would suffer from significant budget overrun if not adjusted.	Implemented

6 Expenses (FIT)

fit PAPSOSK (2)

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	Status	Fin Mode	Amount	Start - 2012	Expenses 2013	Total	Balance	% Exec
A. L'ENVIRONNEMENT SANITAIRE DE LA VILLE DE KIGALI EST								
01 La ville de Kigali et ses districts adaptent efficacement leurs			891,334.96	643,142.60	114,768.81	859,803.21	31,431.75	97%
01 Le cadre institutionnel de la mairie et des districts est adapté		COGES	12,091.96	7.66	4,843.36	4,891.23	7,390.71	39%
02 Soutien paléniel, humain et technique aux instances de gestion		COGES	923,604.00	608,378.94	189,658.87	916,077.61	7,726.19	99%
03 Les compétences des instances de gestion sont renforcées		COGES	49,300.00	34,329.23	378.13	34,807.38	14,392.62	71%
04 Traduction des orientations de PSDSK dans un plan d'action		COGES	3,929.00	3,064.24	0.00	3,904.24	1,944.76	97%
05 Synergies intersectorielles et stratégies de mise en oeuvre		COGES	240.00	242.33	0.00	242.33	-2.33	101%
02 Le PSDSK est développé, adapté et mis en oeuvre en			109,187.00	93,345.77	13,794.16	109,139.93	27.07	100%
01 Le PSDSK est conçu, développé et adapté par l'USE		COGES	12,403.00	10,367.77	0.00	10,397.77	2,005.23	84%
02 Les orientations stratégiques sont revues et validées par la PSE		COGES	10,470.00	10,204.50	0.00	10,204.50	265.50	97%
03 Les financements des partenaires sont pilotés dans un cadre		COGES	0.00	2.49	0.00	2.49	-2.49	7%
04 La compréhension des enjeux est renforcée par des études ad		COGES	69,300.00	68,231.36	0.00	69,231.36	69.64	100%
05 Documentation des résultats		COGES	13,329.00	765.86	13,917.12	14,682.98	-1,353.98	110%
06 Organisation de conférences internationales		REGIE	4,685.00	3,743.79	1,877.04	5,620.83	-893.83	120%
03 L'offre de soins est complétée et augmentée pour répondre			11,312,354.00	8,302,689.01	2,196,114.93	10,500,803.96	811,550.04	93%
01 CHUK renforce et développe les soins en accord avec son rôle		COGES	3,626,440.00	3,264,324.70	278,305.29	3,543,630.09	84,609.91	98%
02 Hôpitaux 2nd échelon assurent le PCA et adaptent l'offre au		COGES	1,130,198.00	1,044,611.29	72,746.14	1,117,359.39	12,838.61	99%
03 Accès aux FOSA offrant le PMA est augmenté		COGES	4,690,340.00	2,511,400.38	1,611,179.35	4,122,579.71	572,760.29	88%
04 L'intégration de l'ensemble du système est favorisée par la mise		COGES	1,647.00	2.49	0.00	2.49	1,644.51	0%
05 Réseau inter-hospitalier		COGES	261,815.00	233,556.01	28,313.83	261,869.84	19,945.16	93%
06 Réseaux inter-hospitalier Formations en régie		REGIE	38,060.00	0.00	6,822.49	6,822.49	31,177.51	18%
		REGIE	2,987,340.02	2,490,242.93	234,362.49	2,744,625.42	142,714.60	95%
		COGEST	12,262,453.98	9,177,786.45	2,339,798.98	11,517,545.25	744,908.73	94%
		TOTAL	15,149,794.00	11,669,029.39	2,994,141.29	14,282,170.67	887,623.33	94%

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	Status	Fin Mode	Amount	Start - 2012	Expenses 2013	Total	Balance	% Exec
07 Fonds d'investissements environnementel et autres		COGES	641,914.00	452,149.31	149,764.69	618,054.32	63,659.66	91%
08 AT cliniques (gyné, pédiatre, anesth-réa)		REGIE	650,000.00	609,993.99	17,426.07	627,022.06	22,977.94	96%
09 Formations		REGIE	205,000.00	187,046.90	18,214.87	203,263.57	1,726.43	95%
04 La qualité des soins et des services de santé de la ville de		COGES	377,427.00	372,960.68	8,216.97	378,189.65	-372.65	100%
01 Un programme de renforcement des compétences du personnel		COGES	135.00	2.49	9.00	2.49	132.51	2%
02 La politique d'amélioration de la performance est renforcée et		COGES	377,692.00	372,972.21	9,218.97	378,192.18	-500.18	100%
03 Les circuits de l'information sont renforcés		COGES	0.00	2.49	0.00	2.49	-2.49	7%
04 L'utilisation de l'assurance qualité est étendue et adaptée aux		COGES	0.00	2.49	0.00	2.49	-2.49	7%
05 La perception des soins chez les usagers et l'adhésion aux		COGES	80,446.00	74,126.59	8,258.40	80,484.98	8,981.02	89%
01 Les fonctions de représentations des patients sont renforcées		COGES	906.00	2.49	0.00	2.49	903.51	0%
02 Les missions de communication et d'actions préventives sont		COGES	364.00	212.87	0.00	212.87	175.13	55%
03 Documenter les mécanismes de financement de la demande et		COGES	0.00	2.49	0.00	2.49	-2.49	7%
04 Des stratégies de santé sociales sont testées		COGES	17.00	20.49	0.00	20.49	-3.49	121%
05 Programme communautaire hygiène & assainissement +		COGES	78,000.00	67,073.02	8,258.40	73,432.02	2,567.98	97%
06 La satisfaction, les connaissances et comportements de la		COGES	13,130.00	6,814.62	0.00	6,814.62	6,320.38	52%
Z Moyens techniques			2,268,845.04	1,979,744.74	259,090.20	2,220,639.94	38,008.10	89%
01 Frais de personnel			1,554,305.20	1,416,398.36	151,117.73	1,567,516.09	-13,210.89	101%
01 Assistants techniques		REGIE	1,410,000.00	1,341,480.10	82,101.66	1,423,671.76	-13,671.76	101%
02 Responsable administratif et financier sectoriel national		COGES	43,200.00	42,152.69	9.00	42,152.69	1,047.31	98%
03 Ressources humaines		REGIE	101,105.20	32,765.57	68,826.97	101,691.64	-586.44	101%
02 Investissements			61,000.00	55,356.34	3,789.22	58,145.56	1,854.44	97%
		REGIE	2,887,340.02	2,480,212.93	254,382.48	2,744,625.42	142,714.60	95%
		COGEST	12,262,453.98	9,177,766.45	2,339,758.80	11,517,545.25	744,908.73	94%
TOTAL			15,149,794.00	11,666,029.38	2,394,141.28	14,262,170.67	887,623.33	94%



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	Salut	Fo Mode	Attribut	Start - 2012	Expenses 2013	Total	Budget	% Exec
01 Véhicules		REGIE		43,663.02	2,230.82	45,894.64	-894.64	102%
02 Fournitures & équipements de bureau		COGES		10,572.64	894.32	11,466.96	2,113.04	84%
03 Matériel & équipement de bureau		COGES		1,119.08	644.06	1,763.96	636.04	74%
03 Frais de fonctionnement UGP				125,997.69	63,329.28	189,326.97	15,293.03	93%
01 Réhabilitation & entretien des bureaux USE		COGES		17,381.68	22,676.35	40,058.03	2,517.97	94%
02 Frais de fonctionnement véhicules		REGIE		32,310.87	13,543.49	45,854.36	8,195.64	85%
03 Communications		COGES		37,710.11	7,543.97	45,254.08	-4,254.08	110%
04 Fournitures de bureau		COGES		12,029.46	4,132.93	16,162.39	3,417.61	83%
05 Autres frais de fonctionnement		COGES		26,565.57	15,818.54	42,384.11	5,415.89	89%
04 Audit, suivi & évaluation				268,983.49	81,914.63	347,898.12	65,621.68	84%
01 Suivi scientifique continu par institutions académiques		REGIE		194,836.21	38,813.32	233,649.53	30,889.87	86%
02 Suivi scientifique continu par institutions académiques par		COGES		29,727.91	36,337.35	66,065.26	3,734.74	95%
03 Evaluation finale		REGIE		57,747.39	5,276.04	63,023.43	8,401.57	86%
04 Expertise internes CTB		REGIE		6,826.56	1,287.32	8,113.90	8,380.90	49%
05 Audit		REGIE		17,785.40	8.00	17,793.40	14,214.60	56%
05 TVA				111,869.37	-47,234.94	64,634.43	-84,644.41	3232219
01 TVA		COGES		109,963.71	-46,833.81	63,129.90	-63,129.89	129500
02 TVA		REGIE		1,915.66	-491.13	1,514.53	-1,514.52	15145300
06 Frais divers				4,109.49	799.28	4,907.77	-4,907.75	2453850
01 frais administratifs et bancaires		COGES		3,648.04	624.25	4,272.29	-4,271.08	42710900
02 frais administratifs et bancaires		REGIE		462.65	174.03	636.68	-636.67	6366800
		REGIE		2,887,340.02	254,382.49	3,141,722.51	142,714.60	95%
		COGEST		12,262,433.96	2,338,756.80	14,601,190.76	744,908.73	94%
		TOTAL		15,149,774.00	2,594,141.29	17,743,915.29	887,623.33	94%




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Subs.	Fin Mode	Annual	Start - 2012	Expenses 2013	Total	Difference	% EARC																					
10 Réserve budgétaire		35,000.00	0.00	0.00	0.00	35,000.00	0%																					
01 réserve budgétaire	REGIE	35,000.00	0.00	0.00	0.00	35,000.00	0%																					
99 Conversion rate adjustment		0.00	0.00	0.00	0.00	0.00	7%																					
98 Conversion rate adjustment	REGIE	0.00	0.00	0.00	0.00	0.00	7%																					
99 Conversion rate adjustment	COGES	0.00	0.00	0.00	0.00	0.00	7%																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>REGIE</td> <td>2,887,340.02</td> <td>2,480,242.03</td> <td>254,382.48</td> <td>2,744,825.42</td> <td>142,714.60</td> <td>95%</td> </tr> <tr> <td>COGES</td> <td>12,202,433.86</td> <td>9,177,786.43</td> <td>2,339,759.88</td> <td>11,517,543.25</td> <td>744,908.73</td> <td>94%</td> </tr> <tr> <td>TOTAL</td> <td>15,149,774.00</td> <td>11,668,029.30</td> <td>2,594,141.29</td> <td>14,282,170.67</td> <td>887,623.33</td> <td>94%</td> </tr> </tbody> </table>								REGIE	2,887,340.02	2,480,242.03	254,382.48	2,744,825.42	142,714.60	95%	COGES	12,202,433.86	9,177,786.43	2,339,759.88	11,517,543.25	744,908.73	94%	TOTAL	15,149,774.00	11,668,029.30	2,594,141.29	14,282,170.67	887,623.33	94%
REGIE	2,887,340.02	2,480,242.03	254,382.48	2,744,825.42	142,714.60	95%																						
COGES	12,202,433.86	9,177,786.43	2,339,759.88	11,517,543.25	744,908.73	94%																						
TOTAL	15,149,774.00	11,668,029.30	2,594,141.29	14,282,170.67	887,623.33	94%																						



3 Disbursement rate of the intervention

Source of Financing	Cumulated budget	Real Cumulated expenses	Cumulated disbursement rate
Direct Belgian Contribution	15,149,820	14,087,597	93 %
Contribution of the partner country	200,000	198,997.79	99.50%
TOTAUX	15,349,820	14,286,594.79	93,07%

4 Public Procurement

Nr	Description	Type	supplier	Currency	amount	Date of contract signature	Date acceptance	Total Paid Amount	Balance	Status
1	Maintenance & IT infrastructure assistance	Works	Medical Exchange Solutions(MXS)	EUR	27 466	1-juin-08	1-juin-09	27 466	0	Completed
2	Supply & installation of medical equipments	Supply	TECHFAB INTERNATIONAL PVT,Ltd	EUR	402 325	8-déc.-09	20-avr.-10	402 325	0	Completed
3	Supply & install of biomedical equipments for Muhima & Kibagabaga district hospitals (Lot 1 &4)	Supply	FSE	EUR	211 798	23-déc.-10	23-mars-11	211 798	0	Completed
4	Supply & install of biomedical equipments for Muhima & Kibagabaga district hospitals (Lot 2, 3 &5)	Supply	INTER EQUIPEMENT	EUR	208 953	23-déc.-10	23-mars-11	208 953	0	Completed

5	Supply of IT equipment for Ndera Psychiatric hospital	Supply	Medical Exchange Solutions (MXS)	EUR	42 421	16-nov.-10	28-déc.-10	42 421	0	Completed
6	Study of Management of biomedical inventory in Kigali hospitals (CHUK, Muhima, Kibagabaga & RMH)	Services	HARERIMAN A Leonard	RWF	3 714 500	1-oct.-10	26-oct.-10	3 714 500	0	Completed
7	Supervision of construction works of the retaining wall at COR UNUM-Kimisagara	Services	SEMUCYO Samy	RWF	2 200 000	30-sept.-10	30-nov.-10	2 200 000	0	Completed
8	Consultancy: Draw up a masterplan for Muhima and Kibagabaga district hospitals	Services	RWAKUNDA Dominique	USD	5 250	24-sept.-10	15-oct.-10	5 250	0	Completed
9	Architectural study of construction of 7 health centres for 3 districts of the City of Kigali	Services	ART SEC	RWF	29 220 000	28-sept.-10	28-nov.-10	29 220 000	0	Completed
10	Construction of a sustaining wall at COR UNUM Kimisagara	works	SEEGEC	EUR	30 500	2-sept.-10	2-nov.-10	30 500	0	Completed
11	Consultancy: Operational evaluation of MXS Open computer system for chuk, Muhima and Kibagabaga hospitals	Services	Ashwin Sanjay GANGAKHED KAR	USD	16 250	14-sept.-10	26 jours	16 250	0	Completed
12	Repair of CO2 plant for CHUK	Services	Craft engineering	EUR	230 343	23-juin-10	31-mai-13	230 343	0	Completed
13	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	CYKA sarl	FRW	21 514 340	28-mai-10	20-juin-10	21 514 340	0	Completed

14	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	IMPALA TRADING	FRW	3 188 057	31-mai-10	1-août-10	3 188 057	0	Completed
15	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	QUINCAILLE RIE ELECO	FRW	4 663 644	31-mai-10	1-août-10	4 663 644	0	Completed
16	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	MADICO	FRW	3 848 000	20-oct.-10	20-déc.-10	3 848 000	0	Completed
17	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	LA JAPONAISE	FRW	3 200 000	28-mai-10	30-juin-10	3 200 000	0	Completed
18	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	MADICO	FRW	3 848 000	20-oct.-10	20-déc.-10	3 848 000	0	Completed
19	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	SIENIFIC & TECHNOLOGICAL CONTRACTORS	FRW	3 059 915	1-août-10	31-mai-10	3 059 915	0	Completed
20	Tools and spare parts for the CHUK, Muhima and Kibagabaga hospital	Supply	COMPTOIR PRODUITS CAINCAILLE RE	FRW	19 276 305	1-juil.-10	31-mai-10	19 276 305	0	Completed
21	Training on Open Clinic software	Services	Medical Exchange Solutions(MXS)	EUR	65 964	5-mai-10	5-mai-11	65 964	0	Completed
22	Supply of CT-SCAN to CHUK	Supply	SIEMENS	EUR	1 029 008	2-déc.-10	1-avr.-11	946 674	82 334	Ongoing
23	Guard contract	Services	KK Security Rwanda	RWF	240 000	8-sept.-10	30-nov.-13	2 265 600	0	Completed

24	Supervision of construction works of the extension of Betsaida health centre in Kicukiro district	Services	MUTANGANA Eustache	RWF	1 150 000	1-nov.-11	28-févr.-11	1 150 000	0	Completed
25	Construction works of the extension of Betsaida health centre in Kicukiro district	Works	GR8 Creations Ltd	RWF	27 254 420	5-sept.-10	4-déc.-10	27 254 420	0	Completed
26	Evaluation of major unmet obstetrical needs in the health facilities of the City of Kigali	Services	Investigators	EUR	20 200		3-mai-10	20 200	0	Completed
27	Supply of biomedical spare parts for CHUK, Muhima and Kibagabaga hospital (Lot 2)	supply	LOTTERING UAC	RWF	16 021 582	28-mai-10	1-août-10	16 021 582	0	Completed
28	Supply of biomedical spare parts for CHUK, Muhima and Kibagabaga hospital (Lot 1, 3, 4 & 6)	supply	KIPHARMA	RWF	68 965 061	28-mai-10	27-juil.-10	68 965 061	0	Completed
	Study of waste water treatment plant for RMH	Services	HICE CONSULT	RWF	12 694 445	25/05/2011	1-juin-13	12 694 445	0	Completed
29	Supply of spare parts for Muhima and Kibagabaga districts hospitals	supply	FSE	EUR	28 554	6-févr.-12	6-avr.-12	28 554	0	Completed
30	Maintenance and repair of PAPSOSK vehicles	Supply	ATMG Garage	RWF	Unit Price	6-déc.-11	6-déc.-12	Unit Price	0	Ongoing
31	Extension works of Muhima hospital in Nyarugenge district	works	ASSOCIATION SERCO-EGETA	RWF	125 984 291	16-mars-12	9-juin-13	125 984 291	0	Completed
32	Construction of the Waste water treatment plant at Kibagabaga hospital	works	FIECO	RWF	300 831 020	24-janv.-12	24-avr.-12	118 562 816	-	

33	Supply and install biomedical equipments for the emergency and pediatrics services at CHUK (Lot 1, 2, 3 & 4)	supply	FSE	EUR	682 848	16-janv.-12	14-juin-12	682 848	0	Completed
34	Supply and install biomedical equipments for the emergency and pediatrics services at CHUK (Lot 5)	Supply	INTERTRADE FOCUS	EUR	20 471	29-déc.-11	27-avr.-12	20 471	0	Completed
35	Supply and install biomedical equipments for the emergency and pediatrics services at CHUK (Lot 6&7)	supply	JOH.ACHELI S&Söhne GmbH	EUR	145 388	29-déc.-11	28-mars-12	145 388	0	Completed
36	Supply and install biomedical equipments for the health centres of the City of Kigali	supply	JOH.ACHELI S&Söhne GmbH	EUR	425 715	12-oct.-11	12-févr.-12	425 715	0	Completed
37	Construction of new medical health centre at Remera, District of Gasabo	works	EMG	RWF	751 465 940	17-août-11	30-oct.-13	706 483 978	44 981 962	ongoing
38	Construction of new medical health centre at Gatenga District of Kicukiro	works	STRONG CONSTRUCT IONS	RWF	837 552 205	17-août-11	11-oct.-13	822 910 108	23 642 097	ongoing
39	Construction of new medical health centre at Kanyinya District of Nyarugenege	works	ERF	RWF	605 007 561	17-août-11	30-juil.-13	590 823 585	14 183 475	ongoing
40	Construction of new medical health centre at Mageragere District of Nyarugenege	works	GENUINE COMPANY	RWF	784 785 301	17-août-11	30-juil.-13	773 506 670	11 278 631	ongoing
41	Construction of the Waste water treatment plant at RMH hospital	works	ECO-PROTECTIO N	RWF	441 050 702	2-mars-12	6-mars-13	390 028 187	51 022 515	ongoing
42	Legal advice	Services	Me NTIHEMUKA CLEMENT	RWF	425 500	27-mai-11	27-mai-12	425 500	0	Completed

43	Study and supervision of the construction of the waste water treatment plant at Kibagabaga hospital	Services	HICE CONSULT	RWF	18 279 000	25-mai-11	23-juin-12	18 279 000	0	Completed
44	Supply and install O2 plant and O2 network in CHUK	supply	Depot Pharmaceutiq ue Kalisimbi	EUR	322 829 200	29-nov.-11	16-févr.-12	322 829 200	0	Completed
45	Supervision of construction works of Remera medical centre	Services	ECEC	RWF	25 900 000	9-févr.-11	17-avr.-13	20 350 000	5 550 000	Ongoing
46	Supervision of construction works of Remera medical centre	Services	ART SEC	RWF	3 500 000	15/07/13	30-oct.-13	1 000 000	2 500 000	Ongoing
47	Supervision of construction works of Gatenga medical centre	Services	GLISCO	RWF	29 036 666	9-févr.-11	10-nov.-13	29 036 666	0	ongoing
48	Supervision of construction works of Kanyinya medical centre	Services	ECOMENYA	RWF	22 550 000	9-févr.-11	30-oct.-13	20 500 000	-	
49	Supervision of construction works of Kanyinya medical centre	Services	ART SEC	RWF	6 000 000	17/01/13	30-oct.-13	6 000 000	0	Completed
50	Supervision of construction works of Mageragere medical centre	Services	ART SEC	RWF	38 618 740	9-févr.-11	30-oct.-13	38 618 740	0	Completed
51	Supply and install office equipments for emergency and pediatrics services of CHUK	supply	SPEED ENGINEERIN G	RWF	39 738 237	12-janv.-12	12-mars-12	39 738 237	0	Completed

52	Architectural study and supervision of construction works of the warehouse, meeting room, fence and rehabilitation of the existing infrastructures of Kibagabaga hospital	Services	HICE CONSULT	RWF	16 279 000	14-mars-11	12-mars-13	16 279 000	0	Completed
53	Offices rent	Services	MANIRAGUH A Jacques	USD	2 000	4-juil.-11	4-nov.-11	44 000	0	Completed
54	Consultancy: Conception of the sanitation strategic plan of the City of Kigali	Services	RUTHISHA François	USD	20 175	6-juin-11	10-juil.-11	20 175	0	Completed
55	Consultancy: Conception of the sanitation strategic plan of the City of Kigali	Services	GAKUBA Jeanne d'Arc	USD	19 875	6-juin-11	10-juil.-11	19 875	0	Completed
56	Consultancy: mid-term evaluation of the PAPSDSK	Services	Dr. Jean de Dieu NGIRABEGA	RWF	2 948 400	6-juin-11	20-juin-11	2 948 400	0	Completed
57	Consultancy: Update of the GIS for the City of Kigali	Services	Aymeric DELLA FAILLE	EUR	9 900	20-janv.-11	20-avr.-11	9 900	0	Completed
58	Audit of radiological safety and compliance with international recommendations on radiation protection in hospitals in the City of Kigali	Services	International Business Center (IBC)	EUR	30 296	14-janv.-11	28-févr.-11	30 296	0	Completed
59	Consultancy: Qty surveilling of the construction of 4 health centre of the City of Kigali	Services	KAREMERA Romuald	RWF	3 433 800	2-avr.-12	14-avr.-12	3 433 800	0	Completed
60	Supervision of the construction of the extension of Muhima hospital	Services	ART SEC	RWF	9 600 000	17-avr.-12	14-sept.-12	9 000 000	600 000	Ongoing

61	Supply and install of the generator to Muhima hospital	supply	MAGASIN WEBER	RWF	43 893 333	16-mars-12	16-juin-12	43 893 333	0	Completed
62	Supervision of rehabilitation works of Muhima hospital	Services	ECOMENYA	RWF	1 700 000	5-mars-12	5-mai-12	1 700 000	0	Completed
63	Rehabilitation of Muhima hospital	works	MURENZI SUPPLY COMPANY Ltd	RWF	45 932 948	24-févr.-12	24-avr.-12	45 932 948	0	Completed
64	Supply and installation of the generator to Ndera psychiatric hospital	supply	AZ IMPEX	RWF	25 296 297	22-févr.-12	22-mai-12	25 296 297	0	Completed
65	Elaboration of the strategic plan of solid waste management for the City of Kigali	Services	BURGEAP	EUR	40 040	16-févr.-12	1-avr.-12	40 040	0	Completed
66	Consultancy: Final evaluation of the PAPDSK	Services	TUMWINE James	EUR	3 773	2-nov.-02	16-nov.-02	3 773	0	Completed
67	Supply and installation of video conference equipment for UNR-ESP	supply	ALPHA COMPUTER Ltd	RWF	31 485 500	25-juil.-13	25-sept.-13	31 485 500	0	Completed
68	Waste collection	Services	COPEL (Subscription form)	RWF	867 000	1-juil.-13	30-nov.-13	844 000	23 000	Completed
69	Vehicle cleaning and garden maintenance for PAPDSK premises	Services	RELIANCE CLEANING SERVICES	RWF	981 667	21-mai-13	30-nov.-13	671 667	310 000	Ongoing
70	Consultancy: Support on redaction of the report of the seminar on medicalized health centres	Services	Dr.Dominique RWAKUNDA		800 000	26-avr.-13	30-avr.-13	800 000	0	Completed

71	Technical support for the preparation and publication of articles on mental health	Services	Université Libre de Bruxelles(ULB)	EUR	16 000	25-avr.-13	20-mai-13	16 000	0	Completed
72	Offices rent	Services	MUNYANKIN DI Monique	USD	7 200	18-mars-13	30-nov.-13	7 200	0	Completed
73	Pavement in sika floor for Kanyinya health centre	works	ENTREPRISE RUTAGARAM A Fidèle	RWF	33 442 850	17-janv.-13	17-avr.-13	33 442 850	0	Completed
74	Supply and installation of medical equipments for 4 medical health centres	supply	KIPHARMA	RWF	330 727 301	15-janv.-13	15-avr.-13	66 145 460	264 581 841	Ongoing
75	Supply and installation of office equipments for 4 medical health centres for the City of Kigali	Supply	SPEED ENGINEERIN G	RWF	172 125 000	15-janv.-13	25-nov.-13	157 000 000	15 125 000	Ongoing
76	Supply and installation of 4 health centres for the City of Kigali	Supply	AZ IMPEX	RWF	46 277 933	15-janv.-13	24-févr.-13	46 277 933	0	Completed

5 Public Agreement

Num ber	Execution modalities	Budget line	Partner Institution	Start Date	End Date	Total Amount in Euros	Total transferred	Balance	Status	comments
1	Fund transfer and direct payment for Alpha Computer	A 04 02 Z 04 02	NUR-ESP	23/01/12	31/01/14	65 550,00	65 550,00	0,00	closed	

2	Fund transfer	A 03 01	CHUK	23/03/10	22/03/11	454 000,00	432 308	21 692,00	Closed	
3	Fund transfer	A 03 05	CHUK	01/06/12	Unspecified	6 731,25	6 731,25	0,00	Closed	
4	Fund transfer	A 04 02	Hôpital Muhima	08/11/10	07/02/10	18 562,50	18 562,50	0,00	Closed	
5	Fund transfer	A 04 02	Hôpital Muhima	01/01/11	30/06/11	26 087,50	26 087,50	0,00	Closed	
6	Fund transfer	A 04 02	Hôpital Muhima	06/07/11	05/10/11	18 973,98	18 973,98	0,00	Closed	
7	Fund transfer	A 04 02	Hôpital Muhima	01/07/12	31/12/12	20 816,13	20 816,13	0,00	Closed	
8	Fund transfer	A 04 02	Hôpital Muhima	23/03/10	Unspecified	9 700,63	9 700,63	0,00	Closed	
9	Fund transfer	A 04 02	Hôpital Muhima	27/05/11	Unspecified	4 575,00	4 575,00	0,00	Closed	
10	Fund transfer	A 04 02	Hôpital Muhima	05/09/12	Unspecified	10 071,25	10 071,25	0,00	Closed	
11	Fund transfer	A 04 02	Nyarugenge District	06/05/10	05/08/10	8 478,12	8 478,12	0,00	Closed	
12	Fund transfer	A 04 02	Nyarugenge District	01/07/11	30/12/11	14 962,50	14 962,50	0,00	Closed	
13	Fund transfer	A 04 02	Nyarugenge District	30/09/10	Unspecified	8 115,63	8 115,63	0,00	Closed	
14	Fund transfer	A 04 02	Kibagabaga Hospital	24/03/10	Unspecified	9 975,28	9 975,28	0,00	Closed	
15	Fund transfer	A 04 02	Kibagabaga Hospital	01/01/11	30/06/11	18 187,50	18 187,50	0,00	Closed	
16	Fund transfer	A 04 02	Kibagabaga Hospital	17/05/11	Unspecified	3 792,00	3 792,00	0,00	Closed	
17	Fund transfer	A 04 02	Kicukiro District	25/05/10	20/08/10	8 140,00	8 140,00	0,00	Closed	

18	Fund transfer	A 04 02	Kicukiro District	05/10/10	Unspecified	9 781,25	9 781,25	0,00	Closed
19	Fund transfer	A 04 02	Masaka Hospital	27/07/10	Unspecified	11 671,37	11 671,37	0,00	Closed
20	Fund transfer	A 04 02	Gasabo District	06/05/10	05/09/10	9 687,62	9 687,62	0,00	Closed
21	Fund transfer	A 04 02	Gasabo District	05/10/10	Unspecified	8 595,00	8 595,00	0,00	Closed
TOTAUX						746 454,51	724 762,51	21 692,00	

6 Equipments

Equipment type	Cost (Euros)		Delivery Date	Remarks
	Budget	Real		
2 Véhicules RAV 4	45,000.00	40,000.00	21/12/2009	
3 Véhicules FORD	65,000.00	64,000.95	17/09/2010	2 Vehicles already transferred to beneficiaries
Ordinateur portable	1,000.00	904.83	30/09/2009	
Ordinateur de bureau	1,000.00	989.93	15/05/2010	
Matériel informatique et bureautique	36,000.00	35,366.83	19/05/2010	
Matériel informatique agents SIS	2,500.00	2,312.15	28/09/2010	
Dell Laptop	400.00	415.93	02/11/2012	
Water Dispenser Europa	120.00	100.13	09/09/2009	
Mobilier de bureaux	3,500.00	3,433.73	18/02/2011	
Projecteur	700.00	665.82	11/03/2011	
2 Camera Sony digitales	600.00	562.39	20/04/2011	
Balance électronique	520.00	528.05	20/12/2011	
TOTAUX	156,340.00	149,280.74		

7 Complete monitoring matrix

Impact: The health environment of the city of Kigali is adapted to the evolution of the needs of the population"						
OUTCOME: "The City of Kigali implements the Strategic Health Development Plan of the City of Kigali (PSDSK) in a concerted way with its partners"						
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained 2012/2013	Comments
The up-to-date Strategic Health Development Plan of the City of Kigali (PSDSK) available	The City of Kigali's Strategic Health Development Plan is not up-to-date	NA	NA	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali was validated by all stakeholders and approved by the CoK authorities
Availability of annual action plans at all levels in the CoK	Annual action plan are available at all levels but they are not aligned to HSSPII	NA	NA	Annual action plans at all levels in the CoK	Annual of annual action plans at all levels in the CoK	Annual action plans are aligned with HSSPIII and adjusted to the PSDSK
Evolution of the number of Partners active in the implementation of PSDSK	Not known	NA	NA	Up-to-date list of partners active in the implementation of PSDSK	Up-to-date list of partners active in the implementation of PSDSK	List of partners was updated on quarterly basis.
OUTPUT 1: "The city of Kigali and its districts efficiently adapt their management instances charged with health and the environment to respond to its fast development"						
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained	Comments

	HEU does not exist	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	2012/2013	
Existence of the Health and Environment Unit (HEU) in the organisational chart of the CoK	HEU does not exist	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	HEU is operational and formally included in the organisational chart of the CoK	
Roles and functions of various positions in the HEU defined	Not defined	Defined	Defined	Defined	Defined	Defined	Defined	
Number positions filled per number of positions provided in the organisational chart	5/6	6/6	6/6	6/6	6/6	6/6	6/6	Long process for the CoK chart review
Number of Urban District Data Managers	1	3	3	3	3	3	3	At the beginning only Kicukiro District had a Data Manager
OUTPUT 2: "The PSDSK is elaborated and developed in coordination with the various health environment partners of the city of Kigali"								
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained 2012/2013	Comments		
The up-to-date Strategic Health Development Plan of the City of Kigali (PSDSK) available	The City of Kigali's Strategic Health Development Plan is not up-to-date	Not available	the up-to-date strategic health development plan available	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali (PSDSK) updated and validated	The Strategic Health Development Plan of the City of Kigali was validated by all stakeholders		

Functioning Health and Environment Platform (HEP)	The HEP in the CoK does not exist	The HEP in the CoK does not exist	The HEP in the CoK does not exist	Functioning Health and Environment Platform (HEP)	The HEP in the CoK does not exist	and approved by the CoK authorities
Functioning ad hoc technical working groups(TWG)	No TWG in the CoK	TWG School Health TWG PPP TWG Hospital Networking TWG Hospital Maintenance	TWG School Health TWG PPP TWG Hospital Networking TWG Hospital Maintenance	TWG School Health TWG PPP TWG Hospital Networking TWG Hospital Maintenance	TWG School Health TWG PPP TWG Hospital Networking TWG Hospital Maintenance	TWGs created according to needs
OUTPUT 3: "The provision of healthcare is completed and increased to respond to the needs of the population of Kigali"						
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained 2012/2013	Comments
Availability of investment plan for CHUK, District hospitals and Health centres in CoK as well as investment in environment	Not available	Available	Available	Available	Available	The program supported the updating of investment plans
Investments made for CHUK, District hospitals and Health centres in CoK as well as investment in environment	The CHUK waste water treatment plant rehabilitated by previous BTC project Construction of Emergency and	Investment in medical equipment in CHUK (surgery, Outpatient Department), Muhima Hospital, and Kibagabaga Hospital (surgery,	Bio-medical Equipment supplied to 27 existing Health centres ICT Ndera and Generator for Ndera	WWTP at Kanombe and 4 new Health Centres 4 new medicalized health centres. Washing machine and steriliser for	Investments made according to identified needs	

	<p>outpatient wing, rehabilitation of Maternity in CHUK by former BTC funded project</p> <p>Construction and Equipment of the common ward of Muhima Hospital by former BTC funded project</p> <p>Construction and Equipment of Kibagabaga Hospital by former BTC funded project</p> <p>Rehabilitation of Mwendo, & Gahanga HC by former BTC funded project</p>	<p>Neonatology, maternity and laboratory) Equipment for Open Clinic</p>	<p>Medical Equipment in CHUK (CT-Scan, Oxygen plan, surgery, Neonatology, maternity and laboratory, emergency, theatre and internal medicine) Generator to Muhima Hospital</p>	<p>Kibagabaga hospital</p>	
Up-to-date training plan for medical staff	District hospital do not have training plans	Training plans available in CHUK and District hospitals	Training plans available in CHUK and District hospitals	Training plans available in CHUK and District hospitals	Training plans available in CHUK and District hospitals
Rate beds/Population	Nyarugenge:0.82 Gasabo: 1.10 Kicukiro: 1.54	Nyarugenge:0.98 Gasabo: 1.40 Kicukiro: 1.94	Nyarugenge:1.10 Gasabo: 1.52 Kicukiro: 2.25	1bed/ 1000 inhabitants	Nyarugenge:1.17 Gasabo: 1.64 Kicukiro: 2.39
Rate of health coverage	26/35 sectors covered	26/35 sectors covered	26/35 sectors covered	32/35 sectors covered	30/35 sectors covered
					National referral hospitals not included 4 new HC designed bigger than

Percentage of HC with maternity services	72%	72%	90%	100%	90%	previously planned
Functioning Inter-hospital network	Inter-hospital network does not exist	Inter-hospital network created and fully operational	Inter-hospital network created and fully operational	Inter-hospital network created and fully operational	Inter-hospital network created and fully operational	To be sustainable, the IHN needs a permanent secretariat
% of health private facilities in the HMIS	13%	13%	75%	95%	85%	At the beginning only some health private facilities in Kicukiro District were in HMIS
Number of technical failures and incidents in CHUK and District hospital in Kigali	CHUK: 860 Muhima: 430 Kibagabaga:520	CHUK: 650 Muhima: 364 Kibagabaga:415	CHUK: 480 Muhima: 273 Kibagabaga:345	CHUK: 120 Muhima: 80 Kibagabaga:80	CHUK: 245 Muhima:162 Kibagabaga:265	The figures are the failures days per year for all for the entire apparatus in each hospital
Number of medical and paramedical staff training in offering Vesico-vaginal fistula repair	None	6 Doctors 4 Anaesthetists 10 Paramedical staffs	6 Doctors 4 Anaesthetists 10 Paramedical staffs	6 Doctors 4 Anaesthetists 10 Paramedical staffs	Doctors 4 Anaesthetists 10 Paramedical staffs	Other partners are also actively involved in this activities
Number of patients with Vesico-vaginal fistula treated by inter-hospital	None	430 consultations 105 patients operated 85% of operations	210consultations 51 patients operated 85% of operations	80% of operations succeed	109 consultations 33 patients operated 85% of operations	

network												
Trainings to improve the quality of health care and health service	No training plan	Training of Medical staff in HC in their respective core functions	Emergency Triage Assessment and Treatment (ETAT) in Paediatrics and Neonatology in Kigali Hospitals. Training of Medical staff in HC in their respective core functions	NA	ETAT for all District hospital	The training was conducted in conjunction with experts from Kenya (KEMRI)	succeeded					
OUTPUT 4: "The quality of the whole of healthcare and health services of the City of Kigali has improved"												
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained 2012/2013	Comments						
Availability of the CoK annual training plan	The CoK annual training plan does not exist	The CoK annual training plan does not exist. Trainings are conducted from time to time as needs are identified	The CoK annual training plan does not exist. Trainings are conducted from time to time as needs are identified	The CoK annual training plan available	The CoK annual training plan does not exist. Trainings are conducted from time to time as needs are identified	Needs identification is done continuously						
Rate of monthly and quarterly supervision of health facilities	100%	100%	100%	100%	100%	Regular supervisions in PBF						
Presence of HMIS staff in District	1 person	3 persons	3 persons	3 persons	3 persons	These are the Data managers hired by the program						
% of health private facilities in the HMIS	13%	13%	75%	95%	85%	At the beginning only some health						

								private facilities in Kicukiro District were in HMIS
Degree (%) of completeness of HMIS in Hospitals	100%	100%	100%	100%	100%	100%	100%	
Rate of transmission of reports to the HEU of the CoK and to MoH	100%	100%	100%	100%	100%	100%	100%	
Evolution of accreditation score in CHUK	37%	Not evaluated	56%	90%	56%			The next step is to continue facilitation phase, Proceed by internal evaluation and be prepared for external evaluation
OUTPUT 5: "The healthcare perception of the users"								
Results/Indicators	Baseline Value 2009	Progress 2010	Progress 2011	End target 2012/2013	End Value obtained 2012/2013	Comments		
Rate of community insurance (mutuelle de santé) membership	78%	79%	81%	85%	82%	In the City of Kigali, an average of 15% of the population is in the other health insurance schemes.		
% of Household using hygienic	56%	64%	68%	80%	72%			

latrines and hand washing with soap							
% of Health facilities with safe handling	55%	67%	82%	100%	85%		

8 Tools and products

- (Scientific)Publications
 - Training Manual ETAT +
 - Acts on Capitalization Workshop
- Capitalization reports
- Audio-visual material
 - Hygiene Campaign
 - PAPSDSK Showcase week
 - Capitalization Workshop
- Other resources
 - Health Mapping
 - Strategic Health and Environment Development Plan