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Sida Decentralised Evaluation

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Public Policy Information, Monitoring and Advocacy (PPIMA) project in Rwanda

Baseline Report & Logframe for Phase II

Final Report

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**Final Report
February 2013**

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Abbreviations and Acronyms

ADENYA	Association pour le Développement de Nyabimata
ADI	Association pour le Développement Intégré “ADI” Terimbere asbl
ADTS	Association for Development and Social Transformation
ALAC	Advocacy and Legal Advisory Centre
AJIC	Anti-Corruption and Justice Information Centre
AJPRODHO	Association de la Jeunesse pour la Promotion des Droits de l’Homme
CCOAIB	Conseil de Concertation des Organisations d’Appui aux Initiatives de Base
CHBI	Community Based Health Insurance Policy
CHW	Community Health Workers
CLADHO	Federation of Leagues and Associations for the Defence of Human Rights in Rwanda or Collectif des Lignes et Associations des Droits de l’Homme
COMECA	
COPORWA	The Community of Potters of Rwanda
CSC	Community Scorecard
CSO	Civil Society Organisation
CSPMG	Civil Society Policy Monitoring Group
CTB	Belgian Technical Cooperation
DDF	District Dialogue Forum
DFID	British Department for International Development
DFO	District Field Officer
DFC	District Field Coordinator
FARG	Fund for Assistance to Genocide Survivors
FIOM	Future in our Mind
GoR	
IEC	Information, Education and Communication
IMBARAGA	Rwanda Farmers’ Federation
M&E	Monitoring & Evaluation
MINALOC	
MIS	Management Information System
MoU	Memorandum of Understanding
MINECOFIN	Ministry of Finance and Economic Planning
NPA	Norwegian People’s Aid
NUDOR	National Union of Disabilities’ Organizations of Rwanda

ABBREVIATIONS AND ACRONYMS

PEPAPS	Potable Water and Sanitation Programme in Southern Province
PPIMA	Public Policy Information, Monitoring and Advocacy
Profemmes	Profemme Twese Hamwe
RCSP	Rwanda Civil Society Platform
RLDSF	Rwanda Local Development Support Fund
RWF	Rwandan Franc
RWN	Rwanda Women's Network
Sida	Swedish International Development Cooperation Agency
USAID	United States Agency for International Development

Preface

This report is the result of the second part of the evaluation of the *Public Policy Information, Monitoring and Advocacy (PPIMA) project in Rwanda*, commissioned by the Swedish International Development Cooperation Agency with the support of the British Department for International Development (DFID). PPIMA is a civil society project, which both donors have been funding since August 2009. The purpose of the first part of the evaluation (carried out July – August 2012) was to provide information that would support the donors to assess a second phase of support to PPIMA to begin in early 2013. During the evaluation it became clear to the Evaluation Management Group of the project in Kigali that adjustments for the planned second phase of the evaluation were necessary.

The second part of the evaluation was to develop a baseline report and logframe for PPIMA's second project phase, together with the three stakeholders in Kigali; Norwegian People's Aid (implementor), Sida and DFID (donors). This was carried out November – December 2012 resulting in this report.

The Embassy of Sweden in Rwanda contracted Indevelop to undertake the evaluation through Sida's Framework Agreement for Reviews, Evaluations and Advisory services on Results Frameworks. In this particular evaluation, Indevelop cooperated with GRM International (UK).

The second part of the evaluation was carried out by an independent team consisting of Ali Dastgeer (Team Leader) who had lead the first part of the evaluation, Kevin Kelpin (Evaluation Specialist), Jean-Marie Vianney Muhawenimana and Julien Ntezimana (National Consultants). Both Kevin and Ali are members of Indevelop's CoreTeam of professional evaluators. Ian Christoplos provided quality assurance and Jessica Rothman managed the evaluation and provided ongoing support to the team throughout.

Executive Summary

This baseline report aims to capture the state of Public Policy Information, Monitoring and Advocacy (PPIMA) project as it draws to a close and prepares for a second phase. The situation presented is as of mid-December 2012 and serves as a baseline, against which performance over the coming years will be measured, for PPIMA Phase II. The intention of this report is to document all important outcomes of PPIMA's work from inception until December 2012.

In terms of its work at the national and policy levels, three dialogues were conducted over the years – one on political space and human rights, one on budget making and its implementation process and one on community-based health insurance, *mutuelle de santé*, and performance contracts *Imihigo*. A fourth, on water and sanitation issues, will be conducted in December 2012. Of these dialogues, the one on health insurance used information from community scorecards developed at the village level and the district dialogues conducted in PPIMA districts as inputs to discuss issues at the national level. Thus far, this is the only significant example where PPIMA is using data and evidence generated at the local level to inform planning processes at the national level. In terms of contribution to change, the national level dialogue on community health insurance helped in raising awareness in government of the issues being faced by communities at the local level.

Other significant outcomes at the national level include inputs into the access to information law and the work being done through Collectif des Ligues et Associations des Droits de l'Homme (CLADHO) on increasing the transparency of the budget-making process and making it more pro-poor. The Access to Information Law has been passed by Parliament and now awaits approval by the President. In the process of its development, civil society organisations led by the Rwanda Civil Society Platform (RCSP) engaged with government and were somewhat successful in their efforts to advocate for changes to the bill, for example, a review of the 'harm test clause'. In terms of budget making, there is increased consultation on the budget making process by the Government. PPIMA's work had enabled greater transparency – the budget is now available online – and through CLADHO, the civil society position on various issues is being conveyed to government through forums such as the budget hearings. While no significant outcome is evident at the moment, in terms of major reallocations to sectors that civil society feels need more attention, the engagement appears promising.

Thus in terms of outcomes at the national level, PPIMA's work needs further strengthening – both in terms of the range of issues it advocates and the degree of change it is contributing to.

The community scorecard process, rolled out in 190 villages, has had significant success in enabling citizens to voice their concerns, to raise issues requiring government attention and to monitor service provision. In the process, communities have felt a sense of empowerment and have also raised their understanding of government's constraints. The scorecard process ensures that women, the poor, disabled and marginalised are included in the process of identifying the domain that is most critical to the village and needs priority. Through engagement with the PPIMA partner CSOs, the villagers raise their understanding of their rights and entitlements. At the same time, the interface meetings during the scorecard process – during which service providers and local authorities engage with villagers - provide government with an opportunity to dialogue with whole villages in one go. It would not be possible for them to sit with each household individually. Beyond that, as part of their performance contracts, service providers and local authority officials are supposed to ensure that they target the priorities and needs of citizens. The scorecard process enables them to fulfil their duty to do that. As some of the case studies demonstrate (e.g. case studies numbers 2, 10, 12, 16, 18, 21 and 24), through the process, citizens identify ways in which they are willing and able to contribute their time, money, labour, etc. to complement government efforts to solve their community problems and move towards greater community participation in their socio-economic development. While it is not possible to mention all the other numerous benefits that the scorecard process brings, one pertinent one is that it raises issues that PPIMA can then feed into district and national level dialogues for the attention of policy makers and planners for both the formulation of policies and plans, and their implementation.

In this report, we have attempted to document the rankings observed in 56 scorecard rollouts, comparing rankings in the beginning of the engagement of the scorecard process between service providers, district authorities and citizens and then several months later. Not all comparisons show an increase in scores. But while the improvement in scores may be desired, the process itself of engaging in the community scorecard cycle is important and is seen as valuable by both communities and service providers. Comparisons of all 190 villages should be done by PPIMA and analysis of these should be undertaken regularly.

This report also includes thirty-one case studies where significant change has occurred in the various domains in the various districts; and this change can be attributed to PPIMA's efforts. The degree to which PPIMA has contributed to the change, as well as the intensity of change, varies from case to case and is not possible to predict. Nearly all the case studies show that citizens have voiced their concerns and have advocated for change – that change has varied in terms of how it has exhibited itself. In many cases, government and service providers have been able to respond – by making budgetary resources available for the construction of infrastructure, by improving the way health centres are run, or by paying attention to the landless and marginalised. A number of projects and activities on government plans that have been pending and postponed for many years have been speeded up after citizens emphasised and recommended their immediate implementation through the PPIMA-community scorecard process. What has been surprising is the number of cases in

which citizens have participated with government or have taken steps to resolve the issue themselves because of the inability of government to do so. In the first type of cases, citizens have contributed labour or financial resources to complement government's contribution or they have organised themselves to support government outreach. In the second type of cases, they have pooled efforts and resources or have joined together in the form of cooperatives.

However, the whole course of all these changes is not monitored by PPIMA. This leads to their poor documentation, which in turn would result in great risks that these changes may be taken lightly. For instance, it was reported that people complained about poor services and poor customer care at Kabaya Health Centre. Reporting on the change, District Field Officers' (DFOs) reports simply indicate that, as a result of citizens' complaints, the health centre has improved services and currently people are being attended to without delay. To understand how PPIMA has been very influential in these changes, one needs to listen to the Kabaya Health Centre manager to know that poor services were due to a number of factors namely: (1) a very limited number of nurses (10 nurses out of over 40 that would be required for the centre to provide good services to a very large number of citizens in the health centre's catchment area); (2) in addition to the quantity of people in the health centre's catchment area, there are also a sizable number of people from outside the catchment area who seek medical care from Kabaya Health Centre; (3) Kabaya Health Centre is one of health centres covering a large area without even one health post. It is against this background that the manager wrote to the Ministry of Health requesting the recruitment of more nurses. Although the Ministry has not yet responded, the health centre management has now resorted to an intermediary solution of recruiting casual nurses. This seems to be a great undertaking that should be reported in the way it happened.

There is no evidence to suggest that the existing spaces such as the Joint Development Action Forum, etc. have been used by PPIMA to advocate for change. While PPIMA, in its forthcoming phase, should also place emphasis on using such spaces, the intensity with which citizens can engage with district authorities and service providers using PPIMA-created spaces cannot be replicated in the JADF or other spaces and forums.

To date, seven district level forums have been held, mostly on health issues. The summaries of the proceedings of these dialogues are presented. The dialogues have helped provide an opportunity for PPIMA supported citizens to raise issues of concern in front of district authorities and for the latter to respond to them and inform of government plans aimed at addressing citizens' concerns. District dialogues highlight concerns, which can be fed into national level dialogues by PPIMA. This flow of information needs to be systematised and its frequency increased. While district level dialogues, by themselves, cannot claim to have produced any significant outcomes, they do contribute to their materialisation.

The four Anti-Corruption and Justice Information Centres funded by PPIMA are still in their nascent stages. While the number of cases in them is increasing, they have

been affected by resignations of their coordinators in three cases and a leave of absence in the fourth. On the positive side, the replacements of those who have left now come from legal backgrounds, which is a precondition that has been recognised to be instrumental for the ability of Anti-Corruption and Justice Information Centres (AJICS) to provide support and guidance to complainants. The youth clubs, though, need further attention so that their potential can be realised. Transparency International's Advocacy and Legal Advisory Centres, which are partially funded by PPIMA, have demonstrated much better progress – they are older and the number of received cases runs into several thousand. The reasons for their comparatively better performance include that they have been directly nurtured and monitored by Transparency International, and that their coordinators have legal backgrounds.

Through the support of Norwegian People's Aid (NPA), 2 of the 14 CSOs have been able to improve their financial systems sufficiently to be considered satisfactory, while the speed at which the others will reach that level varies. All, however, are expected to have improved satisfactorily over the next couple of years.

The logframe for Phase II was developed in November 2012 as a result of a 3-day Outcome Mapping workshop. Subsequent to that, it underwent several revisions based on feedback received on each preceding version. The latest version is reproduced in this report.

The current DFID template has been used for the logframe and, in it, the end target of the each indicator is required to be reported on, along with its intermediate targets. PPIMA is a civil society project, where it is expected that through better advocacy and increased awareness of CSOs and citizens, citizens will receive better public services, amongst other benefits. While it is clear that that will be done through trainings, dialogues, the scorecard process, AJICs/Advocacy and Legal Advisory Centres (ALACs) etc., it is not possible to predict, as the case studies in this report demonstrate, what mechanisms citizens will use for what purpose. That is why targets for indicators use words such 'limited', 'improved', 'good' or 'significant'. It is not possible to be more accurate than that. The onus is on PPIMA and its donors to review progress annually and agree whether satisfactory change is occurring in the lives of citizens, since the preceding annual review was made, given the spent resources and undertaken activities.

1 Introduction

The purpose of this the baseline report for Phase II of the Public Policy Information, Monitoring and Advocacy (PPIMA) project in Rwanda is to document all the key achievements in terms of outcomes that were realised from August 2009 until December 2012, so that a picture can be presented of where PPIMA stands towards the end of Phase I.

The Public Policy Information, Monitoring and Advocacy project is a civil society support project aimed at strengthening interest among Rwandan civil society organisations and citizens in public policy affairs. It supports them in their efforts to self-organise and acquire the skills they need to engage effectively in national and local level processes of policy formulation and implementation, to ensure that policies work to deliver improved services, especially for poor Rwandans.

PPIMA is coordinated by Norwegian People's Aid (NPA) and is funded by the Swedish International Development Cooperation Agency (Sida) and the British Department for International Development (DFID). The first phase has had a duration of 3 ½ years: it started with an inception period in August 2009, which lasted until February 2010, and an implementation period from then until February 2013. The project works at both the national level with government and other stakeholders, and at the local level in four target districts: Gatsibo District in Eastern Province, Gakenke District in Northern Province, Ngororero District in Western Province, and Nyaruguru District in Southern Province.

In Chapter 2, the report will start with examining efforts that have been made at the national or policy levels and will discuss three cases related to medical insurance, budget decentralisation and citizens' engagement in it, and the bill on access to information.

Initiatives involving the communities in and around the 190 target villages where PPIMA Phase I has operated will be discussed next and their links to the outcomes in the proposed logframe for Phase II will be indicated. After discussions with NPA and the concerned partner CSOs, it is estimated that all cases of significant change have been captured in Chapter 3. Thirty-one cases in all have been documented. In most cases, using the Community Scorecard (CSC) process as a tool, citizens have been able to advocate for, and influence, service delivery. In other cases, they have taken matters into their own hands, where government has been constrained in supporting them or have supported government to extend its outreach. In some cases, they have also contributed to the building of infrastructure in cash or in kind.

As this report is being finalised, 185 of the 190 villages had completed the first complete cycle of the community scorecard. The cycle is complete when villagers and service providers/local authorities interface a second time to discuss if service provision has improved in their chosen domain after it has been monitored for several months. Chapter 4 discusses this process and its associated annex, Annex 3, details the ‘before’ and ‘after’ rankings of 56 of the 185 scorecards. The annex also displays the indicators that individual villages came up with during the process – these indicators were shared with service providers before monitoring on them was initiated.

The seven dialogues with local governments to date, held in the four districts under PPIMA, are described in Chapter 5 while the achievements of the four Anti-Corruption and Justice Information Centres (AJICs) and the six Advocacy and Legal Advice Centres (ALACs) in terms of numbers of cases received and solved are presented in Chapter 6. Both types of centres are used by ordinary citizens to seek guidance on judicial, legal or social issues they are facing, as well as to report cases of corruption. The AJICs are wholly, and the ALACs are partially, funded by PPIMA.

PPIMA has also been engaged with its 14 partner CSOs in building their capacities in financial and administrative systems. In Chapter 7, we present a summary of their current strengths and weaknesses as well as when, with PPIMA support, they are expected to improve to satisfactory levels.

All the information contained in Chapters 2 to 7 can be used to complete the baseline column in the logframe of Phase II, the current version of which is presented in Chapter 8. To aid users of this logframe, an explanations of the terms used and the suggested indicators are provided in Chapter 9.

The report ends with a summary of recommendations to guide the collection of data to feed into the logframe on a regular basis during the lifespan of PPIMA Phase II.

2 PPIMA Efforts at Policy Level

At the policy level, limited outcomes of the small number of PPIMA initiatives can be observed and Phase II will require more concerted efforts to be made for a pronounced effect to be visible.

PPIMA contributed in varying degrees to the following government policies and plans:

- 1) The Health Insurance Scheme “*Mutuelle des Sante*” (Prepayment Insurance)
- 2) The National Budget of Rwanda (A Citizen’s Guide)
- 3) Access to Information Law

2.1.1 The Health Insurance Scheme “*Mutuelle des Sante*” (Prepayment Insurance)

This case is related to *Outcome Indicator 1* of the logframe: *Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level* and to *Output 3: CSOs organize debates /dialogues with citizens and decision-makers on emerging issues related to policies, laws and programmes.*

The intention of the revised Community Based Health Insurance Policy (CHBI) - “*Mutuelle des Sante*”, is to promote the accessibility of quality health care to all Rwandans, particularly the most destitute and to help protect them against financial risks. However, one of the main issues that arose among the civilian population was the increase in fees despite low financial capacity of citizens at the community level to cover the costs of new premiums associated with the programme.

The Rwanda Civil Society Platform (RCSP), a CSO working within the PPIMA project, was instrumental in helping citizens to voice their concerns related to the “*Mutuelle des Sante*”. The Rwanda Civil Society Platform had earlier received training within the PPIMA project in the use of the community scorecard activity and was familiar with its objectives. Towards the end of 2011, in all four PPIMA districts, the district-level CSOs had organised district level dialogues that engaged district authorities and communities on health issues.

The community scorecard method had been implemented in the districts of Ngororero, Nyaruguru, Gatisbo, and Gakenke with citizens in those districts. In consultation with the PPIMA’s District Field Officers (DFOs) and this use of the community scorecard, the community raised the key issue of health insurance. A critical concern was that within the “*Mutuelle des Sante*”, strategies needed to be in place to make sure that payment for health care services was based on principles of equity and the establishment of clear and fair criteria for the determination of vulnerable groups that benefit from government subsidies.

Using the information and issues emerging from both the scorecards and the district dialogues, RCSP then organised the National Public Policy Dialogue in December 2011, which was attended by the Rwandan civil society, Government representatives, representatives of political parties registered in Rwanda, the private sector, members of the media and development partners. While community members were invited to speak directly to those in the room, the forum was also broadcast live on television and radio (Radio Rwanda and Radio HUGUKA) with community members who were not physically at the forum's location encouraged to participate by sending SMS texts containing questions to be read out at the forum.

Based on this interactive forum, recommendations are to be followed up on through the position of the DFOs and the district mayors with further community feedback to be sought if recommendations are achieved. In light of this progress, and to create a baseline, the Rwanda Civil Society Platform entered into a MOU with the NGO The Future in Our Mind (FIOM) to do further research on what information DFOs and service providers have regarding the national dialogue recommendations as well as what actions have resulted from this dialogue process. This further research on the recommendations from the District Dialogue Forums (DDFs) will be used to further advocate for their inclusion by the Government in future activities related to the “Mutuelle des Sante”.

2.1.2 The National Budget of Rwanda (A Citizen's Guide)

This case is related to *Outcome Indicator 1: Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level* and *Outcome Indicator 2: Partner CSOs strengthen citizens understanding of their rights and entitlements*.

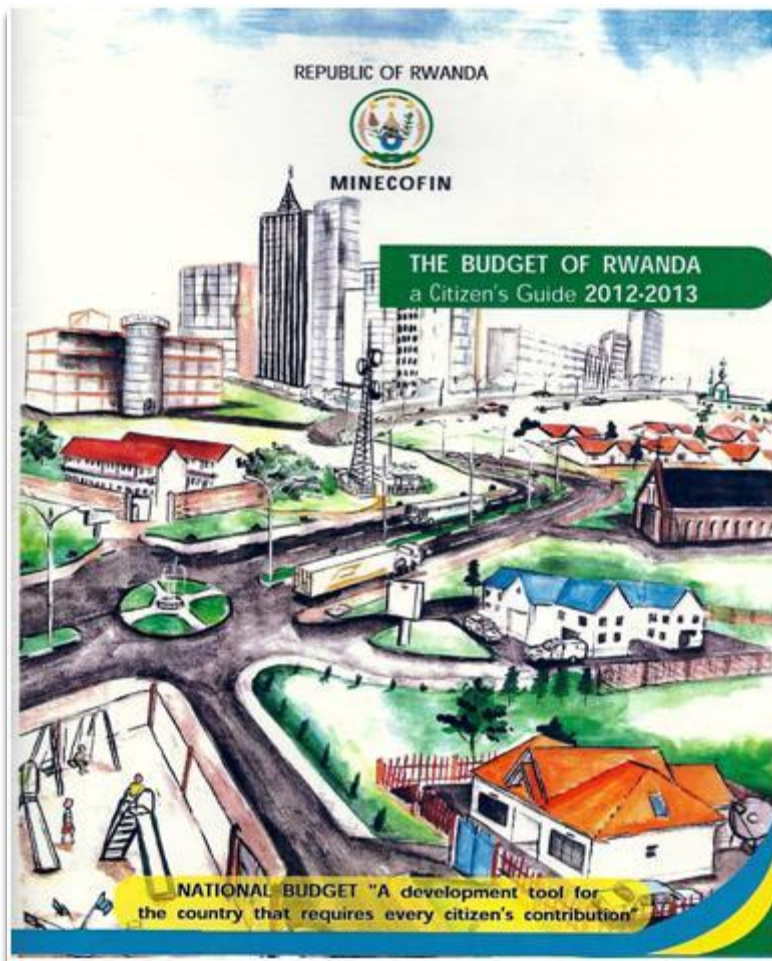
It also targets *Output Indicator 4.2: CSOs collectively lobbying to influence government policies and plans* and *Output Indicator 4.4: CSOs work with others through existing spaces to implement PPIMA activities*.

The Rwanda National Budget is a document that summarises all the planned state revenues and expenditures that will take place within the coming fiscal year. It is both an operational tool and a communication process through which the Government puts development and investment policy into action. It is, however, a long and involved process that is often complex and difficult for the average citizen to understand. “The Budget of Rwanda – a Citizen's Guide” is a communication tool that helps demystify and make this process more transparent for citizens while attempting to respond to citizen-raised questions about how tax funds are used to provide public services.

The CSO Collectif des Ligues et Associations des Droits de l'Homme (CLADHO), a PPIMA partner organisation, has had an integral role in the dialogue process leading up to, and in the production of, this citizen's guide to the budget process. Starting in 2009, with support from PPIMA, CLADHO has taken a leading role in organising

and facilitating forums and dialogues with citizens regarding the budget process. In cooperation with all district partners, CLADHO has sensitised the 380 community animators on the budget formulation process in all four PPIMA target districts, leading to its ability to offer comments and alternatives based on its interactions with civil society to the Government's pre-budget consultation process. The Citizen's Guide has been fully endorsed by the Government with a forward written by the Permanent Secretary & Secretary to the Treasury.

To strengthen this dialogue process, CLADHO has established, or will be establishing,



a number of additional information collection and dissemination processes. The Budget Info System is a web portal that will expand the space for civil society to exchange views and report bad practices in government-related service delivery while demanding government accountability. The Civil Society Policy Monitoring Group (CSPMG) has also been established to help CSOs analyse information and provide feedback to the Government on their plans and programmes. The CSPMG met for the first time in March

of 2012 and has been set up to meet regularly at the end of each month. Public radio call-in programmes on the budget transparency process have also been produced through Isango Star to discuss the different stages of the budget process in Rwanda. These programmes are heard by a large audience within civil society and have earned CLADHO the Media Excellence Award as well as free airtime for other programmes. As a next step CLADHO, with support from PPIMA, will take these pre-budget consultation processes to the 'local level' as well as improving the feedback from government sources to citizens.

Most impressive however, has been the work led by CLADHO on the "Citizen Alternative Budget" and "Civil Society Budget Proposal". Basically, this is a process through which civil society responds to the Government's release of draft versions of

the budget by commenting directly on its proposed contents. CLADHO shared this “Citizen Alternative Budget 2012/13” with the National Parliament, the Parliamentary Budget Committee, and the Ministry of Finance and Economic Planning of Rwanda (MINECOFIN). The Government acknowledged receipt of this document and later responded to CLADHO after reviewing it, incorporating some of the proposals suggested by CLADHO in the first round of consultations. MINECOFIN then requested further feedback from CLADHO on its second round of budget consultations – it was one of only three civil society organisations offered this chance by the Government.

Its work on the annual citizens’ guides to the national budget, testimonies before the parliamentary budget committee on behalf of civil society and the recent provision of input to MINECOFIN on the 2012-15 Budget Framework Paper has increased CLADHO’s authoritative grasp on budgetary issues and positioned it, in the eyes of government, as a credible representative of civil society. CLADHO’s current good standing and ability to work directly with various government departments is strong. While starting its work in 2007-08 on a much different and sometimes confrontational footing with the Government, it has now created a foundation of trust and partnership. The Rwandan Government has acknowledged the need to have civil society input and has been open to having organisations such as CLADHO represent civil society and bring recommendations to them for consideration. According to MINECOFIN, the work that CLADHO undertakes with funding from the project encourages value-for-money to be considered in budget formulation. It empowers civil society, which in turn assists government, as government cannot monitor each expenditure itself. As a representative of civil society, CLADHO has been asked to join the Macroeconomic Forecast group. This group is made up of organisations, such as large international donors and representatives from different government of Rwanda departments. CLADHO’s work has also been noticed by other international organisations. Oxfam America has approached CLADHO to volunteer a representative to be part of a group that explains to how foreign aid is imparting change in other countries US Government representatives.

2.1.3 Access to Information Law – Rwanda Civil Society Platform

This case relates to *Outcome Indicator 1: Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level* and *Output Indicator 4.2: CSOs collectively lobbying to influence government policies and plans.*

In 2011 RCSP started to focus on issues related to access to information laws. Representatives from the CSO participated in visits to other countries (South Africa, India) to learn how to organise and implement advocacy processes concerning access to information bills. The objective of these visits was to meet with organisations that worked on access to information bills to learn from them how they implemented their advocacy strategies, as well as to gain insight on how to apply this knowledge on access to information bills in the Rwandan context.

Upon returning to Rwanda, RCSP put in place a technical team that developed a position paper on the Access to Information Law that defined what this legal process should look like in the Rwandan context. After reviewing the RCSP position paper, the parliament had various consultations with civil society organisations led by RCSP. RCSP continues to ensure that the content of the proposed bill and its movement through the various levels of government (upper chamber) and the Rwandan Parliament are supported by an open and ongoing dialogue process. Discussions have centered on some of the more contentious provisions within the law that were noted by the CSOs and submitted to parliament for consideration. In response, some of these provisions were revised accordingly within the proposed law, though it is unclear what the exact revisions to the wording have been. Prominent among these revisions was the process that allowed for CSO and private sector consultations on developing guidelines that determine when information would cause serious harm to the national security of Rwanda, so that guidelines reflected civil society views and addressed their concerns.

Presently, the bill has been adopted by both chambers of parliament and is now with the President of Rwanda for approval. Subsequent to this approval, the next step of engagement for RCSP will be to communicate the bill and its contents to citizens. This process will be done with support from PPIMA and will concentrate on guiding citizens in their understanding of the law and the real access to information it provides. Central to this dialogue process will be the support and help provided to citizens in order for them to make the connection between the access to information law and the identification of other rights to which they are entitled.

3 Outcomes Observed in Target Districts

The team undertaking this baseline survey requested that the local level partners, through NPA, identify all the initiatives in their respective districts where they felt that PPIMA had contributed to improvement in service delivery or the development of any initiatives at the community level. The District Field Officers, with the support of the District Field Coordinators (DFCs), identified close to 100 cases. Through a process of discussions with PPIMA staff, community members and service providers, these cases were reduced to 31 and these are presented in this chapter. Cases that were dropped included stories where:

- The link between PPIMA and the outcome was unclear or weak;
- The outcome would have been observed in any case, whether PPIMA was present or not; and
- The only outcome was a promise by government authorities or service providers to look into the matter, devote funds to the matter in coming budgets, etc., but where no concrete action has until now been taken, beyond verbal assurances.

The process of documenting the case studies involved interviews with PPIMA staff, community animators, community members, service providers and local authorities. It also involved the witnessing/observation of inputs that had been given to the communities, work being done on site, infrastructure being built or already built etc. The observed changes range from those that occurred due to PPIMA's strong influence and those to which PPIMA only contributed to a certain degree.

While the team has initiated this process of documenting initiatives and stories of change, case study reporting has yet to become a regular feature of PPIMA's M&E system. It was hoped that the four district field coordinators would accompany the consultant team in this process of recording change stories and how to highlight the real connection between PPIMA and the outcome that was being observed. However, of the four DFCs, one had left and one suffered an accident from which he was recuperating, so only two DFCs could be engaged. It is hoped though that the PPIMA staff who did accompany the team will be able to guide other staff in the field on how to write up case studies.

Almost all the case studies contribute in varying degrees to *Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change*. These cases are 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31. Three case studies contribute to Outcome No. 1. In the case study No. 4, Rwanda Women's Network (RWN), the local partner CSO, brought the issue of the lack of water to the attention of the then Sector Executive Secretary who resolved to lobby her superiors at the district level. This engagement happened beyond the forum of the community scorecard interface meeting. In the second case study (No. 26), COPARWA took the issue of inability of some villagers to pay their health insurance premiums to sector authorities, who then approached public funds for assistance. In case study No. 31, Association pour le

Développement de Nyabimata's (ADENYA's) DFO used his position as member of the District Advisory Council to rehabilitate a water supply system that was long in disrepair.

Three cases identified the PPIMA partner CSOs working with other CSOs to respond to citizens' needs. This happened in case study numbers 6, 15 and 16, which thus contributed to *Output Indicator 4.4: CSOs work with others through existing spaces to implement PPIMA activities.*

What was very interesting was the high number of initiatives unearthed where *citizens had demonstrated creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups.* Instead of waiting for the Government, citizens had come together to solve their problems. Or, they supported government in extending its outreach. They did this through contributing money and labour or forming groups to organise the supply of inputs, start pig-rearing projects or raising awareness, for example. Case study numbers 2, 3, 6, 10, 12, 13, 16, 18, 20, 21, 24 and 30 contribute to an outcome that was not foreseen in the PPIMA project as the project's goal was improved service delivery through better advocacy. That people would take matters into their own hands and contribute, sometimes significantly, to addressing problems that confronted them and not passively assume that the Government will do everything has been a positively surprising outcome of PPIMA. The community scorecard process, which brought the community together to discuss problems and constraints, enabled them to identify, with the support of the DFOs, opportunities to overcome those very problems through, for example, the formation of cooperatives. In such venues, agreements could also be reached with government to contribute to, for example, the clearing of a site where infrastructure was to be built. Contributing to this process has been the concerned CSO's experience of undertaking community mobilisation and participation.

Of the 31 case studies, most have been observed in health and agriculture. Only one initiative in the education sector was identified. Education lags behind all other sectors in terms of prioritisation in the scorecard process:

	<i>Total</i>	<i>Gatsibo</i>	<i>Gakenke</i>	<i>Ngororero</i>	<i>Nyaruguru</i>
<i>Domain:</i>		<i>Case study number:</i>			
Health	14	1, 7	9, 10, 15, 16	19, 22, 23, 24	25, 26, 27, 28
Agriculture	9	2, 3, 5, 6, 21	11, 13, 14		30
Water & Sanitation	5	4	12	18, 20	31
Infrastructure	2	8		17	
Education	1				29

The case studies follow:

Case Study no.:		1
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Health		
Theme: Service Delivery		
Sources of information: DFO, Citizens, 2 Gituza Health Centre staff		
CSO(s) involved: AJIPRODHO		
No. of beneficiaries: 27,490		No. of male beneficiaries: 16,456
		No of female beneficiaries: 11,034
No. of beneficiary households: 4,908		
Name (or number) of villages benefitting: 52		
Name (or number) of cells benefitting: 5		
Name (or number) of sectors benefitting: 3		
Name of district: Gatsibo		

When the community scorecard process was first introduced in some sectors of Gatsibo district, citizens of Mpondwa cell raised the issue of poor quality of services that Gituza Health Centre was providing to patients. They also complained about the slow pace at which staff at that health centre were attending to patients. One would go to the centre and spend an entire day seeking medical care, and return home after 6 pm, sometimes without being treated.

Even though this situation has been unbearable for citizens for many years, they did not have a mechanism through which to make their grievances heard. They are now grateful to PPI-MA animators and staff, who explained to them that they were free to access, in a constructive manner, the services they were being given and propose solutions for areas that needed improvements.

Referrals of patients to Ngarama Hospital were also being delayed due to high demands on the only ambulance, which was being used to serve seven health centres in the whole Ngarama Hospital catchment area.

All the aforementioned issues were discussed at an interface meeting, during which animators and representatives of Gituza Health Centre examined the causes behind those problems and possible solutions to them. In attendance was also the Director of Administration and Finance for Ngarama Hospital, who committed to increase the number of functional ambulances from one to two.

Henceforth, a few weeks after that interface meeting, a second ambulance started working. Thus, citizens and health staff have noticed that it only takes 20 to 30 minutes for an ambulance to reach their health centre whenever they request it. This situation contrasts drastically with the days before the introduction of the community scorecard where they would wait for it for more than six hours.

Medical staff at Gituza Health Centre state that before the PPIMA-led scorecard and interface meetings, there were no such open encounters between them and their clients. They would organise community dialogues and community mobilisation events at the grass root level, but on no occasion had they received such constructive and open feedback.

In response to the criticism of sluggish and poor services Gituza Health Centre had been accused of, its management adopted a number of measures aimed at increasing the effectiveness and efficiency of human resources at its disposal. Those measures included:

- Appointment of someone in charge of customer care who also serves as a social worker;
 - Staff members are required to conduct morning rounds to all sections before holding their daily staff meeting; and
 - A suggestion box is installed and its key is now been kept by the sector in charge of social affairs, who regularly reviews complaints being expressed by patients and provides feedback to the management of Gituza Health Centre.
-

Case Study no.:		2
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Agriculture		
Theme: Access to agricultural inputs		
Sources of information: CSO, Citizens, Gitoki sector agronomist		
CSO(s) involved: AJIPRODHO		
No. of beneficiaries: 2,332	No. of male beneficiaries: 1,213	
	No of female beneficiaries: 1,119	
No. of beneficiary households: 416		
Name (or number) of villages benefitting: 4		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

During the first community scorecard exercise, citizens of the four villages of Nyamirama cell under PPIMA support identified serious issues related to the distribution of fertilisers and improved seeds that needed immediate attention. First, the extension service system, which normally plays a critical role in driving demand for fertiliser through its transmission of information about fertiliser technology to farmers, was ineffective, as it was constrained in terms of manpower. It only consisted of the sector agronomist and the cell in charge of development. Secondly, even though there was timely supply of fertilisers and improved seeds at the single distribution site that existed at Gitoki sector office, residents in the villages of Kinteko, Kwishaba, Nyabikenke and Rukiri had difficulty accessing them in time.

The distribution system of fertilisers and improved seeds was cumbersome for residents from those villages, as they had to travel between 6 to 12 kilometres to come to the sole distribution site that then existed. Worse still, they were being obliged to spend long hours in queues before they could be served. Thus, the majority of residents had been discouraged by that unfriendly distribution system, and the usage of fertilisers and improved seeds remained low in the four villages.

When animators raised these issues during interface meetings organised in those villages, the residents selected from amongst themselves a group of 57 volunteer agricultural animators whom they tasked to supplement the efforts of the existing agricultural extension officers. Since then, those animators have been sensitising citizens about the importance of using fertilisers and improved seeds. They are also instrumental in facilitating the distribution of fertilisers to smallholder farmers and their application to crops.

In order to enhance the fertiliser distribution system, the Sectoral Executive Committee decided to open up three additional distribution sites, thus removing the barriers that residents were encountering before. The aforementioned changes have now enabled citizens to access

fertilisers in a timely manner, and the usage of fertilisers has increased dramatically. Furthermore, farmers appreciate the technical support they are now getting from agricultural animators. The sector agronomist noted that PPIMA enabled him and his colleagues to comprehend the real issues that were preventing farmers from making use of fertilisers and improved seeds before. He also commends the work being done by agricultural animators and plans to equip them with more skills so that they can better serve their communities.

The sector agronomist, the animators, the agricultural animators and citizens unanimously acknowledge that these two developments have led to increased productivity of crops such as maize, beans and soya beans. Farmers are now producing maize in such large quantities that they are able to pay back loans contracted for fertilisers, meet the costs associated with their children's education and pay for health insurance, amongst others things.

Case Study no.:	3
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups	
Domain: Agriculture	
Theme: Access to land	
Sources of information: CSO, Citizens, Gitoki sector agronomist	
CSO(s) involved: AJIPRODHO	
No. of beneficiaries: 50	No. of male beneficiaries: 26
	No of female beneficiaries: 24
No. of beneficiary households: 46	
Name (or number) of villages benefitting: 4	
Name (or number) of cells benefitting: 1	
Name (or number) of sectors benefitting: 1	
Name of district: Gatsibo	

When PPIMA started its activities in four villages of Mpondwa cell, citizens who participated in the first community scorecard identified a lack of access to land for certain groups of residents as one major predicament to the socioeconomic development of their cell. The groups that did not have access to land included families of historically marginalised people, unemployed youth and most adult vulnerable citizens. All those groups were identified in the four villages under PPIMA support, namely Tsimba, Nyarubungu, Bukira and Akibiraro villages.

The group of animators then resolved to advocate for those landless groups of people, so that they could have access to arable land to exploit, and subsequently become economically self-reliant. When they presented the case to sector authorities, these later charged the Sector agronomist with identifying vacant lands that could be lent to those landless people.

After that, the Sectoral agronomist identified vacant marshland in a place called Mpondwa, where land titles of 1.5 hectares, 2 hectares and 4 hectares were given respectively to 19 historically marginalised people, 22 unemployed youths, and 22 adult vulnerable people.

Those groups of people were also facilitated to form cooperatives and given seeds and fertilisers by the Gitoki sector so that they could start exploiting their lands. This happened in the first season of 2011. The agreement between the sector authorities and those three cooperatives stipulates that cooperatives have the right to continue exploiting those marshlands as long as they comply with the requirement of producing crops that are fit for the area and in line with recommended farming practices.

All these cooperatives have planted maize during the current planting season and their crops are in good shape, as can be seen in the picture below:



Maize Plantation belonging to one of three farmers' cooperatives

The cooperative for vulnerable people owns a fish pond in addition to its maize garden. All three cooperatives have been making profits on their agricultural ventures. For example, in the first season of 2011, the cooperative of former vulnerable people produced 18 sacks of maize worth of RWF270, 000. They used a total of RWF126,000 to reimburse the loan for seeds and fertilisers they had contracted before, and used the balance to meet their members' household needs, such as paying for health insurance fees, school dues for their children and others.

Members of these three cooperatives appreciate the technical support they have been receiving from the Sector agronomist, the person in charge of social affairs and PPIMA volunteer animators.

Case Study no.:		4
Relevant to results framework indicators: Outcome Indicator 1: Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level; Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Water & Sanitation		
Theme: Resource mobilisation		
Sources of information: CSO, Citizens, Executive Secretary, Gatsibo VUP Coordinator		
CSO(s) involved: Rwanda Women Network		
No. of beneficiaries: 17,224	No. of male beneficiaries: 8,267	
	No of female beneficiaries: 8,956	
No. of beneficiary households: 3,076		
Name (or number) of villages benefitting: 17		
Name (or number) of cells benefitting: 4		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

When the community scorecard process started in Gatsibo district, citizens from the villages of Kigabiro and Teme, cells of Gasange sector that are under PPIMA support, identified the issue of access to clean water as their first priority. For many years all the four cells making up Gasange Sector were connected to a water distribution network that was never repaired after being damaged at several points. Since then, nearly all households have been relying on unclean water fetched from the neighbouring Muhazi Lake or other swamps.



A Resident of Kigabiro cell fetching water from the swamp

Much as access to clean water was deemed a problem of utmost importance by both local leaders and citizens in this sector, it had not been given the consideration it deserved. When the project to renovate this water distribution network stopped in 2008, following the death of the building contractor, no one took the initiative to resume it, until recently when the local population raised it during the PPIMA-facilitated community scorecard process. Local leaders, including the former Executive Secretary of Gasange herself, were amazed by the fact that other development projects were given priority within the framework of VUP Umurenge or the former community development plan.

To her, the fact that citizens raised it strongly was a clear indication that the issue had been of great importance to them for so many years. She noted that the issue would have been dealt with before most of the projects that were recently executed had the decision-makers had meaningfully consulted citizens.

After realising how eagerly citizens wanted this problem to be resolved as a matter of urgency, the then Sector Executive Secretary resolved to lobby her superiors at the district level, who decided to integrate the project into the current district development plan. They then commissioned a feasibility study that indicated that a total budget of RWF75 million was required for the rehabilitation of this water pipeline. The source of funding will be the Rwanda Local Development Support Fund (RLDSF), from which a total budget of RWF100 million has been put aside. The Rwanda Local Development Support Fund is a government fund under the supervision of MINALOC. The mission of Rwanda Local Development Support is inclined to contribute to the realisation of government policies by building the capacity of local entities, reducing extreme poverty and mobilising financial resources for funding the development of decentralised entities and Kigali city. The fund mobilises funding from the GoR (10% of the GoR total internal revenues) and development partners to finance local economic development and social protection programmes at decentralised entities and Kigali City.

The district VUP Coordinator confirmed this development and added that construction work will start soon. Once completed, this water pipeline will benefit residents in the entire Gasange sector, as more than 90% of households in its four cells will be connected to it.

Case Study no.:		5
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Agriculture		
Theme: Delay in supplying agriculture inputs		
Sources of information: Citizens, Rwimbogo agronomist, DFO		
CSO(s) involved: Rwanda Women Network		
No. of beneficiaries:	No of male beneficiaries:	
	No. of female beneficiaries:	
No. of beneficiary households: -		
Name (or number) of villages benefitting:		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

During the first scorecard rollout in Rwimbogo sector, Byimana cell, citizens in three villages out of the four covered by PPIMA complained about the delay in getting fertilisers and seeds. They also complained about the fact there were few distribution sites of agriculture inputs. There were two sites and both of them were far from the three villages. Another complaint was related to the fact that the agronomist used to remain at the sector office and did not visit farmers for providing advice.

During the interface meeting that brought citizens and service providers together at the sector level, citizens raised this issue and requested the establishment of another distribution site that would be closer to them. Following these discussions, the Rwaniro II site was opened in March 2012; the site has been functional since then.

With regard to delay in the supply of fertilisers and seeds, the PPIMA-organised district dialogue forum resulted in suspension of the contract with RWARI, the company that previously won the tender for the supply of agriculture inputs in the district. It was replaced by Forest Company. According to the Sector agronomist, since Forest Company took over from RWARI, citizens report that these inputs no longer reach them with delay.

To avoid that people delay coming to collect fertilisers and seeds at the distribution sites, agriculture community animators were tasked with communicating the arrival of these agriculture inputs at the distribution sites to citizens so that people can go and collect them on time. Besides mobilising the community on agriculture issues, the community animators were also tasked to carry out sensitisation campaigns on the crop intensification programme, as people showed reluctance in adopting the crop intensification policy.

Case Study no.:		6
Relevant to results framework indicators: Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups; Output Indicator 4.4: CSOs work with others through existing spaces to implement PPIMA activities		
Domain: Agriculture		
Theme: Cooperative development		
Sources of information: Citizens, community animators, DFO		
CSO(s) involved: Rwanda Women Network		
No. of beneficiaries: 16	No of male beneficiaries: 8	
	No. of female beneficiaries: 8	
No. of beneficiary households: 16		
Name (or number) of villages benefitting: 4		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

In different places where PPIMA activities are implemented, PPIMA community animators have expressed the desire to transform their informal groupings into sustainable community animators committees or permanent associations or cooperatives, even after the phasing out of PPIMA interventions. This was the case in Gakenke district where community animators in Janja and Kamubuga sectors formed associations for mutual help. The animators in these two sectors, after receiving their facilitation fees, i.e. the RWF4,000 they get on a monthly basis as transport facilitation, contributed RWF1,000 each and the amount collected is given to one person on a rotational basis. It has been reported that animators use this money to buy goats or pay for health insurance.



This is one of the animators' pigs all of which are in reproductive age

Contrary to these initiatives of animators in Janja and Kamubuga sectors that are likely to cease once PPIMA activities stop, the animators in Rwimitereri cell, Murambi sector, Gatsibo district, with the support of Rwanda Women Network, are moving towards the creation of a strong cooperative. When these animators started their cooperative, each of them was requested to contribute RWF5,000 each. These animators made another step forward when they decided to contact the Rwanda Women's Network to finance their pig-rearing project.

With the advice of the Rwanda Women's Network, these animators wrote a proposal that was submitted to Profemme Twese Hamwe (Profemmes), an umbrella organisation of women's organisations in Rwanda of which Rwanda Women's Network is member. Profemmes accepted to finance the project with a RWF1,000,000 refundable loan for five years. The money was used to buy pigs that were distributed to each member. All these pigs are currently of a reproductive age. According to the animators, they are in the process of identifying very poor people in the community to whom they will give the offspring.

While in the beginning, members contributed RWF5,000 each, the contribution has increased to RWF20,000 currently and the fund that was created with this money is used to give loans to the members, who are repaid with 10% interest. The amount in the fund is currently estimated at over RWF1,000,000. Instead of using the loan from Profemmes for five years as per agreement, the animators are planning to pay it back after only two years so that this money can be given as loans to other people.

In order to conform to Rwandan regulation governing cooperatives, the animators are in the process of registering their cooperative.

Case Study no.:		7
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Health		
Theme: Service provision		
Sources of information: Citizens, Rwimitereri Health Centre management, DFO		
CSO(s) involved: Rwanda Women Network		
No. of beneficiaries: 17,607		No of male beneficiaries: 8,451
		No. of female beneficiaries: 9,156
No. of beneficiary households: -		
Name (or number) of villages benefitting: 25		
Name (or number) of cells benefitting: 4		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

During the first scorecard rollout in Murambi sector, Rwimitereri cell, citizens in Bweya village chose health as the domain in which they were not happy about the services provided to them. The issues that they raised included poor customer care and the fact that families that had not paid the full amount of health insurance, and the vulnerable for whom the insurance was paid by donors, could not be treated as long as the full amount was not paid.

According to citizens, patients would spend a whole day at the health centre seeking medical care and at the end of the day they would only receive prescriptions and be told to go and buy drugs from pharmacies. The health centre appeared to always be short of drugs. Another issue, according to citizens, was that people were not treated in their order of arrival; some people would come and overtake those who had already spent hours in the queue. This situation was made much more complicated by the fact that the health centre had a limited number of nurses to attend to patients.

It is reported that, instead of going to the health centre, people would prefer going to consult traditional healers. Those who did not go to traditional healers would go to a private clinic owned by Nsamira in Rwamagana, which is more than 20 km from Rwimitereri. Mr. Nsamira was a nurse in the army and after he was demobilised he opened a clinic in Rwamagana. As the health centre was providing poor services, many people found their way to Mr Nsamira's clinic to the extent that he had no other option than opening an inpatient ward.

During the interface meeting between Bweya citizens and Rwimitereri Health Centre management, citizens and the staff from the health centre openly talked about these issues. The health centre staff in the meeting admitted to all these weaknesses and accepted to address those that they could address. They accepted to improve customer care and advocate for an increase in nurses. However, they indicated that addressing the issue of health insurance was not within their powers, as this was a national policy. They also promised that the issue of a shortage of drugs in the health centre was going to be discussed with drug suppliers at the district pharmacy level.

During a PPIMA-organised policy dialogue at the district level, these issues were again discussed with the director in charge of health at the district level who undertook to resolve them. As a result, three more nurses have been recruited and, according to the Rwimitereri Health Centre management, the district pharmacy makes sure that enough quantities of different drugs are always available in the health centre's drug store.

According to a senior staff member and also member of the health centre's board, all these changes can be credited to PPIMA's influence as the health centre had also raised these issues before with concerned authorities, but no measures were taken until they were raised and openly discussed with citizens.

"In fact, citizens did not advocate only for themselves but also for us in the health centre because their voices added value to our claims; the concerned people heard themselves people talking about these issues and gave attention to them which probably would not have been the case if the health centre management had raised alone these issues," a senior staff in the health centre management member said.

Although the issue of health insurance was not addressed, citizens say that they were at least happy that this issue was discussed, they were explained the essence of the policy, and they are no longer adversely affected by the payment of health insurance. "We never argued that the policy should be completely abolished, our point was that as long people have paid insurance, they should be treated individually instead of being denied services because one or two people in the same family have not yet paid. Also, people should be consulted and explained about changes and not brutalised over the implementation of policies that they do not even know and understand how they work," a citizen said.

Case Study no.:		8
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Infrastructure		
Theme: Power supply		
Sources of information: Citizens, Rwimitereri Health Centre management, DFO		
CSO(s) involved: Rwanda Women Network		
No. of beneficiaries: 179 families		No of male beneficiaries: -
		No. of female beneficiaries: -
No. of beneficiary households: 179		
Name (or number) of villages benefitting: 4		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gatsibo		

During the first scorecard rollout in Murambi sector, Rwimitereri cell, citizens in three villages out of the four covered by PPIMA chose a lack of power supply in the area as the main issue of concern.

According to citizens from these villages, there was a plan to supply electricity power in the area as far back as 1997. People were informed that they were going to be supplied with electricity and they contributed money for this project in groups. However, although citizens were eager to get power and pushed local authorities to implement this project, no action was taken until the poles in Byimana that would have been used to supply electricity in Rwimitereri were instead used to connect Muhura Catholic Parish in 2000. During the scorecard process in Rwimitereri, citizens raised the issue again. Citizens availed themselves of the opportunity offered by the PPIMA-organised district dialogue forum to raise and discuss it with district authorities. Due to citizens' voices, district authorities made the supply of electricity power to the area one of the priorities of the district. Currently, there is an electricity line in each of the four villages of Rwimitereri cell.



The above are two of the households in Bweya village that benefited from the electricity power supply in the area

Rwimitereri Health Centre, which was previously using solar energy, was also among the beneficiaries of electricity supply in the area as the health centre was also connected. According to a senior staff member and also a member of the health centre's board, the area was very lucky to have PPIMA and he thinks that the project brought many changes, not only in the community, but also in the health centre. When asked why he can attribute the supply of electricity power in the area to PPIMA's influence when the supply of electricity is one of the government policies, he argued that although this was among the Government's plans, the advocacy made through PPIMA speeded up the supply.

"Yes, the supply of electricity is government's plan and it has been among the government plans since a long time. If you ask people here they will tell you that the electricity supply in the area was in government's plans since 1990s but it is in 2012 that the electricity was supplied after people claimed for it through the PPIMA community scorecard. The implementation is always delayed but when issues are voiced by citizens, they become quickly attended to," he said.

The supply of electricity power in Rwamitereri has had multiple impacts. The power has certainly enabled citizens in the area to use TVs and other electrical gadgets. It has also increased mobile phone penetration as people were encouraged to own mobile phones by making it easier to charge them. It is reported that, before, people in the area had to walk a long distance to get their mobile phones charged or had to pay RWF200 to people who possessed batteries bought just for that purpose. When PPIMA supplied solar energy to community animators, the latter started charging phones for the neighbours at RWF100. Moreover, children in the families that were provided with electricity power were able to study at night.

Case Study no.:		9
Relevant to results framework indicators :Outcome Indicator 3 : Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Health		
Theme: Service Delivery		
Sources of information: Citizens, Sector Executive Secretary, In charge of social affairs, CSO		
CSO(s) involved: Rwanda Farmers’ Federation (IMBARAGA)		
No. of beneficiaries: 16,694	No. of male beneficiaries:8,681	
	No of female beneficiaries: 8,013	
No. of beneficiary households: 3,611		
Name (or number) of villages benefitting: 10		
Name (or number) of cells benefitting: 6		
Name (or number) of sectors benefitting: 1		
Name of district: Gakenke		

Following the introduction of the community scorecard exercise by PPIMA, residents from Kiryango, Gisiza and Nganzo cells of Muyongwe sector took the opportunity to complain about the poor quality of services they were receiving from Rwankuba Health Centre, besides it being far (2-3 hours walk). According to community members, for many years, residents of this community had tried to no avail to demand that a health facility be built and equipped in their neighbourhood, so that they could access health care services without walking such a long distance to and from Rwankuba Health Centre. They noted that since 2003, different authorities had been promising them that construction works for that health centre were going to kick off at any time, but there were no tangible results until the opportunity of the community scorecard process presented itself.

At present, residents of Muyongwe sectors are enthusiastic about the decision to start construction work for the health centre that they have always dreamed about.

They pointed out that *that's a dream becoming a reality*, hence the reason why they were enthusiastically performing community work to clear the land where the facility is going to be constructed.



Citizens clearing the site where Muyongwe Health Centre will be constructed soon

Rwankuba Health Centre staff stated that those residents had failed to express most of the complaints that they had against this health centre. They added that they are grateful to PPI-MA-facilitated interface meetings, which enabled them to learn about those grievances. Those included preferential treatments that other communities residing in the vicinity of this health centre were receiving. Residents from Muyongwe sector believed that they were being discriminated against on top of the poor quality of services that they were receiving. For example, they were unsatisfied with the imposition of chores (cleaning and washing health centre items) imposed while attending to their sick relatives admitted at the health centre.

Rwankuba Health Centre staff noted that these residents had never considered using the complaint box put at their disposal or raising their concerns through health workers. They learned later on that the reason why none of the aforementioned mechanisms were used by these residents was that they feared possible reprisals from the health centre staff.

During one interface meeting organised by PPIMA, these residents raised their concerns to the service provider, which is under the leadership of the nun managing this health centre. When this nun, who was in attendance at the meeting, learned about residents' complaints and the solutions that they suggested, she apologised herself for the mistakes the staff had been committing under her leadership and promised to take corrective actions.

Some of the changes that were brought about thereafter are the removal of chores that had been imposed on patients' attendants, and the monitoring of services being provided by the health centre staff. To improve hygiene and sanitation at the health centre, without using patients' attendants, they recruited additional manpower.

Another issue raised by local residents was delayed services that patients from Rwankuba Health Centre catchment area were receiving from Ruli Hospital. This situation had compelled Rwankuba Health Centre to put the referrals of their clients to this hospital on hold. In one interface meeting, this issue was discussed at length and again at a subsequent follow up meeting, which brought together the management of Rwankuba Health Centre and Ruli Hospital. The agreement reached by both parties now requires Rwankuba Health Centre to make arrangements and obtain appointments for their patients before referring them to Ruli Hospital. This is to ensure that as soon as patients get to the hospital, a medical doctor is readily available to attend to them. Local residents are satisfied with this new arrangement as they are now being attended to as soon as they get to the hospital.

Furthermore, residents of Bumba cell of Muyongwe sector complained about a lack of accessible family planning services in their locality. The management of the sector authorities, in conjunction with the management of Rwankuba Health Centre, assented to their demand and responded by opening up a new health post, which is currently providing primary health care services such as family planning, ante-natal care and immunisation services to citizens. The sector provided the building for this health post, whereas Rwankuba Health Centre accepted to appoint two more staff members to provide services.

Case Study no.:	10
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups	
Domain: Health	
Theme: Service Delivery	
Sources of information: Citizens, Sector Executive Secretary, In charge of social affairs, CSO	
CSO(s) involved: Association for Development and Social Transformation (ADTS)	
No. of beneficiaries: 2,568	No. of male beneficiaries: 1,335
	No of female beneficiaries: 1,233
No. of beneficiary households: 459	
Name (or number) of villages benefitting: 4	
Name (or number) of cells benefitting: 1	
Name (or number) of sectors benefitting: 1	
Name of district: Gakenke	

Health Post and Health Centre collaborated to avail ambulance to carry patients in need of more specialised health services.

During the first community scorecard meeting, citizens of Kamubuga cell who used to receive health services from the health post complained about the poor services they were getting from it and from Nemba Health Centre. Among other issues that they discussed with the service providers was the way the newly introduced mechanisms to register families to pre-payment health insurance, mutuelle de santé. They indicated that they did not understand why they were being required to register all family members before they could start benefiting from their insurance registration. To them, that move was somehow complicating their life as not every family can afford to pay for insurance at a given time.

The health personnel at Nemba Health Centre used the interface meeting to explain to animators representing citizens all the details about the new health insurance policy and they were later satisfied with explanations that they received.

Animators also raised the issue of the lack of an ambulance to carry patients as well as the absence of night shifts. Due to budget constraints, Nemba Hospital had appointed one nurse for only that health post and it was the local residents who were meeting the cost of renting the building that housed that health post.

In a meeting that brought together representatives of those citizens and service providers, the reasons for those shortcomings were identified and discussed. The management of Nemba Health Centre explained that, according to their guidelines, the ambulance is only sent to carry patients when it is requested by a qualified health staff member. Since Kamubuga

Health Centre had only one nurse, who was serving during day hours, there was no one else to attend to patients needing assistance during night hours.

The management of Nemba Health Centre and representatives of citizens in Kamubuga Health Post catchment area used that opportunity to explore modalities of finding a lasting solution to those two problems.

Community health workers who have some basic health skills, and are thus entitled to provide some basic health services to patients, volunteered to do night shifts at the health centre, thus fulfilling the prerequisite for Nemba Health Centre to be sending the ambulance to that health centre each time it was requested by a community health worker on duty at night.

Thanks to that consensus, patients have been getting the ambulance whenever they need it during night hours. Both the health centre and citizens from Kamubuga Health Post praised the mutually agreed solution.

Case Study no.:		11
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Agriculture		
Theme: Livestock		
Sources of information: Citizens, Sector Executive Secretary, Veterinary, CSO		
CSO(s) involved: ADTS		
No. of beneficiaries: 732		No. of male beneficiaries: 381
		No of female beneficiaries: 351
No. of beneficiary households: 46		
Name (or number) of villages benefitting: 6		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gakenke		

Changes in Scorecard Scores

<i>Indicator no.</i>	<i>Indicator name</i>	<i>Score before</i>	<i>Score after</i>	<i>Change</i>
1. Lack of improved seeds				
1.1	Improved seeds are available locally	2.63	3.84	+ 1.21
1.2	Improved seeds are timely available	3.02	3.80	+ 0.78
1.3	Citizen apply improved farming techniques and improved seeds	2.46	3.03	+ 0.57
2. Lack of exotic bulls				
2.1	Exotic bulls available locally	1.91	2.79	+ 0.88
2.2	Citizen able to mate their cows with exotic bulls	1.89	2.63	+ 0.74
3. Lack of market for citizens' produce				
3.1	Market for citizens' produce are available	2.44	3.79	+ 1.35
3.2	Citizens have cash income to buy household items	2.69	3.56	+ 0.87

Through the community scorecard process organised by PPIMA, citizens of Rukoko village of Gisiza cell in Muyongwe sector brought the lack of an exotic/hybrid bull to mate their cows with to the attention of the sector authorities. At the time of the first scoring meeting, citizens pointed out that there were many households that had managed to buy their own cows and others that had received cows through the “one cow per household” initiative, but all have had difficulty getting their cows inseminated. The artificial insemination programme that existed had proven to be ineffective, in that cows that were artificially inseminated were aborting or simply not getting impregnated.

Immediately after the issue was brought to the attention of Muyongwe sectoral authorities, they took the matter seriously and started engaging their superiors at the district level. The issue was discussed at the district where a decision to buy an exotic bull for this community was made. The District Executive Committee gave the green light to the Executive Secretary of Muyongwe Sector to use part of their available funds.

He then held further discussions with citizens in Gisiza cell on how the bull was to be managed and taken care of. During that meeting, a progressive farmer with proven experience in rearing cattle and livestock was identified and asked to take the responsibility of looking after the promised exotic bull, which was bought and brought in on 24 November 2011.



The exotic bull in a cowshed constructed in Kanyeshyamba's courtyard where farmers bring their female cows for mating

Since then, the bull has been used by local citizens to inseminate their cows. So far, it has mated with 46 female cows, of which 11 belong to farmers from four villages of Gisiza cell, and another 35 belong to farmers from two other Gisiza non-PPIMA villages. Some of those cows have already given birth to heifers, while others are expecting.

Local authorities and citizens state that because of PPIMA a space or forum for these kinds of interactions has been created, through which citizens not only explore issues affecting them but also propose alternative solutions.

Case Study no.:		12
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Water & sanitation		
Theme: Formation of water committees		
Sources of information: Citizens, Sector Executive Secretary, In charge of Sector social affairs, CSO		
CSO(s) involved: ADTS		
No. of beneficiaries: 792	No. of male beneficiaries:411	
	No of female beneficiaries: 381	
No. of beneficiary households: 141		
Name (or number) of villages benefitting: 2		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Gakenke		

Citizens organised in a committee to better make their voices heard and taken into account

Citizens of Gitaba and Kabere villages of Rutenderi cell confronted with lack of access to running clean water in their localities, identified this concern through PPIMA-led community scorecards and brought it to the attention of local authorities during an interface meeting.

The situation was so critical for those residents that they decided to set up committees that were tasked to carry out all advocacy work needed to make their concerns heard and taken into account at both the sector and district levels. The two committees set up in those two cells are comprised of three members per each village, thus a total of six committee members (one female, five males).



Committee members explaining the process they took to make their concern heard by concerned

Members of these two committees then committed themselves to make every effort possible to lobby sectoral and district officials until the citizens whom they represent get access to clean water in their localities.

In order to make their case understood, the two committees' members invited the sectoral water technician for a site visit, purposely to make him conscious of the challenges citizens in those two villages encounter, and possible strategies that could be adopted to overcome them. During that site visit, the visiting team noted that there is one water tank serving people in the neighbouring sector of Rushashi, which could also be used to serve residents in these villages as well.

The two committees and the sectoral water technician briefed the sectoral Executive Secretary and the person in charge of social affairs on their findings and the proposition of connecting these two villages to the existing water tank. The Executive Committee of Rushenyi Sector communicated the issue to the District Executive Committee. This Committee, in its capacity as a decision-making body, instructed the District Director of Infrastructure and Water Supply to consider this as a matter of high priority.

The Executive Secretary of Rushenyi Sector is confident that the district Department of Infrastructure and Water Supply is going to do what is needed and connect these two villages to the water tank in question.

Case Study no.:		13
Relevant to results framework indicators: Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Agriculture		
Theme: Cooperative development for agricultural inputs		
Sources of information: Citizens, cell agronomist, community animators, shop attendants, DFC, DFO		
CSO(s) involved: Urugaga Imbaraga		
No. of beneficiaries: 120 cooperative members	No of direct female beneficiaries: 60	
	No. of direct male beneficiaries: 60	
No. of beneficiary households: 1,643		
Name (or number) of villages benefitting: 11		
Name (or number) of cells benefitting: 4 (of which 3 are not PPIMA target cells)		
Name (or number) of sectors benefitting: 2		
Name of district: Gakenke		

Before PPIMA started its activities in Nyanza cell, Coko sector, Gakenke district, there was a problem of access to fertilisers, seeds and veterinary products in terms of both availability and affordability. Sourcing could be done only from Kigali and/or in other far places where the cost was also high. Individually, people felt the need to have these agricultural inputs nearby in the community. However, community members say the problem could not be voiced as they lacked a forum where they could do so. “The issue could not be raised during normal community meetings called by local authorities as these meetings are informative in nature... We don’t attend such meetings to raise issues, rather to get information from leaders,” they say. During the scorecard process in the area, a lack of fertilisers, seeds and veterinary products was the main issue that was expressed by citizens.

The issue was discussed between citizens and service providers at the sector level but no concrete measures were taken to address it. Service providers at the sector level told citizens that the issue would be discussed at the district level. Before local authorities could react, about 120 Community Health Workers (CHW), among whom some are also PPIMA community animators, who already had come together to form a cooperative, resolved to seek ways of addressing this problem. During its 5-year existence, the cooperative had not thought about this issue and was only attending to its members’ problems by providing them with goats on a rotational basis. In their search for a solution to the problem, they agreed on making contributions, whereby each member contributed RWF5,000. After the money was collected and consultations with sector authorities were undertaken, they decided in August 2012 to get involved in the commercialisation of these agricultural inputs. The business was expanded by also including other agricultural tools such as hoes and watering cans, and construction materials like cement, iron sheets and nails.

The cooperative is currently serving 11 villages located in four cells. With the Ejo Heza business, the community gains in terms of both time and money; whereas before it took al-

most a whole day to get these agricultural inputs, people can now get them in more or less one hour. In terms of money, besides getting these inputs at a good price, there is no need for transport now that the shop is near them. Cooperative leaders say that they do not make big profits because the aim for them is to bring services near the community. They say that they can gain approximately RWF50,000 per month after operational costs are deducted.



Ms Theophaina Mukacyubahiro, Ejo Heza Cooperative shopkeeper explains what is sold in the shop.

The Nyanza cell agronomist indicated that the authorities appreciated the initiative of ‘Ejo Heza’ cooperative to bring agricultural inputs near the community. She said before the scorecard that they could not understand the seriousness of the issue until it was raised by citizens. She is of the view that PPIMA linked them (authorities) with the population to openly and sincerely discuss issues around service delivery. She appreciated the way citizens show commitment and creativity in search of solutions to the issues they raise.

Case Study no.:		14
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Agriculture		
Theme: Delay in supplying agricultural inputs, community outreach		
Sources of information: Citizens, Janja sector agronomist, community animator, DFO		
CSO(s) involved: ADTS		
No. of beneficiaries: 15,767		No. of male beneficiaries: 7,498
		No of female beneficiaries: 8,269
No. of beneficiary households: 3,488		
Name (or number) of villages benefitting: 26		
Name (or number) of cells benefitting: 4		
Name (or number) of sectors benefitting: 1		
Name of district: Gakenke		

During the first community scoring in Janja sector, citizens in two villages out of the eight covered by PPIMA project chose the agriculture domain. The main issue raised by citizens was the lack of agricultural inputs, namely fertilisers and selected seeds. According to citizens, these inputs were being supplied but were embezzled before they could reach citizens and the small quantity that could reach them used to come late when planting season had nearly ended.

During the PPIMA-organised district dialogue held on 29 November 2011, citizens' representatives raised this issue with local authorities and service providers. During the meeting, it was highlighted that the Ministry of Agriculture through Rwandan Agriculture Board (RAB) was delaying in supplying these inputs. The district authorities committed to addressing this issue by talking to RAB. Eventually, district authorities spoke to RAB. Currently, fertilisers and seeds are supplied on time but in sufficient quantities.

According to the Janja sector agronomist, sufficient quantities are now available and as a result, the number of citizens using fertilisers and selected seeds has increased. The increase in the number of citizens using fertilisers and selected seeds resulted in an increase of production. Data from Janja agriculture services indicate that in 2010 the production of maize was 261.6 tonnes on cultivated land of 87.2 ha, i.e. 3 tonnes/ha. In 2011 the production increased to 1,047.92 tonnes and in 2012 it increased up to 1,424.6 tonnes, i.e. 3.17 and 3.9 tonnes/ha.

To avoid any other delays in getting fertilisers and seeds, citizens elected committees to serve as channels of communication between service providers and farmers. These committees liaise with service providers and as soon as agricultural inputs are available they communicate the information to citizens. In each village of Janja sector, two citizens are elected on the committee and work in close collaboration with the village leader. As the current agriculture policy in Rwanda is to encourage citizens to consolidate their pieces of land for the better use of land and for better production, these committees also sensitise citizens to the importance of consolidating their pieces of land. According to Janja sector agronomist, land consolidation process in the sector is running smoothly thanks to the work of these commit-

tees.

Case Study no.:		15
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change; Output Indicator 5.4: CSOs work with others through existing spaces to implement PPIMA activities		
Domain: Health		
Theme: Service provision and hygiene		
Sources of information: Citizens, Janja Health Centre management, DFO		
CSO(s) involved: Medicus Mundi, CTB, ADTS, Urugaga Imbaraga		
No. of beneficiaries: 10,184		No of female beneficiaries: 5,351
		No. of male beneficiaries: 4,833
No. of beneficiary households: 2016		
Name (or number) of villages benefitting: 13		
Name (or number) of cells benefitting: 2		
Name (or number) of sectors benefitting: 1		
Name of district: Gakenke		

During the first scorecard rollout in Janja sector, citizens in five villages out of eight covered by PPIMA chose health as the domain in which they were not happy about services provided to them. The issues they raised included the fact that the person in charge of providing health insurance papers at the Janja Health Centre was not available all the time that patients arrived there, delay or even denial of referrals, bad hygiene at the health centre especially in the rest rooms, the fact that patients' caretakers were also required to do cleaning and wash bedsheets, lack of maternity ward and delay in receiving patients during the night. The health centre's management recognises that all these problems existed in the health centre.

On 29 November 2011, a PPIMA-organised policy dialogue at the district level aimed at discussing issues raised by citizens through the community scorecard was held. The meeting was attended by citizens' representatives, district and sector authorities, managers of health centres and district development partners. The dialogue was organised by ADTS and Urugaga Imbaraga, PPIMA implementing partners in Gakenke district. During the dialogue, the management of the health centre committed to addressing all these problems while Medicus Mundi and Belgian Technical Cooperation (CTB), two of the development partners in the area, pledged support for the rehabilitation of Janja Health Centre and the construction of a laboratory, respectively.

Currently, as a result of commitments made by the health centre management and the two partners, a series of changes are taking place.

With regard to the problem of health insurance papers, two people have been appointed to issue these papers. In case one is absent, the other is around and thus the service is permanently run. There are no delays in getting medical services due to lack of health insurance papers as used to be the case.

Although no change occurred specifically in connection with referrals, the health centre management availed itself of the opportunity during the interface meeting to explain how, and in which circumstances, referrals are made. Moreover, it has been decided by the management of the health centre that citizens should always be provided with information and explanations about all health- and service delivery-related questions and concerns. It is in that regard that a nurse was assigned to each village to provide information on service delivery, in particular, and to conduct an Information, Education and Communication (IEC) campaign in the community in general. The nurses visit the village assigned to them at least once a month and whenever there is information to convey to the community.

As for hygiene in the rest rooms, the health centre management explained to citizens that it was difficult to maintain hygiene in the rest rooms because they were constructed outside the health centre and thus were utilised by passersby in addition to patients.



Maintaining these latrines clean is difficult because they are built outside the health centre's enclosure and hence used not only by patients but also by passers-by

New latrines are currently under construction within the health centre's enclosure. After citizens criticised the fact that caretakers of patients were used for cleaning and washing, health centre management decided to recruit a person to be in charge of cleaning and washing. Patients' caretakers are no longer used in those activities, which citizens are happy about.



New latrines under construction within the health centre's compound

As for the lack of a maternity ward, it was reported that expectant mothers were consulted in the same rooms as other patients. The health centre's management recognises this problem and has always been looking for support to expand buildings. The management recognises, at the same time, that the expansion was made a priority due to citizens' voices. Currently there are old buildings under renovation and, once completed, they will house maternity services.



This bloc under renovation will house maternity among other services

Citizens also complained about the time it took for a patient to be received during the night. According to the health centre's management, the delay to receive patients during the night shift was due to the fact that only one nurse attended to them. The decision of appointing two nurses during the night shifts was taken and implemented.

Case Study no.:	16
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups; Output Indicator 5.4: CSOs work with others through existing spaces to implement PPIMA activities	
Domain: Health	
Theme: Service delivery	
Sources of information: Citizens, Executive Secretary of Gakenke Sector, DFO	
CSO(s) involved: ADTS, Urugaga Imbaraga, World Vision	
No. of beneficiaries: 21,000	No of male beneficiaries: 9,627
	No. of female beneficiaries: 11,373
No. of beneficiary households: 3,818	
Name (or number) of villages benefitting: 36	
Name (or number) of cells benefitting: 6	
Name (or number) of sectors benefitting: 4	
Name of district: Gakenke	

Gahondo village is at approximately 30 km from Nemba Health Centre and Nemba Hospital. During the scorecard exercise, citizens in Gahondo village, Nganzo cell raised the issue of the long distance they had to overcome while seeking medical services at Nemba Health Centre. They complained about the fact that the Nganzo health post that would serve them was poorly equipped and lacked qualified staff. There was only one nurse who was paid by citizens themselves.

On 29 November 2011, a policy dialogue at the district level, aimed at discussing issues raised by citizens through the community scorecard, was held. The meeting was attended by citizens' representatives, district and sector authorities, managers of health centres and district development partners. The dialogue was organised by ADTS and Urugaga Imbaraga, and PPIMA implementing partners in Gakenke district. During the dialogue, the issue of poor health services at Nganzo health post was discussed.

During the meeting, local authorities explained that they were aware of this problem and promised to seek ways of addressing it. It was highlighted that construction of a health centre at Nganzo was envisaged by the district but that this would be done after the construction of the three health centres of Kamubuga, Muyongwe and Minazi.

A few days after the meeting, Gakenke sector authorities visited the Nganzo health post and in their investigations it was discovered that the nurse at the health post was not qualified. The person was sacked and negotiations conducted between sector authorities and Nemba Health Centre resulted in the transfer of a nurse from Nemba to the Nganzo health post. To make the post more functional, citizens decided to recruit a nurse assistant and two more support staff. These employees have already been recruited and are paid by citizens through the "Ubudehe" Funds. These are funds given to citizens to promote their own development in their local areas. The funds are used in activities that are selected by the community and

the activity should be of public utility. In Nganzo cell, the community decided to use these funds in paying these employees at the Nganzo health post.



Nganzo health post will be gradually upgraded until it becomes a fully-fledged health centre

Sector authorities also initiated negotiations with World Vision for funding of the Nganzo health post extension. World Vision agreed to finance the extension of the Nganzo health post to the tune of RWF50,000,000. It is hoped that the Nganzo health post will be gradually upgraded until it becomes a full-fledged health centre. The plot where the health centre will be built has been identified and the expropriation process of properties in the plot is underway. Once upgrading is completed, the Nganzo Health Centre will serve an estimated population of 21,000 from Gakenke, Mataba, Muzo and Janja sectors.

Case Study no.:		17
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Infrastructure		
Theme: Bridge		
Sources of information: CSO, Citizens, Ngororero District Planner, VUP Coordinator, Mu-handa sector agronomist,		
CSO(s) involved: Association pour le Développement Intégré (ADI)-Terimbere		
No. of beneficiaries: 6094		No. of male beneficiaries: 2,925
		No of female beneficiaries: 3,169
No. of beneficiary households: 1088		
Name (or number) of villages benefitting: 27		
Name (or number) of cells benefitting: 9		
Name (or number) of sectors benefitting: 3		
Name of district: Ngororero		

During the first community scorecard, citizens of Ngoma and Kabaya cells of Kabaya sector unanimously agreed to put the construction of the bridge on the river Gasiza on their list of priorities.

That was because for so many years, they had hoped that one day the Central Government would decide on the construction of that bridge. Crossing the river without a bridge is a hazardous venture for the local population but most notably for children, women and disabled people. Even though everyone knows it is risky to cross the river, adults and children continue to do so since there is no other means that they can use to come to the marketplace beyond it. They cross the water with a high probability of falling in it, as one can see from the picture below.



A woman pictured while crossing the river using a eucalyptus tree trunk

Each time there were interface meetings, animators insisted that the construction of the bridge on this river should be given precedence, which compelled Ngororero district officials to put it on their priority list. They resolved to integrate this project into their annual development plan and thus recommended a feasibility study that revealed that a total budget of RWF 197,000,000 was required for the completion of the proposed bridge. After this budget was mobilised, the construction works started in September 2012, though they were temporarily put on halt due to the exceptional rainy season. The local government officials charged with this project maintain that construction works will immediately resume as soon as the upcoming short dry season commences.



Stones that have been piled up in preparation for the construction of the long awaited for bridge

When residents in these localities saw those stones being piled up in preparation of the construction of the bridge, they were convinced that construction would be just a matter of days and that at long last they would be able to cross the river by means of a modern bridge. It is expected that once this bridge is completed, it is going to link residents of nine cells of three sectors, namely: Kabaya, Kavumu and Muhanda.

Case Study no.:		18
Relevant to results framework indicators: Outcome Indicator 2: Partner CSOs strengthen citizens understanding of their rights and entitlements; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Water and Sanitation		
Theme: Water Distribution Network and community contribution		
Sources of information: CSO, citizens		
CSO(s) involved: TUBIBE AMAHORO		
No. of beneficiaries: 2,085		No. of male beneficiaries: 1,084
		No of female beneficiaries: 1001
No. of beneficiary households: 372		
Name (or number) of villages benefitting: 2		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Ngororero		

During the first community scorecard exercise that was organised in Ngobagoba and Gaseke villages of Gaseke cell, participating citizens expressed their need to have a water distribution network repaired so that they could have access to clean running water as they had before it was damaged. In fact, since 1968, citizens in both villages were connected to a water distribution network that was damaged in 1998, and was never repaired.

They said that seeing dried up and abandoned water taps like the one pictured below makes them remember the good old days when they could fetch clean water in less than a 20-minutes walk. Worse still, they are now getting water from unreliable and unclean water sources in the nearby swamps.



A dried up water tap from which residents in Ngobagoba village used to fetch water

Citizens in these two villages were of the view that it is incumbent on the local government to supply clean water in their localities. While this was part of the district development plans, it was noted that it could take longer for the district to repair the taps and channels, since the district has other pressing concerns.

Given the above, local leaders in collaboration with PPIMA community animators advised citizens to find an alternative solution to the problem, pending the district's intervention. Local leaders, community animators and citizens committed to start contributing money that was needed to repair water pipes and water channels. Also, an ad hoc committee was elected by citizens, and charged with coordinating the rehabilitation process and leading community members in this endeavour.

The move was so welcomed that, in a meeting held on 25 September 2012, nine community members donated their contributions, amounting to RWF 20,000. Since then, citizens have been making their contributions by depositing them into the bank account for this project that was opened in local SACCO of Nyange Sector. Families are supposed to contribute RWF 1,000 each.

To date, out of an estimated budget of RWF 250,000 that is needed for this project, a total of RWF 80,000 has already been collected and deposited in the bank account. It is hoped that the remaining will be mobilised soon, so that construction work can commence. The local water technicians will work closely with the water committee that was set up.

Case Study no.:		19
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Health		
Theme: Service Delivery		
Sources of information: DFO, Citizens, Nyange A Health Centre staff		
CSO(s) involved: TUBIBE AMAHORO		
No. of beneficiaries: 27,490		No. of male beneficiaries: 16,456
		No of female beneficiaries: 11,034
No. of beneficiary households: 4,908		
Name (or number) of villages benefitting: 52		
Name (or number) of cells benefitting: 5		
Name (or number) of sectors benefitting: 3		
Name of district: Gatsibo		

Following the introduction of the community scorecard exercise by PPIMA, residents from Nyange and Torero cells of Ngororero sector complained about the poor quality of services they were receiving from Nyange A Health Centre.

According to the coordinator of Nyange Health Centre and his team, PPIMA contributed greatly to clear up many misunderstandings concerning health insurance that existed between citizens from cells under PPIMA support, but also all residents in the four cells being served by this health centre. In their views, PPIMA created a favourable space between service providers and representatives of citizens from villages under PPIMA support. It enabled both parties to underscore many aspects in pre-payment insurance policy that had not been clearly explained and thus were not understood by citizens. Among the issues that citizens complained about was the fact that families were required to wait for one month before they could start benefitting from health insurance. In citizens' understanding, citizens should be allowed to benefit from their health insurance immediately after they have paid their dues. They did not know that the policy requires a waiting period of one month. The other grievance had to do with the fact that the policy requires citizens to register all family members. Also, animators notified the management of Nyange A Health Centre that citizens were not happy with the way they were being received and treated by health staff, as well as the poor sanitation conditions that characterised this health centre. They also complained about the fact that patients and their attendants were being required to wash blankets and bedsheets, a situation which put them at risk of contracting other diseases.

During the first interface meeting, the unit in charge of the health insurance of Nyange A Health Centre took time to provide ample explanations to community animators, who had expressed a number of grievances on behalf of the citizens in PPIMA villages. Then, both the unit in charge of health insurance and animators decided to start an awareness-raising campaign about the newly introduced health insurance policy. Animators committed to focus on villages they represent, whereas the health insurance unit of Nyange Health Centre, aided

by their colleagues in other departments, were tasked with focusing on the rest of non-PPIMA cells and villages.

To respond to the issue of the complicated health insurance registration process, the management of Nyange Health Centre resolved to decentralise it and since then, it has been taking place at the health post. Also, citizens were no longer required to present a note issued by local authorities testifying that they reside within Nyange Health Centre catchment area

To improve hygiene and sanitation, the management of Nyange Health Centre charged one of its staff members to monitor it on daily basis and ensure that toilets are regularly cleaned. Two additional toilets were also constructed to be a foil for the ones that existed before.



Two additional external toilets constructed in order to complement the ones that existed before at Nyange A Health Centre

Patients and their attendants are no longer subjected to washing bed sheets, as Nyange A Health Centre has appointed two staff members tasked to do so.

Following the smooth working collaboration that was forged between Nyange A Health Centre and the group of PPIMA animators, the latter have been complementing Community Health Workers' (CHWs) efforts to sensitise the local population on health issues such as family planning, child vaccinations and others. The coordinator of Nyange A Health Centre noted, with satisfaction, great achievements that his centre has been making which include,

amongst other: the increase in the rate of family planning from 20% to 73%, ante natal consultation rate from 70% to 95%, and a child vaccination rate increase from 71% to 95%.

Patients coming to seek services from this health centre acknowledge that customer care services is among the best units that the centre has. “As soon as you get to the centre, there is always someone to check on you and to direct you, a situation that did not exist before animators started advocating for us.”

Staff at Nyange A Health Centre noted that PPIMA has somewhat awoken them, in that citizens’ claims reminded them that they must constantly appraise their performance and the quality of services that they provide to their clients. They admitted that they have learned that they need to improve the way that they have been communicating with citizens in their catchment area. They were able to learn that citizens expect more services from the health centre and that there is some valuable information that they need to be passing on to them so as to avoid disappointing citizens. These include, for example, how and when patients are referred to the nearest hospital or the types of services the health centre is able to provide, and others that are beyond their capacities.

Case Study no.:		20
Relevant to results framework indicators: Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Water and Sanitation		
Theme: Community initiative		
Sources of information: DFO, Citizens, Kabaya sector agronomist		
CSO(s) involved: TUBIBE AMAHORO		
No. of beneficiaries: 2950		No. of male beneficiaries: 1032
		No of female beneficiaries: 1,818
No. of beneficiary households: 375		
Name (or number) of villages benefitting: 2		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Ngororero		

During a community scorecard exercise organised by ADI-Terimbere in April 2011, citizens of Rutoyi and Rukorati villages of Ngoma cell identified a lack of access to clean water as one of the major challenges that they were faced with. They engaged that issue the Kabaya sector agronomist, who informed them that Ngororero District was planning to repair a water distribution network that used to connect residents in the two sectors of Kabaya and Mu-handa. This pipeline is commonly referred to as Gaseke-Runayu, and has been out of use for many years now.

While Kabaya sector agronomist promised to advocate for speeding up the water distribution network repair project, he warned the citizens that repairing that water distribution network was going to be a long process. That was because only projects that have been integrated in the district annual plans are entitled to funding and thus executed.

He pointed out that citizens needed to be mindful about that reality and urged them to explore other ways through which they could have access to clean water, pending the integration of their proposition into the district annual plan.

Hence, in that first interface meeting, citizens identified a stream in the nearest marshland, which needed some works so that they could extract clean water, pending the long-awaited repair of the Gaseke-Runayu water distribution network.

Citizens organised themselves and through community manual work, known as *umuganda*, and using a PVC pipe, they captured water that used to flow in different directions and channelled it as pictured below:



The PVC pipe capturing water that used to flow in different directions

Currently, citizens fetch water from this water source and are pleased with the fact that they were able to partially resolve their problem themselves. Even if they still need a large water distribution network to meet their needs, at least they are no longer consuming unclean water that they used to fetch from the swamp close by. The sector agronomist pointed out the incidence of waterborne diseases, which was being caused by the consumption of unclean water, has reduced in these two villages.

Case Study no.:	21
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups	
Domain: Agriculture	
Theme: Support for poorest of the poor	
Sources of information: CSO, Former Gasange Executive Secretary	
CSO(s) involved: Rwanda Women Network	
No. of beneficiaries: 19	No. of male beneficiaries: 7
	No of female beneficiaries: 12
No. of beneficiary households: 4	
Name (or number) of villages benefitting: 1	
Name (or number) of cells benefitting: 1	
Name (or number) of sectors benefitting: 1	
Name of district: Gatsibo	

During the community scorecard session organised by Rwanda Women Network in Rugarama village of Kigabiro cell, citizens identified a group of historically marginalised people who were living in very poor living conditions. They were very concerned by the fact that four families with a total of 19 members were living in plastic sheeting near a swamp where they were exposed to bad weather conditions such as cold during the night, and high temperatures during the day. These families were using mosquito nets to cover themselves in lieu of blankets.

Also, these four families lacked basic livelihood assets to live off of and were earning their living by selling pots and working for their neighbours as casual labourers in exchange for staple foods. PPIMA animators and Rwanda Women Network committed to advocate for change for this historically marginalised group. They brought this issue to the attention of Gasange Executive Secretary who was not aware of it. The Executive Secretary noted that she had not had a chance to be informed about the existence of those families and commended the opportunity created by PPIMA to convey overlooked issues affecting citizens. She went on to say that “we as leaders can focus on development programmes and the building of infrastructure and lose sight of some serious issues like this one”.

Then, the process of mobilising resources that were needed to construct houses for those four families started. Gasange Sector officials offered plots, poles, and nails and mobilised citizens to contribute their manual labour through community work - *umuganda*. The Rwanda Women Network lobbied NPA, which accepted to provide 70 iron sheets as a contribution.

Afterwards, construction work commenced in early 2012 and is expected to be completed soon. In the meantime, these four families have already shifted from the plastic sheetings and are now living in their newly constructed houses.

Furthermore, in a bid to uplift these households’ living conditions, the Gasange Executive Secretary submitted a proposal to Gatsibo District requesting the release of funds to purchase livestock. Gatsibo District disbursed funds, which were used to buy a total of 20 goats, which were then distributed to the four families; that is 5 goats for each family.

Gasange Sector also provided two cows to two families out those four. The two families that received the two cows have elderly members.



Beneficiary families are now grateful to PPIMA, who advocated for them so that they could gain access to shelter, livestock and cows. They are confident that their lives will improve as they will be exploiting their land, and using manure to grow their own food, like other families.

One beneficiary noted that “it is not usual to see people like us rearing goats and cows, so we will use this opportunity to improve our living conditions”.

Case Study no.:		22
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change		
Domain: Health		
Theme: Service provision		
Sources of information: Citizens, Nyange B Health Centre Manager, DFO		
CSO(s) involved: Tubibe Amahoro		
No. of beneficiaries: 22,685		No of male beneficiaries: 10,889
		No. of female beneficiaries: 11,796
No. of beneficiary households: 4537		
Name (or number) of villages benefitting: 27		
Name (or number) of cells benefitting: 4		
Name (or number) of sectors benefitting: 1		
Name of district: Ngororero		

When the scorecard started in Ngororero, citizens from Birambo village of Gaseke cell chose health. The main issues that they raised included poor services and a lack of specialised medical doctors in dentistry, ophthalmology and paediatrics. During the interface meeting that brought together citizens and the health centre staff members, these issues were discussed and the health centre management committed to finding solutions to them.

With regard to the issue of a lack of specialised doctors, the manager of Nyange B Health Centre approached Muhororo Hospital management to discuss this issue and seek help from the hospital. The discussions resulted in the hospital appointing these specialists to Nyange B Health Centre on a once-a-week basis for the dentist and the general practitioner who treats children. The ophthalmologist accepted to visit the health centre twice per trimester. Currently all of these specialists visit the health centre as promised and patients are informed when they must come for such specialised medical services.

As for the complaint about poor service, citizens told the health centre staff members that they were not happy about how the inpatients were treated. Specifically, citizens complained that nurses in the inpatients' ward would not regularly come to visit them to inquire as to how they felt and make sure they were getting and taking the drugs prescribed for them. During discussions with citizens, the manager of the health centre promised them that he would handle this issue. As a solution to it, the manager appointed a nurse who works exclusively in the inpatients' ward and eventually introduced a programme of shifts whereby, on a rotational basis, every nurse does rounds in the ward in the morning and in the evening at the end of the day.

Another important change in service provision was the arrangement made between Muhororo Hospital and Kabgayi Hospital to receive patients referred from Nyange B Health Centre. Normally, patients from Nyange B Health Centre should be referred to Muhororo Hospital as the Health Centre is in the catchment area of Muhororo Hospital. However, after people expressed that it was very difficult to get to Muhororo Hospital, which is almost 60

km from Nyange, the health centre approached the two hospitals to arrive at an arrangement. Patients are currently being referred to Kabgayi Hospital, which is less than 30 km from Nyange.

Citizens report that they appreciate the changes that have been made and are currently happy about the services being provided to them by the health centre.

The health centre management is also glad to have achieved these changes and appreciates PPIMA for the opportunity that it offered for them to know what people think about their services. “Before we thought our services were good but through the PPIMA–initiated scorecard, people talked freely and openly about how they saw our services. The scorecard came at the right moment because it came when we were also designing a questionnaire to conduct a survey on how people appreciated our services and before we could do the survey citizens expressed how they felt about our services through community scorecard,” said the Nyange B Health Centre manager.

The manager also said that they availed of the opportunity offered by PPIMA to explain a number of issues related to service provision. “During the interface, it appeared that citizens ignored instructions of using ambulances, there was a total lack of information on ambulances. Therefore, we, first of all, sensitised people on its use specifying priority users (pregnant mothers and urgent cases) of an ambulance. Today, we scheduled sensitisation sessions on regulations of a health centre including the use of ambulance. It is now clear for most minds in this area. Moreover, the ambulance is always available for priority patients,” the manager was quoted as saying.

Case Study no.:		23
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Kabaya Health Centre		
Theme: Service provision		
Sources of information: Citizens, Kabaya Health Centre Manager and Nurse Assistant, DFO		
CSO(s) involved: ADI Terimbere		
No. of beneficiaries: 34,750		No of male beneficiaries: 16,680
		No. of female beneficiaries: 18,070
No. of beneficiary households: 7,850		
Name (or number) of villages benefitting: -		
Name (or number) of cells benefitting: 6		
Name (or number) of sectors benefitting: 1		
Name of district: Ngororero		

During the scorecard exercise in Kabaya sector four villages out of the eight covered by PPIMA chose the health domain. Their complaints were related to service provision and, specifically, they complained about the delay by nurses in receiving patients, denial of referrals, a lack of medical specialists and lack of limbs.

During the interface meeting that brought together citizens and Kabaya Health Centre staff, the above complaints were examined one-by-one and the health centre management provided explanations and clarifications for each. With regard to delay in receiving patients, the health centre management explained that this was due to the shortage of staff. It was highlighted that Kabaya Health Centre provides medical services to 34,750 people in its catchment area and other people out of its catchment area that are estimated at 13,900 people, which makes for a total of 48,650 people being served by the health centre.

Whereas for a nurse-to-patient ratio of 1/1000 would require that the health centre employs at least over 40 nurses to provide good and timely service to such a large number of people, Kabaya Health Centre has only 10 nurses. The situation is worsened by the fact that there is not even one health post in the Kabaya Health Centre catchment area and many people have to walk about 10 km to seek medical care.

As for the issue of referrals, Kabaya Health Centre staff provided explanations about circumstances that may lead to referring a patient. It was explained that not all cases are necessarily referred. It is rather cases for which the health centre cannot do anything about that are referred. It was highlighted that emergency and complication of any given case are the main criteria for referral.

It is at this point that the issue of a lack of medical specialists was raised and it was explained that the shortage of medical specialists in Rwanda makes it impossible to have specialists at health centres since there are very few even at the district hospital level. Therefore,

it was explained that whenever specialised treatment is needed, the patient is referred to somewhere that such care can be provided.

Discussing the issue of lack of limbs, the health centre staff explained to citizens that this was not an issue for Kabaya people only. It was noted that cases involving limbs are not treated at the health centre and district hospital levels. Such cases are rather referred to a few specialised hospitals.

Despite all of the above challenges facing Kabaya Health Centre, the management of the health centre is committed to doing whatever is in its limited powers to improve services.

Subsequently, based on citizens' claims, Kabaya Health Centre management wrote a letter to the Ministry of Health requesting the recruitment of more nurses at the health centre. The Ministry has not yet given a go-ahead for the recruitment. In the meantime, the health centre management decided to recruit four casual nurses to support the existing nurses. The recruited nurses are paid by the health centre.

According to the Kabaya Health Centre manager, although the issue of a shortage of nurses was not addressed, with the recruitment of these casual nurses, there has been some improvement in service provision.

Case Study no.:		24
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Health		
Theme: Service provision		
Sources of information: Citizens, Ruhunga Health Post Manager and Nurse Assistant, DFO		
CSO(s) involved: ADI Terimbere		
No. of beneficiaries: 4,962		No of male beneficiaries: 2,382
		No. of female beneficiaries: 2,580
No. of beneficiary households: 1,080		
Name (or number) of villages benefitting: 7		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Ngororero		

Ruhunga Health Post is in Ngororero district, Ngororero sector, Torero cell in Nyakariba village. During the scorecard exercise in Torero cell, citizens from Nyakariba, Gatara and Kanama villages chose the health domain. They complained about poor services provided by the post and mostly about the fact that the Ruhunga Health Post was housed in a dirty and small house and could not provide maternity services.



The above is the old building currently housing Ruhunga Health Post. People sitting in the veranda are community health animators compiling data for reporting

The interface meeting that brought together citizens, Ruhunga Health Post staff members as well as villages, cell and sector authorities, resolved that a new building should be constructed to house the health post. Subsequent to this meeting, the Torero cell Executive Secretary called a meeting of all citizens from the cell to discuss the implementation of the above resolution. During the meeting citizens committed to contributing RWF1,000 per household and free labour through community work in the construction of the new building. Cell authorities promised to give a plot, which they did. The sector authorities were approached to help in the supply of iron sheets and promised to liaise with district authorities. Eventually, the sector Secretary Executive contacted district authorities to discuss this issue of iron sheet supply before construction work could start. The district authorities gave a go-ahead, promising to supply the iron sheets. Currently, work has started and, on a rotational basis, citizens in the seven villages of Torero cell are clearing the site where the building will be constructed.



The site being cleared by Torero citizens for the construction of a new building to house Ruhunga Health Post

Citizens committed to taking part in the whole process until the building is completed, which is expected in June 2013.

With regard to poor service provision, citizens complained about the fact that the health post staff used to stop providing services early in the evening and no one remained to receive patients who would come to seek medical services during the night. To address this issue, the health post staff committed to doing night shifts, and currently there is someone at the health post to receive people who come to seek medical services after dark.

Case Study no.:		25
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Health		
Theme: Service provision		
Sources of information: Citizens, community animators, Ruheru Health Centre management, DFO		
CSO(s) involved: ADENYA		
No. of beneficiaries: 22,951		No of male beneficiaries: 11,016
		No. of female beneficiaries: 11,935
No. of beneficiary households:		
Name (or number) of villages benefitting: 32		
Name (or number) of cells benefitting: 6		
Name (or number) of sectors benefitting: 2		
Name of district: Nyaruguru		

During the scorecard process in Busenyi village, Kabere cell, Ruheru sector in Nyaruguru district, citizens scored the health domain as the domain with which they were not happy about the services being provided to them. They specifically raised three issues, namely poor customer care, a large amount to be paid for subscription to health insurance (mutuelle) as well as the fact that they could not be provided with medical care before the whole family had paid their subscriptions, and congestion in the inpatients' ward at Ruheru Health Centre.

After the scoring, community representatives went to the health centre to present these issues to the health centre's management. After the issues were presented, the health centre delegated two nurses to the village to meet and discuss with citizens about these issues.

During the discussion, the nurses explained to the citizens that issues related to health insurance were not within the powers of the health centre, as this was the government policy. As for the issue of poor customer care at the health centre, the nurses admitted that there might have been some cases of poor customer care but highlighted that delays in tending to patients were not always due to negligence. They indicated that, in some cases, this may be due to the health centre being overwhelmed by a large number of patients or, in other cases, people may wait for a long time to be received when there are high emergency cases being attended to. In all of these cases patients individually thought that they were neglected, which was not always the case. However, the health centre staff accepted to take the message to the other staff members and encourage them to improve the way that they receive patients.

Currently, citizens confirm that they see improvements in how they are received. Some of the improvements they mentioned include the fact that currently, before nurses can start receiving patients, they have an IEC (Information, Education and Communication) session whereby patients share their concerns with nurses and are informed about delays that might occur. For instance when samples for tests have been taken, patients are informed about how long it might take to get results and hence, they know that when they wait for a long time it

is not due to negligence, as they used to think. This information was cross-checked with one of the health centre staff members and was found to be accurate.

The improvement in how patients are now received encouraged citizens to place greater trust in their PPIMA animators. It has been reported that when citizens are not happy with services provided to them by the health centre, they report back to PPIMA animators. The case in point is a woman (from a marginalised group) who went to the health centre with her sick child and they waited a long time without being attended to. The woman ran out of patience and went back to the community and reported it to one of PPIMA animators, who in turn went to the health centre to check with nurses as to what the problem was. The animator found out that the woman was not attended to because the nurses were attending to a serious emergency case. The woman was advised to go back to the health centre and her sick child was attended to.



After citizens complained about congestion and worn-out mattresses the inpatients' ward has been equipped with more beds and new mattresses

With regard to the issue of congestion and worn-out mattresses in the inpatients ward, after the issue was discussed in the health centre management meeting, it was decided that new mattresses had to be bought. Eventually, 25 new mattresses have been bought and the number of beds was increased from 20 to 25.

Case Study no.:		26
Relevant to results framework indicators: Outcome Indicator 1: Partner CSOs convey research evidence, data and opinions from citizens on policy implementation to decision-makers at local and national level; Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Health		
Theme: Service provision		
Sources of information: Citizens, community animators, Kibeho Health Centre manager, DFO		
CSO(s) involved: The Community of Potters of Rwanda (COPORWA)		
No. of beneficiaries: 2,923	No of male beneficiaries: 1,403	
	No. of female beneficiaries: 1,520	
No. of beneficiary households: 628		
Name (or number) of villages benefitting: 3		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Nyaruguru		

When citizens in Rwimbogo village, Mbasa cell, Kibeho sector gathered for the scorecard process, they chose health domain as the domain that they wanted service providers to improve. The issues that they raised included the lack of prosthetic limbs, long distances they had to overcome to access healthcare at Kibeho Health Centre and the exclusion of people from the list for health insurance as well as some poor people with limited financial capacity in the village being unable to subscribe to health insurance (mutuelle de santé).

After the scoring was completed, PPIMA community animators resolved to seek an appointment with Kibeho Health Centre management, the service provider, to present these issues. When they arrived at the health centre, they were not able to meet the management as the health centre was busy with patients but secured another appointment with the health centre manager, who promised them to designate a team of health centre staff members that they would meet when they came back.

As promised, the health centre manager designated a team of eight staff members to whom the issues were presented and discussed with community animators so that, in turn, they could do their own self-assessment. Community animators availed of this opportunity to invite the health centre management in the interface meeting where they could discuss these issues with the community.

During the interface meeting, the three issues were discussed. With regard to the issue of lack of limbs, the health centre staff explained to citizens that cases involving limbs are not treated at the health centre or district hospital levels. They highlighted that whenever there are cases involving limbs, such cases are referred to major hospitals with the capacity to treat them. As for the issue of health insurance, the health centre staff explained to the citizens that the health centre had no power to change anything about health insurance, as this is con-

trolled by government policy. Citizens were, however, advised to address their complaints to local authorities for assistance. COPORWA discussed this issue with the person in charge of social affairs at the sector level and the person in charge of health insurance issues at the health centre level. The person in charge of social affairs tasked the village leader and PPI-MA animators to identify people that were left out of the list and those that they thought required assistance. The list was established and those on the list are assisted by the Ministry of Local Government as well as the Fund for Assistance to Genocide Survivors (FARG).

On the issue of long distance citizens had to walk to avail of health services at Kibeho Health Centre, the staff promised to take it back to the management of the health centre for the appropriate solution. As this issue was beyond the health centre's powers, it was again discussed during the district dialogue forum that took place on 21 December 2011. During the DDF, the district authorities committed to ceding and renovating the former IGA (community literacy and numeracy programme) centre in Rwimbogo to host the health post, while Kibeho Health Centre management committed to deploying some of its staff members to the new health post.



These buildings which were used for community literacy and numeracy programme have been renovated and currently house the Rwimbogo Health Post

Eventually, the district undertook renovation works, which were completed in August 2012. Immediately after completion the Kibeho health centre deployed two nurses at the post. Currently, the two nurses receive patients twice a week; on Monday and Friday. It is planned that the health post will start working full-time, as soon as it is connected to the electricity power.

Case Study no.:		27
Relevant to results framework indicators: Outcome Indicator 3:		
Domain: Health		
Theme: Service delivery		
Sources of information: DFO, Citizens, community animators, Kabilizi Health Centre Staff		
CSO(s) involved: COPORWA		
No. of beneficiaries: 19,363	No. of male beneficiaries: 9,294	
	No of female beneficiaries: 10,069	
No. of beneficiary households:3,458		
Name (or number) of villages benefitting: 24		
Name (or number) of cells benefitting: 6		
Name (or number) of sectors benefitting: 2		
Name of district: Nyaruguru		

Following the initiation of the community scorecard process in the four villages of Raranzige cell of Rusenge sector, citizens of Nyamugali village raised the issue of insufficient access to an ambulance. The only ambulances that were available to assist patients, being referred to Munini Hospital or Butare Hospital to receive specialised treatments, were stationed at and managed from Munini Hospital. Citizens could not understand why there were no ambulances to assist patients at this health centre, whereas there had been such ambulances before the 1994 genocide took place.

Also, citizens pointed out that patients with dental problems were not receiving adequate services that they needed as they were being referred to Munini Hospital, which compelled them to travel long distances and entail some transport costs. Because some patients were unable to meet those costs, they were resorting to outdated and inappropriate methods of dealing with their dental problems.

This situation was greatly impeding access to ambulances for citizens in Kabilizi Health Centre catchment area and it is a long distance from Munini to Kabilizi, approximately a 20 kilometre drive. Referrals of patients to Munini Hospital were also being delayed due to high demands on the only ambulance, which was being used to serve other health centres in the entire Nyaruguru District.



Ambulance stationed at Kibeho Health Centre serving both Kibeho and Kabilizi Health Centres

During an interface meeting, PPIMA animators and representatives of the Kabilizi Health Centre examined the matter and explored possible solutions for it. During one district dialogue forum, the management of Kabilizi Health Centre held ample discussions with the Nyaruguru District Health Directorate and the management of Munini Hospital until they reached a consensus. They all agreed that the way that ambulances were being managed needed to change. In that regard, they instructed Munini Hospital to decentralise the management of the ambulances at its disposal. From then on, there has only been one ambulance that is readily available to assist far-away health centres. One ambulance is permanently stationed at Kibeho Health Centre and being used by both Kibeho and Kabilizi Health Centres.

Currently, citizens and health staff appreciate the fact that it only takes 20 to 30 minutes for an ambulance to reach their health centre whenever they request for it.

In response to the problem of a lack of dentists at this health centre, its management and Munini Hospital arranged for two dentists to visit and provide dental services twice a month. This arrangement has made it possible for patients with dental problems to be attended to in a timely manner. In the event that the two dentists are unable to visit Kabilizi Health Centre whenever they are expected there, they invite patients in need to visit them at the nearest health centre, which is Kibeho, or to schedule another mission. These two changes, that came about as a result of community scorecard and interface meetings, are highly appreciated by local leaders, service providers and citizens.

Case Study no.:		28
Relevant to results framework indicators: Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Health		
Theme: Service Delivery		
Sources of information: DFO, Citizens, Bunge cell Executive Secretary, Akabacuzi Health Post Staff		
CSO(s) involved: COPORWA		
No. of beneficiaries: 9,682		No. of male beneficiaries: 4,647
		No of female beneficiaries: 5,035
No. of beneficiary households: 1,729		
Name (or number) of villages benefitting: 12		
Name (or number) of cells benefitting: 3		
Name (or number) of sectors benefitting: 1		
Name of district: Nyaruguru		

During the first community scorecard meeting organised by COPORWA in Bunge village of Bunge cell, citizens complained about the long distances that they were obliged to cover to get to the nearest health centre, which is Kabilizi. The distance to this health centre was so long that patients were walking three and even four hours to reach it. That is why they demanded that a health post be constructed and equipped in their neighbourhood, so that medical care would be more easily accessible to them.

Upon hearing those citizens' petitions, the sector Executive Secretary, in collaboration with the management of Kabilizi Health Centre, started mobilising the resources that were needed for the construction of a health post at a place called Akabacuzi. Then, citizens from the three cells of Gikunzi, Rusenge and Mariba were mobilised to contribute their manual labour through community work "*umuganda*" and completed the foundation for the health post facility within one month. The rest of the construction work and the construction materials were borne by Family Health International, that is funded by USAID. Construction work, which started in November 2011, was completed one and a half months later, and the health post started its operations in January 2012.



Premises of Akabacuzi Health Post

At present, this newly constructed and equipped health post is operational, with two health staff providing services in family planning, prevention of mother-to-child HIV transmission, consultation and primary curative services, and integrated management of childhood illnesses. It has been providing health services to citizens from Gikunzi, Rusenge and Mariba cells.

Case Study no.:		29
Relevant to results framework indicators:Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change		
Domain: Education		
Theme: Service Delivery		
Sources of information: DFO, Citizens, community animators, Bunge cell Executive Secretary		
CSO(s) involved: COPORWA		
No. of beneficiaries: 95	No. of male beneficiaries: 59	
	No of female beneficiaries: 36	
No. of beneficiary households: 95		
Name (or number) of villages benefitting: 5		
Name (or number) of cells benefitting: 2		
Name (or number) of sectors benefitting: 1		
Name of district: Nyaruguru		

When citizens in Jali village, Bunge cell, Rusenge sector gathered for the scorecard process, they chose the education domain; or more specifically a lack of access to nursery education as an area they wanted concerned public actors to improve. Like in neighbouring villages, citizens had been sensitised to the importance of enrolling their young ones in early childhood development centres but previous community-based initiatives to do so have always failed. Parents in this village had tried to recruit a tutor to provide early childhood development services to their children. But due to limited resources at their disposal, those parents had been unable to pay monthly tuition fees for the teacher. The teacher had moved on, causing the nursery school to stop. Parents were displeased by the fact that their little ones had missed out on educational opportunities for about two years.

After the scoring was completed, PPIMA community animators engaged the sector in charge of social affairs, to which they formally presented their petition. They made it clear to her that they could not stand seeing their small ones roaming around while other children in other villages were attending nursery schools. They requested that the sector pay the tuition fees for the nursery teachers, to which the sectoral Executive Committee responded positively. Since the beginning of the current academic year, the sectoral Executive Committee has been paying the tuition fees of the nursery school teacher, to the satisfaction of the parents in the village and neighbouring ones.

They also raised the issue of lack of an adequate classroom for the nursery school because the one that had previously served as a nursery school belonged to one local church. In response to that query, the sectoral Executive Committee committed to reserve one classroom from the newly constructed classrooms at Bunge Primary School.



The third door of these premises is the entrance to the nursery school

Since then on, one classroom at this primary school has been accommodating 95 children aged between three and six years. In addition to knowledge and skills, children who are enrolled in this nursery school receive a glass of milk to drink twice a week. Parents in these villages appreciate the fact that their little ones are being prepared to enter formal primary education. The Executive Secretary of Bunge cell is of the view that this initiative has been demonstrating to the community that it is good to enrol their children in a nursery school.

Case Study no.:		30
Relevant to results framework indicators:		
Outcome Indicator 3: Citizens are able to voice their concerns and needs to decisions-makers and advocate for change; Outcome Indicator 4: Citizens demonstrate creativity and innovation in search of solutions to identified issues through existing and/or new community interest groups		
Domain: Agriculture		
Theme: Cooperative development		
Sources of information: DFO, citizens, community animators		
CSO(s) involved: COPORWA		
No. of beneficiaries: 1,002	No. of male beneficiaries: 521	
	No of female beneficiaries: 481	
No. of beneficiary households: 167		
Name (or number) of villages benefitting: 4		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Nyaruguru		

Following the inception of the first community scorecard exercises in Nyaruguru district, citizens in Ntanda village, Raranzige cell, Rusenge sector chose agriculture as an area in which they wanted service providers to pay more attention. Specifically, they were resentful about the way bench terracing had been conducted in the area. They noted that radical terraces that were practiced in the past had never been put to use, because they were installed on communal plots rather than on individual family farms. They argued that if terraces were practiced on individual family farms, that they would be exploited more than had previously been the case.

Other challenges that farmers were faced with included: the lack of selected seeds and fertilisers, insufficient livestock and lack of agricultural inputs, especially for needy households.

When PPIMA community animators presented this whole picture to the service providers at the sector level, the sector agronomist informed them that there were plans to support farmers' cooperatives that demonstrate keen interest and commitment to advance modern farming practices. Those modern farming practices that were being promoted included the utilisation of improved seeds, modern livestock rearing, which enables the generation of abundant quantities of organic manure, and the practice of radical terracing.

Upon hearing those proposed plans, a group of 167 farmers resolved to form a cooperative and called it "COBAYIRU: Tubehe Neza", loosely translated as "Let us strive for a better live".

After that, they started working hand in hand with district agricultural extension services, which enabled them to develop radical terraces on a total of 151 hectares, all of which are sited on their individual family gardens.



A radical terrace on a family farm in Ntanda village.

They were then provided with improved seeds of Irish potatoes and fertilisers, and started planting for the first season of 2012. The produce for that planting season was so abundant that the price per one kilogramme of Irish potatoes reduced from RWF 230 to RWF 120 at the local market.

Currently, farmers making up Tubeho Neza cooperative count among the citizens who produce enough to meet their minimum food requirement needs and have surplus that they sell in exchange for cash income. They are also rearing livestock and cows that enable them to generate big quantities of organic manure. That way, they are being emulated by the rest of community members in Ntanda villages and others in their surroundings.

Case Study no.:		31
Relevant to results framework indicators: Outcome Indicator 1: Partner CSOs convey research evidence, data and opinions from citizens on policy implementation to decision-makers at local and national level; Outcome Indicator 3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change.		
Domain: Water & Sanitation		
Theme: Water supply		
Sources of information: Citizens, community animators, DFO, cell in charge of social affairs, Muganza Health Centre, Muganza Secondary School, ADENYA Coordinator.		
CSO(s) involved: ADENYA		
No. of beneficiaries: 3,572	No of male beneficiaries: 1,715	
	No. of female beneficiaries: 1,857	
No. of beneficiary households: 712		
Name (or number) of villages benefitting: 4		
Name (or number) of cells benefitting: 1		
Name (or number) of sectors benefitting: 1		
Name of district: Nyaruguru		

In 2011, when Potable Water and Sanitation Programme in Southern Province (PEPAPS) undertook the work of extending the water supply pipeline that was expected to supply water in three southern districts, namely Gisagara, Huye and Nyaruguru, a pipeline that was supplying water to four villages of Muganza cell was damaged and the villages were cut off from the water supply. Muganza Health Centre, Muganza secondary school, Muganza Parish as well as Muganza commercial centre were affected by this water supply cut.

According to citizens' accounts, this issue was reported to their local leaders at the cell level but no assistance was provided to restore the water supply pipeline. When the scorecard exercise started, the issue of water was prioritised by three villages of Muganza cell out of the four covered by PPIMA. Citizens not only complained about the broken pipeline but also about the fact that the three taps that they had had before were not enough.

During the interface meeting that was held on 26 December 2011 and attended by the Secretary Executive and the person in charge of social affairs in Muganza sector on the side of service providers, this issue was again discussed. However, the meeting was not able to come up with an immediate solution to the issue as the officials in attendance told community representatives that they would discuss it with the district authorities.

Before sector authorities could report and discuss the issue with district authorities, ADENYA's DFO used his position as member of the District Advisory Council to raise the issue during the council's session. The council resolved that a water supply company should be immediately contacted to restore the pipeline and also install two more taps in the area.

Shortly after the council's recommendation, district authorities contracted COMECA, a water supply company, to carry out the work. The company restored the pipeline and re-connected the three taps that were in the area before and installed two new taps.



Above: a citizen fetching water from one of two the new taps

Above is one of the three old taps that were restored after the broken pipeline was repaired

Citizens report that after the pipeline was repaired, the old taps were restored and two more taps were constructed, they no longer have a water supply issue. Muganza Health Centre, Muganza secondary school, and citizens in and around Muganza commercial centre as well as Muganza cell authorities recognise the advocacy that has been done through PPIMA.

4 Community Scorecards

The community scorecard has been one of the most successful and innovative tools that has been used by PPIMA. Adapted from scorecard methodologies that have been used elsewhere, it was originally pilot-tested in one village at the end of 2010, from which a training course for community animators was developed. The CSC is an elaborate 8-stage process incorporating sensitisation of the community, formation of sub-groups (of women, the youth, disabled, etc.), meetings with service providers, identification of indicators to measure improvement of service provision, scoring performance, monitoring of workplans, rescoring performance etc. The process takes several months. Communities themselves identify which of the 5 stages: water & sanitation, health, education, infrastructure or agriculture, should be tackled first. During Phase II, PPIMA is opening up this menu to enable communities to choose whichever issue they want to address, even beyond these 5 stages.

The community scorecard process directly and significantly contributes to all three of PPI-MA's outcomes:

Outcome Indicator 1: *Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level.*

Outcome Indicator 2: *Partner CSOs strengthen citizens understanding of their rights and entitlements*

Outcome Indicator 3: *Citizens are able to voice their concerns and needs to decision-makers and advocate for change*

Monitoring of the CSC process needs to be done also to report against the following two outputs:

Output Indicator 2.1: *Number of households engaged in citizen's scorecard activities*

Output Indicator 2.2: *Number of cycles of community scorecard roll-outs completed (disaggregated by domain and district)*

The consultant team wanted to document the scores from all 190 target villages in this report and undertake a comparison of scores that communities had awarded service provision at the beginning of the process; the scores were awarded after concerns and issues had been relayed to the service providers/local government, and the latter had had a few months to address the concerns. Because of the poor state of PPIMA's M&E system, this was not possible. The scorecards or flipcharts are housed either in individual communities or in the community animators' office at the cell level. They are in the Rwandan language of Kinyarwanda. The team was only able to translate and compare the 'before' and 'after' scores of 56 out of the 190 villages. These are presented in Annex 3.

The CSC tool is of limited use if the results are not systematically compiled and used at the national level for advocacy purposes. The analysis can also be used to demonstrate the efficacy of the process. A structure already exists through which data can be transferred from

the community level to the head office in Kigali. This structure is as follows: village community animators => cell community animator president => DFO => DFC => M&E database in Kigali. This distributes the workload of recording and aggregating the scores amongst the different tiers, which enables those tiers to use the data for their own advocacy purposes if needed.

Annex 2 shows the list of all 190 PPIMA villages and the unshaded ones are those for which the consultant team has been able to translate the indicators into English and compare 'before' and 'after' scores. Annex 3 displays the 56 comparisons.

Agriculture and health were the most chosen domains, while education was the least chosen. Of the 190 villages, 53 village chose agriculture and an equal number chose health while only 5 out of 190 villages chose education. Water & sanitation was the most chosen domain in Gatsibo with 26 of the 48 villages choosing it; health was the most chosen in Gakenke with 21 out of 48 choosing it; while agriculture was the most chosen in Ngororero with 16 out of 48 villages choosing it.

It is worth noting that no two villages, even in the same domain and district, have identified identical indicators. This variety is a strong feature of PPIMA. While, thus, it does not allow for one standardised list of indicators per domain to be applied across the district or country, some comparability can be done on those indicators that more or less universally make an appearance in all scorecards relating to a particular domain.

On that note, common issues that communities are identifying include:

In health:

- Long distance to health centres
- Prepayment health insurance (mutuelle)
- Lack of ambulance
- Poor quality of services

In agriculture

- Lack of fertilisers and improved seeds and their late delivery
- Lack of market for citizens' produce
- Lack of access to arable land (landless citizens)

In water & sanitation

- Lack of access to clean water: lack of water taps & long distance to water taps
- Water purification products
- Water storage facilities

In infrastructure

- Access to electric power
- Poor road network

In education

- Lack of nursery schools

- Lack of qualified teachers

A review of the data in the 56 analysed sets of scorecards indicates that data has been properly recorded in nearly 85% of villages on either the flipcharts or when it was transferred to paper copies. For the rest of the villages, i.e. 15% of cases, data is either incomplete or inaccurate. Major issues found in the recorded information included:

- Indicators from two or more domains listed in the same scorecard
- Indicators have changed between the first and second scorecards
- No indicators listed under an issue
- Indicators with same meaning but reworded in a different way
- Either the first or the second scoring missing
- Number of participants taking part not clear
- Different numbers of people scoring different indicators

The consultant team has recommended that the mean score for each indicator should be computed the following way:

Scores	1	2	3	4	5
No. of citizens scoring	a	b	c	d	e
Average score	$\frac{1*a+2*b+3*c+4*d+5*e}{a+b+c+d+e}$				

Where 1 to 5 is the rating from highly dissatisfied to very satisfied. This computation can also be done for the separate sub-groups too.

There are thus deficiencies in the current monitoring and evaluation system. The quality of recording of figures in the scorecards needs to be improved. Their reporting from community to head office needs to be undertaken systematically. Their analysis needs to become a regular M&E feature, and the results needs to be disseminated to government as an advocacy tool. This will also require a refreshing of the skills of community animators and the DFOs.

5 District Dialogue Forums

The district dialogue forums contribute to *Outcome No.3: Citizens are able to voice their concerns and needs to decision-makers and advocate for change*. So far, seven have been organised: three on health issues, three on general issues and one on both health and education. At the output level, they need to be reported on under *Output Indicator 3.1: Number of national and district level dialogues* and *Output Indicator 3.2: Number of participants participating in debates and dialogues held by PPIMA (disaggregated by gender, where possible)*.

The status of the DDFs as of early December 2012 was as under:

Implementing CSOs	District	Current status of implementation & comments
AJPRODHO & Rwanda Women's Network	Gatsibo	3 DDFs so far organised; 2 in Sept and Dec 2011 and 1 in June 2012. The last DDF is scheduled in January 2013.
ADTS & IMBARAGA	Gakenke	Only 1 DDF has been so far organised and took place on 29th November 2011. The second DDF is scheduled on 5 December 2012.
ADI & TUBIBE AMAHORO	Ngororero	2 DDFs have been so far organised; the first took place on 28 October 2011 while the second took place on 2 November 2012.
ADENYA & COPORWA	Nyaruguru	Only 1 DDF has been so far organised and took place on 21 December 2011. It is most likely that the 2 nd DDF that was scheduled for December 2012 will not take place as the district authorities are taking part in the evaluation of their contract performance.

The details of the DDFs so far held are as under:

Gatsibo District

In Gatsibo, three district dialogue forums out of four have been organised by Association de la Jeunesse pour la Promotion des Droits de l'Homme (AJPRODHO) and Rwanda Women's Network. Two DDFs took place in 2011; one in September and the other in December, while the third one took place recently in June 2012. The last DDF in Gatsibo is scheduled in January 2013.

In the first DDF the focus was to present issues that were raised in the CSC with regard to water, agriculture, infrastructure and health service domains.

The second DDF solely focused on issues in the health domain. These issues were presented to service providers and district officials. The information from this DDF was used in a na-

tional level dialogue on Mutuelle de santé (Health Insurance) organised by the Rwanda Civil Society Platform .

The third DDF that took place in June 2012 was used to present CSC findings to the Mayor, sector executive secretaries and technical people in charge of different development sectors at the district office. 200 people attended the forum.

In water and sanitation, the CSC had showed that there was a problem of access to drinkable water and that no advocacy was being done in that regard. District officials in attendance indicated that there had been discussions with district development partners to consider and direct their support towards this issue of water. District officials also encouraged the use of “Sur Eau” (water purification product).

In the health domain, the problems presented to the DDF included a lack of sufficient rooms in health facilities and a limited number of skilled medical personnel, referrals not done as required and poor quality service delivery. With regard to the problems of a lack of enough rooms in medical facilities and skilled medical personnel, it has been clarified that the Government recognises these problems and that, as a response to them, medical posts have been put in place.

Moreover, community health workers received medical toolkits for them to provide drugs for sicknesses that do not need to be attended to by a trained medical person. District officials promised that they would look into the possibility of increasing drugs in health workers’ toolkits and training them to increase their knowledge in medical first aid provision.

For the problem of referrals, authorities pledged to insure that the supervision of health centres is done and will request health centres’ authorities to explain new services to the population regarding what they can provide as they acquire new medical equipment. As far as poor quality service is concerned, the population was urged to report cases of poor quality service delivery.

In the agriculture domain, four main problems were presented. They included a lack of knowledge for the population to use fertilisers, a lack of markets for farm production, a lack of veterinarians and untimely distribution of seeds and fertilisers.

In response to the problem of a lack of knowledge in using fertilisers, it has been decided that demonstration fields will be increased. With regard to a lack of markets, the population was urged to respect the policy of storage of their harvest in granaries from where it would be purchased at a good price.

For the issue of a lack of veterinarians, cattle keepers were urged to gather into cooperatives so that they could be trained in veterinary medicine. As for the problem of seeds and fertilisers not being distributed in a timely manner, participants resolved to ensure that seeds and fertilisers are supplied on-time, based on seasons of cultivation, and that they are supplied at the village level.

Gakenke District

Only one dialogue out of four was held at the district level. The dialogue took place on 29 November 2011 at TANTUM ERGO, Gakenke sector, Gakenke district Northern Province. The number of participants was 218, and people came from six sectors of the district covered by PPIMA. This DDF was an opportunity to briefly describe the CSC process to the participants. After a brief introduction to the CSC process, participants discussed about issues that had been raised in health and agriculture domains by the community during the process. The second DDF is expected to take place on 5 December 2012. Below are issues that have been presented and recommendations or decisions taken during the first DDF:

<i>Domain</i>	<i>Issues raised</i>	<i>Recommendations/decisions</i>
Health	• The capacity of health staff is very low • Inadequate materials and equipment • Citizens do not follow medical procedures and advice • Dissatisfaction over the increase of health insurance fees and improper categorisation of people (in charging health insurance, people are put into categories based on their levels of poverty) • Some health centres need renovation because they are very old and result in poor sanitation eg. Janja Health Centre • Poor roads do not facilitate the few ambulances that are available to pick up patients; some die due to transportation difficulties e.g. expecting mothers and injured patients	• The district director in charge of health explained that some of the issues were due to limited capacity of the district but others were due to carelessness of staff at lower levels and the district was to solve those issues as soon as possible • Sensitisation on health insurance will be strengthened and advocacy will be done in favor of the very poor who cannot pay health insurance fees • Advocacy for health centres' construction/renovation and health staff capacity building in order to deliver quality services • Feeder road construction should be a priority in order to solve transportation problems
Agriculture	• Fertilisers and hybrid seeds are not distributed on time • Lack of markets for farmers' harvests • Citizens do not adhere to advice given by technicians • Technicians do not have transportation means in order to reach farmers easily • Lack of skills on new methods of farming to village based agricultural experts (cell committees in charge of agriculture development)	• Service providers of fertilisers and hybrid seeds should be encouraged to work at village levels • Rwanda Civil Society Platform is going to collaborate with the district in order to find markets for farmers' products • The district has planned a study tour to Nyagatare Farmers Cooperative because those farmers have developed sustainable storage mechanisms for maize and were able to get markets for their maize • The district is going to form a forum of agriculturalists and empower them

Ngororero District

In Ngororero district one DDF was organised on 28 October 2011 and was attended by 62 people, of which 26 were women and 36 men. The forum was organised to present findings from the scoring in the health service domain. It was attended by officials from the district (represented by the Vice Mayor in charge of social affairs), Executive Secretaries from sectors and cells, community animators and representatives of the community. The second DDF took place on 2 November 2012 and was attended by 100 people. Below are the key issues presented and decisions taken during the first DDF:

<i>Domain</i>	<i>Issues raised</i>	<i>Recommendations/decisions</i>
Health	• People complained that when they go for medical services during weekends, they are asked to pay additional fee of RWF100 in addition to RWF250 moderator ticket • People complained about the confiscation of livestock from people and families that failed to pay the health insurance fee • People complained that the categorisation of people was subjective, as some people were considered able to pay health insurance fees just based on the fact that they raise some domestic animals like goats and chickens. People argued this should not be the measure of poverty as one may have goats or chickens and still be poor • People complained that some of them are denied access to health services when they have not fully paid health insurance. They said for a family of five members when health insurance fees are paid for instance for four people, those paid for are not allowed to have access to health services until the remaining one family member has paid. They also complained about being denied access to health services before one month after they have paid health insurance fees • People complained about the delay in the delivery of drugs to health centres	• While health centres said this extra fee was charged to pay incentives to staff working on weekends, officials explained it was a bad and illegal practice and requested health centres to stop it • It was decided that this should stop and instead of confiscating their livestock, people should be sensitised to the benefits of having health insurance. It was also noted that there was no use of abducting someone's goat when sold it would not even cover health insurance • It was decided that categorisation criteria will be reviewed to make the process more objective • Health insurance policy provides that for a family to access health services, all family members must have been paid for. The complaint of being denied access to health services before one month after they have paid health insurance fees was also rejected, since that was a national level policy that could not be changed at the district level • District authorities indicated that other drugs providers were contracted and hoped that there would not be delays any more

The objectives of the second forum held in November 2012 were (1) to facilitate dialogue between district authorities, development partners and citizens on programmes that seek to enhance citizen's welfare; (2) to share district plans and strategies related to human settlement and distribution of social infrastructure (water, electricity, roads, schools and health centres) and (3) to share information on the level of implementation of the National Human Settlement Policy.

The forum was attended by 100 people from different institutions and almost all district development partners including civil society organisations, faith based organisations (FBOs), community based organisations (CBOs), police, army, district authorities at different levels, private sector federation, banks, income generating associations & cooperatives, media (radio broadcasters like Huguka, Radio Rwanda, Radio Kigali Today; internet media such as Igihe.com, Kigalitoday.com) and representatives of community animators from villages where PPIMA is currently implemented.

Participants in the forum noted that the Human Settlement Policy (*imidugudu*) was being implemented at a slow pace mainly due to (1) shortage of financial resources to put in place infrastructure facilities that would attract people to join regrouped settlements (*imidugudu*); (2) difficulties in getting plots for house construction due to the fact that the area is mountainous and (3) limited financial means for some vulnerable citizens to acquire plots and construct houses.

The district officials shared with participants the plans regarding the distribution of water, electricity, construction of roads and health centres in Ngororero district. With regard to the National Human Settlement Policy (*imidugudu*), district officials recognised all the above challenges and indicated that the policy would be progressively implemented in accordance with the available resources. It was highlighted that the district was planning to do the following activities during the year 2012-2013:

- Construction of 3 water pipelines which will serve 80% of Ngororero population:
 - Runayu - Gaseke
 - Nyange - Nyiraforongo
 - Gatumba - Muhororo
- Distribution of electricity to 1938 households in year 2012-2014
- Construction of 26 pilot sites of settlement
- Construction of 4 bridges in Muhanda, Bwira and Gatumba sectors.
- Rehabilitation of health centres:
 - Laboratory of Kabaya Hospital
 - Emergency building of Kabaya Hospital
 - Morgue building of Kabaya Hospital
 - Isolation room for TB patients at Kabaya Hospital
 - Isolation building for TB patients at Muhororo Hospital
- Construction of Matyazo and Kageyo Health Centres
- Construction 33 cell offices
- Equipping Gatumba and Kabaya Telecentres

Nyaruguru District

In Nyaruguru district only one DDF was organised on 21 December 2011 and discussions focused on issues raised during the scoring in health service domain. 40 people from district office, people in charge of health insurance at district and sector levels, sectors' Executive Secretaries, health centres managers, and animators attended the forum. It is most likely that the second DDF that was scheduled for December 2012 will not take place as the district authorities are taking part in the evaluation of their contract performance. Below are the key issues presented and decisions taken during the first DDF:

<i>Domain</i>	<i>Issues raised</i>	<i>Recommendations/decisions</i>
Health	• People complained the categorisation of people was carried out in a subjective manner and requested that there be a re-categorisation process that would involve the community • People complained that when they go for medical services during weekends they are asked to pay an additional fee of RWF200 in addition to moderator ticket • Mbasa cell people complained that they had to travel a long distance to get health services at Kibeho Health Centre and requested for a medical post in their cell • People from Kabilizi Health Centre in Rusenge sector complained about the fact that they had to use the ambulance of Munini Health Centre, which is far from them and requested that they be allowed to use the one from Kibeho Health Centre which is nearer	• District officials promised that a re-categorisation process will be conducted. Meanwhile, a suggestion box will be introduced • It was explained that the practice was illegal and district authorities requested health centres to stop it • Kibeho Health Centre accepted to open a medical post in Mbasa cell to serve Mbasa community • It was decided that the ambulance of Kibeho Health Centre, which is not located far from Rusenge would also serve Rusenge community

6 Status of AJICs & ALACs

This side of PPIMA's work contributes to *Outcome Indicator 2: Partner CSOs strengthen citizens understanding of their rights and entitlements*. In the logframe, data from it also needs to be reported against *Output Indicator 2.3: Number of cases reported to and solved with the support of AJICs/ALACs*.

The total number of complaints that have been received by the four AJIC centres since their opening up to November 2012 is 487. Of them, 259 or 62% of the complaints were by females and 38% by males. Of the 487 cases, 120 are still pending while 367 have been closed. A closed case refers to one that has either been successfully resolved or where the necessary advocacy has been undertaken, with the case referred to the relevant authority.

There are also six Advocacy and Legal Advice Centres operated by Transparency itself, which receive technical support funded by the project. These ALACs have objectives similar to AJICS. They started receiving cases in April 2009.

- From 20th April 2009-31st Dec. 2009, ALAC received 496 complaints, 131 were females while 365 were males. 61 complaints were pending while 435 complaints were closed.
- From January 2010-December 2010, ALAC received 946 complaints, 416 were females while 530 were males. 125 were pending and 821 were closed.
- From January 2011- December 2011, ALAC received 3,525 complaints, 1,727 were females while 1,798 were males. The number of clients received in this year increased by almost four times. This was related to the opening of five new centres in the four provinces of the country.
- From January 2012 to November 2012, ALAC has received 3,140 complaints.

The centre that has received most complaints is Musanze centre with 808, followed by Kigali centre with 472, Huye with 336, Rubavu with 322, and Rusizi with 303. Among the clients received by ALACs 1,280 were females (51%) while 1,227 (49%) were males. Among the complaints received by ALACs, 1,979 complaints were closed while 595 were pending as of 30 September 2012.

Status as of December 2012 is as under:

Gatsibo District			
<i>Date of Establishment: Officially launched in March 2012</i>			
Category	Cases received	Closed	Pending
Land Issues	81		
Property Rights	12		
Inheritance (<i>izungura</i>)	24		
Implementation of Court Decisions	11		
Criminal Cases & Rape Cases	7		
GBV (gender based violence)	18		
Legal Status	4		
Child Trafficking	2		
Abduction	1		
Social	12		
TOTAL	172	99	73
Ngororero District			
<i>Date of Establishment: Started receiving cases May 2012</i>			
Category	Cases received	Closed	Pending
Paternity	1	1	0
Advice	6	6	0
Adoption	1	1	0
Health Insurance Issues	5	5	0
Succession Rights	11	7	4
Execution of Court Decision	11	6	5
Impunity	1	1	0
Claim for Legal Marriage	1	1	0
Appeal against Court Ruling	1	1	0
TIG (Community Service as an alternative to imprisonment)	1	1	0
Trafficking	1	1	0
Appeal for Social Assistance	1	1	0
Land	5	2	3
GBV	2	1	1
Marital status	1	0	1
Gift	1	0	1
Renting	1	0	1
TOTAL	51	35	16
Gakenke District			
<i>Date of Establishment: Functional since February 2012</i>			
Category	Cases received	Closed	Pending
Land Issues	8	6	2
Implementation of Court Decisions	15	9	6
Family Problems	5	5	0
Judiciary	12	10	2
Raping (Police)	1	1	0
Social Problems	16	13	3
Labour-related	1	0	1
Security Problems (Police)	2	2	0
TOTAL	60	46	14

Nyaruguru District			
<i>Date of Establishment: Started receiving cases since May 2012</i>			
<i>Category</i>	<i>Cases received</i>	<i>Closed</i>	<i>Pending</i>
Implementation of Court Decisions	25		
Land Issues	27		
Property Rights	25		
Succession Rights	9		
Rights to Shelter /House	3		
Judicial Issues	84		
Civil Matters	3		
Criminal /Penal Cases	16		
Corruption	1		
Divorce	5		
Labour Issues	2		
Claim for Paternity	1		
Ascending Partition	2		
Others	10		
TOTAL	213	177	36

Currently, the AJICs are suffering from a lack of coordinators due to resignations in three of them and absence due to maternity leave in the fourth. This is also affecting timely reporting. However, replacements have been, or are being, hired and this time, the CSOs (which manage the AJICs) are consciously aiming to recruit coordinators with legal backgrounds. In discussions with Transparency International Rwanda, which provides technical support and backstopping to the AJICs, this is vital to ensure that coordinators are able to provide adequate and informed support to complainants.

It has also been realised that the AJICs need to be manned with permanent staff. Having part-time staff, as is the temporary situation in Gakenke, affects clients' faith in AJICs capacity to support them, as they do not get service when needed.

AJICs should be urged to improve their reporting and adopt the reporting templates that Transparency's ALACs use.

7 Financial and Administrative Capacities of Partner CSOs

The financial management capacities of partner CSOs needs to be reported upon under *Output Indicator 1.3: Number of partner CSOs with good administrative & financial systems*. This area of PPIMA's work strengthens CSOs and thus contributes, with limitations, to achieving Outcome Indicators 1 & 2 namely *Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level* and *Partner CSOs strengthen citizens understanding of their rights and entitlements*. It should be understood though that there are many other aspects that need to be addressed for CSOs to be able to achieve outcomes 2 and 3, including having sound technical capacity, good governance systems, high retention of staff, good reporting and documentation systems and acceptance from government and citizens.

NPA has conducted a gap analysis of each of the 14 partners during 2011 and has documented this. It has then provided training and on-the-job technical assistance to all 14. It has also provided financial software to 13 of the 14, as Rwanda Women's Network is already using different software. The extent to which changes have materialised has been varied.

Currently, the financial and administrative capacities of 2 of the 14 CSOs can be described as good. These are Urugaga Imbaraga and Transparency International Rwanda. They, RWN and RCSP, are more advanced than others due to different reasons, such as complete teams in the finance section, qualified staff, the presence of basic financial tools and better adherence to purchasing and procurement procedures.

The 14 CSOs are expected to, with PPIMA support, attain good financial and administrative capacity at the end of the following years:

No.	Partner	2013	2014	2015	2016
1	AJPRODHO			X	
2	ADTS				X
3	COPORWA				X
4	TUBIBE AMAHORO			X	
5	Profemme			X	
6	NUDOR				X
7	CLADHO			X	
8	CCOAIB			X	
9	RWN		X		
10	Rwanda Civil Society Platform		X		
11	ADENYA				X
12	ADI TERIMBERE				X
13	Urugaga Imbaraga	X			
14	Transparency International Rwanda	X			

On the following pages an analysis of each CSO's strengths and weaknesses in this regard is provided. Information has been supplied by NPA's finance section, which provides the 14 CSOs with support in improving their administrative and financial management capacities.

Strengths	Challenges
1. ADENYA	
- Financial staff have been trained in basic purchasing and procurement skills - They are using accounting software (SAGE 100) - Codification of financial documents is done effectively - There are segregation duties as all finance and administrative responsibilities are shared - There is a staff member in charge of internal auditing - External audit recommendations are acted upon - The accounting software has a component to handle stock management - The organisation has a financial and procedure manual and the process to revise is currently underway - There is a separate bank account for PPIMA	- Challenges in handling petty cash - Still paying lots of money from petty cash whereas they should not exceed the ceiling of RWF 60,000 - Purchasing and procurement procedures are not fully followed For example: - Lack of evaluation report - Required pro-forma invoices are not collected - The accountant is not qualified for the position. She required extra backstopping from NPA - There are still challenges related to tax compliance. For example, consultancy payments are not always taxed accordingly - Stock management is still weak, though progress has been noted since the previous assessment - The organisation's financial and procedures manual needs to be revised and updated as it lacks some important elements. For example, it does not have details on specific areas such as asset management and procurement - Reconciliation of cash counts and banks is being done but there are still areas for improvement: such not being done on a regular basis, and not always being approved by relevant officials - Budgeting and financial reporting need improvements, e.g sometimes financial reports contain inaccurate figures, which compels NPA to spend lots of time assisting them to make necessary corrections. This is mainly due to the fact that staff lack skills in financial reporting and analysis - The management and finance staff lack essential skills on how to align programme plans with budgets, hence frequent requests for budget reallocations - The Executive Coordinator of ADENYA needs to be equipped with basic financial management skills
2. CLADHO	
- Computerised accounting software (SAGE 100) is being utilised for financial management - The CSO is about to complete a revised financial and procedure manual that is adjusted to the current organisational structure - The accountant is qualified and will be graduating from a Masters' programme in management next year - There is a separate bank account for PPIMA - Bank reconciliations and cash counts are properly done, though not done on regularly basis - The organisation applies laws and regulations related to taxes' de-	- The CSO has not yet mastered all the four components of SAGE software, namely accounting, asset management, stock management and human resources management - There is no segregation of duties as there is no head of the finance department and no cashier to share responsibilities in the finance department. All financial responsibilities are handled by the unique accountant - Monitoring of budget and expenditures is still weak, as some line items are often overspent - The capacity of the finance officer to assess the completeness of supporting documents within the organisation is still weak - The Executive Secretary needs to monitor this process and ensure that bank reconciliation and cash counts are done regularly - Budgeting and financial reporting need improvements, e.g sometimes financial reports contain inaccurate figures that compel NPA to spend time assisting them to make necessary corrections - Sometimes, procurement procedures are not entirely followed For example, the process of hiring consultancy services are neither

- ductions and remitting - Bookkeeping is satisfactorily done	- properly followed nor documented - The finance person has been trained in procurement but needs more training, as do other staff and board members of the organisation - There is laxity in implementing all audit recommendations. Implementation requires the involvement of senior management - The Executive Secretary of CLADHO and other non-financial personnel need to be equipped with basic financial management skills - Stock management needs improvement
3. PRO-FEMMES	
- Computerised accounting software (SAGE 100) is being utilised for financial management - There is a segregation of duties: overall, the organisation has three accountants and the Head of the Finance Department, and different signatories - There is an updated financial and procedures manual - There is a separate account for PPIMA funds - The level of implementation of audits recommendations is fairly good. Only 20% of the recommendations from the previous audit have not yet been acted upon - Financial reporting has been improved recently, most notably concerning the reduction in discrepancies in figures that were previously being reported on - Resources are efficiently utilised. Expenses are utilised according to existing and approved standards	- Concerning monitoring budget and expenditures, there are cases of poor utilisation of budget, overspendings on line items as well as previous funds' commitments, which had not been accrued for subsequent years, etc. - There exist some gaps in taxes' deductions from consultancy allowances since taxation laws are not fully comprehended - Bank reconciliation and cash counts are prepared but need to be reviewed and approved by senior managers on regular basis - Procurement procedures are not fully followed. Some important steps are ignored/skipped while purchasing items or contracting consultancy services - Non-financial personnel need to be equipped with basic financial management skills - Much as financial staff is suitable for their positions, they need to be trained in advanced accounting skills planning and budgeting and advanced financial analysis, since they manage funds from different donors who have different requirements.
4. Rwanda Women's Network	
- Computerised accounting software (QuickBooks) is being utilised for financial management - There are two staff members handling financial functions - The organisations have a financial and administrative manual - There is a separate PPIMA bank account that is solely used daily for project transactions - Budget monitoring is conducted regularly. The finance officer always analyses budget utilisation and explains any deviation in	- The software does not have a component to help the CSO monitor fuel consumption - The current financial and administrative manual does not contain enough details on procurement procedures and stock management - Bank reconciliations are always prepared but they are not always approved by relevant officials - Elements within the procurement processes are overlooked or the documentation of the procurements processes leaves a lot to be desired - Audit recommendations are acted upon but management needs to ensure that they fully implement within the agreed upon timelines - The Executive Secretary of Rwanda Women Network and other non-financial personnel need to be equipped with basic financial management skills

- budget execution on specific line items - The organisation does sound budgeting planning - Procurement is done in accordance with approved guidelines and procedures - Booking keeping is standard - The organisation applies taxes' deductions in accordance to the laws - Resources are fairly/reasonably allocated - Finance staff are suitable for their roles: the Head of the Finance Department has proven experience in effective financial management, as does the staff under his supervision	Stock management needs improvement in that the CSO still uses a paper-based register. The CSO need modern tools for stock management, such as fit-for-purpose computer software
5. Rwanda Civil Society Platform	
- The CSO uses a computerised software system (SAGE 100) - A financial and administrative manual is in place - There is a separate bank account for PPIMA funds - Bank reconciliation and cash count are properly done - Budget preparation is done in a participatory manner that takes available funds into account - Bookkeeping is satisfactory - Audit recommendations are implemented satisfactorily - The organisation pays taxes in conformity with laws and regulations	- The CSO needs to start exploiting the software better so that it can manage its stock by means of this system - Duties are not well segregated, as there is one staff member who is responsible for all the financial functions. The incumbent takes care of human resources management, procurement and logistics - The financial and procedure manual needs to be reviewed and updated to include more details on procurement - Budget execution is poorly monitored and deviations are not reported on time - Procurement procedures are sometimes not fully followed up on. For example, even when pro-forma invoices have been collected, bid analysis reports are not produced. Provisional and final notification letters to bidders are seldom issued - Management needs to proactively follow up on the implementation of audit recommendations - Sometimes financial reports contain erroneous figures that require corrections - Non-financial personnel need to be equipped with basic financial management skills - Stock management needs improvement - The finance person is qualified for the jobs and has accepted that he is compelled to play multiple roles
6. (Conseil de Concertation des Organisations d'Appui aux Initiatives de Base) CCOAIB	
The CSO has and uses a computerised software system (SAGE 100)	- The CSO has not yet started making use of the asset management and stock management components of this software system - Monitoring of budget execution is not properly done

• There is a clear segregation of duty although the post of Head of Finance is vacant • A financial and administrative procedure manual exists and is followed • There is a separate bank account for PPIMA funds • Bookkeeping is fairly good • Audit recommendations are sufficiently implemented • Tax deductions conform with laws and regulations	• Reconciliation of bank accounts and cash counts is done, but in an irregular fashion • Core staff need more skills in budgeting • Procurement procedures are not always properly followed. There is poor planning of procurement processes • Cases of force majeure are not sufficiently explained • Financial reports contain errors that are identified after submission to, and analysis by, NPA. Those include incorrect postings, mis-charged expenses, erroneous account coding, etc. • Non-financial personnel need to be equipped with basic financial management skills • Stock management needs improvement • The posts in the finance department need to be filled and the capacity of this department needs to be enhanced
7. Transparency International Rwanda	
• The CSO optimally uses a computerised software system (SAGE 100) • There is clear segregation of duties • There are three finance staff who are qualified for their roles • A financial and administrative procedures manual is in place • There is a separate bank account for PPIMA funds • Audit recommendations are sufficiently implemented • Bookkeeping is very good • Tax deductions conform to laws and regulations	• Procurement procedures present some gaps, such as incomplete documentation for purchases • The inventory of fixed assets need to be done and approved by relevant authorities and integrated into the financial software • There are breaches in the management of petty cash • Non-financial personnel need to be equipped with basic financial management skills
8. National Union of Disabilities' Organizations of Rwanda (NUDOR)	
• The CSO uses a computerised software system (SAGE 100), which is optimally used • There are two finance staff: the cashier and the accountant • A new financial and administrative manual was produced earlier this year • There is a separate bank account for PPIMA funds • The Executive Secretary monitors the budget execution • The Executive Secretary has proven experience in budgeting • Bookkeeping greatly improved after the CSO started using a computerised system to keep and track records • Tax deductions conform with	• There no clear segregation of duties: the accountant requests purchases, purchases items, initiates payments and does financial reports • Bank reconciliations are not prepared on a monthly basis • Finance staff and non-finance personnel need more skills in budgeting and planning. • Procurement procedures are not followed. For example, there is no collection of three pro-forma invoices when deemed necessary • The implementation of audit recommendations has started, but needs regular follow-up by the management • Financial statements are not well prepared nor fully analysed before they are submitted • Finance staff and non-financial personnel need to be equipped with basic financial management skills. • Stock management needs improvement. The CSO needs to produce reports on replenishments and the utilisation of items stored in stock. It needs to generate accurate reports using the computerised system at its disposal • The accountant needs supervisory support and more training in

local taxation regulations • Resources are used in accordance with the agreements and budgets	financial management
9. TUBIBE AMAHORO	
• The CSO uses a computerised software system (SAGE 100) • There is a separate bank account for PPIMA funds • Bank reconciliation and cash count are properly done • Bookkeeping has significantly improved following the utilisation of the computerised software system • Audit recommendations are implemented. However, management needs to proactively follow up on the implementation of audit recommendations • Financial reports are generated using SAGE 100 • Tax deductions on staff salaries conform with laws and regulations. • Stock management improved following the utilisation of the computerised software system	• There is no segregation of duties: the accountant requests purchases, purchases items, initiates payments and does financial reports. • A financial and administrative manual is incomplete; it lacks essential elements on asset management, procurements and others. It also needs refinement and editing • Monitoring budget execution is still weak. For example: ○ There are errors in expenses posting on some line items ○ Requests for disbursement are not done in a timely fashion • Budget preparation has some flaws, which leads to frequent budget reallocation requests. Budget officers have a limited understanding of budget execution • Procurement procedures are not followed • Gaps that have been observed include: ○ Missing of the required pro-forma invoice ○ Incomplete evaluation reports ○ Missing local purchase order/contracts etc • Financial statements are not well prepared nor fully analysed before they are submitted. • Reports contain a number of erroneous figures that require corrections • Non-financial personnel need to be equipped with basic financial management skills • The accountant lacks some skills in finance and accounting and analysis of required supporting documents
10. ADI-TERIMBERE	
• The CSO has procured and installed the SAGE 100 software system, designed to manage financial records and generate financial reports • There are two separate bank accounts for PPIMA funds • Bookkeeping significantly improved following the utilisation of the computerised software system • Audit recommendations are implemented. However, management needs to actively take a lead role in their implementation so as to avoid delays and queries raised by NPA • The organisation has been complying with tax deductions and remitting	• The organisation does not have a financial and administrative procedures manual. It only relies on internal rules and regulations manual and statutes • Monitoring budget execution is still weak. For example: ○ There are errors in expenses posting on some line items ○ Request for disbursement are not done in a timely fashion • Recently, the CSO started preparing bank reconciliation and cash counts, but some errors are still appearing. Officials do not review or approve them accordingly • Budget preparation has some gaps, which causes the CSO to frequently request for budget reallocation • The budget officer has a limited understanding of budget execution • Procurement procedures are not followed. Gaps that have been observed include: ○ Missing of required pro-forma invoices ○ Incomplete evaluation reports ○ Missing local purchase orders/contracts • Financial statements are not well prepared nor fully analysed before they are submitted. For example, there are discrepancies in figures reported on, which are not clearly explained • Finance staff and non-financial personnel need to be equipped with basic financial management skills.

	• Stock management is still weak: there is a need to display physical inventories of items in the stock • The accountant lacks some skills in finance and accounting and analysis of supporting documents. He does not have a background in accounting and finance management
11.COPORWA	
• The CSO has procured and installed the SAGE 100 software system that is designed to manage financial records • There is a separate bank account for PPIMA funds • A financial and administrative procedures manual exists, though it needs to be updated to integrate some essential elements on procurement	• The CSO has not yet started generating reports using this software system. It is greatly constrained in terms of staff and lacks technical know-how to avail of the required data and process it. There is low commitment at junior and management levels to advance the usage of the software system • Some finance functions are poorly segregated as the DFO handles most of the payments, purchases and filing of supporting documents whereas these the responsibilities which should be fulfilled by the finance staff • There is poor monitoring of the budget: overspending on some line items are frequently noted as well as delays to request budget reallocation when necessary • There is no bank reconciliation nor cash counts made • Purchasing and procurement procedures are not fully followed There is no procurement committee in place • Other gaps include: ○ Missing of required pro-forma invoices ○ Incomplete evaluation reports ○ Missing local purchase orders/contracts • Bookkeeping is very weak: the software system the CSO has acquired is not yet being used. Hence records are badly kept and are scattered here and there • The implementation of audit recommendations is being done at a slow pace • Financial statements are not well prepared nor fully analysed before they are submitted. For example, there are discrepancies in reported figures that are not clearly explained. • The organisations are not complying with taxation laws: sometimes, taxes are deducted but not remitted in a timely manner • Finance staff and non-financial personnel need to be equipped with basic financial management skills. • There are gaps in stock management which include: ○ Records are not entered into the software system ○ Recommended tools are not used • The finance staff is not qualified for the post • There are gaps related to knowing the required supporting documents for any payment and informing the non-finance officers.
12. ADTS	
• The CSO uses a computerised	• Bank reconciliation and cash count are proper but do not take

- software system (SAGE 100). - There is a separate bank account for PPIMA funds - A financial and administrative procedure manual exists, though it needs to be updated to integrate some essential elements on procurement - The Executive Secretary monitors budget execution - The organisation has good bookkeeping system in place - The management demonstrates a willingness to act upon audit recommendations - The Head of of the Finance and Administration department is suitable for the position - The cashier need to undergo a professional development plan	- place on a monthly basis. Sometimes, bank reconciliation is not approved by relevant officials - Budget preparations have some flaws that cause the CSO to overspend on some line items and request for budget reallocation - Procurement procedures are not followed. Gaps that have been observed include but limited to: - Missing of required pro-forma invoices - Incomplete evaluation reports - Missing local purchase orders/contracts, etc - There is a need to do follow-up visits to check if the management has fulfilled its promises to implement audit recommendations - Financial reports are not well prepared nor fully analysed before they are submitted. Sometimes they contain lots of errors and differences - The organisation has difficulty complying with taxation regulations, especially in relation to consultancy allowances. This is due to limited knowledge of tax regulations - Finance staff and non-financial personnel need to be equipped with basic financial management skills. - There are gaps in stock management which include: - Records are not entered into the software system - Recommended financial management tools are not used
13. AJIPRODHO	
- The CSO optimally use a computerised software system (SAGE 100) - A financial and administrative procedures manual is in place - There is clear segregation of duties. There are two finance staff who are qualified for their roles - There is a separate account for PPIMA funds - Bank reconciliation and cash count are properly done - The accounting software has a component to handle stock management - There is an independent tender committee in place that acts in a transparent manner - Audit recommendations are satisfactorily implemented - There is a fairly good bookkeeping system - The organisation complies with tax deductions and remitting	- The financial and administrative procedures manual needs to be updated to integrate essential elements on procurement. - Monitoring budget execution is still weak. For example: - There are errors in expenses posting on some line items - Request for disbursement are not done timely - Budget preparations have some gaps that cause the CSO to overspend on some line items and request for budget reallocation. Budget preparation should be jointly done by senior officials and finance staff - Financial reports are not always accurate. For example, there are discrepancies in reported on figures that are not clearly explained - Stock management does not follow acceptable standards
14. URUGAGA IMBARAGA	
A computerised accounting software (SAGE 100) is being uti-	Budget monitoring is only episodically conducted. It is done when the CSO is about to request for additional disbursements

· lised for financial management · A financial and administrative procedures manual is in place · There is clear segregation of duties. There are three finance staff who are qualified for their roles: Director of Finance and Administration, accountant and cashier · There is a separate bank account for PPIMA funds · Bookkeeping has been steadily improved over the last two years · Financial reports produced are fairly good · Overall, the organisation complies with tax deductions and remitting · Stock management is good · Finance staff are fit for their positions	· Bank reconciliations and cash counts are done on a quarterly basis and this can give rise to some omissions and a failure to detect potential mistakes made by the bank · Budget preparations have some gaps that cause the CSO to overspend on some line items and request for budget reallocation. Budget preparation should be jointly done by senior management and finance staff · Sometimes procurement procedures are not strictly followed, especially when field officers are the ones doing purchases · Finance staff and non-finance personnel need more skills in budgeting and planning
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8 PPIMA Phase II Draft Logframe

The logframe was developed in November 2012 as a result of a 3-day Outcome Mapping workshop attended by NPA, the DFOs and DFID and Sida. Subsequent to that, it underwent several revisions based on feedback received on each preceding version. The latest version is reproduced in this chapter. The information contained in the preceding chapters assists in completing that part of the draft logframe which requires recording of baseline information as under.

Outcome Indicator 1: It is stated that partner CSOs currently make limited use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national levels. In all, over the last nearly three years, only seven district level dialogues have been held across the four districts and only in the case of one national level dialogue does it appear that evidence and opinions from the citizens arising from the community scorecards and district dialogues were conveyed to decision-makers i.e. in the case of mutuelle de santé or health insurance. Other instances of conveyance include CLADHO's engagement on budgetary issues and the budget hearing.

Outcome Indicator 2: It appears that partner CSOs have strengthened citizens' understanding of their rights and entitlements to quite an extent, but this still needs improvement. The CSC process focuses on this outcome, as do the radio phone-ins and the AJICs and ALACs.

Outcome Indicator 3: It appears that citizens are able to voice their concerns and needs to decision-makers and advocate for change to quite an extent. This is because villagers have discussed the issues that affect them in 190 villages and, at least in 28 of them, have been able to seek change, as the case studies demonstrate. They have also voiced their concerns at district level dialogues – see chapter 5.

Output Indicator 1.1: There have been 16 trainings on advocacy and engagement skills attended by PPIMA focal persons of partner CSOs.

Output Indicator 1.2: The number of events partner CSOs hold to sensitise citizens on public policy issues needs to be compiled by PPIMA.

Output Indicator 1.3: Currently, two CSOs have good administrative & financial systems – see Chapter 7.

Output Indicator 2.1: The number of citizens engaged in citizen's scorecard activities needs to be aggregated by PPIMA through a review of the 190 scorecards. For the number of participants of 56 rollouts – see Annex 3.

Output Indicator 2.2: 185 rollouts have been completed so far, with the remaining five expected by the end of December 2012.

Output Indicator 2.3: The number of cases reported to and solved with the support of AJICs/ALACs (disaggregated by gender & district) is given in Chapter 6.

Output Indicator 3.1: Three national and seven district level dialogues have been held by PPIMA.

Output Indicator 3.2: 1,456 people participated in debates and dialogues held by PPIMA

Output Indicator 3.3: In 2011, 4 radio call-in programmes on health, agriculture and governance were organised by the district partner CSOs and a further 5 in 2012 on service delivery. During 2012, CLADHO organised 8 radio call-in programmes on the budget process and Pro-Femme organised 3 programmes on promotion of gender especially promoting girls education and raising the voice of women. That makes a total of 20.

Output Indicator 4.1 to 4.5: The existence of partnerships/movements/networks between PPIMA partners (new and existing) are limited, related to PPIMA activities, beyond what is required within PPIMA workplanning. The 2 CSOs per district cooperate, as they are supposed to do, on organising the district level forums and all 14 interact at the quarterly review meetings that are held every three months at the NPA offices in Kigali. Currently, there is little evidence that the partner CSOs interact with other civil society organisations in sharing knowledge, processes, and experiences about PPIMA.

The current DFID template has been used for the logframe and, in it, not only the end target of the above indicators is required to be reported on, but also their intermediate targets. PPIMA is a civil society project where it is expected that through better advocacy and increased awareness of CSOs and citizens, citizens will receive better public services, amongst other benefits. While it is clear that that will be done through trainings, dialogues, the scorecard process, AJICs/ALACs etc., it is not possible to predict, as the case studies in this report have demonstrated, what mechanisms citizens will use for what purposes. That is why targets for indicators use words such 'limited', 'improved', 'good' or 'significant'. It is not possible to be more accurate than that. The onus is on PPIMA and its donors to review progress annually and agree whether satisfactory change in the lives of citizens is occurring, since the preceding annual review was made given the resources spent and activities undertaken.

The logframe is reproduced on the following two pages. It will undergo further change as NPA finalises its proposal for a second phase of PPIMA. As aggregated numbers become available, the budget for the second phase is clearer and expansion plans are firmed up, quantitative targets for outputs 1, 2 and 3 can be forecast.

PURPOSE Rwandan CSOs and citizens influence national and local policy and plan formulation and implementation in target areas.	Partner CSOs make use of research evidence, data and opinions from citizens to convey issues on policy and plans formulation and implementation to decision-makers at local and national level.	Planned	Few incidences where evidence and opinions are raised	Occasionally evidence and opinions are raised	Evidence and opinions are frequently raised	Significant incidences where evidence and opinions are raised	Political will and space for citizens and civil society continues to exist.
		Achieved					Government has resources to replicate PPIMA-type approaches nationwide
			Source				
			Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.				
	Outcome Indicator 2 Partner CSOs strengthen citizens understanding of their rights and entitlements	Planned	Baseline Citizens demonstrate fair understanding	Milestone 1 Citizens demonstrate good understanding	Milestone 2 Citizens demonstrate good understanding	Target (date) Citizens demonstrate significant understanding	
		Achieved					
			Source				
			Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA. AJIC/ALAC data (TIR)				
	Outcome Indicator 3 Citizens are able to voice their concerns and needs to decision-makers and advocate for change (disaggregated by gender, where possible)	Planned	Baseline Fair ability of citizens to advocate for change	Milestone 1 Improved ability of citizens to advocate for change	Milestone 2 Strong ability of citizens to advocate for change	Target (date) Very strong ability of citizens to advocate for change	
		Achieved					
INPUTS (£)		DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)		DFID (FTEs)					

OUTPUT 1 CSOs have the necessary skills to sensitize citizens on public policy issues and skills to engage with government.	Output Indicator 1.1 Number and type of trainings on advocacy and engagement skills attended by PPIMA focal persons of partner CSOs	Planned	Baseline 16 (type given in accompanying notes)	Milestone 1 To be determined by PPIMA	Milestone 2 To be determined by PPIMA	Target (date) To be determined by PPIMA	Assumption Government authorities and technical cadres have capacities and resources to deliver on policies and plans
		Achieved					Political will and space for citizens and civil society continues to exist.
			Source				
			Partner Quarterly Reports, TSU M&E records				
	Output Indicator 1.2 Number of events partner CSOs hold to sensitize citizens on public policy issues.	Planned	Baseline To be compiled by PPIMA	Milestone 1 To be determined by PPIMA	Milestone 2 To be determined by PPIMA	Target (date) To be determined by PPIMA	Government encourages citizens and civil society to participate in national policies and plans
		Achieved					
			Source				
			Partner Quarterly Reports, TSU M&E records				
	Output Indicator 1.3 Number of partner CSOs with good administrative & financial systems	Planned	Baseline 2	Milestone 1 4	Milestone 2 9	Target (date) 14	
		Achieved					
IMPACT WEIGHTING (%)			Source				RISK RATING
			Regular Reports by NPA Accounts Office, Audit reports of CSOs				
INPUTS (£)		DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)		DFID (FTEs)					

OUTPUT 2 CSOs support citizens in expressing their own opinions and interests to be raised with decision-makers/service-providers	Output Indicator 2.1 Number of citizens engaged in citizen's scorecard activities (disaggregated by sub-groups i.e. women, men, youth, historically marginalised and disabled)	Planned	Baseline To be compiled by PPIMA	Milestone 1 To be determined by PPIMA	Milestone 2 To be determined by PPIMA	Target (date) To be determined by PPIMA	Assumption Government authorities and technical cadres have capacities and resources to deliver on policies and plans
		Achieved					Political will and space for citizens and civil society continues to exist.
			Source				
	Output Indicator 2.2 Number of cycles of community scorecard roll-outs completed (disaggregated by domain and district)	Planned	Baseline 185 (Gat:48, Gak:43, Ngo:48, Nya:46)	Milestone 1 To be determined by PPIMA	Milestone 2 To be determined by PPIMA	Target (date) To be determined by PPIMA	Service-providers continue to view CSC process as beneficial and allocate sufficient time to engage in it
		Achieved					Citizens are willing to report cases of corruption
			Source				
	Output Indicator 2.3 Number of cases reported to and solved with the support of AJICs/ALACs (disaggregated by gender & district)	Planned	Baseline	Milestone 1	Milestone 2	Target (date)	
		Achieved					
IMPACT WEIGHTING (%)			Source				RISK RATING
			AJIC/ALAC data (Transparency International Rwanda)				

8 PPIMA PHASE II DRAFT LOGFRAME

INPUTS (£)	DFID (£)		Govt (£)	Other (£)	Total (£)	DFID SHARE (%)
INPUTS (HR)	DFID (FTEs)					

OUTPUT 3	Output Indicator 3.1	Planned	Baseline	Milestone 1	Milestone 2	Target (date)	Assumption
CSOs organize debates / dialogues with citizens and decision-makers on emerging issues related to policies, laws and programs.	Number of national and district level dialogues held by PPIMA (disaggregated by district)		10 (National:3, Gat:3, Gak:1, Ngo:2, Nya:1)	To be determined by PPIMA	To be determined by PPIMA	To be determined by PPIMA	
		Achieved					
		Source					
		Partner Quarterly Reports, TSU M&E records					
	Output Indicator 3.2	Planned	Baseline	Milestone 1	Milestone 2	Target (date)	
	Number of participants participating in debates and dialogues held by PPIMA (disaggregated by gender, where possible)		1456 (PPIMA to provide gender breakdown)				
		Achieved					
		Source					
		Partner Quarterly Reports, TSU M&E records					
	IMPACT WEIGHTING (%)	Output Indicator 3.3	Planned	Baseline	Milestone 1	Milestone 2	Target (date)
	Number of radio phone-in shows undertaken (by district)		20				
		Achieved					
		Source					
		Partner Quarterly Reports, TSU M&E records					
INPUTS (£)	DFID (£)		Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	RISK RATING
INPUTS (HR)	DFID (FTEs)						

OUTPUT 4	Output Indicator 4.1		Baseline	Milestone 1	Milestone 2	Target (date)	Assumptions
CSOs interact with other civil society organizations sharing knowledge, processes, and experiences.	Existence of partnerships/movements /networks between PPIMA partners (new and existing)	Planned	Limited partnerships exist (# and quality)	Adequate partnerships exist (# and quality)	Strong partnerships exist (# and quality)	Strong sustainable partner ships exist (# and quality)	Government encourages citizens and civil society to participate in national and local policies and plans at various stages
		Achieved					
		Source					
		Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.					
	Output Indicator 4.2		Baseline	Milestone 1	Milestone 2	Target (date)	
	CSOs collectively lobbying to influence government policies and plans.	Planned	Limited instances of collective lobbying	Occasional instances of collective lobbying	Frequent instances of collective lobbying	Significant instances of collective lobbying	
		Achieved					
		Source					
		Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.					
	Output Indicator 4.3		Baseline	Milestone 1	Milestone 2	Target (date)	
	Evidence of adoption of shared knowledge, processes or experiences between PPIMA and other civil society organizations.	Planned	Limited instances of adoption	Occasional instances of adoption	Frequent instances of adoption	Significant instances of adoption	
		Achieved					
		Source					
		Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.					
	Output Indicator 4.4		Baseline	Milestone 1	Milestone 2	Target (date)	
	CSOs work with others through existing spaces to implement PPIMA activities.	Planned	Limited instances of use of existing spaces	Occasional instances of existing spaces	Frequent instances of existing spaces	Significant instances of existing spaces	
Achieved							
Source							
Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.							
IMPACT WEIGHTING (%)	Output Indicator 4.5		Baseline	Milestone 1	Milestone 2	Target (date)	
	PPIMA undertakes regular lesson-learning exercises and disseminates findings in the form of reports, documents, policy briefs etc.	Planned	Insignificant lesson-learning documented or disseminated	Lesson learning roundtables conducted at least twice a year, documented and disseminated	Lesson learning conducted regularly and efforts to adopt lessons supported	Lesson learning conducted regularly and efforts to adopt lessons supported	
		Achieved					
		Source					RISK RATING
		Baseline survey (Dec. 2012); Follow-up Case Studies undertaken by PPIMA.					
INPUTS (£)	DFID (£)		Govt (£)	Other (£)	Total (£)	DFID SHARE (%)	
INPUTS (HR)	DFID (FTEs)						

9 Explanatory Notes for PPIMA Phase II Logframe

Impact level:

1. It is important to retain the statements at the impact level of the logframe to show the ultimate objectives to which PPIMA II is contributing.
2. However, the impact level objectives lie outside of the project control, are for a geographical area (in this case, all of Rwanda) larger than that the target districts in which PPIMA II operates and are expected to achieve after the project period has ended. Measuring change on the impact-level indicators is not the responsibility of the project. They also depend upon government's and civil society's commitment to replicate PPIMA tools in areas outside PPIMA sectors & districts.
3. It has not been possible to locate any data that provides baseline figures to report against the two indicators identified at the impact level. The Rwanda Governance Board's Rwandan Governance Scorecard give unrealistically high figures for current service delivery.

Definitions:

4. 'Citizens' at the impact level refer to Rwandan citizens generally. Citizens at the outcome and output refers to only those citizens who engage with PPIMA in the community scorecard and other processes e.g. are clients of the Anti-Corruption and Justice Information Centres or participate in PPIMA-organised dialogues, as PPIMA can only be held responsible for strengthening the capacities of those citizens with whom it engages directly.

Outcome Statement:

5. Target areas can refer either to the whole country, the districts within which PPIMA works or the specific sectors and cells on which PPIMA focuses. This will depend upon the context. In some cases, PPIMA may be able to contribute to policy and plans formulation and implementation at the national level and in other cases, it may not. When PPIMA organises dialogues at the national level, the citizens are those who either attend the dialogues or those who are represented by CSOs to put forward their concerns to decision-makers. At the district level dialogues, the same holds true but concerns citizens only within the four current districts of operation. The community scorecard is another tool within PPIMA that is used for influencing policies and plans. Citizens, in this case, refer to those who take part in the scorecard process in the target villages (which stand at 190 as of December 2012 but will increase in number during Phase II). In the case of radio phone-ins, citizens refer to those who call in to participate in the discussion being held.

Outcome Indicator 1

6. Within PPIMA, the channels through which partner CSOs currently convey citizens' issue on policy and plan formulation and implementation to decision-makers include

national and district level dialogues, the community scorecard interface meetings and radio phone-ins.

Outcome Indicator 2

7. Partner CSOs strengthen citizens' understanding of their rights and entitlements through a variety of means. Citizens' scorecards, the AJIC/ALAC centres which complainants approach to discuss cases of injustice or corruption etc., the national and district level dialogues, trainings which until now have included topics such as human rights-based approaches and advocacy, pamphlets which until now have included three on the citizen's guide to the budget and one on decentralisation.

Outcome Indicator 3

8. This indicator relates to citizens' ability to advocate. The opportunities or spaces for advocacy are captured under Output Indicators 2.1 and 2.2 for community scorecards, 2.3 for use of Anti-Corruption and Justice Information Centres or Advocacy and Legal Advisory Centres, 3.1 and 3.2 for participation in district of national level dialogues, 3.3 for radio phone-ins and 4.4 for other existing spaces. The regular documentation of case studies from the field will be an important input to report against this indicator.

Output Indicator 1.1

9. The trainings have included the following. The number of is bracketed.
In 2009:
 - HRBA & Results Based Management (34)
 - Regional Exchange on Good Governance & Human Rights-Based Development Approaches (33)
 In 2010:
 - TOT on Community Service Delivery Monitoring and Feedback System (CSDM&FS) (37)
 - 2nd round of TOT on Community Service Delivery Monitoring and Feedback System (CSDM&FS) (24)
 - Budget Interpretation and Analysis (21)
 In 2011,
 - Access to Information Law (27)
 - Exchange visit on Access of Information Laws (6)
 - Gender Awareness and Mainstreaming (25)
 - Gendered Policy Formulation, Implementation and Monitoring (41)
 - National Budget Analysis (32)
 - Exchange visits on Budget Hearing Sessions (9)
 - Exchange visits on Budget Tracking (11)
 - TOT on Human Rights Based Approaches (30)
 In 2012:
 - Advocacy Training (26)

However, some trainings have included representatives from other organisations and should be excluded when computing a baseline figure for the logframe.

Output Indicator 1.2

10. Events refer to trainings organised for citizens, community animators and/or community leaders by the responsible CSO, regular planning and review meetings of community animators attended by the responsible CSOs, ad-hoc seminars, workshops, gatherings, study tours and exposure visits for community members organised in the context of public policy issues. This indicator does not include district and national dialogues (captured under indicator 4.1), meetings with citizen held in the context of the community scorecard (partially captured under 3.2) or radio phone-in programmes (captured under indicator 4.2). Trainings, until December 2012, for the 380 men and women community animators have included those on the community scorecard process, human rights-based approaches and advocacy skills.

Output Indicator 1.3

11. NPA currently offers support and guidance, and tracks improvements in partner CSOs financial management systems and some aspects of their administrative systems. Support/trainings have been given in procurement, financial reporting, taxation, managing audits, asset management, accounting and use of a financial software SAGE 100. NPA currently however does not target partner CSOs' governance systems or aspects of their work not related to PPIMA. The current baseline figures is that two partner CSOs have good administrative and financial systems. The expected number of CSOs who will improve annually is indicated in the logframe and their names are mentioned in Chapter 7 of this report.

Output Indicator 2.1

12. Data on the number of citizens engaged in citizen's scorecard activities, disaggregated by sub-groups i.e. women, men, youth, historically marginalised and disabled is available at the community animators office at the cell level, and failing that, with the animator belonging to the particular village. The data is available on the original flip-charts on which the original scorings were marked, both before the first and the second interface meetings. The information is also available in the registers kept by the community animators into which the information is transferred. Apart from the two interface meetings, villagers come together to engage in the CSC process at least on three other occasions. It would be too much information to feed the figures for each occasion community meetings are held into a central M&E system in Kigali. Many villagers do not attend all five meetings, because of their other commitments. For the purposes of reporting, the meeting in the CSC process with the highest participation per village should be used for reporting on this indicator.
13. Currently, the aggregation of the figures is not happening at the head office level. It is also not happening at the district level. PPIMA needs to institute such a system. While the PPIMA officials may have alternative ideas, the consultant team recommends using the existing structure, which is already in place for the movement of information from the village to the head office level. This structure is as follows: vil-

lage community animators => cell community animator president => DFO => DFC
=> M&E database in Kigali.

Output Indicator 2.2

14. A roll-out is considered complete when a new domain has been selected by the community after the completion of a least two interface meetings of the previous domains. Currently, PPIMA focuses on five domains: health, education, infrastructure, water & sanitation and agriculture but the menu is expected to be opened up in Phase II.

Output Indicator 2.3

15. There are currently four Anti-Corruption and Justice Information Centres, one in each PPIMA district, operated by one of the two PPIMA partner CSOs there and supported by Transparency International Rwanda. There are also six Advocacy and Legal Advisory Centres in other districts directly working under Transparency International, Rwanda. Data is available on the number of complaints by district, by sex of complainant, by type or sector of complaint. Also information is available on how many cases have been resolved and how many are still pending.

Output Indicators 3.1 – 3.3

16. These indicators are self-explanatory. The information collected should be gender disaggregated.

Output Indicator 4.1

17. The focus here should be on reporting on partnerships between the PPIMA partners beyond the ones they are already undertaking and which are part of their contractual commitments. Such partnerships, which already exist, include the following:
 - In each district, both CSOs operating there come together to organise the district dialogues and the radio phone-ins
 - Transparency International is supporting the four AJICs – one in each district – through guidance and training
 - All PPIMA partners come together four times a year i.e. once a quarter to undertake a review of progress under PPIMA

Examples, which can be reported under this indicator, include:

- CLADHO engaging other partner CSOs in pre-budget hearings and civil society's response to national budgets
- How RCSP, or any other partner CSO, is taking forward issues arising from the CSC process and district level dialogue for advocacy at the national level

Output indicator 4.4

18. Existing spaces include the Joint Development Action Forum, community development committees, the district development councils, sector councils, Executive Committees and the *Imihigo* process and other local structures such as parent teacher associations, the water users associations and the health committees. The current level of working through these existing spaces is low. The three initiatives in which PPIMA partner CSOs have worked with others are highlighted in case study numbers 6, 15 and 16 in this report.

10 Recommendations

Complacency has resulted in the fact that the monitoring and evaluation system of PPIMA needs improvement from the village level to the head office level in Kigali. There are major deficiencies in the accuracy and comprehensiveness of the collected information, as well as its regularity. The quality of reporting of partners is poor and both the lack of data at Kigali-level as well as the lack of capacity, mean that it is not properly analysed and used for programming, monitoring, feedback or dissemination purposes.

The following recommendations pertain only to issues regarding PPIMA's M&E system, which have been identified during the process of conducting the baseline. Other programmatic issues have already been discussed and recommendations made on them during the evaluation of July 2012.

- A highly-qualified monitoring and evaluation person (or persons) should be recruited to develop and oversee an M&E framework for PPIMA Phase II to build the capacities of partner CSOs in M&E by mentoring them on the job as well as organising appropriate trainings for them, to introduce tools and concepts on capturing stories of change and initiatives and improve their skills of analysis of data as well as to package results in a user-friendly way for dissemination and advocacy purposes.
- A user-friendly Management Information System (MIS) should be developed and instituted which can house both quantitative (scores on CSCs, no. of trainings and no. of participants attending etc.), as well as qualitative (field visit reports, their recommendations and action on recommendations, case studies and stories of change etc.) information in it. This MIS needs to be manned by a full-time person with adequate skills.
- The reporting on CSC scores and the attendance of each of the sub-groups (men, women, youth, disabled, historically marginalised) and its consolidation at the cell, sector, district and Kigali levels needs to be systematised. A structure already exists for this to occur – there are community animators offices at cell level headed by the community animator presidents, there are district field officers at sector levels (overseeing three sectors) and district field coordinators at the district level. An appropriately resourced M&E unit at the Kigali level will complete this pyramid within PPI-MA.
- All data should be disaggregated by gender, sub-group, district, domain/subject where it is possible. In the case of sub-groups, it may not be possible for this to be done for cases being reported to AJICs/ALACs, for attendees at national and district level forums, for participants in trainings etc.
- This baseline has documented 31 case studies at the field level and three initiatives at the national/policy level. The documentation of case studies should continue on a regular basis and DFOs should be trained in how to do this.
- The project's logframe and associated risks and risk mitigation strategy should be reviewed annually with changes being made as appropriate. The logframe needs to re-

main a relevant and dynamic tool and should be used to describe performance against, when reporting to the donors.

- PPIMA and its donors should review progress being made annually and assess whether it can be considered satisfactory enough to claim that progress has been made up the scale – from ‘limited’ to ‘satisfactory’ to ‘significant’.

Annex 1 – Map Showing PPIMA Target Districts



● indicates a PPIMA implementation district. PPIMA is implemented in 4 out of Rwanda's 30 districts.

Annex 2 – List of PPIMA Villages

Complete list of PPIMA Villages (as of December 2012) Villages which have their before and after scores compared in this report are not shaded

Name of partner	Province	District	Sector	Cell	Village No.	Village	Population	HhS	42.3% pop below 15	57.7% pop above 15	53% of women above 15	47% of men above 15
ADTS	Northern Province	Gakenke	Gashenyl	Rutabo	1	Buturuba	527	94	223	304	161	143
					2	Kamurambo	517	92	219	298	158	140
					3	Kanwa	535	96	226	309	164	145
					4	Rubuga	526	94	222	304	161	143
				Rutenderi	5	Gitaba	358	64	151	207	109	97
					6	Kabere	434	78	184	250	133	118
					7	Kabugomba	467	83	198	269	143	127
					8	Murambo	507	91	214	293	155	137
			Janja	Gashyamba	9	Burega	710	127	300	410	217	193
					10	Gitovu	643	115	272	371	197	174
					11	Nyabikenke	610	109	258	352	187	165
					12	Rwampali	714	128	302	412	218	194
				Gatwa	13	Gitega	1618	289	684	934	495	439
					14	Murambi	509	91	215	294	156	138
					15	Mwanza	577	103	244	333	176	156
					16	Nyagisozi	743	133	314	429	227	201
			Kamubuga	Kamubuga	17	Gasebeya	470	84	199	271	144	127
					18	Kabuye	692	124	293	399	212	188
					19	Kanyirantege	635	113	269	366	194	172
					20	Nyarungu	771	138	326	445	236	209
				Kidomo	21	Bucyaba	377	67	159	218	115	102
					22	Bugogo	823	147	348	475	252	223
					23	Rugeshi	586	105	248	338	179	159
					24	Rutagara	732	131	310	422	224	199
				Sub Total pop			15,081	2,693	6,379	8,702	4,612	4,090
URUGAGA IMBARAGA	Northern Province	Gakenke	Coko	Nyange	25	Gaseke	611	109	258	353	187	166
					26	Musasa	723	129	306	417	221	196
					27	Ntobwe	590	105	250	340	180	160
					28	Vumandi	499	89	211	288	153	135
				Nyanza	29	Baramba	585	104	247	338	179	159
					30	Gikamba	572	102	242	330	175	155
					31	Gitaba	565	101	239	326	173	153
					32	Kavumu	487	87	206	281	149	132
			Gakenke	Nganzo	33	Gahondo	623	111	264	359	191	169
					34	Gishyiguro	524	94	222	302	160	142
					35	Kaniga	349	62	148	201	107	95
					36	Ryabazungu	386	69	163	223	118	105
				Rusagara	37	Akarugamba	470	84	199	271	144	127
					38	Kivumu	375	67	159	216	115	102
					39	Mazinga	455	81	192	263	139	123
					40	Sitwe	564	101	239	325	172	153
			Muyongwe	Bumba	41	Bumba	696	124	294	402	213	189
					42	Buzu	724	129	306	418	221	196
					43	Gitovu	735	131	311	424	225	199
					44	Shiru	690	123	292	398	211	187
				Gisiza	45	Kabingo	614	110	260	354	188	167
					46	Muramba	739	132	313	426	226	200
					47	Ruhoko	732	131	310	422	224	199
					48	Sanzare	545	97	231	314	167	148
				Sub Total pop			13,853	2,474	5,860	7,993	4,236	3,757
ADENYA	Southern Province	Nyaruguru	Muganza	Muganza	49	Gashinge	690	123	292	398	211	187
					50	Muganza	803	143	340	463	246	218
					51	Nyabirondo	527	94	223	304	161	143
					52	Rambyanyana	1023	183	433	590	313	277
				Samiyonga	53	Bigugu	1490	266	630	860	456	404
					54	Gituntu	623	111	264	359	191	169
					55	Kigwene	810	145	343	467	248	220
					56	Tangabo	1120	200	474	646	343	304
			Nyabimata	Mishungero	57	Mishungero	1204	215	509	695	368	327
					58	Ngarama	725	129	307	418	222	197
					59	Rubindi	894	160	378	516	273	242
					60	Uwaruhigi	1036	185	438	598	317	281
				Nyabimata	61	Murambi	629	112	266	363	192	171
					62	Mutobwe	786	140	332	454	240	213
					63	Nyabimata	795	142	336	459	243	216
					64	Rwerere	558	100	236	322	171	151
			Ruheru	Kabere	65	Busenyi	1091	195	461	630	334	296
					66	Gambiriro	928	166	393	535	284	252
					67	Mukaka	1277	228	540	737	391	346
					68	Uwigisura	1238	221	524	714	379	336
				Uwumusebeya	69	Gakaranka	767	137	324	443	235	208
					70	Mubuga	966	173	409	557	295	262
					71	Rugote	686	123	290	396	210	186
					72	Yanza	794	142	336	458	243	215
				Sub Total pop			21,460	3,832	9,078	12,382	6,563	5,820

ANNEX 2 – LIST OF PPIMA VILLAGES

Complete list of PPIMA Villages (as of December 2012) Villages which have their before and after scores compared in this report are not shaded

Name of partner	Province	District	Sector	Cell	Village No.	Village	Population	Hh5	42.3% pop below 15	57.7% pop above 15	53% of women above 15	47% of men above 15
COPORWA	Southern Province	Nyaruguru	Kibeho	Gakoma	73	Viro	708	126	299	409	217	192
				Kibeho	74	Agateko	929	166	393	536	284	252
					75	Akajonge	719	128	304	415	220	195
					76	Sinayi	1217	217	515	702	372	330
				Mbasa	77	Kinazi	598	107	253	345	183	162
					78	Migina	897	160	379	518	274	243
					79	Rwimbogo	886	158	375	511	271	240
				Mpanda	80	Banga	830	148	351	479	254	225
			Mata	Nyamabuye	81	Nyacyondo	765	137	324	441	234	207
					82	Rwinanka	622	111	263	359	190	169
					83	Tububuru	451	81	191	260	138	122
			Ramba		84	Cyafurwe	605	108	256	349	185	164
					85	Gasasa	1070	191	453	617	327	290
					86	Ramba	971	173	411	560	297	263
			Rusenge	Bunge	87	Bunge	501	89	212	289	153	136
					88	Jali	722	129	305	417	221	196
					89	Nyanzoga	611	109	258	353	187	166
			Ranzige		90	Toraniro	1191	213	504	687	364	323
					91	Akabacura	1175	210	497	678	359	319
					92	Karimba	725	129	307	418	222	197
					93	Ntanda	1355	242	573	782	414	367
					94	Nyamugari	1034	185	437	597	316	280
				Sub Total pop			18,582	3,318	7,860	10,722	5,683	5,039
AIPRODHO JIJUKIRWA	Eastern Province	Gatsibo	Gitiki	Mpondwa	95	Akibiraro	462	83	195	267	141	125
					96	Bukira	482	86	204	278	147	131
					97	Nyaruhanga	476	85	201	275	146	129
					98	Tsima	286	51	121	165	87	78
			Nyamirama		99	Kinteko	583	104	247	336	178	158
					100	Kwishaba	763	136	323	440	233	207
					101	Nyabikenke	449	80	190	259	137	122
					102	Rukiri	537	96	227	310	164	146
			Rugarama	Matare	103	Agakenyeri	440	79	186	254	135	119
					104	Gitsimba I	435	78	184	251	133	118
					105	Gitsimba II	522	93	221	301	160	142
					106	Kabana	770	138	326	444	235	209
			Matunguru		107	Gatovu	466	83	197	269	143	126
					108	Nyamata	482	86	204	278	147	131
					109	Nyamirambo	563	101	238	325	172	153
					110	Rushenyi	476	85	201	275	146	129
			Rwimbogo	Nyamatete	111	Gashenyi	682	122	288	394	209	185
					112	Gihunika	877	157	371	506	268	238
					113	Kidugudu	1030	184	436	594	315	279
					114	Rwiminazi	927	166	392	535	283	251
			Rwinkiro		115	Kinunga	1030	184	436	594	315	279
					116	Ndama I	741	132	313	428	227	201
					117	Rukomo	899	161	380	519	275	244
					118	Rwinkiro I	878	157	371	507	269	238
				Sub Total pop			15,256	2,724	6,453	8,803	4,665	4,137
RWN	Eastern Province	Gatsibo	Gasange	Kigabiro	119	Kabuye	1334	238	564	770	408	362
					120	Kigabiro	1120	200	474	646	343	304
					121	Maya	1150	205	486	664	352	312
					122	Rugarama	753	134	319	434	230	204
			Teme		123	Buburankwi	804	144	340	464	246	218
					124	Giheta	1082	193	458	624	331	293
					125	Kinunga	1220	218	516	704	373	331
					126	Teme	1149	205	486	663	351	312
			Kageyo	Busetsa	127	Kivugiza	451	81	191	260	138	122
					128	Nyarubuye	1125	201	476	649	344	305
					129	Nyarusange	406	73	172	234	124	110
					130	Rugarama	712	127	301	411	218	193
			Nyagisozi		131	Agatare	744	133	315	429	228	202
					132	Kashango	691	123	292	399	211	187
					133	Nyabukobero	589	105	249	340	180	160
					134	Nyagisozi	740	132	313	427	226	201
			Murambi	Nyamiyaga	135	Bweranyange	896	160	379	517	274	243
					136	Kabeza	962	172	407	555	294	261
					137	Kagenge	717	128	303	414	219	194
					138	Kiniga	948	169	401	547	290	257
			Rwimitereri		139	Bweya	677	121	286	391	207	184
					140	Byimana	988	176	418	570	302	268
					141	Kimondo	450	80	190	260	138	122
					142	Nyakabanda	1029	184	435	594	315	279
				Sub Total pop			20,737	3,703	8,772	11,965	6,342	5,624

ANNEX 2 – LIST OF PPIMA VILLAGES

Complete list of PPIMA Villages (as of December 2012) Villages which have their before and after scores compared in this report are not shaded

Name of partner	Province	District	Sector	Cell	Village No.	Village	Population	HhS	42.3% pop below 15	57.7% pop above 15	53% of women above 15	47% of men above 15		
ADI - TERIMBERE	Western Province	Ngororero	KABAYA	Kabaya	143	Kimisagara	893	159	378	515	273	242		
					144	Migongo	786	140	332	454	240	213		
					145	Nyanza	896	160	379	517	274	243		
					146	Rebero	557	99	236	321	170	151		
					147	Ngoma	715	128	302	413	219	194		
				Ngoma	148	Nyamugeyo	897	160	379	518	274	243		
					149	Rukorati	684	122	289	395	209	185		
					150	Rutoyi	666	119	282	384	204	181		
					KAVUMU	Nyamugeyo	151	Gatovu	841	150	356	485	257	228
							152	Kabere	565	101	239	326	173	153
			153	Karambo			966	173	409	557	295	262		
			154	Murimba			1006	180	426	580	308	273		
			Rugeshi	155		Cyuzi	815	146	345	470	249	221		
				156		Gasumo	711	127	301	410	217	193		
				157		Kabeza	1229	219	520	709	376	333		
				158		Mwiyanike	848	151	359	489	259	230		
			MUHANDA	Ngoma	159	Bugobora	613	109	259	354	187	166		
					160	Ntendure	800	143	338	462	245	217		
					161	Rucano	639	114	270	369	195	173		
					162	Ruganda	789	141	334	455	241	214		
					Rutagara	163	Gaseke	703	126	297	406	215	191	
						164	Mushishiro	503	90	213	290	154	136	
				165		Nyamutoni	423	76	179	244	129	115		
				166		Nyanshundura	719	128	304	415	220	195		
				Sub Total pop					18,264	3,261	7,726	10,538	5,585	4,953
TUBIBE AMAHORO	Western Province	Ngororero		NDARO	Bijoyojo	167	Birima	692	124	293	399	212	188	
			168			Gasave	824	147	349	475	252	223		
			169			Kavumu	579	103	245	334	177	157		
			170			Kibuga	638	114	270	368	195	173		
			Kabageshi		171	Gasharu	632	113	267	365	193	171		
					172	Kabuga	529	94	224	305	162	143		
					173	Kandamira	434	78	184	250	133	118		
					174	Masoro	708	126	299	409	217	192		
			NGORORERO	Nyange	175	Gatare	497	89	210	287	152	133		
					176	Mazimeru	723	129	306	417	221	196		
					177	Nyange	1068	191	452	616	327	290		
					178	Turamigina	410	73	173	237	125	111		
				Torero	179	Gatare	613	109	259	354	187	166		
					180	Kanama	642	115	272	370	196	174		
					181	Nyakariba	686	123	290	396	210	186		
					182	Rwambariro	784	140	332	452	240	213		
			NYANGE	Gaseke	183	Birambo	1035	185	438	597	317	281		
					184	Dutwe	968	173	409	559	296	263		
					185	Gaseke	644	115	272	372	197	175		
					186	Ngobagoba	1441	257	610	831	441	391		
				Nsibo	187	Cyambogo	1057	189	447	610	323	281		
					188	Muganza	587	105	248	339	180	159		
					189	Nyange	542	97	229	313	166	147		
					190	Zegenya	666	119	282	384	204	181		
			Sub Total pop					17,399	3,107	7,360	10,039	5,321	4,718	
8 District implementing partners	4 Provinces	4 Districts	24 Sectors	50 Cells		190 Villages	140,632	25,113	59,487	81,145	43,007	38,138		

Annex 3 – Before and After Scores for 56 CSC Rollouts

Village No.: 37				
District: Gakenke				
Sector: Gakenke				
Cell: Rusagara				
Village: Akarugamba				
Domain: Water				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of tanks & water pipes to supply water in the village				
1.1	Citizens fetch water nearby in their village	1.70	2.13	+ 0.43
1.2	Citizens use clean water	1.60	2.08	+ 0.48
1.3	Tanks & water pipes are enough	1.34	1.94	+ 0.60
2. Water taps are far from citizens & have not clean water				
2.1	Citizens no longer suffer from diseases caused by unclean water	1.16	3.84	+ 1.68
2.2	Water taps are near citizens	1.54	2.34	+ 0.80
2.3	The livestock gets enough water to drink	1.56	1.72	+ 0.16
3. Lack of means to purify water				
3.1	Citizens use boiled water	1.32	3.72	+ 2.40
3.2	Citizens can access water purification product (sur'eau) & the product is affordable	1.29	3.44	+ 2.15
3.3	Citizens have enough tools/materials for water purification	1.32	3.42	+ 2.10

Village No.: 47				
District: Gakenke				
Sector: Myongwe				
Cell: Gasiza				
Village: Rukoko				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of improved seeds				
1.1	Improved seeds are available locally	2.63	3.84	+ 1.21
1.2	Improved seeds are timely available	3.02	3.80	+ 0.78
1.3	Citizen apply improved farming techniques & improved seeds	2.46	3.03	+ 0.57
2. Lack of exotic bulls				
2.1	Exotic bulls available locally	1.91	2.79	+ 0.88
2.2	Citizen able to mate their cows with exotic bulls	1.89	2.63	+ 0.74
3. Lack of market for citizens' produce				
3.1	Market for citizens' produce are available	2.44	3.79	+ 1.35
3.2	Citizens have cash income to buy household items	2.69	3.56	+ 0.87

Village No.: 95				
District: Gatsibo				
Sector: Gitoki				
Cell: Mpondwa				
Village: Akibiraro				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Access to clean water				
1.1	All citizens have access to clean water	1.70	1.95	+ 0.25
1.2	All citizens have access to clean water near them	1.39	2.04	+ 0.65
2. Distance travelled to fetch water				
2.1	Clean water is near citizens	1.46	1.98	+ 0.52
2.2	All citizens have equal access to clean water	1.46	2.07	+ 0.61
3. Tanks for water storage				
3.1	All citizens have access to tanks for water storage	1.22	1.78	+ 0.56
3.2	Tanks for water storage are near citizens	1.28	1.64	+ 0.36
4. Water detergents				

4.1	Water detergents are supplied on time	1.51	3.06	+ 1.55
Village No.: 96				
District: Gatsibo				
Sector: Gitoki				
Cell: Mpondwa				
Village: Bukira				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		98	89	- 9
1. Agricultural extension animators & extension services				
1.1	Agricultural extension animators & extension services are near the community	1.36	2.24	+ 0.88
1.2	Agricultural extension animators are knowledgeable	1.36	2.48	+ 1.12
2. Distribution of fertilisers & seeds				
2.1	Fertilisers & seeds distributed are appropriate for the land we cultivate	1.37	2.32	+ 0.95
2.2	Fertilisers & seeds are regularly & timely distributed	1.22	2.28	+ 1.06
2.3	Citizens understand the importance of using fertilisers & seeds	1.38	2.32	+ 0.94
3. Land for cultivation				
3.1	Availability of land for cultivation	1.48	2.15	+ 0.67
3.2	Citizens understand how to use the arable land	1.52	2.12	+ 0.60

Village No.: 97				
District: Gatsibo				
Sector: Gitoki				
Cell: Mpondwa				
Village: Nyaruhanga				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		193	148	- 45
1. Health insurance (mutuelle de santé)				
1.1.	All citizens are able to pay health insurance fees	1.71	2.97	+ 1.26
1.2.	Citizens can get health insurance nearby them	1.61	3.36	+ 1.75
2. The work of Community Health Workers (CHWs)				
2.1.	CHWs visit citizens & advise them on preparing nutritious food	1.67	3.18	+ 1.51
2.2.	CHWs visit citizens & advise them on health issues	1.69	3.18	+ 1.49
2.3.	CHWs advocate on behalf of the community about health issues	1.79	2.90	+ 1.11
3. Ambulance's schedule				
3.1.	Patients get ambulance on time	1.64	2.69	+ 1.05
3.2.	All citizens know the schedule of the ambulance	1.62	2.77	+ 1.15
3.3.	The schedule of the ambulance is communicated to all citizens on time	1.68	2.14	+ 0.46
4. Number of medical staff members at the health centre & their qualifications				
4.1.	Medical staff members are qualified in nursing	1.64	3.04	+ 1.40
4.2.	A sufficient number of qualified medical staff at the health centre	1.63	2.64	+ 1.01
4.3.	Nurses receive patients without delay	1.66	2.55	- 0.89

Village No.: 98				
District: Gatsibo				
Sector: Gitoki				
Cell: Mpondwa				
Village: Tsima				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		81	74	- 7
1. Agricultural extension animators				
1.1.	Agricultural extension animators visit citizens	1.60	3.02	+ 1.42
1.2.	Good cooperation & synergy among different stakeholders in agriculture domain	1.54	3.02	+ 1.48
1.3.	Agricultural extension animators have enough knowledge	1.55	3.06	+ 1.51
2. Distribution of fertilisers& seeds				
2.1.	Fertilisers & seeds are distributed on time	1.39	3.06	+ 1.67
2.2.	Fertilisers & seeds are near to citizens	1.43	2.37	+ 0.94
2.3.	Fertilisers & seeds are distributed to citizens without favouritism	1.70	2.83	+ 1.13
3. Quality of agriculture production for people living with disabilities				
3.1.	People living with disabilities are assisted to increase their agriculture production	1.34	2.82	+ 1.48
3.2.	Agricultural extension animators visit people living with disabilities to give them advice	1.62	2.37	+ 0.75

Village No.: 99				
District: Gatsibo				
Sector: Gitoki				
Cell: Nyamirama				
Village: Kinteko				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Agricultural extension animators & extension services				
1.1	Agricultural extension animators & extension services are near the community	1.58	1.75	+ 0.17
1.2	Agricultural extension animators are knowledgeable	1.37	2.91	+ 0.54
1.3	There are enough agricultural extension animators	1.52	2.38	+ 0.86
2. Distribution of fertilisers & seeds				
2.1	Fertilisers & seeds are regularly & timely distributed	1.81	3.01	+ 2.20
2.2	Citizens have knowledge on using fertilisers & seeds	1.80	3.06	+ 2.26
2.3	Citizens understand well the importance of using fertilisers & seeds	1.5	2.89	+ 1.39
3. Market for agricultural production				
3.1	There is market for agricultural production	2.25	2.94	+ 0.69
3.2	Good prices for agricultural production	1.65	2.74	+ 1.09
4. Land for cultivation				
4.1	Citizens have enough land for cultivation	1.86	3.11	+ 1.25
4.2	Landless people are grouped into cooperatives & given land for cultivation	1.83	3.73	+ 1.90

Village No.: 100				
District: Gatsibo				
Sector: Gitoki				
Cell: Nyamirama				
Village: Kwishaba				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		92	78	- 14
1. The work of agriculture animators				
1.1.	Agriculture animators are available	2.01	3.38	+ 1.37
1.2.	There is a sufficient number of agriculture animators	1.76	3.51	+ 1.75
1.3.	Agriculture animators have enough knowledge	1.53	2.29	+ 0.76
2. Fertilisers & seeds distribution				
2.1.	Citizens get sufficient quantities of fertilisers & seeds	3.10	3.55	+ 0.45
2.2.	Quantities of fertilisers & seeds brought to citizens are sufficient	1.90	3.35	+ 1.45
2.3.	Quantities of fertilisers & seeds distributed to citizens are sufficient	2.13	2.91	+ 0.78
3. Market for agriculture production				
3.1.	There is a big market for agriculture production	2.07	3.46	+ 1.39
3.2.	Good prices are given to agriculture production		4.02	-
4. Agriculture production for people living with disabilities				
4.1.	People living with disabilities are assisted to increase their agriculture production	1.11	2.06	+ 0.95
4.2.	Agriculture animators visit people living with disabilities to give them advice	1.11	1.42	+ 0.31

Village No.: 101				
District: Gatsibo				
Sector: Gitoki				
Cell: Nyamirama				
Village: Nyabikenke				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		87	71	- 16
1. Land for cultivation				
1.1.	Citizens have land for cultivation	2.62	2.50	+ 0.88
1.2.	Citizens without land for cultivation form cooperative & the state gives them marshlands	2.58	3.23	+ 0.65
2. Fertilisers & seeds distribution				
2.1.	Fertilisers & seeds are regularly & timely distributed	2.67	1.36	- 1.31
2.2.	Citizens respect the schedule of fertilisers & seeds distribution	3.02	3.09	+ 0.07
3. Agriculture animators				
3.1.	Citizens get advice on agriculture issues	2.43	2.15	- 0.28
3.2.	Agriculture animators are available	2.04	1.92	- 0.12
3.3.	Agriculture animators have enough knowledge	2	3.19	
4. Pesticides				
4.1.	Citizens receive pesticides on time	1.79	3.15	+ 1.36
4.2.	Pesticides are distributed to all citizens	1.64	3.19	+ 1.55

Village No.: 102				
District: Gatsibo				
Sector: Gitoki				
Cell: Nyamirama				
Village: Rukiri				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		83	83	0
1. Receiving fertilisers & seeds on time				
1.1.	Fertilisers & seeds reach citizens on time	2.10	2.48	+ 0.38
1.2.	Fertilisers & seeds are regularly & timely distributed	2.18	2.38	- 0.20
2. Market for agriculture production				
2.1.	There is market for agriculture production	2.14	2.36	+ 0.22
2.2.	There is market for agriculture production nearby citizens	2.20	2.40	+ 0.20
3. Agriculture animators				
3.1.	There are enough agriculture animators	2.56	2.20	- 0.36
3.2.	Agriculture animators have enough knowledge on agriculture issues	2.79	2.21	- 0.58

Village No.: 103				
District: Gatsibo				
Sector: Rugarama				
Cell: Matare				
Village: Agakenyeri				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		155	112	- 43
1. Clean water for citizens				
1.1.	All citizens have access to clean water	1.51	1.54	+ 0.03
1.2.	No water borne disease among citizens	1.54	1.73	+ 0.19
2. Long distance travelled going to fetch water				
2.1.	Water is accessible to citizens	1.56	1.72	+ 0.16
2.2.	Citizens easily access water	1.35	1.53	+ 0.17
2.3.	Citizens have water taps	1.25	2.50	+ 0.25
3. Products for water purification				
3.1.	Citizens have access to water purification products	1.77	2.55	+ 0.77
3.2.	Citizens have access to sufficient products to treat water	1.78	2.30	+ 0.52
3.3.	Products to treat water made available on time & at an affordable price	1.41	1.76	+ 0.35

Village No.: 104				
District: Gatsibo				
Sector: Rugarama				
Cell: Matare				
Village: Gitsimba I				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		182	126	- 56
1. Clean water accessible to all citizens				
1.1.	All citizens have access to clean water	1.16	1.65	+ 0.48
1.2.	No water borne disease among citizens	1.12	1.80	+ 0.68
2. Long distance travelled in search of water				
2.1.	Enough water taps are close to citizens	1.15	1.69	+ 0.53
2.2.	It is for people to get water close by	1.21	1.92	+ 0.70
3. Water Purification Products				
3.1.	Citizens have access to water purification products	1.17	2.12	+ 0.95
3.2.	Water purification products available at affordable prices	1.36	2.57	+ 1.21

Village No.: 105				
District: Gatsibo				
Sector: Rugarama				
Cell: Matare				
Village: Gitsimba II				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		110	85	- 25
1. Access to electricity power				
1.1.	Citizens undertake economic activities using electricity power	1.20	1.27	+ 0.06
2. Good road network				
2.1.	Roads are in good condition	1.1	1.16	+ 0.06
2.2.	Road network enables commercial exchange among citizens	2.78	6.50	+ 3.72
3. Old forestation				
3.1.	Citizens own well-maintained forests	2.5	3.4	+ 0.92
3.2.	Agro-forestry serves to improve citizens' living conditions	1.31	3.2	+ 1.88
3.3.	Agro-forestry used to fight erosion in citizens farmers	1.32	3.17	+ 1.84

Village No.: 106				
District: Gatsibo				
Sector: Rugarama				
Cell: Matare				
Village: Kabana				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Insufficient arable land for citizens				
1.1	All citizens have access to arable land	1.32	1.41	+ 0.09
1.2	Landless citizens are given access public land in the marshlands	1.66	1.42	- 0.23
2. Increasing farmers skills in farming				
2.1	All farmers acquire farming skills	2.00	3.09	+ 1.09
2.2	All farmers sensitised on modern farming techniques	1.32	3.45	+ 2.13
3. Veterinary services				
3.1.	All farmers access veterinary services	1.38	2.35	+ 0.97
3.2.	Veterinary drugs become accessible to farmers	1.33	1.96	+ 0.63
3.3	There are sufficient veterinary drugs for farmers	1.48	1.87	+ 0.39
4. Distribution of fertilisers & improved seeds to citizens				
4.1.	Sufficient fertilisers & improved seeds are available for farmers	1.72	2.40	+ 0.67
4.2	Fertilisers & improved are available on timely manner	1.67	2.73	+ 1.05
4.3.	Fertilisers & improved seeds become close to farmers	1.43	5.00	+ 3.56

Village No.: 107				
District: Gatsibo				
Sector: Rugarama				
Cell: Matunguru				
Village: Gatovu				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		83	110	- 27
1. Health Insurance Adherence fee				
1.1.	Citizens find it easy to pay for pre-payment health insurance fee	1.28	1.65	+ 0.36
1.2.	Modalities of paying pre-payment health insurance are convenient for citizens	1.34	1.50	+ 1.15
1.3.	Citizens are satisfied with the services offered by pre-payment health insurance	1.51	2.1	+ 0.58
2. Health services				
2.1.	Customer services at the health centre	1.72	1.70	- 0.02
2.2.	Mothers are well received at the maternity service	2.37	2.03	- 0.33
2.3.	Patients receive medical drugs they need	3.74	3.07	- 0.67
3. Referral of patients				
3.1.	Patients deserving referrals are adequately referred & on time	2.89	2.38	- 0.50
3.2.	No discrimination in referring all patients deserving referrals	2.24	2.42	+ 0.18

Village No.: 108				
District: Gatsibo				
Sector: Rugarama				
Cell: Matunguru				
Village: Nyamata				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		103	97	- 6
1. Convenient roads				
1.1.	Citizens have practical roads	1.74	1.61	- 0.12
1.2.	There are sufficient roads	1.51	1.59	0.08
1.3.	Practical roads connecting all citizens	1.81	1.67	- 0.14
2. Electric power				
2.1.	Citizens have access to electric power	1.33	1.40	+ 0.07
2.2.	Citizens communicate easily as they have access to electric power	1.47	1.51	+ 0.03
2.3.	Children able to review their courses as they have access to electric power	1.52	1.69	+ 0.16
3. Human settlements				
3.1.	Citizens enjoying good shelters	2.25	2.11	- 0.13
3.2.	Citizens living in decent houses	1.81	1.36	- 0.45
3.3.	Adequate communication among citizens as a result of good human settlements	1.92	1.32	- 0.59
4. Playgrounds				
4.1.	Sufficient playgrounds for youth	2.42	2.31	- 0.10
4.2.	Youth able to do sport after work	2.86	2.86	+ 0.00
4.3.	Youth able to exchange ideas as a result sport	2.52	2.77	+ 0.24

Village No.: 109				
District: Gatsibo				
Sector: Rugarama				
Cell: Matunguru				
Village: Nyamirambo				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		101	122	+ 21
1. Nursery schools				
1.1.	Physical accessibility of nursery schools	1.12	1.39	+ 0.62
1.2.	Citizens have access to nursery schools	1.14	1.11	- 0.03
1.3.	Qualified teachers for nursery schools	1.06	1.01	- 0.05
2. Vocational training centres				
2.1.	Vocational training centres are close by	1.05	1.13	+ 0.07
2.2.	Teachers for vocational training centres are available	1.05	1.62	+ 0.56
3. Insufficient classrooms				
3.1.	There enough places in existing schools	1.07	1.19	+ 1.11
3.2.	Pupils learn in conducive environment as there are enough classrooms	2.51	1.02	- 1.49
4. Parents required to pay excessive school dues				
4.1.	Parents understand the reasons why they have to pay school dues	2.21	2.2	+ 0.06
4.2.	Parents happy with the school dues they are requested to pay	3.15	2.72	- 0.43

Village No.: 110				
District: Gatsibo				
Sector: Rugarama				
Cell: Matunguru				
Village: Rushenyi				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		110	124	+ 25
1. Access to electricity power				
1.1.	Citizens have access to electric power	1.24	1.17	- 0.06
1.2.	Children study at night as there is electricity power	1.18	1.16	- 0.02
1.3.	Citizens can use cell phones	1.40	1.35	- 0.04
2. Not maintained roads				
2.1.	Road network enables commercial exchanges among citizens	1.4	1.35	- 0.04
2.2.	Well maintained roads	1.17	1.15	- 0.01
2.3.	Roads connect citizens of this villages to neighbouring villages	1.82	1.76	- 0.06
3. Human settlements				
3.1.	Good houses in groups' settlements	1.39	1.38	- 0.01
3.2.	Citizens live in good shelter	1.49	1.43	- 0.05
3.3.	Citizens use proper latrines	1.17	1.15	- 0.02
4. Playgrounds				
4.1.	Citizens have access to play grounds	1.29	1.03	- 0.25
4.2.	Play grounds are well maintained	1.07	1.22	+ 1.15

Village No.: 111				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Nyamatete				
Village: Gashenyi				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		223	73	- 150
1. Lack of clean water for citizens				
1.1.	All citizens have enough clean water	1.49	1.20	- 0.28
1.2.	Clean water accessible to all citizens	2.06	1.17	- 0.88
2. Citizens have water tanks				
2.1.	Water tanks have enough capacity contain water	2.09	1.17	- 0.91
2.2.	All citizens have water tanks	1.58	1.17	- 0.40
3. Water purification products				
3.1.	Citizens provided with water purification products	1.40	1.17	- 0.22
3.2.	Citizens receive water purification products on time	1.43	0.02	+ 0.22
3.3.	Water purification products distributed to citizens on time	1.96	2.79	+ 0.83

Village No.: 112				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Nyamatete				
Village: Gihunika				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		84	94	+ 10
1. Enough water for citizens				
1.1.	Water accessible for all citizens	1.22	1.24	+ 0.01
2. Water storage facilities for all citizens				
2.1.	Citizens have water storage facilities	1.16	1.46	+ 0.30
2.2.	Water storage facilities provided to all citizens	1.05	1.25	0.19
3. Water purification products				
3.1.	Water purification facilities accessible on time	1.14	1.10	- 0.03

3.2.	Citizens have enough water purification facilities	1.25	1.57	+ 0.32
Village No.: 113				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Nyamatete				
Village: Kidugudu				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		132	95	- 37
1. Lack of clean water for citizens				
1.1.	All citizens have access to enough water	2.48	1.47	- 1.01
1.2.	Water is accessible to all citizens	2.41	1.56	- 0.84
2. Water storage facilities				
2.1.	Water storage facilities at the disposal of citizens have limited capacity	1.64	1.21	- 0.43
2.2.	Citizens have water storage facilities	1.71	1.15	- 0.56
3. Water purification products				
3.1.	Citizens provided with water purification products	2.78	1.51	-1.27
3.2.	All citizens access water purification products	2.15	1.83	- 0.31
3.3.	Water purification products provided to citizens on time	2.07	1.49	- 0.58

Village No.: 114				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Nyamatete				
Village: Rwiminazi				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		105	91	- 14
1. Lack of clean water for citizens				
1.1.	Clean water accessible for all citizens	2.44	1.18	- 1.26
1.2.	All citizens have access to clean water in sufficient quantity	2.69	1.41	- 1.27
2. Distance made while going to fetch water				
2.1.	Citizens get water from an tolerable distance	2.21	1.25	- 0.96
2.2.	Citizens have access to clean water & within a tolerable distance	2.22	1.23	- 0.99
3. Water purification products				
3.1.	Water purification products accessible at an affordable price	2.66	1.24	- 1.42
3.2.	Water purification products accessible close by	3.12	1.30	- 1.81

Village No.: 115				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Rwikiniro				
Village: Kinunga				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		87	135	- 48
1. Availability of clean water for all citizens				
1.1.	All citizens have access to clean water	2.35	1.48	- 0.86
1.2.	Citizens have access to sufficient clean water	2.44	1.31	- 1.13
2. Distance citizens make to go to water sources				
2.1.	Distance made citizens make going to fetch water	2.47	1.38	-1.08
2.2.	Citizens have access to clean water close by	2.44	1.64	- 0.80
3. Water collection facilities installed on citizens households				
3.1.	Citizens collect rain water	1.37	1.28	- 0.09
3.2.	Sufficient taps for households	1.27	1.31	+ 0.04
4. Water purifications products				
4.1.	Water purifications products available close by & at affordable price	3.18	1.55	- 1.62
4.2.	Water purification products affordable to every citizen	3.72	1.52	- 2.19

Village No.: 116				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Rwikiniro				
Village: Ndama I				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		93	103	+ 10
1. Lack of clean water for citizens				
1.1.	Citizens have access to clean water in sufficient quantity	2.22	1.57	- 0.65
1.2.	Citizens have access to clean water in sufficient quantity	2.12	1.44	- 0.68
2.Distance citizens make going to fetch water				
2.1.	Reduced distance while going to fetch water	1.91	1.28	- 0.63
2.2.	Citizens accessing clean water close by	1.98	1.17	- 0.81
3.Water purification products				
3.1.	Water purification products at an affordable price	2.18	1.77	- 0.40
3.2.	Water purification products available close by	2	1.54	- 0.45

Village No.: 117				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Rwikiniro				
Village: Rukomo				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		97	125	+ 28
1. Agricultural advisors				
1.1.	The number of agricultural animators in the village is sufficient	3.17	1.21	- 1.95
1.2.	Agricultural animators are skilled enough	2.58	1.26	- 1.32
2. Distribution of improved seeds & fertilisers				
2.1.	Improved seeds & fertilisers are distributed on time	3.04	1.16	- 1.87
2.2.	Improved seeds & fertilisers are accessible close by	2.93	1.32	- 1.61
3. Market for citizens produce				
3.1.	Citizens produce is sold on time(without delays)	2.67	1.31	- 1.35
4. Arable land for citizens				
4.1.	Landless citizens are allowed exploit public land	1.36	1.32	- 0.04
4.2.	Landless citizens are grouped into cooperatives & given plots in marshlands to cultivate	1.40	1.40	+ 0.00

Village No.: 118				
District: Gatsibo				
Sector: Rwimbogo				
Cell: Rwikiniro				
Village: Rwikiniro I				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		191	145	- 46
1. Agricultural advisors				
1.1.	Sufficient agricultural advisors	2.86	1.68	- 1.17
1.2.	Agricultural advisors are skilled enough			
2. Distribution of fertilisers				
2.1.	Fertilisers & seeds distributed on time	2.95	1.68	- 1.26
2.2.	Fertilisers & seeds distributed on time & at close by distribution sites	3.14	3.16	+ 0.01
3. Market for citizens' produce				
3.1.	Markets for citizens' produce readily available	1.83	1.48	- 0.34
3.2.	Citizens receive fair prices for their produce	2.63	2.17	- 0.45
4. Arable land for citizens				
4.1.	Landless citizens given access to public lands in marshlands	2.94	2.51	- 0.43
4.2.	Landless citizens facilitated to form cooperatives & exploit land they have been given in public land in marshlands	2.7	2.63	- 1.13

Village No.: 120				
District: Gatsibo				
Sector: Gasange				
Cell: Kigabiro				
Village: Kigabiro				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		108 – 133	94 – 108	- (14 – 25)
1. Distance to clean water				
1.1.	Enough clean water in the village	1.00	1.00	0.00
1.2.	Clean water sources nearby	1.03	1.27	+ 0.24
1.3.	Price for clean water is affordable	1.03	1.02	- 0.01
2. Enough water equipment				
2.1.	Enough water tanks	1.06	1.02	- 0.04
2.2.	Enough water sources	1.06	1.26	+ 0.20
2.3.	Enough water purification products	2.01	1.54	- 0.47
3. Enough animators on water issues				
3.1.	Availability of animators on water issues in the village	1.06	1.56	+ 0.50
3.2.	Animators on water issues are trained	1.06	1.78	+ 0.72
3.3.	Advocacy on water issues is done on behalf of citizens	1.51	1.87	+ 0.36
4. Provision of good sanitation to people living with disabilities (PLWDs)				
4.1.	PLWDs have access to water purification products	1.05	1.25	+ 0.20
4.2.	PLWDs get advice on how to access clean water	1.06	1.00	- 0.06
4.3.	PLWDs are supported in achieving good sanitation	1.06	1.00	- 0.06

Village No.: 121				
District: Gatsibo				
Sector: Gasange				
Cell: Kigabiro				
Village: Maya				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		144	108 – 144	-36 – 0
1. Clean & easily accessible water				
1.1.	Enough water is available	1.02	2.05	+ 1.03
1.2.	Enough water tanks	1.00	1.96	+ 0.96
1.3.	The personnel in charge of water issues are well trained	1.02	1.01	- 0.01
1.4.	There is citizen participation in solving water related issues	1.00	3.00	+ 2.00
2. Availability of water purification products				
2.1.	We have water purification products	1.42	2	+ 0.58
2.2.	Water purification products are cheap	1.00	1.83	+ 0.83
2.3.	Citizens are positive about the use of water purification products	2.01	3.11	+ 1.10
3. Access to toilets				
3.1.	The vulnerable are supported in building toilets	1.00	1.88	+ 0.88
3.2.	Citizens clean their toilets	1.88	2.97	+ 1.09
3.3.	Citizens understand that they must keep their toilets clean	3.91	2.65	- 1.26

Village No.: 122				
District: Gatsibo				
Sector: Gasange				
Cell: Kigabiro				
Village: Rugarama				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		98 – 115	132 – 158	+ (24 – 43)
1. Availability of clean water				
1.1.	The water used by citizens has no bad effects	1.11	1.16	+ 0.05
1.2.	All citizens have access to clean water	0.95	1.08	+ 0.13
1.3.	There are animators on water issues	1.14	1.00	- 0.14
2. Distance to water sources				
2.1.	Short distance to water sources	1.05	1.04	- 0.01
2.2.	Easy access to clean water	1.02	1.00	- 0.02
2.3.	Water sources are nearby the community	1.06	1.01	- 0.05
3. Availability of water purification products				
3.1.	Citizens have easy access to water purification products	1.35	1.13	- 0.22
3.2.	Citizens are advised on the use of water purification products	1.95	1.11	- 0.84
3.3.	Citizens use water purification products	1.47	1.09	+ 0.38

Village No.: 123				
District: Gatsibo				
Sector: Gasange				
Cell: Teme				
Village: Buburankwi				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		61 – 77	81 – 104	+ (20 – 27)
1. Distance to water sources				
1.1.	Clean water is available to everyone	1.00	1.00	0.00
1.2.	People in charge of water issues are available	1.00	1.04	+ 0.04
1.3.	Water sources are near	1.00	1.00	0.00
2. Clean water				
2.1.	The water that the community uses is free of water-borne diseases	1.00	1.06	+ 0.06
2.2.	The community is sensitised on proper use of clean water	1.00	1.00	0.00
2.3.	Development partners do advocacy for availability of clean water	1.00	1.08	+ 0.08
3. Water purification products				
3.1.	The community is given water purification products	1.00	1.09	+ 0.09
3.2.	The community uses clean water	1.00	1.00	0.00
3.3.	The community is advised on using water purification products	1.00	1.00	0.00

Village No.: 124				
District: Gatsibo				
Sector: Gasange				
Cell: Teme				
Village: Giheta				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		120	130	+ 10
1. Clean & close to the community water				
1.1.	Enough water is available	0.00	1.46	+ 1.46
1.2.	The available water is clean	2.54	1.76	- 0.78
1.3.	Water is available nearby the community	2.50	2.23	- 0.27
2. Water sources & taps are well maintained				
2.1.	Water sources are well maintained	1.50	2.61	+ 1.11
2.2.	Water taps are well maintained & are enough	1.57	2.00	+ 0.43
3. Enough water purification products				
3.1.	Local authorities help citizens to get water purification products	3.91	2.61	- 1.30
3.2.	Water purification products are available	3.38	3.00	- 0.38
3.3.	Local authorities train citizens on how to use water purification products	4.43	4.00	- 0.43

Village No.: 126				
District: Gatsibo				
Sector: Gasange				
Cell: Teme				
Village: Teme				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year):</i>				
<i>Number of participants:</i>		133 – 137	76 – 77	- (57 – 60)
1. Enough water				
1.1.	Clean water is available to everyone	1.09	1.00	- 0.09
1.2.	Water is equally shared among citizens	1.00	1.33	+ 0.33
1.3.	Citizens get water on time	1.00	1.03	+ 0.03
1.4.	Citizens get water as planned	1.02	1.00	- 0.02
2. Clean water				
2.1.	The water we get cannot cause us any diseases	1.14	1.00	- 0.14
2.2.	There are enough water purification products	1.04	1.11	+ 0.07
2.3.	Citizens get advice on using clean water	1.00	1.48	+ 0.48
3. Advocacy on water issues				
3.1.	There are development partners working on water	1.00	1.00	0.00
3.2.	Advocacy on water issues is done	1.00	2.26	+ 1.26
3.3.	Funding/support for water projects is available	1.00	1.00	0.00
4. Citizens get advice on water & sanitation issues				
4.1.	Citizens are sensitised about water & sanitation	1.06	1.40	+ 0.34
4.2.	Citizens are trained about water & sanitation issues	1.00	2.36	+ 1.36
4.3.	Citizens are trained about using water purification products	1.08	1.21	+ 0.13

Village No.: 143				
District: Ngororero				
Sector: Kabaya				
Cell: Kabaya				
Village: Kimisagara				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		65	104	+ 39
1. Lack of orthopaedic equipment for disabled people				
1.1.	Number of orthopaedic equipment available at the health centre	3.00	1.00	- 2.00
1.2.	Number of disabled referred to go to seek orthopaedic equipment in other health facilities	3	2.50	- 0.49
2. Lack of specialised health personnel				
2.1.	Lack of medical doctors with specialised skills	3.07	2.45	- 0.61
2.2.	Number of patients referred to other health facilities	3.16	2.77	- 0.38
3. Insufficient health equipment at the health centre				
3.1.	Number of patients sent back due to lack of required equipment at the health centre	3.49	2.05	- 1.43
3.2.	Availability of health equipment	3.32	2.01	- 1.30
4. Poor health services				
4.1.	Number of health personnel at the health centre	2.95	1.77	- 1.17
4.2.	Amount of time patients spend waiting to receive health services	3	1.37	- 1.64

Village No.: 144				
District: Ngororero				
Sector: Kabaya				
Cell: Kabaya				
Village: Migongo				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		118	130	+ 12
1. Custom care services at the health centre				
1.1.	Time patients spend waiting to receive health centre	1.23	1.06	- 0.17
1.2.	Number of citizens coming to get health services from the health centre	2.22	1.84	- 0.37
2. Poor health services at the health centre				
2.1.	Time patients spend waiting to receive health services	1.96	2.80	+ 0.84
3. High cost of health insurance				
3.1.	Health insurance adherence fee per person	1.18	1.07	- 0.10
3.2.	Number of citizens who do not come to health centre to seek medical care as they cannot afford the cost	2.40	2	- 0.40
4. Food rations for patients not given to patients as expected				
4.1.	Number of patients in need of food rations	2.32	2.19	- 0.12
5. Citizens unable to get medical drugs whenever they need them				
5.1.	Number of patients sent to other health facilities to get medical drugs	2.32	2.19	- 0.12
5.2.	Sufficient medical drugs available at the health centre	3.18	2.26	- 0.92

Village No.: 145				
District: Ngororero				
Sector: Kabaya				
Cell: Kabaya				
Village: Nyanza				
Domain: Infrastructures				
<i>Indicator no.</i>	<i>Indicator name</i>	<i>Score before</i>	<i>Score after</i>	<i>Change+/-</i>
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of orthopaedic equipment for disabled people				
1.1.	Availability of orthopaedic equipment	2.59	2.22	- 0.36
1.2.	Number of disabled people going outside in search of orthopaedic equipment	2.58	1.64	- 0.94
2. Nurses requiring health insurance card before they can treat patients				
2.1.	Number of patients denied health services as they do not have health insurance registration card	0.96	2.69	+ 1.73
2.2.	Number of patients buying medical drugs from pharmacies as they lack health insurance registration card	2.71	1.85	- 0.86
3. Women wishing to change family planning methods do not receive that opportunity				
3.1.	Number of women suffering from side effects of family planning methods they have adopted	1.77	3.21	+ 1.43
3.2.	Number of women getting pregnancies while they are under a given method of family planning	2.42	3.54	1.12
4. Lack of specialised health personnel				
4.1.	Number of qualified health personnel	2.77	2.05	- 0.72
4.2.	Number of patients going to seek health services from other health centre	2.09	1.52	- 0.56
5. Poor health services				
5.1.	Number of mothers dying while delivering & number of children	2.52	3.22	+ 0.69
5.2.	Time mothers spending waiting to attended to by a birth attendant personnel (nurse)	1.98	3.17	+ 1.19
6. Youths lack information on reproductive health				
6.1.	Number of clubs educating youths of reproductive health issues	1.14	1.91	0.77
6.2.	Number of youths facing consequences of lack information on reproductive health issues	1.14	2	0.85

Village No.: 146				
District: Ngororero				
Sector: Kabaya				
Cell: Kabaya				
Village: Rebero				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		65	104	+ 39
1. Lack of orthopaedic equipment for disabled people				
1.1.	Availability of orthopaedic equipment	1.12	1	- 0.12
1.2.	Number of disabled people going elsewhere in search of health equipment	1.16	1.69	+ 0.53
2. Poor health services at the health centre				
2.1.	Time patients spend waiting to receive health centre	1.59	3.01	+ 1.42
2.2.	Number of health personnel at the health centre	1.96	2.79	+ 0.83
2.3.	Equal treatment of all citizens at the health centre	2.40	2.74	+ 0.33
3. High cost of health insurance adherence fee				
3.1.	Health insurance adherence fee per person per household	1.48	4.11	+ 2.63
3.2.	Attitudes of personnel responsible for registration process	1.30	1.68	+ 0.38
4. Limited skills of health personnel				
4.1.	Number of specialised health personnel	1.12	3.08	+ 1.95
4.2.	Number of patients being referred to other health facilities	2.10	3.24	+ 1.14
5. Inability to access medical drugs				
5.1.	Insufficient medical drugs at the health centre	2.30	3.56	+ 1.26
5.2.	Number of patients obliged to buy medical drugs for themselves yet they have the health insurance registration cards	2.30	2.56	+ 0.26

Village No.: 147				
District: Ngororero				
Sector: Kabaya				
Cell: Ngoma				
Village: Ngoma				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		91	80	- 11
1. Health services not close to citizens				
1.1.	Distance to get to the health centre	2.08	2.87	+ 0.78
1.2.	Number of patients whose conditions worsen on their way to the health centre	1.96	2.76	+ 0.79
2. Exorbitant health insurance adherence fee				
2.1.	Health insurance adherence fee per person	1.89	2.53	+ 0.64
2.2.	Monthly income per person	2.18	3.57	+ 1.38
3. Poor health services				
3.1.	Time patients spend waiting to get health services	2.46	2.5	+ 0.03
3.2.	Number of health personnel at the health centre	2.10	3	+ 0.89
4. Absence of specialised health personnel (medical doctors & other specialists)				
4.1.	Availability of medical doctors at the health centre	2.53	1.56	- 0.97
4.2.	Reduction of patients being referred to other hospitals	1.09	1.27	+ 0.17
5. Absence of orthopaedic equipment at the health centre				
5.1.	Availability of orthopaedic equipment at the health centre	1.57	1	- 0.57
5.2.	Number of disabled people getting orthopaedic equipment	1	1	+ 0.00

Village No.: 148				
District: Ngororero				
Sector: Kabaya				
Cell: Ngoma				
Village: Nyamugeyo				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		119	84	- 35
1. Water is very far & unclean				
1.1.	Number of hours used to go to water points	1.18	1.07	- 0.11
1.2.	Distance from homes to water point	1.08	1.15	- 0.06
2. Water borne diseases				
2.1.	Number of citizen who contract water borne diseases	1.03	1.19	+ 0.15
2.2.	Diseases caused by unclean water	1.08	1.40	+ 0.32
3. Poor body hygienic conditions as result of using unclean water				
3.1.	Number of citizens who was their bodies & household items	1.11	1.36	+ 0.25
3.2.	Number of times citizens wash household items per day	1.15	1	- 0.15

Village No.: 149				
District: Ngororero				
Sector: Kabaya				
Cell: Ngoma				
Village: Rukorati				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		87	72	- 15
1. Absence of clean water				
1.1.	Availability of clean water in the village	1.21	2.80	+ 1.58
1.2.	Number of taps in the village	1	1.09	+ 0.09
2. Unclean water & found at a long distance				
2.1.	Number of hours used to get to water point	1.21	1	- 0.21
2.2.	Distance between households & water points	1.21	2.26	+ 1.04
3. Water borne disease				
3.1.	Diseases caused by unclean water	0.73	4	+ 3.26
3.2.	Number of citizens contract water borne diseases	1.59	1.90	+ 0.30
3.3.	Citizens use proper latrines	1	1.90	+ 0.90
4. Limited access to clean water due to big number of households in the villages				
4.1.	Quantity of clean water available in water tanks	1	1.90	+ 0.90
4.2.	Number of citizens sharing water tanks	2.01	4.66	+ 1.74

Village No.: 150				
District: Ngororero				
Sector: Kabaya				
Cell: Ngoma				
Village: Rutoyi				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		102	62	- 40
1. Lack of clean water for citizens				
1.1.	Number of taps in the village	1.03	1.48	+ 0.44
1.2.	Availability of clean water	1	2.01	+ 1.01
2. Water sources situated very far				
2.1.	Time citizens spend to go to water sources	1.19	2.20	+ 1.01
2.2.	Distance between households & water sources	1.19	2.27	+ 1.07
3. Poor hygienic & sanitation status due to lack of clean water				
3.1.	Number of time citizens wash household items	1.63	2.48	+ 0.84
3.2.	Number of citizens knowledgeable about sanitation	1.74	2.93	+ 1.19
3.3.	Number of citizen who have proper latrines	1.50	2.79	+ 1.28
4. High morbidity rate caused by consumption of unclean water				
4.1.	Prevalence of water borne disease among citizens	1.66	3	+ 1.33
4.2.	Number of citizens falling sick after consuming unclean water	1.78	1.83	+ 0.05
5. Water sources drying up during dry season				
5.1.	Quantity of water stored in water tanks	1.47	1.75	+ 0.28
5.2.	Number of water sources accessible in the village	2.59	2.47	- 0.12

Village No.: 157				
District: Ngororero				
Sector: Kavumu				
Cell: Rugeshi				
Village: Kabeza				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		171	192	+ 21
1. Expensive fertilisers & lack of access to organic manure				
1.1.	Price of fertilisers	2.43	3.00	+ 0.57
1.2.	Availability of organic manure	1.64	3.00	+ 1.36
2. Lack of access to fertilisers				
2.1.	Availability of improved seeds	2.02	3.62	+ 1.60
2.2.	Citizens able to plant on time	3.07	3.93	+ 0.85
3. Lack of agricultural inputs & pesticides				
3.1.	Availability of pesticides	1.00	3.00	+ 2.00
3.2.	Availability of agricultural inputs	1.00	3.00	+ 2.00
4. No change in seeds being distributed to farmers				
4.1.	Changes in seeds being distributed	1.39	3.10	+ 1.70
4.2.	Improved agricultural productivity	1.07	3.00	+ 1.92
5. Lack of agricultural animators				
5.1.	Availability of agricultural animators	1.64	3.09	+ 1.45
5.2.	Number of farmers practicing modern farming practices	1.00	3.00	+ 2.00

Village No.: 159				
District: Ngororero				
Sector: Muhanda				
Cell: Ngoma				
Village: Bugobora				
Domain: Health				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		128	250	+ 122
1. Lack of health centre				
1.1.	Availability of health centres	1.08	1.00	- 0.08
1.2.	Distance to make to get to the nearest health centre	1.27	1.83	+ 0.56
2. Lack of road in good condition				
2.1.	Availability of road	1.08	1.00	- 0.92
2.2.	Road without potholes	1.08	2.00	+ 0.92
3. Lack of access to electric power				
3.1.	Electric power accessible to all citizens	2.16	2.00	- 0.16
3.2.	Distance to get to the post of electric power	2.16	1.83	- 0.33

Village No.: 160				
District: Ngororero				
Sector: Muhanda				
Cell: Ngoma				
Village: Ntendure				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	11/2012	
<i>Number of participants:</i>		150	180	+ 30
1. The road is in bad condition				
1.1.	Availability of the road	1.02	1.11	0.09
1.2.	Road well maintained	1.04	1.16	0.12
2. Lack of health centre				
2.1.	Availability of a health centre	1.00	1.33	0.33
2.2.	Distance to make to get to the health centre	1.01	1.23	0.22
3. Lack of electric power				
3.1.	Availability of electric power	1.01	1.47	+ 0.46
3.2.	Machinery using electric power	1.00	1.49	+ 0.49

Village No.: 161				
District: Ngororero				
Sector: Muhanda				
Cell: Ngoma				
Village: Rucano				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	06/2012	
<i>Number of participants:</i>		162	129	- 33
1. Lack of roads				
1.1	Availability of the road	1.43	1.62	+ 0.62
1.2	Secondary roads	1.00	3.63	+ 2.63
2. Lack of classrooms in good shape				
2.1	Schools in good conditions	1.00	3.00	+ 2.00
2.2	Distance to make to get to school	1.09	3.20	+ 2.11
3. Lack of access to health centre				
3.1	Health centre is accessible	1.00	3.26	+ 2.26
3.2	Distance to get to the health centre	1.00	2.35	+ 1.35
4. Schools not in good shape				
4.1.	Availability of good classrooms	1.00	1.30	+ 0.30
4.2.	Distance to get to nearby schools	1.01	1.00	- 0.01

Village No.: 162				
District: Ngororero				
Sector: Muhanda				
Cell: Ngoma				
Village: Ruganda				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		156	231	+ 75
1. Lack of roads				
1.1.	Availability of the road	1.74	1.15	- 0.59
1.2.	Road in good shape & without holes	1.98	1.64	- 0.33
2. Lack of electricity				
2.1.	Availability of electricity	1.58	1.06	- 0.51
2.2.	Distance between electric installation	1.76	1.11	- 0.66
3. Lack of access to health centre				
3.1.	Health centre is accessible	2.38	1.03	- 1.35
3.2.	Distance to get to the health centre	2.21	1.02	- 1.20
4. Schools not in good shape				
4.1.	Availability of good classrooms	2.31	1.19	- 1.12
4.2.	Distance to get to nearby schools	2.22	1.21	- 1.11

Village No.: 164				
District: Ngororero				
Sector: Muhanda				
Cell: Rutagara				
Village: Mushishiro				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	06/2012	
<i>Number of participants:</i>		145	152	+ 7
1. Lack of roads				
1.1.	Availability of the road	0.73	2.46	+ 1.73
1.2.	Strong bridges on the road	0.74	2.32	+ 1.58
2. Lack of access to electric power				
2.1.	Availability of electric power	1.00	1.22	+ 0.22
2.2.	Distance to get to the post of electric power	1.00	1.26	+ 0.26
3. Lack of access to nursery schools				
3.1.	Nursery schools are available	1.03	1.05	+ 1.02

3.2.	Distance to the nursery schools	1.02	1.05	+ 0.03
Village No.: 165				
District: Ngororero				
Sector: Muhanda				
Cell: Rutagara				
Village: Nyamutoni				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>		105	141	+ 36
1. Lack of roads				
1.1.	Availability of the road	1.06	1.11	+ 0.06
1.2.	Secondary roads	1.07	1.11	+ 0.03
2. Lack of health centre				
2.1.	Availability of health centre	1.05	1.09	+0.04
2.2.	Distance citizens make to get to the health centre	1.09	1.00	- 0.09
3. Lack of access to health centre				
3.1.	Lack of electric power	1.06	2.04	+ 0.97
3.2.	Distance to get to electric power	1.32	1.02	- 0.30

Village No.: 166				
District: Ngororero				
Sector: Muhanda				
Cell: Rutagara				
Village: Nyanshundura				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	6/2012	
<i>Number of participants:</i>		183	195	+ 12
1. Lack of roads				
1.1	Accessibility of the road	3	2.45	- 0.82
1.2.	Potholes in the road & bridges mended	3.26	2.50	- 0.78
1.3.	Parts of the roads that are strewn with stones have been properly repaired	2.26	2.46	- 0.20
2. Lack of electricity				
2.1	Availability of electricity	1.21	1.30	+ 0.09
2.2	Distance between electric installation	3.07	2.46	- 0.62
3. Lack of access to health centre				
3.1	Health centre is accessible	1.18	1.33	+ 0.15
3.2	Distance to get to the health centre	1.18	1.32	+ 0.14
4. Lack of nursery schools				
4.1.	Availability of nursery schools	2.58	1.98	- 1.27
4.2.	Distance to get to nearby nursery schools	2.34	1.98	- 0.36

Village No.: 167				
District: Ngororero				
Sector: Ndaro				
Cell: Bijyojyo				
Village: Birima				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Imposing people the crop to be planted				
1.1	Citizens are involved in the selection of crop based on the suitability of their land to the crop	1.80	1.67	- 0.13
2. Limited number of agricultural advisors to provide technical advice				
2.1	Availability of agricultural advisors	1.93	2.07	+ 0.14
2.2	Increase of agricultural production	1.90	2.03	+ 0.13
3. Lack of fruit trees & other trees seed nurseries in the village				
3.1	Availability of tree nurseries in the village	1.43	1.97	+ 0.54

3.2	Availability of fruit trees & other trees	1.71	1.58	- 0.13
Village No.: 168				
District: Ngororero				
Sector: Ndaro				
Cell: Bijoyojo				
Village: Gasave				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of agricultural advisors				
1.1	Number of days agricultural advisors make field visits advising famers	2.38	3.26	+ 0.88
2. Lack of agricultural cooperatives				
2.1	Sufficient number of cooperatives	1.65	2.34	+ 0.68
3. Citizens imposed crops that are not suitable for their lands				
3.1	Sufficient number of citizens allowed to choose crops that are suitable for their land	1.92	2.53	+ 0.60
4. Citizens frequently required to attend meetings & do community work which reduces the amount of time they work for themselves				
4.1.	Sufficient number of days farmers spend working in their garden per week	2.67	2.57	- 0.10

Village No.: 169				
District: Ngororero				
Sector: Ndaro				
Cell: Bijoyojo				
Village: Kavumu				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Citizens imposed crop that are not suitable for their lands				
1.1	Citizen are allowed to choose crops that are suitable for their land	2.76	2.87	+ 0.11
2. Lack of agricultural advisors				
2.1	Agricultural advisors monitors the status of soil	2.61	2.78	+ 0.16
2.2	Number of days agricultural advisor make field visits	2.34	2.36	+ 0.02
3. Absence of youth cooperatives				
3.1	Sufficient number of youth cooperatives	1.67	1.86	+ 0.19
4. Citizens frequently required to attend meetings & do community work which Reduces the amount of time they work for themselves				
4.1.	Sufficient number of days farmers spend working in	1.57	3.04	+ 1.46

	their garden per week			
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Village No.: 170				
District: Ngororero				
Sector: Ndaro				
Cell: Bijyojyo				
Village: Kibuga				
Domain:				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	06/2012	
<i>Number of participants:</i>		143	150	+ 7
1. Citizens imposed to plant crop that are not suitable for their locality				
1.1	Citizens are involved in the selection of the crops that are suitable for their locality	2.76	3.70	+ 0.94
2. Lack of agricultural animators				
2.1	Agricultural animators keep an eye on soil condition	2.50	3.65	+ 1.15
2.2	Number of days agricultural animators pay visit to farmers	2.11	3.23	+ 1.12
3. Lack of youth cooperatives				
3.1	Sufficient number of youth cooperatives	1.74	2.56	+ 0.82
4. Citizens coerced to attend several meetings and perform community manual work (<i>umuganda</i>) which reduce the number of days left for them to do their business				
4.1	Sufficient number of days farmers spend working in their farms	2.51	3.07	+ 0.56

Village No.: 174				
District: Ngororero				
Sector: Ndaro				
Cell: Kabageshi				
Village: Masoro				
Domain: Agriculture				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of agricultural advisors				
1.1.	Agricultural advisors make follow up on land	2.25	3.45	+ 1.20
1.2.	Number of days agricultural advisors make field visits	2.24	3.04	+ 0.80
2. Terracing project				
2.1.	Terracing was done on time	1.61	2.80	+ 1.19
2.2.	Citizens got explanations & understood the terracing project	2.19	3.52	+ 1.33
3. Crop intensification programme (CIP)				
3.1	Number of citizens who got explanations about CIP	1.98	3.03	+ 1.15
3.2.	Number of citizens who plant on time	2.12	3.02	+ 0.90
4. Lack of fertilisers				
4.1.	Respect of time for those who provide fertilisers	3.08	3.53	+ 0.45
4.2.	Increase of agricultural production	2.92	3.80	+ 0.88

Village No.: 182				
District: Ngororero				
Sector: Ngororero				
Cell: Torero				
Village: Rwambariro				
Domain: Water & Sanitation				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		10/2011	6/2012	
<i>Number of participants:</i>		153	96	- 57
1. Long distance citizens make going to fetch water				
1.1.	Water sources close by	1.56	1.36	- 0.02
2. Lack of well maintained water sources				

2.1.	Having well maintained water sources	1.15	1.33	+ 1.17
3. Lack of skilled technician to work out water sources				
3.1.	Availability of water technician	1.16	1.05	- 0.11
Village No.: 183				
District: Ngororero				
Sector: Nyange				
Cell: Gaseke				
Village: Birambo				
Domain: Health				
<i>Indicator no.</i>	<i>Indicator name</i>	<i>Score before</i>	<i>Score after</i>	<i>Change +/-</i>
<i>Date of scoring (month, year)</i>				
<i>Number of participants:</i>				
1. Lack of medical specialists				
1.1	Availability of a dentist	1.25	3.37	+ 2.12
1.2	Availability of an ophthalmologist	1.16	2.74	+ 1.58
1.3	Availability of a gynaecologist	2.30	3.19	+ 0.89
1.4	Availability of a paediatrician	1.66	3.55	+ 1.89
2. Reception of patients & customer care				
2.1	Care for mothers in labour	2	3.88	+ 1.88
2.2	Making follow up of patients in hospitalisation ward	1.68		
2.3	Helping a poor sick person in critical condition to get ambulance for referral	1.12		
2.4	Customer care	2.37		
3. Provision of tools & knowledge for community health animators		3.35	3.67	+ 0.32
4. Health insurance (mutuelle de santé)				
4.1	Increase of health insurance fees	1.06	1.66	+ 0.60
4.2	Provision of medical care to the insured person irrespective of whether the whole family has paid insurance fees	1.04	1.24	+ 0.20
5. Availability of drugs		2.50	3.83	+ 1.33

Village No.: 185				
District: Ngororero				
Sector: Nyange				
Cell: Gaseke				
Village: Gaseke				
Domain: Infrastructures				
Indicator no.	Indicator name	Score before	Score after	Change +/-
<i>Date of scoring (month, year)</i>		11/2011	06/2012	
<i>Number of participants:</i>		112	260	+ 148
1. The road in bad shape & not repaired				
1.1.	The main & the secondary roads are not sufficient for internal communication	1.28	1.00	- 0.28
1.2.	Number of bridges constructed	1.01	1.00	- 0.01
1.3.	The stones that strew the road are removed & the pot-holes repaired	1.06	1.16	+ 0.10
2. Lack of modern market place				
2.1.	Availability of a modern market place	1.57	1.66	0.09
2.2.	Distance to make to get to the market place	1.46	1.67	0.20
3. Lack of electricity				
3.1.	Availability of electric power	1.00	1.00	- 0.00
3.2.	Machinery using electric power	1.01	1.00	- 0.01
4. Lack of antenna for telecommunication				
4.1.	Improved connectivity	3.28	3.83	+ 0.56
4.2.	Distance to get places where there is connectivity	3.20	3.03	+ 73

Annex 4 – Terms of Reference

2012-08-17

Adjusted Terms of reference for the second phase of the evaluation of PPIMA

Background

As the first phase of the evaluation PPIMA was carried out it became clear to the Evaluation Management Group in Kigali that adjustments for the planned second phase of the evaluation was necessary. In brief, this ToR describes the scope of that exercise.

Scope of the assignment

The scope of the second phase of the evaluation is to elaborate the existing LFA/results framework together with NPA, the Embassy of Sweden in Kigali and DFID Rwanda. As suggested in the first phase of the evaluation this should take place in the form of a workshop. The evaluation team shall lead the workshop and subsequent to that present a LFA/results framework for a second phase of PPIMA including objectives and indicators with baselines, possibly milestones and targets.

The LFA shall be approved by the three partners. Subsequent to approval the consultant shall carry out a baseline study, where qualitative and quantitative data for each indicator will be collected through analysis of documents and field research. After this research the LFA shall be complemented with baseline values, target values and possibly milestones. The targets shall be developed in consultation with NPA, and presented for comments by DFID and the Embassy of Sweden.

Outputs

- The consultant is to deliver a draft LFA with objectives and indicators subsequent to the LFA workshop.
- A final LFA, including baselines values, target values and possibly milestones shall be delivered as a final output.
- A report which describes the major findings (with links to the relevant indicators in the LFA) of the baseline study shall be delivered as an annex to the final LFA.

Timeframe

The final outputs shall be delivered no later than 1 November 2012.



Public Policy Information, Monitoring and Advocacy (PPIMA) project in Rwanda

Baseline Report & Logframe for Phase II

This baseline report aims to capture the state of Public Policy Information, Monitoring and Advocacy (PPIMA) project as it draws to a close and prepares for a second phase. The situation presented is as of mid-December 2012 and serves as a baseline, against which performance over the coming years will be measured, for PPIMA Phase II. The intention of this report is to document all important outcomes of PPIMA's work from inception until December 2012.

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