



BTC RWANDA

***BELGIAN
DEVELOPMENT AGENCY***

How does Sector Budget Support
contribute to Health System Strengthening
and improving SRHR in Rwanda?

Because-Health Seminar
28th November 2014

Outline

1. Key country data
2. International and country context
3. SBS as part of a sector programme approach
4. How and when?
5. Key health indicators
6. Lessons



1. Key country data

Population and Housing Census 2012

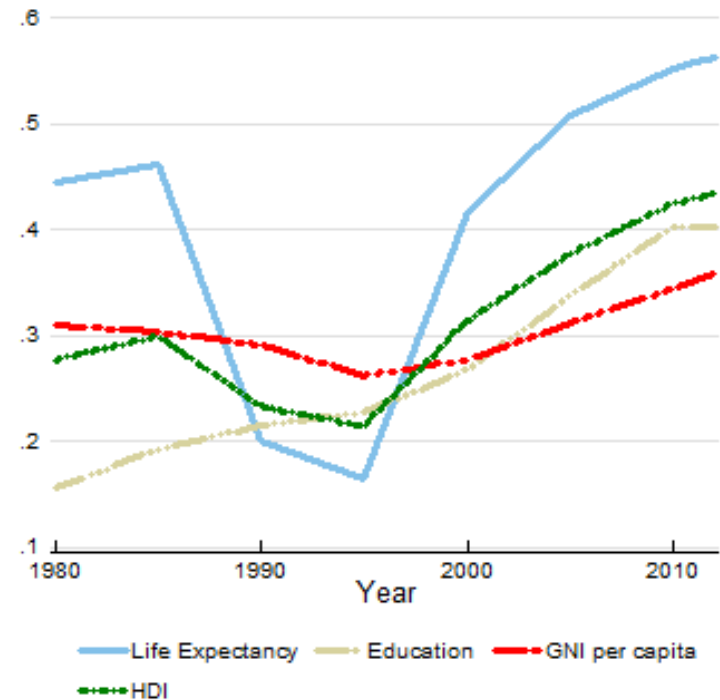
10.5 million inhabitants

Population density: 451 inhabitants/ square meter

Life expectancy at birth: 64.5 years

Access to electricity: 18%

Trends in Rwanda's HDI component indices

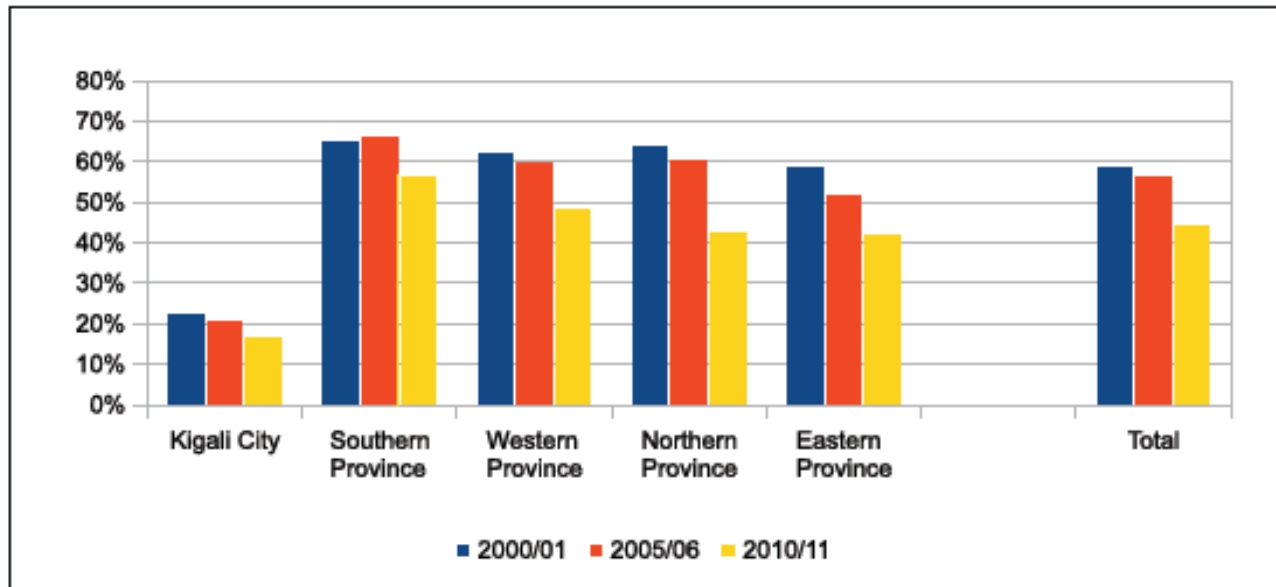


1. Key country data (cont')

Extreme poverty fell from 40% in 2000/01 to 24.1% in 2010/11

Poverty fell from 58.9% to 44.9% (64,000 Rwf poverty line)

Percentage of the Rwandan population identified as poor



Source: EICV report 2010 - 2011



2. International and country context: 'aid effectiveness agenda'

International Partnership for Aid effectiveness- Paris, Accra and Busan declarations & agreements

(+++) ownership of development priorities, alignment, focus on results, harmonization, coordination, use of country systems, mutual accountability and transparency, aid predictability

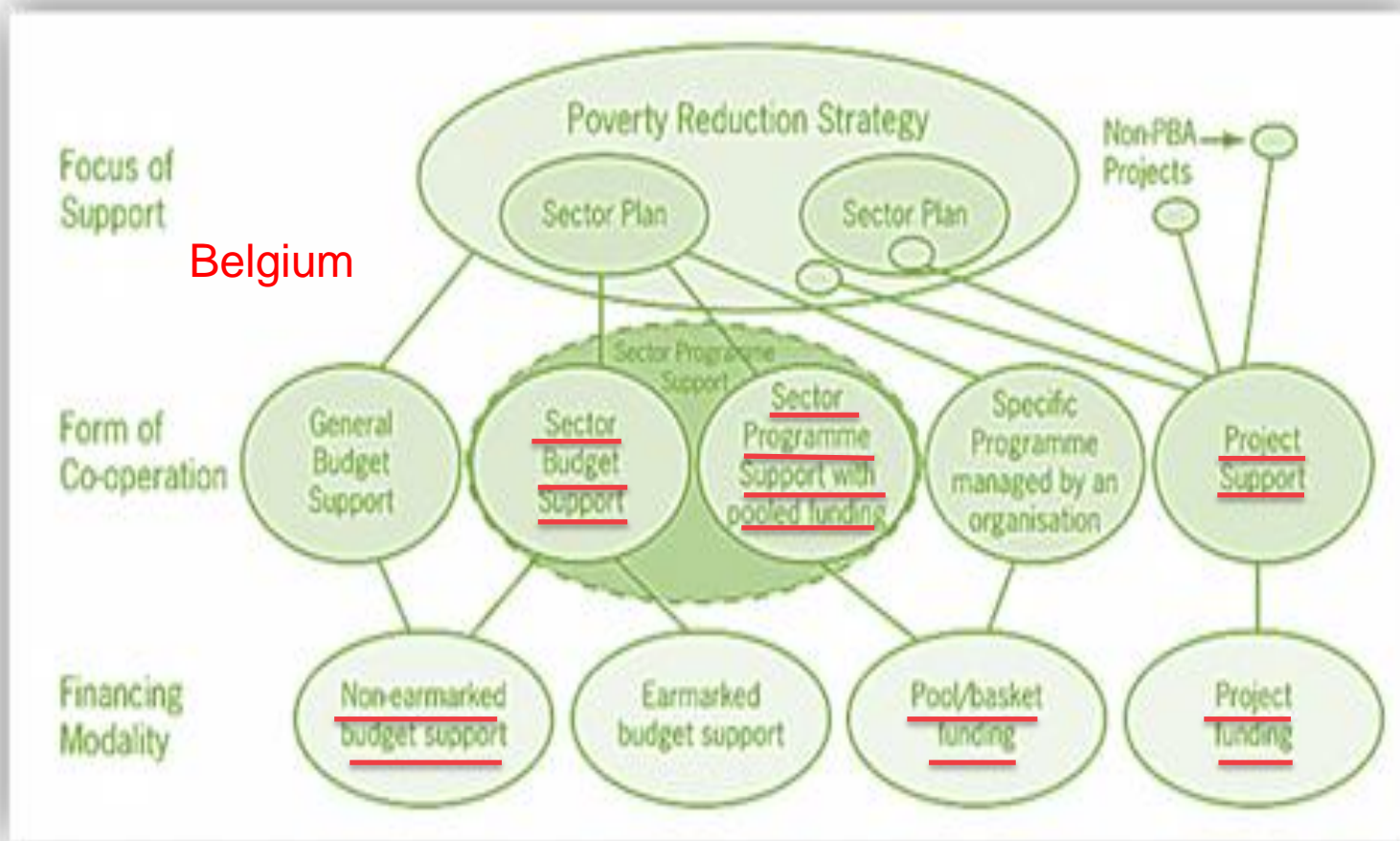
Rwanda is a signatory of the Global compact and thereby adheres to the principles of the International Health Partnership (IHP+)

Health Sector-Wide Approach (MoU 2007)

- ✓ Development Partners Group in Health, Health Sector Working Group
- ✓ Division of Labour (2010-2013): less Development Partners (**USAID, Belgium, Swiss Cooperation, UN agencies + Global Fund, INGO**)



3. Sector budget support as part of a sector programme approach with great leverage



Belgian support embedded in a sector approach in line with the aid effectiveness agenda

- **€ 32 million of sector budget support** in the Indicative Cooperation program 2011-2014, in support of the Health Sector Strategic Plan (HSSP III)
- Two full time international BS advisors (Public Health and Public Financial Management) working with the Ministry of Health and other Development Partners and advising Belgian Embassy in **policy dialogue**
- Complemented by **Capacity Development Pooled Fund** (€ 2 million) supporting nursing and midwifery schools, lab technicians and other health staff deployed at the primary level of care
- In synergy with BTC **Institutional support program** to the Ministry of Health and districts (€ 21 million).



Focus of the Policy dialogue for the Belgian Cooperation

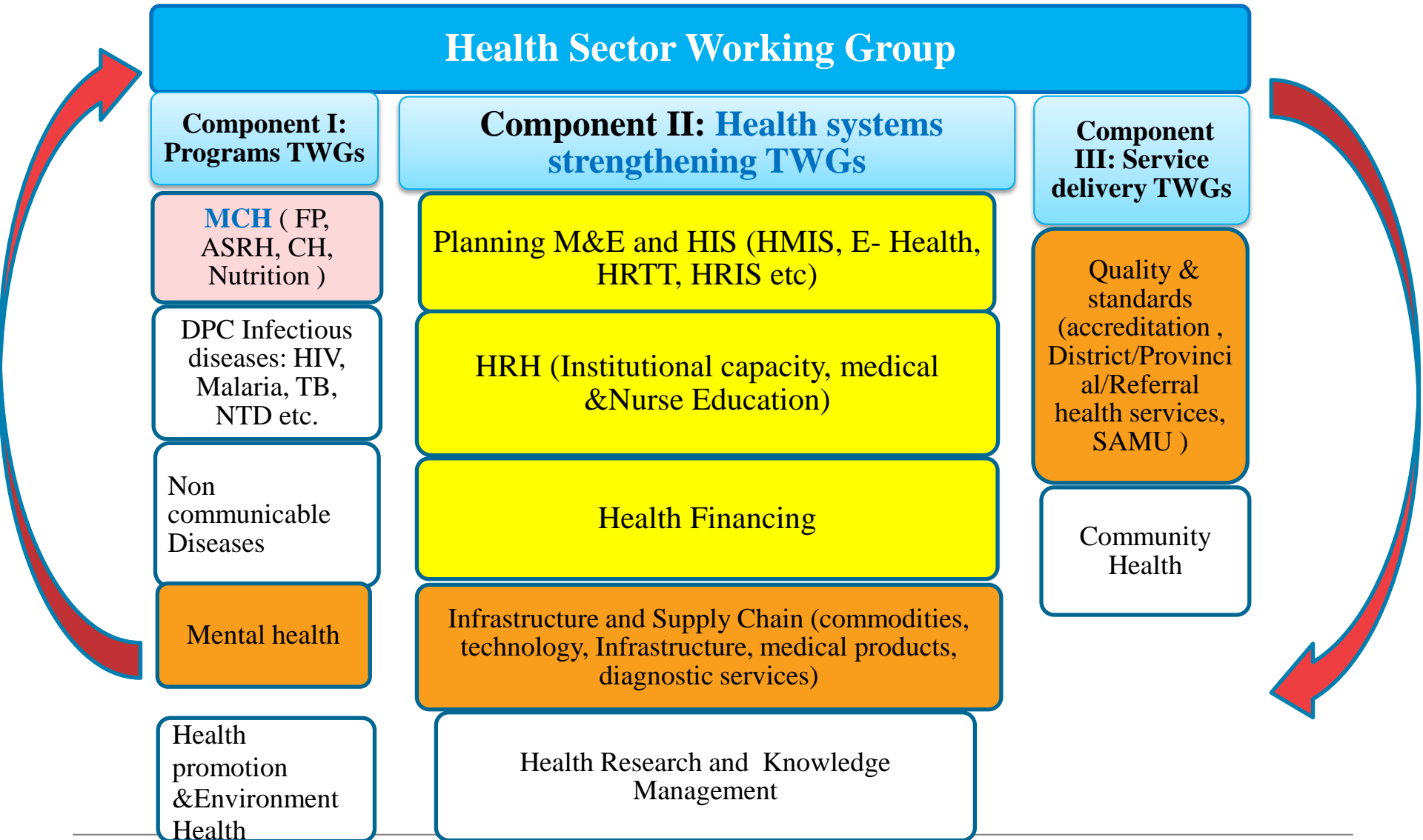
- Primary Health Care (PHC) – from the District to the community level
- Inclusive health system ('Equity') for the whole population of Rwanda
- Stable and sustainable health system
- Decentralisation: good service delivery at local level with good technical oversight
- Good internal coordination and technical debate for decision-making in the health sector
- HIV – AIDS
- Sexual and Reproductive Health and Rights
- Gender mainstreaming

Inspired from the 4 Belgian Policy Notes on health;-

- **The Belgian Policy Paper on HIV/AIDS (2006),**
- **The Belgian Policy Paper on Sexual and Reproductive Health and Rights (2007),**
- **the Belgian Policy Paper 'the right to health and to health care' (2009) and**
- **its addendum on Universal Health Coverage (2012)**



4. How and when?



4. How and when: illustration

High level indicators monitored at Sector Level, FY 2014/15 (Joint Health Sector Review)

Programs

1. Maternal mortality ratio/100,000
2. % of deliveries in health facilities – **EDPRS II Core indicator**
3. Contraceptive utilization rate for modern methods by women 15-49 years – **EDPRS II Core indicator**
4. < 5 mortality rate/1000 live births
5. Prevalence of Underweight of children under 5 (6-59 months)
6. HIV prevalence 15-49 years .
7. % of infant born to HIV-infected mothers who are infected by 18 months

Health Systems Strengthening

8. % of budget allocated to Health Sector (including domestic, and SBS)
9. # of health facilities (DHs and RHs) under accreditation and on track as planned
10. % of Districts quarterly meeting through video conference (Governance and leadership)



4. How and when: illustration (cont')

Analytical work for FY 2014/15

(Joint Health Sector Review)

1. Evaluation of causes of home deliveries
2. Conduct Family Planning program assessment
3. Operational research to conduct evaluation on newborn death audits
4. Impact evaluation of the nutrition program (through DHS V conducted by NISR)
5. Conduct a study on HIV indicators to measure the progress (RAIS)
6. Conduct annual Health Accounts



5. Key health indicators

Maternal and Child Health, SHRH

Indicator	DHS 2005	Interim DHS 2007/08	DHS 2010	HMIS 2013
Percentage of women aged 15-49 using modern contraceptives	10	27	45	42
Percentage of assisted births in an accredited health facility	30	45	69	90.5
Percentage of children aged 12-23 months fully vaccinated	75	80	90	
Percentage of children under five years of age sleeping under long-lasting, insecticide treated mosquito nets	13	56	70	
Under-five mortality rate (deaths per 1,000 live births)	152	103	76	
Percentage of children suffering from chronic malnutrition (low height for age)	51	-	44	
Maternal mortality rate (per 100,000 live births)	750	-	476	
HIV prevalence 15-49 years	3	-	3	



6. Lessons

- No single recipe for success in using leverage of SBS to contribute to Health System Strengthening and improving SRHR. **Complementarity with other aid modalities is essential.**
- Country commitment and leadership in identifying SRHR as a Country Development Priority is paramount
- Effective approaches/entry points/skills
 - Need for more **formal** and structured dialogue
 - Use policy dialogue for monitoring SBS + other aid modalities (Pooled funds and Programs) as reinforcing elements
 - Management of commitment by DPs that have the competence and confidence to bring SHRH and Health Systems Strengthening issues to the table in a convincing manner
 - Donor co-ordination to create a stronger voice with consistent message
 - Agree on a set of indicators inclusive of SRHR and Health Systems Strengthening indicators to monitor at HSWG level
- Other **informal** and ad hoc effective approaches
 - Bilateral one on one meetings, field visits, reviews.

