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AID EFFECTIVENESS IN RWANDA: WHO BENEFITS?



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August 2012

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**Pamela Abbott and John Rwirahira
IPAR-Rwanda**

Aid Effectiveness in Rwanda: Who Benefits?

Institute of Policy Analysis and Research - Rwanda

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August 2012

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Is Aid efficiently used to benefit women smallholder farmers?



Executive Summary

Rwanda, one of the poorest and most aid dependent countries in the world, has made dramatic development progress since 2006 and is now on track to achieve most MDG targets by 2015. Its development strategy has fuelled economic growth and transformation, reduced dependency on aid and insured that the poor have benefitted from economic growth.

It remains, however, the fifth most aid dependent country in the world and is likely to remain aid dependent in the medium term. Poverty levels and economic inequalities remain high, and reducing poverty and providing decent employment remain challenges. Despite strong economic growth the tax base remains shallow and narrow, with only 11 percent of enterprises registered with the Rwanda Revenue Authority and only 25 per cent of workers in non-farm work. Domestic savings rates are low with only a fifth of adults having a savings account with most saving to manage short term fluctuations in spending and/or risk avoidance. Attracting foreign direct investment is proving challenging and with investment well below the levels being attracted to Uganda and Tanzania. Despite growing exports there has been a worsening balance of trade with the trade deficit widening by 40 percent between 2010 and 2011. Non-farm employment growth, with a growth rate of six percentage points between 2005/6 and 2010/11, needs to be accelerated to meet the numbers of new labour market entrants expected over the next 10 years. There is a need to continue to mainstream gender and introduce gender based budgeting and to fight HIV/AIDS where the infection rate of three per cent has remained stagnated in recent years..

The development progress under EDPRS-1 has undoubtedly been driven by a strong and determined Government supported by committed DPs. One clear indicator of this is the increase in ODA to help meet the cost of implementing the strategy. Strong country ownership and leadership of the development agenda, combined with community participation and supportive DPs has brought about genuine and sustainable progress, even in one of the poorest countries and without full commitment to the aid effectiveness agenda by DPs.

As Rwanda reviews its progress under EDPRS-1, it is appropriate to review the effectiveness of development aid, the role it has played in prompting sustainable economic growth and transformation as well as reducing poverty and inequality. A key question is the extent to which development aid is being invested to do itself out of a job. We can also ask if aid is being delivered in the most effective and efficient way. Is it providing good value for money and is it being invested to support the Government's development agenda? Are there ways in which it could be delivered more effectively and efficiently and potentially support even more development progress under EDPRS-2? Are development partners implementing their commitments to the Paris Declaration? Aid flows have continued to increase, although aid dependency (proportion of Government budget from development aid) has declined from 86 per cent in 2000 to 43 per cent in 2011/12. The Government has taken strong ownership of development support, skilfully taking up DAC DP's rhetoric to exert leverage and bring its negotiating capital into play. The 2006 *Aid Policy* clearly incorporates and goes beyond the Paris Agenda. Rwanda was one of only two countries to be awarded an A grade in the OECD 2010 evaluation of the implementation of the Paris Agenda. The use of *EDPRS* as the framework for the allocation of resources, including development aid, has not only provided a useful guiding principle, but has also undoubtedly made a significant contribution to the achievement of results. It has ensured that aid is allocated to productive as well as social sectors, thus fuelling sustainable development and building human capacity as well as enabling the poorest and most vulnerable to exit poverty. There is evidence that DPs give assistance in line with *EDPRS* priorities even if the assistance is not always provided in the way the Government would prefer. Thus much development aid in Rwanda is 'real aid', aid that is helping to fuel a virtuous spiral of development that is benefitting all Rwandans.

However, challenges remain and some ODP's and all other DPs are failing to fully engage with the aid effectiveness agenda and honour the commitments they made in Paris and renewed in Accra and Busan. Greater engagement with the agenda would undoubtedly permit even greater progress to be achieved under *EDPRS-2* and ensure the efficient and most effective use of funds. In 2009/10 and 2010/11 most ODPs failed to meet their targets for performance. Indeed there was no sign of progress between the two years with an aggregate score in 2009/10 of 59.3 per cent and in 2010/11 57.9 per cent. However, in both years the average concealed a wide variation in performance between DPs with DfID the top scorer in both years scoring 100 per cent in 2009/10 and 86.4 per cent in 2010/11. The US, the poorest performer in both years, scored 23.5 per cent in 2009/10 and 13.3 per cent in 2010/11. DfID, the EC and the World Bank were in the top three in both years, whereas Japan and the US were the bottom two both years, with little movement of other DPs. What is evident is that there is much room for improvement on alignment, harmonisation and aid predictability.

Although the major DPs participate in the performance assessment not all ODPs do so, none of the non-DAC development partners participate. Non-participation raises questions about the extent to which these DPs are providing funding in line with the country's development agenda. Tied aid and technical assistance from non-DAC DPs are less likely to raise issues of value-for-money but do raise the other concerns about TA and tied aid.

The Government has undertaken a number of reforms and other initiatives to facilitate implementation of the Aid Policy, including reforming the public financial system so that it complies with international good practice, enabling DPs to have confidence in using the systems. Sector Wide Approach agreements have been signed with DPs in seven sectors and a division of labour agreed to ensure that development aid meets the needs of all sectors. These developments should reduce transaction costs and fragmentation. The establishment of a Single Project Implementation Unit in each Ministry will reduce the costs of aid delivery and give the Government greater ownership. The Project Treasury Single Account will facilitate the provision to Government of timely information on ODA flows. An *Access to Information Law* is expected to be placed on the statute book later in 2012.

Aid predictability remains a problem hindering Government planning as well as policy and project implementation. Four DPs make no advance indications of and/or commitments to future volume of aid, including two of the largest donors the US and the Global Fund, together with Japan and Switzerland. Belgium, EC and the World Bank were the only DPs to meet the 2010/11 target for percentage of ODA delivered in the year for which it was intended. Canada disbursed none and Japan only 10 per cent.

Transparency remains a problem, with DPs failing to meet the deadlines for fully reporting ODA for the Government sector in time for it to be included in the Budget. This has reduced the ability of Parliament to scrutinise public spending, restricting the public availability of information. Only the World Bank met its target in 2010/11. The Government's preference is for GBS and SBS as this ensures alignment with Government priorities and reduces delivery and transaction costs. However, nearly three-quarters of ODA continues to be given as project support, with little sign of change and some indication of a move from GBS to SBS. A number of DPs continue to use parallel implementation units, including the US the largest single donor, increasing costs and reducing Government ownership. However, in 2010/11 11 DPs met their target for ODA being disbursed in the context of a programme based approach. US had the lowest amount of ODA delivered by the Government, 0.3 per cent respectively. The US also had only 13 per cent of its ODA disburse in the context of PBA, conversely, Belgium had 100 per cent.

Some DPs are reluctant to use Government systems and institutions with only DfID and the World Bank meeting all their targets for use of national systems and reporting mechanisms. Canada, Luxembourg and the US met none; the UN and Japan met only one. This is despite the fact that the Government has introduced robust systems that meet international standards. Using government systems reduces transaction costs, strengthens ownership and increases sustainability.

The amount that aid agencies spend on overheads is also an important consideration. There is no standard for the proportion of aid that should be spent on overheads, and getting reliable, accurate and comparable data on how much development partners spend is virtually impossible. However, the available evidence suggests that the UN agencies have comparatively high overhead costs and that in general, multilateral agencies spend more than bilateral donors. However, even amongst the latter there is wide variation with DFID spending about three percent of its budget on overheads compared with the US, which spends around 30 per cent.

Recommendation

Donors

In general donors should:

- Honour the commitments they made in Paris and renewed in Accra and Busan
- Continue to support the country's development strategy proactively and work with the Government and other stakeholders to develop and implement EDPRS-2;
- Ensure that they provide timely information to the Government, align with the Government's fiscal year and in particular ensure that they provide information so that all aid to Government is included in the budget;
- Proactively engage with the Donor Performance Assessment Framework;
- Move to provide GBS and SBS but where this is not possible use the Single Project Implementation Units, support basket funds and the PBA;
- Use national systems and institutions, thereby strengthening them, reducing costs and ensuring

- sustainability;
- Fully adopt the Donor Division of Labour Policy agreed with the Government;
- Provide forward predictions of aid through multi-year binding agreements, but where this is not possible provide non-binding indications to cover the next three years on a rolling basis;
- Ensure the timely disbursement of aid;
- Provide TA only in areas where the Government has indicated a need and ensure that it is managed by the Government and builds local capacity;
- Purchase goods and services locally wherever possible;
- Work with the government and other stakeholders to ensure greater public disclosure of information on what it is that aid is given for, what projects and programmes it has supported and its results;
- Ensure and encourage the meaningful participation of civil society in all planning and monitoring and evaluation activities related to the development policy and aid;
- Continue to provide Aid for Trade and for investment in public sector development and infrastructure, ensuring that aid is invested in sustainable growth as well as human development;
- Continue to support Gender Equality and the empowerment of women, but also ensure that the distinct needs of other groups in the population are addressed including people living with disabilities, children and adolescents and youth.

Government

The Government should:

- Continue to take a firm leadership of the development agenda and identify the areas where foreign assistance is most needed to improve service delivery;
- Continue to work with ODPs to ensure the alignment of project aid with the governments own budgeting, accounting and reporting cycle as this is likely to remain the most significant modality for delivering aid to Rwanda;
- Increase the participation of / and genuine consultation with civil society and marginalised groups on the development, implementation and monitoring of development plans, laws and policies by establishing a formal mechanism;
- Ensure that it is fully accountable to domestic stakeholders;
- Ensure that information on development policy and its implementation including the role of development aid is disseminated in such a way that a majority of the population can access it, and encourage debate;
- Speed up the passage of the *Draft Access to Information Law* and ensure that it is implemented as soon as it is on the statute book;
- Continue to work with ODPs to ensure the full implementation of the *Aid Policy*;
- Incorporate a gender perspective in national development plans, policies and strategies as well as ensuring that other identifiable groups in the population with identifiable needs, such as children and adolescents, people living with disabilities and youth are also taken into account.

Civil Society

- Organise more effectively and become more proactive in exercising rights to participate in local and national fora for policy development, implementation, monitoring and evaluation and specifically participate in the development of EDPRS-2;
- Build capacity to hold Government accountable, including building mechanisms for coordinating civil society organisations, to enable joint working mechanisms;
- Lobby the government for greater tax justice and transparency.

Key Facts: Rwanda

Land	
Geographical location	Great Lakes Region of Central Africa.
Land area	24,670 sq.km
Terrain	Mostly grassy uplands and hills.
Population density	407per kilometre
People	
Population	10,718,379
Urban /Rural	25% urban 75% rural 2012
Population Growth Rate	2.9%
Government	
Government	Republic: Constitution adopted 2003
% Seats held by Women in National Parliament	56% in House of Representatives
Economy	
GDP per capita	US\$540 2010
GP Growth Rate	7.1% fiscal year 2010/11
Main industries	Coffee, tea, mining, tourism
Social indicators	
Human Development Index Rank	152
% of Population below National Poverty Line	45% 2010/11 EICU3
Life expectancy at birth	55 years
Infant Mortality Rate (per 1000 live births)	50 per 1000 live births 2010 DHS
Under 5Mortality Rate (per 1000 live births)	76 per 1000 live births 2010 DHS
Maternal Mortality Rate (per 100.000 live births)	487 DHS 2010
Health Expenditure (% Government Budget)	9.2 %
Births Attended by Skilled Health Personnel	69% 2010 DHS
Adolescent Fertility Rate (births per 1000 women aged 15-19)	41 2010 DHS
People Living With HIV/AIDS	3% 2010 DHS
Adult Literacy Rate – Male/Female/Total	M 75% F 67% T 71% 2010/11 EICU3
Net Primary School Enrolment- Boys/Girls/Total	B 90.7% G 92.7% T 91.7% 2010/11 EICU3
Gross Primary School Completion Rates	78.6% 2010/11 EICU3
% Employed in Non-farm work	M 38.7% / W 18.1% 2010/11 EICU3
MDGs	
Goal 1: Eradicate Extreme Poverty and Hunger ¹	
Goal 2: Achieve Universal Primary Education	
Goal 3: Promote Gender Equality and Empower Women	
Goal 4: Reduce Child Mortality	
Goal 5: Improve Maternal Health	
Goal 6: Combat HIV/AIDS	
CombatMalaria and Other Diseases	
Goal 7: Ensure Environmental Sustainability	
Goal 8 Develop a Global Partnership for Development	

(Sources: Abbott and Rwirahira 2012; Abbott *et al* 2012; National Institute of Statistics 2012; National Institute of Statistics *et al* 2011)

1

Off Track
Challenging
On Track for All or Nearly All Targets

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Acronyms

9YBE	Nine Years Basic Education
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
BBS	Biological Behaviour Survey
CIP	Crop Intensification Programme
CoEs	Colleges of Education
CBO	Community Based Organisation
DAD	Development Assistance Database
DP	Development Partner
DPAF	Donor Performance Assessment Framework
DOTS	Directly Observed Treatment Short Course
EAC	East African Community
EDPRS	Economic Development and Poverty Reduction Strategy
EICV	Integrated Household Survey
FGD	Focus Group Discussion
FRW	Rwandan Franc
GBS	General Budget Support
GDP	Gross Domestic Product
GMO	Gender Monitoring Office
GNI	Gross National Income
HEs	Household Enterprises
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICT	Information and Communication Technology
IDHS	Interim Demographic and Health Survey
IMR	Infant Mortality Rate
KIE	Kigali Institute of Education
LLIN	Long-Lasting Insecticide Net
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Ratio
NGOs	Non-Government Organisations
NISR	National Institute of Statistics of Rwanda
ODA	Official Development Assistance
ODPs	Official Development Partners
OECD	Organisation for Economic Co-operation and Development
PBA	Programme Based Approach
PIU	Parallel Implementation Unit
PEPFAR	US President's Emergency Plan for AIDs Relief
RDHS	Rwanda Demographic and Health Survey
REMA	Rwanda Environmental Management Agency
RH	Reproductive Health

SBS	Sector Budget Support
SRH	Sexual and Reproductive Health
SWAp	Sector-Wide Approach
TB	Tuberculosis
TFR	Total Fertility Rate
TVET	Technical and Vocational Education and Training
UN	United Nations
UNICEF	United Nations Children's Organisation Fund
VCT	Voluntary Counselling and Testing
VUP	Vision 2020 Umurenge Programme
WHO	World Health Organization

1. Introduction

1.1. Introduction

Rwanda has made remarkable development progress over the last 10 years having experienced sustained economic growth and the beginnings of economic transformation. The country has seen: a growth in the private sector; an increase in the proportion of agricultural production that is marketed; an increase in paid non-agricultural employment; an increase in domestic saving; an increase in tax domestic tax revenues; an increase in foreign direct and domestic investment; and an increase in and diversification of exports. This has been accompanied by a sharp reduction in the proportion of the population living in poverty, a reduction in inequalities and significant improvements in health. Primary education is near universal and the proportion of children attending secondary school is increasing rapidly with the introduction of nine year basic education. Girls are now outperforming boys in primary school and have slightly higher attendance rates at both primary and secondary school than boys. Women are in a majority in parliament and their representation in other political posts is increasing. Rwanda looks on track to achieve most of the MDGs. We can ask, however, how inclusive are Rwanda's policies; are all Rwandans benefiting, the poor as well as the better off, women as well as men, children as well as adults, people living with disabilities as well as the able bodied and so on? Are the lives of the poorest Rwandans improving and are they improving as rapidly as those of the better off?

In 2000 world leaders from 189 nations agreed and signed the Millennium Goals (MDGs) forging a global partnership for development aimed at dramatically reducing extreme poverty in all its dimensions by 2015. The underlying objective of the MDGs is to give disadvantaged people in developing countries control over their own lives. The MDGs are grounded in a rights-based approach to development, recognising that human rights are part of a universal value system codified in international treaties to which all countries have subscribed. As part of the commitment to achieving the MDGs there was an agreement to improve the quality of aid. World leaders have subsequently agreed to increase the effectiveness of aid with better management through the 2006 *Paris Declaration*, the 2008 *Accra Agenda for Action* and more recently with confirmed and extended commitments at the Busan meeting in 2011.

Rwanda is the fifth most aid dependent country in the world with 18 per cent of GNI coming from ODA (Thomas *et al* 2011). Development, however, over the last decade would suggest that aid is supporting sustained economic development. Furthermore there has been a reduction in aid dependency since 2000 when 86 per cent of Government expenditure came from aid, compared to 42 per cent in 2010/11. However, the amount of aid disburse is higher than this when account is taken of aid that is not included in the Government budget including project aid from ODPs, aid from new DPs and aid from philanthropic sources. In 2010, for example ODA, comprised about 60 per cent of Government and Official Development Partners' spending (authors calculations from data in OECD Stats Database <http://www.oecd.org/dataoecd/63/19/1878421.gif> last accessed 20.05.2012). Moves to reduce aid dependency should not, however, be seen as necessarily meaning a decline in the volume of aid but rather as an increase in the proportion of Government spending that comes from domestic revenues (Thomas *et al* 2011). They should also be accompanied by the Government exerting greater control over the spending of aid and reduce interference from donors (Collier 2012).

The aid effectiveness agenda has been driven by a commitment to the better management of aid, but we also need to consider the impact of aid on development. In fact the evidence base for a relationship between aid characteristics and better outcomes is weak and the aid effectiveness agenda is driven by what donors say they ought to do (Knack *et al* 2011). We also need to ask if aid has reduced inequalities and helped the poorest and most vulnerable exit poverty. In this report we go beyond asking about aid effectiveness in terms of the management targets set by *the Paris Declaration* and additional commitments made under the *Accra Agenda for Development* and we ask who is benefitting from aid. Given that the MDGs represent the world's commitment to development, we are going to do this by considering the progress Rwanda has made towards achieving the MDGs and determining if some segments of the population are benefitting more than others. We are going to supplement this analysis with four cases studies. These case studies will determine the perceptions of ordinary Rwandans of the benefits they are gaining from specific programmes and the extent to which their sense of well-being is being enhanced. The programmes are: the One-Cow-a -Family (Girinka) Programme; Vision 2020 Umurenge; Ubudehe; and a project for former sex workers (Appendix 1). We would caution that the MDG targets and indicators are ways of measuring progress toward the Goals and that the ultimate focus should be on the Goals and not targets. The intended result for the MDGs is the eradication of poverty and want. Assuming that Rwanda achieved the 2015 targets, the country would still be on the journey to the

intended result.

Rwanda makes an interesting case study because not only has it been awarded an A rating by the OECD for progress towards achieving the Paris agenda targets, but it is on track to achieve most of its MDG targets by 2015 making it one of the best performing sub-Saharan countries. Aid coordination in Rwanda is often cited as an example of good practice because of strong leadership by the Government and the coordination structures in place (Ministry of Finance and Economic Planning 212). This is even more remarkable because the country's progress was reversed by the Genocide in 1994 which left the country devastated. Thus it provides indicative evidence that there is a link between aid effectiveness and development outcomes.

We should also keep in mind that relatively small projects that may not change global indicators can have a dramatic impact on the beneficiaries. The Millennium Village Project (an initiative designed to make small scale investments in human health, education and infrastructure in small villages throughout Africa), after receiving enough aid money to make the critical investments, achieved dramatic reductions in child mortality rates, greater school enrolment and a large boost in crop productivity in targeted villages. Donald Ndahiro, Team Leader of the Millennium Villages Project, Rwanda has described the impact of the Project on one small village:

Farmers across the board are growing 60% more food with some experiencing 2 and 3-fold increases. This means there's more to eat, sell and save. The community now stores vital grains annually in a seed bank rather than relying on hand-outs or humanitarian relief. There is a fully-functioning health centre run by Rwandans that delivers more than 85% of the community's babies and provides primary healthcare. We're proud that it is considered one of the best in the district. School enrolment has gone through the roof with more than 95% of children of age in attendance. Dozens of new cooperatives have taken off and are generating employment and new products. The community leaders frequently comment that weekly funerals of children, which were once commonplace just two years ago, have since ceased altogether. In short, the project, which through and through is community-led, has achieved its goal of sustainably reducing poverty in the community. On that foundation of stability, the community has begun real prosperity-creation projects (Donald Ndahiro).

What is Development Assistance?

Development assistance is generally seen as developed countries providing economic, financial and technical assistance to the South and most assistance comes from the Development Assistance Committee of the OECD. However, we can identify three types of development assistance:

1. North-South Development Assistance (both bilateral and multilateral);
2. South-South Development Cooperation²;
3. International NGOs and funding from charitable foundations.

Official development assistance (ODA) is a term used by the Development Assistance Committee of the OECD to measure aid and is widely used as a convenient indicator of international aid flow. To be considered ODA, the aid needs to be:

- (a) undertaken by the official sector;
- (b) with promotion of economic development and welfare as the main objective; and
- (c) have concessional financial terms (if a loan, having a grant element of at least 25 per cent - OECD, *Glossary of Statistical Terms*).

There is no uniform definition of development assistance being used by Southern Governments who do not generally report on their foreign assistance programmes. The UN Economic and Social Council in 2009 proposed a definition of South-South DA as consisting of *grants and concessional loans (including export credits) provided by one southern country to another to finance projects, programmes, technical cooperation, debt relief, and humanitarian assistance and its contribution to multilateral and regional development banks*. Most Southern governments prefer to use the term development cooperation to reflect the mutual benefits of the assistance they give. Much of their aid is in the form of concessional loans and is often tied, as is the case with China, for example, to contracting firms based in the donor's country to undertake construction and other projects funded by them.

² South-South Cooperation is not new but has been increasing in importance with more middle income countries being both recipients and providers of development assistance

1.2. Aid Effectiveness

The aid effectiveness agenda has been set by the *Paris Declaration* and the *Accra Agenda for Action*³ which are designed to forge a global consensus for development cooperation to accelerate poverty reduction, promote growth in developing countries and meet the Millennium Development Goals by 2015. The Paris declaration involved a commitment by donors and partner country governments to hold each other accountable for implementing the Declaration at the country level through a clear set of progress indicators with targets to be achieved by 2010 (Figure 1).

Figure 1: the Paris Declaration

1	Managing for Results			M u t u a l A c c o u t a b i l i t y
2	Ownership Partner Countries	Partners Set the Agenda		
3	Alignment Donors-partners	Aligning With Partner's Agenda	Using Partners systems	
4	Harmonisation Donors-donors	Establishing Common Arrangements	Simplifying Procedures	

(Source: OECD 2011)

The *Paris Declaration* (2006)⁴ placed partner country ownership of policies and processes at the centre of the reform agenda while the *Accra Agenda for Action* (2008) considered in greater detail, the role of actors going beyond the state as owners of development efforts. It is assumed that ownership by developing countries will create buy-in and sustainability. Developing countries were expected to take more control over their development policies, strategies and parliaments. Local Government and civil society organisations were expected to become more involved. It was expected that governments would become more accountable to citizens and that gender equality would be promoted.

Gender equality, respect for human rights, and environmental sustainability are cornerstones for achieving enduring impacts on the lives and potential of poor women, men and children. It is vital all our policies address these issues in a more systematic and coherent way (*Accra Agenda for Action* 2008).

Alignment, the second principle of the Paris Declaration, requires that aid responds to partner countries' priorities and uses their systems and institutions. The *Accra Agenda for Action* places emphasis on the use of partner systems by donors and support to partner countries in strengthening these systems. Donors aligning to a country's priorities will help augment the country's systems and strengthen ownership. The setting up of parallel institutions to implement projects that do not reflect a country's needs and priorities leads to high transaction costs and can undermine the sustainability of development efforts. When aid is aligned to a country's priorities and uses its systems it can strengthen capacity, enhance domestic accountability and contribute to more sustainable institutions. There is, however, some concern that if donors channel resources through Government systems that civil society organisations may lose funding for their advocacy and service delivery roles (Alpizar *et al* 2010).

Harmonisation is concerned with reducing fragmentation and avoiding unnecessary duplication of effort

3. www.oecd.org

4. The Paris Declaration was signed by the OECD ODPs (bilateral and multilateral as well as SouthSouth aid providers including China and aid recipient countries).

by encouraging donors to work together and thus reduce transaction costs. This involves using common arrangements, coordinating technical co-operation, co-ordination missions and analytic works and agreeing on a division of labour.

Aid predictability and transparency is related to the importance of partner countries knowing what aid they are going to receive in order to undertake medium term planning and to deliver their policies and programmes that are supported by aid. The Paris Declaration and Accra Agenda for Action emphasise the importance of multi-year commitments, disbursement on schedule, transparency around the conditions attached to aid and mutual accountability.

Results and mutual accountability, managing for results, emphasises the importance of having systems in place to support results based management of the Government's policies and priorities and the mutual accountability of donors and partners. It emphasises the importance of performance assessment frameworks, statistical systems and statistics as well as efforts to strengthen and make greater use of partner country systems for results management. Accountability for results requires transparency and ensuring that citizens know how public resources are being used as well as there being mutual accountability between partners and donors. The role of parliament and civil society is also emphasised. This should increase the legitimacy of the state in the eyes of its citizens and reduce accountability distortions created by more traditional aid delivery mechanisms and mutual accountability.

1.3. Real Aid

In a series of reports ActionAid has demonstrated how the implementation of the *Paris Declaration* can support a reduction in aid dependency by supporting strong sustainable, inclusive economic growth (ActionAid Italy 2011; Greenhill and Watt 2005; Greenhill *et al* 2006; Thomas *et al* 2011). They argue for 'real aid', aid that supports a virtuous spiral of economic growth and development, creates employment, increases domestic tax revenues reduces poverty and gradually reduces dependency on aid. It does this by accelerating development as well as helping the poorest and most vulnerable exit poverty. It supports investment in the productive sectors, in trade, in the growth of the private sector, in infrastructure development that will attract other investors, in projects to increase revenues from domestic taxes and in projects to encourage domestic saving as well as in human development. It supports the building of local capacity, gender responsive budgeting, the strengthening of parliaments and civil society organisations and the delivery of services by governments who are answerable to their own citizens. Such aid supports government priorities to be transparent as well predictable, so as to enable medium and long term planning. It needs to ensure best value for money.

Developing countries need to take strong leadership and drive the development agenda. They need to drive an aid policy that supports their agenda and put in place systems for monitoring and evaluating the implementation of the policy, as well as the achievement of development results. In addition developing countries need to be transparent, fight corruption and be accountable to domestic stakeholders including parliament, the private sector and citizens as well as donors. Finally, they need to ensure that they maximise domestic tax revenues and that they make transparent tax foregone by incentives, exemptions and reductions.

1.4. Aid Delivery Approaches and Aid Modality

It is important to understand both aid delivery approaches and aid modality. Modality refers to the types of mechanisms by which aid is delivered such as projects, common basket funds, sector budget support and general budget support. Approaches involve a set of guiding principles and can include standalone projects, Programme Based Approaches (PBA) (Box 1) and Sector Wide Approaches (SWAs) (Table 1).

Box 1: Programme Based Approaches

- Co-ordinated support for a locally owned programme of development such as a national development strategy, a sector programme, a thematic programme or a programme of a specific organisation. A PBA has:
1. Leadership by the host country or organisation;
 2. A single comprehensive programme and budget framework;
 3. A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement;
 4. Efforts to use local systems for programme design and implementation, financial management, monitoring and evaluation.
 5. Donors can support and implement programme-based approaches in different ways and across a range of aid modalities including budget support, sector budget support, project support, pooled arrangements and trust funds.

(Source: OECD/DAC 2008)

A SWAP enables a government and development partners to work together to implement a single sector strategy in a single expenditure programme for the sector. It is a powerful way to co-ordinate and harmonise aid and can accommodate any aid modality as long as it adheres to SWAP principles of alignment, use of government systems and coordination with other DPs.

Table 1: Sector Wide Approach and Conventional Project Approach

Sector-wide approach	Conventional Project Approach
Country holistic view on whole sector Partnership with mutual trust and shared accountability External partners' coordination and collective dialogue Increased use of local procedures Long-term capacity/system development in sector Process-orientated approach through learning by doing	Focus on projects to support narrowly defined objectives Recipient accountable to donor Bilateral negotiations and agreements Parallel implementation arrangements Short-term disbursement and success of projects Blueprint approach

(Source: OECD/DAC 2005)

Sector Budget Support and General Budget Support both involve the financing of the budget by a transfer of funds to the national treasury, with the funds managed by the government's budgetary procedures and disbursed to the Ministry of Finance ('treasury'). The difference is that Sector Budget Support is earmarked for a discrete sector or sectors. The dialogue and conditions associated with the aid focus on a single sector, sub-sector or programme. On budget project support and Chanel 2 funds which are provided directly to ministries, departments or agencies and managed through special accounts do not count as SBS. Channel 3 expenditures are undertaken directly by a donor agency or by an NGO on its behalf. They may be part of a SWAP.

Sector wide approaches are seen as an important element of the aid effectiveness agenda and a way of overcoming the weaknesses of the project support approach. However, recent evaluation suggests that in order to move to more effective aid it is necessary to move towards GBS and SBS. Aid should be aligned with Government systems as well as policy. The use of projects and common basket funds to support delivery should be avoided. The re-engineering of staff incentives in both donor and recipient agencies to encourage the use of budget support and strengthening and increasing the legitimacy of national systems for service delivery (Handley 2009; Williamson *et al* 2008).

However, donors are finding it increasingly difficult to justify GBS to their parliaments but find it easier to justify SBS (Williamson and Moon 2010). Recent research suggests that SBS and especially earmarked SBS is an effective way for supporting service delivery (DfID 2011; Handley 2010; Williamson and Dom 2009). This suggests that donors should be encouraged to move from project support to SBS and for governments to move beyond stating a preference for aid modalities and be more specify about the roles of different aid modalities. Williamson and Moon (2010) suggest that GBS is most effective in supporting cross-sectoral government reforms and funding inputs for service delivery, while SBS could fund service delivery in specific sectors together with domestic revenues and GBS. On-budget project aid, they suggest, could be directed to funding service delivery infrastructure, capacity building systems, technical assistance and pilot initiatives. Off-budget project aid could provide (unplanned) technical assistance and fund activities to be carried out by the non-government sector.

1.5. Methodology

The project involved desk research and fieldwork.

In Stage One desk research was undertaken. We used Google and Google Scholar to search for reports, policies, laws, articles and other material providing information on aid to Rwanda. The web sites of the Ministry of Finance and Economic Planning and the Rwanda Official Development Partners (ODPs) were accessed and searched for relevant material, and the Development Assistance Data Base was accessed (see References for full details). We also accessed information on the progress Rwanda is making to achieve the MDGs, as in recent years, donors have focused their attention on the extent to which the aid they are providing is supporting their achievement. We focus not just on the extent to which progress on achieving the MDGs is being made, but on the extent to which the very poorest are benefitting from Government policies and programmes. To do this we compare the rate of progress of those in the bottom two wealth quintiles with those in the top two. In 2000 virtually all those in the top two wealth quintiles were non-poor and all were non-poor by 2005/6. Conversely, all those in the bottom two quintiles were poor in 2000/1, 2005/6 and 2010/11. Where possible we carry out a trend analysis but at least three data points are necessary for this. The 2000 *DHS* does not provide a breakdown of indicators by wealth quintiles and 2000/1 data is not available from the *Integrated Household Living Conditions Survey* for all indicators.

In Stage Two we undertook four case studies to examine how ordinary Rwandan's are benefitting from aid or rather from programmes and projects designed to benefit them. We spoke to beneficiaries and stakeholders to try and uncover how people are benefitting. Are people's lives improving and is their well-being increasing?

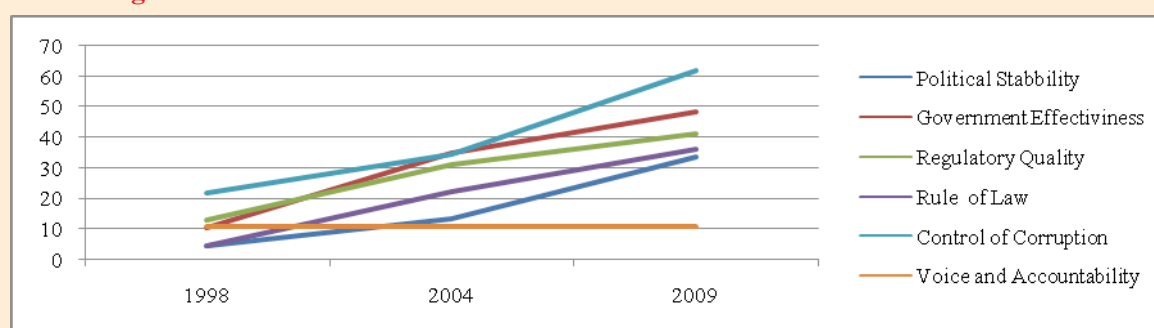
However, there are limitations to our study in terms of measuring the impact of aid on people's lives. We are concerned with the broad impact of aid not the impact of discrete projects and programmes. We have fairly good baseline data for the MDGs so we can measure progress on these. What we cannot isolate and trace through is the contribution that aid has made. Neither can we demonstrate that the improvements would not have taken place in the absence of aid. Nevertheless, given the proportion of Government spending that comes from aid and in the absence of alternative explanations for positive outcomes it must be assumed that aid has contributed to these (Kotvojs and Shrimpton 2007).

2. Country Background

2.1. Introduction

Rwanda is one of the best performing countries in Africa and an example of success in post-conflict reconstruction (Bigsten and Isaksson 2008). It has shown sustained economic growth since 2000 and has been one of the 10 fastest growing economies between 2001 and 2010. It is showing signs of economic transformation, has increased exports, increased revenues from domestic taxation and attracted increased foreign direct and domestic investment (Abbott 2011b; Malunda 2012). There has been a significant growth in domestic savings rates, as well as a significant growth in non-farm paid employment (NISR 2012a). It has been widely acknowledged for the progress it has made in fighting corruption and remains one of only two countries in the world to have women as more than 50 per cent of its members of parliament. It has achieved political stability (Figure 2), with a new constitution being approved in 2003 and two rounds of parliamentary and presidential elections held without serious incident.

Figure 2: Percentile Rank⁵ on World Bank Governance Indicators 1998-2009⁶



(Source: World Bank Governance Indicators <http://info.worldbank.org/governance/>)

Rwanda obtained IMF-World Bank Highly Indebted Poor Country (HIPC) initiative debt relief in 2005–6 and completed the Multilateral Debt Relief Initiative in the same year. It received Millennium Challenge Account Compact in 2008 to support the Government's efforts to strengthen substantive democracy - civic participation, promotion of civil liberties and national civil society organisations, and expansion of citizen engagement by supporting independent radio stations. The score card for Rwanda for 2009 indicated that on the Ruling Justly criteria it scored green (above the mean for the peer group) on three criterion (control of corruption, Government effectiveness, rule of law) and red on three (political rights, civil liberties, voice and accountability). On the Investing in People criteria it scored green on three (immunization rates, health expenditure, primary education expenditure) and red on two (girls' primary education completion, natural resource management). On the Economic criterion it scored green on four (regulatory quality, land rights, inflation, fiscal policy) and red on two (business start-up, trade policy) (Millennium Challenge Corporation⁷).

Rwanda remains, however, one of the poorest countries in the world still facing enormous development challenges and characterised by inequalities of both assets and income. High economic growth has not resulted in equitable growth across the population. While the growth in inequalities that was witnessed between 2000 and 2005/6 has now been reversed, inequalities remain high with a Gini in 2010/11 of 0.49 (NISR 20012b). With an estimated population of 10.8 million, it is one of the most densely populated countries in the world. Despite recent reductions it still has high rates of poverty, high infant and under-five mortality rates and low life expectancy at birth (NISR 2012a, b; NISR *et al* 2011). Rwanda's economy is mainly dependent on rain-fed agricultural production based on small, semi-subsistence and fragmented farms and it lacks mineral and other natural resources on which to base its development. Around 73 per cent of the working population's main

5 Data in percentile rank ranging from 0 lowest to 10 highest.

6 Political stability and absence of violence measures the perceptions of the likelihood that the Government will be destabilized or overthrown.

Government effectiveness captures perceptions of control of public services.

Regulatory control captures perceptions of the ability of the Government to formulate and implement sound policies and regulations that permit and promote private sector development.

Rule of law captures perceptions of the extent to which agents have confidence in and abide by the rules of society especially the quality of contract enforcement, property rights and the courts as well as the likelihood of crime and violence.

Control of corruption captures the extent to which public power is exercised for private gain including petty and grand forms of corruption as well as 'capture' of the state by elites and private interests.

7 www.mcc.gov/documents/scorecard/score-fy12-new-rwanda.pdf

occupation is in agriculture, 62.5 per cent have more than one job and 85 per cent cultivate their own farm (NISR 2012a). High fertility rates are driving population growth, which is running at nearly three per cent per year (NISR *et al* 2012). This population growth is exerting pressure on land, as over 70 per cent of the land surface is exploited for agriculture (Ministry of Agriculture and Animal Resources 2009b). There is an urgent need to diversify the labour market and grow non-farm employment opportunities including supporting the development and reducing the risks of household and micro enterprises.

Despite the growth in investment the rates of inward investment are still comparatively low, an increase in exports has been matched by an increase in imports resulting in a trade deficit which widened by 40 percent between 2010 and 2011 (Rwangombwa 2012). The country remains dependent on a narrow range of exports and there has been little growth in manufacturing. The tax base remains narrow and shallow with only 11 per cent of enterprises registered with the Rwanda Revenue Authority and 25 per cent of workers in non-farm work. Attracting foreign direct investment is proving challenging and well below the levels being attracted in Uganda and Tanzania. The domestic savings rate is comparatively low with only a fifth of adults having a savings account and most are saving to manage short term fluctuations in spending and/or risk avoidance. Poor infrastructure, transport systems and skill shortages remain barriers to investment (Abbott 2011; Abbott *et al* 2012). The low level of savings are a bottleneck in terms of the development of the informal non-farm sector, the growth of which will be essential if the labour market is going to absorb new entrants over the next 10 years (Malunda 2012).

Lacking physical resources and given its challenging geographical position, Rwanda has recognised that it must develop a good 'soft' environment for business. It has an open trade policy and a favourable investment climate, cheap and abundant labour, tax incentives to businesses, stable internal security, and crime rates that are comparatively low. In terms of economic freedom Rwanda is ranked 10th out of 46 economies in the sub-Saharan region by the Heritage Foundation (2010) and was fourth most improved economy on the 2010 index. In terms of ease of doing business, Rwanda is ranked 45th in the world on the 2012 Index (The International Bank for Reconstruction and Development/the World Bank 2011).

However, to move onto a path of sustainable development Rwanda needs support to develop a 'virtuous cycle' in which the building of human capital fuels equitable economic growth and builds political stability and trust. The weaknesses of exports and the low domestic savings rate are potential threats to future economic growth. Exports continue to lag far behind imports, and inflation may become a problem due to the influx of donor funds. The domestic tax base remains narrow and shallow and non-farm employment growth needs to be accelerated to meet the numbers of labour market entrants expected over the next 10 years (Abbott 2011b; Malunda 2012). Rwanda is potentially vulnerable to the global economic crisis and the food crisis, and the impact of climate change has already become evident on Rwanda's agriculturally dependent economy (REMA 2009; Stockholm Environmental Institute 2009).

2.2. Vision 2020 and the Economic Development and Poverty Reduction Strategy

Rwanda's vision is to build a knowledge-based economy and to become a private sector led middle income country by 2020. Rwanda's ambitious programme for development is encapsulated in *Vision 2020* (Ministry of Finance and Economic Planning 2000). *The Economic Development and Poverty Reduction Strategy 2008-12 (EDPRS-1)* (Ministry of Finance and Economic Planning 2007) is the mid-term framework to implement the Government's long-term development agenda. It is grounded in a human development approach and explicitly recognises that economic growth alone will not reduce poverty and improve the lives of the poor. The framework is based on three pillars designed to accelerate economic growth and promote human development:

- Sustainable growth for jobs and exports - investing in improving the climate for business investment, thereby achieving private-sector growth. In the short term the priority is reinforcing the productive and export potential of the agricultural sector, but long term the goal is to diversify the economy by promoting the non-farm sector;
- Vision 2020 Umurenge is a pro-poor rural development and social protection programme. It aims to eliminate extreme poverty by 2020 through releasing the productive capacity of the very poor. It includes public works, credit packages and direct support and is implemented at village level using participatory methods;
- Good economic governance is seen as a precondition for poverty reduction and development by creating a comparative advantage in 'soft infrastructure' (good governance and institutional arrangements important for private investors) thus compensating for Rwanda's relatively poorly developed hard

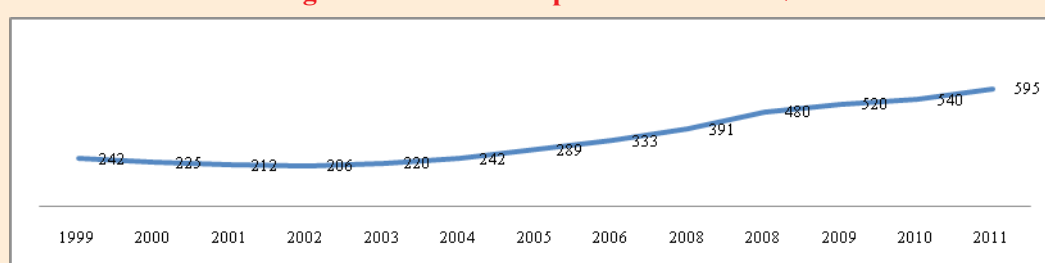
infrastructure and disadvantaged geographical location (Ministry of Finance and Economic Planning 2007).

Gender, HIV/AIDS, environment, youth and social inclusion are cross-cutting issues. The *EDPRS* incorporates a commitment to achieving the MDGs.

There is a single *EDPRS Common Performance Assessment Framework* at the national level which stresses both domestic accountability and accountability to development partners. Local authorities are also accountable to Government for reaching agreed *EDPRS* performance targets through performance contracts they sign each year.

A prerequisite for poverty reduction and achieving the MDGs is economic growth. Economic growth has been maintained in real terms since 2002, although the rate of growth has been volatile (Figure 3). However, even if Rwanda were to redistribute GDP equally, this alone would not eliminate extreme poverty. Growth is essential for improving the standard of living of the population. However, economic growth is no guarantee that there will be a reduction in inequalities. The challenge is to ensure that the poor benefit from economic growth, recognising the inter-linkages between economic progress and other aspects of social welfare.

Figure 3: GDP Per Capita 1999-2011 US\$



(Source: GDP National Account 2009⁸; NISR 2011)

Achieving the target for economic growth in *Vision 2020* and, by implication, other targets, including the MDGs, growth needs to accelerate. Acceleration of growth will be dependent on the successful implementation of a number of Government priority policies, including: agricultural reform; an increase in non-agricultural employment and especially a growth in HEs and MSMEs; attracting inward investment; improving the skills base; widening the tax base; increasing foreign earnings; and keeping inflation in check. Growth in the contribution of industry to GDP remains low despite the urgent need for investment in production both to add value to agricultural products for export and for higher technology manufacturing.

2.3. Government Spending and SDPR Priorities

Table 2 shows the Government spending for 2008, 2009-10 and 2010-2011 against SDPR targets. It shows that the Government target for spending on Human Development and Social Sectors is 34.2 per cent of the budget and that actual spending has fallen short of this. The shortfall is on education. There has also been a noticeable spending below target on water and sanitation. There has been spending above target on transport, communication and general public services.

8 <http://statistics.gov.rw> last accessed 04/04/2010

Table 2: Government Spending by EDPRS Priorities

EDPRSPriorities	2008 %	2009-2010%	2010-2011%	Targeted 2008-2012 %
Infrastructure	23.41	22.72	24.01	19.70
Fuel&Energy	8.46	7.51	7.81	6.10
Transport&Communication	10.23	7.51	12.88	7.20
Land Housing & Community Amenities	1.00	3.14	1.94	2.2
Water &Sanitation	3.72	0.36	1.98	4.20
Productive Capacities	8.47	10.49	14.81	16.70
Environmental Protection	1.05	2.05	1.73	1.80
Agriculture	5.66	4.81	6.58	7.00
Industry And Commerce	1.76	2.52	5.86	1.90
Human Development &Social Sectors	29.06	32.27	31.2	34.2
Youth Culture And Sports	1.21	0.75	1.24	0.6
Health	9.50	10.22	9.91	9.20
Education	15.21	16.59	15.82	19.80
Social Protection	3.35	4.71	4.15	3.10
Governance&Sovereignty	39.05	34.52	30.90	29.40
General Public Service	26.85	23.88	20.49	14.50
Defence	5.76	5.2	4.48	8.50
Public Order&Safety	6.44	5.44	5.12	5.00

(Source: Budget Statements 2008; 2009/10; 2010/11; Ministry of Finance and Economic Planning 2007)

2.4. Conclusions: Evaluating EDPRS

It is evident that under *EDPRS-I*, which has guided the development strategy since 2008, there has been significant development with sustained economic growth and poverty reduction. The review of *EDPRS* (Ministry of Finance and Economic Planning 2012b) indicates that 85 per cent of the targets have been met, exceeded or are on track to be met with strong results for all three flagship programmes. Targets for growth and poverty reduction have been met or are on track as are those for widening and strengthening the financial sector, developing skills and improving environmental management. There have been impressive results in health and in the proportion of the population expressing satisfaction and confidence in decentralised governance. However, less progress has been made in increasing access to electricity and safe drinking water, and in the targets for the agricultural sector. Interestingly the review notes that there is little reference in the sector self assessments to the *Aid Policy* and to what extent donors and other international partners adhere to it. It does, however, indicate that there has been a strong sense of ownership among partners of sector strategies and shared decision making is considered important for maintaining a sense of ownership.

3. Government Policy and Well-being

3.1. Introduction

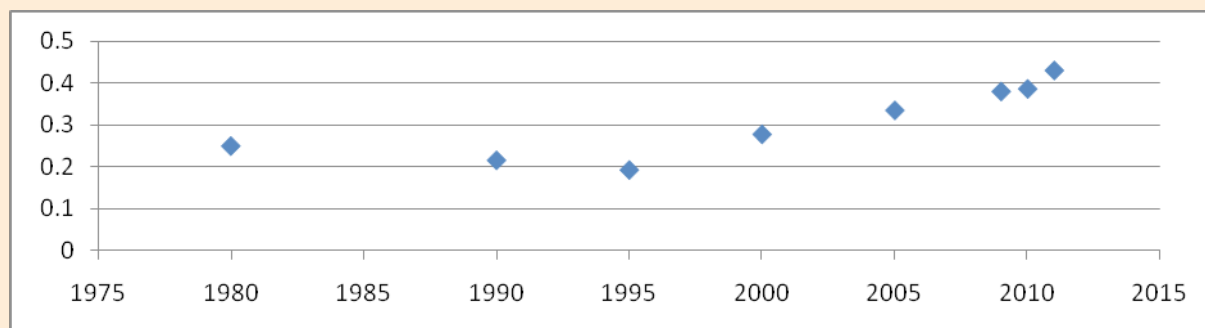
In considering the effectiveness of aid it is important to go beyond simply asking if aid is aligned with Government priorities. We need to go further and ask if it is improving the well-being of ordinary Rwandans. What difference is aid making to people's lives and especially what difference it is making to the poorest and most vulnerable? Are they benefitting from Government and donor spending? Are their lives improving? Are they able to take control over their own lives? One way of doing this is to use progress towards achieving the MDGs. Progress on the MDGs is a clear measure of an improvement in objective well-being of ordinary people. We can go beyond looking at the country level and look at how different groups in the population are progressing. Are women's lives improving as well as men's, are the poor benefitting as well as the better off? In other words we can ask which segments of the population benefits from Government and donor spending and to what degree.

3.2. Measuring Well-being

We have already pointed out that Rwanda is one of the least developed countries in the world and has high levels of poverty. However, the use of economic circumstances alone as a measure of well-being has been criticised. The United Nations Human Development Index (HDI) is regarded as a better measure of well-being because it takes into account a broader range of indicators in three dimensions: leading a long and healthy life, knowledge, and having a decent standard of living. It is concerned with measuring improvements in people's well-being and recognizes that income is not the sum total of people's lives. It is about what enables people to flourish, expanding people's real freedoms and empowering them to take control over their lives. The Inequality-adjusted Human Development Index (IHDI) adjusts the HDI to take account of inequalities - the lower the Index and the larger the gap between the HDI and the IHDI, the more inequalities reduce the human development of the average person in a society. In other words, while the HDI measures the average level of human development in a society the IHDI takes into account inequalities in a society in terms of human development.

The HDI can also be used to consider if living conditions are improving in Rwanda. Figure 4 shows that Rwanda's HDI has improved steadily since the Genocide in 1994. It should be noted, however, that inequalities have grown dramatically during the same period so that the financially better off have benefited disproportionately from economic growth and improving living conditions. The Gini coefficient is a measure of economic inequalities with nought being perfect equality and 100 total inequality. In 2009 the most equal society in the world was Denmark with a Gini of 24.7 and the most unequal was Namibia with a Gini of 74.3 (UNDP 2010). Rwanda's Gini was about 0.25 in the 1980s but had increased to about 0.49 in 2010/11 (NISR 2012) a slight reduction from the high of 0.52 in 2005/6 (NISR 2006).

Figure 4: Rwanda's HDI 1980 to 2011

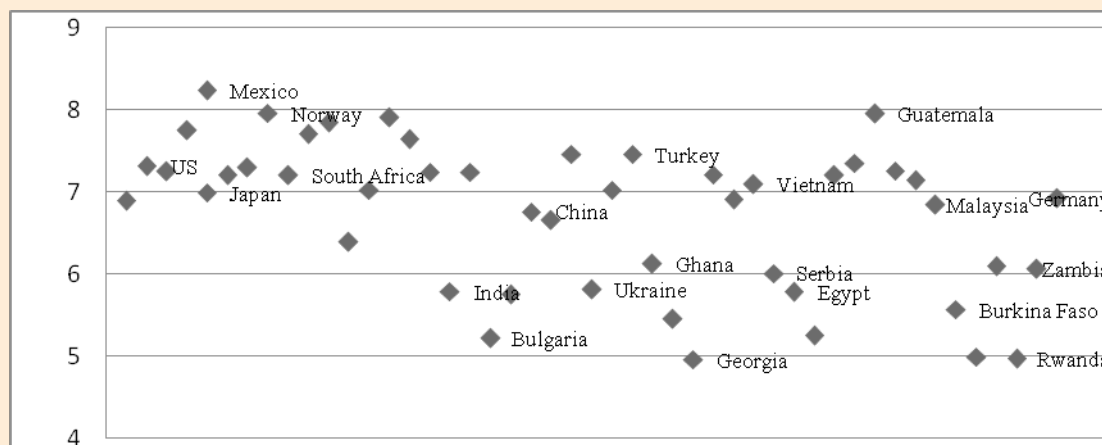


(Source: UNDP 2010, 2012)

However, the UNDP approach to well-being is considered limited as it only takes account of objective factors. A broader well-being approach offers new perspectives on what matters and new ways to assess policy outcomes and their impact on people's lives. It leads us to ask what it means to live well and what a good society is. The central focus of the well-being approach is to consider what is positive and desirable. The well-being approach

is encompassing and holistic. It points to links across different areas of peoples' lives. Human fulfilment is a central concern and this complements more conventional preoccupations with economic growth. Well-being combines both objective and subjective dimensions. There is the enabling environment or the conditions for empowerment (e.g. access to education), there is objective well-being (e.g. being healthy), there is subjective reflection on objective well-being, what people think of what they can get (e.g. how satisfied they are with health service delivery) and there is subjective well-being (e.g. satisfaction with life in general, satisfaction with health). Ultimately the test of well-being must be people's satisfaction with their lives and Rwandan's are not very satisfied (Figure 5; see also Abbott 2010).

Figure 5: Subjective Satisfaction – World Values survey 2008



(Source: World Values Survey www.worldvaluessurvey.org/)

The main influences on general satisfaction in Rwanda are the economic circumstances of the household, health and control over life. This suggests that reducing poverty, improving health and enabling people to have more control over their lives will increase subjective satisfaction. Improved economic circumstances and better health will of course increase people's ability to take control over their lives (Abbott and Wallace 2012).

3.3. The Social Quality Approach

One approach to conceptualising a well-being approach in public policy terms is the social quality approach (Figure 6) which provides a dynamic model of interaction between different aspects of people's lives and their ability to act to secure their own and their household's well-being. The four domains with which we are concerned are:

- First, *socio-economic security* or ensuring people have the resources over time to be able to cope with daily life, enjoy a dignified lifestyle and take advantage of the opportunities available to citizens. It is about more than having employment that pays a decent wage - it is about economic security across the life course and having access to health and welfare services including education.
- Second is *social cohesion* is the glue that binds a society together and creates trust (Phillips 2006). It provides for the rule of law essential for social participation and provides for social stability and continuity. An adequate level of social cohesion is one which enables citizens 'to exist as real human subjects, as social beings' (Beck *et al* 1997: 284).
- Third, *social inclusion* is the degree to which people are and feel integrated in institutions, organisations and social systems. It includes intimate relationships with kin and friends as well as membership of looser networks. It is a complex concept and requires recognising the need for pluralistic social inclusiveness (Phillips 2006) in order to facilitate the inclusion of individuals and communities.
- Fourth, *conditions for social empowerment* require that the objective conditions exist and that individuals have the ability to make use of the opportunities available to them. Empowerment encompasses both the means by which people can be empowered – their levels of health and education – but also their subjective feelings of agency.

Empowerment through Community Collaboration

Citizen empowerment is a central element of Government policy. Imihigo (community planning) seeks to promote self-Government and greater citizen engagement in matters of governance as well as building social capital and encouraging entrepreneurship. Citizens actively participate in defining their preferences and priorities, they are empowered to hold national and local Government and ministries accountable against commitments made.

Local communities are also encouraged to come up with their own solutions to problems through Ubudehe which encourages cells to take action on a problem of their own choosing. There are two main components to Ubudehe. Firstly each community (cell) gets an allocation of money each year to invest in a project agreed on by the whole community. Secondly the very poorest households are identified and provided with support. In 2009 the Government reported that Ubudehe had resulted in a reduction in poverty from 60 per cent to 54 per cent in rural areas (The Rwanda focus 18th November 2009).

In one of our case study districts the officials told us that people had benefitted from the programme and the programme had also helped with conflict resolution. Beneficiaries had been assisted in starting up income generating activities, they were now able to send their children to school and also pay for mutual health insurance.

The basis for social quality is provided by public policies, including economic policy, labour market policy and social policy. Whilst the policy context shapes social quality it is also shaped by it in the way that different human and social needs are fed back into the policy process. A public policy informed by Social Quality would include: economic policies that provide for independence; labour market policies that opened the way for participation; social policies for securing individual dignity, for fostering social solidarity, and; empowerment by shaping the space for action. Social quality provides the basis for a meta-theory for developing public policy and for its implementation and enables us to identify policies that might be relevant in this respect.

We can use this model to consider policies and programmes in Rwanda and the extent to which they are aimed at improving the well-being of ordinary Rwandans. Figure 6 provides some examples of policies and programmes aimed at improving the well-being in line with the social quality model. It shows that Rwanda has policies and programmes in place to secure the well-being of ordinary Rwandans. These policies and programmes include achieving the MDGs but are broader and designed to enable ordinary Rwandans to live well. The extent to which these policies are having the intended outcome: improving the lives of ordinary Rwandans, can be measured by considering progress to the MDGs. Policies and their implementation are a necessary pre-condition

Figure 6: Social Quality

<p>Economic Security Employment Policy Infrastructure Trade Policy Social Protection (e.g. VUP, One-Cow-a-Poor-Family) Land Policy</p>	<p>Social Integration Gacca Political Quotas Dialogue and Consensus Forum of Political Parties Community Mediators Gender Policy Youth Policy</p>
<p>Social Inclusion OVC Policy Women's National Council Umanganda Imihigo</p>	<p>Empowerment 9 Year Basic Education Health Policy ICT Policy GBV Law Ubudehe</p>

3.4. Conclusions

Improving well-being is more than reducing poverty, it is about creating a society in which all citizens are able to develop their capabilities and empowered to take control over their own lives. In Rwanda the community development policy has been aimed at building trust and social capital as well as giving people more control over their lives.

4. Official Development Aid in Rwanda



4.1. Introduction

Rwanda is heavily dependent on Official Development Assistance and is likely to remain so for some time. The aid architecture is complex, with aid fragmentation due to the number of sectors in which some donors work and a lack of sufficient coordination between donors. The amounts of ODA recorded by OECD in their datasets are not always the same as recorded by the Government of Rwanda, and both rely on donors providing them with accurate information. South-South aid is not officially recorded and it is even more difficult to get accurate information about it. There are funds that are earmarked for specific activities (virtualisation) and aid that comes untied. Aid can be in funds, in kind or in the form of technical assistance. It can be given as general budget support, sector budget support or sector allocated support. It can be spent using Government systems or through parallel implementation units. It is not possible with the available data to untangle this and give precise figures for the amount of aid Rwanda receives or the balance between different types. Furthermore, there is often a timing gap between commitment and disbursement, and aid committed in one year may actually be disbursed in a latter year.

There a strong commitment by the Government to working towards achieving the principals of the *Paris Declaration on Aid Effectiveness* and the *Accra Agenda for Action*. The Government has exerted strong ownership and leadership of the development agenda and put an *Aid Policy* and other reforms in place to ensure that there is mutual accountability between the Government and the ODPs. Generally ODA complements Government resources in supporting national priorities as articulated in *Vision 2020* and *EDPRS-1*. However, there is a need for DPs to buy into the *Aid Policy* fully, including the new reforms, as the government and DPs set the new priorities for development for 2013-2018.

In this section we start by looking at Rwanda's Aid Policy and its implementation and examine aid flows in recent years. We then evaluate aid to Rwanda, using the Paris Declaration of aid effectiveness framework, on the criteria of managing for development, alignment, harmonisation, predictability and transparency, the achievement of results and the accountability of partners to each other and to their respective electorates. We consider both the evaluation of Rwanda's progress towards achieving the Paris Declaration prepared by the OECD in advance of the Busan Conference in December 2011 and the most recent evaluation by the Government under the Donor Performance Framework for 2010/11.

There is one critical aspect of aid effectiveness as the overhead costs of donors. How much of aid money is spent on administration costs and how much is actually disbursed as aid. Getting information on overhead costs is extremely difficult and it is necessary to be cautious in interpreting differences because donors there are different interpretations of overhead costs. Multilateral donors have coordination costs and the World Bank, for example, manages a large number of trust funds. One attempt at an index of overhead costs ranks 42 countries. It shows that multilateral donors tended to spend more on administrative costs than bilateral donors and that the UN agencies have the highest administrative costs (Easterly and Williamson 2011). In terms of donors to Rwanda four were in the top best 10, Germany (2), Japan (3), Netherlands(4) and the UK (8). In the bottom quarter were UNAids (36), UNFPA (39) and UNDP (41). Notably lower scorers amongst bilateral donors were the US (20), Switzerland (22) and Belgium (25). The UK, for example, spend three per cent of its total budget on administrative costs in 2010/11 (<http://www.dfid.gov.uk/About-us/How-we-measure-progress/Aid-Statistics/Statistics-on-International-Development-2011/SID-2011-Annex-1Glossary/> last accessed 14/06/2012) compared with the US which reportedly spends 30 per cent (Petersen 2012).

4.2. Aid Policy in Rwanda

Rwanda is committed to managing aid to achieve development results and ensuring effective development cooperation in the furtherance of realising *Vision 2020* and achieving *ERPRS-1* outcomes. The *Aid Policy* (Ministry of Finance and Economic Planning 2006) clearly sets out the Government's expectations for the use of aid and its management in support of the *EDPRS*. It makes clear the Government's desire to have genuine ownership and leadership in development activities. It incorporates elements of the *Paris Declaration on Aid Effectiveness* and sets objectives for the negotiation and management of aid that respond to Rwanda's development needs. The Policy makes clear the Government's preference for aid to be provided as Direct Budget Support followed by Sector Budget Support rather than project support. It puts in place the expectation that development partners will be concerned with aid alignment with Government priorities, technical assistance provided through national systems, the use of the Development Assistance Database, joint working and the development of rules for the settlement of disputes. It recognizes the need to reform donor policies, practices and behaviour and the need for the Government to improve its management and execution of development programmes and projects.

Key objectives of the policy are:

- operational development strategies and alignment of aid flows with national strategies facilitated by clear linkages between EDPRS, sector strategies, the budget, the Medium Term Expenditure Framework and district development plans;
- reliable country systems and the use of country systems by donors;
- strengthening local capacities by coordinated support;
- avoiding parallel implementation units;
- ensuring aid is more predictable.

New initiatives and reforms have been introduced since 2006 to facilitate the better implementation of the Policy. These include:

- the annual retreat of development partners;
- the Development Partners' web site, which provides a forum for information-sharing and organization;
- the development assistance database, which seeks to capture significant aid flows;
- annual reports on aid effectiveness which set out targets and a wide range of deliverables;
- the Public Financial Management Reform to ensure the efficient, effective and accountable use of resources and systems that comply with international best practice;
- the Donor Division of Labour in Rwanda that sets out which donors will be active in which sectors, to reduce transaction costs and ensure more even spread of donor activity across EDPRS priorities;
- Single Project Implementation Units across all Government Ministries and project implementing agencies to reduce the number of parallel implementation units and give greater Government ownership;
- Project Treasury Single Account (TSA) which will enable real time consolidation of external resource information to the main Government Treasury Account.

The development partnership framework is led by the Government and integrated into the national development planning framework. The Government and Development Partners' Meeting is held biennially and provides a forum for high-level dialogue on development cooperation. The Development Partners' Coordination Group meets at least four times a year and is responsible for oversight of the aid coordination architecture. The meetings are attended by DPs and representatives of civil society and the private sector as well as the Government, with the purpose of monitoring and evaluating the implementation of the *Aid Policy*. The Budget Support Harmonisation Group is made up of ODPs who provide GBS and/or SBS, and it provides a forum for them to discuss with the Government issues relating to the efficient and effective use of BS, budget support allocations, sector performance and public finance management. The 17 Sector Coordination Working Groups are technical working forums made up of DPs, civil society organisations, the public sector and the Government, responsible for supporting the development and implementation of sector strategic plans.

In 2008 the *Common Performance Framework (CPF)*, with a wide range of indicators for use in budget support reviews and governance analysis, and the *Joint Governance and Assessment Framework* which aimed to establish a common understanding of governance, were agreed by Government and donors, together with a series of indicators and benchmarks for monitoring progress. There is a joint annual review of ODA by the Government and Donors. However, most ODA bilateral donors explicitly link commitments and disbursements of Government Budget Support to performance against governance criteria in addition to progress on conventional aspects of economic and sector policy.

4.3. Flows of ODA and Aid Architecture

The total ODA to the Government sector for the 2010/11 financial year was 1034 million US\$, with aid receipts showing a steady year-on-year increase in real terms from 2005, when they reached only 577 million US\$ (Figure 7; Table 3)⁹. In 2010/11 the aid flow was equivalent to 17.6 per cent of nominal GDP. This was lower than in previous years and suggests that Rwanda may be becoming less aid dependent even if the real value of aid is increasing. This is supported by the real increase in revenues from taxation that have been witnessed in recent years (Abbott 2011b; Malunda 2012).

In 2010/2011 the portion of ODA that qualified for and was reported in the national budget was 41.5 per cent of the total revenues and grants in the revised budget, a decline from around 50 per cent in previous years. However, not all ODA is 'on budget' or even recorded in the DAD and it is difficult to estimate the amount of 'off budget' Aid that is received. The PEPFAR budget for HIV/Aids, for example, is estimated to be 123 million US \$ a year, more than 10 per cent of the ODA that is on budget. In addition there is aid from non-DAC donors, including 'new donors' like the Chinese whose aid is given in different forms and not recorded, as well as external funding used by international charities and external funding raised by local NGOs. However, according to the data on the OECD database just over 50 percent of aid disbursements were to the Government sector in 2010 - 555.4 million US\$ out of a total of 1024.5 million US\$. The proportion of disbursed aid to the public sector has remained relatively constant since 2007.

Figure 7: Net ODA Receipts at 2008 Prices in US\$ Million



(Source: OECD Stat Extracts <http://stats.oecd.org/Index> last accessed 02.10.2011; OECD <http://www.oecd.org/dataoecd/63/19/1878421.gif> last accessed 20.05.2012)

Table 3: ODA 2007-2010

Receipts	2007	2008	2009	2010
Net ODA (US\$ millions)	722	933	934	1034
Bilateral Share (gross ODA)	52%	48%	56%	53%
Net ODA/GNI	21.3 %	21.1%	18.7%	18.5%
Net Private Flows (US\$ millions)	4	10	81	-35

(Sources: OECD <http://www.oecd.org/dataoecd/63/19/1878421.gif> last accessed 20.05.2012)

The number of donors giving aid to Rwanda is relatively small, and an even smaller number provide most of the ODA; Rwanda is dependent on a relatively small number of large donors. The OECD lists 21 bilateral, 10 multilateral and two non-DAC countries making commitments to provide development aid in 2010. Of these, the 10 top donors, six bilateral and four multilateral, provided the vast majority of aid (Table 4). Together they provided just over 80 per cent, and the top five provide 55 per cent of aid. (The total for the US does not include the PEPFAR funding, which would double its contribution.)

Table 4: Rwandan's Top Ten ODPs 2010 OECD Figures

Top Ten donors of Gross ODA (2009-10) Average	USD\$Millions
United States	123
World Bank	130
Global Fund	112
EU Institutions	104
United Kingdom	98
Belgium	76
AfDB	56
Netherlands	47
Germany	46
Canada	38
Total	830

(Sources: OECD <http://www.oecd.org/dataoecd/63/19/1878421.gif> last accessed 20.05.2012)

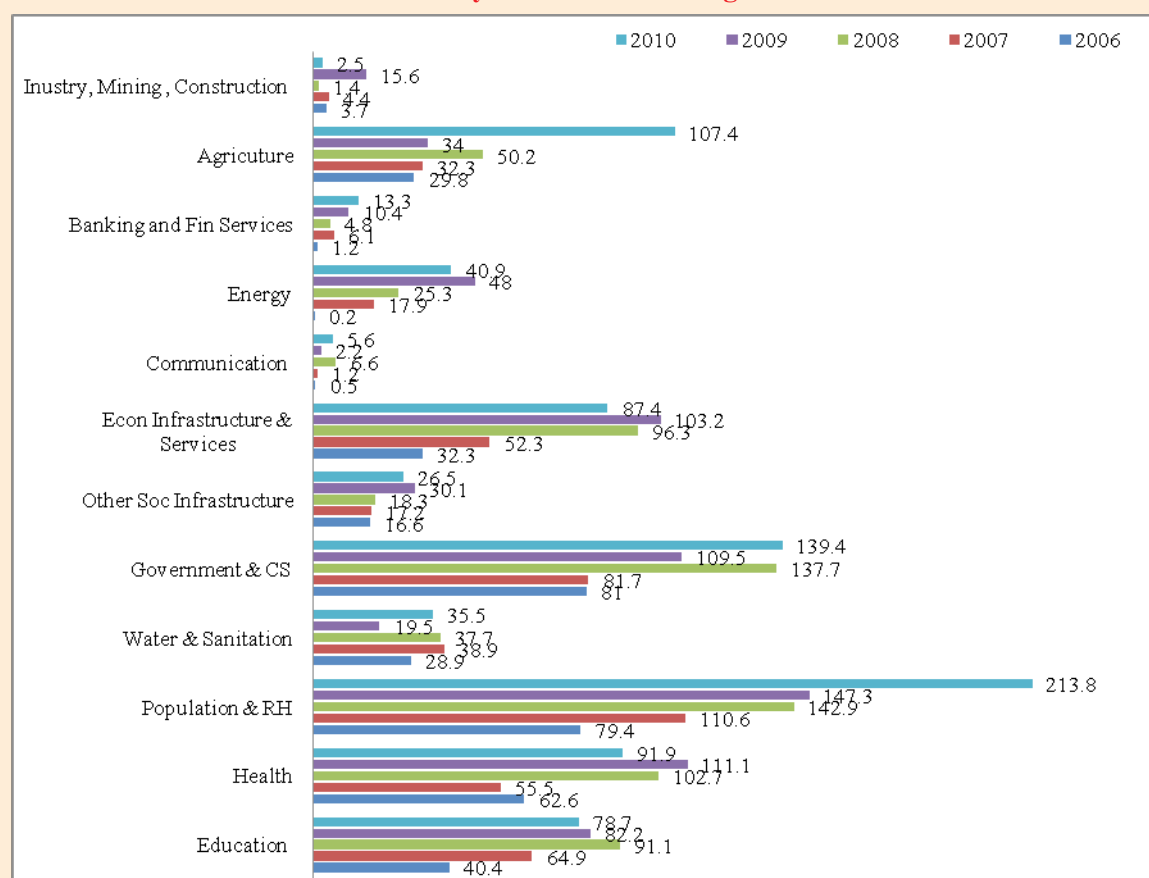
⁹ These figures are taken from the OECD data base; however, the Government of Rwanda reports total aid of 962.7 million US\$ in 2009/10 and of 974.9 million in 2010/11 (Ministry of Finance and Economic Planning 2012c).

There are 18 ODAs providing aid in Rwanda with records in the DAD¹⁰, with trend data on aid available for 17. The main sources of ODA have remained unchanged since 2005, with multilateral donors and consortia (World Bank, European Commission, and African Development Bank) accounting for the largest share, with the rest coming from bilateral donors (Ministry of Finance and Economic Planning 2009b).

4.4. Mapping Aid

Figure 11a shows the distribution of aid to different sectors between 2006 and 2010 and includes all ODA recorded on the OECD database. Figure 11b is the disbursement of Aid by sector in 2010/11. It shows that the volume of aid for the different sectors varies by large amounts between years and that health (taking ‘health’ and ‘population and reproductive health’ together) gets by far the most aid. There have been very noticeable increases in aid for population, public health, agriculture and an increase in all sectors. Comparing 2006 and 2007, before the introduction of *EDPRS-I*, and the period following its introduction, indicates that the additional aid pledged to support the implementation of *EDPRS-I* has been forthcoming. However, it also shows how aid flows fluctuate and may make forward planning difficult. We should note that ODA from the UK and AfDB were reduced because they were between programmes. This reduced, for example, the SBS for education, as DFID made no transfer in 2010/11. Underfunding of commitments is noticeable for most sectors and there does not seem to be a strong correlation between under-spending by *EDPRS* priorities (Table 2 above) and aid flows. However, Water and Sanitation, which has the largest under spend, is one of the sectors where aid disbursement has been noticeably low.

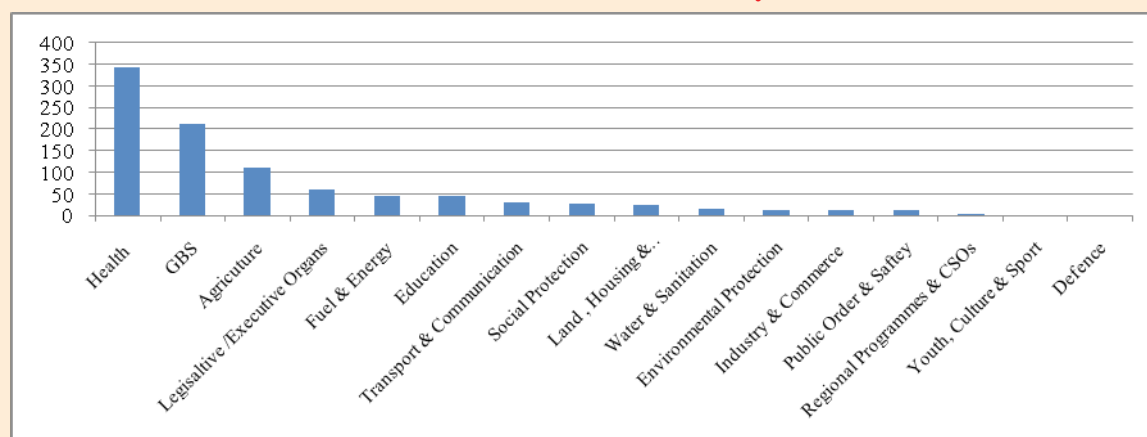
8a: Disbursements of Aid by Selected Sectors Against Promise 2006-2010



(Source: Development Database on Aid Activities: CRS online http://www.oecd.org/document/0/0,2340,en_2649_34447_37679488_1_1_1_1,00.html last accessed 21/05/2012)

10 Grimm et al report 29 DPs in Rwanda in 2010 of whom six were non-DAC. However, it is not clear if the UN agencies were counted as one

11b: ODA to Rwanda in 2010/11 by EDPRS Sector¹¹



(Source: Ministry of Finance and Economic Planning 2012c)

Over two thirds of ODA (70%) went to what have traditionally been regarded as the non-productive sectors in 2010/11. However, while only 29 per cent of ODA went to the productive sectors (Agriculture, Industry and Commerce, Fuel and Energy, Transportation and Communications) the new DPs like China and the Arab Funds contribute most of their aid to the productive sectors. In terms of the four EDPRS/MDG themes (Growth, Rural Development, Human Development and Governance), over half of ODA went to human development (56%). Rural development received 22 per cent, Agriculture 12.5 per cent and Governance 9.5 per cent. Between 2005 and 2008 the proportion of ODA spent on Human Development (health, education, water and sanitation and social protection) varied from just over 44 per cent in 2008 to 56 per cent in 2007 (authors' own calculations from data in NISR 2009).

4.5. Non-DAC Development Partners

The non-DAC DPs active in Rwanda include China, India, BADEA, Kuwait Fund, Saudi Fund, Egypt, Cuba, South Africa and Nigeria. Cuba and Nigeria send personnel assistance without any reported financial transfer. It is difficult to capture the engagement of these development partners with Rwanda, as they do not report transfers to the DAD and the information on CEPEX is incomplete (Table 7). No comprehensive and country-specific figures are available. They do not participate in the donor assessment exercises.

The aid provided by these partners includes financial assistance, concessional loans and technical assistance, but most is concessional loans and technical assistance. The aid is often tied to the sourcing of goods and services in the DP's country. The main sectors supported are education, health, agriculture, and transport and ICT. China, for example, provides grants (almost half), zero-interest loans (around one-third) and preferential loans (around one-fifth), mainly for Kigali urban roads and for infrastructure, with a small number of projects in agriculture, education and health (Grimm *et al* 2010). The four Arab funds mainly support infrastructure, including roads and energy. India is supporting the construction of the Nyabarongo Hydro-Electric Project.

Table 5: Non-DAC Development Support in US\$

	Commitments 2009/10	Disbursements 2009/10	Execution Rate %
China	20.65*	6.29	30.5
India	20.57*	0	0
ADDEA	10.0	0.15	1.5
Kuwait Fund	5.10	0	0
Saudi Fund	8.95	0.7	7.8
OPEC	8.29	0.34	7.8
Memo: Arab Funds Total	32.34	1.19	

(Source: Grimm *et al* 2010: * for calendar year 2009)

TA and South-South experience sharing is much less likely to be overpriced than technical assistance from ODPs but it is not necessarily any more country-designed or managed and it can cause problems for local procurement.

11 ODA to the education sector was only half of that of the previous year because several programmes had been completed, with new programmes being prepared, and the SBS that had previously supported them was not disbursed.

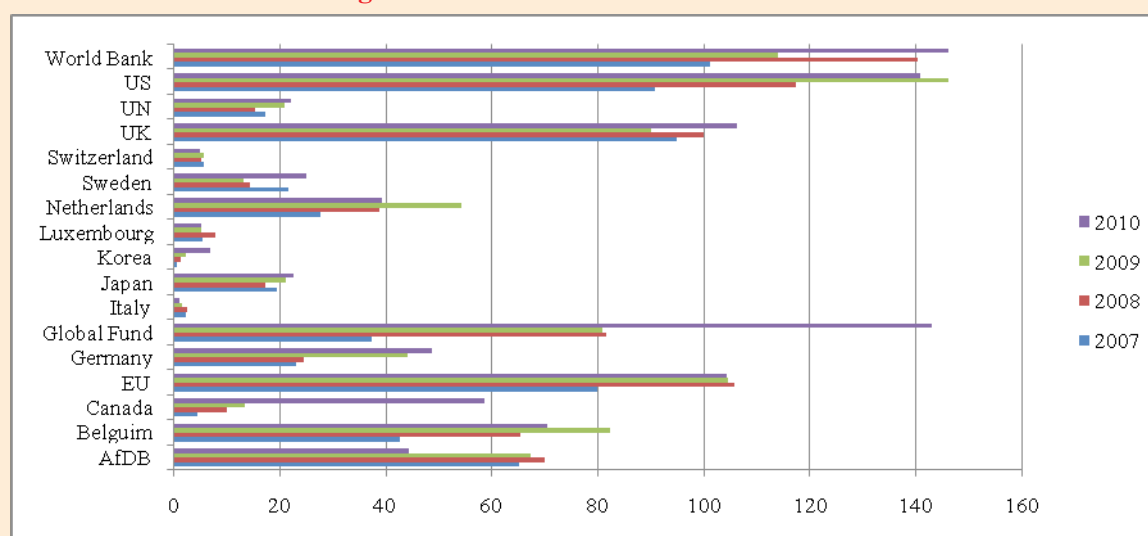
4.6. Predictability of Aid

There are two issues concerning the predictability of aid; the first is the long-term commitment of aid, to permit planning, and the second is the difference between what is promised in any given year and what is disbursed. This makes both long-term and short-term planning difficult. There are significant differences between what the OECD staff estimate Rwanda will receive, the information provided by ODPs to the OECD and the information provided to the Government of Rwanda. For example, forward spending information provided to the Government of Rwanda for 2014 came to just over 100 billion FRW while that provided to OECD is for 250 billion FRW and the OECD estimate is nearly 400 billion FRW. Lack of complete information on budgetary aid resources makes it difficult for the Government to prioritise and allocate resources effectively. It also impedes the ability of the Government to make robust economic forecasts, threatens macroeconomic stability and undermines national ownership, as allocation and spending is rarely fully aligned to Government priorities (Baingana 2011).

Nine out of the 16 DPs who were assessed in the Donor Performance Assessment make multi-year binding agreements of at least three years and 10 give non-binding indications of aid on a three year rolling basis. The Global Fund, Japan, Switzerland and the US meet neither of these targets. The donors that provide GBS and/or SBS all meet the targets. Only two out of seven (EC, Germany) met the additional target for BS donors of informing the Government of the anticipated volume of BS over the next three year MTEF period at least six months prior to the beginning of the fiscal year in question. However, only Belgium failed to confirm with the Government the exact amount to be disbursed in the following fiscal year within six weeks of the completion of the backward looking review.

The disbursement rate in 2010/11 (the difference between commitment and what was disbursement) was 63 per cent, varying from 197 percent for Canada to 27 per cent for Japan. The gap between commitment and disbursement is partly accounted for by some development partners still working to the calendar year and not the Government budget year (Ministry of Finance and Economic Planning 2012c), and the situation may improve as more partners harmonise with the Government's budget year. On the indicator for ODA being delivered in the year for which it was promised only Belgium, the EU and the World Bank met their targets in 2010/11 Canada disburse none, Japan 10 per cent, the US 12 per cent and Luxembourg 33 per cent (Appendix 2; Ministry of Finance and Economic Planning 2011). Of the BS donors only three (EC, Netherlands, UK) met their target for aid to be disburse within the first quarter of the Government's fiscal year and four (Belgium, Germany, Netherlands, UK) their targets for disbursement in the first half of the fiscal year for which it was scheduled.

Figure 9: Aid in US\$ Million 2007-2010 Disbursed¹²



(Source: OECD Data Base)

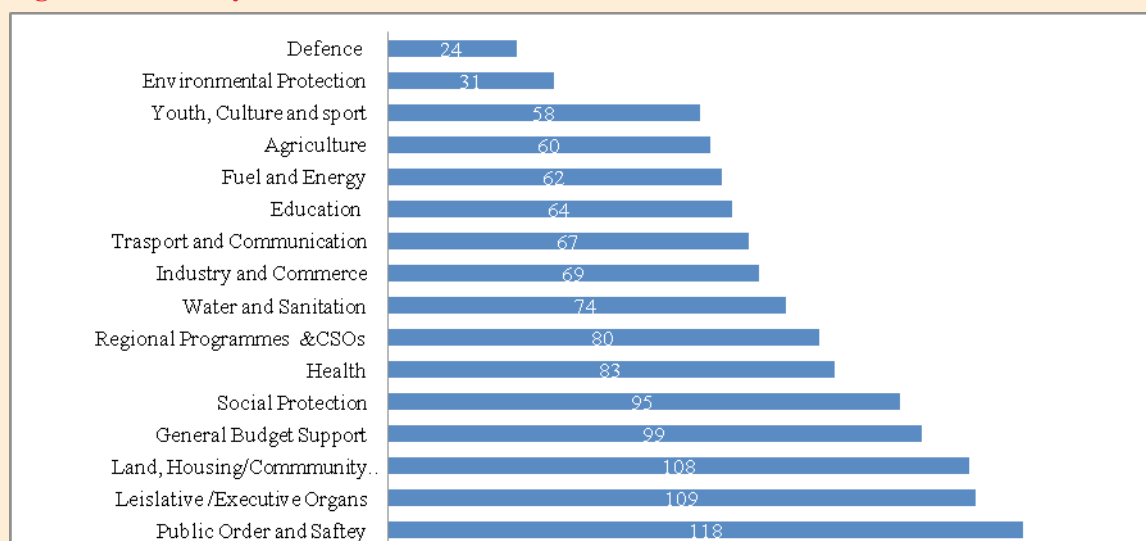
There is a difference in predictability by aid modality and by sector. The highest level of predictability is for GBS (99%) with SBS and project support both at only 74 per cent¹³. Disbursement also varies by sector. In 2010/11 the highest predictability was for general budget support (99%), with disbursement being higher than

¹² UN is for UNAIDS, UNDP, UNFPA, UNICEF

¹³ The DAD records the disbursement for SBS as 104 per cent but the BSHG records it as 74 percent. It is the commitments recorded in the BSHG that are used in the budget preparation process and included in the national budget approved by Parliament.

predicted in Public Order and Safety and Legislative/Executive Organs and the lowest for defence (24%). There are only five out of 16 sectors where the disbursement was 95 percent or over (Figure 9). In key human development sectors it was 95 per cent in Social Protection but only 83 per cent in Health, 74 per cent in Water and Sanitation and 64 per cent in Education. In key productive sectors it was 69 per cent in Industry and Commerce, 67 per cent in Transport and Communication, 62 per cent in Fuel and Energy and 60 per cent in Agriculture.

Figure 10: ODA by Sector 2010/11 % Disburse



(Source: Ministry of Finance and Economic Planning 2012c)

4.7. Ownership

Rwanda scored 4, the highest grading, on the 2011 aid effectiveness survey (Table 9 below; OECD 2011). The national development strategy is set out in *Vision 2020* and the mid-term implementation strategy is set out in the *Economic Development and Poverty Reduction Strategy 2007-12*. *Vision 2020* and *EDPRS* were developed through an inclusive consultation process with the involvement of ODPs, CBOs, the private sector and higher education institutions. Women's participation was guaranteed through the Women's National Council and youth through the National Youth Council both of which are legally established nationally representative bodies. However, the low capacity of local CSOs may limit their ability to participate effectively and concerns have been raised that they remain largely reactive (ActionAid Italy 2011; Brewer *et al* 2009).

The implementation of the *Aid Policy* is integral to the implementation of *EDPRS* whose *performance* targets incorporate the MDGs. Monitoring and evaluation is through a framework, which ensures the active involvement of Government, ODPs, CSOs and the private sector with the outcome reported to the Cabinet and Parliament. The annual review draws on Joint Sector Reviews and District Performance Contracts. CSOs are represented on the *EDPRS* National Technical Steering Committee and on Province and District Steering Committees. At district and sector levels, all registered NGOs and faith-based organisations together with representatives of the National Women's Council and the National Youth Council are represented on the Joint Action Development Forum. The Donor Performance Assessment reviews the performance of bilateral and multilateral donors against a set of established international indicators on the quality and volume of ODA. An annual Children's Summit with children participating at a local level in dialogue culminating in the National Summit enables the voice of children to be heard.

EDPRS sets out the budget required for implementation, including the amount of aid required. ODA provided as general budget support or sector budget support (included in the Government budget), about 50 per cent of total aid to the Government Sector, is used to fund Government priorities as agreed through the consultative process for implementing *EDPRS*. The budget is passed annually by Parliament. In 2010/11, 64 per cent of ODA was recorded in the national budget, and this varied from 100 per cent for the World Bank to three per cent for the United States (Table 6).

Table 6: Aid to Government Sector On Budget, by Donor 2007-10/11

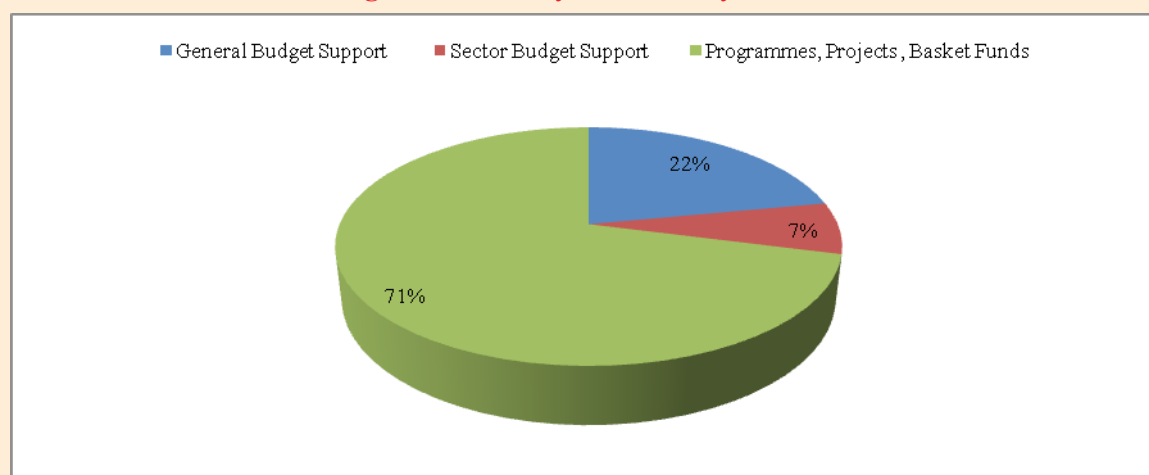
Donor	2007 Baseline	2009/10	2010/11
AfDB	86%	85%	51%
Belgium	77%	72%	54%
Canada	0%	59%	0%
European Commission	80%	92%	71%
Germany	46%	62%	67%
Global Fund	67%	52%	27%
Japan	29%	16%	9%
Luxembourg	52%	100%	76%
Netherlands	42%	90%	84%
Sweden	52%	25%	92%
Switzerland	0%	39%	57%
United Kingdom	96%	94%	85%
United Nations	20%	44%	36%
United States	0%	0%	3%
World Bank	50%	85%	100%
All	52%	67%	64%

(Ministry of Finance and Economic Planning 2011)

Parliament is able to exercise its responsibilities for oversight of the budget under the *2003 Constitution*, which provides for a division of powers between the legislature, the executive and the judiciary. The Finance Bill is presented to the Chamber of Deputies together with a report on how the previous year's budget was spent and a guide to the budget. The Chamber of Deputies consults with the Senate before passing the Bill. Parliamentary sessions are open to the public and are conducted in Kinyarwanda.

Whilst the government's preference is for aid to be given as general budget support or sector-wide budget support, much aid continues to be given as project support or technical assistance. In 2010/11, 22 percent of ODA was given as general budget support and seven per cent as sector budget support (Figure 10; Ministry of Finance and Economic Planning 2012c). The general budget support donors were AfDB, Germany, the UK, the EC and the World Bank and the sector budget support was from AfDB, Germany, the Netherlands, Belgium and the EC¹⁴. Sector budget support is provided in education, health, agriculture, social protection, environmental protection and for legislative and executive organs. The only sector which usually has a substantial amount of its aid through SBS is education, but in 2010/11 this aid was not disbursed because new programmes were being prepared by DfID (Ministry of Finance and Economic planning 2012c).

Figure 11: ODA by Aid Modality 2010/11



(Source: Ministry of Finance and Economic planning 2012c)

Nearly three-quarters of aid is provided through programmes, projects or basket funds. The Government prefers that project support is pooled (basket funds) rather than earmarked for individual projects. The Government manages basket funds for support to the National Institute of Statistics, the Demographic and Health Survey, the Population Census, the Health Sector Capacity Building Fund, Public Financial Management Reform, Common Development Fund and the Investment Climate Facility for Africa.

14

The UK usually give sector budget support for health and education but this was not disbursed in 2010/11

Seven SWAP agreements have been signed by the Government and DPs in Agriculture, Education, Energy, Environment and Natural Resources, Health, Justice and Transport to implement a single sector strategy and expenditure programme for each of the sectors. These, at least theoretically, enable the Government to have ownership of the development strategy and its implementation, ensure that DPs use government systems and coordinate effectively. A review of the implementation of WAPs found that they had had a positive impact on DPs' coordination, harmonisation and alignment as well as strengthening strategic dialogue. However, aid predictability did not necessarily improve and not all signatures to a SWAP used government systems. Furthermore District plans were not necessarily aligned to sector strategic plans (Ministry of Finance and Economic Planning (2012d)).

Project support can be implemented by Government agencies or by parallel implementation units. The latter is not considered good practice and raises concerns about the extent to which it is in line with Government development priorities and supports Government systems. In 2011/11 there were 346 projects being implemented in Rwanda of which 219 were implemented by the Government, accounting for 68 per cent of aid implemented through projects. Four donors' project support was totally implemented through Government agencies - AfDB, the Global Fund, Japan, and the UK - as was 95 per cent of the World Bank's. At the other extreme, none of the project support provided by Belgium and the US was implemented through Government agencies. In response to the challenges posed by parallel implementation units, the Government has started to establish Single Project Implementation Units in each ministry to implement all projects under the ministry (Ministry of Finance and Economic Planning 2012c).

The Aid Policy sets out the terms under which the Government will accept TA but the Government continues to feel pressure from donors who continue to influence TA (ActionAid Italy 2011). Furthermore the Government is of the view that TA is not as coordinated as DPs report (Ministry of Finance and Economic Planning 2012d). About four per cent of total aid is provided through technical support for assistance and project equipment. The UN provides 21 per cent of their ODA in technical support. This is partly because the specialised UN agencies provide mainly technical assistance and because the World Food Programme provides in-kind support through food donated in kind or procured outside Rwanda. Germany also provides a high level of technical aid because the German Government requires that a third of its aid is in the form of technical assistance/cooperation. The main ODAs providing Project support are the US, the Global Fund, the UN, Belgium and the World Bank (Ministry of Finance and Economic Planning 2012c). All the ODPs with the exception of Switzerland met their target for the TA indicator in 2010/11 (Ministry of Finance and Economic Planning 2011).

A further concern is fragmentation, where a DP is engaged in multiple projects often only making a comparatively small contribution to each of them. The UN, Japan and Belgium are all providing fragmented project support. However, the UN has started to address this through *Delivering as One* with the coordination of its programme in Rwanda and each agency working in accordance with the Government's Division of Labour principles. Belgium and Germany have also committed to the Division of Labour Principles.

4.8. Transparency and Accountability

Independent reviews of aid in Rwanda have concluded that there has been a move to mutual accountability between the Government and Donors. ODPs also continue to exert a strong influence on Government policy (Hyman 2008). The Government feels that it has made significant progress in developing its systems, but ODPs are slow to adopt the commitments of the Paris Declaration and conform to the requirements of the Aid Policy (see Table 11 below; Ministry of Finance and Economic Planning 2011, 2012c, 2012d).

However, there has been less progress in the Government having greater accountability to citizens and taxpayers. The findings of the *2011 National Mutual Accountability Survey* (Nkusi and Naab 2011) support the conclusion that the involvement of local government, CSOs, NGOs and the private sector could be strengthened further. There is a need not to confuse participation with consultation and democratic control. Nevertheless the Government is committed to improving service delivery and has adopted mechanisms for evaluating, such as citizen reports and community score cards as well as questions on satisfaction with government service delivery in the EICV surveys (National Institute of Statistics 2012a). The 2003 Constitution (Article 34) guarantees freedom of information and the *Access to Information Bill* is expected to pass into law later in 2012. A further issue in Rwanda is the language of official documents with many only being available only in English. However, a simplified version of the Budget has been made available in Kinyarwanda.

The decentralisation policy and Imihigo, a consultation process by which all citizens are engaged in the annual planning process enables citizens to be engaged in the development process. This approach culminates in the

development of district plans in which performance targets form the basis of performance contracts and enables citizen participation in planning. District Plans form the basis for contracts which are signed by the President and are monitored and evaluated as part of *EDPRS M + E*. The districts' performance against their contracts is widely publicised in the media. The extent to which Imihigo enables citizens to be involved in planning and holding local Government to account has yet to be evaluated. It does ensure, however, that Districts are accountable to the Government for implementing Government policies.

Decentralisation and Accountability to Citizens

The objective of the decentralisation policy is to empower citizens to participate in planning and managing the development process at a local level, to make local leaders accountable to the communities they serve and to improve transparency and good governance. Development plans at district level are developed through a bottom up participatory process starting at village level, then at cell and sector levels. The district then uses the preferences identified at sector level to develop the plan. District plans form the basis of the Annual Work Plans, they are agreed with the Government and form the basis for a performance contract, which the districts are held accountable for achieving. Government Districts are funded by the central Government from the Common Development Fund, from the national budget, donor funding and from local taxes and charges. Thus, formally, the districts are accountable to the Government and in some cases also to ODPs, limiting the extent to which they are accountable to their electorate.

In our case studies (Appendix 1) the districts reported being accountable to the Government and ODPs. Two districts complained about the control over projects that some DPs want, which made it difficult for them to be accountable to citizens. They also explained how they were accountable to their electorate. They reported organising open days to report on progress towards achieving the performance contract, discussions and providing information on community radio. One district was planning to put in place two toll-freephone lines to enable citizens to call in with ideas, comments and complaints.

Complete transparency would enable the government and citizens to see how much aid each donor is giving for what and when they are giving it. Without transparency there is duplication and waste, it makes it harder for aid agencies to coordinate their activities. It would enable recipient governments to plan their budget better and it helps donor taxpayers to understand what is being given for what and to hold their governments responsible. Aid that is recorded in the budget is clearly transparent and reporting aid to the DAD provides a degree of transparency. However, obtaining transparent information on aid is difficult, although some donors are clearly more transparent than others (Ghosh and Kharas 2011). In 2010/11 only 64 per cent of aid to the Government was on budget, that is, was recorded in the budget even if it was not executed by Government agencies. The recording of aid in the budget in 2010/11 varied from 100 per cent by the World Bank to 0 per cent by Canada. Poor performers included the US (3%), Japan (9%), Global fund (27%) and the UN (36%). Better than average performers included Sweden (92%), the UK (85%), Luxembourg (76%) and the EC (71%).

4.9. Alignment

A major concern has been that much donor assistance has been poorly aligned with the Government's development needs and priorities, limiting the impact on poverty reduction and economic development (NISR 2007b; Ministry of Finance and Economic Planning 2007, 2012c). Although DPs are committed to the implementation of *EDPRS-1* and significant progress has been made in meeting the targets, there is an uneven distribution of ODA across sectors, with Health, for example, getting 800 times the amount of funding given to Youth, Culture and Sport. In the 2010/11 the target for aid being recorded in the national budget was 100 percent, but only 64 per cent was recorded. The target for ODA to the Government being delivered by the Government was 75 per cent with 65 per cent being delivered. Only the World Bank met the target of 100 per cent of ODA being recorded in the Budget. The next best performers were: 92 per cent of Sweden's aid, 85 per cent of the UK's and 84 per cent of the Netherlands. Among the poor performers on this indicator one per cent of Canada's, three per cent the US's, nine per cent of Japan's, 27 per cent of the Global Fund's and 36 per cent of the UN's aid were recorded in the Budget. However nine ODPs met their targets for delivered by government agencies, with 100 per cent of AfDB's, Germany's and Japan's aid being delivered by government agencies and 99 per cent of the European commission's and 98 per cent of the World Bank's. The poorest performer on this indicator was the US with 0.2 per cent and Belgium with 19 per cent of aid to the Government delivered by Government agencies (see Table 6 above and appendix 2).

Under the term of the Paris Declaration all aid should, not just respond to the country's priorities, but also make use of the country's systems. However, a considerable proportion of aid is delivered outside of Government systems. Rwanda's country systems are sufficiently solid and reliable for use by ODPs. The lack of use of country systems and modalities is not due to technical issues but to the political decisions of and legal constraints on DPs (Government of Rwanda and Development Partners 2010). Rwanda scored 4 for PFM system and B for procurement system on the OECD aid effectiveness survey, based on 2010 data (Table 9 below). Sixty-four per cent of aid used country procurement system, 50 per cent PFM system and 71 per cent of aid to Government was reported 'on budget'. There were 26¹⁵ PIUs. (In 2010/11 the aid on budget had declined to 64%, the use of Government procurement procedures to 62% and the number of PIUs reported was 26. The proportion using PFM had increased to 59%)(Ministry of Finance and Economic Planning 2011).

Seventy-four per cent of aid to Government is recorded and disbursed by Government within the year and 95 per cent of bilateral aid is untied (Table 9). Low levels of medium-term predictability pose a challenge for the Government's strategic planning and budgetary process. Less than half the DPs provide rolling multi-year binding and/or indicative information in line with the Accra Agenda for Action agreement to provide information on rolling three-year expenditure plans;

- AfDB, Belgium, Canada, EC, Luxembourg Netherlands, Sweden, UK and the World Bank make multi-year binding commitments of at least three year;
- AFDB, Belgium, EC, Germany, Luxembourg, Netherlands, WB, UK, UN and Sweden provide non-binding indications of future aid for at least three years ahead according the Governments fiscal year;
- The Global Fund, Japan, Switzerland and the US make no long term commitments (Ministry of Finance and Economic Planning 2011).

4.10. Donor Coordination

There has also been concern that ODPs are not equitably distributed across *EDPRS* sectors, with overcrowding in some sectors and lack of engagement in others and with the average amount per donor often being relatively small. In 2010/11, for example, the average contribution per DP in Agriculture was US\$ 8.6 million with a total of US\$ 11.5 million. This makes it difficult for the Government to fund all sectors on the basis of its priorities and creates transaction costs. The best funded sector in 2010/11 was health with nine active development partners contributing to it by the US, the Global Fund and Belgium. The most crowded sector was agriculture with 12 DPs.

The sectors which have less support include Youth, Culture and Sport, where the only support is from the UN and Japan with a total contribution of US\$432,197 for a joint programme for youth empowerment and development. The Defence Sector received even less at US\$ 367, 394 for the setting up of a regional centre for peace building.

In 2010 the government agreed a division of labour (DoL) with the DPs to ensure a more even coverage of sectors, to avoid duplication and reduce transaction costs and fragmentation. Table 7 shows the distribution across sectors at that time. However, concerns have been raised that donors leaving a sector may leave a funding gap as has happened in Education with the withdrawal of the World Bank (Ministry of Finance and Economic Planning 2012c).

Table 7: Division of Labour in 2009/10

	Belgium	Canada	Germany	Japan	NL	Sweden	UK	USA	AfDB	EC	WB
Education	X	X		X	X	X	X		X		X
Health & Population	X		X				X	X			X
Social Protection						X	X	X	X		X
Employment			X		X		X	X			
Youth											
Transport & ICT									X	X	X
Energy	X				X				X		X
Water & Sanitation	X			X					X	X	X
Agriculture	X	X		X			X	X	X	X	X
Forestry, Land & Environment					X	X	X	X			
Manufacturing		X									X
Justice	X		X		X	X				X	X
Decentralisation/CDF	X	X	X			X	X	X			X

(Source: Grimm *et al* 2010)

Table 8 shows the DoL as agreed by the DPs with the Government in 2010 with no DP working in more than three sectors, although silent partners were also agreed, but as of 2010/11 little progress has been made. However, AfDB, Belgium, Sweden, Germany and the UK have started implementing the DoL. Canada and the Netherlands have made efforts to implement it as well (Ministry of Finance and Economic Planning 2012c). The UN has also indicated that it will respect the DoL from the start of the implementation of its new programme in 2013/14 (Abbott *et al* 2012).

Table 8: Agreed Division of Labour

	Development Partners	Silent Partners ¹⁶	No of DPs in 2010/11
Education	Germany, Japan, UK, UNICEF, WFP	Belgium, Canada, AfDB	7
Health & Population	Belgium, Switzerland, Luxembourg, UNFPA, WHO	Germany, UK,	9
Social Protection	Sweden, UK, UNICEF, WFP	EC, WB, UNFPA, UNCHR, WHO	6
Employment	Germany, US, ILO,		2
Youth	France, UNFPA	UNDP, UNESCO, UNICEF	1
Transport & ICT	AfDB, EC, WB, UNECA	Japan	5
Energy	Belgium, Netherlands, AfDB, WB, France, UNIDO,	Japan,	8
Water & Sanitation	Japan, AfDB, Austria,	UN-HABITAT	5
Agriculture	Canada, Japan, UK, US, EC, WB, FAO, IFAD, I		12
Forestry, Land & Environment	Sweden, FAO, UNDP,	UNEP, UN-HABITAT, WFP	7
Manufacturing	UNIDO		7
Justice	Netherlands, Sweden, EC, UNDP,	Belgium, UNICEF, UNWomen	7
Decentralisation/CDF	Belgium, Germany, Sweden. Switzerland, UNDP,	UNICEF, WFP, UNCDF	7

(Source: Ministry of Finance and Economic Planning 2010)

The EDPRS identifies areas where technical assistance is required. The Aid Policy outlines the terms under which the Government would wish technical assistance to be given, and 92 per cent of technical assistance is coordinated with the country's programmes (Table 9). Technical assistance is required because of low capacity and skills shortages. There is an increasing tendency for tenders and contracts to be open to local bidders and in the case of evaluation for international consultants they are required to work with local consultants to build capacity. 67 per cent of aid is programme based, 44 per cent of donor missions are coordinated and 82 per cent of country analysis are coordinated (Table 9).

4.11. Managing for Results

Rwanda was one of the two top countries in terms of moving towards achieving the 2010 targets for the Paris Declaration ahead of the Busan meeting. Table 9 shows performance against targets and shows that all targets were met apart from having a reliable procurement system, the number of PIUs and having a results orientated framework. As we have discussed above, there has been little further progress since 2010, although the Government is introducing Single Project Implementation Units in every ministry to manage all projects.

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A silent partner provides funds to a lead partner operating in the sector but does not actively participate thus reducing transaction costs.

Table 9: Progress in Achieving the Paris Declaration OECD Indicators and Targets

Indicator	2005	2007	2010	2010 Target ¹⁷
1. Operational Development Strategy	B	B	A	A
2a Reliable Public Financial Management Systems	3.5	4.0	4.0	4
2b Reliable Procurement Systems			B	A
3 Aid Flows are Aligned on National Priorities -% of aid for Government sector reported on budget	49%	51%	71%	85%
4 Co-ordinated support - % of technical cooperation implemented through coordinated programmes consistent with national development strategies	58%	84%	92%	50%
5a Use of country PMF -% of aid for the Government sector that uses countries' partner country's PMF systems	39%	42%	50%	50%
5b Use of country procurement system - % of aid for the Government uses partner country's procurement system	46%	42%	64%	NA
6 Strengthen capacity by avoiding parallel PIUs – number of PIUs	48	41	26	16
7 Aid more predictable - % of aid for Government sector disburse within the fiscal year for which it was scheduled and recorded in government's accounting systems	66%	67%	74%	83%
8 Aid is untied - % of aid that is fully untied	85%	94%	97%	More than 82%
9. Use of common arrangements or procedure - % of aid provided in the context of programme based approach	42%	38%	67%	66%
10a Joint missions - % of donor missions to the field undertaken jointly	9%	21%	44%	40%
10b Joint country analytical work	36%	42%	82%	66%
11 Results-oriented frameworks – transparent and monitorable performance framework	C	C	C	B or A
12 Mutual accountability – mutual assessment review in place.	No	No	Yes	Yes

(Source OECD 2011)

The findings from the 2011 National Mutual Accountability Survey (Nkusi and Naab 2011) show that there have been major behavioural changes by the Government and the DPs (Table 10).

Table 10: Changes in Behaviour of Government of Rwanda and DPs

<p>Government of Rwanda</p> <ul style="list-style-type: none"> • Strong leadership • Improvement of PFM and strong efforts at Public Sector Reform to ensure efficient use of funds and effective implementation • Reporting of Aid to Parliament • Open and candid dialogue between GoR and DPs <p>Development Partners</p> <ul style="list-style-type: none"> • Trust in leadership of country • Increased alignment of DP support with GoR priorities • Greater aid predictability • Greater use of country systems • Agreement of division of Labour and respect of Silent Periods

The Aid Policy and the systems for the implementation and M & E of *EDPRS* stress mutual accountability of the Government and ODPs. The quality and effectiveness of aid has a significant impact on domestic accountability for results and the transparency of aid enhances national accountability. There is a Common Performance Monitoring and Policy Matrix with democratic accountability as well as accountability to ODPs. The performance assessment framework was graded C in the OECD survey on aid effectiveness (Table 9 above). The discussion in this section is related to ODPs, not the other DPs who do not engage with the DAD and performance assessment and do not necessarily feel bound by the international agreements or Aid Effectiveness Agenda (Grimm *et al* 2010).

Innovative Practice: Use and Adaptation of the Paris Declaration Monitoring Framework

- Rwanda's Aid Policy (2006) builds on and makes explicit reference to the Paris Declaration, in its monitoring framework and the global targets agreed in it. To strengthen mutual accountability have implemented two complementary performance assessment frameworks:
- The common Performance Assessment Framework used by most donors to assess Rwanda's performance in implementing EDPRS;
- The donor Performance Assessment Framework which assesses individual and collective donor performance in improving the quality of development cooperation.
- The Donor Performance assessment Framework incorporates all the Paris declaration indicators as well as a number of innovations:
- Annual Assessment of Government and donor performance timed to coincide with the joint review of performance of EDPRS. The outcome is agreement on policy actions where improvement is needed;
- Country-specific and 'Augmented' Indicators with 27 indicators of donor performance;
- Traffic Light Scoring with donor performance scores red (targets not met), amber (insufficient information) or green (targets met);
- Monitoring of donors policy actions as well as quality of aid. Donors are assessed against their implementation of policy actions and practices that contribute to aid effectiveness at country level.

Table 11 shows the outcomes of the Donor Performance Assessment in 2009/10 and 2010/11. However, this is restricted to those partners who collaborate with the Government, 14 donors in both years. The Framework is divided into five results areas, with the fifth applying only to DPs who provide BS. The five areas are:

- **Use of national systems for strengthening ownership, sustainability and reduced transaction costs** (volume of ODA on budget, % recorded in national budget, % delivered by government agencies);
- **Use of National systems for and institutions for strengthening ownership, sustainability and reduced transaction cost** (% disbursed in context PBA, % disbursed using government budget execution procedures, % disbursed using government auditing procedures, % disbursed using government financial reporting systems, % disbursed using government procurement systems, number of parallel PIUs, % TC provided through coordinated programmes);
- **Facilitating longer-term planning and implementation through predictable development financing**(all ODA through multi-year binding agreements of at least 3 years, non-binding indications of future aid to cover at least 3 years on a rolling basis to cover financial year, % of ODA delivered in year for which intended);
- **Reduction of transactions costs and strengthening of partnerships through the adoption of harmonised approaches**(total number of missions, number of missions during silent period without authorisation, % of missions that are joint, total number of analytical works, % of donor analytical work that is coordinated, silent period respected);
- **Budget support provided in a manner that enhances ownership, predictability and reduces transaction costs** (government informed anticipated volume of aid 6 months prior to fiscal year for next 3 year MTEF, BS confirmed for next year within 6 weeks of completion of the backward-looking review, % BS disbursed within first quarter of fiscal year, % BS disbursed within first 6 months fiscal year for which scheduled, donor adherence to common conditionality, donor adherence to full partnership framework, % BS disbursed in or before month for which scheduled and within fiscal year planned).

In 2010/11 only four targets were met in aggregate: percentage of technical cooperation provided through coordinate programmes; percentage of joint missions; donor adheres fully to common conditionality; and donor adheres fully to partnership framework¹⁸. As Table 11 shows, few development partners met their targets in 2009/10 or in 2010/11 and only 14 partners provided information to the Government in 2009/10 and 15 in 2011. Nine partners' performance was worse in terms of meeting their targets in 2010/11 than in 2009/10, one remained unchanged and four had improved. What is also noticeable is that the best performing countries in terms of number of targets met are generally amongst the best performers on indicators even when they do not meet their targets (Appendix 2). Although the DPs signed the agreement for meeting targets some have argued that they are too challenging and this is a disincentive to trying to meet them (Ministry of Finance and Economic Planning 2012).

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Appendix 2 provides a detailed breakdown by donor for the targets that all donors were assessed on.

Table 11: Individual Performance Assessment for 2009/10 and 2010/11

Donor	Targets Met ¹⁹ 2009/10	Targets Met 2010/11
United Kingdom	23/23	19/22
Netherlands	20/23	15/22
European Commission	17/23	18/22
Germany	17/23	13/22
World Bank	17/23	16/21
Belgium	13/23	11/21
AfDB	11/23	14/21
Global Fund	10/17	6/13
Sweden	10/17	10/16
Switzerland	8/17	4/15
United Nations	6/17	7/16
Canada	5/17	6/16
Japan	5/17	4/14
United States	4/17	2/15
Luxembourg		5/15
Total (based on 14 donors who made returns in both years)		4/22

(Source: Ministry of Finance and Economic Planning 2010, 2011)

4.11. Conclusions

The Government has put in place a framework to ensure the management of aid in line with the Paris Declaration and taken strong leadership in implementing it. It has shown strong leadership in the development and implementation of its development strategy. It is making efforts to improve its systems and process. Whilst maintaining its preference for GBS and SBS it is setting in place a system for ensuring the better management of project aid by encouraging donors to: pool funding for projects; provide information on financing for inclusion in an appendix to the budget; and using the single project implementation units set up in each ministry. The DPs have expressed commitment to *EDPRS* and supporting its implementation but there is less evidence of the DPs coming on board and meeting their commitments to the Paris Declaration. The comparison of the scores for donor performance in 2009/10 and 2010/11 shows little progress with a number slipping back and only Switzerland and Germany showing notable improvements.

There remain significant challenges to implementation of the Aid Policy.

1. a reduction in GBS and SBS and an increase in project support modality in 2010/11. Project support is associated with fragmentation, reduced predictability, high transaction costs and misalignment to development objectives. Even when donor spending is in line with *EDPRS* priorities the Government, given a free hand, may have spent the money in different ways;
2. poor performance on the Donor Performance Assessment Framework, little indication of improvements and not all DPs participating;
3. lack of multiyear commitment of ODA, making budgeting for *EDPRS* implementation problematic;
4. the non-integration of the non-DAC DPs into the aid architecture increases transaction costs, reducing the possibilities for collaboration between donors and potentially results in duplication;
5. a significant number of DPs are not aligning to the *Aid Policy* and are not using the country systems;
6. technical assistance may create, rather than reduce, dependency unless there is a strong capacity-building element;
7. the Ministry of Finance and Economic Development's macro perspective may not at times match specific sector needs and challenges identified by line ministries (Grimm *et al* 2010);
8. the transparency is data on project-based aid flows remains a major challenge to aid architecture coordination. Data on the DAD and on the Central Bureau for Public Policy Investment External Funding (CEPX) databases are not comparable and at times the data are inaccurate and incomplete (Grimm *et al* 2010);
9. the Government is of the view that the indicator for technical cooperation is not credible and that technical cooperation needs to be aligned to the Government's Strategic Capacity Building Initiatives;
10. the Government is concerned about the number of PIUs and wishes to phase them out by the end of 2012/13. However, in 2010/11, 43 per cent of aid was executed by agencies other than Government ones;
11. there remains a gap between aid scheduled and aid effectively disbursed and recorded in the country's

19 Total out of number of targets set and for which data was available

- accounting systems;
12. the Asian approach to aid (DAC as well as non-DAC), which is characterised by a lack of transparency and tends to be supply-driven rather than demand-led, and a reluctance of some to integrate into the Rwandan aid coordination architecture (Grimm *et al* 2010);
 13. quality and reliability in terms of accuracy, timeliness and usefulness of the results-orientated framework continues to be a challenge, as does data availability and reliability (Nkusi and Naab 2011);
 14. concern by the ODPs that the Government does not listen enough and may be moving too quickly and that local authorities need significant support in implementation (Grimm *et al* 2010) ;
 15. the shortage of capacity in Government, and high staff turnover, may pose a limit to Rwandan ownership, especially combined with a shortage of qualified and experience technical experts and administrators;
 16. the strong coordination and high levels of evaluation that ensure mutual accountability are time consuming and there remains confusion among DPs about what to report to whom and when (Grimm *et al* 2010; Hyman 2009);
 17. decentralising and strengthening local governance and ensuring performance delivery at local level need to be further developed. The accountability of local leaders to central Government is stronger than to their electorate and local NGOs and CBOs remain weak.

5. Development Results

5.1. Introduction

Figure 12 shows the progress that Rwanda has made towards achieving the MDGs. Rwanda is on course or has the potential to achieve most of the 2015 MDG Targets. A major factor in this remarkable achievement is a committed Government and a strong partnership for development between the Government and donors.

Figure 12: Progress towards the Millennium Development Goals

MDG Goal	Progress
Eradicate extreme hunger and poverty	The proportion of the population living below the national poverty line decreased significantly between 2005/6 and 2010/11 from 57% to 44.9%. Despite this excellent progress it is unlikely that the 2015 target will be met.
	Rwanda is on track to achieve its MDG target for reduction in the proportion of the population below the minimum level of dietary intake.
	The target for the prevalence of underweight children has already been met.
	The proportion of workers employed in non-farm work remains low: 38.7 % of men and 19.1 % of women in 2010/11
Achieve Universal Primary Education	Although excellent progress has been made in increasing access to primary education and in children completing the primary phase the 2015 targets look challenging as progress has slowed in recent years.
Promote Gender Equality and Empower women	The targets for girls' education and proportion of women in Parliament have already been met.
	The target of 50% of female employees in the non-agricultural sector is unlikely to be met as only 19.1 % of women compared to 38.7% of men were in non-agricultural employment in 2010/11 with men moving out of farming at a faster rate than women between 2005/6 and 2010/11. Men increased their percentage share in non-agricultural employment by 10 percentage points compared with 5.8 for women.
Reduce Child Mortality	A reduction in the infant mortality rate against the target looks challenging but possible with the 2010 figure being 50 against a target of 28.
	The target for under-five mortality looks as if it will be achieved, with the 2010 rate of 76 against a target of 50.
Improve Maternal Health	The most reliable figure for maternal mortality is the 2010 DHS figure of 487. Rwanda is just on track to meet the 2015 target.
	The most recent data show that 96% of women attend for at least one antenatal care visit, almost achieving universal coverage, although only around a third attend for the WHO-recommended four visits. Two thirds (67%) of mothers deliver in healthcare facilities.
Combat HIV/AIDS, Malaria and other Diseases	Although Rwanda has halted the spread of HIV there has been no reversal in recent years. All people living with HIV who need antiretroviral therapy have access to it. The issue is poor uptake, not availability of treatment.
	Progress has been made in fighting malaria and other diseases with significant declines in mortality and morbidity from malaria. Less progress has been made in reducing mortality from Tuberculosis. Lack of baseline data makes measuring progress is problematic.
Ensure Environmental Sustainability	Lack of data makes measuring specific targets for sustainable development difficult. However, there is significant evidence of environmental degradation although the Government is committed to environmental sustainability.
	The proportion of people with access to improved drinking water in 2006 was 59.9% against a 2015 target of 82% and 74.4% in 2010/11. The target is off track.

(Source: Abbott and Rwirahira, 2010, 12)



5.2. Poverty and Social Protection

4.2.1. Introduction

The overall aim of the global partnership for development is to eliminate poverty and want. Having an adequate income to live on is essential if people are to have control over their lives. Education, health and so on enable people to improve their opportunities for generating an income and increased control over resources enables people to pay for education, healthcare and other necessities of life. Reducing poverty is fundamentally about ensuring that people have an adequate income to live on whether this is from decent work or from social protection. Poverty is about a daily struggle for survival and for those in extreme poverty it is about not even having sufficient food to meet minimum energy requirements.

4.2.2 Poverty

Poverty levels remain relatively high even if the proportion of people living in poverty has declined. Poverty has fallen from 58.9 per cent in 2000/1 to 56.7 per cent in 2005/6 to 44.9 per cent in 2010/11. The poverty rate fell by 14 percentage points between 2000/1 and 2010/11. At the same time the Gini coefficient (a measure of inequality) fell by 0.017 and the ratio of the 90th to the 10th percentile declined from 7.066 to 6.360 indicating a slight reduction in inequalities since 2005/6 following an increase between 2000/1 and 2005/6 (Table 11).

Table 11: Evolution of Inequalities in Rwanda 2000/1 and 2010/11

	2000/1	2005/6	2010/11
Gini Coefficient	0.507	0.522	0.490
Ratio of 90 th to 10 th Percentile	7.066	7.100	6.360

(Source: NISR 20102c)

One of the flagship programmes under *EDPRS-1* was the Vision 2020 Umurenge programme designed to support the extremely poor exiting poverty. It is being rolled out over a number of years with one sector per district being added annually, starting with the poorest sectors. By 2012, 120 sectors were benefitting from the programme, 29 per cent of all sectors. By the end of 2011, 104,425 households had benefitting from public works, 18,879 from direct support and 108,908 client loans had been given under the Ubudehe Credit Scheme. Concerns have been raised about the targeting of beneficiaries for public works with 43 per cent of eligible households excluded in 2010/11 and 32 per cent of beneficiaries being ineligible (Derereux 2011). Although the proportion of household benefitting from direct support are relatively small, 0.8 per cent, it has targeted the poor relatively well (NISR 2012b). Other social protection programmes, Ubudehe and RSSP/MINIAGRI Programme, have also benefitting the very poor but have been less well targeted so that better off households have also benefitting (Table 12).

Table 12: Households Benefitting from Social Protection Programmes 2005/6-2010/11 by 2010/11 Wealth Quintile

	VUP Direct Support	Ubudehe Scheme	RSSP/MINAGRI Programme
All	0.8	8.3	5.1
Quintile Q1	1.3	9.5	4.0
Q2	1.0	10.1	5.8
Q3	0.8	8.7	5.7
Q4	0.7	8.8	6.6
Q5	0.4	5.0	3.6

(Source: NISR 2012b)

Supporting the Poorest and most Vulnerable: Vision 2020 Umurenge Programme

VUP is one of the flagship programmes of EDPRS and is supported by a number of DPs. It is aimed at the poorest and most vulnerable. It has three elements:

1. Public works for those who are able bodied but do not own enough land to provide for their household. The community selects the projects;
2. Financial support for households with no member who can participate in public works.
3. Financial Services enabling those eligible for VUP support, together with others living in their community, to get access to low interest credit to invest income generating activities to enable exit from poverty.

People in one of our case study districts had benefited from VUP. One of the district officials told us:

Public works has increased people's purchasing power. The majority of people have been able to satisfy their basic needs such as paying school fees²⁰ for their children, paying mutual health insurance for their family members and building or renovating their shelters. The culture of saving and working with banks is increasing amongst people. I think that the district expenditure has had a positive impact on the standard of living of people in our district.

The public works component consisted of building roads, radical terracing and connecting to the electricity grid.

The beneficiaries said that their lives had improved and that they had been able to:

- Build their own homes;
- Form cooperatives and get loans through VUP;
- Buy livestock
- Pay for mutual health insurance for their family;
- Buy clothes for their family.

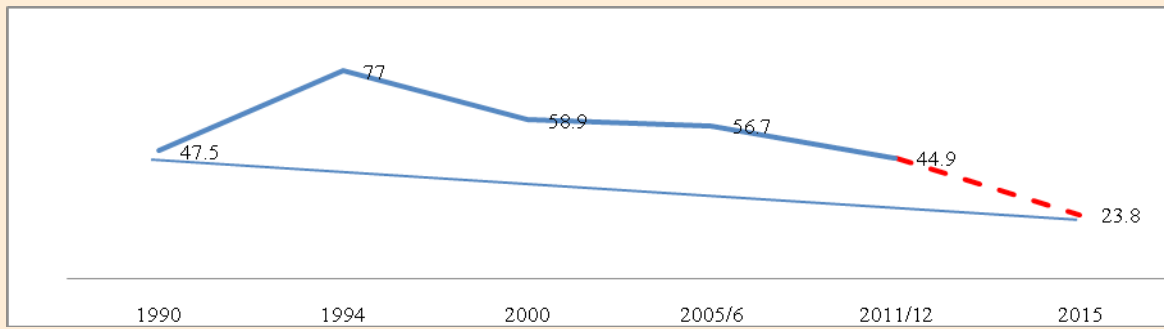
Nutrition was also reported to have improved and radical terracing and rain water harvesting has improved agricultural productivity

In 2010/11 24 per cent of Rwandans lived in extreme poverty meaning that nearly a quarter of Rwandans had insufficient income to buy the basic basket of food necessary to provide the recommended daily energy intake. In total 44.9 per cent of Rwandans lived below the national poverty line, making daily life a constant struggle for survival (NISR2012b). The average poor Rwandan had an income 33 per cent below the poverty line and although the depth of poverty has fallen since 2000/1 from 41 per cent, the magnitude of the depth of poverty remains high (NISR 2012b). Over 90 per cent of the poor live in rural areas and the five main causes of poverty are lack of land, soil infertility, weather conditions, lack of livestock and ignorance (Ministry of Finance and Economic Planning, 2007). Those most at risk of poverty are landless households in rural areas who depend on paid farm work or other marginal livelihood activities for an income. The next most vulnerable group are households that depend solely on subsistence agriculture. Women are more likely than men to be landless agricultural workers and households with a female head are more likely to be poor than those with a male head.

An analysis of the trend graph for poverty (Figure 13) indicates that there would have to be a significant increase in the rate of reduction in poverty between 10/11 and 2015 if the Target of 23.8 per cent of the population falling below the official poverty line is to be achieved. Whilst the poverty rate looks set to continue to decline, it seems very unlikely that the 2015 Target will be met.

²⁰ Nine year basic education is free in Rwanda but parents have to purchase school uniform, text books and writing materials. Also many schools expect parents to pay a voluntary contribution.

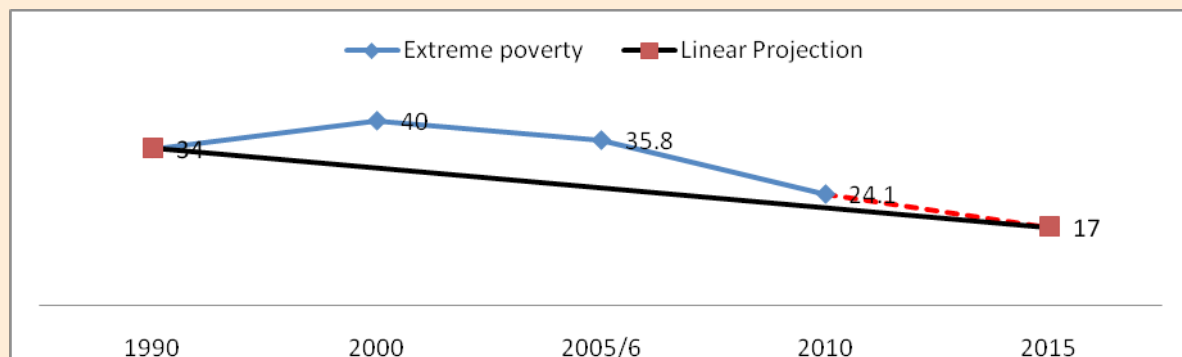
Figure 13: Population below the Official Poverty Line 1990 – 2010/11



(Sources: Republic of Rwanda and United Nations 2003,; NISR 2006, 2012)

Figure 14 shows the trend for extreme poverty which has fallen from 40 per cent in 2000/1 to 24 per cent in 2011/2. The 2015 target is 17 per cent and Rwanda looks on track to achieve this.

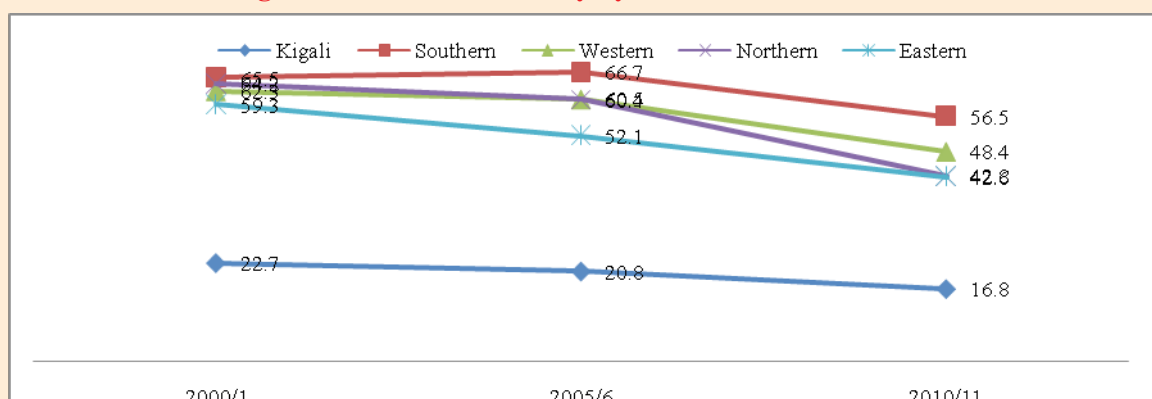
Figure 14: Trend in Extreme Poverty 2000-2010/11 and Linear Progression



(Source: NISR 2007, 2012)

Poverty fell in all provinces between 2005/6 and 2010/11 including the Southern Province where poverty rose slightly between 2000/1 and 2005/6. Poverty has fallen most sharply in the Northern Province and the gap between the provinces and Kigali has narrowed somewhat. For example, the gap between the Eastern Province and Kigali was 36.6 percentage points in 2000/1 and this had reduced to 25.8 per cent by 2010/11 (Figure 15).

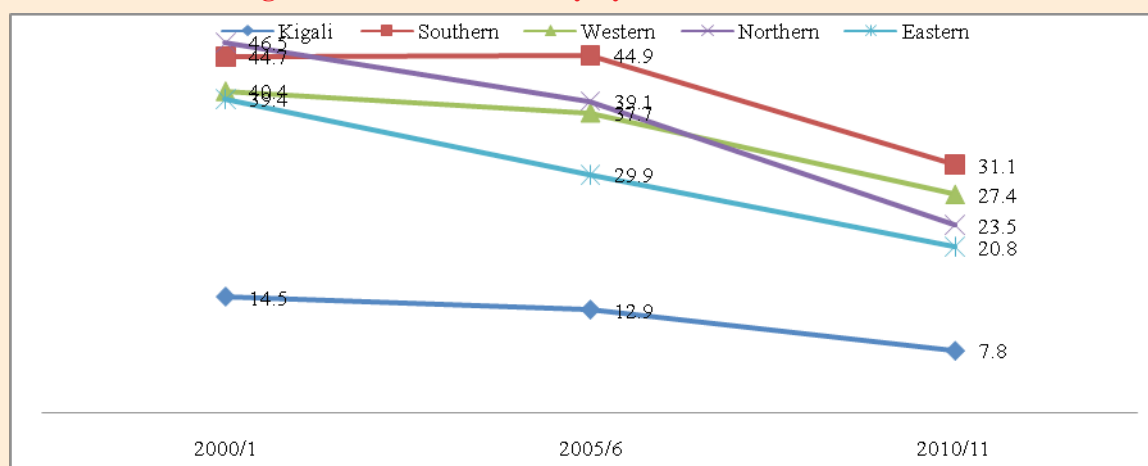
Figure 15: Trends in Poverty by Province 2000/1-2010/11



(Source: NISR 2012b)

A similar picture emerges for changes in extreme poverty with the rate declining by 6.6 percentage points from 16 per cent to 10.4 per cent in urban areas between 2006/6 and 2010/11 and by 13.1 percentage points from 39.5 per cent to 26.4 per cent in rural areas. Extreme poverty has fallen in all provinces although poverty remains highest in the Southern Province (Figure 16).

Figure 16: Trends in Poverty by Province 2000/1-2010/11



(Source: NISR 2012b)

The larger sample in EICV3 enables disaggregation at District level. There is a very large variation in poverty between districts with poverty varying between 85 per cent in the poorest district and 10 per cent in the least poor district in 2005/6 and 73 per cent and 8.3 per cent in 2010/11. Between 2005/6 and 2010/11 poverty declined in 13 out of 30 districts. The poorest districts are concentrated in the Southern and Eastern Provinces with the least poor being in Kigali City and Musanze in Northern Province.

Poverty is heavily concentrated in rural areas where nearly half the population, 48.7 per cent, live in poverty with 68 per cent of the poor living in rural areas. In contrast, 22.1 per cent of the population in urban areas is poor and 16.8 per cent in Kigali. Poverty fell by 6.4 percentage points in urban areas and 13.3 in rural areas between 2005/6 and 2010/11, a rate of 22 per cent in both locations.

Ecotourism Improve Lives in Rural Areas

The money from the Sabyninyo Eco-Tourism Lodge in the volcanoes National Park started by the Ministry of Lands, Environment, Forestry, Water and National Resources supported by DPs has brought significant benefits to people living in the areas. The residents have benefitted from the roads, bridges, and water built to service the lodge. They are able to get their crops to market more efficiently and have increased their income. Their children can attend school regularly and they can afford to buy cloths and pay for medical insurance.

Vinck *et al* (2009 Ps 44 - 46) provide an interesting analysis of the livelihood profiles of rural households and how these relate to likely vulnerabilities, suggesting that an important route out of poverty for those in rural areas is to engage in non-farm income generating activities. Households that are able to combine agriculture with other income-generating activities are less vulnerable to poverty than those who have a high reliance on agriculture. Programmes designed to improve agricultural production and increase the incomes of subsistence farmers may disproportionately benefit those with larger landholdings enabling them to invest in non-farm livelihood income generating activities (Abbott and Alinda 2012).

Crop Intensification Program

To address the problem of the falling productivity of agriculture and the minimal use and low availability of fertilizer in the country, the Government of Rwanda embarked on a plan to improve productivity and increase fertilizer availability through the *Crop Intensification Programme* (CIP) in August 2007. During the 2008 A season (September 07-January 08) pilot zones and crops were identified for this programme and activities were started. The programme took place in eight districts: Kirehe, Kayanza, Bugesera, Gatsibo, Musanze, Burera, Rulindo, and Gicumbi.

The core activities of the programme were the bulk buying of fertilizer and seeds by the Government, the training of district and sector agronomists as well as beneficiary farmers in the application of fertilizers, and support throughout the season. It was necessary to identify areas suitable for the programme and to subsidise the transport to rural areas and distribution of fertilizers and seeds on credit to the farmers. The storage of produce at the village level in hermetic cocoons had to be organised, markets for the produce found and methods for recovering the cost of the fertilizers and seeds in money as well as in kind agreed.

Bulk buying of fertilizers was necessary, as fragmented orders resulted in quantities not being economically efficient in terms of the cost of transportation. In addition to buying fertilizer in bulk the Government also bought improved seeds for maize, wheat, Irish potatoes and cassava planting in bulk. This was seen as necessary as the varieties being used in Rwanda were seen as incapable of benefiting optimally from increased fertilizer application.

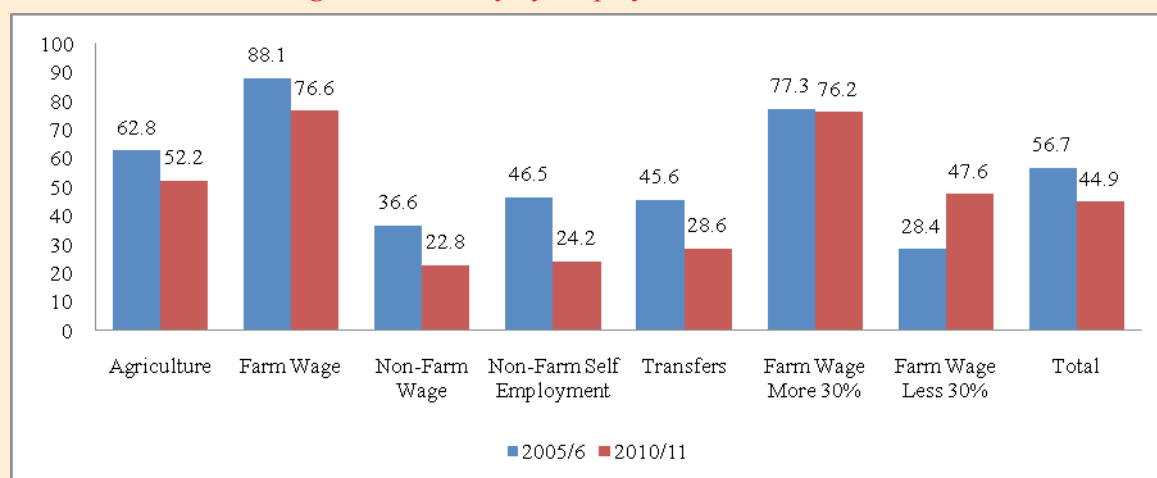
The Crop Intensification Programme has resulted in improved crop yields and increased incomes to the farmers included in the pilot programme. The challenge is to build on this programme and extend it to other parts of the country.

In the period 2005/6 and 2010/11 the good growth performance translated into poverty reduction. While over the 2000/1 -2005/6 period growth rates were higher among the richer group in the period 2005/6-2010/11 growth was faster at the bottom. Poorer households become better off in proportional terms on average and at a faster rate than less poor households (NISR 2012b) thus inequalities narrowed.

4.2.3. Decent Employment

Decent employment is the main route out of poverty and there is a decent job deficit in Rwanda. A majority of the population is engaged in subsistence agriculture, nearly 47 per cent of women are dependent family workers and a majority of those in non-farm jobs work in the informal sector. Those households mainly dependent on farm wages are the most likely to be living in poverty and those mainly dependent on non-farm wages the least likely, although there has been a decline in poverty for all households apart from those where farm wages make up some but less than 30 per cent of their income (Figure 17). The main route out of poverty is to move into paid non-farm employment or non-farm self-employment/household enterprise although the increasing production and sales in agriculture are also likely to have contributed (NISR 2012).

Figure 17: Poverty by Employment, 2005/6-2010/11



(Source: NISR 2012b)

Supporting Household Enterprises

One way in which poor household can improve their standard of living is by investing in a non-farm household enterprise (HE). Households which incorporate an HE are, on average, better off than those that do not. Starting an HE is also important in enabling women to have income generating work. Until recently, the Government had not recognised the importance of HEs and policies have not been developed to specifically support the development of HEs. However, we found in our case study districts (Appendix 1) that some beneficiaries of the One-Cow programme and the VUP programme had been able to start HEs and now have sustainable livelihoods.

4.2.4 Food Security

Table 13 shows that Rwanda has the policies in place to tackle hunger and ensure food security. However, the chronically poor in Rwanda continue to go hungry on a daily basis. A high proportion of household expenditure is on food. In 2010/11 the an average of a household's budget is dedicated to food was 42.4 per cent, down from 47.8 per cent in 2000/1 and the properties of 43.3 per cent in 2005/6 (NISR 2012b).

Table 13: Rwanda: Hunger FREE Scorecard

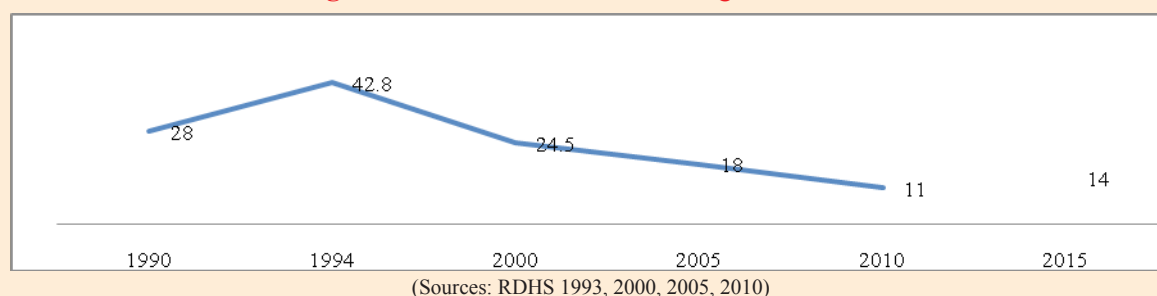
Capacity and Preparedness Index		
Vulnerability Index		
Hunger	C	Medium hunger levels
Climate food insecurity	C	High climate vulnerability
Capacity and Preparedness Index		
Legal framework	E	No right to food legislation
Sustainable agriculture	A	High agriculture budget
Social protection	E	Low social protection
Gender equality	A	Good gender guidelines
Climate adaptation plans	A	Good climate adaptation plans
Remarks:		
<p>Rwanda was the first country in Africa to sign the Comprehensive Africa Agricultural Development Programme (CAADP), and has demonstrated clear political will to decrease endemic levels of hunger and malnutrition. Government spending on agriculture has doubled in recent years and in 2011 the Government committed an extra US\$5 million in the agriculture sector. Agricultural productivity has been increasing due, in part, to Government policy and there are plans to launch a national school meal programme to tackle high levels of child malnutrition.</p> <p>Landlocked and mountainous, with a high population density and staggering rates of deforestation and soil erosion, Rwanda has a hard battle ahead to continue to boost farm production. Rwanda has lost half of its forest cover since 1990, including all remaining primary forest. Trees have been cleared for agriculture and settlements, triggering periodic floods and heavy rains that destroy crops.</p> <p>Recognising the severity of the problem, Rwanda's Government announced in February 2011 that it would undertake a countrywide restoration of its degraded soil, water, land and forest resources over the next 25 years. Rwanda's national climate adaptation plan also includes projects to protect ecosystems, water resources and create early warning systems for disaster preparedness. These new initiatives to tackle land degradation and plan for climate adaptation helped earn Rwanda a high-ranking third place score in ActionAid's grading of preparedness for tackling hunger and climate change.</p> <p>In the Gitesi Sector of Karongi District in Western Province, communities surveyed by ActionAid reported that hailstorms, heavy rains and landslides are increasing in the rainy season. Other areas of Rwanda, such as the Southern Province District of Nyanza, also reported severe drought, which has contributed to as much as a 50 per cent loss in local food production. As a result, communities report eating fewer meals per day or having smaller portions.</p>		

(Source: Adapted from ActionAid 2011)

The main reason children and adults go hungry is because of poverty. Poverty and/or having a poorly educated mother increases vulnerability to malnutrition. Inadequately nourished children are likely to be developmentally delayed and suffer brain damage meaning they cannot benefit fully from schooling. Inadequately nourished adults are unable to be fully productive. Children and adults alike are vulnerable to a range of debilitating and in some cases life threatening diseases.

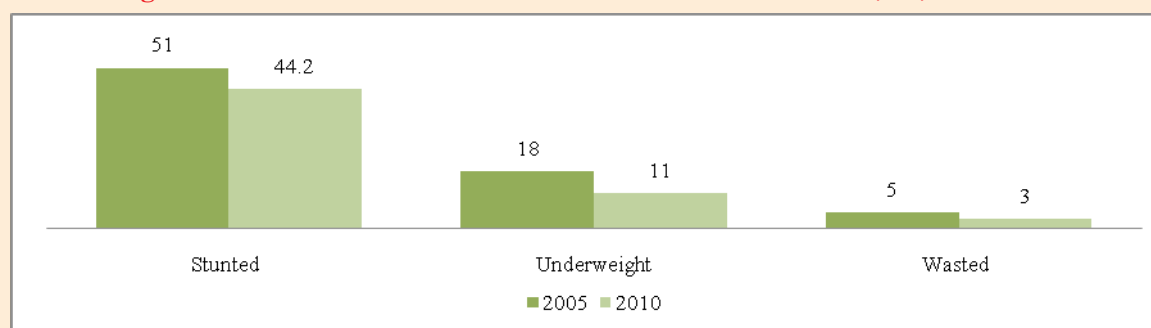
The number of children going hungry has declined dramatically since 1994. In 2010, 11 per cent of children under five years were underweight (National Institute of Statistics *et al* 2011) which means the Rwanda has already achieved its 2015 MDG target (Figure 17). It should be noted that the expected percentage in a well-nourished population would be 2.3 per cent. However, weight for age is of limited use because it does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting).

Figure 17: Prevalence of Underweight Children²¹



Forty-four per cent of Rwandan children under five years are stunted (short for their age) and three per cent wasted (acutely malnourished) (Figure 18). Stunting is a sign of chronic malnutrition over a long period of time and beyond the age of two, children have little chance of improving their growth no matter what interventions are taken. Stunting reflects the quality of the child's environment and more generally the society's socioeconomic development. Even in the top wealth quintile just over a quarter of children under five years were stunted in 2010 (Figure 19).

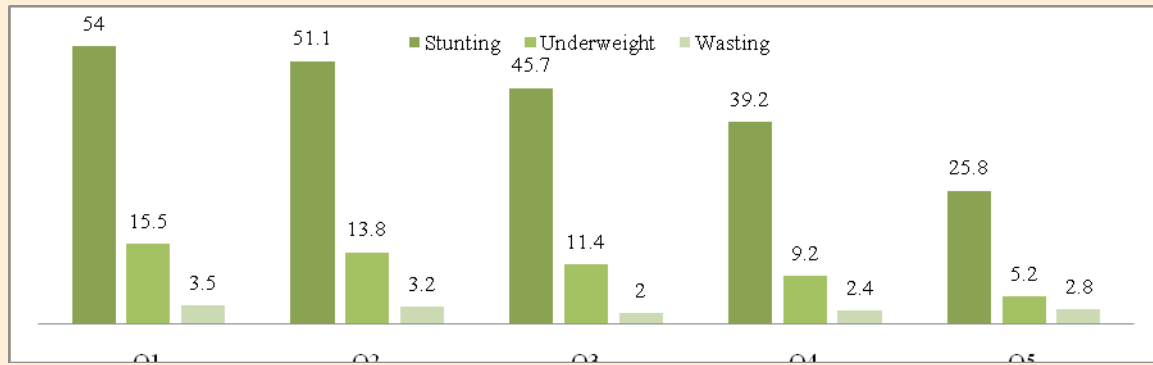
Figure 18: Trends in Nutritional Status of Children 0-5 Years, %, 2005-2010



The nutritional status of children correlates significantly with the economic circumstances of the household in which they live. Children living in poor households are significantly more likely to be stunted, underweight and/or wasted than those living in non-poor households. In 2010, for example, 54 per cent of children in the bottom wealth quintile were stunted compared with 26 per cent of those in the highest wealth quintile and 15 per cent were underweight compared with five per cent. The gap between the bottom and top two wealth quintiles narrowed between 2005 and 2010 for wasting (1.9 to 0.8) and underweight (11.7 to 7.2) but increased for stunting (13.2 to 19.5) (Figure 19).

21 The figures for 2005 and 2010 are on the WHO 2006 Growth Standard.

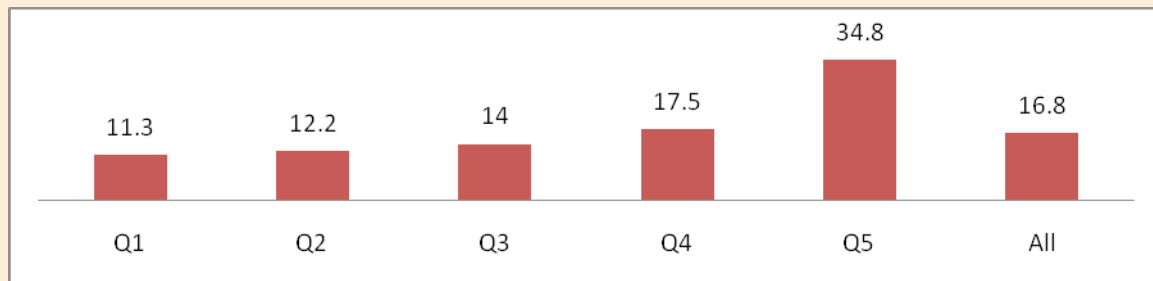
Figure 19: Wealth Inequalities in Child Nutritional Status 2010



(Source: RDHS 2010)

The poor nutritional status of children is undoubtedly related to poor feeding practices. The percentage of underweight children, for example, begins to grow at the age when complementary feeding should be introduced. In 2010, only 16.8 per cent of infants aged six months to 23 months were being fed according to the minimum standard IYCF for infant and child feeding practices (breast milk/milk products, food from 4+ food groups and feed 2 or 3 times a day). This varied by location with twice as many infants living in urban areas compared to rural areas (32.% cf 15%), by education with over three times as many born to a mother with secondary or higher education (35.3% cf 9.9%) and by socioeconomic status with three times as many in the top wealth quintile as the bottom (11.3% cf 34.8%) being fed in line with the guidelines. The proportion of infants fed according to the IYCF standard increases with age from 9.2 percent at six to eight months to 21.7 per cent at 18-23 months (Figure 20).

Figure 20: Children Fed According to the IYCF Practices by Wealth Quintile 2010, %



(Source: RDHS 2010)

Tackling Hunger: One-Cow-A-Poor-Family



The One-Cow-A-Poor-Family programme is aimed at improving the nutrition of children, increasing the productivity of land through the use of organic fertiliser and the provision of electricity in rural areas from biogas generators. Poor households with sufficient land to grow hay to feed the cow (which is kept indoors) are selected as recipients. They are expected to give the first calf to a neighbour.

The one cow programme has changed people's lives for the better in this area. The improvement is noticeable. People now have milk for their kids and this has helped reduce children's malnutrition, agricultural production has increased due to the use of manure on the land and the majority of beneficiaries are able to pay school fees for their children and mutual health insurance for their families (District Official).

The beneficiaries agreed that having a cow had had a beneficial influence on their lives but they also wanted their lives to improve more. One beneficiary told us:

"I am a widow, left behind by the historical background of this country. I had no say in the community before benefitting from the programme in 2007. I now have three cows and I have passed on one. I am now considered as a model of success in fighting against poverty in my village thanks to the Girinka programme."(Female FGD participant)

However, they also faced the challenge of sheltering their cows. The majority of the houses they kept their cows in had grass roofs. These types of shelters were destroyed during the Government campaign to eliminate grass-roofed shelters. Now their cows do not have shelter at night during the rainy season and there is a risk they will fall sick.

4.2.5 Conclusions

Further reductions in poverty, and especially extreme poverty, will have a positive impact on reducing the proportion of the population who suffer from hunger. Given that women are more likely than men to be poor, reducing poverty will improve the lives of women. Women will become healthier, will be less likely to die in childbirth and will be more likely to have healthy babies and to raise healthy children. Reducing poverty will also have a positive impact on education, as children from non-poor families are more likely to attend school regularly and stay in school. Higher incomes will also enable household to live healthier lifestyles and take preventive actions such as using safe water to keep themselves and their children healthy (King *et al* 2009; Limburg 2009). Educated mothers are more likely to raise healthy children and send them to school. Reductions in poverty are also likely to encourage greater use of improved methods of farming and the adoption of measures that protect the environment as well as encourage entrepreneurial activity (Orazem *et al* 2009).

5.3. Education for All



4.3.1. Introduction

Building on its success in expanding access to primary education, the Government’s flagship policy in education is the introduction of universal basic education. All children are entitled to nine years of schooling and a programme to expand senior secondary school provision will begin in 2012. The Government also has an ambitious programme to expand technical and vocational education and to drive up the quality of higher education, especially in the expanding private sector.

Nine Year Basic Education (9YBE)

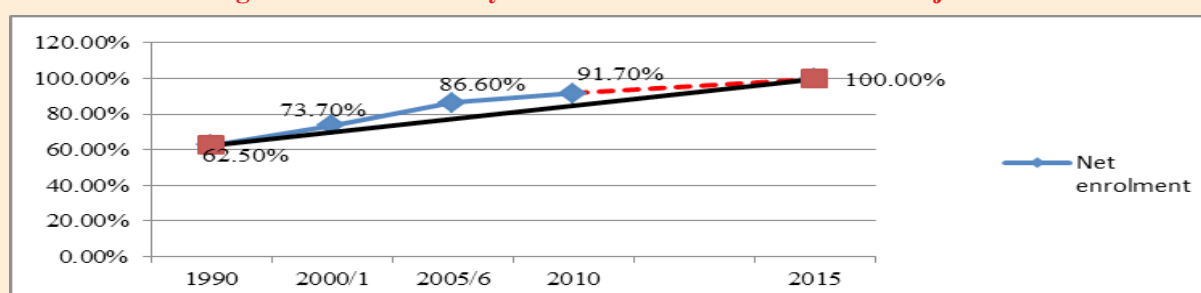
Nine year basic education means that all children are entitled to free primary and junior secondary education. This is made up of six years of primary education and three years of general secondary education. Government policy is to ensure that all children benefit from this policy by remaining in school and completing their education on time. To achieve this the Government has set a number of ambitious targets:

- reduce repetition rates in primary school from 19% in 2004 to 6% in 2015;
- reduce dropout rates in primary school from 14% in 2004 to 5% in 2015;
- reduce the pupil-teacher ratio in primary schools from 67 in 2004 to 45 in 2015;
- reduce class size in primary schools from 51 in 2004 to 45 in 2015;
- increase gross enrolment rates in junior secondary from 20% in 2004 to 62% in 2015;
- transition rate to junior secondary to be 75% by 2015;
- reduce children boarding at junior secondary schools from 58% in 2004 to 8% by 2015
- Communities worked together to build the additional classrooms and schools necessary to accommodate the increasing numbers of children expected to stay in school.

4.3.2 Primary Education

Progress to achieving the education targets continues to be made, but progress in increasing net primary school attendance has slowed in recent years and the MDG target of 100 per cent attendance may not be met (Figure 21).

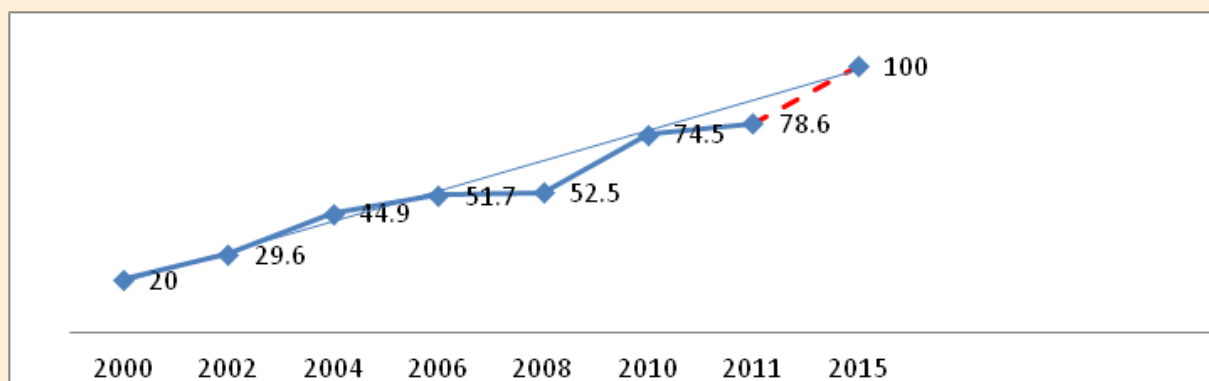
Figure 21: Net Primary School Enrolment and Linear Projection



Source: Abbott and Rwirahira 2010 ; NISR 2012a)

Progress in reaching one hundred per cent of pupils completing primary school (defined as the number of children completing primary school as a proportion of all 12 year olds) is slower (Figure 22) and the number of children not completing primary school on time (12 years) increased between 2005/6 and 2010/11 from one in five to two in five (NISR 2012).

Figure 22: Gross Primary School Completion Rates and Linear Projection



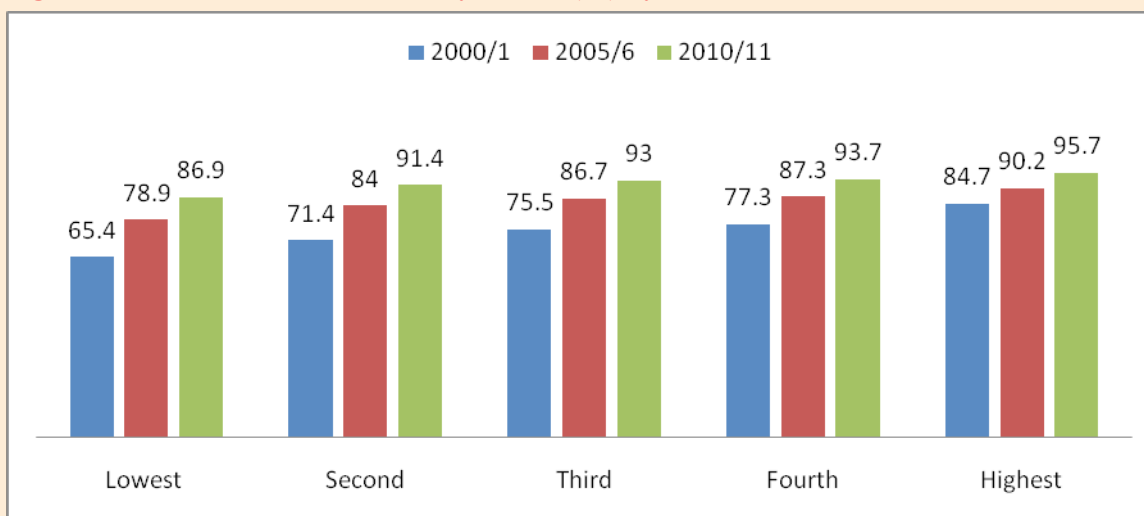
(Source: NISR 2007 P12; NISR2009, P63; Education Sector strategic plan 2010-2015; Rwanamiza 2011)

The main challenge is to keep children in school once they attend, this is likely to be achieved by improving the quality of schools and education, and by schools working with parents (IPAR 2009).

However, the issue of the quality of education remains, especially in rural areas and for children from poorer homes. Recent research suggests that the quality of education is poor and that there are significant gaps in funding per child in Government primary schools. The total amount being spent per child is significantly higher in Kigali than in rural areas (Paxton and Mutesi 2012). One clear indicator of quality is the proportion of children completing the primary phase of education on time and as we have indicated above there was a significant decline in on-time completion rates between 2005/6 and 2010/11

There remains a disparity in primary school enrolment between children from the most and least advantaged homes (Figure 23).

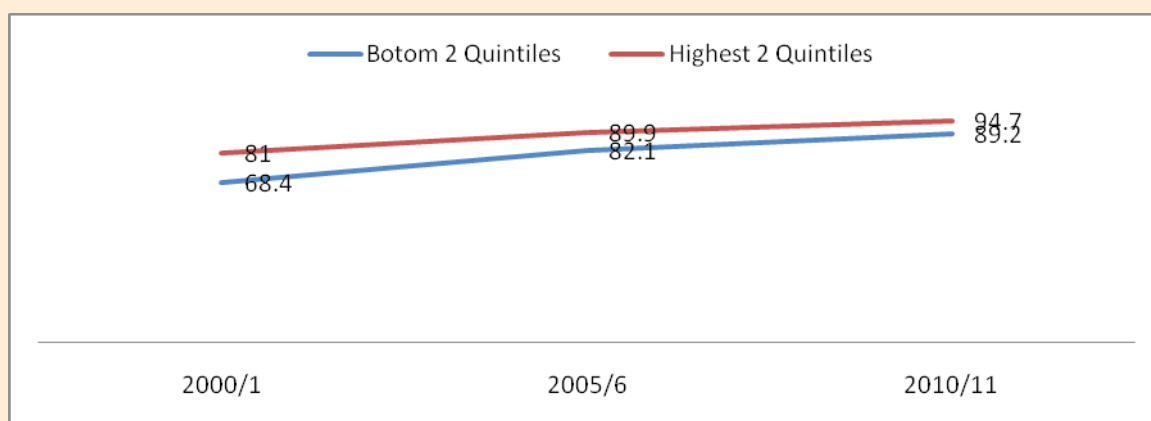
Figure 23: Net Enrolment at Primary School (%) by Wealth Quintiles



(Source: NISR 2007, 2012)

The gap in net primary school enrolment has narrowed between those in the bottom two and top two wealth quintiles from 12.6 percentage points to 5.5 percentage points between 2000/1 and 2010/11. However, the rate of reduction was greater between 2000/1 and 2005/6 (4.8 percentage points) than 2005/6 and 2010/11 (2.3 percentage points) (Figure 24).

Figure 24: Gap between Lowest 2 and Highest 2 Wealth Quintiles 2000-2010 Net Enrolment Primary School

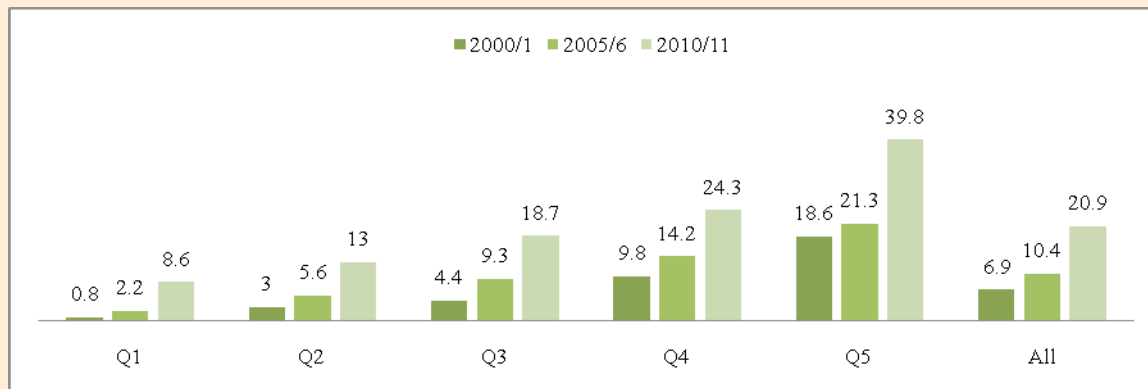


(Source: NISR 2007, 2012)

4.3.3. Secondary Schooling

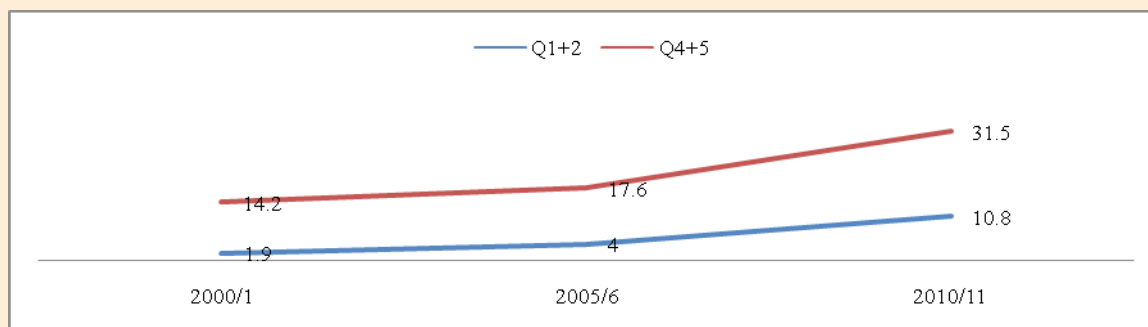
As figure 25 shows there has also been a dramatic increase in net enrolment in secondary school with a three-fold increase between 2000/1 and 2010/11 and a doubling between 2005/6 and 2010/11. In 2000/1 the net enrolment rate was seven per cent and by 2010/11 it was 21 per cent. However, there are inequalities by socioeconomic status with a child whose parents are in the top wealth quintile being four times as likely to be enrolled in secondary school as one with parents in the bottom wealth quintile (Figure 26). The gap in the net enrolment rate between children whose parents are in the bottom two wealth quintiles and those in the top two wealth quintiles widened between 2000/1 and 2010/11 from 12.3 percentage points to 20.7 percentage points. The difference accelerated between 2005/6 and 2010/11 suggesting that the better off have been able to take greater advantage of the introduction of 9YBE than the poor (Figure 26).

Figure 25: Net Enrolment in Secondary School by Wealth Quintiles 2000/1-2010/11



(Source: NISR 2007, 2012)

Figure 26: Gap between Lowest 2 and Highest 2 Wealth Quintiles 2000-2010 Net Enrolment Secondary School



(Source: NISR 2007, 2012)

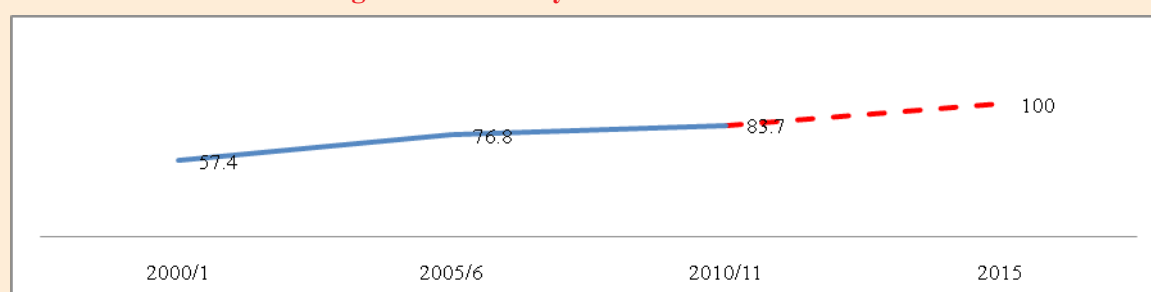
4.3.4 Tertiary Education

Higher education continues to be accessible by a tiny minority in Rwanda. The 2010 RDHS reports that 1.5 per cent of women aged 15-49 years and 2.2 per cent of men have had education beyond secondary level. In 2005/6 1.2 per cent of 16-35 year olds were attending tertiary education and in 2010/11 2.6 per cent, a two-fold increase. However, higher education is the preserve of the wealthiest. In 2005/6 88.4 per cent of those in tertiary education were from a household in the top quintile and by 2010/11 this had fallen marginally to 83.7 per cent. Men are also much more likely to be attending tertiary education than women with the gap widening by about a third between 2005/6 and 2010/11. In 2005/6 1.4 per cent of males and one per cent of women aged 16-34 years were attending tertiary education and by 2011 this had increased to three per cent of men and 2.1 per cent of women.

4.3.5. Literacy

Literacy rates for 15-24 year olds are taken as a proxy measure for the effectiveness of schooling. However, in EICV the data is based on self-reporting and in the DHS on either having attended secondary school or being able to read a sentence. There is little difference between young men and young women and comparison of the EICV3 data and the RDHS 2010 suggests that the figure of 84 per cent is around the percentage of young people who can at least read part of a sentence correctly. Although the proportion of 18-24 year olds who are literate is increasing, until all children enrol in school and stay long enough to learn basic literacy skills the 2015 target of 100 per cent will not be met. Given that there are still children that are not attending school, the target is exceedingly unlikely to be met by 2015 (Figure 27).

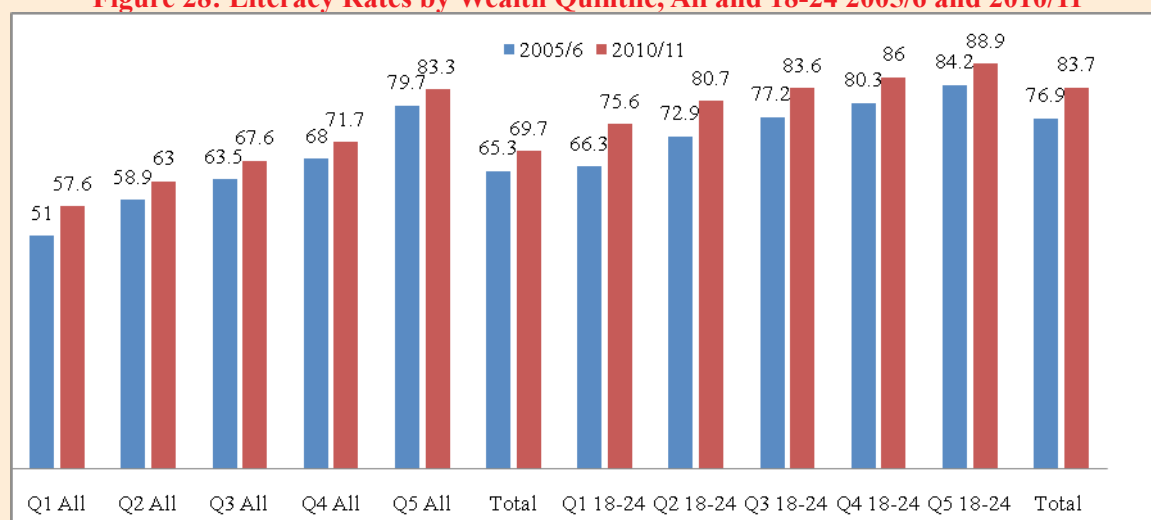
Figure 27: Literacy Rates 15-24 Year Olds



(Source: NISR 2007, 2012b)

As Figure 28 shows there are, not surprisingly, socioeconomic inequalities in literacy both among the general population and 18-24 year olds. The gap between the bottom two and the top two quintiles for all, narrowed marginally between 2005/6 and 2010/11 from 18.8 percentage points to 17.2 percentage points and for those aged 18-24 years from 6.9 percentage points to 5.1 percentage points.

Figure 28: Literacy Rates by Wealth Quintile, All and 18-24 2005/6 and 2010/11



(Source: NISR 2012a)

4.3.6 Education: Conclusions

Remarkable progress has been made in increasing the number of children attending school. Primary education is near universal, although a significant effort will be required if the 2015 MDG target of 100 per cent is to be achieved. The proportion of children attending secondary education is also increasing as are the proportion of young people attending tertiary education. However, the quality of primary education is poor and the better off are being able to take disproportionate advantage of the increased opportunity to send their children to secondary school.

5.4. Gender



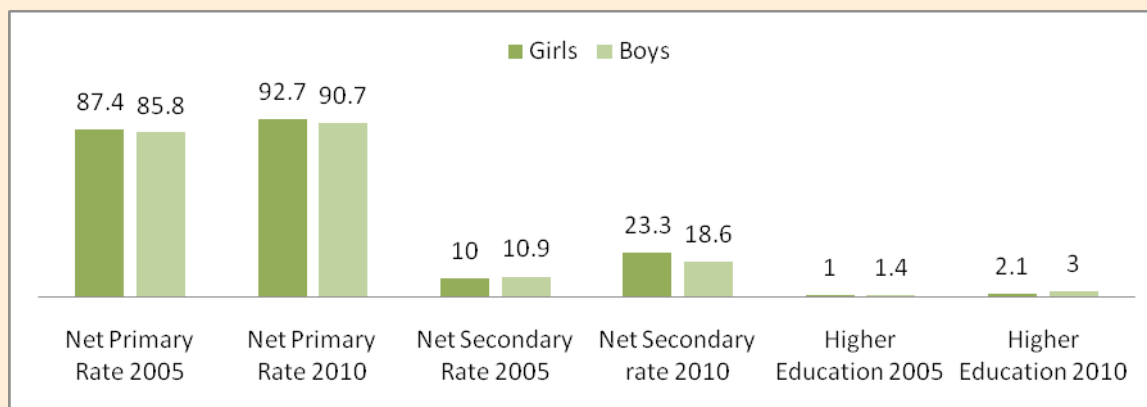
4.4.1 Introduction

Gender equality is a human right for women and Rwanda is committed to gender equality and the empowerment of women. The Constitution enshrines the principle of gender equality; there is a Gender Monitoring Office, and a commitment to gender-based budgeting. All rural and development programmes are influenced by a gender perspective and many projects target vulnerable groups including women. Gender and social inclusion are cross-cutting issues in the *EDPRS*. However, women continue to be disadvantaged, especially in terms of economic empowerment and traditional values continue to reinforce traditional gender roles (Abbott and Alinda 2012; Abbott *et al* 2012). Furthermore, there remain laws on the statute book which legally reinforce the traditional view that women should be controlled by men. The 1988 *Civic Code* defines the husband as head of the household and requires that a wife lives in the matrimonial home while a 1913 law requires that a woman has her husband's permission to take paid employment or start an enterprise (Abbott and Alinda 2012).

4.4.2 Girls' Education

Net parity in primary school enrolment had been achieved by 2001 and there are now (based on 2008 data) slightly more girls attending primary school than boys, 51 per cent of pupils are girls (NISR 2009). The increased enrolment and completion rates for girls seem to have been driven by the introduction of free primary (now extended to 9YBE and to be extended to 12YBE) education (Abbott and Rwirahira 2010). The net attendance rate is now higher for girls than boys at primary and secondary levels but women are still underrepresented in higher education. In 2010/11 girls net attendance rate in primary school was 92.7 per cent compared to 90.7 per cent for boys and at secondary level it was 23.3 per cent for girls compare to 18.6 per cent for boys (NISR 2012). In higher education there were 2.1 per cent of women aged 16-35 compared with three per cent of boys (Figure 29). The gender gap in higher education increased from 0.4 percentage points in 2005 to 0.9 percentage points in 2010. Any reasons for this are speculative but the Government's prioritisation of science and technology at higher education and the student loan scheme may have reduced the relative opportunities for young women to gain places in Government higher education institutions.

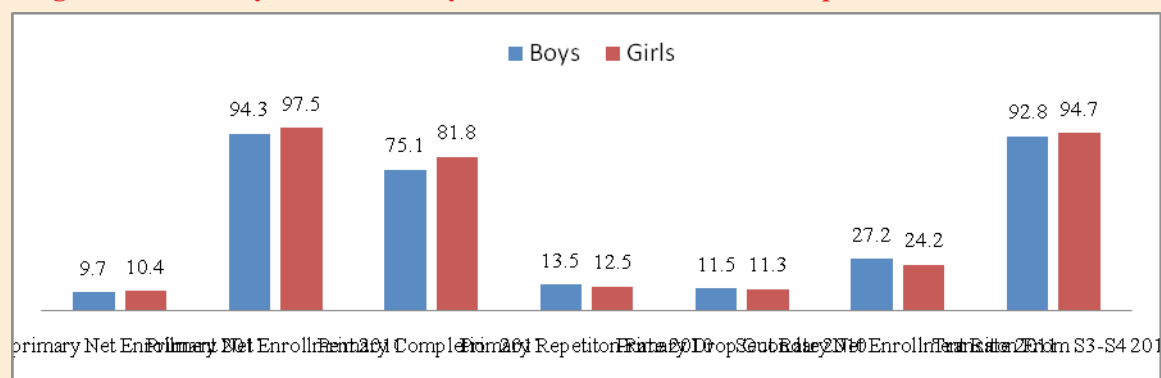
Figure 29: Trends in Primary Secondary and Higher Education Attendance 2005/6-2010/11



(Source: NISR 2012)

The most recent figures from the Education Management Information System show that dropout rate for girls is lower than that for boys at primary level but the repetition rate is not significantly different. The net enrolment rate for girls in secondary education is higher than that for boys and girls are more likely to transfer from lower to upper-secondary than boys (Figure 30). Girls are as likely to study science subjects in upper secondary, 49 per cent taking science subjects in 2011 were girls. However, girls in science streams are less likely than boys to pass with the minimum grade for public university level higher education institution entry— girls made up only a third of those who did so in 2011.

Figure 30: Primary and Secondary School Net Enrolment, Completion and Transfer Data



(Source: Rwanamiza 2011)

However, girls are much less likely to be enrolled at a vocational training centre than boys and the growth rate in attendance between 2010 and 2011 was much higher for boys than girls. In 2010 girls made up 47.2 per cent but in 2011 this had dropped to 38.8 per cent. The enrolment rate increased by 79.2 per cent for boys between 2010 and 2011 but only increased by 27.3 per cent for girls. There remains a gender gap in higher education with women underrepresented in all higher education institutions with the notable exception of the private ones. In 2011, women made up 41.1 per cent of those attending any higher education institution (public or private) but women only comprised 33.7 per cent of those attending public higher education institutions compared with 53.9 per cent in private ones. Women are underrepresented in science where the latest estimates are that only 30 per cent of science and engineering students are female (Ministry of Finance and Economic Planning 2008). The gender gap is also especially noticeable in TVET where women only made up 23 per cent of students in 2011. In teacher training (KIE and CoEs) women were also underrepresented – 33 per cent of enrolment. The gap in enrolment for teacher training is of concern because of the need to increase the ratio of female to male teachers in secondary schools, to act as role models for girls and provide a more gender-balanced environment for pupils. Gender parity in private higher education institutions is to be welcomed but many study for their degrees while working full time which is very demanding and does not give the same opportunities to fulfil potential as full-time day attendance. Concerns have also been raised about the quality of some private institutions where class sizes are large and many of the staff are employed on part-time contracts.

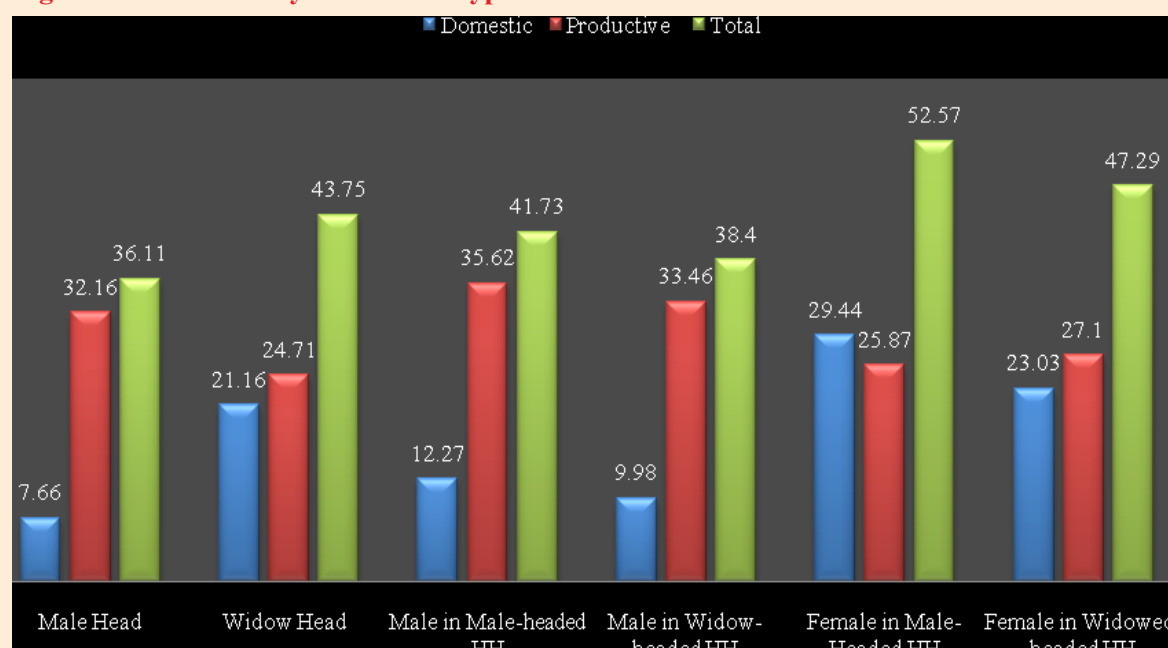
The proportion of young women who are literate (a proxy measure for effective primary schooling) is now higher than that for young men, at 84.7 per cent of women aged 15-24 compared to 82 per cent of men (NISR 2012). This compares with 77 per cent for both young men and women in 2005/6. The literacy rate for all women is significantly lower than that for men at 64.7 per cent compared to 75.7 per cent, reflecting

historical inequalities in access to education thus disadvantaging women, who are less equipped to engage in non-agricultural employment or start a family enterprise. The rate of increase was just over four percentage points for both men and women between 2005/6 and 2010/11 indicating that there had been no narrowing of the gender gap as yet.

4.4.3 Women's Economic Empowerment

Economically empowered women are able to take control over their own lives, they are also more likely to have healthy children who go to school and they contribute to economic development and growth. The main route to economic empowerment for women is decent employment. Women, however, continue to be constrained by the traditional roles they are expected to play in the home doing domestic work and caring for children. The results of women taking on productive roles can often increase their burden, leaving them little time to relax or engage in leisure activities. Women work longer hours than men but earn much less than men. One of the major constraints to women engaging in productive work is the demands that reproductive work places on them. Figure 31 shows that women work longer hours than men in all household types when reproductive and productive work is taken into account. The longest hours of work, an average of 53 hours, are worked by women living in male headed households and the shortest, 36 hours a week by male heads of household.

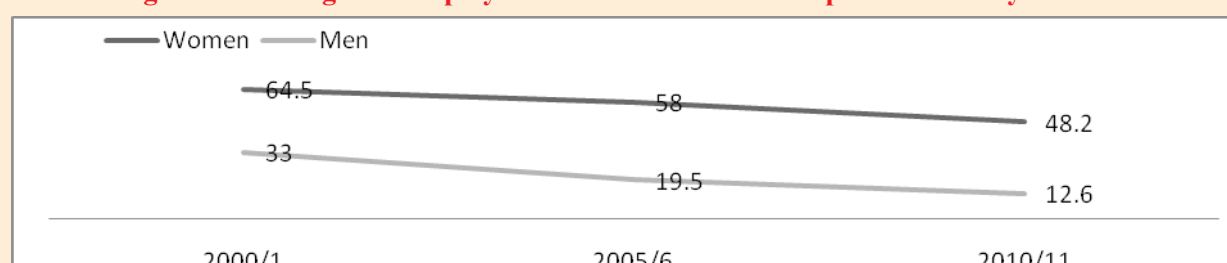
Figure 31: Time Use by Household Type



(Source: Schindler 2010)

Women are especially disadvantaged by being dependent family workers, working on the family farm or in a family enterprise which is headed by their husband or father, generally with little control over their labour and without remuneration. Figure 32 shows that in 2010/11 nearly 50 per cent of employed women were dependent family workers, although this had declined by 16.3 percentage points compared to 2000/1 when 64.5 per cent of women worked as dependent family workers. Men, however, are much less likely to be employed as dependent family workers than women and they have been exiting such employment at a much faster rate than women, meaning that there is a widening gender gap. In 2000/1 men made up just under a third of dependent family workers and by 2010/11 this had declined to just over a fifth (Figure 32).

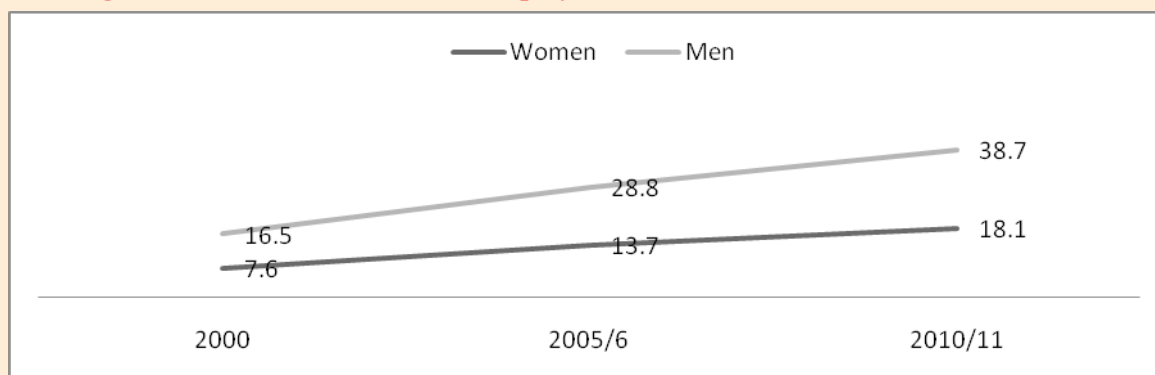
Figure 32: Changes in Employment 2000/1 – 2010/11- Dependent Family Workers



(Source NISR 2012; Strode et al 2007)

Men, conversely, have been moving into non-agricultural employment at much faster rate than women (Figure 33). While the proportion of men and women in non-farm employment increased, the gender gap in pay nearly doubled, between 2000/1 and 2010/11 indicating that men have been able to take disproportionate advantage of the increase in non-farm work compared to women.

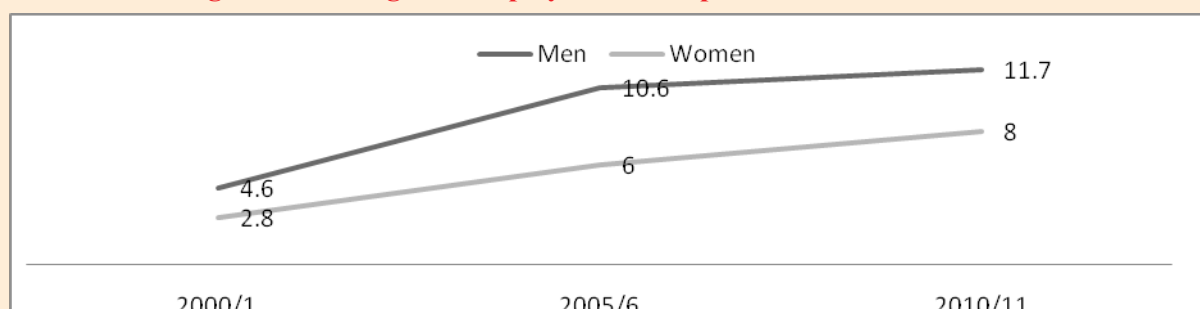
Figure 33: Trends in Non-Farm Employment for Men and Women 2000 to 2010/11



(Source: NISR 2006; NISR2012a)

One important route for women into paid livelihood work is to start a small enterprise. Running a small business can often be fitted around domestic work demands. However, women's enterprises tend to be less profitable than those of men (Abbott 2011a; Abbott *et al* 2012). The proportion of men and women whose main occupation is running a small enterprise has been increasing since 2000/1 and 2010/11 although the proportions remain small. Also the gender gap narrowed between 2005/6 and 2010/11 having widened between 2000/1 and 2005/6 (Figure 34). However, this does not fully show the importance of non-farm household enterprises for women's economic empowerment, 44 per cent of the approximate 650,000 adults running a small enterprise as main or supplementary employment in 2005/6 were women (Abbott *et al* 2010; Strode *et al* 2007). The number of small enterprises run as a main or supplementary livelihood activity had increased to one and a quarter million by 2010/11, but the gender breakdown for those running them is not yet available.

Figure 34: Changes in Employment: Independent Non Farm Worker



(Source NISR 2012a; Strode *et al* 2007)

Brick Making Changes Lives of Women in Nyamata-Bugesera



Dufashe Abacu women’s cooperative started brick making in 2007 with 35 members and the number has risen to 60 members some of whom are HIV positive. The cooperative received funding of 10 million FRW from Rwanda Women Network which enabled them to get an electric machine to produce quality bricks. They have also had funding from USAID and World Vision supporters members of the cooperative who are HIV/AIDS positive

“We are known for our quality bricks in the district as we have established good relationship with the leadership and this relationship is an opportunity for the future of our business.”

The women have established a profitable business and are now able to help other women in the community.

4.4.4. Women’s Political Empowerment

Rwanda is hailed as a global example of good practice for representation of women in Parliament with 56.3 per cent women (the highest level in the world) and was the first country to achieve the MDG of 50 per cent women in parliament. However, the GMO review of progress towards the representation of women in decision-making bodies, found that they are under-represented in a majority of institutions. The benchmark is the constitutional requirement for 30 per cent of posts in decision-making bodies to be held by women²² (Table 14). Women tend to be better represented in elected positions where the law stipulates at least 30 per cent representation (GMO 2011a).

Table 14: Political Representation of Women

Type of Institution	% Women
Ministers	28.6%
Ministers of State	33.3%
Members of Parliament	56%
Senators	39%
Permanent Secretaries	50.0%
Ambassadors	23.8%
DGs and ES of Public Institutions	15.7%
District Mayors	10.0%
Vice Mayor Economic Affairs	16.7%
Vice Mayor Social Affairs	83.3%
Sector Executive Secretaries	9.1%
Cell Executive Secretaries	37.7%

(Source: GMO, 2011b)

The Parliamentary Women’s Forum was created to enable women parliamentarians to work together to review laws so that they do not discriminate against women and to develop gender-sensitive laws. The Forum was responsible for the *Law on Prevention and Punishment of Gender-based Violence (Law No. 59/2008)*. Levels of domestic violence and women’s tolerance of it are good indicators of the relative perception of women as being fully human. The levels of domestic violence are high as well as women’s tolerance of it. In 2005, 35.3

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Law No 27/2010 of 19/06/2010 requires that there is at least 30 per cent representation of women in all elected positions.

per cent of women who have ever been married, aged 15-49 years said they had experienced physical and/or sexual domestic violence and this had risen to 56.4 percent by 2010. This is a clear indication that sensitisation about domestic violence is having an impact and women have a greater awareness and are more prepared to acknowledge they have experienced it (NISR *et al* 2006, 2011). There is also some indication that women are becoming less tolerant of it. In 2000, 63.3 per cent of women said that for given causes a man was justified in beating his wife. By 2010, this had fallen to 56.2 per cent of women. Women in higher wealth quintiles are both less likely to report that they have ever experienced domestic violence than those in lower wealth quantities and to think that it can be justified. However, even in the highest wealth quintile, nearly half report having experienced domestic violence and 40 per cent think that women can deserve it (Figure 35).

Figure 35: Ever Married Women’s Experience of Domestic Violence and Women’s Tolerance



(Source RDHS 2010)

Transforming the Lives of Survivors of Gender Based Violence (GBV): One Stop Centres

The One Stop Centres provide an integrated package of support for survivors of GBV. The centres provide free services for child domestic abuse and GBV. The centres operate toll-free hotlines for help, protection from further violence, investigation of crimes, medical and psychosocial care and support and collection of forensic evidence. Prior to the establishment of the centres there was nowhere for survivors to go for help and support.

The first centre was opened in Kigali in 2009 and one has since been opened in Rusizi with the support of UN Agencies. The Government is now planning to have a One Stop Centre located in every district.

4.4.5. Gender: Conclusions

Although considerable progress has been made towards achieving gender equality, women and girls continue to be disadvantaged, especially women living in poverty and those in rural areas. Women are employed mainly as dependent family workers, and are significantly less likely than men to be in decent paid employment. Women, on average, work 20 more hours a week than men, and have significantly less leisure time (Abbott *et al* 2012; Strode *et al* 2007). Maternal mortality rate remains high and the burden on women of multiple births and demanding domestic duties, such as collecting wood and water, is very high. There are insufficient RH staff and healthcare facilities, especially in rural areas, and this negatively impacts on maternal and child health outcomes. Substantial improvements in main roads have increased the movement of goods between major urban areas. However, the poor condition of feeder roads and inaccessibility of some rural villages, continue to contribute to high levels of maternal and infant mortality in cases of emergency (Ministry of Gender 2010). Well defined gender-sensitive indicators need to be developed as part of a national system to monitor gender differences and advocate for improvements where needed.

5.5. Health For all: Infant and Child Health



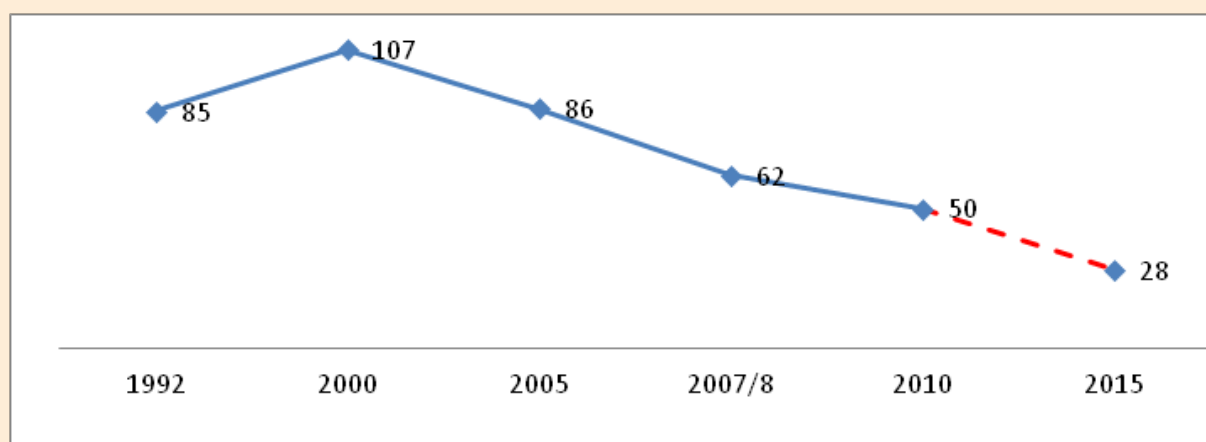
4.5.1. Introduction

Infant and child mortality is preventable, with diarrhoea, malaria and pneumonia being the main causes of mortality in Rwanda, with the underlying cause being poverty. The provision of clean water, sanitary conditions, mosquito nets and childhood immunisation are the main ways to reduce the high death rate among babies and young children. The problem is being tackled at the community level and community ownership is seen as fundamental. The Ministry of Health has increased preventive measures including the provision of mosquito nets, vaccinations, medical follow-ups, treatment and family planning sensitization. Community health workers are central to the drive to improve the health of babies and young children.

5.5.2. Infant Mortality

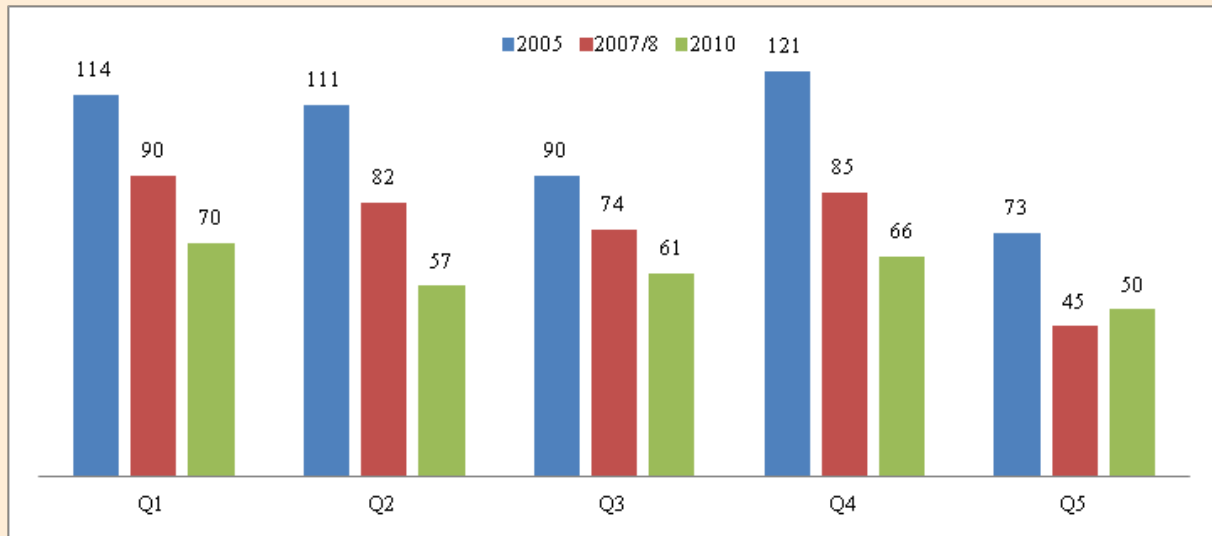
Between 2000 and 2010 the infant mortality rate has declined from 125 per 1,000 live births to 50 in 2010 (Figure 36). Despite this impressive decline, Rwanda is off-track for achieving the MDG target for infant mortality rate but with accelerated progress, there is a possibility that it could be achieved. The IMR varies by socio-economic status with a gap of 20 percentage points between the highest and lowest wealth quintiles, although this gap has decreased significantly from 2005 when it was 41 percentage points (Figure 37).

Figure 36: Infant Mortality Rate per 1000 Live Births



(Source: RDHS 1992, 2000, 2005, 2007/8, 2010)

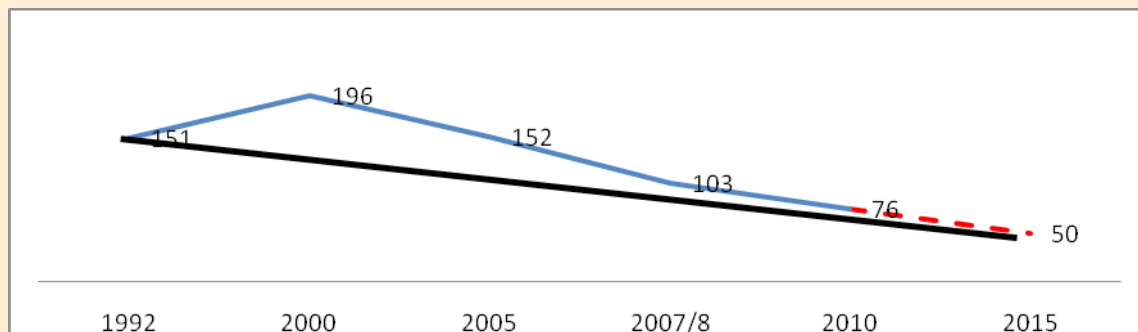
Figure 37: Infant Mortality by Wealth Quintile 2005-2010



Source: RDHS 2005, 2007/8, 2010)

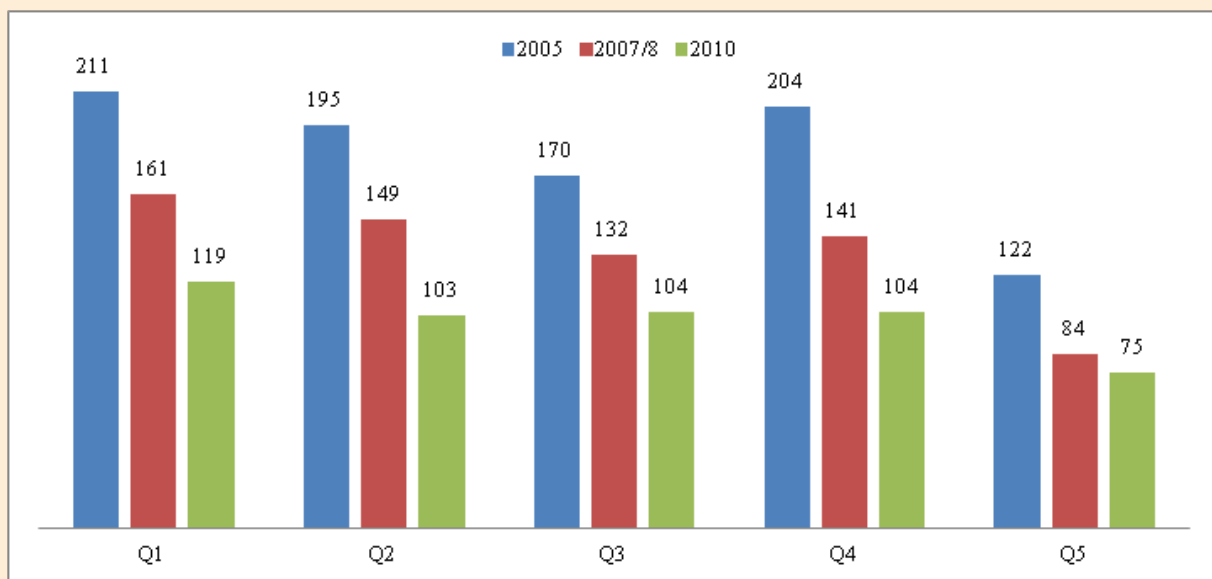
The under-five mortality rate has also declined from 196 per 1,000 live births in 2000 to 76 in 2010 (Figure 38). As the trend line on the graph shows, Rwanda is on track to achieve the 2015 MDG target for the under-five mortality rate. As Figure 39 shows, there is a socio-economic gap for under-five mortality rate but the gap between the top two and the bottom two quintiles narrowed from 40 percentage points in 2000 to 21.5 percentage points in 2010.

Figure 38: Under-five Years Mortality Rate per 1000 Live Births



(Source: NISR 2007a, P23; NISR 2009, P8; NISR *et al* 2011)

Figure 39: Under-five Mortality Rate by Wealth Quintile 2005-2010

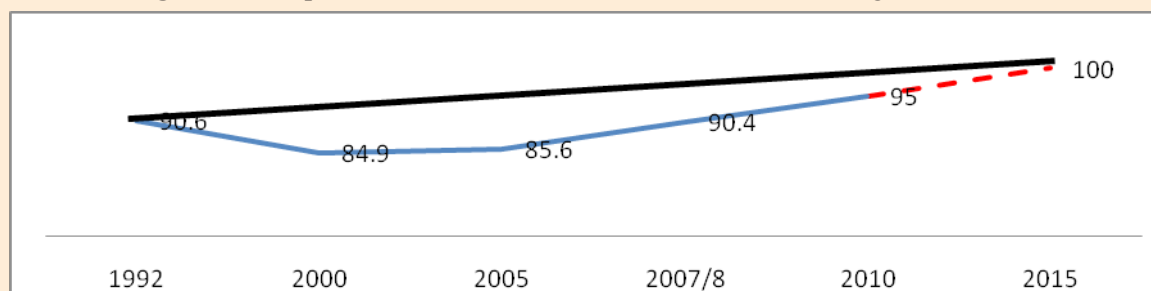


Source: RDHS 2005, 2007/8, 2010)

4.5.2 Immunisations

The MDG target is for the proportion of children immunised against measles but it is important that children receive a full course of all recommended vaccinations. The target for the proportion of children immunised against measles has almost been achieved and the rate is likely to continue to go up (Figure 40). By 2010 the proportion of children aged 12–23 months vaccinated against measles stood at 95 per cent (NISRet al 2011). A 90 per cent vaccination rate for measles is adequate to break the cycle of transmission²³.

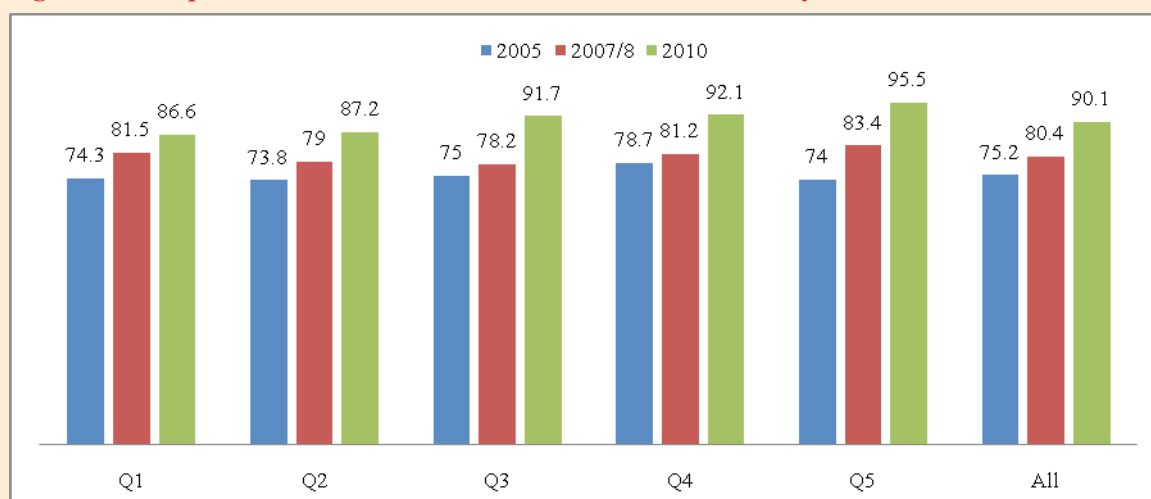
Figure 40: Proportion of One-Year-Old Children Immunised Against Measles



(Source: RDHS 1992, 2000, 2005, 2007/8, 2010)

Figure 41 shows the proportion of children that have received a full course of all recommended vaccinations. The proportion increased between 2005 and 2010 by 18.9 percentage points from 55.2 per cent to 90.1 per cent. However, there are socio-economic differences. Children from homes in the lower quintiles are less likely to be vaccinated than those from homes in the higher quintiles. The gap between the lowest two quintiles and the highest two quintiles widened between 2005 and 2010 by six percentage points

Figure 41: Proportion of Children with All Basic Vaccinations by Wealth Quintiles 2005-2010



(Source: RDHS 2005, 2007/8, 2010)

New Hope in Combating Pneumonia

Two years ago Rwanda introduced a new vaccine which protects children against one of the most severe causes of pneumonia. Since the introduction of the vaccine the rate of hospitalisation for pneumonia has gone down. With the support of UNICEF, WHO and the Global Alliance for Vaccines and Immunisations and a generous donation from Wyeth, Rwanda was one of the first developing countries to introduce the new vaccine.

4.5.3. Conclusions

Rwanda had made dramatic progress in the child health MDGs in the last few years and looks on track to achieve the MDG for under five mortality with a strong possibility that the one for the infant mortality can be achieved. The 100 per cent vaccination rate for measles may not be met but with a rate of 95 per cent immunity

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www.immunisation.nhs.uk/about_immunisation/Science/Factors_affecting_herd_immunity, last accessed 25th April 2010

has already been achieved. Two key policies have been extremely important in achieving this remarkable progress, community health workers and a mutual health insurance scheme.

Community Health Workers

Recognising that improving health requires a partnership between the Government and local communities, the Ministry of Health has put in place mechanisms that directly involve and empower local communities in health promotion. Family-orientated, community-based services consist of what families and communities can practice by themselves when provided with information and education by health workers. They integrate the management of children and maternal health and are based on a system of elected community health workers (CHW) who are provided with training. There are two female and one male worker elected in every village. They mainly provide a preventive and health promotion service, as well as some management of neonatal and childhood illnesses. They are encouraged to resolve problems, when possible, at the community level. Communities are responsible for their well-being and problems, and success is accounted for, justified and owned by the community. Communities are supported by professional community health workers as well as health commodities and supplies.

In our case study, mothers pointed out that not only were their children healthier, but the time they used to spend looking after their sick children can now be used for income-generating activities.

Community health workers, however, told us that they should be trained to provide basic care for all the population in the community (including adults) and community members supported this.

They also reported that they sometimes run short of drugs. When we interviewed the community health workers they were waiting for fresh supplies of medications.

They also said that they need to be compensated for the services they provide. CHW live like all ordinary Rwandans, they have to work to support their own families and cater for their children. They expressed a need to be compensated for the time they spend on CHW duties²⁴.

5.6. Maternal Health



4.6.1 Introduction

Women often die needlessly in childbirth. Maternal mortality is largely preventable, provided mothers receive appropriate antenatal care and are attended by a skilled healthcare worker during labour. Given the need for hygienic conditions, it is preferable (especially for women from poorer homes) to give birth in a health facility. Limiting family size and spacing births also reduces the risk, so access to family planning is important. Young women are at greater risk, therefore reducing the teenage pregnancy rate can help with lowering the maternal mortality rate. As with infant and child health, maternal mortality is associated with poverty and reducing poverty will improve the health of mothers and reduce mortality. Improved maternal health will also improve the health of children.

Providing emergency services is also critical. Community health workers are trained and equipped so that they can send SMS messages to health centres to summon an ambulance in an emergency. Ambulances also enable mothers to be transferred from health centres to district hospitals if there are complications during delivery. All district hospitals are provided with ambulances.

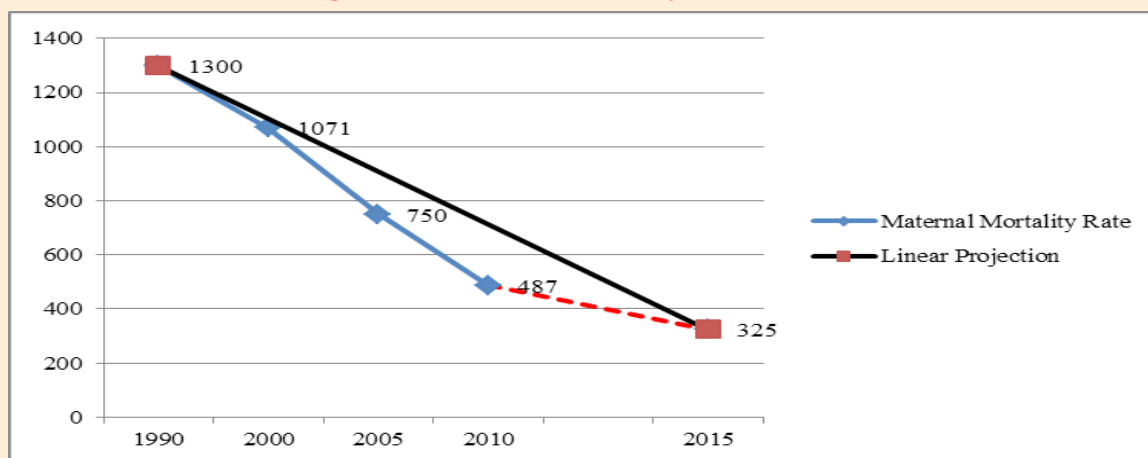
24

CHWs are being supported to form worker cooperatives to enable them to earn a livelihood.

4.6.2 Maternal Mortality and Assisted Delivery

There has been a significant decrease in the maternal mortality rate (MMR), with Rwanda making good progress towards achieving the MDG Target of reducing the rate from 1,300 per 1,000,000 live births in 1990 to 325 in 2015. By 2010, the MMR was 487 (Figure 42) meaning that a woman has a 1 in 40 chance of dying from maternal causes. The main reason for the improvement is an increasing number of women giving birth in a healthcare facility attended by a qualified healthcare professional and the introduction of Maternal Death Audit. To achieve the target it will be necessary to increase the number of women giving birth in a healthcare facility from 69 percent to nearer the WHO Target of 90 per cent (WHO 2007). It will also be necessary to encourage more pregnant women to attend an early antenatal visit and make the four recommended visits (Jararaman *et al* 2008). It is estimated that around 52 per cent of maternal deaths can be averted by providing extended obstetric care (Wagstaff and Claeson 2004).

Figure 42: Maternal Mortality 1990-2010²⁵



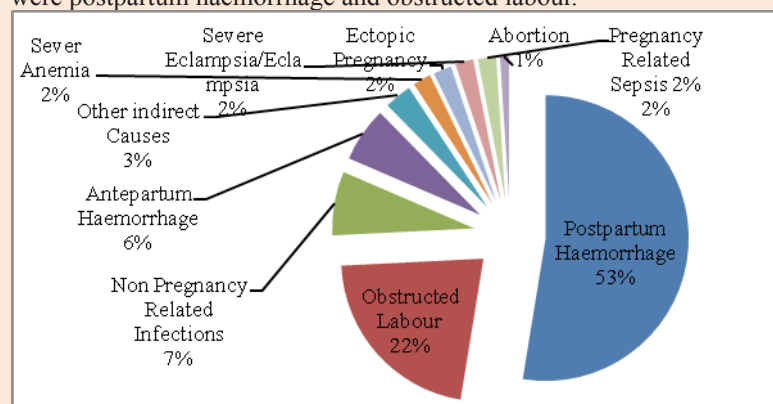
(Source: Abbott and Rwirahira 2012)

Reducing Maternal Death through Maternal Death Audit

Between 2008 and 2010 the hospital-based MMR nearly halved from 400 to 217 almost certainly due to the introduction of Maternal Death Audit. Understanding the causes of maternal mortality enables providers to put in place preventive policies and strategies.

The Ministry of Health, with the financial and technical support of WHO and UNFPA, introduced the Maternal Death Audit approach for reducing maternal mortality in 2008 in all district and referral hospitals. All the maternal deaths that occurred were audited for the cause.

The audit in 2008 showed that the two main causes of maternal mortality, accounting for 72 per cent of all deaths, were postpartum haemorrhage and obstructed labour.



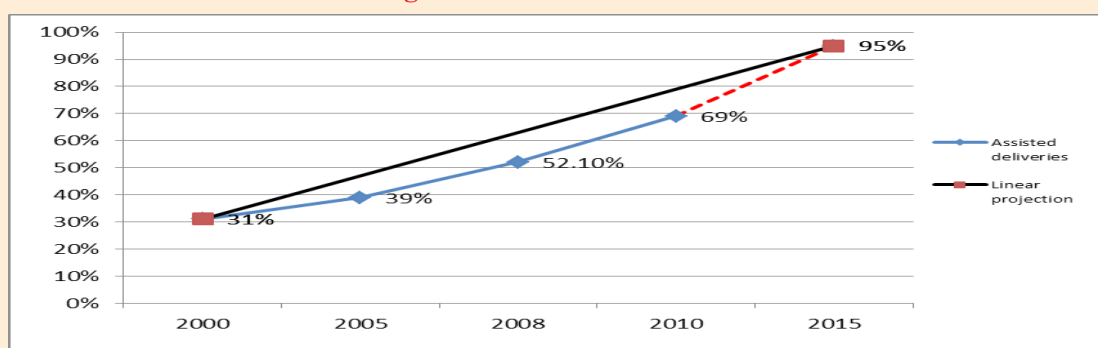
By 2010, not only had the MMR declined significantly, but the proportion of maternal deaths due to postpartum haemorrhage had declined to 28 per cent showing that the hospitals had been able to develop procedures to reduce maternal mortality from this cause.

(Source: Ministry of Health 2011)

²⁵ The rate for 1990 is the revised estimate by WHO and UNICEF (WHO 1996) developed to enable progress towards achieving the MDG for maternal mortality to be measured. It is significantly higher than the rate of 611 which was reported in the 2007 Rwanda Country Report (NISR 2007b) and is higher than the figure used in Hogan *et al*'s 2010 analysis – 813 (508 – 1223) published in the *Lancet*. Measuring maternal mortality has been difficult because of poor-quality data (Hogan *et al* 2010). See the Appendix for graphs showing the trend based on the figures used in other reports in Rwanda.

However, the maternal mortality rate is not reliable, although the decline between 2005 and 2010 gives no reason to doubt that there has been a real decline (NISR *et al* 2011). In the absence of reliable maternal mortality data, trends in antenatal, delivery and postnatal care are seen as good indicators of likely trends in maternal mortality (Jararaman *et al* 2008). There has been an increase in the proportion of births attended by skilled health personnel with 69 per cent of mothers now being cared for by a skilled healthcare worker during labour (Figure 43). All births attended by a skilled health worker now take place in healthcare facilities. However, accelerated progress will need to be made if the WHO Target of 90 per cent of births attended by skilled health personal is to be met by 2015 (WHO 2007).

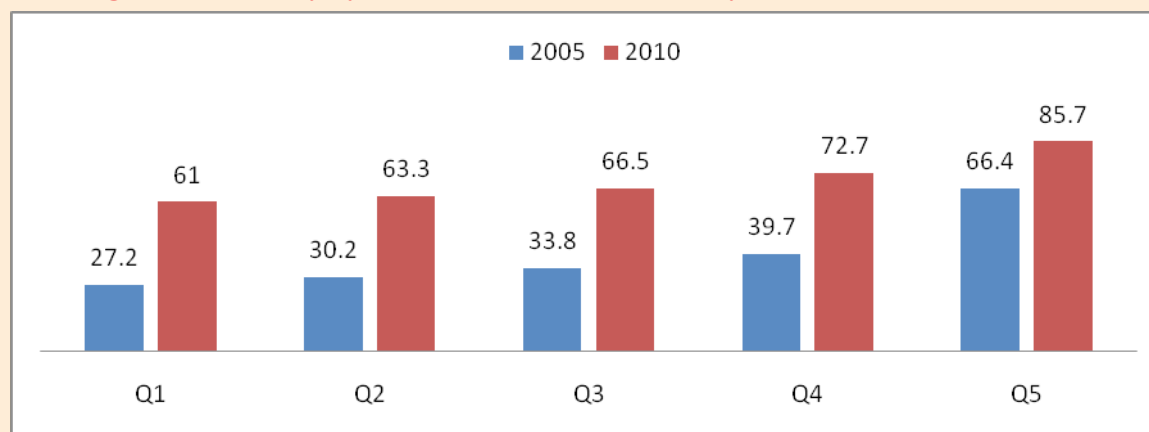
Figure 43: Assisted Deliveries



(Source: NISR 2007a, P31; NISR 2009, P11, NISR *et al* 2011)

Women from better-off homes are more likely to have a skilled worker attend their delivery. For example, 85.7 per cent of women from the highest wealth quintile give birth in a healthcare facility compared with 61 per cent of women from the lowest wealth quintile. The gap between the bottom and top two quintiles reduced marginally between 2005 and 2010 from 21 percentage points to 17 percentage points indicating a reduction in inequalities in access to a delivery by a skilled healthcare worker (Figure 44).

Figure 44: Delivery by Skilled Healthcare Worker by Wealth Quintiles 2005-2010



(Source: RDHS 2005, 2010)

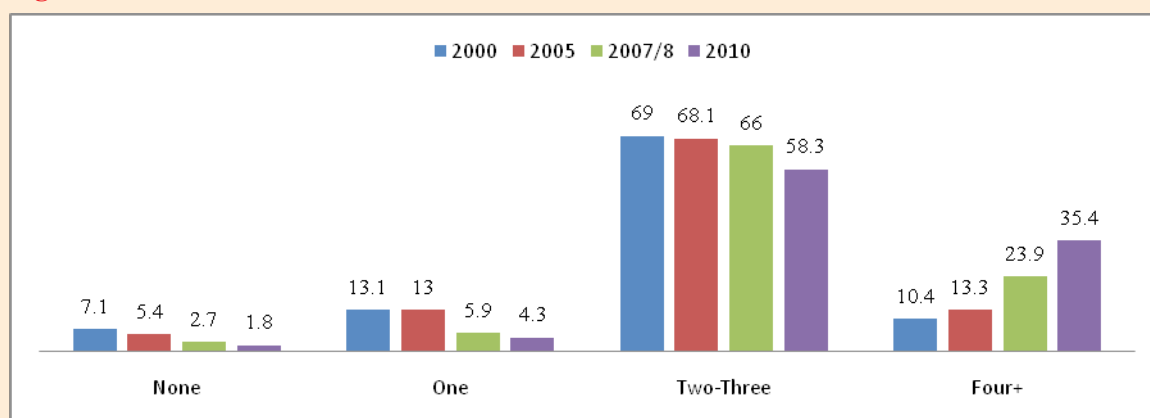
Teenage fertility is an important demographic factor, as children born to young mothers are at greater risk of illness and death. Also, teenage mothers are at greater risk of complications during pregnancy and are less likely to attend antenatal care appointments, exposing themselves to a greater risk of complications during delivery and dying for reasons related to childbirth. Early childbearing also seriously affects a woman's ability to pursue an education, find employment and become independent. By age 19, 6.1 per cent of young women have begun child bearing. Nearly a quarter of those with no education have started childbearing compared with 6.1 per cent of those with primary education and 3.6 with secondary. Differences by wealth quintile are not large except for the highest where the proportion is 3.9 per cent compared with 8.9 per cent in the lowest wealth quintile (NISR *et al* 2011).

5.6.3 Antenatal Care

98per cent of women receive some kind of antenatal care although only just over a third attend four antenatal visits as recommended by the World Health Organisation (Figure 45). Only 43.4percent of pregnant women

make the recommended first visit before the fourth month of pregnancy and 20 per cent delay the first visit to the sixth month or later. There is little difference between urban and rural areas, provinces, wealth quintiles or age of mother

Figure 45: Number of Antenatal Care Visits

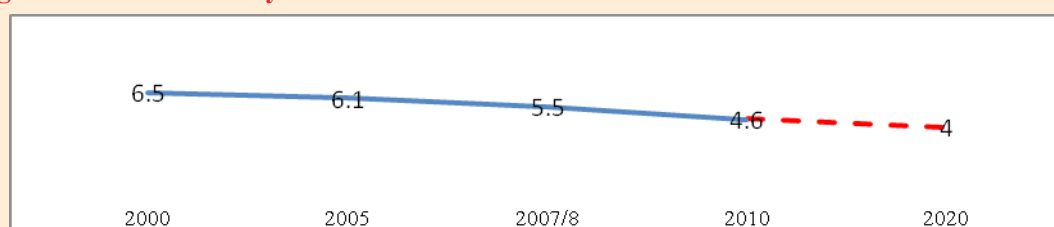


(Sources: RDHS 2000, 2005, 2007/8, 2010)

4.6.4. Fertility and Family Planning

Rwanda continues to face a rapidly growing population with a growth rate of 2.9 per cent. High fertility rates and land shortages due to high population density compound the negative impact of rapid population growth on socioeconomic development. However, the *EDPRS* 2012 target for the TFR of 4.5 has almost been achieved and if the current rate of decline continues the *Vision 2020* TFR target of four should be achieved by 2020 (Figure 46). Nevertheless, the figure of 4.5 children per woman is still well above the 2010 figure of 3.3 children: the figure that women perceive to be ideal. Fertility varies by socio-economic status with the rate being much lower for women in the highest wealth quintile, TFR 3.4 per of woman in 2010 compared with 5.4 for women in the lowest quintile. The TFR is also declining at a faster rate in the higher wealth quintiles than the lower ones. Between 2005 and 2010 the gap between the two lowest and the two highest wealth quintiles increased from 0.9 percentage points to 1.8 percentage points (NISR *et al* 2011).

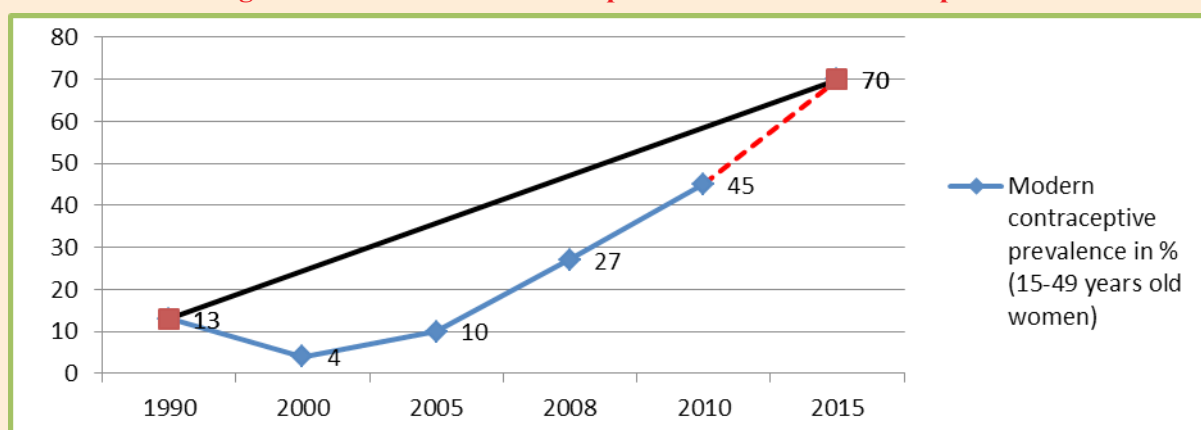
Figure 46: Total Fertility Rate



Sources: MINECOFIN, 2000; Ministry of Health *et al*, 2006, 2009, 2011

The decline in the TFR is undoubtedly related to the rapid increase in married women's uptake of modern contraception from four per cent in 2000 to 45 per cent in 2010 (Figure 47) although the 2015 target of 75 per cent uptake looks unlikely to be achieved.

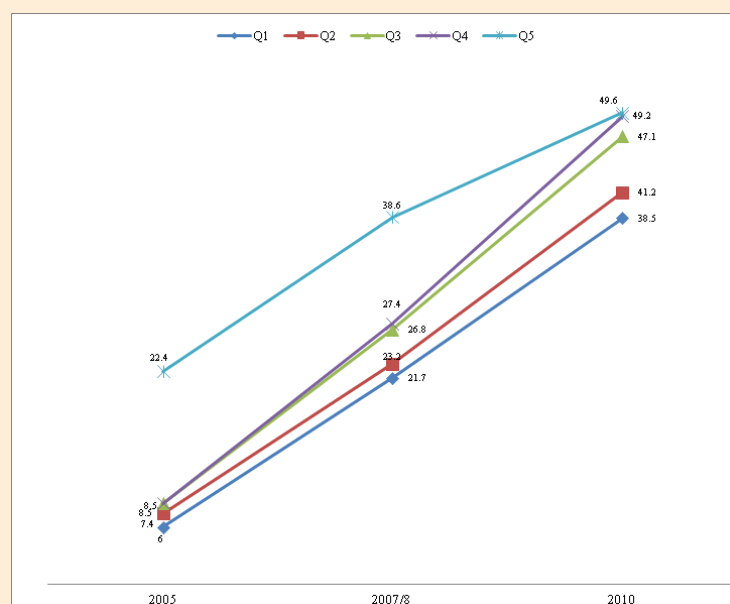
Figure 47: Married Women's Uptake of Modern Contraceptives



(Source: Ministry of Health et al 2009, P41)

The use of modern contraception by married women varies by socio-economic status but the gap has narrowed since 2005. In 2005, six percent of married women in the lowest wealth quintile used modern contraception compared with 22.4 percent in the highest quintile, a gap of 16.4 percentage points. By 2010 the comparable figures were 38.5 per cent and 49.6 per cent and 11.1 percentage points (Figure 48).

Figure 48: Married women's Use of Modern Contraception by Wealth Quintile 2005-10



(Source: RDHS 2005, 2007/8, 2010)

There is an unmet need for planning by married women who say they wish to have no more children or want to space the birth of their next child, but are not using family planning. As the proportion of married women using modern contraception has increased since 2005, the unmet need for family planning has declined. In 2000, the unmet need for family planning was 17.7 per cent; by 2005 this had increased to 38 per cent but had declined to 18.9 per cent by 2010. There has also been an increase in the proportion of married women who say they intend to use contraception at some point. In 2000 it was 52.6 per cent, rose to 58.5 per cent in 2007/8 and was at 73.5 per cent by 2010. Nearly three-quarters of married women not using modern contraction in 2010 had never discussed family planning with a community health worker or at a health facility.

The unmet need for modern contraception also varies by socio-economic status with women in the lowest wealth quintiles having a higher level of unmet need than those in the higher wealth quintiles. The gap is not large but it grew between 2005 and 2010 from 2.8 percentage points to 7.2 percentage points, suggesting that poor women have more difficulty in meeting their need for modern contraception than better off women.

5.6.5. Conclusions

Secondary analysis of 2005 DHS data found that the urban poor and rural population (regardless of location) had the highest fertility, the lowest contraceptive use, and the greatest unmet need for family planning. In addition, there was a strong correlation between relative wealth and use of private sector contraceptive products and services among urban women. Youth and unmarried women are under-served in terms of access to modern family planning and require greater attention by Government and family planning providers (Pandit-Rajani *et al*, 2010).

Improving Maternal Healthcare

The Government of Rwanda has put in place a package of measures to improve maternal care with the aim of reducing maternal mortality as rapidly as possible. These measures include:

- making antenatal care available to all women;
- encouraging all pregnant women to attend four antenatal care visits;
- having community health workers who can provide support for pregnant women and accompany them to the healthcare centre or hospital for delivery;
- distributing birth kits to all health facilities;
- a referral system for pregnant women thought to be at risk and emergency maternal and neonatal care;
- maternal deaths audits that evaluate the causes of the deaths as well as identifying future preventive measures;
- district hospitals and health centre staff are trained in the promotion of and how to insert long-term contraception method;
- secondary family planning posts located near Catholic hospitals to provide advice on and supply modern contraceptives.

5.7. HIV/AIDS, Malaria and Other Diseases



4.7.1 Introduction

Rwanda has generalised HIV epidemic, HIV infection is a major public health concern and a major cause of mortality. It is important that HIV infection rates are monitored in the general population and in specific risks groups. The effectiveness of preventative measures depends on understanding the problem behaviours, attitudes and socio-cultural factors impacting on the disease. Malaria is also a major cause of morbidity and mortality among children and adults. However, due to concerted efforts to combat it, the mortality and morbidity rates have declined rapidly.

4.7.2 HIV Infection Rate in Rwanda

The 2015 target for HIV is to stop the increase and reverse the proportion of the population who are infected with HIV. Rwanda is managing to control the spread of HIV but there is no sign of a reversal in incidence. The proportion of young people with HIV aged 15-19 and 20-24 was virtually identical in 2005 and 2010 (NISR *et al* 2011).

Early estimates of the prevalence rates for HIV is based on information from a limited number of sentinel sites and seems to have resulted in an overestimation. In 2002, the national sentinel surveillance system was expanded and enabled the collection of more precise data. The 2002 data showed a prevalence rate that varied between 2.6 per cent and 3.6 per cent in rural areas and seven per cent and 8.5 per cent in urban areas with

virtually identical rates in 2003 (National Institute of Statistics *et al* 2006). The 2005, RDHS found a prevalence rate of three per cent for those aged between 15 and 49 years, 3.6 per cent for women and 2.3 per cent for men. The 2010 RDHS found an identical prevalence rate of three per cent. The rate is three times higher in urban than rural areas and is around twice as high in the highest wealth quintile (5.1%) as in any of the other wealth quintiles (NISR *et al* 2011).

Having multiple partners and paying for sex are high risk behaviours that increase the likelihood of infection. A BBS conducted in 2010 among female sex workers found a high HIV prevalence rate of 51 per cent. Condom use among female sex workers with both paying clients and regular partners was inconsistent, this suggests figures of 81.8 per cent in 2000 and 86.8 per cent in 2006 of female sex workers reporting using a condom with their most recent client are unreliable as a guide to behaviour. Anyone having unprotected sex with sex workers is putting themselves at considerable risk of HIV infection.²⁶ Persisting negative attitudes towards women as sex workers and not men as clients, together with the criminalisation of sex work continues to undermine HIV prevention efforts. Women and girls often have less power to insist on safer sex, and gender norms continue to promote high rates of partner exchange among men (Ministry of Health, 2009b).

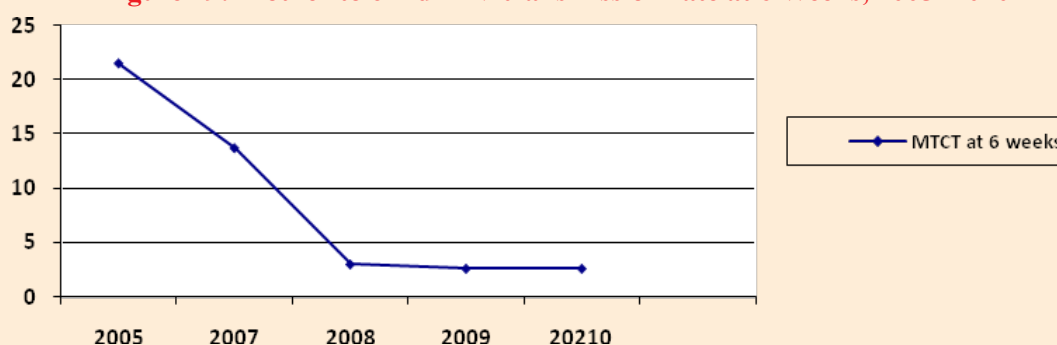
Former Sex Worker Programme

The Government with the support of the UN has been developing a programme to enable former sex workers to be trained in income generating skills so that they can make a living without returning to sex work. One project is operating and there is some evidence that former sex workers are developing the skills to move into other income generating activities.

In one of our case study districts (Appendix 1) we visited a cooperative for former sex workers. We found that two thirds of the 50 former sex workers who had founded the cooperative had returned to sex work because of poverty. The support they received to enable them to start up their enterprise was inadequate. Without support to start up an enterprise and ongoing support while it is being established, it is unlikely that these women will be able to find a way of earning an adequate income.

There has been a decline in mother-to-child transmission rate of HIV from an estimated 21.5 per cent rate in 2005 to 2.6 per cent in 2010 (Figure 49). However, following a dramatic decline between 2005 and 2008 the rate has remained stable since.

Figure 49: Mother to child HIV transmission rate at 6 Weeks, 2005 -2010



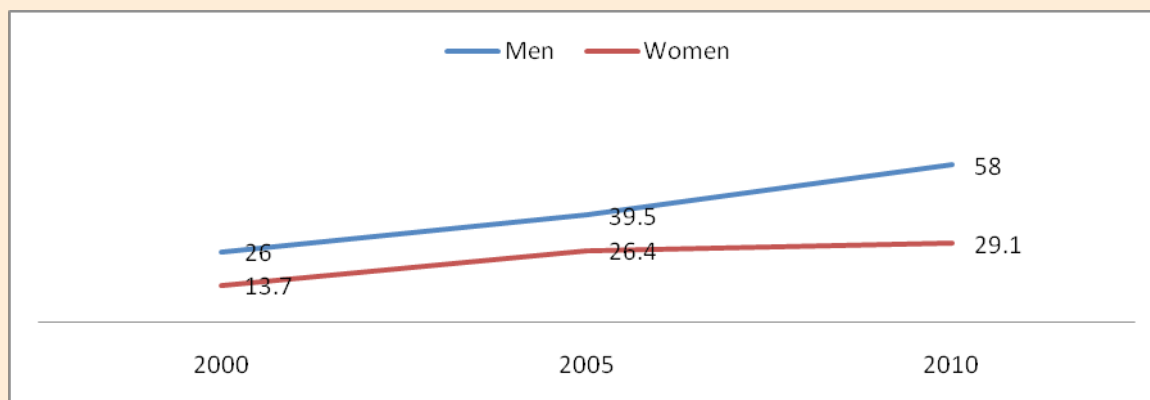
(Source: TRACK Annual Report Maternity Infant follow-up 2011)

4.7.3. Knowledge of HIV and Preventative Behaviour

Knowledge of HIV is high with no variation by background characteristics. Over 90 per cent of men (92%) and women (91%) aged 15-49 years know that using a condom reduces the risk of HIV and 85 per cent of women and 79 per cent of men say that limiting sexual intercourse to one uninfected partner reduces the risk. Overall, 79 per cent of women and 74 per cent of men know that both methods reduce the risk of infection. Women who live in rural areas, young people aged 15-19, those who are not married and those with little education are less well informed. The least well informed groups are men who are divorced/separated/widowed or have never had sex and women in the Western Province (NISR *et al* 2011). Youth aged 15 to 24 years are an especially vulnerable group for HIV risk behaviour, but a relatively high proportion of them have knowledge of HIV prevention methods. Young women are better informed than young men and knowledge about HIV has increased for both female and male youth since 2000.

Although the majority of men and women say that the risk of HIV transmission can be reduced by using a condom every time they have sex, only 29 per cent of women and 58 per cent of men (Figure 50) who had had more than one sexual partner in the previous 12 months, reported using a condom in their last sexual encounter in 2010 (NISR *et al* 2011).

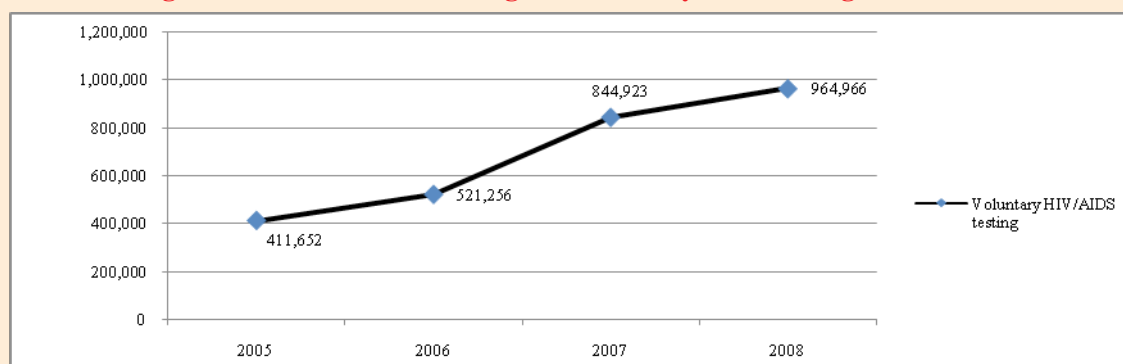
Figure 50: Percentage Young People who Engage in Unsafe Sex and Used a Condom at Last Sexual Intercourse - 2000, 2005 and 2010



(Source: DHS, 2000, 2005, 2010)

Another important aspect of prevention is knowledge of HIV status. The number of people taking a voluntary HIV test has increased significantly (Figure 51), but it is estimated that only 19.6 per cent of the population knew their HIV status in 2008, well short of the 2012 target of 40 per cent (Nyandekwe 2011).

Figure 51: Numbers Attending for Voluntary HIV Testing, 2005 - 2008

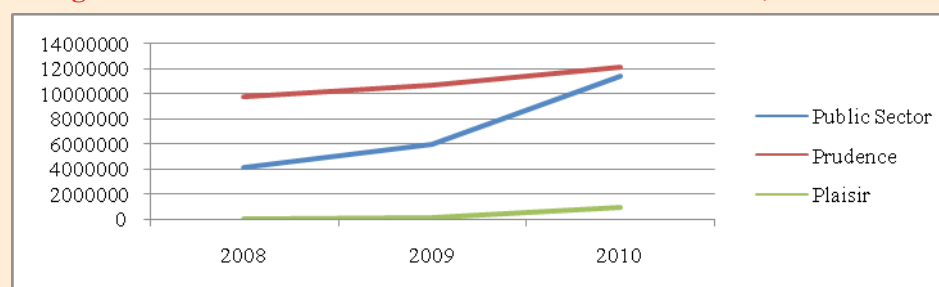


Source: NISR, 2009:24

Condoms are freely available and accessible for the prevention of HIV and sexually transmitted infections (STIs) and/or for contraception. Condoms are funded by donors, either being provided directly, or through social marketing by Population Services International (PSI)-Rwanda and the numbers distributed has increased since 2008 (Figure 52). Research on availability of social marketed condoms conducted by PSI-Rwanda in 2010 found that there were no problems with availability in Kigali City. Availability was also good in the other Provinces apart from Western Province where it was only 57.9 per cent (PSI Research Division Rwanda, 2010).

However, the 2008 situational analysis of condom programming found that while condom use had generally increased among women, and was increasing slowly among sex workers, it was declining among all men except truck drivers among whom the rate of condom use had remained stable (National Aids Control Commission, 2009).

Figure 52: Public and Social Sector Condoms Distributed, 2008-2010



Source: Nyandekwe 2011

A key issue to emerge from the literature on SRH in Rwanda is the specific needs of adolescents. It is reported that they are less likely to have access to information, commodities (contraceptives and condoms) and health insurance than their elders (Binagwaho 2009). Adolescents are becoming sexually active earlier, but contraceptive use remains low. The Government of Rwanda began to address this issue with the establishment of Youth Friendly Centres (YFC) in 2005.

Youth Friendly Sexual and Reproductive Health Services

The Ministry of Youth, with the support of DPs, is putting in place Youth Friendly Centres to improve access to sexual and reproductive health services for young people. The Youth Centres provide young people with a place where they can discuss issues about sexual and reproductive health and get access to condoms. Youth are trained as peer tutors and out-of-school youth get an opportunity to learn income-generating skills.

By the end of 2009, there were 14 Youth Friendly Centres with half of them supported through funds from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). They focused mainly on HIV testing and counselling, rather than a range of SRH services. By the end of 2010 there were 12 health facilities offering a Youth Friendly Health Service (YFHS) and the Government is committed to offering a basic package of YFHS at all health facilities (Ministry of Health, Maternal Child Health, 2011a)

4.7.4 Antiretroviral Treatment and Fighting Aids

Antiretroviral treatment for all those assessed as needing it is available free, funded by donors. However, not all those eligible access treatment and this is especially the case for children. In 2008, antiretroviral treatment coverage was estimated to be 77 per cent for eligible adults and 49 per cent for children (National AIDS Control Commission 2010, P11). The 2007 survey of the health sector (NISR *et al* 2008) found that only one-third of health facilities offered antiretroviral treatment and of these only about one-third had had uninterrupted supplies of ARVs in the previous six months. Only seven of the 334 facilities with an HIV testing system offered a youth-friendly service for HIV testing. There is insufficient information and clinical follow-up for those with HIV/AIDS and a number of those on ARVs are lost. HIV-positive children are diagnosed at a late stage, possibly increasing morbidity and mortality (Ministry of Health, 2009b). Strategies to support people living with HIV include income-generating activities, food security, access to healthcare through community-based health insurance and access to primary, secondary and vocational education (Ministry of Health 2009a).

Fighting HIV/Aids

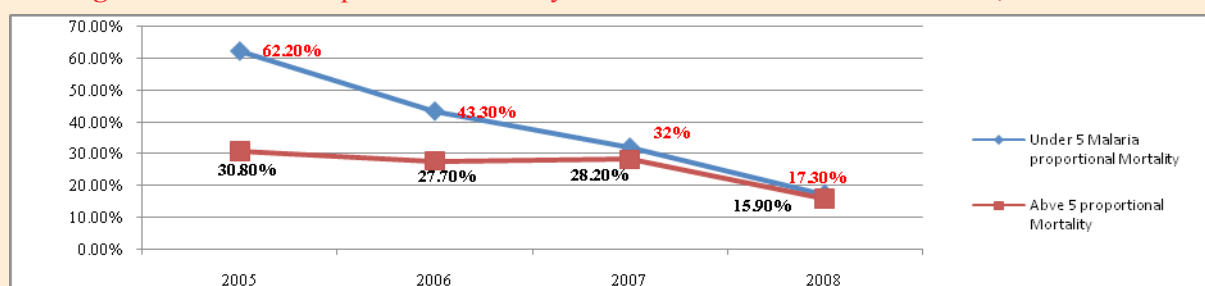
There is political commitment, a clear vision and a determination to fight HIV/AIDS under three main outcomes: coordination, planning, M & E and partnership; prevention; and mitigation of AIDS. The Government has put in place a comprehensive package of programmes to fight HIV/AIDS including:

- increasing the number of health facilities offering ARV treatment from 23 per cent of health facilities in 2005 to 43 per cent in 2008 (Ministry of Health 2009b, P37). Rwanda has opted for not having a stand-alone HIV health facility but rather offering treatment in generic health facilities;
- increasing the number of health facilities that can offer voluntary testing and counselling services from four in 2002 to 269 in 2009;
- a push for support from civil society and involving religious leaders in sensitization campaigns and other preventative work;
- creating clear protocols for treatment and a clear way of tracking progress through performance contracts;
- a strong emphasis on education and prevention, including targeting the most at-risk groups;
- campaigning to remove the stigma and discrimination experienced by those living with AIDS;
- establishing youth-friendly centres to provide advice on prevention and testing for HIV;
- taking measures to prevent mother-to-child contamination.

4.7.5 Malaria and other Major Disease

Malaria continues to be a major cause of morbidity and mortality in Rwanda, although remarkable progress is being made in reducing the burden of the disease, with the emphasis being on prevention (Ministry of Health 2009a). It is the main cause of death in children under five years of age and the second cause, after HIV/AIDS, for adults (Ministry of Health 2009a). There has been a decline in the percentage of deaths in health facilities due to malaria in recent years (Figure 53). In 2005, 62 per cent of such deaths of children under five years were caused by malaria, but by 2008 this had fallen to 17 per cent. For those aged five years and over the decline was from 31 per cent in 2005 to 16 per cent in 2008. In 2005, 26 per cent of children were reported to have had a fever in the two weeks preceding the household interview for the RDHS, by 2010 this had fallen to 16 per cent (NISR *et al* 2006 2011).

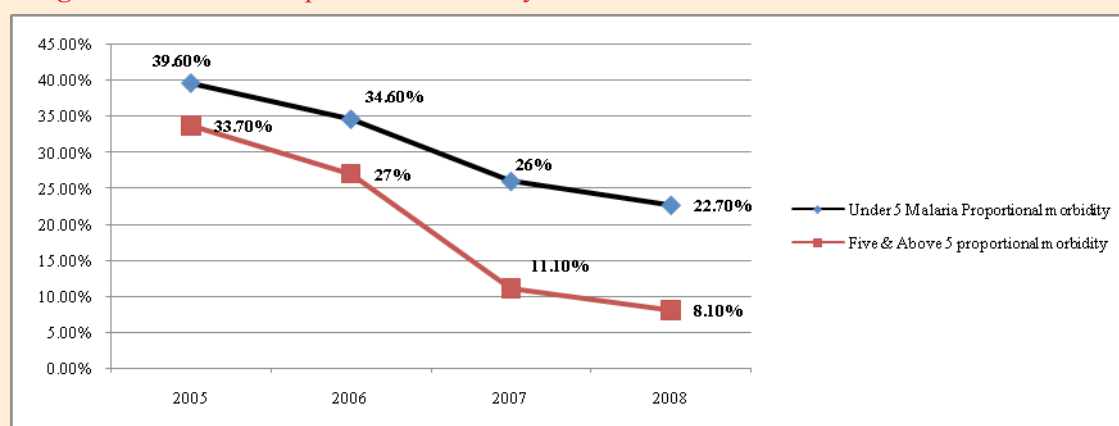
Figure 53: Malaria Proportional Mortality Under 5 Years and 5 Years and Over, 2005 – 2008



(Source: NISR 2009, P32)

There has been a decline in malaria cases, while at the same time there has been an increase in health service utilisation. The proportion of under-five morbidity due to malaria fell from 39.6 per cent in 2005 to 22.7 per cent in 2008 and for those five years and over from 33.7 per cent to 8.1 per cent in the same period (Figure 54).

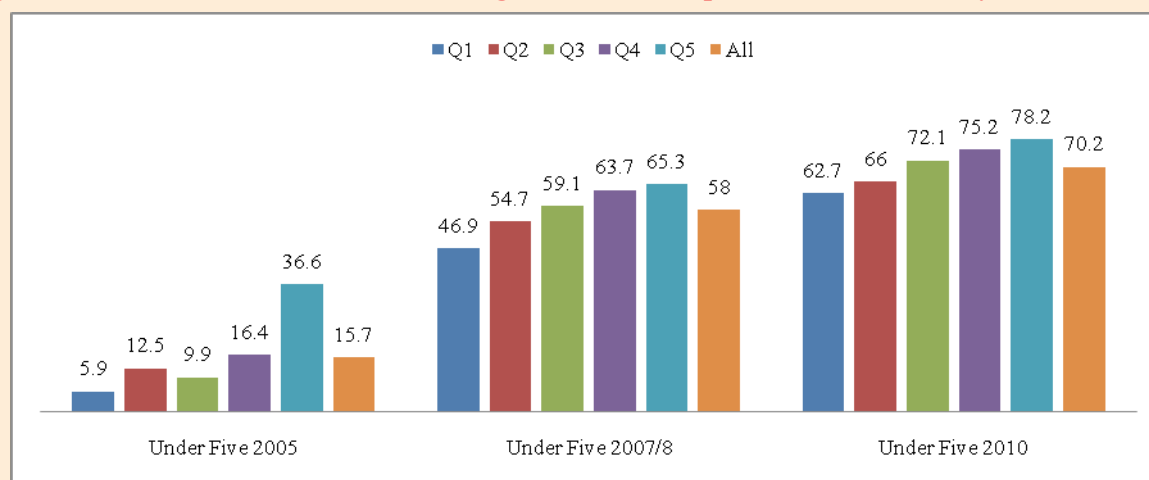
Figure 54: Malaria Proportional Morbidity Under 5 Years and 5 Years and Over 2005 -2008



(Source: NISR 2009, P36)

To prevent complications from malaria, all pregnant women are encouraged to sleep under a treated mosquito net. Children under five years have reduced immunity to malaria and are therefore more vulnerable to severe complications of malarial infection and should also sleep under a treated net. The proportion of pregnant women and of children sleeping under a treated mosquito net increased dramatically between 2005 and 2010. In 2005 the proportion of children under five was 17.5 per cent and by 2010 this had risen to 70.2 per cent. The comparable figures for pregnant women are 20 per cent and 72.5 per cent (Figures 55 & 56).

Figure 55: Children Under Five Years Using a Treated Mosquito Net 2005 -2010 by Wealth Quintiles

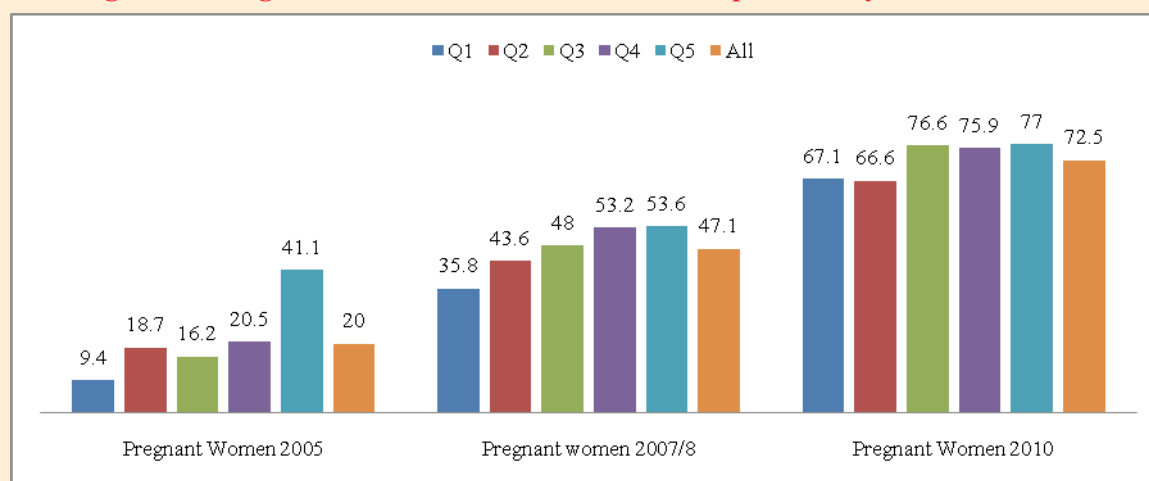


(Sources: DHS2005, 2007/8, 2010)

There are socioeconomic differences in the use of mosquito nets by children under five years and pregnant women. Children from poorer homes are less likely to sleep under a treated net than those from better off homes. The gap between those from the lowest two quintiles and from the highest narrowed marginally between 2005 and 2010 from 13.3 percentage points to 12.3 percentage points (Figure 55).

There are also socioeconomic differences between women from poorer and better off homes. However, the gap in the use of a treated net between women from homes in the bottom two quintiles and those in the top two narrowed between 2005 and 2010 from 16.3 percentage points to 9.6 percentage points

Figure 56: Pregnant Women's Use of a Treated Mosquito Net by Wealth Quintiles



(Sources: DHS2005, 2007/8, 2010)

4.7. 6 Conclusions

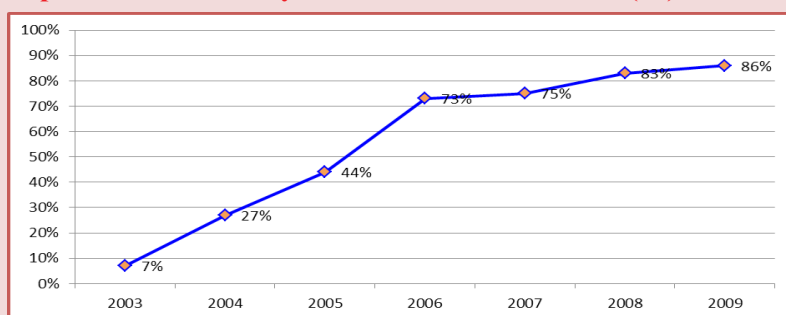
Maintaining good health and having a high quality of life is generally about having a healthy lifestyle, having enough to eat, preventive healthcare (vaccinations, mosquito nets, contraceptive advice, antenatal care, advice on reproductive health), living in a safe environment (access to safe water and sanitation facilities, education in hygiene) and having access to healthcare when necessary. Health inequalities in Rwanda, not surprisingly, closely correlate with economic ones; those who are poor are less likely to be healthy than the better off. Those who are healthiest live in urban areas, are more educated and are in the higher wealth quintiles. They are also the ones with the greatest access to clean water and modern sanitation facilities. Inequalities in healthcare remain. Those in the highest wealth quintile are over twice as likely to consult a doctor when unwell, as those in the lowest quintile. One factor is access; those in the lowest quintile live on average 15 minutes further away from a health centre than those in the highest (Ministry of Finance and Economic Planning 2007).

Health Insurance For All

The Community Based Health Insurance has greatly improved access to healthcare, with a majority of the population having access to healthcare and drugs. By 2009, 85 per cent of the population was covered by the scheme, including nearly a million of the very poor whose contributions are paid by the Ministry of Health with support from development partners. This is up from less than 10 per cent of the population in 2003 (Ministry of Health 2008; NISR 2009). In addition, six per cent of the population is covered by other healthcare schemes (NISR 2009).

In the 2011 Budget, a graduated scheme was introduced with the poorest exempt from charges and the better-off paying more. In one of our case study locations the people we spoke to complained about the high cost of mutual health insurance (it moved from FRW 1000 to FRW 3000 per person). This was reported to be very expensive for the majority of the people we spoke to in our case study locations.

Population Covered by Mutual Health Insurance (%)



(Source: NISR 2009, P149)

5.8. Water and Sanitation



4.8.1 Introduction

Water resources have a direct impact on quality of life and health. Water is essential for human life, for farming, industrial and socioeconomic development, for energy and for transportation. It therefore plays a key role in economic development and poverty reduction. Rwanda has an abundance of water resources, including wetlands and aquatic areas. Water resources are mainly influenced by rainfall and evaporation and climate change may have an impact on the management of the resources.

Access to safe water and hygienic sanitary facilities are a precondition for health. Over 80 per cent of the diseases that afflict Rwandans are water-borne. Progress in increasing the proportion of the population that have access to safe drinking water and/or an improved sanitation facility is increasing, but only slowly. Poor waste disposal practices also pose a threat to public health. Approximately 7,200 Rwandans, including 6,100 children under five die each year from diarrhoea. Nearly 90 per cent of which is directly attributable to poor water, sanitation and hygiene. About a third of a million Rwandans have no latrine and defecate in the open and 4.6 million have an unsanitary latrine or used a shared one. The costs of poor sanitation fall disproportionately on the poorest 20 per cent of the population who are three times more likely to practice open defecation, than the richest 20 per cent (Wash Water and Sanitation Programme, Rwanda Loses 32 billion FRW due to poor sanitation July 2011 www.wasp.org/poor).

Improving Hygiene

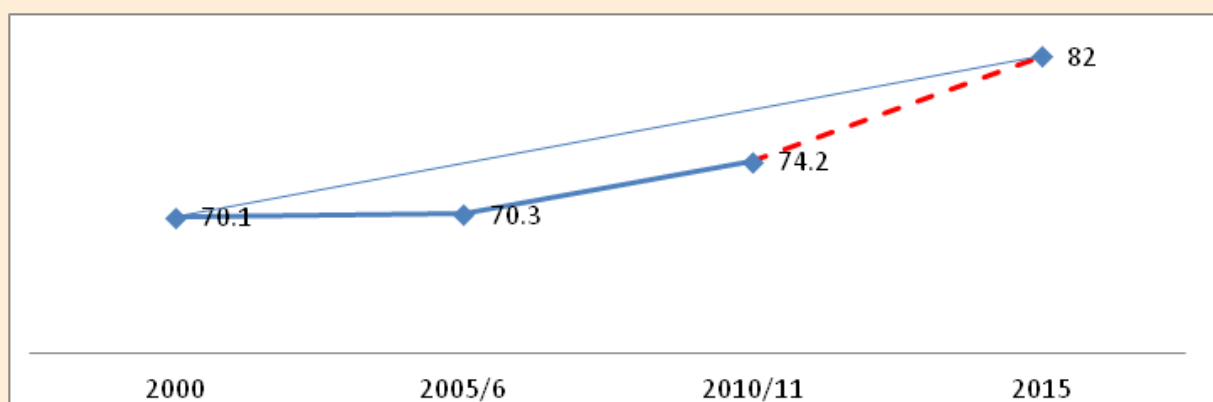


One inexpensive and simple way of improving hygiene is to sensitise people and provide simple methods for hygienic hand washing. A number of donors have projects to do this.

4.8.2 Access to Safe Water

Access to safe drinking water improved between 2005/6 and 2010/11 from 70.3 to 74.4 per cent but it seems unlikely that the 2015 target of 82 per cent will be met (Figure 57). Use of safe water for drinking is highest in Kigali, followed by other urban areas, with the lowest numbers being in rural areas. While 86 per cent of households in urban areas use safe drinking water, this falls to 72 per cent in rural areas (NISR 2012). Even in communities where there is access to safe drinking water, 25 per cent of households use unsafe water (NISR 2007a P68). Those using unsafe water travel twice as far on average to collect it as those using safe water, suggesting that the main factor is cost. Thus around a third of the population are exposed to the risk of preventable illnesses such as worms, dysentery and cholera that are all associated with poor hygiene.

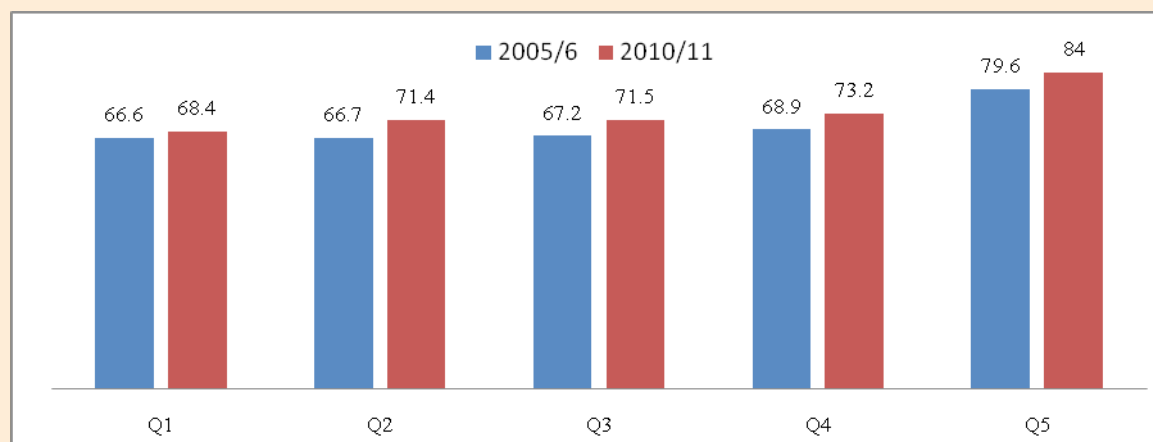
Figure 57: Access to Safe Drinking Water 2000-2010/11 and Linear Progression



(Source: NISR 2006; 2012)

Access to safe drinking water varies by socioeconomic circumstances (Figure 58). Those in the lower wealth quintiles are less likely to have access to safe drinking water than those in the higher ones. The gap in access to safe drinking water between the bottom two and top two quintiles did not change between 2005/6 and 2010/11 being 8.6 in both years.

Figure 58: Access to Improved Drinking Water Source by Wealth Quintiles 2005/6 and 2010/11



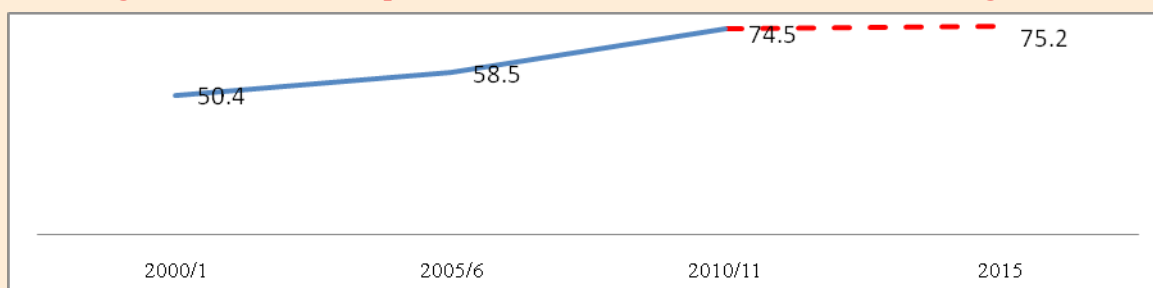
(Source: NISR 2012)

4.8.3 Access to Improved Sanitation

Following a modest improvement in access to improved sanitation of eight percentage points between 2000/1 and 2005/6 there has been an accelerated increase between 2005/6 and 2010/11 of 16 percentagepoints (Figure 59).The MDG 2015 target of 75.2 per cent hadnearly been reached by 2010/11.

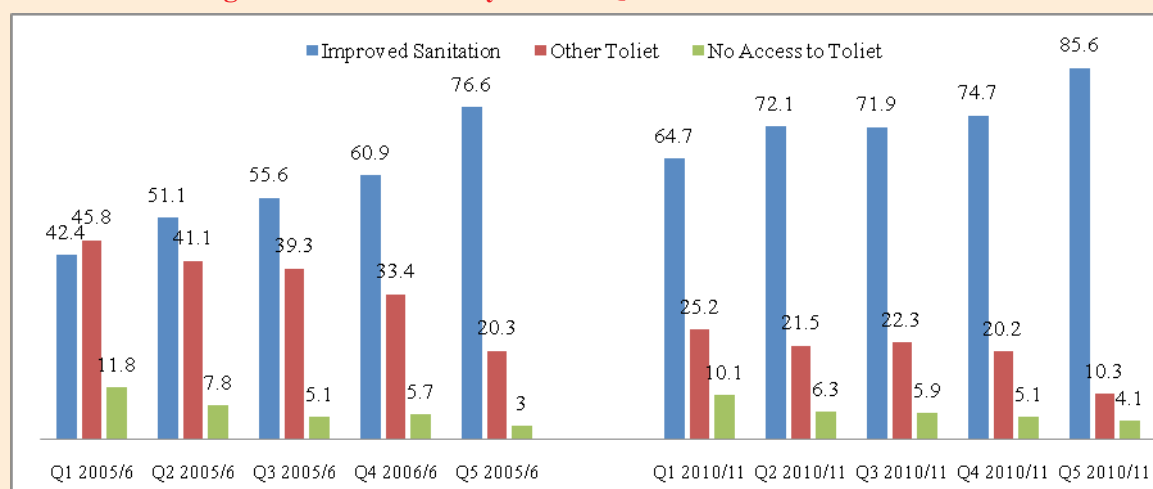
Access to improved sanitation does vary by socioeconomic circumstances (Figure 60) as well as by urban/rural location. 83 per cent of households in urban areas have access to improved sanitation compared with 73 in rural locations.86 per cent of households in the top wealth quintile have access to improved sanitation compared with 72 per cent in the bottom wealth quintile. However, the gap in access to improved sanitation between the bottom two and the top two wealth quintiles narrowed between 2005/6 and 2010/11 from 22 percentage points to 12 percentage points.

Figure 59: Access to Improved Sanitation 2000- 2010/11 and Linear Progression



(Sources: NISR 2006,2012a)

Figure 60: Sanitation by Wealth Quintiles 2005/6 and 2010/11



(Sources: NISR 2006, 2012a)

6. Conclusions

Rwanda has made dramatic development gains in recent years and there is evidence that ordinary Rwandans are benefitting. There is strong evidence that pro-poor policies are resulting in a significant reduction in poverty and a narrowing of the gap between the better-off and the poorest. The Rwandan Government has taken a strong leadership role in driving development policy, has fought corruption and put in place mechanisms to ensure accountability to domestic stakeholders as well as donors. It has taken strong ownership of development support and implementing the *Paris Declaration* with an *Aid Policy* that supports the Government agenda with systems for monitoring and evaluation. This provides indicative evidence that improving the management of development assistance also increases the effectiveness of aid in improving the lives of the citizens in recipient countries. There is a strong commitment to gender equality and pro-poor policies. However, women remain disadvantaged compared to men.

Aid flows have continued to increase although aid dependency (proportion of Government budget from development aid) has declined from 86 per cent in 2000 to 43 per cent 2011/12. The Government has taken strong ownership of development support, skilfully taking up DAC DP's rhetoric to exert leverage and bring its negotiating capital into play. The *Aid Policy* clearly incorporates and goes beyond the Paris Agenda and Rwanda was one of only two countries to be awarded an A grade in the OECD evaluation of the implementation of the Paris Agenda. The use of *EDPRS* as the framework for the allocation of all resources, including development aid, has provided not only a useful guiding principle but has undoubtedly made a significant contribution to the achievement of results. It has ensured that aid is allocated to productive sectors thus fuelling sustainable development and building human capacity as well as enabling the poorest and most vulnerable to exit poverty. There is evidence that DPs give assistance in line with *EDPRS* priorities even if the assistance is not always provided in the way the Government would prefer. Thus much development aid in Rwanda is 'real aid', aid that is helping to fuel a virtuous spiral of development that is benefitting all Rwandans.

However, challenges remain and some ODP's and all other DPs are failing to fully engage with the aid effectiveness agenda and honour the commitments they made in Paris and renewed in Accra and Busan. Greater engagement with the agenda would undoubtedly enable even greater progress to be achieved under *EDPRS-2* and ensure the efficient and most effective use of funds. In 2009/10 and in 2010/11 most ODP's failed to meet their targets for performance and indeed there was little sign of progress between the two years. The aggregate score in 2009/10 for the 14 DPs that participated in the assessment exercise was 59.3 per cent and in 2010/11 for the same ODPs 57.9 per cent. However, in both years the average conceals a wide variation in performance between DPs with DfID the top scorer in both years scoring 100 per cent in 2009/10 and 86.4 per cent in 2010/11. The US, the poorest performer in both years, scored 23.5 per cent in 2009/10 and 13.3 per cent in 2010/11. DfID, the EC and the World Bank were in the top three in both years and Japan and the US were in the bottom two in both years with little movement of other DPs.

Although the major DPs participate in the performance assessment not all ODPs do so. There are 18 DPs recorded in the DAD but only 15 participated in 2010/11. Most of the DPs on the OECD data base who do not participate are relatively small donors. The largest of them are France, Korea, Norway and Ireland. None of the non-DAC development partners participate. Non-participation raises questions of the extent to which these DPs are providing funding in line with the country's development agenda. Issues of tied aid and technical assistance from non-DAC DPs are less likely to raise issues of value-for-money but do raise the other concerns about TA and tied aid.

The Government has undertaken a number of reforms and other initiatives to facilitate implementation of the *Aid Policy*, including reforming the public financial system so that it complies with international good practice enabling DPs to have confidence in using the systems. It has also agreed with the DPs a division of labour so that development aid is meeting the needs of all sectors, as well as reducing transaction costs by limiting the number of DPs working in any sector and fragmentation by limiting a DP to working in no more than three sectors. It is in the processes of establishing a Single Project Implementation Unit in each Ministry to reduce the number of parallel implementation units and thereby reducing costs and giving the Government Greater ownership. The Project Treasury Single Account will facilitate the Government having timely information on ODA flows. An *Access to Information Law* is expected to go on the statute book later in 2012.

Aid predictability remains a problem. The Government needs to have both long term information on aid flows to enable planning and to be confident that committed aid will be disbursed in a timely manner to facilitate policy and project implementation. Four DPs make no advance indications of and/or commitments to future

volume of aid. These include two of the largest donors, US and the Global Fund together with Japan and Switzerland. Predictability and the timely disbursement of ODA remain problematic apart from GBS and varies by sector and DP. Only three DPs met their 2010/11 target for percentage of ODA delivered in the year for which it was intended, Belgium, EC and the World Bank. Canada disbursed none and Japan only 10 per cent.

The DPs continue to fail to meet the deadlines for fully reporting ODA for the Government sector in time for it to be included in the Budget, reducing the ability of Parliament to scrutinise public spending and the public availability of information. Only the World Bank met its target in 2010/11. The Governments preference is for GBS and SBS as this ensures alignment with Government priorities and reduces delivery and transaction costs. However, nearly three-quarters of ODA continues to be given as project support with little sign of change and some indication of a move from GBS to SBS. A number of DPs continue to use parallel implementation units including the US the largest single donor, increasing costs and reducing Government ownership. However, in 2010/11 eight DPs met their targets for ODA being delivered by the Government and 11 for ODA being disburse in the context of a programme based approach. Belgium and the US had the lowest amount of ODA delivered by the Government, 19 per cent and 0.3 per cent respectively. The US also had only 13 per cent of its ODA disburse in the context of PBA but Belgium had 100 per cent.

Fragmentation and crowding continue to be problematic. The ODPs have agreed a Division of Labour with some ODPs having already moved to implement this and others stating an intention to do so from the beginning of the implementation of EDPRS-2 in July 2013.

Some DPs are reluctant to use Government systems and institutions. Using these reduces transaction costs, strengthens ownership and increases sustainability. This is despite the fact that the Government has introduced robust systems that meet international standards. In 2010/11 only DfID and the World Bank met all their targets for use of national systems and reporting mechanisms. Canada, Luxembourg and the US met none and the UN and Japan only met one.

There is also need to further develop the decentralisation policy and build the capacity of citizens so that the Government becomes more accountable to them. Weak NGOs and a decentralisation policy that places more emphasis on participation than accountability are mainly responsible for this.

What this case study demonstrates nevertheless, is that strong country ownership and leadership of the development agenda, combined with supportive DPs, can bring about genuine and sustainable progress even in the poorest countries. It provides strong indicative evidence that the effective management of aid enables the realisation of development outcomes and results.

Poverty is reducing and the gap between the poor and the better-off narrowing. Across the MDGs significant progress is being made and all sectors of society are benefitting. Global indicators for education and health show dramatic progress in recent years. Virtually all children now go to school. Infant, under-five and maternal mortality rates are declining and access to healthcare improving. Resources are being invested to improve access to water and improved sanitation. Gender equality and the empowerment of women is central to Government policies, girls are more likely than boys to attend primary school and are on average performing better than boys at this level. However, boys continue to outperform girls in science and technology and are more likely to engage in TVET and to win places in public sector higher education institutions.

However, 45 per cent of the population live in poverty and 24 per cent in extreme poverty. There remain socio-economic inequalities between those from the poorest households and those from more affluent ones. However, the gap between members of households from the lowest two wealth quintiles and the highest two generally narrowed between 2005 and 2010 suggesting that those from the poorest households are disproportionately benefitting from Government economic, health and welfare policies. However, in a number of important areas, the gap between the poorest and the more affluent households actually widened. This was especially noticeable for stunting of infant and young children, for secondary and tertiary education, for vaccinations and for giving birth with the assistance of a skilled healthcare attendant. There is also, as yet, little evidence of a decline in inequalities in adult literacy (Table 15).

Table 15: Changes in the Gap in Socioeconomic Inequalities in Health and Education 2005-2010

Gap Narrowed Noticeably	No Change or Gap Widened
Infant and child wasting and underweight	Infant and child stunting
Net primary school enrolment	Net secondary school enrolment and tertiary education
Infant mortality	Vaccinations
Child mortality	Delivery by a skilled attendant
Modern contraception	
Use of treated mosquito nets by children and pregnant women	
Access to improved drinking water	
Improved sanitation	

Although there is gender equality in primary and secondary education and high representation of women in political office, these improvements largely predate the *EDPRS* implementation period. Women clearly benefit from improvements in health and healthcare including public health. However, women continue to be disadvantaged in tertiary education, in TVET and in access to paid and especially to non-farm employment. The high levels of reported domestic violence and women's acceptance that it can be justified, provide evidence of the continuing dominance of traditional attitudes that see women as inferior to men and which serve to perpetuate gender inequalities.

The analysis also enables us to identify bottle necks – areas where there is a need for strong intervention, not just to reduce inequalities but to accelerate progress (Box 2). Six stand out of especial concern. The first is the nutrition of children. The continuing high level of stunting is a concern, as is the widening gap between infants and young children from advantaged and disadvantaged homes on this indicator. This seems to be related to poor feeding practices and there is clearly a need to ensure that mothers understand the nutritional requirements of their young children and, where necessary, are supported in meeting them. The second is the quality of primary education. There is evidence that not only is the quality poor but that the expansion in numbers in recent years may have caused a decline in already poor quality provision. The third is the use of condoms by those engaging in risky sex. The rate of increase in use is slow. The fourth is the growing gender gap in decent employment with men moving out of agricultural work at much faster rate than women. The fifth is the continuing underrepresentation of women in higher education and in TVET and science and technology more generally. The final one is the continuing acceptance of patriarchal values by a significant proportion of women. This is evidenced by their acceptance that men have a right to beat their wives for specific causes.

Box 2: Bottlenecks and Areas Where There is a Need for Intervention to Accelerate Progress

- Infant and child nutrition and feeding practices
- Quality of Primary Education
- Use of condoms for high risk sex
- Women's access to decent employment
- Women's access to tertiary education, TVET and science and technology
- Meeting the unmet demand for modern contraception
- Delivery by trained healthcare workers
- Women attending for an early antenatal check and for four check-ups
- Access to improved drinking water

We cannot provide conclusive evidence that aid has contributed to the development gains recorded in Rwanda over the last 10 years. However, given the level of Government spending that has come from ODA on the balance of probabilities it has made a contribution. There are some signs that aid dependency is beginning to decline although it remains above the indicative aid dependency threshold of 15 per cent of GNI (Thomas *et al* 2011). Aid has supported the development of the productive sectors as well as human development. There has been strong economic growth, signs of economic transformation, a growth in non-farm-employment and an increase in, and diversification of, exports. Domestic tax revenues have increased as well as flows of foreign direct investment.

This raises the question as to whether development aid could have supported even better development outcomes if it had been managed more effectively. The *Paris Declaration* gives us a framework for judging the effectiveness of the management of the delivery of aid. There are five key strategies for improving aid effectiveness: ownership through supporting the implementation of the government's own policy and results;

alignment so that aid responds to the recipient country's priorities and uses their systems and institutions; predictability and transparency enabling recipient countries to know what aid they are going to receive and enabling planning harmonisation by reducing fragmentation and avoiding unnecessary duplication; and having results based management systems in place, with targets and outcomes and the recipient countries and donors being mutually accountable for achieving them.

In terms of development assistance there have been some improvements in joint-accountability but progress has been slow and uneven and challenges remain. There is a need for more aid to come as budget or sector support, to reduce the number of donors in each sector and to shift donors to ensure that all sectors receive aid in line with *EDPRS* targets. Change is needed in the way project support is given, for more use to be made of Government systems and for transaction costs to be reduced. There is a need for donors to move towards multi-year binding agreements or at least non-binding indications of future aid, to ensure that aid is on budget and that there is more joint analytic work. The non-DAC donors are also not cooperating to any significant extent with the government.

It is not clear to what extent there is genuine country ownership and accountability by the Government of Rwanda to its citizens. CSOs are represented on implementation and monitoring bodies at central and local levels, but local CSOs may lack the capacity to be effective. The extent to which Imihigo enables citizen participation in planning and holding local officials to account has yet to be evaluated.

Information is available on development policy, aid and the budget, but it is not accessible to a majority of the citizens of Rwanda. The extent to which citizens are aware of Government policies and development priorities is difficult to gauge. Radio is a major source of information and there has been a growth in programmes targeted at youth and in community radio stations. Men are more likely to listen to the radio than women. The African Values Survey found that the priority for the vast majority of the population was reducing poverty, although there is still a long way to go there has been progress in reducing poverty since 2005/6 and reducing inequalities.

7. Recommendations

7.1. Donors

Donors should:

- In general donors should honour the commitments they made in Paris and renewed in Accra and Busan
- Continue to proactively support the country's development strategy and work with the government and other stakeholders to develop and implement *EDPRS-2*;
- Ensure that they provide timely information to the Government, align with the Government's fiscal year and in particular ensure that they provide information so that all aid to Government is included in the budget;
- Proactively engage with the Donor Performance Assessment Framework;
- Move to provide GBS and SBS, but where this is not possible to use the Single Project Implementation Units, support basket funds and the PBA;
- Use national systems and institutions thereby strengthening them, reducing costs and ensuring sustainability;
- Fully adopt the division of labour policy agreed with the Government;
- Provide forward predictions of aid through multi-year binding agreements, but where this is not possible provide non-binding indications to cover the next three years on a rolling basis;
- Ensure the timely disbursement of aid;
- Only provide TA only in areas where the Government has indicated a need and ensure that it is managed by the Government and builds local capacity;
- Purchase goods and services locally where ever possible;
- Work with the government and other stakeholders to ensure greater public disclosure of information on the what aid is given for, what projects and programmes it has supported and the results;
- Ensure and encourage the meaningful participation of civil society in all planning and monitoring and evaluation activities related to the development policy and aid;
- Continue to provide Aid for Trade, for investment in public sector development and infrastructure; ensuring that aid is invested in sustainable growth as well as human development;

- Continue to support Gender Equality and the empowerment of women, but also ensure that the distinct needs of other groups in the population are addressed, including people living with disabilities, children and adolescents and youth.

7.2. Government

The Government should:

- Continue to take a firm leadership of the development agenda and identify the areas where foreign assistance is most needed to improve service delivery;
- Continue to work with ODPs to ensure the alignment of project aid with the governments own budgeting, accounting and reporting cycle, as this is likely to remain the most significant modality for delivering aid to Rwanda;
- Increase the participation of and genuine consultation with civil society and marginalised groups especially on the development, implementation and monitoring of development plans, laws and policies by establishing a formal mechanism;
- Ensure that it is fully accountable to domestic stakeholders;
- Ensure that information on development policy and its implementation, including the role of development aid, is disseminated in a way that a majority of the population can access it and encourage debate;
- Speed up the passage of the Draft Access to Information Law and ensure that it is implemented as soon as it is on the statute book;
- Continue to work with ODPs to ensure the full implementation of the *Aid Policy*;
- Incorporate a gender perspective in national development plans, policies and strategies as well as ensuring that other identifiable groups in the population with identifiable needs, such as children and adolescents, people living with disabilities and young youth are also taken into account.

7.3. Civil Society Organisations

Civil Society should:

- Organise more effectively and become more proactive in exercising its rights to participate in local and national fora for policy development, implementation and monitoring and evaluation and specifically participate in the development of EDPRS-2;
- Build capacity to hold Government accountable including building mechanisms for coordinating civil society organisations to enable joint working mechanisms;
- Lobby the government for greater tax justice and transparency.

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Appendix 1: Detailed Case Studies

Fieldwork Report

Karongi Case Study

The field work in the Western Province was conducted in Karongi District. The purpose two fold: firstly it was to discuss with districts official and project coordinators their working relations with development partners and the challenges they face in aligning support to districts priorities; and secondly to get beneficiaries perceptions and experiences on the extent to which they think they are benefiting from funded projects. Our assessment in Karongi District focused on the “One cow program” commonly known as “Girinka”.

Interviews with Karongi District Officials

The purpose of the interviews was get an idea of how much of the district budget is spent on social programs and how they decide what to spend their money on.

District Spending

Although it was not easy to provide estimates of the amount spent on each program for the last three years, the district official we talked to told us that more than 40 per cent of the district’s budget is spent on education (mainly basic education). Other large budget items are VUP and Health.

According to the Karongi District official, this spending structure has had significant impact on improving ordinary people’s lives:

Public works (part of VUP) have increased people’s purchasing power. The majority of people have been able to satisfy their basic needs, such as paying school fees for their children, paying mutual health insurance for their family members and building or renovating their shelters. The culture of saving and working with banks is increasing amongst people. I am thankful that the district expenditures have had a positive impact on standard of living of people in our district.

The Karongi district veterinarian shared with us his view on the Girinka program:

The one cow programme has positively changed people’s lives in this area and the improvement is noticeable. People now have milk for their children and this has helped reduce children’s malnutrition. Agriculture productivity has increased due to use of manure in their farms. The majority of beneficiaries are also now able to pay school fees for their children and mutual health insurance for their families.

Another important improvement is that even non-Girinka beneficiaries are now getting milk at very affordable prices.

As shown, the one cow program is seen by local authorities as a very impactful programme that people have benefitted from. It is especially impactful because it preserving traditional Rwandan culture of raising cattle. Their ultimate wish is for every household in Karongi district to own a cow. Coordination and consultation between the district and some development partners is still challenging as some of them distribute cows without informing district officials.

In addition to the positive impact that the Girinka programme is having, district officials thought that Government and development partners need to focus on providing infrastructure (especially in rural areas) and providing access to decent housing, clean water and electricity. Another important element they thought would help improve people’s lives was food security.

According to the district official we met, women’s lives are thought to have improved as all district programmes take into account their personal issues. However, no particular program targeting women was reported.

District Priorities

There is a formal procedure for identifying district priorities to include in the performance contract. People in different villages discuss what they think is needed and this is reported to the district leaders via sector and cell councils. As the district cannot handle all requests in a single performance contract due to budget constraints, the most repeated requests are prioritised. This is evidence that the district is prioritising its spending according the needs of the people. Consultations are held with different development partners before funding particular projects and all funded projects are required to be in line with district priorities.

There are, however, some very important activities that are not taken into account in our performance contracts due to lack of funds. These are for example: network roads linking different sectors and cells, tourism (the area has a very high potential because of its location near Lake Kivu) and a proper implementation of the master plan of the city.

If given the option to spend the money on the same activities again, the district official said that although the priorities are well defined, he would change some priorities to include things such as infrastructure in general, access to financing, and tourism.

Relations with Development Partners

The working relationship between the district and the development partners were reported by the district officials to be very good and no major challenges were reported. Development partners sign an MoU (with the district) describing what to do, how to do it, when to do it and where to operate. The MoU is a powerful tool. It is especially effective at helping to avoid delays in the disbursement of funds.

Different stakeholder such as FARG and other associations make regular visits to district officials to monitor improvements and the impact of the program on beneficiaries.

The Girinka programme does not include any other support except the drugs that come with cows to help treat them for a period on three months. As this period is relatively short, the district dedicates part of its budget to treating cows for a period of at least 6 months.

In order to limit the transaction costs, the district has recruited a staff member in charge of the Joint Action Forum (JAF).

Accountability

The accountability to ODA is finalised under normal reporting system. Regular reports are submitted to different partners as agreed in the MoU and the district is also accountable to the province and the ministry. This is done through the normal reporting system that is available to the local Government (such as quarterly reports).

The district is also accountable to ordinary people and organises open days to explain the progress in achieving activities on the performance contract. Accountability is also managed through discussion (Intekoy' abaturage – people's forum) and radio talk shows on local community radio. The district is planning on opening two toll-free phone numbers where people will be able to call and participate in district development.

Perception of the Beneficiaries of the One Cow Programme

Generally, Girinka beneficiaries feel that there have been significant changes in their lives since the introduction of the program. They, however, think that they have not reached where they need to be. "Our living is currently good but we want to have more than what we have now", said a female beneficiary in a focus group.

Among the things that Girinka beneficiaries cited as having improving their lives are:

- Many households are now able to send their kids to school;
- The nutritional status of many families has improved (malnutrition is no longer a problem for many households);
- Agricultural production is increasing;
- Many beneficiaries are able to access healthcare;
- Some have started to create income generating activities.

In addition to the above, Girinka program is reported to have brought back "human dignity" to some beneficiaries previously excluded by other community members due to poverty.

"I am a widow, left behind by the historical background of this country. I had no say in the community before benefiting from the program in 2007. I now have three cows and I have passed on one. I am now considered as a model of success in fighting against poverty in my village thanks to Girinka program", said a woman with tears in her eyes.

When asked about whether they think they are being given support appropriate to their needs, the majority of men and women in our focus groups stressed that Girinka is such an important program and that every Rwandan should benefit from it.

However, when asked whether they would spend the money buying cows if they were given free hand, none of them mentioned buying a cow. The majority said that they would spend the money solving urgent issues such as paying school fees for their children. Some men went on saying that they would even have used a big portion of the money on local beer. Distributing cows, not money, is thus a safer way of minimising the risk of spending money on unnecessary things.

What Beneficiaries Think Should Be Focused on in the Future?

Male and female focus groups in Karongi district think that the Government of Rwanda and its development partners should channel their support on the following:

- Extend the Girinka program to other people who have not yet benefited;
- Provide access to clean water to improve people's living and also the health of the cows;
- Provide access to electricity to help in milk conservation (some people have more than 10 litres a day and this is hard to keep without it spoiling);
- Provide training on cow feeding (how to keep grasses to feed cows in dry seasons);
- Increase the number of sector veterinarians and provide them with a means of transport so that they are able to respond on time when needed (they currently have no form of transport and some even spend two to three months without being paid);
- Provide adequate equipment to treat sick cows;
- Provide improved seeds and chemical fertilizers (a mixture of organic and chemical fertilizers was reported to give high yield);

In the beneficiaries' focus groups, it was reported that they receive visits from time to time, from districts officials and other development partners.

It was also reported that the biggest challenge facing Girinka beneficiaries is the national program against houses built using grass. As the majority of the roofs for cow houses were grasses, the houses were all destroyed in the campaign and currently cows spend the night outside sometimes under heavy rain. There is, therefore, a big risk of some of the cows falling sick.

Nyanza Case Study

Our focus in Nyanza District in the Southern Province was to assess the perceived impact of the Vision 2020 Umurenge Project (one the key *EDPRS* flagships).

Our methodological approach included key informant interviews with district officials and project coordinators, and focus group interviews with beneficiaries (male and female beneficiaries).

Interviews with District Officials

Our discussion was focused on determining the extent to which district spending reached ordinary Rwandans. It was revealed to us that the VUP program in the Nyanza District is one of the biggest programmes and that it consumes a considerable portion of the district budget.

The public work component (building roads, radical terracing, and connecting electrical lines) is the one taking the largest amount of VUP money.

In addition to the VUP program, two additional activities represent a sizeable portion of the district's budget: development projects (e.g. road construction, electricity, market construction) and agricultural related projects (e.g. livestock).

The district officials reported delays in disbursement of VUP funds. This has had a negative impact on implementation and overall performance contract. Sometimes the district is even obliged to use the budget assigned to implement other tasks in VUP due to delays. For example, it was reported that the district has sometimes delayed in paying its staff because their salaries were used in paying VUP workers. This had disturbed the district management, but the system is now report to have improved.

District Priorities

The analysis of Nyanza district outlays (Table 1) shows the district budget is being spent on programmes that have a direct and positive impact on people's lives. These include health, education, VUP and meals served in school.

Table 1: Nyanza Budget expenditures on selected activities (FRW)

Social programs	2010-2011	2011-2012
Health	251,616,287	264,302,101
Youth	55,599,201	58,379,161
Education	2,223,339,834	2,333,507,426
Gender and women promotion	3,466,992	3,640,342
VUP	486,216,948	510,527,595
Meals served in schools	156,767,217	164,605,578

Note that the district total budget for the years 2010/2011 and 2011/2012, were FRW 6,138,136,659 and FRW 7,314,894,068 respectively
Source: Nyanza District 2011

The district officials reported that of the total budget of the district, 50 per cent is allocated to development. That is, around 3,500,000,000 FRW are used in development projects.

Ordinary people in this district have benefited from this spending to a great extent, according to the district officials. This includes borrowing money for financing their micro projects under the financial services of the VUP program and benefitting from public works. They also cited that since installing electrical networks it has changed the lives of people through creation of activities such as saloons and restaurants.

As for the performance contracts, the activities to be included are decided by people at the cell level and submitted to the sectors which process all their requests to the districts and finally to the central government. The priorities of the different sectors are decided based on the available funds.

There are, however, a number of other important activities that are not included in the performance contract due to lack of funds. These include construction and rehabilitation of roads, project studies, support to SMIs, etc.

Women are believed to have especially benefited from district spending. The local officials reported that on average 50-60% of women in the district have benefited from the district support through support for self-promotion, the promotion of women employment initiatives, cooperatives for women, etc. Table 2 shows district allocations for women-specific programmes for fiscal years 2010-2011 and 2011-2012:

Table 2: Nyanza District Support for Women (FRW)

Activities	2010-2011	2011-2012
Support to women for self-promotion	1,124,767	1,181,005
Support on the promotion of women employment initiatives	212,474	223,098

Source: Nyanza district, 2011

From the Table 1 it can be observed that the proportion of the budget allocated to women's employment initiatives and self-employment promotion is still very low.

Local officials in Nyanza district believe that they are spending their money on valuable programmes and they said they would do the same if they were given free hand.

The following areas still need particular efforts to maximise the impact on people's lives:

- Nyanza stadium
- Construction of health centres, roads and electricity infrastructure
- Introduction of VUP in all sectors
- Enhancing relationships with development partners

There are no bilateral partnerships between the district and different development partners. All partners pass through ministries (especially the Ministry of Finance and Economic Planning). The main issue is that the Ministries do not have enough employees to process all district's requests on time. Nyanza district officials do not think that there are administrative costs imposed by ODAs and do not recognise any transaction costs.

Accountability

As there is no particular working relationship between ODAs and the district, district officials believe that they are not accountable to an ODA. They do, however, believe that they are accountable to the citizens as they have to ensure that aid reaches the beneficiaries.

VUP in Kibirizi Sector (Nyanza District)

There are a number of projects operating in the sector in addition to VUP including ActionAid, AVC and SWAA-RWANDA. Most of these projects manage their own funds and implement their own activities without passing through the district. The key issue here is that many projects of this type are not necessarily in line with district's priorities.

Concerning VUP in Kibirizi sector, the process that takes longest is the selection of beneficiaries, sometimes taking up to two months.

The VUP budget structured for the Kibirizi sector was as follows:

Public works: 73,288,765 FRW

Direct support: 29,231,506 FRW

Financial services: 43,937,259 FRW

One of the challenges that limit the maximisation of impact is that an important part of the budget is used to pay for the companies' expertise (not beneficiaries) especially in public works. For example, in a sheeting dam project under VUP that had a budget of FRW 82,005,000, only 47 per cent reached the beneficiaries while more than 50 per cent was used to pay companies. This is explained by the fact that beneficiaries don't have the required skills to perform activities like road and bridge construction.

Improvements in Kibirizi Sector:

- People have built their own houses;
- People are increasingly forming cooperatives and using financial services from VUP;
- The culture of saving is improving among public works beneficiaries;
- Some beneficiaries have been able to buy livestock;
- The majority of people are able to pay for mutual health insurance;
- Child nutrition has improved.

VUP Challenges:

- Choosing beneficiaries is still problematic;
- There is a form that needs to be filled prior to getting VUP money and this delays the implementation process;
- Issues related to the mind-set of the people (support might develop laziness);
- Long process in getting funds (request to districts, RLDSF, transfer of funds to the district and then to the sector).

Observation

In our research, we visited a cooperative with 8 members in Kibirizi sector. They reported having received FRW 1,000,000 from the financial services component of the VUP to start a small chicken project. When they started, FRW 400,000 was divided amongst members and used for things other than the project. They bought 80 chickens, but by the time we visited the cooperative, we were told that more than 20% of the chickens had died due to the poor conditions they were kept in.

Perception of Beneficiaries on the Impact of VUP

The majority of our male focus group was composed of public works beneficiaries and a relatively small number of financial services beneficiaries. The majority of beneficiaries reported improvements in the following:

- Many purchased domestic animals;
- Increase in confidence: an increasing number of VUP beneficiaries are requesting loans and are able to pay back;
- Many have built their own houses;
- All are able to buy clothes for their family members;

- The majority are able to pay mutual health insurance for all their family members;
- Nutrition has improved: one beneficiary reported to having doubled his bean production because he has been able to buy fertilizers. Currently very few people starve.
- People can now easily get to the sector office due to newly constructed roads and bridges;
- Radical terraces and water capture has improved agricultural production;
- Some have been able to buy land;
- There is currently an agricultural cooperative of VUP beneficiaries and they are waiting for the district to give them land (they currently rent land);

Challenges of the VUP Programme in Kibirizi Sector

Though the VUP is believed to have improved the lives of beneficiaries, there are still challenges in the following areas:

- The selection of the beneficiaries is still not clear and some complain that there are people who think they qualify and are not on the list. There needs to be more transparency in the selection process;
- There are sometimes delays in paying the people involved in the public works. Under normal circumstances they are expected to be paid every 15 days, but in most cases this exceeds a month;
- The beneficiaries complain about monthly bank charges (FRW 1,000/month);
- People have built water dams but have not been trained in how to use this water for their agricultural activities;
- VUP has not been operating in Kibirizi for three months and the people have not received an explanation for this;
- There have been cases of poor fund management from the beneficiaries of the financial services component, due to lack of monitoring and closer follow-up from sector and VUP staff;
- Buying house equipment including mattresses.

Despite the reported challenges, the majority of the beneficiaries believe that they are being supported in what they wish to be supported in, even if this was decided by local authorities.

To maximise the impact, beneficiaries think that VUP needs to be supported by other development programmes. That is why they all wished the Government and the development partners would spend more money on activities such as infrastructure (especially electricity and clean water), access to microfinance credit and more job creation.

In this research we also visited a cooperative of former sex workers called “EjoHeza” meaning “A Better Tomorrow”. Of the more than 50 former sex workers that started the cooperative, 2/3 have already returned to sex works due to poverty. They only received FRW 20,000 each when they renounced but this was not enough to start an income generating activity. They also received 10 pigs from the “Ihoreremunyarwanda” but all of the pigs were sold due to miserable conditions they live in. The majority of the remaining members of the cooperative sell charcoals and fruits.

From our discussions, we realised they currently have no support either from the district or from other development partners. There is a very high risk that even the remaining members may return to sex work if they are not properly supported.

Bugesera Case Study

Our study in Bugesera District in the Eastern Province focussed on the perceived impact of Ubudehe Programme. In order to gain a clear understanding of what has been the impact of the programme, we talked to district officials (including the project coordinators) and the beneficiaries.

Interview with District Officials

The biggest part of Bugesera District budget (53.1%) goes to the development budget as shown in Table 3.

Table 3: Bugesera Budget Structure

Activity	Budgeted Amount (FRW)
Basic education	605,423,878
Support to vulnerable people	56,203,487
One cow	200,000,000
Education	605,423,878
School feeding	104,968,830
Agriculture	123,246,822
Health and hygiene	663,402,772
VUP	724,000,000
Youth friendly centres	31,000,000

Source Bugesera District, 2011

According to the district officials, the activities to be included in the performance contract are selected based on:

- Consultations with sector authorities;
- District development plan that also set district's priorities;
- The district's strategic plan also takes into account the views of local authorities who, prior to submitting their priorities, consult with people at all levels.

Under the Ubudehe program, some people were given cows, some received money to do business, and others were given money to grow cassava, among other things. Some people living close to the Burundi border were supported in getting boats and they are now working transporting people and goods on the lake between the two countries.

The district officials have reported that Ubudehe (and other Government programs such as Girinka) have had a very positive impact in improving the lives of people in Bugesera district. Some beneficiaries of the Ubudehe program have bought cattle, goats, sent their children to school and paid for health insurance. Many people have been able to buy land and others have purchased bicycles using Ubudehe support. Some have even started their own household enterprises.

The Ubudehe program has also acted as one of the means of conflict resolution among beneficiaries. All decisions are made by all members on consensus and if there is misconduct the people at fault are punished. This helps members to behave decently.

Even non-Ubudehe beneficiaries have also been able to benefit from the program, because they can now buy milk from and get fertilizers from the beneficiaries.

Women also benefit from Ubudehe program. There are many women who have been given money to do set up a business and some have also managed to purchase cows.

It was reported that many projects supporting the Bugesera district come with their own plans and very few of them have consultations with district officials to find out the district priorities before starting their activities (the majority of the projects do no consultations). The district has no choice about them has to try to benefit however poorly the money may be spent. The district officials argued that they would not spend the money on the same things if they were given a free hand. They said that they would spend the money on district priorities, such as providing basic infrastructure, rural electrification, building schools and many other items.

Partnership

Some donors dictate the type of programs they wish to support and the district has very limited bargaining power on this. Some disburse their funds with delays and some fail to disburse their commitments. This negatively affects our plans and the implementation performance contract in general. Another challenge that we face in working with some development partners is the limited control over project implementation. It is hard, in some cases, to be accountable to the government, to the people and to the development partners themselves.

It was recommended that all development partners have consultations with district officials not only to assure

better alignment, but also to avoid duplication and waste of resources. They also asked that the Government provide support based on the number of projects and not a uniform amount to all villages.

Perception of Beneficiaries of the Ubudehe Programme

The beneficiaries reported that their lives used to be very hard but recently there have been important improvements. Child malnutrition rates have decreased and the living standards in general have improved. People who received cows through the Ubudehe programme have improved their farm production through the use of fertilisers. The support they got varied between FRW 50,000 to FRW 70,000 per person and many have managed to pay back.

There were beneficiaries who reported that they were able to start small businesses under Ubudehe. Some of those who got support in buying cows have started selling milk and have started other income-generating activities.

They all said that one of the things they like about the Ubudehe programme is the fact that it helps them cater for their basic needs. The majority of the beneficiaries are able to pay for health insurance and can confidently go to the hospital when sick. Those who cannot pay are supported by the Government and World Vision.

All the beneficiaries we talked to confirmed that they are being supported in what they would wish to be supported in as they are the one who decided on the type of activities to be supported. They said they would still use the money on the same things if given free hand. The majority of them said that they would buy cows.

They also think that in order to achieve maximum impact, the Government of Rwanda and its development partners need to provide them with electricity and clean water and reduce bank interest rates to make loans accessible.

The beneficiaries said that they don't usually get visits from local officials. This again increases the risk of using money on other urgent things other than the project itself.

What we observed: People looked fairly clean and a fairly healthy and seemed happy for they were laughing and enjoying the conversation, only two looked a bit thin.

In line with the assessment of how specific groups of vulnerable groups are benefiting from district and development partner support, we visited one cooperative of former sex workers and one association of disabled children. The summary of our discussions are in the charts below.

Life in the sex work profession is never good. Women are beaten by men who refuse to pay; they are harassed by security forces, and many other terrible things. Many joined sex work due to family problems: poverty, divorced by husbands, being orphans, homeless.

These former sex workers seem not to have formal support from the district. A kind neighbour has offered them land where they cultivate onions and sell them to gain 2 little money for their survival. An association called “The Pessimist Club” that sensitised them to leave the sex work profession has given the basic items like soaps.

Challenges they face:

- Some have started returning back to sex work due to lack of shelter
- Drug addiction and alcohol use raises the risk of unsafe sex (many of these former sex workers are already HIV infected)
- Lack of employment options
- Difficulties in accessing medical care due to unemployment

Their wish:

- Regular HIV testing (some of them fear to know their status)
- Free access to condoms (hard to get due to bad image they have in the community)
- Shelters
- Sensitization of those remaining sex workers

This home was initiated by a group of 14 women in Bugesera district. The home currently has 16 disabled children and over 90 have passed through it so far. These children are brought in by their own parents, some picked out of trenches abandoned by their parents, and others brought in by well wishers. Parents having their children in the home are expected to give a monthly contribution of FRW 3500, but the majority of the parents are very poor and cannot regularly afford to pay.

The home gets annual support from an American man who donates USD 6,000 year and USD 1,000 year from MIJEPROF. This is very little compared to the number of activities that has to be done in the home. The district only intervenes in advocacy and does not provide any financial support. They are known by the Ministry of Health but the home gets no support from them.

The home supplies treatment (with the support of the nearby hospital), counselling and basic education to the few children who can afford it. Many of the children we saw could not speak or hear, some could not walk and the majority of them were stunted.

Many of these children show signs on their bodies of having burnt themselves after being left alone in their homes before joining the orphanage. Children are sent back to their home when they get better.

Achievements: Some children were healed completely, joined schools and others were accepted by their parents.

Challenges: Lack of equipment, house rent (Rfrs 150,000 is too expensive for them), the house is not big enough to accommodate all children, limited financial means to buy food for the children, lack of appropriate training needed to help these children.

Suggestions: Support from the Government and development partners (financial and trainings).

Rulindo Case Study

As part of the research on aid effectiveness in Rwanda, the IPAR research team conducted a participatory rapid appraisal in Rulindo District in the Northern Province. This included talking to district officials and project coordinators to find out how district priorities are set and how these priorities change people's lives, as well as talking to beneficiaries to get their views on what they think is improving and what is still needed to maximize the impact. Our research in Rulindo district focused mostly on people's perceptions of the impact of community health workers on their lives.

Interview with District Officials

The Rulindo District has two sources of funds, funds from the Government's budget and funds from Development Partners.

In their experience, the funds through Government budget are more useful compared to that provided by the development partners since they decide on the utilization of the available budget. They complained that an important part of the budget provided by Development Partners is consumed by themselves (through salaries of the technical assistants, staff, transport, etc.) and very little reaches the poor people they are supposed to be helping.

There is a pre-established framework for using funds. The district development plan defines all development priorities for the Rulindo District. Every supporter has to align with these priorities.

The district priorities are structured as follows: education, health, VUP, one cow per family (Girinka), Ubudehe, infrastructure, and agriculture. One of the target for this year has, however, been to provide clean water to people.

The district collaborates with different development partners through joint development action forums. The local officials also told us that they are accountable to people through an open day (once a year) where they present performance contract (Imihigo) to the community (beneficiaries).

An important part of the district budget is allocated to education and VUP. There are now noticeable improvements in education of children and community's health thanks to the community health workers. All priorities included in the performance contract are approved by different councils at all levels.

Role of Community Health Workers in Rulindo District

The district officials as well beneficiaries acknowledged the role of the community health workers (CHW) in improving lives of the communities. It was reported that community health workers have helped improve their communities both child and maternal health.

Child health is one of the main focuses of the community health workers. Children are receiving basic treatment and are transferred to health centres quickly when necessary. This has reduced the rate of child mortality in many communities. Beneficiaries noted that CHW are especially important because they are available and dedicated to helping all community members.

In addition the support give to children, the CHW also play a very important role in following up pregnant women. This includes sensitisation them about antenatal care and assistance in delivering their children in a health centre with the assistance of a healthcare professional. There is no doubt that this has reduced the risk of maternal death. Another very beneficial aspect of CHW is that mothers are able to use the time they spent used with their sick children in income-generating activities that are important to their families. Due to this very important role of CHW to the community, the beneficiaries wished that they could be trained to provide basic care to all members of the community (including adults).

Challenges

Community health workers have expressed the need for being compensated for the services rendered to the population. CHW live like all ordinary Rwandans and need to work for their own families and care for their children. In most cases they are called from their farms to provide care to sick children. They expressed the need to be compensated for this time they would have used for their own activities (this is different, they stressed, from requesting for salaries).

A second reported challenge is the high cost of health insurance (it moved from FRW 1000 to FRW 3000 per person). This was reported to be very expensive by the majority of the beneficiaries we talked with. They also complained about the charges they pay (FRW 500) to CHW when they bring their children for treatment without health insurance.

Community health workers reported that they sometimes run short of drugs. At the time we visited the community health workers, they were waiting for drugs because the ones they had had expired.

What Beneficiaries Think Would Help Improve Their Lives

According to the beneficiaries in our focus groups, the district is spending money prudently on projects that have a positive impact on lives of the beneficiaries.

They also added that the district efforts still need to be supported by other activities such as infrastructure development, increasing the number of the Girinka beneficiaries, increasing the number of employment opportunities in Rulindo district and compensation for the community health workers.

Satisfaction Analysis

This part assesses how beneficiaries of different donors supported programs feel about their lives: how satisfied they are with their health, their living standards and their level of participation in decision making.

Results and Discussion

On some questions, focus group participants were asked to give their satisfaction score on a scale of 1 to 10. The following tables give the average scores of the respondents on their level of satisfaction.

Table 4: Level of satisfaction about their lives

Gender	Average satisfaction Score
Male	4.95
Female	6.76

The table above shows that women are more satisfied by their lives than men. While men have scored below average ($4.95 < 5$), women's average satisfaction score is above 6.5. Although this research cannot confirm that the programs have a more positive impact on women's lives than men's, the results suggest this might have been the case.

When asked if most people in their communities can be trusted, women scored higher than men. Details are shown the table below

Table 5: level of trust for other community members

Gender	Average trust score
Male	5.45
Female	6.31

Our results have also shown that women are more satisfied than men with the standard living of their households (Table 6).

Table 6: Satisfaction with living standards of their households

Gender	Average satisfaction score of the living standards
Male	5.22
Female	6.23

Although our respondent reported significant improvements in their lives, both men and women seem not to have enough resources to sustain their households and men seem to worry more about how they might manage (Table 7).

Table 7: Household resources and worry for tomorrow

Gender	Average score of the household resource management
Male	4.17
Female	4.40

Women are more satisfied than men about the healthcare they receive. Men have only slightly scored above average while women have exceeded 7 points score.

Table 8: Satisfaction with Healthcare they receive

Gender	Average score of the healthcare received
Male	5.17
Female	7.39

Again, women are more confident to receive adequate healthcare if they feel ill than men as shown in Table 9.

Table 9: Confidence in receiving adequate healthcare if they fell ill

Gender	Average score of the confidence about receiving healthcare when sick
Male	5.33
Female	6.49

Although the general living standard is scored above average, no respondent from our four focus group discussions reported to have very good health. The majority of our respondents reported to have good and poor health in almost equal scores. One female respondent in the locations we visited has rated her health to be very poor.

Table 10: Average health rating

Gender	Very Good	Good	Poor	Very poor
Male	0	3	3	0
Female	0	2.67	2.33	0.67

Our focus group respondents were also asked whether their state of health makes it difficult to do what they need to do. Their responses show that on average the state of health of one man and one woman does not allow them to work all the time. The majority, however, reported that their health state can only “sometimes” or “occasionally” prevent them from doing what they want to do. A relatively good number of men (compared to women) reported to have never been constrained by their state of health in what they wanted to do.

Table 11: State of health and work capacity

Gender	Yes all the time	Yes, a lot of the time	Only Some of the time	Occasionally	Never/ almost
Male	0.33	0	1.67	2.33	2.67
Female	0.33	0.33	3.67	0.33	1

Participation in Decision Making and in Other Public Spaces

The purpose of this set of questions was to determine what our focus group respondents think about their participation in decision making in the community as a sign of improvement in their self-confidence. It also aimed at shedding light on how confident they are in participating in public spaces such as churches. Results have shown that an equal number of men and women participate very frequently in village meetings and no women reported never having participated in meetings. A good number of women (2.67 on average) have, however, reported to not frequently attending village meetings.

Table 12: Participation in village and sector meetings

Gender	Very frequently	Frequently	Not frequently	Never/Almost
Male	3.37	2	0	0.33
Female	3.67	1.33	2.67	0

The majority of our respondents have also confirmed that they are confident that they contribute to the decision making in the meetings.

Table 13: Contribution to the decision making in meetings

Gender	Very confident	Confident	Not very confident	Not at all
Male	1.33	3.67	1	0
Female	1	4	0.33	0

Almost all our respondents are satisfied by their place of worship.

Table 14: Satisfaction with the place of worship they attend

Gender	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied
Male	3	1.67	0	0
Female	2.67	2.67	0.33	0

The majority of the respondents seemed confident that they would get help from other community member in times crisis (a small number of the respondents are, however, not confident).

Table 15: Confidence about community Help in time of crisis

Gender	Very confident	Confident	Not very confident	Not at all
Male	1.33	2.67	1.33	0.33
Female	1.33	3	1.33	0

When asked about how satisfied they are with their relationships in their households, the majority of men and women seemed to be very satisfied.

Table 16: Satisfaction about relationships in the households

Gender	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied
Male	3.67	2	0.33	0
Female	2.67	2	1	0

The results have shown that the respondents think that there are some who really cares about them.

Table 17: Having someone who cares

Gender	Yes	No
Male	4	2
Female	4.33	1.33

As previously reported, different programmes have had significant improvements in lives of beneficiaries as a good number of them reported to be satisfied with what they achieved already. An important number of men are, however, not very satisfied and think there is a long way to go in order to reach where they need to be in future.

Table 18: Satisfaction with what they achieved in life

Gender	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied
Male	1	1.67	3	0
Female	1.33	2.33	1.67	0.33

The respondents were also asked if they really have confidence in their ability to do things they want to do. While men seem to have confidence in their ability to do what they want to do, a very limited number of women seem to have such confidence in their ability.

Table 19: Confidence in their ability to do things they want to do

Gender	A Lot	Some	Not much	None at all
Male	2.33	2.33	1.33	0
Female	1	2	2.33	0.33

We finally asked the focus group respondents whether they have control over their lives and the results have shown that men have much more control over their lives than women.

Table 20: How much control they think they have over their lives

Gender	A Lot	Some	Not much	None at all
Male	3.33	1.67	1	0
Female	1.67	3	0.67	0.33

