

Overcoming service delivery bottlenecks:

Safe motherhood in rural Rwanda

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Rwanda maternal health: promising results



Family planning methods available to women at Bisate health centre, Musanze district



Women using the maternity waiting facilities at Jenda health centre, Nyamagabe district

- Households are increasingly limiting and spacing family size
- Women <u>and</u> men attend the 1st ANC.
 Both are tested for HIV
- Women give birth at health centres.
 Many use waiting facilities to avoid accidental home births



Men and women attending the maternity wing of Kinigi health centre, Musanze district

How have bottlenecks been overcome?

1. A **coherent local policy environment** has created clear lines of responsibility for service delivery and ensured that DP interventions plug key resource gaps.



Political commitment in pushing reforms through has been key

How have bottlenecks been overcome?

- 2. By enforcing top-down **performance discipline** to ensure providers are answerable for the services they deliver.
 - effective supervision and monitoring
 - consistent incentives (rewards/sanctions).



There are real consequences for poor performance

How have bottlenecks been overcome?

3. By facilitation of collective action arenas



Population participation within local collective action arenas



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Lessons from Rwanda

- Focusing on material resources alone can ignore the potential of institutional factors to overcome service-delivery blockages in resource-constrained environments.
- Addressing key service-delivery bottlenecks is not just about 'supply' and 'demand' but the interaction between the two. Top-down policy drive and grass-roots engagement have both been crucial.
- Collaborative spaces in which actors come together can provide key arenas in which service delivery bottlenecks can be overcome.







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