RWANDA’S COMMUNITY HEALTH & IMPROVED NUTRITION PROJECT

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OVERVIEW OF COORDINATION STRATEGY: THE CHAIN PAD

- CHAIN: Community Health and Improved Nutrition Project
  - 2014-2018 lifespan
  - $200 million LOP
  - 20 implementing mechanisms in all offices: some authorized in Project Appraisal Document (PAD), others “contribute”
- Led by CHAIN project manager (based in Health Office) + AORs/CORs
- Organized around a team charter, annual work plan, + internal/external coordination meetings
- PAD Goal: *Increased use of quality health services/products by target populations and communities*
WHAT’S WORKING: WE’VE GOT THIS!

• Everyone believes in CHAIN

• On-going collaboration on new activity designs

• Makes us think about what we are doing and how it fits together
WHAT’S NOT WORKING: QUESTIONS STILL TO ANSWER

• Who is in charge? And what does that mean?
• Who should participate? To what degree?
• When is an activity part of CHAIN and when is it FtF?
• What does CHAIN look like on the ground?
BIGGEST CHALLENGES & KEY QUESTIONS FOR SUSTAINABILITY

• Remaining relevant
  – To the PMT members
  – Within USAID/Rwanda
  – For the partners
  – Within GOR structures

• Defining the end-state
  – What does effective collaboration look like?
  – What specifically do we want partners to be doing together?
  – How do we know when our partners are doing it?
MURAKOZE CYANE!

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