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Maternal and Child Health Integrated Program

MCHIP Rwanda

ANNUAL REPORT: October 2009 to September 2010

I. BACKGROUND AND APPROACH

Rwanda is one of Africa's most densely populated countries. Its entire population is at risk of malaria. The government of Rwanda has been proactive in combating malaria. Recent data (interim DHS, 2008, MOH) indicated that there have been some enormous successes in decreasing the rate of malaria transmission. Reported malaria illnesses seen at health facilities have declined from 1.5 million in 2005 to 900,000 in 2007. Furthermore, there has been a fourfold increase in ownership of one or more insecticide treated nets (ITNs), from 13 to 57 percent, and in the proportion of children under five sleeping under an ITN, from 15 to 58 percent between 2005 and 2008. In 2006, the PNILP introduced artemether-lumefantrine (AL), an ACT, to all health centers nationwide. Home-based management (HBM) of fever with antimalarial drugs for children under five, provided by trained community health volunteers, increased with introduction of ACTs at the community level in 2007. Ownership and use of long-lasting insecticide treated nets (LLINs) increased rapidly in both rural and urban areas following the distribution of 1.4 million nets in 2006 as well as increased distribution through routine health center delivery channels. The PNILP has revised its national strategy (2008-2012) based on these data, and has planned to target the entire population, not only the most vulnerable, with malaria prevention and control measures.

For the past three years, the President's Malaria Initiative (PMI) has supported the Government of Rwanda to help decrease the incidence of malaria. PMI support for malaria prevention and control in Rwanda has included: increased ITN ownership and use, expanded and targeted indoor residual spraying (IRS), prevention and control of malaria in pregnancy (MIP), and accelerated rollout of artemisinin combination therapy (ACT) at both the health facility and community levels. These interventions helped to decrease prevalence of malaria to less than three percent and an overall reduction in under-five childhood mortality of 32 percent between 2005 and 2008. Nevertheless, the entire population remains at risk of malaria and must be protected, especially the 1,600,000 children under five and 409,000 women becoming pregnant each year. According to Rwanda Interim Demographic Health Survey (2008) trends in use of mosquito nets by children under five (for any nets) is 60% and for pregnancy women, the usage is 65% (for any net).

In 2004, Jhpiego, in collaboration with the World Health Organization, the Centers for Disease Control and Prevention and the PNILP, provided technical guidance to update Rwanda's Malaria in Pregnancy Policy. Recently, in 2008, Rwanda discontinued the use of intermittent preventive treatment for pregnant women due to high rates of sulfadoxine pyrimethamine resistance as well as therapeutic failure. In support of reaching PMI and Ministry of Health (MOH) targets in Rwanda, Jhpiego/ ACCESS, in collaboration with the MOH, has aimed to improve the quality of Focused Antenatal Care/Malaria in Pregnancy (Focused ANC/MIP) services and increase knowledge in communities about MIP.

In FY09, PMI requested MCHIP to expand the efforts implemented through the ACCESS Program. Specifically, MCHIP will support the national strategy for the prevention and treatment of malaria in pregnancy including the change in the national IPTp policy and the new and increased involvement of CHWs in prevention of malaria in pregnancy. MCHIP and PMI will collaborate with the MCH desk and PNILP in the training, supervision and implementation of the community health worker (CHW) package and focus on the linkage between the CHWs and the health facilities to ensure that pregnant.

II. SUPPORT PMI ACTIVITIES AT NATIONAL AND DISTRICT LEVELS:

Objectives

- **Objective 1:** Strengthening of malaria in pregnancy interventions within FANC services at district and national level: MCHIP will support MCH desk and the PNILP to implement the new MIP policy and interventions by supporting the coordination at the national level, providing technical assistance, training and resources.
- **Objective 2:** Strengthen and support MIP and CCM interventions at the community level: MCHIP, under the coordination of the MOH, will support the ASM program beyond the basic Focused Antenatal Care (FANC), fetal growth monitoring and birth preparation.
- **Objective 3:** Facilitate the implementation of IEC/BCC messages at the facility and community level, to promote early ANC attendance, LLIN use and the prompt treatment of children < 5 years
- **Objective 4:** Facilitate the monitoring & supervision of FANC,ASM and CHWs activities

1. Major accomplishment in FANC/MIP.

Jhpiego/MCHIP program support MOH to implement the new MIP policy and interventions by supporting the coordination at the national level, providing technical assistance, training and resources.

Through training of trainers, service providers and community health workers, Jhpiego strives to increase demand for ANC/MIP services, affecting earlier and more frequent attendance at ANC and use of iron folate, mebendazole and ITNs to improve pregnancy outcomes. The purpose of the training is to strengthen service providers' skills in counseling pregnant women on malaria prevention and case management and in providing prevention and treatment services using the most holistic approach of focused ANC.

Number of FANC providers Trained from Jan to September 2010

During this year, 299 Health centers providers from RUBAVU, GAKENKE and Nyamagabe districts have been trained on focused antenatal care in order to continue strengthening their competency in ANC and provide quality services to pregnant women. Within them, 207 were female and 92 male

Date	District	Participant number	Gender	
			Female	Male
February 10	Gakenke	22	16	6
March 10	Gakenke	19	13	6
March 10	Nyamagabe	22	15	7
March 10	Nyamagabe	22	18	4
March 10	Rubavu	21	15	6
April 10	Gakenke	21	15	6
June 10	Rubavu	18	15	3
June 10	Nyamagabe	26	18	8
July 10	Gakenke	20	12	8
September 10	Gakenke	21	12	9
Sept 10	Nyamagabe	27	13	14
September 10	Rubavu	21	19	2
Total		260	181	79

- Training of 260 Health providers in FANC from three districts (Rubavu, Gakenke and Nyamagabe). The outcome has been health care providers' competence improved in FANC domain
- Training of 13 supervisors in formative supervision whereby their competency in supervision have been improved

After this training, a formative supervision is being done in each health facility, in order to evaluate their performance in FANC and to bring technical assistance where it is needed.

After training it has noticed that, ANC is being done every day instead of twice a week in Jhpiego/MCHIP targets district health centers and Individual counseling is done with each pregnant woman in ANC. Iron is given to the pregnant women since the first visit until 42 days after delivery instead of giving it only during third quarter of pregnancy

Formative supervision Training:

In the framework of MCHIP program, ten days formative supervision training has been conducted by a Master trainer from Burkina Faso for Jhpiego's staff and supervisors from districts. In total 16 participants have been trained (10 male and 6 female).

Formative supervision

The goal for this formative supervision was to evaluate the health centers 'performance in focused ANC and to bring technical assistance where it is needed in order to help trained providers to master focused ANC procedures.

General Objective: To appreciate the performance of the site in FANC.

Specific objectives:

- To evaluate how the action plan have been executed.
- Observe technical competencies of providers in FANC.
- To provide technical assistance if necessary.
- T o evaluate work environment of providers.
- T o evaluate client's satisfaction.
- To analyze data collection tool used in FANC

The changes realized are the following:

After training, a formative supervision on focused antenatal care has been conducted in 24 health centers from Rubavu and Nyamagabe districts by a team of supervisors from Gisenyi and Kigeme hospitals in collaboration with Jhpiego team in order to evaluate the health centers 'performance in focused ANC and to bring technical assistance where it is needed in order to help trained provides to master focused ANC procedures

From the formative supervision conducted, it has been realized that after training, changes happened in different things in terms of the way that ANC is being done comparatively with how it was before FANC training in all heath centers.

In Rubavu District

The changes realized are the following:

- ANC is being done every day instead of twice a week in all RUBAVU district health centers and this result in the increase of ANC rate in general and especially increase of number of pregnant women who fill 4 recommended visits. In 2009, this number was 12, 3% and at the end of May 2010 it was 16%
- Individual counseling is done with each pregnant woman in ANC and this is providing a good opportunity to discuss with women about delivery and complications preparedness, danger signs during pregnancy, Malaria

prevention, Family planning, Nutrition, hygiene, breast feeding, etc...Before training, counseling in ANC was done in group only and was not providing occasion to the health providers to discuss with mothers on all those relevant issues mentioned above.

- Iron is given to the pregnant women since the first visit until 42 days after delivery instead of giving it only during third quarter of pregnancy.
- Different tests including: HIV test, Hemoglobin, albiminurie, Glucoserie, syphilis test (RPR) are being done systematically for pregnant women and this is helping to detect, to manage and refer easily cases with complications.
- Post natal visit at 6th day and 42nd day are being done

In Nyamagabe district

In general the service provided is highly appreciated by clients except the waiting time which is very long.

Many positives actions have been identified:

- Activities are realized by trained providers (every health center has at least 7 providers trained)
- Availability of materials used in FANC.
- Team work
- Availability of data collection tools in all health centers.

Nevertheless, there are same points to be improved:

- The main activity of the action was to initiate FANC every day and this have been done in only one health center out of 5 HC visited.
- The register need to be harmonized in Kigeme zone.
- In infection prevention; material of decontamination need to be in FANC word, and encourage providers to use chlore in decontamination as recommended by WHO.

Results of FANC formative supervision:

From the formative supervision conducted from 28th June to 10th July, It has been realized that after training, changes happened in different things in terms of

the way that ANC is being done comparatively with how it was before FANC training in all health centers.

The changes realized are the following:

- ANC is being done every day instead of twice a week in all RUBAVU health centers
- Individual counseling is done with each pregnant woman in ANC and this is providing a good opportunity to discuss with women about delivery and complications preparedness, danger signs during pregnancy, Malaria prevention, Family planning, HIV/ISTs, Nutrition, hygiene, breast feeding, Immunization, etc..

Before training, counseling in ANC was done in group only and was not providing occasion to the health providers to discuss with mothers on all those relevant issues cited above.

- Iron is given to the pregnant women since the first visit until 42 days after delivery instead of giving it only during third quarter of pregnancy.
- Mebendazol is provided to all pregnant women in ANC after the first quarter
- Different tests including: HIV test, Hemoglobin, albuminuria, Glucose, syphilis test (RPR) are being done systematically to pregnant women and this is helping to detect, to manage and refer cases with complications.

RECOMMENDATIONS

- Initiate FANC every day in concerned health centers.
- Harmonize registers after convention with leaders of health centers and hospital director.

1. Conclusion:

In Rubavu district, ANC is being done every day by a qualified and trained by JHPIEGO/MCHIP provider. This is a success we realized because at the beginning of FANC training this was a big issue of discussion and people were resisting on the change from providing ANC twice a week to providing ANC every day.

The manner that ANC is done also has improved. Before FANC training, ANC was routine one and currently it is focused one, because the pregnant mother is managed holistically, and in addition to the group

education, individual counseling is done to each mother for her health promotion. This did not exist before FANC training.

2. Recommendations:

✓ To all Rubavu health centers:

- To continue community sensitization about everyday availability of ANC in order to increase the number of pregnant women who fill 4 recommended ANC visits and increase quality care in ANC because the number of women managed every day is not too big, then the provider has enough time to manage each case correctly
- To reinforce individual counseling based on key message like: Danger signs during pregnancy, Birth and complications preparedness, Malaria prevention, HIV/ISTs prevention, Family planning, Nutrition/hygiene, Immunization importance, post natal care.
- Reinforce Infection prevention measures like hand washing, availability and use of 0,5% chlorexidine solution for material decontamination.
- To conduct Systematique Albimine checking for each pregnant women at each visit

✓ To Gisenyi hospital:

To continue providing needed materials and continuous formative supervision

✓ To JHPIEGO/MCHIP

To continue providing FANC training and continuous formative supervision

SUMMARY OF FANC INDICATORS

District		Rubavu District				Gakenke District				Nyamagabe District/ Kaduha				Nyamagabe District/ Kigeme			
		April	May	June	Total	April	May	June	Total	April	May	June	Total	April	May	June	Total
1	Number of ITNs distributed to pregnant women at program facilities	0	0	0	0	53	52	38	143	48	48	48	144	0	0	0	0
2	Number of materials produced and distributed	0	16	36	52	42	3	0	45	0	0	26	26	0	0	26	26
3	Number of BCC/IEC activities implemented	116	73	113	302	178	250	263	691	25	21	65	111	105	57	69	231
4	Number of ANC visits by skilled providers	1,926	1,975	1,730	5,631	1,943	1,908	1,978	5,828	670	661	633	1,964	732	1,045	842	2,619
5	Median gestational age at first ANC visit	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2	Q2
6	Number of planned malaria-related supervisions conducted	1	1	1	3	1	1	1	3	6	6	8	20	7	7	7	21
7	Number of workshops conducted	0	1	1	2	1	1	0	2	0	1	1	2	0	1	1	2
8	Number of ANC visits expected	1,256	1,256	1,256	3,768	1,226	1,226	1,226	3,678	559	559	559	1,677	599	599	599	1,797
9	Number of first ANC visits	916	1,078	1,090	3,084	811	881	843	2,535	318	458	382	1,158	299	449	418	1,166

Notes:

- Jhpiego is working in 3 Districts for FANC/ MIP, 15 HCs in Nyamagabe District, 24 HCs in Gakenke district, and 9 HCs in Rubavu District
- In some districts, there was stock outs of ITNs
- Indicator #3: BCC/ IEC activities include group discussions, interpersonal communication, counseling, home visit, etc...
- Indicator #4: the information comes from ANC register
- Indicator #5: The information is collected from the register where we found most of the cases of first ANC visit between the 4th and 6th month of pregnancy which is referred to Q2.

- Indicator #6: This is the number of planned malaria-related supervisions conducted
- Indicator #7: This indicator is not calculated from HMIS, we found them from our quarterly report
- Indicator #8: This is the number of women who attended ANC for the first visit for the current pregnancy

2. BCC/MIP : Support PMI activities at National and district levels

BCC/MIP: Jhpiego/MCHIP program is fighting Malaria in Pregnancy through Community Health Workers

Community Health intervention

Jhpiego provide assistance to the Community Health Desk for the development of ASM training manual, job aid.

MCHIP program is promoting community interventions that reach women at the village level with appropriate messages for behavior change about preventing and treating malaria.

Jhpiego support to the MOH demonstrated the contribution of Community-Health Workers in the promotion of Maternal and Newborn Survival in Rwanda

Number of ASM trained from Jan to June 2010

District	Health Centers	Date	ASM	ASCs	Total
Nyamagabe	Nyamagabe	February 10	31	31	62
Nyanza	Ruyenzi	February 10	20	20	40
Gakenke	Bushoka	March 10	28	28	56
	Janja	March 10	13	13	26
	Rutake	March 10	13	13	26
	Nemba	April - May 10	104	0	104
	Rukura	May – June 10	23	0	23
	Rutenderi	May – June 10	32	0	32
	Karambo	May – June 10	28	0	28
	Mataba	May – June 10	27	0	27
	Gatonde	July 10	34	0	34
	Busengo	July 10	38	0	38
	Rusoro	July 10	35	0	35
	Nyundo	July 10	30	0	30
Total : 3	14 HCs		456	105	561

During this year the following activities have been conducted:

- Training of **32 district Trainers/supervisors and 756 ASM** (Agents de Santé maternelle) in 3 districts (Gakenke,Nyamagabe and Nyanza)
- The impact of this training has been the increase number of deliveries at health facilities because of the sensitization done by ASM. In addition, pregnant women are accompanied by those ASM to go to deliver to a health center and the result of that is the reduced rate of delivery at home.
- ASM Formative supervision conducted in 3 districts (Gakenke,Nyamagabe and Nyanza) It has been noticed that ASMs are implementing their competency acquired from training. All women in reproductive age and pregnant women at each Umudugudu level are registered and at least each pregnant women receive one visit and is counseled by ASM using the counseling card to counsel and monitor their health.
- The mobilization raised at district as well as community level is due to the high commitment of people to make it successful
- A song related to the job description of ASM has been developed and used during their monthly meeting and a role play has been developed by ASM during the training and is used now for community sensitization.
- Participate to review and updating of ASM module in collaboration with MOH and UNICEF
- Different materials (boots, bags, umbrellas, referral cards of pregnant women, referral cards of post partum women, referral cards of newborns, follow up cards and registers to trained ASM to facilitate the ASM daily activities)have been dispatched in three districts (Gakenke, Nyamagabe and Rubavu).:
 - **ASM training materials updated and printed**
 - **ASM material procurement (204 umbrella, 204 boots, 204 bags)**
 - **Printing of 214 registers**

- Printing of 214 referrals cards of pregnant women,204 new born referral cards,214 postpartum cards, 214 follow-up cards for pregnant women

Formative supervision

- Field visit for Community health workers activities for formative supervision, data collection and monitoring.

All ASMs trained have received continue formative supervision in order to make sure that ASMs are implementing their competency acquired from training. Formative supervision has been conducted in 8 health centers in Nyamagabe, Rubavu and Gakenke districts by the Jhpiego BCC coordinator and HCs supervisors .

During the formative supervision conducted by Jhpiego/in collaboration with HCs supervisors/ MOH, it has been noticed that the community mobilization raised by such training at district as well as sector and umudugudu level is due to the high commitment of people to make it successful.

Take home points include the fact that Community health workers can contribute to promote maternal and newborn survival if:

- Ensuring a specific training for them
- Ensuring quality supervision
- Providing additional equipment: boots, umbrellas, torch to facilitate their work
- Securing ownership by all levels (district, sector, cell and Umudugudu

Some changes noticed after ASM training during formative supervision:

- Registration of all women in reproductive age at each Umudugudu level
- Registration of pregnant women at Umudugudu level
- All pregnant women registered have received at least one visit from the ASM
- All ASM have at least use the counseling card to counsel women in pregnancy
- ASM and ASC work closely to harmonize messages about pregnant

women

- A song related to the job description of ASM has been developed and used during their monthly meeting
- A role play has been developed by ASM during the training and is used now for community sensitization

Number of deliveries at health facilities has increased after training of ASM and those women were accompanied by ASM to delivery to health center.

Formative supervision has been conducted in 8 health centers in Nyamagabe, Rubavu and Gakenke; **756 ASMs** trained received continue formative supervision in order to make sure that they are implementing their competency acquired from training. It has been noticed that the community mobilization raised by such training at district as well as sector and umudugudu level is due to the high commitment of community leaders to make it successful

3. MCHIP/CCM

CCM activities achieved from 1st March to 30th June 2010

Goal: MCHIP's goal in CCM is to implement and continuously monitor CCM Activities to improve the performance of CHWs in the 4 districts of operation.

Introduction:

Jhpiego support to the MOH demonstrated the contribution of Community-Health Workers in the promotion of Maternal and Newborn Survival in Rwanda.

Community Case Management (CCM) / Community Integrated Management of Child Illness (C-IMCI)". **MCHIP/CCM** Rwanda program is in 4 District, 3 in Kigali City (KC) Nyarugenge, Kicukiro, Gasabo and Ruhango Districts. The program started only in March 2010. MCHIP will strengthen CCM by bolstering commitment from policy makers at all levels to support child health services. MCHIP will coordinate with the MOH and PNILP to finalize and print CHW tools, including registers and referral sheets, and will disseminate the tools via refresher trainings. In Jhpiego targets districts, 22 Health Centers were visited with a purpose to have discussions with the HCs' Managers & Community Case Management (CCM) Supervisors of the HCs where MCHIP/JHPIEGO will be operating, to have basic indices information's.

Jhpiego /MCHIP participated and financially supported a 2 days meeting with MOH/Community Desk and CCM supervisors of the catchments area of 30 HCs of the 4 districts. After that a discussion report was shared and the Field visit was organised.

❖ **Community Case management main achievements**

The first activity was Field Visit:

CCM program: Organize field visits in four districts for a baseline assessment based on information needed to be able to consider gaps in order to prioritize activities to elaborate action plan and implement C-IMCI/CCM targeting CHWs best Performance.

The research was based on information needed to be able to consider gaps in order to prioritise activities, to elaborate action plan and implement C-IMCI/CCM targeting CHWs best Performance. MCHIP program strengthen the MOH in implementing and continuously monitor CCM Activities to improve the performance of CHWs in the 4 districts of operation (Nyarugenge, Gasabo, Kicukiro, Ruhango)

Summary of findings to show the Situation CCM/ C-IMCI in the 4 Districts/4 District Hospital/31 HCs

- Newly recruited CHWs Trainers /Supervisors: 35 CHWs Supervisors = 31HCs + 4DH
- Trainers/Supervisors have never had a Refresher: 68C-IMCI trainers / Supervisor.
- Some villages have no trained CHWs in C-IMCI: 196 CHWs (binomes)
- All CHWs need a refresher, – those newly trained: $2540-267=2'273$ CHWs.
- KC districts were trained in C-IMCI from Aug. to Dec. 2009 and are not yet visited.
- No first follow-up with partners and stake holders was done in KC.
- Regular training/ supervision is not supported at all
- The communication between the health centres and the community is also not supported.
- The CHWs kits for Ruhango need to be renewed (after 2 years)

Table 1: Summary of findings “CCM/ C-IMCI” in the 4 Districts

Facility	Populat.	Nb CHW	Nb Supers trained	Nb CHWs trained	% CHWs trained	Nb CHWs - Trained	Cases treated by CHWs during the month of February 2010				
							Fever	Diar.	Pneumo	Malnut.	Death
Targets											
Visited	641'369	2'540	66	1'706	67.1	196	3.602	536	492	135	4

The second activity was CHWS Capacity Development:

Training of CHWs

The training focused on improving the capacity of CHWs trainers/supervisors and CHWs focusing on priorities identified during the field visit, Specifically in Community Integrated Management of Child Illness (C-IMCI).

- Jhpiego have trained of roughly 2324 community health workers to treat three most common causes of infant mortality: malaria, diarrhea, and pneumonia for children under 5 years in community to reduce child morbidity and mortality
- **Training of 68 CHW Supervisors** in C-IMCI as trainers for community quality health service
- **Training of 2324 CHWs newly recruited** by the Community at village's level on C-IMCI specifically on utilisation of the child health card and management of drugs at the community level to bring infant care into communities where access to medical care is limited from the isolated areas of Rwanda.
- CHWS trained are able to diagnose the child's illness and give treatment over 44,163 children received treatment from community health workers and responded to the medicines and recovered, only 4 deaths were reported .
- After training of CHWs, field visits were conducted for Community health workers activities for formative supervision, data collection

CCM Training Summary: The training focused on improving the capacity of CHWs trainers/supervisors and CHWs focussing on priorities identified during

the field visit, Specifically in Community Integrated Management of Child Illness (C-IMCI).

Table 2: Summary of training “CCM/ C-IMCI”

No	Training needs	By Sex		Total
		F	M	
1	CHWs Refresher & Review of C-IMCI trainers Guides Revised	8	13	21
2	Training of CH Supervisors Newly recruited by MOH at HCs and DH level on CHWs training in C-IMCI training using C-IMCI trainers Guides	9	12	21
3	CH Supervisors Newly recruited by MOH at HCs and DH level Training on the preparation of CHWs training	9	12	21
4	Training of CHWs Binome Newly recruited by the Community at village's level on C-IMCI. CH supervisors trained while practicing.	47	68	115
5	CH Supervisors Newly recruited Trained had a 1 day of training on evaluation of CHWs implementing C-IMCI training	9	12	21
6	Preparation of CHWs refresher and Introduction of the Refresher in C-IMCI trainers Guides developed by MCHIP Jhpiego	17	17	34
7	CHWs binome Refresher, specifically on utilisation of the child health card and management of drugs at the community level	174	174	348
TOTAL		238	259	497

NB:

- Among the trained trainers/supervisors in C-IMCI they were 2 polyvalent supervisors from Nyarugenge district a female and male from Kanombe Hospital that were trained with others

Conclusion

- Newly recruited CHWs Trainers Supervisors (TS) were properly trained in C-IMCI training = (1per HC out of 18) + (1per DH out of 3) = **21 CHWS TS**
- Nurses C-IMCI trainers (1 by HC out of 18 HCs to be refreshed in C-IMCI) =
- Newly recruited CHWs were trained in C-IMCI (115 from 18 HCs)
- Out of 613CHWs are to be refreshed in 31 sessions and 19 sessions were done up to day
- 2 days of planning of trainings (1 for planning the training of CHWs training (23 participants) and
- 1 day of planning of CHWs refresher 34 participants).
- Had 1 day of evaluation of CHWs training (18 Participants).
- A 1 day of evaluation of the refreshers and plan for next to be organized.

Summary Recommendation to TS training CHWs

1. Assess and Know the "community health care" implementation package first so that the training focalize on targeting situation /problem solving, expecting the "Results access to IMCI at community level improvement in quality".
2. Get familiar de "Developed, Revised and Tested Training Tools of integrated CCM at imidugudu (villages) level in Community Health Package.
3. CH tools to prepare before training:
 - CHWs TOTs guide (Mise en œuvre de PCIME – C)
 - Agenda of training CHWs trainers and note for facilitators / trainers
 - CHWs trainers guide + Agenda of training CHWs was developed
 - Child Fiche "C-IMCI" by CHWs was revised
 - Adaptation of Sessions is suggested in CHWs trainers' guide: (Remplissages de fiche de prise en charges, Conseils au caretaker, Exercices Vidéo, Exercices case clinic, Follow-up Preventives Activités. Observations Remarks and Recommendations to be shared

Technical recommendations on training CHW and their trainers' supervisor:

RC1. During all sessions, the trainer of CHW has to utilize the trainer's manual and utilize appropriate tools for each session.

RC2. The flip chart content has to be in Kinyarwanda for training CHWs

RC3. Insist on the difference between HBM and C-IMCI in Identification, Classification, Referral, Care of the sick child and follow-up.

RC4. Share the need of CHWs, trainers and TOTs Refresher which can be introduced in the guide with all stake holders.

RC5. Introduce practical's in continuing the supervision of the training of CHWs trainers strict using the revised tools and to support to finalize the mentioned tools.

RC6. It is important to be able to support the proper utilization and finalize the mentioned tools including the supervision and data collection.

RC7. Practice at Community level is important to observe how other CHWs are providing information using the tools and procedures of data collection at the community level.

MCHIP/jhpiego in collaboration with MoH is trying to reinforce these recommendations as priority so that CHWs are confident with implementations of Health Care of a Sick Child.

SUMMARY OF CCM INDICATORS

District		Ruhango District	Gasabo District	Nyarugenge District	Kicukiro District
NO.	Indicators	Total	Total	Total	Total
1	# of children with fever receiving the full course of ACT initiated within 48 hours of onset of fever	17'528	5'108	130	3'799
2	# of children under five treated by CCM in target districts	21,581	6,865	349	4'598
3	# of target communities in target districts with access to trained CCM worker (access should be defined locally)	272,882	205,420	33,739	129,328
4	# of target communities in total impact area	272,882	205,420	33,739	129,328
5	# of CCM workers supervised that day	0	10	3	5
6	# of CCM worker supervisors	27	21	7	11
7	# CCM workers trained and refreshed	962	662	292	408
8	# of CCM workers during time period	1,066	662	292	408

Notes:

- A baseline Survey has been done through the field visit organized with a purpose to identify gaps in CHWs training, supervision of Community Integrated Management of Child Illness (C-IMCI) activities
- Monitoring tools for CCM activities were printed by MCHIP
- Indicator #1: information was collected from CCM Supervisors at District hospital (DH) or the Supervisor of CCM at HC level.
- The target for C-IMCI is the children > 2 months and < 5 years. The formula is sum of the population by district (ref to table) divided by 100x16,5 which equals to 16.5%. (Formaula from Rwanda Statistics).

4. Jhpiego /Others Activities achieved

- Participation in preparation of Jhpiego /County Directors meeting held in Kigali/Rwanda from 9th May to 15th may 2010.
- Participation in the White Ribbon Alliance (WRA) Rwanda/ Chapter workshops for elaboration and validation of strategic plan 2010-2012
- The contribution of Jhpiego to safe motherhood and especially to the WRA is very important not only through its programs like MNH and, but also through the involvement of its staff that has played an important role at the global and national levels.

5. Partner reporting and Performance Management System

Data base entry report into the on line reporting system and quarterly narrative report were produced by Jhpiego and shared with Monitoring and Evaluation Management services (MEMS) Project team.

Recommandations

- Continued good collaboration at the national level with various stakeholders and participating in relevant meetings in collaboration with the MOH, PNILP, district authorities and partners.
- Conduct training of supervisors on formative supervision and conduct formative supervision to ASM,CHWs and FANC providers trained to make sure that there are implementing their competency acquired from training Share PMI indicators with providers and get consensual agreement.