

The Capacity Project in Rwanda

Rwanda faces one of the most critical shortages of qualified physicians and nurses in Africa. The country's overstretched health care system is further burdened by the HIV/AIDS crisis: 3% of adults ages 15-49 are HIV-positive, and in urban areas HIV prevalence is 7.3%. Rwanda's population of 8.3 million is one of the most densely concentrated in Africa. While contraceptive prevalence rates have risen, there remains a 37% unmet need for family planning according to the 2005 Rwanda Demographic Health Survey.

In addition to assisting the Ministry of Health (MOH) to strengthen human resources management and improve its human resources information systems (HRIS), the Capacity Project in Rwanda is working with multiple donors and partners to strengthen pre-service education for registered nurses and midwives (A1) and Bachelors of Nursing (A0), expand prevention of mother-to-child transmission (PMTCT) of HIV and launch voluntary counseling and testing and ART services at hospitals and health centers in six districts. The Project is also helping the MOH with a national roll-out of clinical family planning (FP) services for health care providers in 11 districts and supporting the Maternal and Child Health (MCH) and Nursing and Midwifery Task Force Teams. The Project has assigned to the MOH a human resources for health (HRH) specialist for policy, an information technology specialist for the HRH database system and a personnel coordinator who keeps MOH personnel data updated.

Activities in Brief

Strengthening HRH Workforce Policies and Planning

In partnership with the MOH, the Project supports HRH initiatives including the pre-testing and refining of an Internet-based HRIS for eventual use at the district and central MOH offices. The Project participated in the data collection on private-sector providers and assisted with data input into a standardized database in English, French and Kinyarwanda. The Project's database manager assigned to the MOH reviewed and confirmed with district managers HR information for almost 5,000 MOH public-sector employees. In addition, the Project's HRH advisor facilitated the admissions process for 38 Rwandan physicians and nurses attending higher education programs in Kenya and South Africa funded by donors.

Supporting Nursing and Midwifery Education

Through subcontracts, the Project provided operational support to Rwanda's five regional nursing schools for the launch of the MOH Registered Nursing and Nurse Midwifery A1 Programs. Assistance included the renovation of classrooms and facilities as well as the purchase of training equipment, technical reference books and mattresses for dormitory rooms. In partnership with the MOH-led nursing curricula development team, the Project completed the competency-based integrated HIV/AIDS, gender and family planning modules for the A1 Registered Nursing and Midwifery three-year program. The Project also worked closely with the Nursing and Midwifery Task Force to support

directors of the five MOH regional Nursing and Midwifery Schools for the launch of both A1 programs, and organized library management training for each of the schools. To support the Bachelor of Nursing A0 Program, the Project made arrangements for guest lecturers from Kenya, Tanzania and South Africa, and also supported Internet connectivity for distance learning.

Launching Family Planning In-Service Training

The Project is developing the capacity of the district health networks in 11 districts to plan, develop, implement and evaluate FP programs as a national partner in the repositioning of FP in Rwanda. With key stakeholders, the Project is helping the MOH roll out FP in-service training in 11 districts. With district leadership, the Project has assigned a FP coordinator to each MOH district office to help launch FP in-service training in their respective districts. The Project has also supported a senior-level FP advisor who is helping the MCH Task Force develop FP norms and standards and assisting with the launch of FP in-service training with all FP partners.

Developing HIV/AIDS Clinical Services

In collaboration with stakeholders, the Project launched, implemented and monitored HIV services in two regions and six districts. Intensive planning was carried out with 31 service facilities, district leaders, the Integration Task Force and TRAC+ to launch a grants management system for 25 public service facilities and five faith-based service facilities.



Visit the HRH Global Resource Center—www.hrhresourcecenter.org—to find, share and contribute human resources for health knowledge and tools.



At 24 PMTCT sites supported by the Project, 14,484 pregnant women received comprehensive PMTCT services during the period of October 2006 through June 2007. Male involvement rates

were high with 11,360 male partners (78%) tested, and 800 couples received pre-nuptial counseling and testing (CT) services. At 24 CT service outlets, 29,694 individuals were tested in this time period. In collaboration with the World Food Program, nine PMTCT/CT sites were provided with food and nutritional support to pregnant and/or breastfeeding women and their children. Partnering with community-health

provider teams and other district stakeholders, the Project supported HIV/AIDS community prevention services for 204,793 individuals from October 2006 through June 2007.

Working with the MOH, TRAC and district partners, the Project supports 14 ART service sites, including both hospitals and rural health centers. In the Mobile District Physician initiative, physicians travel to district health centers weekly to meet with newly referred clients, provide initial follow-up and review clients with complications. The Project also supports a physician-nurse mentoring program. HIV-positive clients are screened for ART eligibility at these 14 sites, and eligible clients are provided with ART. Screened clients that are not yet eligible for ART receive follow-up and evaluation. Reaching out to TB/HIV co-infected patients, the Project supports routine testing of

all TB clients for HIV, systematic screening of HIV-positive clients for TB and provision or referral for TB treatment. The HIV/AIDS clinical services component of the Project's work in Rwanda is shifting to IntraHealth International in a new five-year grant awarded by USAID in June 2007.

Integrating FP Counseling into PMTCT Services

The Project integrated FP counseling into PMTCT and CT services at Byumba Hospital in Gicumbi District, and in 24 health centers in six districts in the North and East Regions, of which four are faith-based facilities where modern FP methods are not made available. From 2005 through April 2007, of the 1,557 women who tested positive for HIV at antenatal services at the 25 Project-supported public and faith-based health facilities, 1,350 attended FP counseling sessions; 579 HIV-positive women accepted a modern method, averaging a 43% FP acceptance rate. Health facilities where the Project has also been providing in-service FP training over the past year have shown some startling results, demonstrating that where FP counseling and clinical services are offered, HIV-positive women will become successful FP users/clients. For instance, from 2005-2007, 71% of HIV-positive women at Kinyihira Health Center accepted a modern FP method. This is in sharp contrast to HIV-positive women at Catholic facilities such as Rwesero Health Center in Gicumbi District: of the 29 women who tested positive during an antenatal session, 25 attended FP counseling sessions but none could accept a modern FP method at the health center as they were not made available.



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The Capacity Project Partnership



Additional Partners in Rwanda

Ministry of Health (MOH) (Central Units; Treatment Research and AIDS Center (TRAC); CNLS—National HIV/AIDS Commission; MCH, Nursing and Midwifery and Integration Task Force Teams; National Laboratory of Kigali, Regional Nursing Schools; District Hospital Directors; Medical Officers and Health Sectors)
Kigali Health Institute (KHI)
Ministry of Education
US Government implementing partners
United Nations Population Fund (UNFPA)

German Agency for Technical Cooperation (GTZ)
World Health Organization (WHO)
United Nations Children's Fund (UNICEF)
World Bank
Belgium Technical Cooperation (BTC), APEFE
Family Health International Rwanda
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF Rwanda)
Columbia University
CHAMP/CHF