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MCH PROGRAM DESCRIPTION

Rwanda



Overall MCH and health sector situation

Rwanda, with a population of approximately 9 million people, is the most densely populated country in Africa and is ranked 161 out of 177 countries on the United Nations Human Development Index. The Government of Rwanda has recognized health and population growth as important factors in its economic development; slowing population growth while improving health is one of four priority areas in the 2008–2012 Economic Development and Poverty Reduction Strategy (EDPRS).

Rwanda is making progress in health. According to the 2000 and 2005 Demographic and Health Surveys, infant mortality decreased from 108/1,000 to 86/1,000; U5MR decreased from 196/1,000 to 152/1,000; MMR decreased from 1,071/100,000 to 750/100,000; and use of modern family planning methods increased from 4 to 10 percent. Although these statistics have improved, the 2005 numbers are nearly identical to those shown in 1992 before the genocide and war. Early results from an interim DHS conducted in 2007/2008 are showing continued and significant improvements

in nearly all health indicators. Further improvements were measured in infant mortality from 86/1,000 to 62/1,000; U5MR from 152/1,000 to 103/1,000; health center deliveries from 39 to 52 percent; measles vaccination rates from 86 to 90 percent; use of modern family planning methods from 10 to 27 percent; and TFR from 6.1 to 5.5. Continued support and hard work will be required to maintain this momentum and move Rwanda closer to achieving its goals as set out in the Economic Development and Poverty Reduction Strategy and MDGs.

The Government of Rwanda, together with key stakeholders, has developed a Health Sector Strategic Plan (HSSP) for 2005–2009 and has signed an MOU with key development partners to implement the plan. The USG supports the HSSP in maternal and child health; family planning and malaria are supported through PMI, and HIV is supported through PEPFAR. Rwanda is a focus country for both PMI and PEPFAR.

MCH interventions at the Mission level

Priority areas of intervention include training of health care providers in family planning; IMCI; FANC, including malaria in pregnancy; AMTSL; fistula prevention and care and growth monitoring; strengthening the decentralized system for improved management of health programs and increased quality of care; building the capacity of community health workers to improve community-based management of key public health interventions such as IMCI, home-based management of malaria, and distribution of family planning commodities; supporting ongoing decentralization of health services; building sustainability of health services through performance-based financing; strengthening central commodity procurement and distribution systems; and implementing BCC and education campaigns to improve the use of safe water treatment products, LLINs, family planning, antenatal care services, safe delivery practices, and immunization services.

USAID will support the national EPI program to introduce pneumococcal vaccine in 2009. Rwanda will be the first country in Africa to get GAVI approval to introduce pneumococcal conjugate vaccine.

Specific actions supported as part of the MCH approach

USAID currently supports all levels of the health system in Rwanda. At the national level, support is provided for coordinated commodity and logistics systems; health information systems; monitoring and evaluation; policy development; performance-based financing; and human resource planning, management, and development through the medical school, school of public health, and nursing schools. This national-level support improves the quality of and access to MCH services.

The USAID program's geographic focus

USAID works closely with the Government of Rwanda and other partners to ensure that MCH services are available nationwide. This support is coordinated by the government through the Health Sector Strategic Plan (HSSP) and Health Cluster. The Health Cluster is a development partners' group, co-chaired by the Government of Rwanda and the Belgian Embassy, which meets quarterly to review progress and planning in the health sector.

The Mission program's relationship to the country's health sector and development plans and strategies

USAID has signed a memorandum of understanding (MOU) with the Government of Rwanda to support the HSSP for 2005–2009. USAID also supports the government's Economic Development and Poverty Reduction Strategy for 2008–2012, which counts health as one of its priority areas.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

All health activities are designed and managed with a focus on integration – BCC, community strengthening, monitoring and evaluation, and performance-based financing activities. As a result, MCH activities have benefited from the significant investments in improving health systems made by PEPFAR and PMI. Outside of health, MCH activities have been integrated into economic strengthening activities in coffee and biodiversity programs being supported by USAID.

Investments and initiatives of other donors and international organizations

Major donors in the health sector include the Belgians, Germans, Swiss, British, the World Bank, and the African Development Bank, as well as the Global Fund. These donors are active members of the Health Cluster and many provide sector budget support to the Government of Rwanda. This support is used for performance-based financing, family planning commodity procurement, sentinel site surveillance for malaria, and capacity building. The UN supports capacity building, scale-up of IMCI, family planning commodity procurement, and work at the policy level. The Government of Rwanda is the recipient of Global Fund awards for HIV, health systems strengthening, TB, and malaria. Global Fund resources are used to finance a large proportion of the country's commodity needs, including bed nets, malaria drugs, antiretrovirals (ARVs), condoms, and opportunistic infection (OI) drugs.

Planned results for the Mission's MCH investments over the next 5 years

Investments in MCH, together with other support in the health sector, will help Rwanda to achieve its EDPRS targets of reducing infant mortality to 57, reducing U5MR to 95, and reducing MMR to 600 by 2012.

MCH COUNTRY SUMMARY: RWANDA	VALUE
MCH FY08 BUDGET	4,459,000 USD
Country Impact Measures	
Number of births annually*	379,000
Number of under-5 deaths annually	58,000
Neonatal mortality rate (per 1,000 live births)**	28
Infant mortality rate (per 1,000 live births)**	62
Under-5 mortality rate (per 1,000 live births)**	103
Maternal mortality ratio (per 100,000 live births)	750
Percent of children underweight (moderate/severe)	25%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	95%
Percent of women with at least four antenatal care (ANC) visits	13%
Percent of women with a skilled attendant at birth**	52%
Percent of women receiving postpartum visit within 3 days of birth****	4%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	41%
Immunization	
Percent of children fully immunized at 1 year of age**	80%
Percent of DPT3 coverage**	90%
Percent of measles coverage**	90%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	28%
Percent of children receiving adequate age-appropriate feeding	69%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	84%
Percent of children under 6 months exclusively breastfed	88%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT**	31%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care**	35%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source****	65%
Percent of population with access to improved sanitation****	23%
<p>* Census International Database ** 2007/08 Preliminary Results of the Interim Demographic and Health Survey *** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report **** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. (Unless otherwise noted, the data source is the 2005 Demographic and Health Survey.)</p>	