

Health and Family Planning Overview

RWANDA



Population:	7.4 million (BUCEN 2002)
Infant Mortality Rate:	107.4 (DHS 2000)
DPT3 Coverage:	86%, children 12–23 mos. (DHS 2000)
Nutrition:	42.6% stunting, children 0–59 mos. (DHS 2000)
Total Fertility Rate:	5.8 (DHS 2000)
Maternal Mortality Ratio:	1,071 (DHS 2000))
Contraceptive Prevalence Rate:	2.7%, all women, modern methods (DHS 2000)
Adult HIV Prevalence:	8.9% (UNAIDS 2001)
Current Living AIDS Orphans:	260,000 (UNAIDS 2001)
Demographic and Health Surveys:	1992, 2000
Multi-Indicator Cluster Surveys:	2000

Country Profile

Rwanda is confronting unprecedented social, political, and development challenges. These include reintegrating people into the productive sector, restoring confidence in the rule of law, ensuring security against insurgents and unstable conditions in Africa's other Great Lakes countries, and addressing health issues such as HIV/AIDS. The events of 1994, which killed an estimated 800,000 people and displaced another 4 million, decimated the ranks of skilled personnel and destroyed virtually all health care infrastructure. In recent years, improved security conditions have brought a sense of returning normalcy. The government has put a high priority on human capacity development, decentralization of primary health care, and the challenges of HIV/AIDS, nutrition, malaria, and population. There has been some rehabilitation of the health care system, but the issue of financial access to services remains.

HIV/AIDS in Rwanda. The violence of the 1990s facilitated a rapid and wide spread of HIV infection through unprotected sex (whether consensual or forced) and large population movements. By 2015, AIDS is expected to increase already high infant mortality by 10 percent. Social awareness of HIV/AIDS and its prevention has been strengthened by the ongoing recovery of the health infrastructure, quality improvements, the increasing openness of churches to dialogue, and information, education, and communication (IEC) campaigns targeted to high-risk groups.

USAID Strategy

USAID/Rwanda responds to challenges in the political, economic, and health sectors, and encourages the transition towards sustainable development. Mission goals include increased health behavior changes and use of health and social services. The Mission supports health care cost recovery, integrated food and development assistance in diverse agricultural programs, and activities to establish information communications technology. Health sector activities focus on combating HIV/AIDS, primarily through awareness, treating other sexually transmitted infections (STIs), and voluntary counseling and testing (VCT). Other activities include protecting vulnerable children and orphans, malaria prevention, improvements in primary health care and referral services, and strengthened training capacity.

Strategic Objective: Increased use of sustainable health services in targeted areas

Intermediate Results:

- Increased availability of decentralized, quality primary health care and STI/HIV services in target areas
- Improved knowledge and perceptions related to reproductive health, emphasizing STIs/HIV, in target areas
- Enhanced sustainability of primary health care services through improved financial accountability and improved health care financing
- Increased Government of Rwanda capacity to provide basic social sector support



Major Program Areas

HIV/AIDS. IEC campaigns are an integral part of USAID's HIV/AIDS/STI activities to change high-risk behaviors. Through the IMPACT project, USAID/Rwanda is taking a leading role in strengthening the capacity of regional and district teams to integrate and implement STI/HIV clinical and education services, VCT activities, and mother-to-child transmission (MTCT) prevention services. In partnership with the Ministry of Health, the Mission is promoting improved coordination among donor agencies and community-based organizations. USAID/Rwanda is also helping to strengthen services for vulnerable groups, including unaccompanied and orphaned children, people living with AIDS (PLWAs), and people at high risk for HIV transmission. These services include improved clinical management of STIs, improved drug availability and management systems for treating AIDS-related opportunistic infections, targeted reintegration of orphaned children into communities, home-based care with local PLWA associations, and assistance for the Ministry of Health in updating treatment protocols.

Health and Family Planning. USAID/Rwanda is helping the Ministry of Health develop strategies and tools for managing health financing and sustaining services through prepayment health schemes called "mutuelles." USAID is working closely with the Ministry to guide the growth of community-funded services at health facilities. The future focus will be on the link between service quality and community willingness to pay. The Mission is continuing to support the goals of decentralized quality primary health care services and the development of sustainable cost-recovery mechanisms. Building on the success of the Quality Assurance Project in Central Kigali Hospital and smaller health centers, the Ministry of Health is institutionalizing the quality improvement approach and strengthening local capacity to train health workers. USAID continues to support malaria interventions with an emphasis on social marketing of insecticide-treated bed nets. In 2000, USAID launched an initiative to strengthen reproductive health services in target regions similar to those where HIV/AIDS programs are operating. Due to Rwanda's historical, cultural, and religious context, family planning initiatives have progressed slowly. However, the 2000 DHS showed a large unmet need for family planning, and a new component in USAID's reproductive health package will support the Ministry of Health with expanded family planning programming.

Results

- In 2001, VCT centers expanded into six provinces, with 12 centers serving 40,310 clients. In 2002, 15 USAID-funded VCT sites are operational.
- In 2001, MTCT prevention activities began at two health centers. The centers offered VCT services and the drug nevirapine to women who tested HIV-positive.
- Proper treatment of STIs decreased from 77 percent in 2000 to 66 percent in 2001 as establishing VCT centers received priority. Continued support for STI treatment is needed.
- HIV/AIDS prevention activities targeted at youth ages 15 to 19 included the KUBA (an acronym for the Kinyarwanda words meaning abstinence, fidelity, and condoms) campaign, which reached 3.6 million youth through mass media. Peer education programs reached approximately 40,000 young people.
- Technical assistance was provided for developing a national reproductive health policy to be finalized in 2002.
- USAID has supported the development of prepayment health plans in selected districts since 1998 as a strategy to improve financial access to basic health care services.
- Funding was provided for ongoing technical analysis of the 2000 DHS to build capacity in the National Population Office and provide supplemental baseline data on Rwanda's health care system.
- The USAID-supported School of Public Health at the National University of Rwanda welcomed its first class of 10 master's degree students in 2001.

Major Implementing Partners

USAID/Rwanda's partners in implementing population, health, and nutrition activities include Family Health International (IMPACT project), the University of North Carolina (PRIME II project), Tulane University, University Research Services (Quality Assurance Project), Population Services International, the International Rescue Committee, World Relief, and Macro International.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).