

Progressive Vision, Positive Change:

BUILDING CAPACITY
FOR A HEALTHIER RWANDA

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INTRAHEALTH
INTERNATIONAL





Finding Solutions Together

Agnès Uzabkiriho, a resident of Byumba in northern Rwanda, is part of the solution to the urgent health care issues facing her community and her country.

Every so often, Uzabkiriho and her neighbors gather with local health care managers and providers to discuss community health needs and how to address them more effectively. They talk about everything from water quality and nutrition to sexually transmitted infections and health care providers' attitudes toward clients.

Uzabkiriho and her neighbors are part of a nationwide approach called *Partenariat pour l'Amélioration de la Qualité*, or PAQ, that unites community members and health care providers in partnerships to improve the quality of health care in this small but populous nation. Together, they are finding solutions.

"This is the first time we have ever sat around a table together to discuss what quality of care really means to the health care providers and to the community," Uzabkiriho notes.

New, effective ways of approaching health care problems are becoming the norm in Rwanda, thanks in part to IntraHealth International's longstanding collaboration with the government of Rwanda and other development partners. In fact, despite extreme poverty, population growth and other ongoing hardships, the spirit of recovery, renewal and re-growth pervades nearly every aspect of public and private

life. Most Rwandans try to keep the past in the past and focus on the future, making the rich, verdant vista so aptly captured in the phrase "the land of a thousand hills" a perfect reflection of Rwandans' current state of mind.

In close partnership with the government, IntraHealth is proud to be a vital part of creating Rwanda's future. Building on nearly 20 years of experience in the country, IntraHealth supports a range of activities to help make high-quality health care services more accessible to the Rwandan people. These initiatives address national health priorities such as HIV/AIDS, family planning, maternal health, malaria and child nutrition, while also strengthening underlying health system structures and policies for broad and lasting impact.

IntraHealth's global experience mobilizing local talent for sustainable, accessible health care in developing countries has greatly facilitated this important work, which is yielding encouraging results. The significant, ongoing efforts of many other partners in international development have also been essential to recent progress in Rwanda. But the work is motivated, inspired and made possible by Rwandan leaders' and citizens' progressive vision and dedication to positive change. It is a strong testament to what can be accomplished when all these elements come together and are appropriately supported by human talent and financial resources. It is a strong testament, in short, to the power of global cooperation in health.

Rwanda at a Glance

Population	9.3 million
Number of people per square kilometer	355
Maternal mortality ratio	750 deaths per 100,000 live births
Infant mortality rate.....	86 deaths per 1,000 live births
Percentage of children under 5 who are underweight	23%
Percentage of population under the age of 15.....	46%
Population below poverty line	60%
Literacy rate	70%

Sources: Population Reference Bureau, 2007 World Population Data Sheet; 2005 Rwanda Demographic and Health Survey; CIA World Factbook.

Meeting the Challenge: Long-Term Commitment and Innovation

With more than nine million people inhabiting a landlocked area slightly smaller than the U.S. state of Maryland, Rwanda is the most densely populated country in Africa. Most people live in rural areas and work in subsistence agriculture, growing and selling just enough crops and livestock to feed their families. Although Rwanda exports coffee and tea, and tourism—built largely around its famed mountain gorillas—is beginning to rebound, its economy suffered severely from the civil war during the 1990s and is still struggling to recover. Indeed, decades of internal conflict that culminated in the brutal extermination of at least a million citizens in 1994 are still at the forefront of national memory, and the impact is felt not only on Rwanda’s annual National Mourning Day, but every single day.

The conflict decimated Rwanda’s health system, leaving its dramatically impoverished population with little access to much-needed services. Rwanda currently faces one of the most critical shortages of qualified physicians and nurses in Africa. Its overburdened workforce confronts acute health challenges, including HIV prevalence ranging from 3% of adults aged 15-49 in rural areas to 7.3% in cities; most people living with HIV/AIDS are women. Other urgent health problems are malaria, a leading cause of death and illness, and malnutrition, which affects nearly half of children under

the age of five. While IntraHealth-supported programs and other partners have contributed to an increase in use of family planning methods from 4% to 10% between 2000 and 2005 (2005 Rwanda Demographic and Health Survey), much remains to be done to meet the national population policy’s goal of 60% use by 2015.

The challenge of bringing high-quality health care to Rwanda’s poor, mainly rural population is not new, of course. IntraHealth first began working with the Rwandan government in the late 1980s to address gaps in reproductive health care skills and access, focusing on family planning service delivery. Rwanda was one of the first countries in sub-Saharan Africa to identify curbing unbridled population growth as a national priority, and IntraHealth assisted in developing family planning training curricula and systems.

Among IntraHealth’s innovations, according to its president, Pape Gaye, was an emphasis on what is now known as task-shifting. “There weren’t enough trained nurses,” Gaye says, “so we helped develop a big program for lay workers.” The program, which began in the late 1980s, prepared village educators, or health animators, to dispense family planning information and, in some cases, methods, significantly extending the reach of the health program.



Our ongoing collaborative efforts embody the hopeful, determined spirit that is so evident in the halls of government, in villages and in family compounds throughout this spectacular country.

After the 1994 genocide, IntraHealth was among the first international development partners to return to Rwanda. With the establishment of an office in Kigali in 2000, the organization's focus shifted from short-term technical assistance to a longer-term presence and commitment to support the health care system in collaboration with Rwanda's government and civil society. IntraHealth supported the Ministry of Health in developing the country's first national reproductive health policy, which was adopted in 2003, continued to support family planning service delivery and provided significant assistance during introduction of a national program to prevent mother-to-child transmission of HIV/AIDS.

Support from USAID

IntraHealth's work in Rwanda has been, in large part, made possible by support from the US Agency for International Development (USAID) for global projects such as PRIME II, ACQUIRE (led by EngenderHealth) and the Capacity Project; and for IntraHealth's Rwanda-specific programs—the Twubakane Decentralization and Health Program, the HIV/AIDS Clinical Services Program, and the HIV/Performance-Based Financing Project (led by Management Sciences for Health). IntraHealth works in close collaboration and consultation with USAID Rwanda as it supports the country's health system.

Over the years, IntraHealth's collaboration in Rwanda has benefited from the organization's—and the entire international health community's—growing understanding of how to address health needs of the world's poorest populations most effectively. Constructive new insights include greater appreciation of the importance of addressing health problems in a systematic, integrated way. One especially important advance is enhanced recognition of the need to ensure the long-term, sustainable capacity of national health systems and their supporting structures, including physical infrastructure, professional education, human resources and data management.

IntraHealth has been a pioneer in developing, testing and applying these and other innovative strategies to improve global health. IntraHealth and its partners remain dedicated to helping Rwandans create positive change. Our ongoing collaborative efforts embody the hopeful, determined spirit that is so evident in the halls of government, in villages and in family compounds throughout this spectacular country.

Answers. Decisions. Action

A strong human resources information system (HRIS) enables health care leaders to quickly answer the key policy and management questions affecting health care service delivery. Through USAID's Capacity Project, IntraHealth is developing free, Open Source HRIS solutions that include a program of technical assistance and expertise to ensure that the technology is transferred effectively and serves the ability of decision makers to use data to lead and manage.

The iHRIS software suite addresses specific HRH leadership issues:

- iHRIS Qualify: a training certification and licensure tracking database
- iHRIS Manage: a human resource management system
- iHRIS Plan: workforce planning and modeling software.

Visit www.capacityproject.org/hris for more information.



Strengthening Human Resources for Health

As the World Health Organization asserted in its *World Health Report* for 2006, "In tackling ... world health problems, the workforce goal is simple—to get the right workers with the right skills in the right places doing the right things." But globally, and especially in poor countries, health workers of all types are in short supply and especially difficult to attract and retain in the impoverished rural settings that need them most. In many countries, lack of reliable, up-to-date information on health workforce composition and deployment compounds the problem, leaving huge, often critical gaps in health services.

Creating well-functioning, sustainable health care systems requires attention to a wide range of issues related to workforce planning, development and support. The international health community has increasingly focused on these and related topics in recent years, spurred by a global crisis—intensified by the HIV/AIDS pandemic—in attracting, preparing and retaining enough workers to meet needs for care.

As leader of the USAID-funded Capacity Project, IntraHealth has been at the forefront of finding workable, effective solutions, tackling the worldwide crisis in human resources for health boldly and from numerous directions. In Rwanda and many other countries, it is developing and testing

approaches that apply universal principles of sound health care management but can also be tailored to respond systematically to the challenges of implementing and sustaining high-quality health programs in specific settings.

Data-driven Planning and Management

Rwanda has been among the first countries to benefit from an evolving understanding of the complex factors involved in strengthening human resources for health (HRH). That is appropriate, says Ousmane Faye, Director of the Capacity Project in Rwanda, because its needs were particularly acute after the genocide. "It's so important because Rwanda has lost so many workers," he notes, "compounded with the fact that they never had enough to start with. How do you handle what is really an emergency situation in such a difficult context and with such a shortage of workers?"

In response to that urgent question, IntraHealth has supported the government in developing a national HRH strategy aimed at enabling data-driven workforce planning and management. In addition to emphasizing improved education for health workers, the new strategy incorporates an ambitious, pioneering initiative to strengthen and modernize other systems supporting health services.



One key component is a new Internet-based human resources information system (HRIS) that government planners now use to track almost 5,000 public-sector employees. Previously, records on health workers' deployment and performance were kept mainly on paper. Sporadic at best, they had never been consolidated for central analysis of who was working where, what skills workers had, and how well those skills matched local needs.

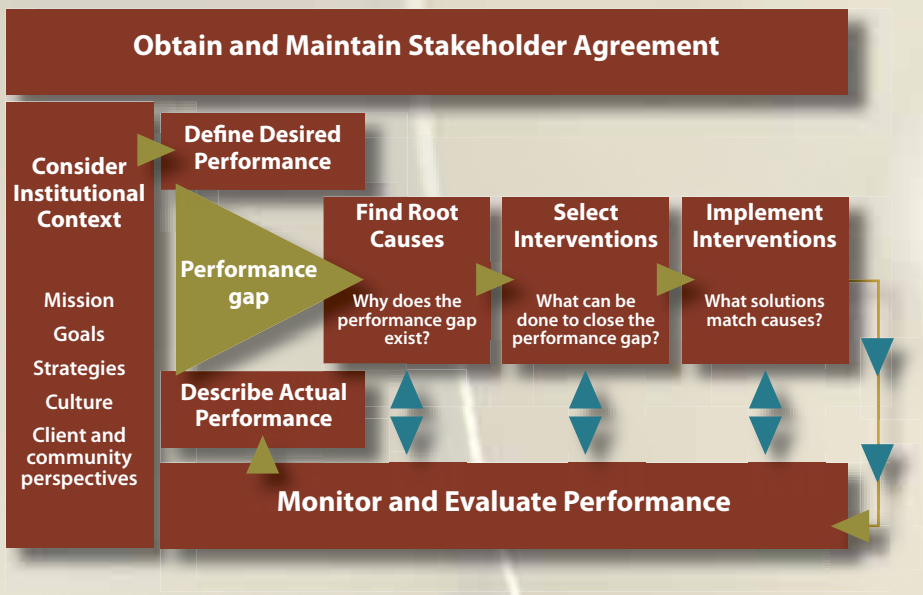
One problem that was clear, however, was an imbalance in distribution of doctors and nurses that left rural areas, where the majority of the population lives, drastically underserved. "Most health professionals prefer to work in urban areas due to many privileges that are not found in rural areas," explains Bonita Baingana, former HRH advisor for the Ministry of Health. The new system helps the ministry identify and correct over- and under-staffing, she says. "If the system really functions well, we'd know that a certain district hospital has got three doctors, yet it actually needs six. So how do we recruit three more doctors to go to that district hospital, and how are we going to attract them to go there?"

Standardized forms and processes facilitate consistent, high-quality data collection. By providing up-to-date information on health workers' training, location and duties, the HRIS helps health-sector leaders know whether enough people are being trained to meet particular needs, whether workers are employed in posts that match their education and training, how productive workers are, and whether adequate steps are being taken to retain qualified staff.

A wide range of stakeholders in both the public and private sectors is involved in gathering and effectively using this information. As members of Rwanda's HRH Stakeholder Leadership Group, they feel real ownership in the crucial, ongoing task of health workforce planning and management. Along with the capacity building—including training in data collection and a significant upgrade of the ministry's network infrastructure—this sense of ownership ensures that the innovations implemented with assistance from the Capacity Project will be fully integrated and benefit the Rwandan people on a permanent basis.

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The Performance Improvement Approach



Supporting Provider Performance

As previously noted, IntraHealth’s work in Rwanda is rooted in its early collaboration with government colleagues to improve the performance of health care providers delivering family planning services, especially at the community level. IntraHealth built its global reputation on training expertise; its most recognized contribution to international reproductive health is the Performance Improvement (PI) approach to training primary care providers, which it developed and refined with Training Resources Group, Inc. and other partners under the USAID-funded PRIME and PRIME II projects (1994-2004).

PI facilitates thorough analysis of context and performance gaps in order to identify and address root causes and establish clear objectives for improvement. In addition to skills and knowledge—the principal focus of many training approaches and activities—PI addresses important factors that need to be in place for workers to perform their jobs to expected standards. These include clear job expectations, motivation, performance feedback and an adequate physical environment and tools.

By applying this methodology initially to family planning and then to integrated reproductive health and child health care, IntraHealth has helped improve the quality and reach of essential health services in Rwanda. One service that has benefited notably is prevention of mother-to-child transmission (PMTCT) of HIV, which, in a country where skilled personnel assist in fewer than 40% of births, is a

major challenge. The PI approach helped IntraHealth and its government colleagues establish PMTCT services at 24 health facilities, including hospitals and health centers, across the country and prepare hundreds of primary care providers, lab technicians and other health personnel to support the services. In 2007, more than 18,000 pregnant women received HIV counseling and testing from IntraHealth-trained providers.

Athanasie is one of tens of thousands of women and their families who have benefited. The first client served by the Kibuye hospital’s PMTCT program, she was already in labor when she arrived at the hospital. When staff offered her voluntary counseling and testing for HIV/AIDS from a specially trained nurse, Athanasie accepted.

“The nurse was very caring and gave me information about the program,” she says. “She let me have time to reflect, and I decided to do the test. Then she counseled me before taking my blood.” After learning that she was HIV-positive, Athanasie accepted nevirapine treatment for herself and her baby, thus significantly reducing the chance of passing the virus on to her newborn.

Another important achievement of the IntraHealth-led PMTCT program has been successfully encouraging a full 78% of the male partners of women served by the program to take part in voluntary counseling and testing. Overall, more than 100,000 clients received HIV counseling and testing at IntraHealth-supported facilities during 2007.



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Boosting Pre-Service Education

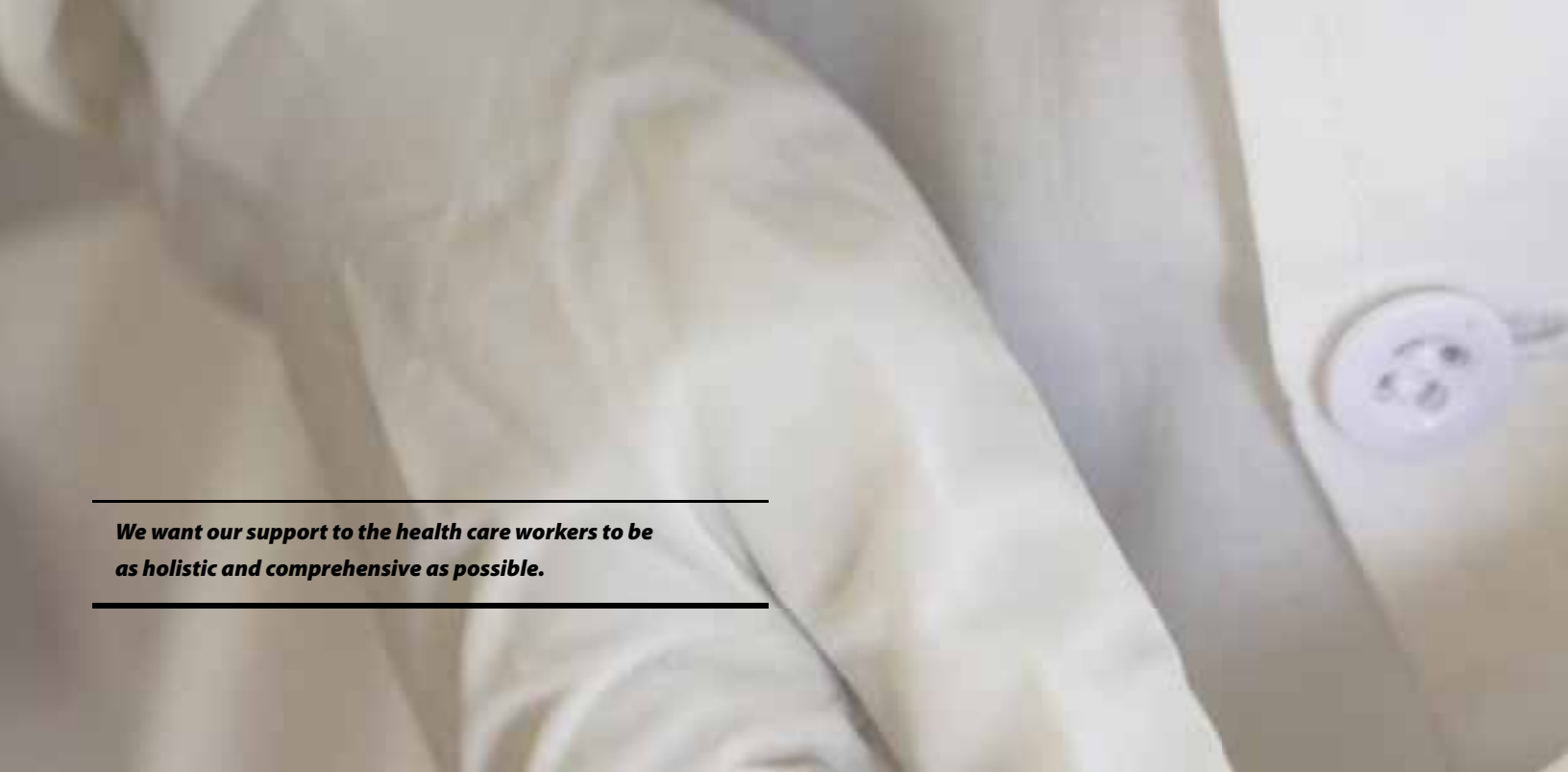
IntraHealth's approach to improving Rwandan providers' performance now extends beyond current health care workers to those who have yet to begin practicing. To ensure the long-term availability of qualified health care providers, the government of Rwanda and IntraHealth are working together to improve the scope and quality of professional education. "If we train our own people, we will have the service providers needed for Rwanda," claims Mary Murebwayire, director of the Ministry of Health's Nursing and Midwifery Task Force.

In January 2007, with technical support from the Capacity Project, the Belgian Technical Cooperation, APEFE and Columbia University, five nursing schools supported by the Ministry of Health launched new programs for registered nurses and nurse-midwives—the health workers who are in closest contact with the vast majority of Rwandans. The programs rely on new, performance-based curricula that emphasize community health and integration of reproductive health services, which IntraHealth worked with a government team to develop. "Students learn the knowledge and theory in the classroom, go into the community to become aware of client needs and illnesses, and then [are placed in] health centers and hospitals to learn how to practice their skills,"

says Sister Winifrida Ugirimbabazi, academic-in-charge and teacher at the Rwamagana Nursing and Midwifery School.

IntraHealth also supported the new programs through renovation of classrooms, libraries and other physical facilities and the purchase of training equipment and resources. Such improvements were direly needed. The Rwamagana School, for instance, was built in 1964; before renovations, its poor physical state was an impediment to learning. New paint, a refurbished and updated library and other building repairs have transformed the school and students' experience, according to teacher Sister Marleen Creve. "It is easier for the students to learn in a better environment," she emphasizes.

The launch of the new, three-year nursing and midwifery programs marks an important step in the government's plan to significantly upgrade the quality of nursing education in Rwanda and thus to create a more professional workforce that is better prepared to meet the needs of communities. IntraHealth has also helped build the skills of health professionals by facilitating the admission process for 38 Rwandan physicians and nurses attending higher education programs in Kenya and South Africa; donors are funding their tuition and other expenses.



We want our support to the health care workers to be as holistic and comprehensive as possible.

Improving Health Policy

Rebuilding Rwanda's health system requires a comprehensive framework for establishing and sustaining high-quality reproductive health services. At the government's request, the PRIME II Project played an instrumental part in developing the country's first post-civil war national reproductive health policy, a process that began in 2000. Adopted in 2003, this groundbreaking, progressive policy includes objectives, strategies, guidelines and specific health and service delivery goals for six key areas:

- Maternal and child health
- Family planning
- Prevention and treatment of HIV/AIDS and other sexually transmitted infections
- Adolescent reproductive health
- Sexual violence
- Empowering women to make their own reproductive health decisions.

The policy has paved the way for dissemination of new reproductive health guidelines, capacity building and enhanced monitoring and evaluation. These initiatives are helping to create a more consistent quality and scope of health services throughout Rwanda, a development with potential for far-reaching impact.

The purpose of IntraHealth's policy-level work is simple but fundamental, says Laura Hoemeke, Director of the Twubakane Decentralization and Health Program: to facilitate service provision. "We want our support to the health care workers to be as holistic and comprehensive as possible."

In addition to helping define overall reproductive health priorities and strategies, IntraHealth has helped the government of Rwanda define clear policies and protocols for specific health services, including family planning, PMTCT and integration of HIV and family planning services. IntraHealth also participates in collaborative technical working groups to develop norms and protocols for facility- and community-based Integrated Management of Childhood Illness (IMCI), malaria, maternal and neonatal health and nutrition, and community health, with the goal of expanding the package of services offered at health centers and in communities.

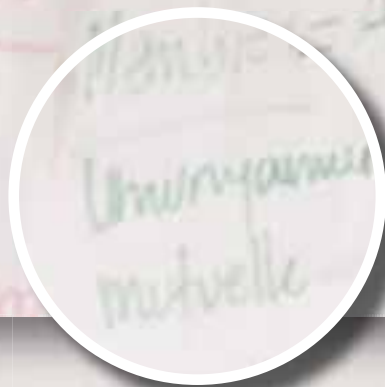
A recent initiative, launched in February 2008, aims to create policies and guidelines for palliative care, an important component of HIV/AIDS services with implications for other diseases, too. Palliative care focuses on reducing the pain and suffering, and thus improving the quality of life, of people living with life-threatening illnesses, rather than on curing disease. A range of partners is collaborating to develop a universally accepted definition of palliative care, define a minimum package of services, delineate roles and responsibilities for organizations and health care workers, and prepare associated guidelines, protocols and training curricula. In partnership with IntraHealth, MildMay International is training service providers who will serve as master trainers in palliative care. "This approach will bring greater attention to holistic care and not just treatment of people living with AIDS," says Karen Blyth, Director of IntraHealth's HIV/AIDS Clinical Services Program in Rwanda.

◆ Districts Where IntraHealth Works, 2008

- West Province
- South Province
- North Province
- Kigali
- East Province



The *mutuelles* unify the population...



Building Partnerships: A Foundation for Community-Based Care

Partnership is an integral aspect of any successful health care program. At the most basic level, health care systems and providers need to have strong relationships with the communities they serve in order to understand their needs and respond appropriately. Such communication and interaction are equally essential at higher levels of government, where policies and programs often are designed and managed.

IntraHealth's partnerships at the central level include working closely with the Ministry of Health and other key ministries and with development partners, through technical working groups, to support the creation and implementation of solid, evidence-based national programs, policies and strategies. Outside of the capital, IntraHealth works closely with district mayors and other local authorities and promotes coordination among partners and stakeholders working in each district. IntraHealth's approach to partnership, which includes technical and financial assistance, is empowering and facilitates capacity building and sustainability. The Rwandan government particularly appreciates IntraHealth's support and approach to bolstering *national* programs and supportive training curricula, modules and communications materials rather than creating IntraHealth-branded materials.

IntraHealth's work in Rwanda not only values but depends on partnerships to inform, enrich and advance it. Furthermore, the community capacity-building components that are integrated into all areas of the organization's work support the Rwandan government's, and USAID's, broader objectives of enhancing democracy and good governance.

Engaging Communities to Improve Services

The importance of partnership and community participation is exemplified by the national community health insurance program that is the centerpiece of the Rwandan government's effort to increase citizens' access to high-quality health care. IntraHealth, through the PRIME II Project, began supporting *mutuelles de santé* in Rwanda in 2000,

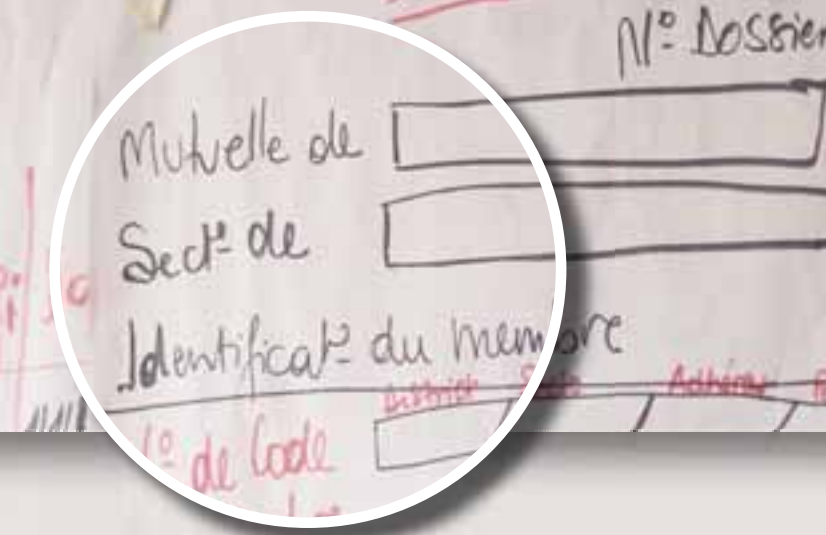
in collaboration with PRIME II partner Abt Associates. This innovative plan distributes the cost of community health care across all participating members, ensuring that cost is not an obstacle to seeking needed health care.

"People are coming more often for preventive care, which decreases further disease complications," says Sister Yvette Vincent, a director of the health center in Bungwe that served as one of the pilot sites for the *mutuelles* program. "The *mutuelles* unify the population, creating an assembly that promises a better quality of life."

Members who pay a small annual fee—nationally established at the equivalent of about \$2 per person per year—receive services free after a minimal co-payment of approximately 20 cents. This coverage can be very significant, even determining whether people seek services they need. At Muhima Hospital in Kigali, for example, pre-term babies can spend up to two months in the hospital, leaving parents who do not belong to *mutuelles* facing a bill totaling 200,000 Rwandan Francs (about 370 USD); Rwandans' average annual income is only about 250 USD. *Mutuelles* members receive maternity care at 10% of the usual costs.

"With my *mutuelles* card I am sure to have all the care needed," says one woman whose baby was born prematurely at Muhima Hospital. "If I weren't a *mutuelles* member, I would have had problems paying the bill after such a long hospital stay."

An evaluation conducted under the PRIME II Project found that *mutuelles* members are five times more likely to seek modern health care than non-members. In 2005, *mutuelles* were expanded as a national program; as of mid-2008, more than 70% of Rwandans are members. IntraHealth continues to be involved in supporting the program, which is an excellent model for expanding access to health care in low-resource settings—not only because it makes care affordable and accessible, but also because it deeply involves communities in designing and running health care services.



The community-provider partnership teams introduced in Rwanda in 2000 through PRIME II, in collaboration with Save the Children, also offer a compelling example of the power of partnership. The PAQ approach has been officially adopted as part of Rwanda's national Quality Assurance Policy. As noted previously, PAQ teams bring health leaders and providers together with representatives of women's councils, youth, people living with HIV/AIDS, religious groups and other community members to identify cost-effective solutions to jointly identified problems.

At one health center, for instance, staff complained that women seeking antenatal services did not clean themselves before coming for care. Community representatives responded that the health center was dirty, so women had no incentive to be clean. The solution: health center staff agreed to clean up the center, and community members agreed to pass the message on to women. Other illustrations of problem-solving through dialogue and teamwork include adjustment of health facilities' hours of services to better accommodate community needs and door-to-door community mobilization to encourage use of services. PAQ teams, which currently exist in 134 of the health centers supported by IntraHealth in Rwanda and are being rolled out to all health centers, have also been key to successful expansion of vital family planning, PMTCT and other HIV-prevention and maternal and child health services, reaching hundreds of thousands of people.

These are just a few examples of the improvements in quality, reach and use of services that have resulted from the partnership-building approach championed by IntraHealth and partners. Perhaps even more significant is the marked shift in mentality, among both providers and clients, in a society accustomed to top-down authority. From community clinics to district and provincial health facilities and central planning offices, there is increasing evidence that partnership is becoming the accepted model for health and other essential services.

Fighting Malaria in the Community

Partnership is also essential in fighting malaria, which kills more Rwandans every year than any other disease. Through its leadership of USAID's Twubakane Program (Twubakane means "let us build together" in Kinyarwanda), which began in 2005, IntraHealth, with partner Tulane University, is working to promote community members' active involvement in distributing anti-malarial medications, identifying malaria cases, and referring patients for treatment, dramatically reducing the burden that the disease imposes on many health centers.

Since early 2006, project personnel have trained more than 1,400 community volunteers in three districts of Kigali to identify and manage malaria cases in their districts, going house to house. The Home-Based Management of Fever Program (HBM) facilitates prevention as well as timely referral of severe cases to district health facilities, freeing health center staff to attend to other needs.

Sister Scholastic, a nurse at Masaka Health Center, credits the HBM program with significantly easing the strain on her facility. "We are no longer overwhelmed by sick patients coming to the health center," she notes. "The cases of fever are treated at the community level." Between August 2006 and January 2007, health centers in the districts reported a 45% decline in simple malaria cases and a 66% decrease in severe cases.

Community members are grateful, too. "Before our neighbor began giving medicine to our children in the home, I always had trouble finding the money I needed for consultation fees to bring them to the health center," explains Verena, a mother of four. "I was forced to drive to the hospital, where I had to pay so much that I was forced to sell my goats."

Now, a trained community health worker, who is also trained to treat children suffering from diarrhea and pneumonia, meets Verena's and her neighbors' needs for malaria medications, saving them a long journey and great expense. By training providers in dozens of health centers as HBM trainers and supervisors, sensitizing political authorities to the program's value, and conducting a public information campaign, Twubakane is laying the groundwork for expanding this very promising initiative.



Decentralizing Health Care

Making high-quality health services much more accessible in rural areas, where most Rwandans live, is a top government priority. Drawing on its long history of improving primary care services, IntraHealth—through Twubakane—uses multiple strategies to support decentralization, including encouraging greater responsibility among local authorities for planning and managing health services. This unique program is implemented in collaboration not only with the Ministry of Health but also with the Ministries of Local Administration, Finance and Economic Planning, and Gender and Women in Development.

“It takes the involvement of local leaders very seriously,” says Hoemeke, including by emphasizing their role in health advocacy. One goal is that “mayors and other local elected officials embrace health as one of the priorities in which they’re going to invest money and budget.”

District Incentive Funds, managed in collaboration with partner RTI International, are one important mechanism. Twubakane awards grants of \$150,000 per district each year, along with technical assistance, to local authorities to support their plans to promote healthier communities. To qualify, proposals must emphasize gender equity,

sustainability, data-based decision making, community participation, transparency and results orientation. Local investment is also required: the districts must mobilize local funds equal to at least 15% of the value of the grant.

Local leaders have responded with impressive innovation and creativity. For example, authorities in the Rwamagana District have distributed about 2,000 goats to local families to help them pay *mutuelles* membership fees. The goats may not be sold, but profits from milk, cheese and other products they yield can be used to pay for health care. Because it depends on a living, breeding commodity, expansion is built into the goats-for-health-care scheme. The district plans to redistribute the growing goat population every year, so that soon everyone in the district will be able to pay for health care.

The Twubakane Program also supports the government in building local capacity for management and governance with activities such as consultation on development of local health budgets and other efforts to promote good governance and leadership, including an anti-corruption campaign.



Local leaders have responded with impressive innovation and creativity.

Other strategies IntraHealth has pursued to make high-quality health care more accessible in rural areas include creating a cadre of mobile district physicians, who travel weekly to district health centers to provide antiretroviral treatment (ART) for people living with HIV/AIDS. This approach is especially useful in light of Rwanda's critical shortage of physicians, helping thousands of HIV-positive clients who otherwise would not have been able to receive ART or treatment for HIV-opportunistic illnesses.

Integrating Services to Maximize Access

In addition to decentralization, integration of health services is very important when serving people who have limited access to formal care. The health system has to take advantage of every interaction with a client to assess and respond to a wide range of potential health needs. IntraHealth assists the integration of services at the national level by supporting integrated and focused antenatal care (including preventive treatment for malaria, PMTCT, distribution of bed nets, iron, and folic acid), IMCI, and integrated maternal and neonatal care during delivery. IntraHealth works with health center and hospital teams to support improved organization of services and patient flow to maximize opportunities for offering a full package of services to each and every client.

IntraHealth also collaborates with the World Food Program to include attention to child malnutrition in services for pregnant and breastfeeding women. Specifically, food distribution and other nutritional support are now combined with PMTCT at nine sites, where voluntary HIV counseling and testing are also available. Similarly, the Twubakane Program, as part of its multi-pronged approach to malaria prevention and care, provides preventive treatment for pregnant women and supported the distribution of insecticide-treated bed nets at 121 sites offering antenatal care.

In addition, HIV/AIDS clinical services supported by IntraHealth are increasingly incorporating TB testing and treatment, as well as family planning. A recent evaluation of these programs showed that integration of family planning and clinical HIV services works: at one health center, for instance, nearly three-quarters of HIV-positive women accepted a modern family planning method.



Repositioning Family Planning

Global efforts to promote use of modern family planning as a means to building stronger, healthier families, communities and nations have been remarkably successful in the last few decades. But despite significant improvements in countries such as Malawi, where married women's use of modern contraception quadrupled from 7% in 1992 to 28% in 2004, as a whole sub-Saharan Africa has shared less than other regions in this positive trend.

Countries here still face considerable cultural and other challenges in encouraging adoption of family planning, as evidenced by high (and, in some cases, increasing) unmet demand for effective contraception. In Rwanda, for instance, where the average woman has six children, research suggests that as many as one quarter of married women want to space or limit childbearing but lack access to family planning information or methods to help them do so.

With many countries facing increasing population pressures, and HIV/AIDS and other urgent health needs competing for attention and resources, USAID has undertaken a major initiative to mobilize commitment in sub-Saharan Africa to address unintended pregnancy by strengthening family planning services. IntraHealth is working closely with the government of Rwanda toward this goal, with encouraging results.

Key strategies include integrating family planning with other elements of reproductive health care; building the health workforce's capacity to provide a full range of family planning methods, information and services; and incorporating consumer perspectives into service design and delivery. In the early 2000s, IntraHealth helped the ministry develop and implement a national communication campaign aimed at changing people's family planning behavior, and in 2005, IntraHealth actively contributed to developing a national family planning policy and strategy that was officially adopted in 2007.

Starting in 2005, IntraHealth also supported introduction of long-term contraceptive methods—both IUDs and implants—into the mix of methods available at health centers. Previously, women had to travel long distances to hospitals, and health centers offered only short-term methods. This expanded access has significantly increased use of implants. The 2005 Demographic and Health Survey showed that only 10% of women in a union were using modern methods of contraceptives, but service delivery statistics show that the percentage is significantly higher in 2008. In IntraHealth-supported districts, couple years of protection—that is, the estimated total number of years of contraceptive protection provided to the population—have tripled since 2005.



Going Where the Need Is

The Capacity Project and the Twubakane Program are supporting the roll-out of family planning in 23 of Rwanda's 30 districts by creating cadres of district-based master trainers and supporting on-the-job training to accelerate the pace at which new providers learn to offer integrated family planning services. Said one doctor, "Before, we had to go outside [of the districts] to train our providers. We had no choice, but it became tiresome and was certainly expensive." Training of district-based master trainers allowed each district to organize its own trainings for family planning providers. IntraHealth also introduced an innovative approach of establishing secondary family planning posts as sources of modern contraceptive methods for women who get primary care from Catholic-supported facilities that do not offer modern contraception.

After three years of increased emphasis on family planning, the results are encouraging. "We have to acknowledge [IntraHealth] as a real champion," says Dr. Camille

Munyangabe, national representative for family planning on the Maternal and Child Health Task Force at the Ministry of Health, "especially in strengthening the capabilities of family planning providers. This has improved the quality of services offered, which brought about the public's acceptance."

Implementing these strategies requires working centrally to revise national policies on family planning services and related curricula for health workers. IntraHealth plays an active role in working with the government and other partners to develop new norms and standards for family planning service delivery and corresponding training curricula. In updating such materials, the partners are emphasizing long-acting and permanent methods of contraception, which are most effective in helping women delay or limit childbearing, are extremely convenient for users and have many non-contraceptive benefits.

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Addressing Gender-Related Barriers to Health Care

In Rwanda, and the whole world over, women face particular barriers in accessing health services. Gender discrimination, common in society at large, manifests within the health care system in ways ranging from dismissive, patriarchal treatment of women by male providers to even well-meaning providers' failure to understand or consider gender-derived constraints with which women live every day. IntraHealth initially tackled the task of identifying and addressing such obstacles under PRIME II, through a facility-based needs assessment that found specific instances of gender insensitivity at 41 service-delivery sites.

In an intervention responding to those findings, service providers and managers in Kabgayi District participated in an orientation on gender issues and then applied tools developed by PRIME II to assess services at their own sites. An evaluation a year later found markedly more gender-sensitive practices. One notable innovation was sending letters to the male partners of female PMTCT clients (after the women gave explicit consent) inviting them to come to the health facility for voluntary HIV counseling and testing. The number of men who agreed to do so increased six-fold as a result, and male participation in other aspects of family health, such as taking children to be immunized, also went up.

Addressing gender-based violence is also an important focus of IntraHealth and the Rwandan government's efforts

to promote gender equity. In 2007, the Ministry of Justice sponsored an IntraHealth-led assessment of gender-based violence and sexual harassment at health workplaces in 15 districts. The study uncovered many problems, including discrimination against female workers on the basis of pregnancy and family responsibilities. In addition to developing strategies for raising awareness of and addressing these issues, IntraHealth plans to support multi-sectoral dialogue and development of appropriate policy responses, possibly including a national workplace safety and security policy.

The Twubakane Program also recently assessed the readiness of service providers, facilities, the community and the overall policy environment to respond to gender-based violence at antenatal care/PMTCT service sites and in the community. Twubakane is now initiating activities to respond to the findings, including development of a gender-based violence/PMTCT training curriculum for in-service training for providers; workplace policies and clinic protocols for identification and management of gender-based violence at PMTCT sites; referral and educational materials; a gender-based violence monitoring system for use at service sites; and community-mobilization strategies that non-governmental organizations and community groups or police can use to educate people about preventing gender-based violence.



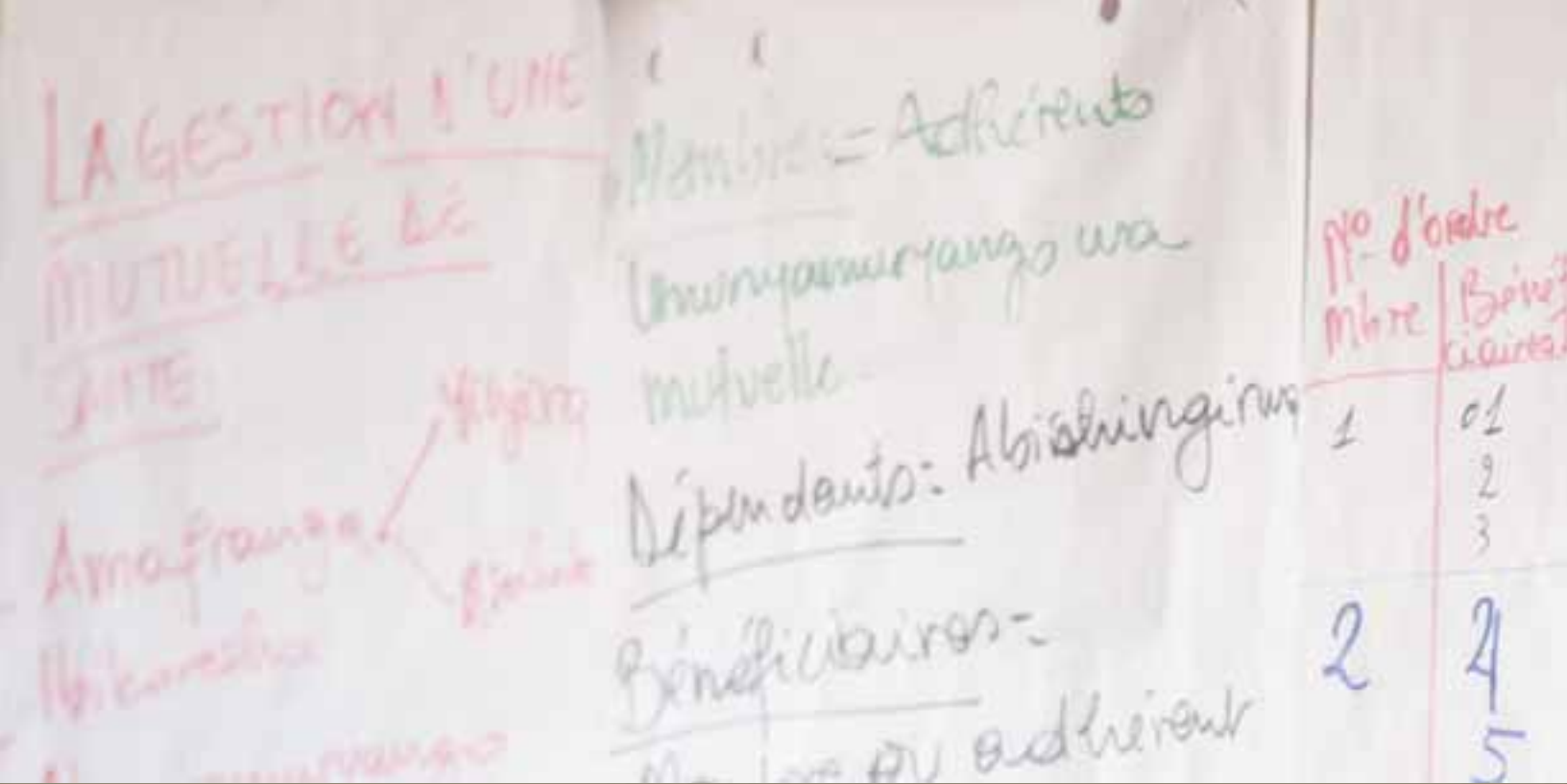
Toward Lasting Positive Change

IntraHealth is extremely proud to be playing a part in helping Rwanda make truly impressive strides in health care planning, training, service provision and management, despite daunting challenges. By working closely with a wide range of partners at all levels—from government offices in Kigali to district hospitals in provincial capitals and village health centers in some of the most remote parts of the country—and in a range of disciplines, we are developing, testing and refining innovative and effective strategies that are making real differences in the quality of people's lives.

IntraHealth and our colleagues are addressing some of the most critical health challenges facing the Rwandan people. We are bringing diagnosis and treatment for malaria right to the doorways of family huts, saving people time and money, and ensuring that people who might never otherwise receive care do. We are helping couples who want to limit

the size of their families so that they can care for their children better, learn about and reliably access a broader mix of contraceptive methods. And we are helping national health leaders dramatically reduce transmission of HIV from mothers to newborns. Perhaps most importantly, we are working with Rwanda's strong local leadership to improve systems, structures and institutions to ensure lasting positive change.

Through these and other strategies, we are helping Rwandans take huge strides toward the better future on which so many are focused and which they so richly deserve. We hope that this report's descriptions of IntraHealth's many successful collaborations in Rwanda offer encouragement for others working around the world, often against considerable odds, to realize our vision of a world where all people have an equal opportunity for health and well-being.



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