CapacityProject knowledge sharing

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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%. 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 has worked 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 supporting safe motherhood services in five districts, 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 assigned to the MOH a specialist for human resources for health (HRH) policy, an information technology specialist for the HRH database system and a personnel coordinator who maintains updated MOH personnel data. Also, the Project conducted a workplace violence study in order to collect data and make recommendations for workplace safety policies.

Activities in Brief

Strengthening HRH Workforce Policies and Planning

In partnership with the MOH, the Project supports HRH initiatives including the pretesting and refining of an Internet-based HRIS for 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 is playing an integral role in developing a personnel management system and a country-wide skills audit, with the health sector as the first priority.

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. Additionally, the Project is supporting the development of strategic plans for each of the five nursing and midwifery schools to define the strategic direction for the schools and prioritize the objectives and activities.

Launching Family Planning In-Service Training

In 2006, the Project conducted a situation analysis in 11 districts that revealed that only 159 (15%) of 1,059 providers in 146 health centers, and only 11 (2%) of 557 hospital providers, were trained in FP. Additionally, not a single facility offered a complete package of FP services, and fewer than 20% had the necessary supplies, materials and equipment to offer such services. In response, the Project has embarked on an ambitious in-service training and supportive supervision plan. To date, the Project has provided training in FP to a total of 524 providers, and has introduced no-scalpel vasectomy counseling and services in two districts. The Project also conducted quarterly follow-up visits to promote and ensure supportive supervision and quality assurance, and 100% of public health facilities in Projectsupported districts now offer a full package of FP services.

Expanding Safe Motherhood

In 2007–2008, the Project conducted an Emergency Obstetric and Neonatal Care (EONC)/ Gender situation analysis in six hospitals and 75 health centers across five districts, developed a comprehensive EONC training package and trained and evaluated six hospital

Capacity Project Planning, Developing & Supporting the Health Workforce









country brief

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teams in EONC. The Project is preparing the hospital teams to train and supervise providers in each health center in basic EONC skills to appropriately care for women and newborns at time of birth and up to 48 hours afterward.



Developing HIV/AIDS Clinical Services

Between 2005 and 2007, 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 Treatment Research and AIDS Center (TRAC+) to launch a grants management system

for 25 public service facilities and five faith-based service facilities.

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 prenuptial 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.

The HIV/AIDS clinical services component of the Project's work in Rwanda shifted 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 Projectsupported 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.

Facilitating a Reduction of Violence in the Workplace

Among Rwandan health facilities, workplace violence is a widespread concern that substantially impacts worker satisfaction and retention and can create an unhealthy work environment. Violence prevention policies and programs are largely absent or inadequate in these facilities. In 2007, the Capacity Project conducted a study that found almost four out of ten health workers suffered from workplace violence during the preceding 12-month period. The study also identified issues specifically affecting women at work and demonstrated that a higher degree of gender equality decreases violence. The Project is working with various agencies to use the study results to inform a Policy of Health and Safety at Work, as requested by the Minister of State in Charge of Labor.



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Additional Partners in Rwanda

Ministry of Health (MOH) (Central Units; National AIDS, Malaria and TB Research and Treatment 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 Ministry of Gender and Family Promotion Ministry of Justice Ministry of Public Service and Labor National Nursing Association and Council 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

Management Sciences for Health/Performance Based Financing

Rwandan Health Workers Union

